

screen them as project participants. We selected 20 children out of the target group (aged 10 to 15 years old), who are living in the community and available to join the project. Then, coordination among these children was initiated for them to attend the Buddy Home Care activity together with CAG.



***Buddy home care visit planning session.***

Meetings and capability building activities for children and VHVs are organized such as:

1) Self-empowerment workshop. The purpose of which is to know each other and raise their self-confidence in order to be more capable in facing other people in their own community.



***Problem solving and analysis done in a creative way in order to be easily understood.***

2) Community analysis. At this point, children and VHVs analyze community health problems through community mapping and screening cases. They also learn about their roles as buddy home care. For instance, what they should do when they work as buddies for home care in the community.

3) Basic health skills training. They learn the concepts and acquire skills on basic health care and home care during the training. They are trained how to sponge bath the body to reduce the patient's temperature, to turn over the body position, to change fresh clothes, and to do exercise and rehabilitation.

#### ***4. Plan and Prepare Materials for Home Visits***

The Buddy team has to perform two main activities as follows:

1) the Buddy team of a disadvantaged child and a VHV carry out home visits for the aging people in their community together with the hospital staff and CAG members;

2) the Buddy team summarizes their activity and refer information to the hospital staff or to the social welfare office staff when they find a serious case that needs financial support, medical equipments, and the likes.

#### ***5. Achievements***



***A Buddy home visit makes the aging man smile.***

Most of the aging people stay in bed all the time. Children's visits made them smile and eased their stress caused by loneliness at home. The disadvantaged children raised their self-confidence and self-

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esteem as a result of doing home visits. They felt proud of themselves that they could work for others in the community.

The VHVs could directly support the disadvantaged children. They taught other children some life skills such as negotiation and bargaining skills, self-protection skills (to prevent them from being in a risky situation), problem solving skills (scenario making to draw concrete solutions in response to problems identified), and referral skills (for health and/or social welfare), and so on.

## **6. Case Conference by CAG**

The Buddy team found an 11 year old boy in a difficult situation. He lives in a small house with no security. Last year, his Laotian mother got stroke after giving birth that resulted to paralysis of half of her body. His father was addicted to illegal drugs and has no job. The boy had to stop school to look after his mother and family member instead of his father. The Buddy team visited his house and reported this case to the CAG meeting. The CAG discussed over the case and led the following outcomes.

- 1) The health staff helped the mother for rehabilitation from paralysis and gave advice to avoid another pregnancy.
- 2) CAG referred the information to the social welfare office, and sub-district office and fixed her house to make it accessible for the handicapped mother and offered transportation to the provincial hospital.
- 3) CAG helped the school and the sub-district office in behalf of the boy, which turned out to be a scholarship of \$ 610 (USD) a year.

The Buddy team still visits his house and supports him to go to school, together with the school teacher. The VHVs who live nearby his house are watching him and taking him to school together with their kids and other children who are also project members.

## **7. Lessons Learned and Next Steps**

There are some challenges related to sustainability of the project. Some of the disadvantaged children cannot join the activities continuously because of family problems. Others have to take care of other family members while the parents work outdoor. VHVs want to invite other community people to

understand the situation of the disadvantaged children and join the activity. They especially aimed for the village chief, hospital staff and others who are interested on volunteer work so that the project would take root in the community.

Screening the aging persons as the subject for home visit was mostly decided by the VHVs. They tell the children what to do, when they both do home visits. Because the VHVs mostly chose severe cases like dying, it affected the children's mind. Some children were scared and did not know what to do while they were visiting. The children as they reflected realized that they want to join the succeeding home visits but doing something more appropriate for their young age. For instance, demonstrating how to exercise, helping to clean the rooms of the aging people, and other lighter tasks. The buddies need to be more motivated to stimulate discussion and decision making on whatever activities they have to do. In this leaning, each of the buddies might value their team even more.

For the home visits, environmental cleanliness and hygiene management is a big challenge. These include room cleaning, safe environment, and rehabilitation. It may also entails rail support for stand and walk signals.

The VHVs and the disadvantaged children still lack the skills of taking care aging people. In response to this discrepancy, we plan to prepare the handout on the basic health care and the typical diseases such as diabetes, hypertension and stroke. They are more prevalent among the aging people.

The aging people themselves or caretakers cannot manage to dose and/or administer medicine. The Buddy team discusses with the aging people and the caretaker to prepare some medicine boxes. These boxes are more efficient for the aging people to get their medicine easily following the right dose, and the right time regularly.

For food, the children and the VHVs could give suggestions on what food is appropriate to eat for each patient at home.

Regarding exercise and rehabilitation, children could help to show how to exercise at home or encourage the patient and caretaker by teaching them how to do it with the help of a physical therapist.

