

987-30 Minamiyama, Komenoki, Nisshin, Aichi 470-0111 JAPAN  
 Tel:+81-561-73-1950 Fax:+81-561-73-1990 E-mail: info@ahi-japan.jp  
 Homepage: <http://ahi-japan.jp/english/english.html>

## HEALTH ADVOCACY

Way to Integrate People's Voice to Health Policies

*From your Editor, Joy A. Bastian ...*

This issue highlights the second Thailand National Health Assembly (NHA). All of us working for participatory health and development, within our respective organizations, are hungered of strategies and model public health policies that we can mirror

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*2nd Thailand National Health Assembly, UN Office Bldg., Bangkok.*

on, so as to help our respective countries improve the delivery of basic health and social services. No matter where we are, what we speak, color of our skin, food we eat, home we seek shelter, government we depend, and leaders we look up to, WE ALL NEED to see a concrete example. It is timely that the Thai initiative is being shared internationally wherein AHI supports.

Three highlight articles about the NHA were written by Dr. Ugrid Milintangkul (ILDC 1987), Thailand, Mr. Paddana Balaram Naidu, India, (ILDC 1982), and Mr. Odayan Ramachandran (ILDC 1987), Sri Lanka. Another highlight article from the Philippines was written by Mr. Gilbert Hernandez (ILDC 2009), INAM.

Development is complex like a cab web. It is intertwined, interlocking and interconnected. On top of it all is health. After all, we believe that ***"Health is Wealth."***

# THE SECOND THAILAND NATIONAL HEALTH ASSEMBLY

## A Path of Developing Healthy Public Policy in Thailand through the National Health Assembly (NHA)

**Dr. Ugrid Milintangkul, National Health Commission Office (NHCO), Thailand, ILDC 1987**



### 1. Synopsis

Thailand organized the 2nd National Health Assembly (NHA) from December 16 to 18, 2009 in Bangkok. Eleven health-related resolutions from NHA or health public policies were endorsed by the National Health Commission (NHC),

chaired by the Prime Minister Mr. Apisit Vejjajiva, and have been implemented by the government sector and civil societies.

The National Health Assembly is a social innovation of Thailand, established under the National Health Act 2007. It is one of the most important social mechanisms to support the participatory, constructive and peaceful reconciliation among all stakeholders towards consensus agreement on specific Healthy Public Policy.

According to the Act, the NHA shall be organized at least once a year. The National Health Assembly Organizing Committee (NHAOC), comprising representatives from the state and other sectors, has been established by the NHC. At least 60% of the NHAOC members have to come from non-state agencies. NHA's constituencies comprised of the 1) civil society and private sector, 2) professional practitioners and academe, 3) government sector, and 4) representatives from the provinces. The constituencies play an important role in the process of the NHA from agenda setting, drafting resolution, considering, endorsing, implementing and monitoring the progress of the resolutions in action.

### 2. Domestic and international relevance of the Agenda

This extensive participatory approach through the NHA enables the constituencies from all related sectors at all levels to have ownership of the poli-

cies as well as building up their collective capacity. This year, 115 agenda items were submitted to the NHAOC. Upon their consideration which is based on four criteria namely: significance of the item, severity of the impact, public interest and possibility of policy advocacy, the agenda items were screened and consequently compiled to 11 as follows.

- 1) Development of Participatory Mechanisms for the Well-Being of Children, Youth and Family
- 2) Emerging Communicable Diseases
- 3) Development of Long-term Care for Dependent Elderly People
- 4) Development of Primary Care System to Facilitate the People's Access to Quality of Healthcare
- 5) Management of Hazardous Waste from Community by Participation of All Sectors
- 6) Development of Thai Traditional Medicine, Indigenous Medicine and Alternative Medicine to be in the Mainstream and Parallel to Modern Medicine
- 7) Problem Solving on Traffic Accidents
- 8) Stopping Unethical Marketing of Drug (To Prevent Economic Loss from Rising Healthcare Expenditure and Loss of People's Health)
- 9) Management of Overweight and Obesity
- 10) National Alcohol Consumption Policy Strategies
- 11) Sustainable Development Plan in the Southern Region of Thailand

### 3. Who came?

We had two Honorable Guests, Sir Michael Marmot from England and Dasho Karma Ura from the Kingdom of Bhutan, to deliver the keynote speeches. Sir Marmot is the former chair of the Commission on Social Determinants of Health (CSDH) under the World Health Organization. The report that the Commission developed; "Closing the gap in a generation: Action through social determinants of health" has changed the concept of health from healthcare to health promotion. He underpinned the cause of ill health which is from social injustice, for example, unfair distribution of power, resources and money.

Dasho Karma Ura is the Director of Center for Bhutan Studies. He introduced the concept of Gross National Happiness (GNH) as the vehicle to achieve sustainable development. GNH is an indicator to measure the quality of life which is holistic than GDP. The four pillars of GNH are promotion of sustainable development, preservation and promotion



of cultural values, conservation of the natural environment, and establishment of good governance.

Apart from the keynote speeches, the international partners could attend the assembly, technical sessions, live exhibitions and field trips. All related documents in English are sent to the international partners in advance and also posted in the website [www.samatcha.org](http://www.samatcha.org). Simultaneous interpreters are provided in all meetings. Liaisons, volunteered by university students, worked closely with the international partners.

