- Creation of organizational sustainability fund; and
- Integration of peace component into organizational programs.

The PCLDC in Pakistan 2016.

1. Participatory Community Leadership Development Course (PCLDC) and Community-Based Rehabilitation (CBR) Training Workshop in Pakistan.

The PCLDC has been executed by the community leaders in Pakistan since 2014. The training design was greatly influenced by AHI's ILDC. In AHI, the participants themselves facilitate the sessions in coordination with the main facilitators or trainers. Towards the end of the training, POAs are being developed reflecting the actions to be taken back home.

The CBR training workshop is another development that emerged from the PCLDC that focuses on the the staff and organizations working with Persons With Disabilities (PWDs). It was the need and initiative of the PCLDC Alumni, of which their organizations are working with PWDs. This idea was well taken by AHI, and a training workshop was planned and executed by the alumni of PCLDC in November 2016, in which 23 people participated including, trainers, facilitators and members of the organizing team. The training was based on the philosophy and principles of AHI and AAS PCLDC as presented above.

2. Organizational Sustainability Fund

My basic question during the ILDC 2013 was: How can we ensure organizational sustainability? Enlightened after thorough discussion with the participants and the people at AHI, I decided to initiate local fund raising program at a very small scale, and invest it as an organization endowment fund. It is increasing every year, and we are hopeful that one day this small amount can support the organization's basic needs.

3. Integration of Peace Component in Organizational Programs

One of the learning of ILDC was that peace is an important component of personal health, and healthy society. The exposure visit to Hiroshima, the sharing of Atomic Bomb victims, and the work of ANT (Asian Network Trust) Hiroshima, Japan inspired and motivated me to include peace component in the organizational programs, that is something new to our organization.

After retuning from AHI, AAS has initiated a peace building program as one of the components and conducted the following activities, such as, art workshop on Peace and Health where students learned about the destruction of Hiroshima; poster competition among students on peace-building campaign with the slogan, "Say No to Nuclear Weapons", in partnership with ANT Hiroshima; and peace and tolerance painting competition among street working youths, religious institutions and street children in 2015 in partnership with Umeed-e-Jawan, an Islamabad based organization.

The Art Workshop on peace and health using the Japanese origami.

Moreover, the representatives of AHI and AAS have observed the following changes among the alumni of PCLDC during the follow-up visits:

- Mr. Mustansar Hussian, PCLDC 2014, Active Health Organization (AHO). He was a shy young man with lacking confidence. Then he started leading the project team. He transformed and became involved in different self awareness and community mobilization activities. He could explore his leadership abilities and skills. He attributed the noticeable changes in his personality to the PCLDC. He learned to become a participatory facilitator by involving people in various activities. Now he is a strong team member of AHO.

- Mr. Samer Daniel, PCLDC 2015, Technical Service Association (TSA). Before his participation to the PCLDC, he was not confident to lead. However, because he developed confidence in PCLDC, he decided to take his responsibility in organizing CBR training workshop of which the TSA management supported him. Therefore, Mr. Samer is the initiator of CBR-PCLDC Workshop.

- Ms. Kiran J. Gill, PCLDC 2014. She was involved in the Community Rehabilitation Project Implementation in Hyderabad. She applied the skills and learning gained from attending the PCLDC such as community mobilization and communication skills. "The confidence I acquired from PCLDC helped me to communicate with different stakeholders without any hesitation."

The joint efforts of AHI and AAS is bringing social change. Thereby, the vision of Dr. Kawahara in building local community leadership is real.

As AHI alumnus, it has been a very interesting, enriching and challenging experience for me. It has been a source for AAS to get international recognition, to build linkages with the people in Japan, to understand the role of health and development workers in peace-building, to coordinate and network with local organizations and evolve new initiatives such as CBR training workshop, and to move as an organization from HIV and AIDS to peace promotion and capacity building.

We are grateful to AHI and to Dr. Kawahara for providing us this wonderful opportunity.