# HERE AND THERE

## The International Course on Leadership for Community Health and Development 2017



*A session during the ILDC 2017.*

### Synopsis

*The International Course on Leadership for Community Health and Development (ILDC) was held from August 27 to October 9, 2017 under the theme "People's Participation in Local Governance in Health". This time there were 12 participants (5 females, 7 males) from 10 countries particularly from Bangladesh, Cambodia, India, Indonesia, Mongolia, Myanmar, Nepal, Sri Lanka, Thailand, and Vietnam. During the six-week course, the participants participated in exposure visits in Japan. One of the exposure visits was to Achi Municipality in rural, mountainous area in Nagano Prefecture. The ILDC participants learned about the enabling roles of the local government in enhancing people's participation in local governance.*

### A Perfect Example of People's Participation in Local Governance

**Mr. Binaya Prakash Acharya, ILDC 2017**  
*Friends Service Council, Nepal*

We, the ILDC 2017 participants were taken to Achi Municipality which is located in Nagano Prefecture. It was a three-day visit where we got the opportunity to meet and interact with various representatives from the local government as well as the community people who are working hand-



**Mr. Binaya**

in-hand for the welfare of their place and its residents.



It was indeed a great learning experience especially for people like us living in developing Asian countries. It is quite a common knowledge that coordination and complementary partnership between our governments and the community people is a bottleneck that we have been experiencing for a long time. Because of this bottleneck, development initiatives cannot spring off as they should be. If remained unsolved, it will cause slowdown in progress and development of our communities.

### 1. Best Practices Learned in Achi Municipality

#### 1.1 Volunteerism of the Community People

One of the things that drew our attention was the volunteerism and sense of ownership of the community people towards their community. The people showed great enthusiasm to work for their community and support each other. They have established two different kinds of structures from the community people's side, namely, *Neighborhood Residents Association (NRA)* and *Issue Based Development Association (IBDA)*. The NRA is formed by the people residing in a community which is represented by a board with an elected president as the representative. They are responsible for doing environment maintenance, and conducting community festivals/events and annual assembly. One of the major responsibilities of the association is to propose *Community Infrastructure Development Plan*.

The IBDA on the other hand is formed whenever there is a need to solve any identified issues in the community. Community issues are discussed in the *Community Learning Center* established by the local government and managed by the community people. Important issues are acknowledged through the active participation of the community people. Task groups of IBDA are voluntarily formed and they take responsibility for solving the issue in col-

laboration with the government. Some of the IBDAs that we could learn about were, Center for Intellectual Disability People, Home Visit and Nursing Care Center for the elderly people, social café, and community restaurant.

### ***1.2 Conducive Environment for Good Governance***



***Meeting with the mayor and the Department Head of the Collaboration Promotion of Achi Municipality.***

We were fascinated to observe how the local government played an important role to create an enabling environment for the community people to participate in decision making and community development processes. The government gave recognition to NRA on 2004 as a part of community structure and started to provide yearly budget for promoting community welfare activities. The government also gave the responsibility to NRA for preparing *Ward Development Plan*. Likewise, the *Local development Plan* from the government is also prepared and finalized with the active participation of the community people through NRA.

Similarly, the government has established *Community Learning Center* as a venue for community level meetings where people can discuss the issues in the community. Government acknowledges the issues presented by IBDA and takes necessary action through budgeting and providing other needed support to solve the issues identified by the community people. The Government of Achi has a separate *Department of Collaboration Promotion*, which is responsible for promoting collaboration between local people and the government to work together in partnership and complementary approach.

## ***2. Utilizing What We Learned***

The learning from Achi Municipality is valuable for development workers like us who work closely with

the local government and also with the people in grass-root levels. Although it might be impractical to try to achieve everything that is into practice in Achi Municipality in the context of our communities, but certainly there are some things that we can initiate from our side. We can make aware our communities as well as local government about the roles that they can play from their end. Sense of ownership of the community people and creating an enabling environment to the people from the government is the first step to the success.

I have included a small initiative for implementation of this learning from Achi Municipality in my plan of action (POA) that I prepared at the end of the ILDC 2017. One of the objectives of my POA is to strengthen the capacity of newly formed local government in the district where we are working. For this, our organization will have meetings with the municipal government and identify possible areas for capacity development needed by the municipal staff. This initiative is positioned to help achieve better results in areas of improving water supply, sanitation and disaster management along with effective collaboration between and among community based organizations and private sectors.

We will use our in-house as well as external experts in conducting trainings for the municipal staff. A major part of our capacity building program will focus on how to encourage the municipal government to effectively partner with the local community in local planning processes.