#### 4. What did they say?

The reflections from the international partners on the NHA were impressive. They think the NHA model, as “a process in which the relevant public and State agencies exchange their knowledge and cordially learn from each other through a participatory and systematically organized forum leading to recommendations on Healthy Public Policies”, should be shared with other developing countries.

However, the NHA is still in its infancy period, although it had been organized for six times as a demonstration before the promulgation of the National Health Act. The process of NHA needs to be improved. Three important questions from the 1st NHA were 1.) delegation of constituencies, 2.) resolutions in action and capacity of constituencies in agenda setting, and 3.) developing and implementing resolutions, are waiting for answers.

Developing participatory and healthy public policies are not easy. But we are never tired of making it better. Learning and sharing with trust and sincerity can break any barriers.

#### 5. I wanted to say that...

The two AHI alumni representatives, Mr. Paddana Balaram Naidu from India and Mr. Odayan Ramachandran from Sri Lanka, were enthusiastic to learn about the NHA which is Thai's model for healthy public policy formulation. They both expressed that such a democratic approach, that have a space for civil societies, academics and government officials to dialogue in health issues, had never been practiced in their countries. They also attended every session including the field trip and share experiences with Thai and international participants. The collaboration between AHI and NHCO will accelerate the dissemination of NHA's model to other countries. NHA model as a national level initiative can be practiced from the grassroots up to country level. In addition, the agenda discussed in



*Mr. P. Balaram Naidu (left) at the NHA.*

NHA were common issues in other countries since we live in the same global village. The NHA's resolutions can be an example to others of how Thai people collectively see and tackle these problems. Moreover, sharing of experiences among international participants was also worthwhile in terms of expanding global network in health."

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### *NHA Basic Facts*

#### 1. Summarized program content of the NHA

##### *December 16, Day 1*

- Registration
- Opening Remarks
- Keynote address
- Approval of the Agenda of the 2nd NHA
- Meeting of working sub-committees 1 and 2
- Parallel Technical Sessions (Stop Unethical Drug Promotion; Youth & Families: Getting ready for crisis after crisis)
- Speeches: Speakers & Honorable Delegates (Opportunities & Challenges in Complex Crises)
- Meeting of working sub-committees continued

##### *December 17, Day 2*

- Speeches: Speakers & Honorable Guests
- Meeting of working sub-committees 1 and 2
- Parallel Technical Sessions (Health communication in crisis; Local government organizations: Alleviation of national health crisis by way of communities; Politics & Solutions to the National Health Crises...Is this a dream?)
- Plenary session to adopt resolutions considered by working sub-committees 1 and 2
- Speeches: Network Representatives (Opportunities & Challenges in Complex Crises)
- Parallel Workshops/Technical Sessions (Workshop on healthy public policy, Workshop on par-



ticipatory development process; Learning w/ international partners: Participatory health public policies development)

### ***December 18, Day 3***

- Speeches: Network Representatives (Opportunities & Challenges in Complex Crises)
- Meeting of working sub-committees 1 and 2
- Plenary Panel Discussion: Social Determinants of Health (SDH); International Forum)
- Plenary session to adopt resolution
- Closing session, Keynote address, Closing remarks



***The NHA Participants***

## **2. The NHA Agenda in brief**

### ***2.1 Development mechanisms to enhance participation for the well-being of children, youth and family***

At present many children and youth do not have a sense of direction in their development, in terms of physical, social, behavioral, intellectual and spiritual spheres. The children need special protection: normally, protection will be given by the society. The children are facing nutrition problems, resulting to overweight and obesity. Hunger and starvation is prevalent among the poor. Some of the youths indulged in drugs and alcohol. Sexual and smoking problems are also evident. Hence, they need special protection from the family and society.

### ***2.2 Emerging infectious diseases***

Emerging infectious diseases is an important public health problem and could become a severe threat to human well-being. It can cause huge losses in health and human lives. The mode of transmitting infectious diseases is from wild and domestic animals to human beings. So, it was resolved that knowledge

and information dissemination to the general public is very essential in order to deal with it effectively.

### ***2.3 Development of long-term care for the dependent elderly***

This approach requires efficient and effective integration of health and social services. A comprehensive care that covers social, health, economic and environmental concerns should be taken into consideration. This is needed by the poor elderly.

### ***2.4 Development of health care system to facilitate the people's access to quality health care***

Primary health care is an important mechanism and strategy that could create efficient health care system. It can leverage access to fair health care system by promoting self-reliance on health and disease prevention. It was resolved that participatory health resource mechanisms at the province and district levels will be powered by active participation of all sectors. The development of efficient primary health care systems should be strongly supported.

### ***2.5 All sectors participatory management of hazardous waste from communities***

Hazardous waste from communities are substances used in households and communities like insecticides, used batteries and light bulbs, electronic materials, etc. It was reported as one occurring health problem based on the pollution control board findings. It was resolved that wastes must be collected, sorted out, re-used and recycled. This can even be a source of some entrepreneurial opportunity.

