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Youth Leadership Development

From your Editor Ms. Joy A. Bastian:.

The Youth has a strong potential as community-builders. True enough up to this time, every community somehow relies its future to the care of the young generation. Providing the youth sufficient life support like food, clothing, shelter, health services, education, leadership, and positive values is thought to hone them to be the future caretakers of our communities and eventually our countries.

In the advent of high technology, especially cyber-tech, the Youth has a broader capacity to enhance ones' potentials in order to realize the aspiration, that the Youth is the hope of the nation. Nonetheless, the Youth is also being challenged to determine the right path, as there are many distractions along the way. For instance, illegal drugs, juvenile delinquency, violence, broken homes, poverty, and so on.

This issue of the AHI English Newsletter highlights the avenues on how the Youth are playing their roles as community-builders and leaders. Ms. Eva Khovivah narrated in her article how they empowered the Youth in Aceh, Indonesia to become active players in peace and health endeavors. They do it through broadcast on TV and radio shows. Mr. Bishnu P. Prajapati wrote on the mental self-help groups and youth mobilization in Nepal. They acknowledged the capability of the Youth to be part of the team dealing with psychological issues. Ms. Meenakshi Rai elaborated in her article the role of the Youth as change agents to stop sexual and gender based violence.

For more than 35 years history of AHI, it is now gearing its focus on youth leadership development. The articles shared by each writer would hopefully encourage all of us to do more, further explore possibilities, and exchange experiences in youth-formation for sustainable development of our communities.



A young girl-child (right) helping an elderly woman. Photo by Ms. S. Arsasri, Thailand.

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FOCUS ARTICLE

Framing Youth Empowerment for Peace and Health in Aceh Indonesia
Ms. Eva Khovivah, ILDC 2016
Indonesian Planned Parenthood Association (IPPA) Aceh, Indonesia

1. Claiming Aceh's Independence

Aceh is the westernmost province in Indonesia, consisting 26 districts. Aceh had experienced armed conflict between the Free Aceh Movement Gerakan Aceh Merdeka (GAM) and the Indonesian Government since 1970s. The earthquake and tsunami that hit Aceh in December 2004 literally ended the armed conflict. Aceh Peace was marked by peace agreement between GAM and the Indonesian government in August 2005.



Ms. Khovivah



2. Youth Left Behind in Peace-building

The peaceful situation and the rehabilitation process, the post-earthquake, and the tsunami reconstruction in Aceh contributed to the growth of the population of the youth, especially the productive age (10 to 29 years old). However, the youth have been left behind in the peace building process in health. They have been vulnerable due to low access to services and information about sexual and reproductive health. They have not given the opportunity to voice their rights. They don't know how to learn and do not recognize that they are facing the risks of crime, drugs, and physical and sexual abuse.

Cases of sexual assault towards children and adolescents have been increased in Aceh from year to

year. There are 305 cases recorded in 2015 to 2016, 97 of which are sexual violence and 39 of the victims are children and adolescent girls. Such assault cases are more likely to be hidden in a society because of the strong patriarchal culture, and the educational system that still considers talking about body, sexuality and reproductive health a taboo. The impact of the tendency of the increasing sexual violent cases experienced by children/adolescents has caused other issues such as the high rate of school dropouts. The social stigma on the victims lingers in the community, and the re-victimization occurs in the process of case investigation. Early marriage and unwanted pregnancy greatly affects the function of their reproductive organs.

3. Youth Empowerment

Indonesian Planned Parenthood Association (IPPA)-Aceh has been working with marginalized group in Aceh for decades especially focusing on the recognition of adolescent rights. One of them is the right to receive education and information on sexual and reproductive health. We have engaged in awareness campaign for this right in formal schools as well as monthly village discussions and meetings.

For youth empowerment, IPPA Aceh developed the Youth Center, provide counseling, education and information dissemination on sexual health, prevention and protection from HIV/AIDS, sexually transmitted infections, and unwanted pregnancy for school and out-of-school youths in towns and villages.