FLASH ARTICLES

Community-Based Rehabilitation Program for Persons With Disabilities in Rural Areas

Mr. Venkateswara Rao Satapathy, ILDC1984
Community Development Center (CDC), India

1. Introduction

Mr. V. Satapathy

CDC is a grassroots level organization registered as a society in 1980 with a vision for Social justice for the poor and vulnerable persons in the society. With adult education as entry point CDC worked with the rural and tribal communities on functional literacy and community organization for liberation and alleviation of poverty. Working with the communities, CDC concentrated on livelihood issues of wages and development and management of land and natural resources with a rights based approach.

At the onset when CDC initiated its interventions with disabled persons it was found out that persons with disabilities (PWDs) are silent and are ignored by their communities as well as by their own families. Usually the young PWDs do not have friends or peer groups for play or group activities. This may be due to lack of mobility in many cases. The prevailing culture of silence made us difficult to approach and talk to them. Someone from the family will always speak on their behalf. They are strongly conditioned not to open their mouth in front of any outsiders to express their problems, health or otherwise.

2. Increase Opportunities and Mobility of PWDs

A strategy was developed as an entry point into this community in order to identify the felt needs of these PWDs to help each other. They began to talk and expressed their thoughts that helped us establish good rapport with them in course of time. This became a starting point for our Comprehensive Community Based Rehabilitation Program. Medical needs were identified immediately and with its contacts with institutions and individuals, CDC could link up with the proper hospitals and doctors who

paid special attention to their mobility needs and other health problems.

As a joint action with the district department for the welfare of PWDs, CDC organized medical camps, with the help of specialist doctors and institutions, like ortho-camps, eye camps, disability certification camps, and others. This intervention helped many PWDs to come out and communicate with others. The district authorities organized special camps to issue identity cards, bus passes, train passes, aids and appliances. This resulted to increased opportunities and mobility of the needy PWDs.

3. The Spirit of Volunteerism

The PWDs started organizing themselves into sanghas (small groups) at the village level. They started discussing their problems and issues to take them further for action with their new identity with the government departments for remedial measures. They started to apply for collective action programs as suggested by the Department for Economic Rehabilitation Programs. The groups started small savings programs in the name of their sanghas and started their money revolving to meet their consumption needs with internal lending.

The banks recognized them as SHGs and supported them with locally appropriate project, making them actively involved by supporting a dairy program, tying up with the Milk Centre to sell their milk produce with a better price. These also ensured the monthly repayment. This was a giant leap for them as other groups also came forward to work on the same line spreading the message to the district.

Vizianagaram became the first district in the state of Andhra Pradesh in India, with recognized SHGs formed by PWDs. The approach of the individuals in trouble shooting specific problems has become a practical exercise for the group. The group formation activity helped them to a great extent to act and interact. The spirit of volunteerism helped them to help each other. With the group activities, harmony in family relations gradually improved. With reduced pessimism, mutual support and encouragement, they began to concentrate on their health problems to get back to normal in terms of movement and mobility.

A Short Narration on Volunteerism

A short narrative about Ms. Laxmi's experience will be presented herewith.

Ms. Laxmi was born in Mamidivalsawith, Orissa, India with defective left leg due to polio. She used to drag her leg with support of her hand on the right knee. When she joined the Eye Camp organized by CDC, she received counseling from CDC staff and decided to get surgery and treatment. After six months she was able to walk straight without any support. There is a good improvement in her general health and she got married a year later. Now she wants to help other PWDs and is an active volunteer helping their group members to access to different government programs.

4. Federation of SHGs and Rights Based Approach

The Bill for the Welfare of the PWDs in 1990 brought a new hope and movement to the sanghas. They took an active role in disseminating the content of the bill to all areas of the district by organizing meetings and getting in touch with different departments for their support. The activities gradually lead to rehabilitation in the fields of economic, medical, education, and social. The development and strengthening of harmonious family relations and social rehabilitation further went on in developing matrimonial relations among the young eligible persons.

Federating the village sanghas at the mandal level is the next step taken up by the sanghas. The sanghas and the federations actively worked to identify issues and prioritizing them for collective action, to ensure the rights of the PWDs in jobs, government welfare programs and housing programs, etc. In this process the sanghas and the federations gradually shifted to Rights Based Approach as their strategy enhancing their development.