### ***2.6 Traditional knowledge, Thai alternative medicine and medical treatments***

Integrating traditional medicine into the national health system through research and innovation is highly potential. The promotion and development of traditional medicine should be strengthened as intrinsic part of the global health strategy, plan of action and intellectual property. On the other hand, the traditional medicine practitioners should enhance their knowledge, skills and experiences. Along the line of harmonizing modern and traditional medicine, the government should establish some training programs or forum. In this events, traditional medicine the "Thai way" shall be made known.

### ***2.7 The objective of the national strategy on developing Thai wisdom***



The Thai way of health is categorized as folk medicine, traditional Thai medicine and alternative medicine; the major health systems in Thailand. Many poor people do not have access to western medicine. They have no knowledge in availing government medical facilities at the Provincial Health Centers and hospitals, which are far away from their residences. There is also lack of transportation facilities and money to pay the bills. Because of these, they use traditional medicine. For deliveries, they resort to traditional “dayas”. The “dayas” still do deliveries in the rural and tribal areas. Many people depend on traditional medicine and superstitious offerings. In response to this concern, it was discussed that medical facilities are to be created by the government. If they are further developed, these would lead to a more self-sustaining national health system in terms of budget management and resource allocation. It will eventually empower local communities and the Thai society to protect the Thai wisdom. Presently, folk healers and traditional Thai medicine practitioners are forming associations or federations.

### ***2.8 The prevention of road accidents***

Road accidents remained a major problem of the country. Motor vehicles involved 80% of injuries and fatalities from road accidents. Most of the victims are children and youth. The transportation system is not well-established especially to the uphill areas. People ride in public transport like a pack of sardine. The vehicle is almost always overloaded with passengers and goods which causes accidents.

The followings are the preventive measures:

- All motorcycles and car users must use helmets and safety belts, respectively.
- The taxation system for motorcycle should be according to the engine size.
- The issuance of driving license must be restricted. Applicants must have enough knowledge on traffic rules and regulations, must possess a good driving skills, and consciously aware on safe driving.
- There must be at least one driving school in the district to teach safe driving.
- The government should enforce the alcohol-free policy on commercial and public transportation drivers.
- The government should allow the civil society to participate in the development, control, monitoring, and assessment of public transport system in the region.
- Develop effective and fair remedial system for the victims of the accidents.

### ***2.9 Stopping unethical drug promotion to prevent economic loss from rising health care costs.***

Drug promotion has led to a higher price of drugs. The unethical drug promotion is characterized by conflict of interests that aggravates the problem. Medical drug promotion involved giving of information and precaution for possible temptation by manufacturers or vendors to order, purchase and more drug usage. It is emphasized that drug promotion should not lead prescription in return for financial and material rewards by health personnel.

The civil servant medical benefits system is open-ended and not in line with rational drug use. Thus, encouraging unethical drug promotion involving physicians, pharmacists, other personnel and the mass media. Various forms of conflicting interests among pharmaceutical companies, and the lack of transparency in drug procurement system were unethical. The World Health Organization (WHO) has identified several sectors concerned with drug promotion that contribute to unethical deeds in many ways. Clearly, the issue is not only confined to expensive drugs but also how promotion is exploited. In this premise, the NHA is requested to document unethical systems. The mass media has to play a major role together with the civil society in educating the public to promote sustainable drug use and to be alert about unethical drug promotion.

### ***2.10 Management of overweight and obesity***

Obesity is closely associated with consumption behaviors leading to nutritional imbalance and inappropriate physical activities over the years. More people got extra energy derived from over eating, while the amount spend on physical activities is low. One proven approach to prevent obesity in children is breastfeeding over a period of time. Unfortunately, in some cases infants are feed only for five months. It is reported that less than five years old children like to eat sweet food, crunchy snacks and beverages. Children between 6 to 14 tend to consume sweet drinks, crunchy snacks and high fat food than any other age groups of the population. Food advertisements greatly influenced children's decision to buy desserts. The shops near the school often sell food with high fat and sugar contents.

Currently, many children spend most of their time watching TV and playing computer games, and simultaneously eating snacks, that leads to a greater risk of obesity. They have less physical activities. It was therefore recommended that physical education and recreation should take place.



## 2.11 National alcohol policy

Alcoholism is a common problem in the community. In the tribal area alcohol is a common phenomenon. From children to old people, both men and women take alcohol for all purposes like birth, death, feasts, marriages and God offering. Youth is much affected and it takes them all day drinking without working. Health is affected as the alcohol is locally prepared and sometimes it is mixed with some unwanted elements. The family and community are disturbed by quarrels. Alcohol causes physical and mental illness, and social and spiritual problems. The impact is not only confined to the consumers but their families, surrounding people and the community, too.

At the NHA forum, the problem was discussed in length and accepted by all that alcohol is a common problem in many communities in the world. It was discussed that youth and adolescents are more attracted towards alcohol. Therefore, a new policy should be designed particularly to eradicate this trend in the country. It was also demanded to lay down appropriate policy about alcohol consumption in order to restrict excessive drinking.

## 2.12 Sustainable development plan in the southern area

Geographically the southern region is shaped like a long narrow handle of an axe, the center part of which is marked with a series of mountain ranges running alongside the coast more than 2,000 kms. long. Because of such topography most rivers tend to be fairly short despite the fact that the region sees more rainfall than in any other regions.