The center has also assisted youth networking and advocacy process related to adolescent reproductive health issues as well as other problems. A teenage volunteer association named Centra Muda Putro Phang (CMPP) was organized for the empowerment of children and youth so that they become decision makers in terms of sexual and reproductive health and rights. It has undertaken several activities to bring together teenagers, both boys and girls at schools, and adolescents with/without disabilities. Now, 18 youth volunteers are involved. The CMPP engages in awareness activities for children in the kindergarten as proactive prevention from sexual violence. They also provide sexual and reproductive health education in special schools and for the parents of children with disabilities, because they are

sometimes become victims of rampant sexual violence.

Apart from the aforementioned activities, they also speak local culture through the arts (dance, saga, music and so on) as entry point in organizing the group and in the effort to maintain the peace in Aceh and the values of local wisdom.

The Youth volunteers of CMPP are given continuing education and training; to improve their capacity as peer educators, resource persons on radio talk shows, and active participants of their activities.

4. Media Campaign by CMPP

Media has become an effective communication tool among youth. Various campaigns are promoted through the regular radio talk shows and sometimes on local televisions, leaflets, booklets, posters, and stickers related to youth issues. The Youth volunteers in CMPP are empowered to be speakers at talkshows on local radios and televisions. They talk about common issues and information useful for the youth such as how to recognize and prevent dating and sexual violence, where and how to access public service, etc. Other development and environment issues are also tackled on the talk show.



CMPP members speaking during a Talkshow.

Social media is also currently very familiar and useful for teenagers. Access to information through social media can be very vital and become part of public education. The big challenge is that with Sharia Law still remaining in Aceh there has been no integrated effort to prevent the youth from involving in cases such as risky sex, pornography access, violence, among others. The punishment of the perpetrator including the death penalty for the child

offender will not guarantee non-repetition of sexual violence cases. It is important to encourage the state to provide the real and accountable support for public education on the respect for the body, dignity and sexuality of women and children and commitment for prevention of sexual violence.

An alternative to spread positive contents on social media for peace and health campaigns should be popularized in order for adolescents to drive their goals. This alternative should be accessible in the community at all age levels to achieve a wider reach.

5. Youth Forum

In 2017 the Youth Forum of Aceh was established in order to strengthen the roots of youth empowerment in collaboration with other organizations namely Solidaritas Perempuan Aceh and Kontras Aceh. The Youth Forum of Aceh is composed of youth representatives from various communities in Aceh such as schools, CSOs from different ethnicities, and religious groups. They are discussing specific concerns related to youth such as community organizing, adolescent role in preventing sexual violence, control over local resource, and so on. It has just started and still needs capacity building for the members in order to become a group that would be involved in the development sphere.

6. Changes for Health and Peace in Aceh

Within the World Health Organization framework, health is defined as a state of complete physical, mental and social health, and not just the absence of diseases or weakness. One of its components is reproductive health that entails the reproduction processes and functions at all stages of life. Reproductive health, therefore, implies that people can have a responsible, satisfying safe sex life, and have the ability to reproduce, with freedom to decide when and how often to do it. Implicit in this respect is the right of men and women to be informed and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right to access appropriate health services that enable women to go safely through pregnancy and giving birth. The impact of these conditions may lead to healthy and happy generations. They will grow and develop in safe conditions within the communities that provide protection.

Still, the community empowerment in health continues to strengthen the capacity of youth groups, with the provision of facilities (ie. discussion room)

by the local government that they can use. The Health Office of Aceh in particular is actively supporting. In the long run, these endeavors may lead to the improvement of human development index, better quality life and uphold the value of peace.

7. Snapshots of CMPP Volunteers

- Muzanna, 26, is one of the male CMPP volunteers. Muzanna became very concerned on youth issues. He believes that the youth should not be left behind in development. They often experience instability in making decisions in their lives. He is now confident that the process of forming his decision is supported by many peer educators.
- Siti Maisarah, is an active female volunteer since the second year of high school. As one of the counselors, she is now organizing CMPP. After training, she feels confident and independent in living her life. She often goes to the villages to share her knowledge and experience about health, gender, and the behavior of adolescents with other friends in the village.

CMPP volunteers can be humanitarian volunteers at the time of the disaster. Peace Agencies by engaging in cross-cutting dialogue – one which is the international conferences on the Role of Aceh Youth in Understanding and Addressing the Humanitarian Crisis of Myanmar Muslim Minorities that was held in September 2017. Communities should be a safe place for the growing process of youth knowledge and organization.