After the initiation of federation work especially at the state level, other stakeholders are coming forward to collaborate with them. Some political parties are now consciously including disability issues in their election agenda. However, at this point things are moving a bit slow. The village level sanghas and the SHGs are constantly striving for the betterment of the situation of their members within the four domains of rehabilitation namely economic, education, medical and social, and could assure mobilization of government resources to meet their needs. The role of CDC which started with direct support gradually reduced and the sanghas now are able to handle their day-to-day work as well as any emerging issues.

5. For Inclusive Environment

Now CDC is concentrating on vocational training for the young PWDs. Starting with opportunities of local employability and need, CDC is training them as construction workers by providing skills on masonry and carpentry. They are also trained on how to operate machines, computers and other business facilities available. Lack of basic education is becoming a problem to further grow in this direction.

Inclusive education is an important component of our rehabilitation program. With the help of special education teachers, CDC motivated the parents, teachers and community members in promoting education for the children with disabilities in government schools. This effort gave good response, especially from the school teachers who took special care in their education. Children are happy to move with other normal children and are performing well.

CDC helped PWDs in improving their mobility skills. The orthopedic disabled and the visually handicapped improved their mobility making them active in their errands. CDC in cooperation with other agencies like Rotary Club helped many people in getting artificial limbs, which helped them in in their functions.

CDC maintained a database listing the needs of the disabled and used to linkup with the available services from different sources. This helped particularly the persons from remote areas in getting appropriate and needed services. A small monthly newsletter written in the local language is developed and is sent to the village sanghas regularly which helped many people in availing government services and schemes. This effort of CDC is appreciated by all members.

CDC made special efforts in joining the children with disabilities in normal schools. CDC motivated the parents and the teachers. Our trained staff could convince them and witnessed changes in the children who are more active in these schools. The normal children are also helping these children in their work, studies and games.

"Your success and happiness lies in you.
Resolve to keep happy, and your joy and you, shall form an invincible host against difficulties." Helen Keller

Collaboration With Different Stakeholders

Ms. Taslima Akter, ILDC 2015
Center for Disability in Development (CDD), Bangladesh

1. Introduction

Ms. T. Akter

The Centre for Disability in Development (CDD) is working for persons with disability in Bangladesh since 1996 to include disability issues into Mainstream Development involving Health and rehabilitation, education, etc. Along the rights-based approach for the inclusion of persons with disabilities in mainstream development, CDD has collaborated with other development partners and formed and mobilized more than 200 Self Help Groups (SHGs). (For the detail of CDD's program and its achievement regarding community based rehabilitation, please refer to AHI Newsletter vol.89.)

Having substantial experiences through implementing various projects on empowerment of persons with disabilities, CDD started in 2010 to focus on building a more rights based inclusive society and collaborate with local government through Promotion of Human Rights of persons with disabilities in Bangladesh (PHRPBD). PHRPBD aims to improve the disability inclusive interventions of government and non-government organizations in Bangladesh, particularly addressing the needs of women and children with disabilities.

The project is being implemented by CDD in partnership with 3 DPOs and 9 development organizations with local government departments, other non-government organizations and 108 SHGs and Apex bodies in 11 districts in 8 divisions of Bangladesh. There, the SHGs have contributed to mainstreaming disability issue through its activities with different stakeholders how they will get their rights and opportunities in every sphere of life. Mainstreaming does not only mean participation, but also having skill, knowledge, improved functional abilities, access to different services, making decisions.

The project identifies potential man and woman with disabilities from the self-help groups and provides them training on leadership and group management that helps them to be organized at root level. These SHG members also get various training

such as on legal aid services, child protection, community mobilization, resource mobilization, advocacy, etc. Through their improved and confident communication and advocacy they are contributing in their community as the social leader for the whole community.

Under PHRPBD through the disability inclusion project, the Inclusive Education Environment in five schools in Kulaura, Moulvibazar is being implemented. Here, all the stakeholders among Apex body/SHGs, Upazila Education Officer (UEO), Upazila Resource Center Instructor (URCI), school teacher, School Management Committee (SMC), and community people came to the same row, where they all were directly engaged to implement all the interventions towards an inclusive school.