The direction of solution for the southern region development should follow the communities' way of life and culture as well as the area capacity which is based on the tropical rainforest and ecosystem. They are suitable for agriculture, fishery and tourism which knowledge and wisdom were handed down by their ancestors. It was requested that suitable orders may be given by the Prime Minister's Office regarding the master plan for suitable development of the economic zones in the southern and other regions in order to support the implementation of related activities in a continuous manner.

## 3. Progress report

The members of the 1st NHA approved the guidelines for health system development in multicultural areas in the southern border provinces concerning

the reasons. The 2nd NHA mainly reviewed the 1st NHA resolutions and discussed its implementation.

The following observations were:

- 1) The process of drafting the bill for safety and creative media development is slow moving.
- 2) There was no leading organization between the government and the networks for clear and concrete monitoring process.
- 3) The media laws are yet to be effectively enforced.

Resolutions 8, 9, 10 and 11 were clearly endorsed and will soon be submitted to the National Health Commission (NHC). Then this proceeds to the Cabinet and endorse their strategies for implementation. The current government seriously takes the resolutions from the NHA into account, as stated in the keynote speech of the Prime Minister, Mr. Apisit Vejjajiva in the 2nd NHA. He cited that "it is impossible to push all agenda forward by taking the resolutions into consideration, though. Because the government has met various problems. For example, access to medicine, health security and relationship between doctors and patients. In terms of global issues like HIV/AIDS and access to medicine, Thai delegates have adhered to the resolutions when negotiating with international organizations and multinational companies".

Apart from the domestic importance of the agenda, these were also associated with global agenda, as emphasized by the Prime Minister. Therefore, the Organized Committee invited international partners and Ambassadors to attend and exchange knowledge at the NHA. Some of them are the long-time partners of the National Health Commission Office namely WHO, World Bank and The Asian Health Institute. And some items were proposed by the constituencies as agenda of the year.

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## ANNOUNCEMENT

*See page 20 if you are  
interested in applying for  
the NHA 2010 in Thailand.  
Reports from the NHA  
Reports from the Participants  
who were AHI Alumni*



## Reports from NHA Participants who were AHI Alumni

### The Thai NHA is a Great Education Mr. P. Balaram Naidu, CSSS, India, ILDC 1982

#### 1. Introduction

The Second Thailand National Health Assembly was held in Bangkok from December 16 to 18, 2009. I participated in this big event in my capacity as the President of the Comprehensive Social Service Society (CSSS). In this big event, I wanted to learn about global health policies and implementation strategies particularly on community based health care delivery system. Our organization is based in Pathapatnam in Srikakulam District in the state of Andhra Pradesh, INDIA. There are three AHI alumni from our organization, Mr. Ramaraju (1981), Mrs. Sarojinamma (1995) and me (1982). Mr. Ramaraju and Mrs. P. Sarojinamma work in Srikakulam district for the upliftment of uphill tribes, scheduled caste and economically backward communities and disabled.



We work for community based health and livelihood enhancement of the people. We carried these through developing the wasteland for agriculture and water facilities. We do watershed programs and regenerating the forest by planting new plants in the "podu" land and denuded sites. We are also working for the rehabilitation of the disabled in the society.

CSSS is recognized as best voluntary organization in the district and the government involved us in many district committees for health and disabled welfare, forest protection, immunization, family planning, and watershed conservation among others.

Mrs. Sarojinamma and Mr. P. Balaram are members of the local community hospital and the health committee of the district hospital, respectively. Whereas, Mr. M. Ramaraju is the district voluntary organizations convener.

The AHI training helped a lot and gave us the recognition in the society as sincere and best workers.

Previously Mr. M. RamaRaju was the executive officer of CSSS, Mr. Balaram Naidu was the secretary, and Mrs. P. Sarojini was the Women coordinator when we joined in AHI training. Mr. Ramaraju became a consultant to some other organizations, Mrs. Sarojini started a new organization called SANGHATITH a women headed organization in the District. Now I became the President of the CSSS. Though we are in different positions we always work for the comprehensive development of the organization.

#### 5. Comments about NHA

The agenda laid in the second National Health Assembly 2009 gave us more insights and knowledge that would strengthen our community-based work. It helped us acquire some techniques and strategies on how to get the common people's opinion; and to be considered in solving their problems in a day to day life. Subjects dealt in the agenda are also common in our communities; alcoholism, road accidents, overweight and obesity, community waste management, and unethical drug promotion. These conditions present in our communities opened the way to understanding how to deal with them.

This kind of health assembly should be organized in every region and if possible in the countries of all the stakeholders and networks. Because it is very important to get their voices. Most common practice elsewhere in the world is top-down approach. NHA is a concrete reflection of bottom-up approach particularly in drafting public health policy.

#### 6. To apply my learning insights

I would like to organize community meetings inviting all women and men "sangham" (union) members and leaders in the community. In the meetings, we can discuss their common health problems and how they can meet their health needs. The specific problems they identified will be presented to the government through their community leaders. People's representatives, health officials and administrative officers will be invited to their area meetings and present their problems directly. Also, I will do some information drive among the people in the community about available government health facilities and health practices. This will form part of health advocacy. Consultative meetings at various levels will be conducted to air out health needs, transportation concerns and others.