8. Futuristic View

Change has been emerging in Aceh. Empowerment of teenagers created good initiatives that should be echoed. These initiatives should be strengthened and supported by all parties particularly on advocacy, policy, budget allocation, and empowerment programs. Community support is equally important as well. In communities, the youths are self-sufficient in grabbing opportunities and platform to convey their critical role in development, ensuring that no one is left behind. In the community, youth group activities are carried out by humanitarian calls which cannot be ignored.

Youth groups in urban and rural areas through the CMPP, the Youth Forum of Aceh and other informal youth organizations must be sustainable in order to pursue peace and health of the young people in Aceh amidst global challenges.

Mental Health Self-Help Group and Youth Mobilization

**Mr. Bishnu Prasad Prajapati, ILDC 2015
Center for Mental Health & Counseling-Nepal
(CMC-Nepal), Nepal**

1. The Youth in Nepal

The Center for Mental Health and Counseling-Nepal (CMC-Nepal) is working on mental health and psychosocial support since 2003. Our main working strategies are mental health and psychosocial empowerment of government health personals through training and supervision, advocacy and lobby with government and non-government organizations, awareness raising activities and advocacy to human right of people with psychosocial disabilities.



Mr. Prajapati

Nowadays, psycho-social disability cases have been detected more in youth in society. Around 25 to 30 percent of all psycho-social problems are seen below 20 years old and some suicidal cases are also prevalent among the youth. One of the most common mental health problems with the youth is depression that sometimes lead to suicide. They are caused by various reasons such as migration in other countries for labor works, drinking alcohol, drug use, and domestic and gender based violence. Another common mental health problem is conversion disorder. Mass conversion due to stress from their lives (ex. studying) is particularly common at schools in Nepal. Because psychosocial disabilities were unknown in the community, people had misconceptions and mistrust in treatment at community health facilities.

2. Self-Help Group Formation

To enhance community awareness and mutual help, CMC-Nepal has initiated to form mental health self-help groups (SHGs) of the people with psychosocial disabilities and their family members. There are 32 SHGs formed in our working areas.

Facilitated by the Mental Health Coordinator and the Community Mental Health worker of CMC-Nepal, SHG members are empowered through various activities such as training on leadership devel-

opment, awareness raising on mental health issues in the community and exercising their rights to claim, and so on.



Home visits by the SHG members.

SHG members visit homes of other patients in the community. It is an effective approach in taking the patients to the health facility. The community people can directly recognize that mental health problem is treatable as explained by the SHG members during home visits.

The Youth SHG members are aged between 17 and 35 years old who are actively working to run the meetings themselves. Most of them are able to share their emotions during the regular meetings without hesitation as a result of the training they underwent. They also write request letters to the health center personnel seeking for support such as providing psychotropic medicines, awareness campaign and availability of psychiatrist service. With the support of the local government health workers, the SHGs are providing orientation in the secondary and higher secondary level schools.



Awareness raising activity at a secondary school by the youth SHG member and the health staff.

3. Lobbying for Government Support

Because psychotropic drugs are not designated in free drug list, many of the patients had to stop the treatment on the way due to high cost and restart when the problems became severe. To counter this from recurring, the SHG members have requested the government to allocate some budget for mental health issues.

The Village Development Committee (VDC), Nepal's local government body, is providing money for medication for people with psychosocial disabilities course through the health facilities. Furthermore, some of the VDCs provided money directly to SHGs for awareness raising activities and support for poor patients. Since 2016, most of the SHGs are able to get \$97 to \$970 (USD) as fund for psychotropic medicines and mental health awareness through the local village and the municipalities. The fund is being managed by SHGs and they use the money to give assistance to the poor patients and conduct awareness raising activities.

Case Story

Yesoda is 29 years old and has been suffering from bipolar disorder for 10 years. Her husband got second marriage then got severe mental health problem. She is living in her parent's home with two kids. The SHG members took her to the health center for treatment as a result of home visits. Now she is getting medicines and counseling at the health center. She is showing remarkable improvement. She is now actively involved in group meetings, doing home visits and sending cases in the health center that she finds. Through the SHG requests, she is now working in a private boarding school as a helper. She is also looking the possibility of running a beauty parlor to sustain her and the children's life.

4. Changes in the Community

Several improvements have been observed at the community level as a result of organizing mental self-help groups and youth mobilization. They are outlined as follows.