2. Process of Inclusive Environment for School

Firstly the plan was shared with all stakeholders including the Apex body/SHGs, UEO, URCI, school teacher, and SMC. The project objective was presented. When the activities started, all the stakeholders met several times in order to plan on barrier-free accessibility, budget and assessment.

Discussion of APEX body SHGs.

The UEO of Kulaura was involved directly with the planning, budgeting, implementation and monitoring of each activity. He also included other stakeholders. The URCI contributed in ensuring quality education and building capacities towards Inclusive Education, an important intervention of our plan. During the implementation of these activities in five schools, it was found out that more budgets is required to complete all the interventions.

To compensate the lack of budget, the education officer seek the support from stakeholders. They resolved to contribute any amount. This initiative did not only solve the financial issue but also developed ownership of stakeholders. In the long run this would lead to sustainability. The education officer discussed the matter with the stakeholders, who agreed to contribute in order to cover the extra budget needed. One Union Parishad (UP) member could not contribute financially. So he offered his labor (landfilling the school ground) instead of money. Finally four schools collected BDT 30,000 and one school BDT 44,000 to finance the construction work. The education officer, SMC and community people are directly supervising the construction and renovation activity. A workshop was organized to define the roles and responsibilities of all stakeholders where UEO, AUEO, URCI, SMC, teachers, partner organization, project team of CDD and Apex body participated and set their individual roles and activities conducive to inclusive education, practices and quality of education in five schools. The stakeholders dreamed of establishing a model Inclusive Education atmosphere in five schools and set up indicators for Inclusive Education.

3. Build Ownership

The stakeholders played their respective roles during the whole process. There was sense of ownership. The UEO did his best effort and regularly visited the schools to monitor the improvement of construction activity. He said *"Our school, our dream. It's our opportunity to get an Inclusive School for our children"*. The URCI is also much involved in ensuring quality education for the schools. These will be replicable in government owned schools. The UP is maintaining regular contact with the SMC and the teachers to follow up and monitor the progress of the construction. The UP gave assurance to help whenever needed. The SMC, teacher, Apex body and community are closely involved and doing regular follow- up activities and updating the education officer. One of the SMC members said, **"***It's our school, nobody can take it away from us. So why not we contribute to our school*." Their involvement became a habit.

During discussions with the school teachers, one teacher said that "*I want to make this school as a model so that others can benchmark from it."* Time and again it was proven that sense of ownership among stakeholders is a strong factor for mutual bonding. This was made possible by their active involvement from the onset of the activity up to its completion, or in some cases it is continuous.

4. A Good Model Project

Once the stakeholders feel that they own the process not just the project, they do keep it going and sustain by all means. The following are the key indicators that the Inclusive School is a good model project for stakeholders participation.

- concrete plan, guideline, and strategies were developed to implement the activity in five schools;
- active involvement and sense of ownership by the government, community people and other stakeholders for the whole process;
- indicates high probability of sustainability; and
- replicability of strategies especially on community participation.

5. Key Learning

- Community participation makes development or project activity easier;
- Ownership by the community people is key to sustainability;
- Coordination among all stakeholders is important for common understanding; and
- Community participation in funding the project promotes ownership of any development work.

6. Conclusion

Establishment of an inclusive education model as a pilot initiative of PHRPBD through disability inclusion project was a success. All stakeholders commit themselves in meetings, planning and financing the project. Collective action and strong sense of ownership contributed to project sustainability

HERE AND THERE

The International Course on Leadership for Community Health and Development 2016

Ms. Yayoi TAKADA, AHI

The ILDC 2016 participants with the AHI staff.

The International Course on Leadership for Community Health and Development under the theme "People's Participation in Local Governance in Health" was held from September 4 to October 10, 2016. Fourteen participants (6 females and 8 males) from Bangladesh, India, Indonesia, Nepal, Pakistan, the Philippines and Thailand gathered at AHI.