## What could Sri Lanka get from Thailand NHA?

**Mr. Odayan Ramachandran, Satyodaya, Sri Lanka, ILDC 1987**

### 1. Introduction

I got a lot of knowledge from the National Health Assembly of Thailand. Sri Lanka and Thailand have similar situation in the aspect of public health. Thailand, however, is much better in terms of health facilities, services and status than Sri Lanka. Of the so many salient inputs, discussions and sharing during the assembly, I picked few points and also captured the last day of the session including the field visit in my article.



### 2. Stopping unethical drug promotion

Thai people expect to stop producing unethical drugs and also to improve the standard. They laid out three strategies for improvement to this effect, such as **a)** Coordination with network of educational institutes and clinics/hospitals to stop unethical drug promotion through pedagogical means.; **b)** Coordination between health professional organizations to stop drug and alcohol addicts; and **c)** Monitor unethical drug promotion by the civil society sector.

Among our present society even youngsters are associated with drugs. Women (too) started drinking alcohol. The number of alcohol drinkers is increasing day by day. According to statistics, 85.72% male and 57.99% female population are drinking alcohol. And the figure is increasing owing to unhappy reasons. For instance, the society is affected by various diseases, mental agony and family disputes. Those affected by these conditions result to alcohol to forget or seek comfort.

To control excessive drinking of alcohol, the policy of the following concerns has to be adopted.

- 1) Direct and indirect social impacts to family problem, careers and absenteeism;
- 2) Unemployment, violence and crime of affected children and youths;
- 3) Mental health, parenting potentials, intellectual capabilities, mental problems & domestic violence.

The young children are more vulnerable to health and social problems threatening their potentials and may also cause brain damage. So, the national policy as stated below should be strictly followed.

- 1) Develop active participation in adopting the national alcohol policy strategies;
- 2) Request the National Health Commission to consider and submit the National Alcohol Policy strategies with the Cabinet approval, go for further action, and the National Control Committee to develop a plan of action.
- 3) Finally, to join hands with the Government agencies, the health promotion foundation, local administration, civil society and partner network in implementing participatory development.

### 3. Traditional, folk & alternative Thai medicine

The main motive should be how to produce quality and effective drugs for the masses. To recall, drugs imported by Thailand were insufficient and people had difficulties to obtain them. This calls to seriously consider traditional, folk & alternative Thai medicine as parallel to modern medicine.

Discussion was arranged and participated by all aged groups. All agreed to follow up health management, budgeting resources, allocation and adjusting medical services, and patient services system. There was a strong demand to stop importing highly priced drugs. The Ministry of Public Health Services and the National Drugs Development Committee should be provided. The Medical Council and Pharmaceutical Committee should also be setup. It was decided that through civil society the network has to be activated to produce effective drugs. And it must be taken into consideration that name of the drug should be selected from the National level. The media should educate the people how to avoid unwanted drugs.

The health services in Thailand should be in accordance with a court of law and it will help produce well-disciplined and good citizens. The people also must be educated and trained to overcome their economic burden. A plan to develop and promote local wisdom in health such as Thai traditional medicine, folk medicine, and alternative medicine must be prepared. There is also a need to allocate the annual budget through participatory decision-making process.

It was also emphasized to promote grouping and networks of Thai traditional medical practitioners who are working for Thai medical treatment, Thai pharmaceuticals, Thai traditional midwifery, and

Thai massage. The possibility of establishing Thai Traditional Medicine Practitioners Council should be studied. The council will be responsible in promoting and controlling Thai traditional medicine practitioners so that they adhere to standards of health professionals and consumer protection.

***Support must be given to relevant agencies in the following contexts.***

- 1) to establish a mechanism to study the feasibility of issuing a law on Thai medicine and Thai herbal medicine in order to promote their uses;
- 2) to prepare an operation plan, with budget, to develop 100 formulations for Thai medicinal products and drugs derived from herbs within a 3-year period;
- 3) to coordinate with the Committee for National Drug System Development; to review its committee composition, and to review at least 20 Thai traditional and herbal medicines in order to be added in the Essential Drug List within three years.
- 4) to coordinate with the Committee for Policy Implementation at the Sub-District (Tambon) Health Promotion Hospitals;
- 5) to request Local Administrative Organization to be the focal point in drafting a plan with continuous participation of networks of traditional Thai medicine practitioners, folk healers, monks and related NGOs. The aim is to set up a prototype traditional Thai medicine hospitals in four regions. This could develop the traditional Thai medicine, folk medicine and alternative medicine as the country's major health system parallel to modern medicine.
- 6) to request the Medical Registration Division and the Traditional Thai Medicine Professional Committee to:

6.1) publish laws and professional standard criteria for Thai traditional medicine practitioners and regulation related to its curricula and registration of professionals;

6.2) review and change the registration exam for Thai medicine practitioners to be complied with its context, wisdom and various fields of specialty.

6.3) request that the Secretary General of the National Health Commission reports on problems, obstacles, and ways to overcome them to the 2nd National Health Assembly

#### **4. The last day of the session**

All the participants assembled in the ESCAP hall and were given opportunities to express their views on various subjects. At this point, the participants suggested for the acceptance of equal position nationwide. In the beginning, all did not take any

tice of the National Health Commission Assembly. But now all understood the value of the health commission and had extended their support to curtail drug abuse, economic stress and social crisis. Everybody must go hand-in-hand to put forward the NHA resolutions in a continuing manner. We must treat health as a "public policy".