Likewise, in my POA, I have also included the conduct of coordination meetings between the local government and the people's organization in the hope of exploring ways of collaboration. We will also encourage the community people, especially the most marginalized and vulnerable, to participate in quarterly public audit of municipalities in our working districts. In this way they can raise their voices and issues in local government's open discussion forum. The aim for including these activities in my POA is that I want my organization to play a role as a facilitator in order to ensure optimum people's participation in local governance for effective community development.

As the saying goes: "We can never clap with only one hand". Similarly, there should be contributions from both the government and the people in order to achieve peace, progress and prosperity of the communities and the whole nation. A part of my effort in this development sector will always be focused on turning this into reality through capacity building



of the community people and developing awareness of the government officials and political leaders.



*Participants relaxing in a foot bath in Achi.*

### ***Achi Municipality***

The municipality of Achi with a population of 6,700 people is located in hilly and mountainous area of Nagano Prefecture.

A complementary collaborative relationship between community people and the local government of Achi was created by an initiative of the former Mayor who had been closely working with people as a civil servant. Through that experience, he realized that people had a tendency to dependent on the local government. In addition, the municipality was facing with a problem of population decline which would weaken local economic vitality and incite population outflow. He definitely believed that the responsibility of the local government is to guarantee the human rights of people in the community and promote local economy, on the other hand, the community people as sovereigns should take on the responsibilities.

After he came to the position in 1998, he started trying to raise self-awareness on active citizenship among people, to develop capacity of the local government as an enabler, and to institutionalize the people-oriented community development process, beyond people-participated.

The exposure program to Achi was adopted in the ILDC since 2016 to get a clear view of local governance.

### **The Speaking Tour in Japan of Mr. Murugan Kalirathnam, Director of Thiruppani Trust Association**

***Mr. Takahiro NAKASHIMA, AHI***

#### ***1. Background of of the Speaking Tour***

Mr. Murugan Kalirathnam, (right photo) a former participant of ILDC 1994, came to Japan for the AHI Speaking Tour from November 20 to December 4, 2017. A total of 24 meetings were held all over Japan. In the session, he started by explaining the caste system in India and the root of Dalit which means “suppressed” or “crushed” in Marathi language. Dalits forming around 24.5% of the population in India are outside the caste system.



***Mr. Kalirathnam***

Oppression and discrimination happened in various ways such as, dowry system, low access to education and domestic violence. Furthermore, a Dalit woman is more oppressed and discriminated compared to a Dalit man; by her own family, religion and society.

Mr. Kali joined Association for the Rural Poor (ARP) in 1982. He has engaged in several interventions to address the aforementioned issues on Dalits. Recognized that the similar discrimination and oppressions were happened to other vulnerable people, ARP has broadened its focus to tribal and other needy people.



***Mr. Kali (left) speaks at AHI Open House in 1994.***

He participated for ILDC in 1994 and learnt more institutionalized activities from different countries’

experiences. He, then, established Thiruppani Trust Association (TTA) in 2012 to apply participatory approach for empowerment of Dalits and other marginalized people.

TTA organized social action groups, self-help groups, village sangam, groups of person with disabilities and youth groups. These group members became aware of their rights, duties and responsibilities in the community and empowered to raise their voice for advocacy.

Convinced with the idea that working with government is inevitable, he changed his strategy from confronting government at the past Dalit-liberation movement to building good rapport so that the community people can have access to basic service and government program. For example, Dalits and tribal community have availed to housing scheme, infrastructure such as light and water, and scholarship for students, old age and widow pension for more than 2000 persons as well.

ILDC also gave him an idea to strengthen the linkage with corporate sector. Through the linkage with financial institutions, the dowry issues of inter-caste marriage among poor people became decreased. For women, through bank loans and government subsidies, they started savings as groups.



***Promoting inter-caste marriage with the presence of the community people to soften the social stigma towards Dalits.***

The impacts were brought in community in various ways, especially for Dalits, women, and other vulnerable people like person with disabilities, widows, destitute and children. Their access to basic service and safety net entitlements and poverty alleviation schemes from Government was improved. Dalits have own network and are starting to extend their solidarity support to other groups at the grass-root level.

### **My Learnings During the Speaking Tour 2017** ***(Interviewed by Mr. Takahiro NAKASHIMA, AHI)***

During the 15 day-AHI speaking tour, I met 800 participants, including children, who were eager to know about India.

A medical student from Kumamoto University asked: “Why women and matured girls do not choose single

life in order to relieve themselves from dowry system?” I replied by explaining the social norms regarding the importance of marriage for women in India. I added that discrimination is a persisting issue from generation to generation dated back over 3000 years. It will never be solved so easily.

Nevertheless, Dalits are getting more education and employment and also many strong Dalit movements are working to reduce the discrimination. NGOs are also working with government for the development activities for Dalit and tribal people to come forward through some of the livelihood activities.