The participants' composition is diverse according to age, gender, nationality, religion, work experience, language and physical ability. In this context, the participatory process was undertaken more carefully ensuring that "no one is left behind"; a central promise of the 2030 Agenda for Sustainable Development. Throughout the course, the participants and the AHI staff understand that the individual need and provision of a reasonable accommodation must be on a case by case basis. Some participants were not very fluent in English. So, the co-participants and the AHI staff were considerate enough to discuss how to create a more conducive learning process despite being non-proficient in English.

The learning flow started with sharing work experiences. By using the "But Why?" technique, three kinds of incidents that actually happened in their communities were objectively examined in order to identify multiple complicated factors behind them. Genuine solutions to the problems were also discussed. The impact of globalization to the most vulnerable sectors in Asia was part of the learning. After that, case studies on Universal Health Coverage, Rights Based Approach, Community Based Inclusive Development, Change Management, community mobilization and organization, advocacy, multi sectoral collaboration, etc. were dealt with.

Mr. Shahen Ahamed and Mr. Kristiawan are deepening their learnings after session.

NGO staff, PO leaders and government officials were intentionally selected from India and the Philippines to stimulate better discussion on partnership and NGOs-POs-GOs collaboration. A new onsite visit program in Achi Village, Nagano Prefecture was carried out to learn how local government in rural Japan set up venues for civil society organizations (CSOs) in the community, and how CSOs

utilize the opportunities. Through inter sectoral discussion, the responsibility of the government to create an enabling environment for CSOs to engage in community development sustainably, and the role of NGOs in bridging between POs and GOs were clarified. Most of the participants incorporated RBA process into their operations.

***Participant's Reflection:** Mr. Mohammad Jahangir Alam (center), ILDC 2016, Centre for Disability in Development (CDD), Bangladesh*

Mr. Jahangir leading the session on disability.

My participation to ILDC was the best learning for me. My three experienced facilitators helped me a lot by reading and scribing for me during the sessions. I was impressed by their efficiency in managing the training both indoor and outdoor. Everyone was approachable and willing to assist no matter how inconvenient the request could be. I am confident that AHI is now committed to include the PWDs from Asian countries in ILDC. Leaders of the Disabled Peoples Organization are also important to ensure barrier-free health rights among the PWDs, their families and/or community members together with other development actors through strong networking and collaboration.

Reflection: IPHC Second Liners in ILDC

Ms. Josephine B. Alindajao, ILDC 2000, Executive Director, Davao Medical School Foundation-Institute of Primary Health Care (IPHC), Philippines

Over the years, IPHC sends senior staff to the ILDC, like the members of the Management Committee, Program Managers and Unit Head. The participation of the middle level staff paved the way for the sharing of development strategies of IPHC to other participants and at the same time learning from the development experiences of other Asian countries in the course. Insights gained from the training helped IPHC assess its existing strategies and development tools and reframe its development agenda. IPHC has been conducting training and capability activities with various groups like POs, NGOs and even Government Organization Partners (GOPs). In these trainings, IPHC ensures that Participatory Training Management (PTM) processes are followed based on the learnings from ILDC.

In the recent years, as IPHC moved on to the next decade of existence, the Institute gives value to the enhancement of the capacities of the second liner staff to participate in the ILDC. IPHC believed that capacitating the next generation of leaders will prepare it to be still relevant in the coming years. So, in the last four years, IPHC sent Project Coordinators, Team Leaders and Community Organizers to the ILDC. Their participation to the international training provided opportunity and learnings in various ways, 1) the staff gained experience in associating with co-development workers in Asia, the opportunity to be with international participants pushed IPHC staff to work for the best during the training, considering the high expectations required of them; 2) learned from the community-based strategies employed by other countries and consider its replication in IPHC areas using the Plan of Action (POA); 3) increased staff confidence in sharing IPHC development activities and thereby enhancing their capacity as trainer and development worker. For instance, Ms. Corazon Tatoy (ILDC 2006) had been a community organizer and used to deal only barangay level officials. After her experience in ILDC, she can confidently coordinate at the municipal level, specifically with the Municipal Health Officers. She supports her co-team leaders in facilitating training in their respective municipalities.

(L,2-standing) Ms. J. Alindajao with IPHC staff.