In this forum, one school girl said: "Once the national health problem is solved, it will be in a better position to produce good citizens". She also pointed out that women network in this regard will be beneficial to women. She further said that the decision taken regarding drug policy and if implemented correctly will be a great help to women and others.

The obstacles in economic development process should be removed. We have to follow the old medicine treatment of the country. One retired doctor stated what Buddha said: "Life will be happy if you are in good health".



***Field exposure***

The field exposure reinforced what we learned. We went to Nakhom Pothom Province, 58 kilometers from Bangkok. Dr. Ugrid, NHA Secretary, introduced us to the Buddhist monks in charge of Buddhist temple. The Nakhom Pothom river society members received us. The Buddhist priest who is in the temple helped the village people organized their community. We took a boat ride to see the surrounding village through the Patham River. The villagers explained on how they developed their village. Through video presentation, they explained how they clean the river. The village is 36% agriculture as others were fishing in the river. Now the villagers are thinking: "It is our asset. We should look after this river for our future generation." The river society is so strong. The government indicated the intention of tapping the river for irrigation purposes. ***(go to page 11...)***



# THE FIRST COMMUNITY HEALTH WORKERS ASSEMBLY OF INAM PHILIPPINES

## Healing our Communities for a Hopeful Tomorrow

Mr. Gilbert Hernandez, INAM, Philippines.  
ILDC 2009

### 1. Introduction

In 2007, The Integrative Medicine for Alternative HealthCare Systems, Inc. or INAM Philippines started conducting Philippine Integrative Medicine or PIM Training with the communities in partnership with different Non-Government Organizations or NGOs in different areas in the Philippines. These PIM training of Community Health Workers or CHWs (through the PIM curriculum) includes facilitation of Basic Health Skills Training (BHST) on common conditions or ailments affecting the communities and facilitation of workshops aimed at empowering the people/community.

Concretely, INAM promotes people participation by helping the people develop their own Alternative Health Care System (AHCS). For us, this is our contribution towards community development and towards genuine participation of people, be it health or other issues affecting the communities. With a common objective of community development, the people are allowed to learn from their own experiences from problem identification, to data analysis, to planning and evaluation, steps that ensure their own participation. These objectives are translated thru the 3 level PIM training.

### 2. How far have we gone by now?

In a period of about one and a half years, thru these PIM training, we have reached more than 160 barangays spread over Luzon, Vizayas and Mindanao; the 3 major groups of islands. Also, we have trained more than 600 individuals (PIM level 1), in which 170+ of whom are now CHWs (PIM level 2), and 29 are Managers of their own Health Programs (PIM level 3). These Community Health Workers, through the implementation of their Community Health Programs or CHPs, have gained diverse and rich experiences in Philippine Integrative Medicine (PIM) in their varied socio-economic and cultural settings and collective experiences in health care.

Hence, INAM saw this as an opportune time to gather together these Community Health Workers



*CHW Assembly Delegates and INAM staff*

(CHWs) in the first ever National CHW Assembly for them to share their experiences in community health, to enrich their own CHPs, share valuable lessons and to broaden their perspective in the further development of their CHPs.

### 3. The first National CHW Assembly of INAM

Thus, on December 1 to 3, 2009, 59 Community Health Workers and representatives of different partner NGOs representing 27 Community Health Programs (CHPs) from Jolo, Butuan, Northern Samar, Negros Occidental and Valenzuela City converged for the first National CHW Assembly in Claret Retreat House, Quezon City, Philippines. Among those CHWs, four CHPs presented their collective experiences in implementing their own health programs.

Different technical experts on their fields were also invited as reactors to the presentations of the communities. Thus, Ms. Lucille Nievera, of the World Health Organization (WHO), Dr. Ruben Carugay and Prof. Thelma Magcuro of the Primary Health Care Coalition (PHC Coalition) and Malou Sevilla of the University of the Philippines College of Social Work and Community Development shared and commented on the presentation of the “experts in the field”; the communities.

Also, Parimpunan Paghambuukan ha Pamaranan sin Kauman or PPPK, a people’s organization based in Bongao, Tawi-tawi, presented their experience in community health care financing. These gave the participants another option on how to do about with some aspects in health care financing based on actual community experience. Also present as guest and observer was Ms. Ui Shiori of AHL.

The assembly provided an appropriate process and venue for both the technical experts and the field experts to interact on a common ground, the CHP experience, thus creating equal footing between the field experts from the communities and the technical experts from the academe. Because the CHPs were implemented in diverse context of their own areas, the assembly provided expressions and indicators of the degree of effectiveness of the PIM training. It ranges from community organizing, health service to the communities, referral systems, and the likes.

#### 4. So, then...

By having a venue on which they can talk on common experience and aspirations, the assembly developed solidarity among CHWs at the national level thus providing the foundation for policy advocacy in the future. It is a step forward in advocating issues and policies that affect the communities, and by actual experience showing how the breadth of the CHWs can effect change in policies, that will in turn serve the common good.