- Awareness on mental health and psychosocial problems was increased in the community and the number of patients who receive treatment at the health centers and private psychiatric clinics increased. Trust for the treatment at public health

centers was increased. Based on the needs of the Youth SHG members, the leaflet on mental health has recently been published for a tool of their awareness activities in community and at schools.



Mental Health Leaflet

- With the support of VDC, the budget for mental health issues of most of the health facilities was increased. Also, through the SHG's request to District development committee, municipality and other government offices started to provide some chronic mentally ill patients with government's temporary jobs such as road construction and helping at school with support of treatment.
- Many gender based violence cases became easily found out through SHG and youth mobilization in the community. They are getting support on psychosocial problem through CMC as well as other support from the Women Development Office, and the Department of Women and Children Office of the government.

5. Future Plan

There is a challenge in sustainability of SHGs. Some SHG members who recover from disease, he or she starts to engage in work and become unable to continue participation in the meeting. The empowerment to raise their ownership and responsibility for the SHG is necessary. Also, the group members gather from various remote places. So we plan to divide the group so that members can sit together within near circle.

Even though government gives some short-term free psychotropic medicine, it is not sufficient to supply for health institutions. It is also difficult to find such medicines in private pharmacy. Due to

frequent unavailability of medicine, patients easily stop medication. More awareness toward mental health is necessary.

We hope that the youth SHG members would be able to raise awareness on psychosocial disabilities in all sectors such as schools, communities, farmers, and cooperatives among others. Hopefully they will be able to do advocacy in upholding their human rights in the local government bodies. This can be done by also participating in other community activities, not only on mental health, so that the SHGs could maximize their functions.

DAISAN - Youth Leadership for Change
Ms. Meenakshi Rai, ILDC 2014
Respect, Educate, Nurture and Empower Women (RENEW), Bhutan

1. Introduction

The Youth (13 to 24 years old) in Bhutan constitutes 31% of the population. Paramount emphasis is given to youth development through various leadership programs and trainings. The Youth in Bhutan, akin to other countries in the world, have a lot of challenges in the face of modernization, rural urbanization, and migration. The factors affecting them most are substance abuse, teenage pregnancy, suicide, and peer violence. Some are in conflict with the law and others under difficult circumstances due to bone breaking family situations. The Youth today are often trapped in their own assumptions and beliefs which many times prove counterproductive and self defeating. They tend to blame on their parents, teachers, neighbors, peers and others for their difficult situations. We need to empower the Youth so that they can become the main actors instead of brushing off which in turn underestimate their potential to be our partners. To do so, schools, CSOs and governments can play a vital role in contributing towards creating a conducive environment for the Youth to think and act for themselves.



Ms. Rai

2. Youth Volunteer Network

Respect, Educate, Nurture and Empower Women (RENEW) is a Civil Society Organization established in 2004 by Her Majesty the Queen Mother

Sangay Choden Wangchuck, the Founder and President of RENEW, to empower women and children. RENEW has committed to create a better understanding on the circumstances causing domestic violence, sexual and gender-based violence, and gender inequalities at all levels of the society. One of the main activities of RENEW is youth development through training.



DAISAN's training workshop at a secondary school.

A youth volunteer network named Druk Adolescents' Initiative for Sexual Awareness Network (DAISAN) was established in 2010 by the RENEW youth volunteers' initiative. It started with 25 members from various youth groups in schools and in communities, and is managed by youth volunteers. DAISAN focuses on two main activities: 1) spreading awareness on Sexual and Reproductive Health and Rights (SRHRs), and 2) advocating for gender equality and against Gender Based Violence (GBV). Aiming that every youth can spend a responsible, safe and happy adolescence, DAISAN has increased its members through awareness-creating activities. At present there are 540 members in the network across 20 districts, who are actively engaged in activities that spread awareness on GBV and SRHRs. For better coordination and effective communication, adult focal persons (the school teacher coordinators), guide and monitor them in their programs. They organize campaigns and sensitization programs.

DAISAN members are building their capacity through training programs on youth leadership and update their knowledge on Child Rights and Child Care and Protection Act of Bhutan, and enhancing their skills to handle difficult situations at home and at schools. Also, they discuss openly the challenges that the youth face in knowing and taking care of their reproductive health. Puberty starts as early as 10 years old. Thereby, it is important to prioritize

their mental and physical health; and very foundation of their well being.