IPHC will always be an active partner of AHI in whatever mutually agreed development endeavor the two institutions will engage into. The distance that separates us will not hinder the partnership that we have established.

AROUND JAPAN

AHI's Involvement in the Citizens' Ise-Shima Summit and Tokai Civil Society Network

Mr. Takahiro NAKASHIMA, AHI

1. Citizens' Ise-Shima Summit

The G7[1] summit was held in Ise-Shima, Mie, which is next prefecture to Aichi on May 26 and 27 in 2016. The topics discussed during the meeting were Aid and Aid Effectiveness, Economic Development, Health, Water and Sanitation, Food Security, Education, Equality, Governance, Peace and Security, and Environment and Energy. However, civil society has been questioning to its legitimacy since the G7 summit is just an informal meeting, yet influential to the rest of all the countries. Do you believe that the informal group of seven countries can decide for the future of the world? Is it just? Therefore, the NGO/NPO within and outside of Japan came together to hold "The Citizens' Ise-Shima Summit, or Citizens' Summit" on May 23 and 24 in 2016 in Yokkaichi, aiming at "Forming Strong Civil Society" in order to promote advocacy for better enabling policy environment for the civil society. There were about 500 participants from 100 international and local NGOs in Japan for development of developing countries, or NPOs working on various issues in Japan or environmental NPOs, other than concerned citizens during the Citizens' Summit.

The G7 UHC Heroes. © Save the Children.

2. AHI's Involvement and Citizens' Recommendation to G7 Countries

AHI as a member of the Nagoya NGO Center, a networking NGO, fully participated in the Citizens' Summit as well as activities in the International Media Center during G7 Summit in Ise-Shima. In the Citizen's Summit, AHI facilitated one of the thematic sessions, which was "Globalization and Health" together with other Japanese NGO, Bridges in Public Health (BiPH). Our specific theme was reduction of health disparities through promoting "Health in All Policies". This was derived from the voices of Dalit community in Special Economic Zone (SEZ) of Tamil Nadu, South India where we visited in the past three years. AHI verified the community's claims regarding degradation of their livelihood and living environment – basic determinants of health – by study tour to the affected area.

Participants of Citizens' Ise-Shima Summit.

The SEZ in Tamil Nadu commenced in 2007 under the supervision of the State Industries Promotion Corporation of Tamil Nadu (SIPCOT). It was sited near to a pre-existing Dalit community and their formerly rich natural forest. The forest has been managed for over 200 years by the Dalits as a common resource providing traditional medicines, grazing for goats and cattle, and ground water for agriculture. However, due to the development of the SEZ, the common forest has been destroyed, the ground water which used to naturally irrigate Dalit

[1] G7 countries are namely, United Kingdom, Canada, France, Germany, Italy, United States, and Japan. Annually, one of the member states hosts G7 summit by inviting heads of governments.

fields has been blocked by a newly constructed road, and there are no more medicinal plants. Since 2008, a year after the start of the SEZ, a French corporation has been operating a factory in the Zone. Although the Dalit community filed a case against SIPCOT at the high court of Madras, as well as French court with the support of NGOs and the academes demanding the factory to stop operations, the Dalits lost both cases.

In Yokkaichi, citizens affected by environmental pollution worked together to speak out for their right to a healthy living environment, and the movement managed to call the polluting corporations to account and comply government regulations to reduce pollution in Japan. This experience could be a hint for the Dalit community to solve their own similar issue.

AHI and BiPH made recommendation to the G7 countries as well as tried to raise awareness among civil society. The following is the summary of the recommendation.

Health is one of the significant results of social and economic development. Achieving Health for All entails addressing social inequity, and calls for Health in All – cooperation among actors in all sectors, including trade and industry.

We therefore call on the G7 governments to take the following actions:

1. Reduce health disparities through promoting Health in All Policies, emphasizing that government objectives are best achieved when all sectors include health and well-being as a key component of policy development.

2. Especially in developing countries, address health disparities through promoting Health in All Policies, including ensuring that multinational corporations originating in G7 countries implement human rights due diligence.