- *A brief message from Ms. Marites Estabillo-Cangao (standing-right), I-CAN, Philippines, (ILDC 2009)*

I was inspired by the PIM Training presentation made by Mr. Gilbert Hernandez of INAM, Philippines during the ILDC 2009 in Japan offered by AHI. In my Plan of Action (POA), I added PIM Training for I-CAN Health Volunteers in cooperation with INAM. A PIM Training was conducted by INAM staff including Mr. Hernandez, standing up-front in the photo, on January 14 to 15, 2010 attended by 31 participants. So far, it was real good and interesting.



*(continued from page 9...)*

Also the government made arrangement to divide the river on July 15, 2002. The river society protested and so the irrigation has not started. Eventually, the government let the river society improved themselves through community-based activities, massage hospital and income generating projects.

#### 7. My learning insights

The way the government, NHA and civil society got together and planned to develop a five-year program in health care is impressive. The Thais in the villages were made aware of healthy life such that: "A very healthy person is the one who is wealthy." As he never spends money for medicine, as he will feel free to be happy, as that will help the country. A society that is well-educated, culturally motivated, economically sound and happily promoting public health, that is, Thailand.

So, what can Sri Lanka get from the National Health Assembly initiative of Thailand? To benchmark from this model of integrating people's voice in drafting health policies.

### CALL FOR ARTICLES

**The theme for NL# 86 which will be released in August is RIGHT BASED APPROACH. Kindly submit your articles together with some captioned photos (jpeg) on or before June 15, 2010. Strictly: font style TIMES NEW ROMAN & font size 11. Please do not frame your photos or put special settings in your text as it creates technical problems and delays the editing process.**

**We would greatly appreciate your understanding and cooperation.**

**The Editors**

# Flash Articles

## Mysterious Deaths of 2-Girl Children

**Ms. Logeswary Ponniah, HDO, Sri Lanka,  
ILDC 2009**



*Ms. Logeswary Ponniah (left) explaining to the mothers.*

### 1. What happened?

The report of HDO fact-finding team which visited St. Andrew's Upper Division, Laxapana Estate, Maskeliya stated that: Sumatha (14), daughter of Letchuman and Vijayaletchumy, studied up to grade 7 and Jeevarani (13), daughter of Madururaveeran and Sellaie, studied up to grade 3 at 2Nallathanni Tamil Vidyalaya in Maskeliya. The parents of both girl-children are plantation workers. A broker Manivannan, a resident of the same division, took Sumathi on April 23, 2009 to be employed in the house No. 410/92 1/1 of W.M. Basar and Jeewarani in the house No. 410/92 of U.L.M. Gowshith, Bouddhaloka Mawatha, Colombo-7.

After the girl-children were taken to employment, Sumathi's parents and Jeevarani's mother (since her father is dead) had made two visits to see the children. In the evening of August 14, 2009, both girl-children informed their parents by phone that they were together since their employers kept them in the house and until they have gone out. The next morning, August 5, W. M. Basar and U.L.M. Goswith informed the houses of the children that they are missing. Sumathi's parents said, her employer in-

formed them that her dead body was found in a waste canal of Bouddhaloka Mawatha. Thereafter, the parents were in-

formed that the dead bodies of both, Sumathi and Jeewarani were found in the canal. Police are investigating the matter.

### 2. Suspicious

The circumstances surrounding the death revealed that the family cannot think of any reason for the girl-children to commit suicide. Even on August 14, 2009, these girls had informed their parents by phone that they are in one room and would come home for Deepavali. But according to Sumathi's father (Letchuman) and sister (Vijayarani), and Jeewarani's mother (Sellaie) and her sister (Subashini), the information they received was bogus. Their suspicion aroused. They also stated that poverty pushed them to send their children to work.

### 3. What else?

A general assessment of the situation of the estates in this area revealed that many school age children have been sent out as child labor. A sub-agent Manivannan, 35, of the same estate informed that he was sending children and women as domestic helpers through an agency named Rana Agency in Maskeliya. Many youth informed that this Rana Agency dispatched the boys and girls in that area into houses and workshops outside.

Meantime, Tamil boys and girls from the plantation areas are being taken for domestic work, shops, garage and other contract works in many parts of the country. Targeting the plantation Tamil community to satisfy their employers' demands reflects the low status they give to them. It is stated again and again that various development schemes are in placed in the plantation areas, yet they have been limited to plantations on the main roads or those adjacent to the cities. The situation in the plantations far outlying continued to be the same or even worse.

In Laxapana Estate, there are many trade unions, and now an International Non-Government Organization (INGO) operates there. A school is available in the vicinity but many children preferred job over education. And this has led to the death of two-girl children. It is evident that physical development has not been parallel to social and attitudinal changes among people.

#### 4. Human rights violated

The following have been found to constitute grounds to consider that the rights of the girl children, Sumathi and Jeewarani have been violated and legal action is being taken.

1) Letchuman Sumathi, 14, and Maduraveeran Jeewarani, 13, are children and they have been sent to compulsory school and should not be employed. Therefore, by employing them, their right to education and the Convention of the Rights of the Children (CRC), Article 32, has been violated.