I also challenged those medical students to share even just 20 % of their time for the marginalized people. They were inspired by this idea. Before I came to Japan, I spent much time making power-point presentation. I did not expect that our methods were dialogue and group discussion for the AHI speaking tour. Through this experience, I updated my approach and methods of communication. I also learned more about how to talk with different focus groups such as the university students, women’s groups, church members, NGO workers, and elders.



***Mr. Kali, Mr. Nakashima (sitting, respectively 5th & 6th from right), after meeting the university students.***



***Mr. Kali making curry in AHI on November 21, 2017.***

## NEWS FROM FRIENDS

### PHILIPPINES

***Ms. Violeta Villanuva Casiguran, ILDC 1995  
Community Medicine Development Foundation  
(COMMED)***



***Ms. Casiguran performing health check-up.***

Warm regards all AHI staff, supporters, and volunteers. My heartfelt thank you for the beautifully crafted birthday card. I am still an active volunteer of three entities: the COMMED, the Council for Health and Development, and the Redemptorist Church. I partici-

pated and did medical missions among our national minorities like the Lumads who launched a campaign in Manila for their rights and struggles. I wish you all success in every endeavor. You're inspiration to the people of the world. Mabuhay! Domo Arigato!

ership skills and knowledge of the participants. Over time, I naturally developed an intense interest in public health and development studies working with and seeing through the eyes of participants, the work they do and the challenges they face in their countries. I have learned to deeply value the beauty of the diversity that was shown in many ways through them.

It was through this career that I was very fortunate to encounter Dr. Kawahara, the founder of AHI. He was one of the special speakers to the students who were mostly health administrators/government officials from the Asian nations. That was when I came to know about AHI and how it was founded. Since then, I had always been excited to know more about AHI's people-centered approach. I was also drawn into activities implemented by Japanese NGOs such as AHI. "Local governance in health" was a new perspective that I gained through my interaction with AHI.

I am passionate about trail walking which I do mostly in the nearby mountains, everything about Flora and Fauna that Mother Nature provides us with and the indigenous folk cultures including those in Japan. I also cherish spending time with family and friends.

## New AHI Staff

It is an honor to be able to address all you AHI alumni and friends for the first time through this newsletter. I am Aya Higa. I recently joined AHI in April 2017. Since Day One, I have been assigned to be part of AHI training team.



***Ms. Higa***

Before joining AHI, I worked as a coordinator in healthcare administration for international participants at the Nagoya University, Japan. I served as the administrative assistant, and where needed, as the course coordinator. As it was established in an academic setting such as a university, it tended to lean towards academic aspects, while the aim was to enhance the management/lead-

I am delighted to be part of AHI as I embark on this next stage of my journey of learning, self-development, growth and service. The health policy "Health for All" has been my personal passion. I feel fortunate that I am able to stay engaged in this field at AHI. I am looking forward to engaging with you and learning from each other with all of you.

## CALL FOR ARTICLES

**Attention AHI ALUMNI!**

**We are kindly calling your attention to write articles in order to share your rich experiences in your respective communities. This is a great venue to exchange and learn strategies that are mutually beneficial to all of us.**

**Kindly email us as soon as possible if you are interested to know the themes to write.**

## ANNOUNCEMENT FOR THE ALUMNI IN BANGLADESH, INDIA, NEPAL AND SRI LANKA

### AHI Reunion Seminar in Bangladesh 2018

We are happy to announce that the AHI Reunion Seminar will be held in Dhaka, Bangladesh.

**DATE:** March 16 (Fri) to 18 (Sun), 2018

**VENUE:** Center for Disability in Development (CDD)

**THEME:** Positive Leadership to Build a Peaceful Inclusive World

**Organizer:** Reunion Seminar Organizing Committee

\*The Committee is comprised of AHI Alumni in Bangladesh from CDD and other organizations in collaboration with AHI.

**(For the BANGLADESHI Alumni)**

Most of you already have received the announcement from the organizing committee. If you haven't confirmed your participation yet, please coordinate with the contact person at the earliest time possible.

**(For the INDIAN, NEPALI and SRI LANKAN Alumni)**

If you're interested, please coordinate with the **CONTACT PERSON: Ms. Talisma Akter (Keya)**, Project Manager of CDD, ILDC 2015, E-mail: [keya.cdd@gmail.com](mailto:keya.cdd@gmail.com), Phone: +88 0171302 1695, 01715462148.



## SUPPORT AHI! BE A MEMBER NOW!

AHI started its secure online money transfer system thru PAYPAL ([www.paypal.com](http://www.paypal.com)), by which the membership fee or donation is easily and safely transferred to AHI's account.

*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](mailto:info@ahi-japan.jp).*

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