This recommendation was signed by 42 NGOs and NPOs and individuals, and provided to journalists at the International Media Center during the G7 Summit.

3. Formation of Tokai Civil Society Network

The Citizens' Summit was really an epoch-making event to make more than 100 NGOs and NPOs in three prefectures in the central region as well as Tokyo to get together regardless of differences. During the planning process of the Citizens' Summit, the Nagoya NGO Center together with other two prefectures' network NGOs, they intended to form wider regional NGO network covering three prefectures, namely, Aichi, Mie, and Gifu in order to promote advocacy by various NGOs and NPOs working in different themes. In Japan, there has been some disparities between environmental NGOs and other NGOs; such as NGOs working for the issue in developing countries and NPOs for the Japanese issues. However, the process of the Citizens' Summit convinced us to overcome them, and work together to promote advocacy for better policy enabling environment for civil society both in Japan and in developing countries.

Before, concerned peoples said "act locally, think globally". But now, we came to realize as NGO, we should "act locally as well as globally". How could we strategize advocacy and network to strengthen the voices of the marginalized in Asia including-Japan to change governments' policies and their implementation in different levels as well as raising public awareness? This is our new challenge or basic question. Now in our region, we can say Tokai Civil Society Network could be one of the leverages for AHI to act locally as well as globally.

CALLING ALL AHI ALUMNI!!! WRITE YOUR ARTICLES

- Participatory Techniques for Self-Sufficiency Alternative Awareness-Building Strategies
- Health and Peace-building in Conflict Areas Disaster Prevention, Response and Management
- Community-based Inclusive Development Civil Society Organizations' Role in Development

NOTE: Please write your articles using simple format. Do not indent, underline, italicize nor highlight your text. Special effects will only delay the editing process. Send us high your high resolution face photo and field photos with caption to support your article. Your cooperation is highly appreciated.

SUPPORT AHI! BE A MEMBER NOW!

AHI has some of its alumni as supporting members. AHI is supported by over 4,000 individual regular members and occasional donors. Recently, however, the number is decreasing due to aging population and sluggish economy in Japan. Even so, it is getting more important for AHI to commit working with the disadvantaged people living in endless uncertainty in Asian communities. That's why we need to get more supporters to achieve our goals. For those who live in a foreign countries and have credit cards, AHI started its secure online money transfer system thru PAYPAL (www.paypal.com), by which the membership fee or donation is easily and safely transferred to AHI's account.

Type of Supporter	Annual Membership Fee
1. Supporting Member	
Organization (S)	$300 per year
Individual (A)	$100 per year
Individual (B)	$ 50 per year
Individual (C)	$ 30 per year
2. Donation	Any amount, anytime

Please check our website and go to the page of "support AHI". http://ahi-japan.sakura.ne.jp/english/html/. If you have any questions, please e-mail to: info@ahi-japan.jp.

ANNOUNCEMENT!

To: The AHI Alumni

Let Us Know Your Practice for :

YOUTH LEADERSHIP DEVELOPMENT

Informal classes for housemaid girls in Lahore, Pakistan.

Nurturing second generation is an important mission for every person working at present, within an organization, at community, or in the society as whole.

Having more than 35 years of history, AHI now would like to have a new **focus on youth leadership development among young people for future potential community leaders** so as to promote mutual learning through different modalities.

First we would like to have your practices and to share your experiences of community-based efforts around children/youth. Activities may differ according to the respective situation, objectives, or program focus.

HAYASHI Kagumi
General Secretary of AHI

- **Step 1 Collection of Program Profiles**

Please fill out the back and send it to AHI. You can also download the form from AHI's website. With your responses at hand, we will be communicating with you. **PLEASE FILL OUT THE FORM and SEND TO AHI by the 30th of March, 2017. (Please download the form from AHI's English website.)**

- **Step 2 Sharing them on AHI's newsletter**

Please write articles on your activities for young leadership development. Based on the profile, we would like to share your specific experiences and real stories in the field.

- **Step 3 (and more) Planning/organizing of further learning opportunities**

Having different cases, AHI will think of further opportunities for mutual learning. It may be in the form of exposure visits, international workshop, etc.