The Youth members during the Inter-house competition on domestic violence.

Some of our worth noting initiatives are the introduction to *Transformation through theater* performances (ex. drama, street play, roleplays) whereby children and youth are passionate and actively participating. DAISAN youth members in one of the schools organized inter-house competition on domestic violence, GBV and violence against children, the first ever program with special focus on the social issues like this. Some schools have started the information board at regular intervals. The information board displays information essential for the people. Children and youth have increasingly coming forward for discussion.

3. Agents of Change

DAISAN members are encouraged to take the ownership of their services and the responsibilities to stop violence. There are two pledges for DAISAN members to follow, 1) I will not abuse any of my family members and 2) I will not tolerate violence. Furthermore, they carry out awareness in their schools for their peers and parents during school meetings, in the community during festivals. Through the activities, they are reminded to be a change agent. It is ongoing program and expected to grow till these youth graduate to become adult volunteers of Community based support system (CBSS). CBSS is a network of volunteers in all 20 districts to ensure the safety and security of survivors of domestic violence through partnerships with community members.

DAISAN has close coordination with organizations both government and CSOs. We have been working

with Ministry of Health, Department of youth and sports under Ministry of Education and other Youth networks. The networking is the area still remains to be strengthened.

During my training in AHI in Japan, I was lucky to have got the opportunity not only to visit schools but interact with children and that was one of the best parts of the training. Children in Japan like the children here in my country are inquisitive and full of curiosity. What impressed me was the promotion of peace by the Japanese children. They taught us to make paper crane (origami) which I still cherish. We hope to network with children and youth in Japan in the near future for a better world.

As stated in the speech of His Majesty, the 5th King Jigme Khesar Namgyel Wangchuck, Bhutan's philosophy of *Gross National Happiness* clearly defines what happiness is, and explains what happiness skill is. That is exactly what we are trying to equip our youth-led groups.

FLASH ARTICLES

Buddy Home Care Project
Ms. Siriwan Arsasri, ILDC 2011
Health And Share Foundation (HSF)
Thailand

1. Background

Health and Share Foundation (HSF) is working in rural area on primary health care and HIV/AIDS along the border Thai-Laos, Ubon Ratchathani Province. In the rural area the family structure has been changing, many families moved to the big city for working. They have left children at home with aging people. Those aging people sometimes don't know how to raise and communicate with the children who would rather favor of playing internet and phone. They would just blame it. The absence of fostering circumstance has affected children's be-



Ms. Arsasri

havior both in physical and mental health. Moreover, children are facing with many problems.

In year 2015, the HSF surveyed and identified 344 disadvantaged children in Khemarat and Huana Sub-district who are in difficult situations such as, 1) homeless 2) orphan 3) live in risky situations (drug, domestic violence, sexual violence, etc) 4) poor family (family income less than US\$45 per month, 5) health problems, 6) parent in prison, 7) single parent due to divorce, 8) disabled children 9) discrimination and injustice problem, and 10) stateless or No ID number/non Thai.

2. Stakeholders

Recently, the Family Care Team (FCT) has been set up for taking care of households which have health problems in the whole country under the policy of Ministry of Public Health. The FCT works at three different levels, namely district, sub-district and community. The HSF has already experienced to work with the health staff at the sub-district level and with the Village Health Volunteers (VHVs) in our project area. Some of the VHVs have been trained as a community caregiver and they visited home of the aging persons along with the health center staff. Because the FCT has not focused on capacity building of those disadvantaged children, I came up with an idea to work with them to join the home care project.

Granted a small budget of US\$ 1,500 from the social welfare office, we started the Buddy Project. The Buddy Project is pairing a Village Health Volunteer or VHV and a disadvantaged child. They make home visits to the aging people. Through the activities of Buddy Home Care, VHVs play a key role in observing and supporting the disadvantaged children and their families. VHVs share information on how to access to social welfare and health services with the children's family.

Apart from VHVs, we are also working on the project in collaboration with the Community Action Group (CAG) who represented five sectors in the community such as the 1) local government, 2) schools, 3) hospital and health promoting hospital or health center, 4) community based organizations and 5) administration. CAG have worked for the disadvantaged children in the community.

3. Working Process

Meetings were held by the VHVs and CAG to study the problems of the disadvantaged children and