2) Letchuman Sumathi and Maduraveeran Jeewarani were of young age that they should be under their parents' care. By taking them away as child labor, their right to life, parental love, care and security has been violated and caused their deaths. This is clearly a human rights violation. Article 9 of CRC stipulates that except for the child's welfare, a child shall not be separated from his/her parents.

3) Sri Lankan law relating to education stipulates that education is compulsory to every child for up to the age of 14. Article 27 (h) of the Sri Lankan Constitution emphasizes the right to education. Similarly Articles 28 and 29, International Convention on the Rights of the Children (ICRC), emphasizes the child's right to education. But in this instance the right of these children (their coffins below) has been violated.

#### 5. What now!

The Human Development Organization (HDO) urged those concerned to institute inquiry into these deaths and to grant relief to the aggrieved parties. Human rights violation is a sinful act and must not be tolerated.

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## Gender Equality and Food Endurance

**Jolinda Shihombing, Soripada, Indonesia**  
**ILDC 2002**

### 1. Background

This foundation called Soripada means 'women with dignity'. It is our vision to achieve women sovereignty, have meaningful social and economic empowerment, gender equity and have the identity of virtuous culture. One of its missions is to facilitate the women farmer and their organization to

build their capacity and confidence to advance empowerment and promote opportunities, awareness and access to development resources



*The Parasibu family.*

Since 10 years ago (1999-2009), Soripada has been assisting the rural community based on women's problems to include economic, domestic and social violence. At that time, we found that most women and children suffered from domestic and public violence. They had more responsibility in the daily lives. It has been a trend that men go to other cities to find seasonal jobs. This leaves women to undertake all public and domestic responsibilities which was supposed to be men's. The economy went bad and nutrition got worse. Unconsciously, women and children are the first victims. When these men returned to their town, there was no guarantee that they would bring enough money for their family; instead they brought city diseases to the villages.

### 2. The women farmer condition

Even if their economic situation is worse, they normally have five to seven children. As farmers, they used to have some livestock to support their agriculture and as additional income. But in reality, most of them have not and lots were only land tenants.

In the 1980s the cows or horses were used to cultivate the land. But since the 1990s humans and machines do the land cultivation. They had no independence in determining any seeds and plants to grow. Compost had been replaced by chemical-based or inorganic fertilizer. From cultivating to harvesting, they are fully dependent to middlemen who give loan bearing over 20% interest.

### 3. Methodology / Approach



In the beginning, this form of assistance was not easy because of political trauma that has been instilled in the community. Until 1990s, Non-Government Organizations (NGO/LSM), which assisted the community, were labeled as rebels. But through the empowering processes and also political changes (reforms) in 1997, the trauma was getting better. They became brave to raise their voice and appeal their organization.

We started with individual's bravery or courage and willingness to develop a group and work together through Credit Union. By this system, the members were educated to manage the capital collected by themselves, for themselves and to themselves. They had trained in simple booking. They discussed and decided the regulations and implemented as they have agreed. They, together built honesty and trust among them. The capital was available for lending and engaged in agriculture, small-scale business, and for children's education.

The organization is open for female and male as members. Because it is not good if the membership is either solely for women or for men. It is weak if the grouping is based on gender. For example, if the group is composed of female only, the men will label them as gossipmongers; just talking about something useless. And if the group is male-dominated the women think that men would not implement their knowledge which they got from training.

Apart from this, if only women do everything it could be a burden to them. While women got trained, all responsibilities would be on their shoulders. They do agriculture, rear livestock, do household chores, attend cultural parties and regular meetings and follow-up education. No matter how overloaded the wives were, the husbands did not share the responsibilities in the household. Development was not as much and there was a tendency that the women only group falls apart. Based on these, the group realized that it is important that the group is gender balance. In our case the board members are composed of men and women.

#### **4. The Impact of Gender Equality on Food Endurance**

Positive results were observed in many families. In their discussions, they talked about gender issues, how to promote cooperation, how to respect each other, and sharing of task among them. Each one has a role to play and the burden was not dumped to one person anymore. Four years ago, they only produced rice in paddies once a year. Recently, they also produce coffee and vegetables. It enabled them

to have daily, weekly and monthly income. On annual basis the livestock (pig) they were raising generated some income. It was also observed that family violence decreased; as they were now aware of respecting others. The domination of man as head of family has been balanced.

#### **5. From real successful experience**

Mrs. Pasaribu lives in Habinsaran, Batu Lobu Village, Sipoholon Sub-district, North Tapanuli District, 400 kilometers away from Medan Province. She is the initiator of Marune groups in 2004. She is 45 years old and has six children. She finished elementary school. In general, Batak's women especially who lived in the villages are hard worker and most of them are single parents. It is also a common Batak tradition that the men are very dominant in their families.

In case of Mrs. Pasaribu, most of the domestic chores are on her shoulders. As a farmer family, her husband gives her some money that he earns from selling incense. But, the money is not enough for their family's needs, children's education and cultural parties; nearly every week. For these expenditures sometimes she should lend some money from the lenders. Her borrowings have accumulated over time. She used part of the money to cultivate land, buy seeds, compost, pesticides and things like that. Her husband, like other men in that village relied his income from extracting sap of incense in the forest.

Every Monday her husband goes to the forest together with other men in the village and get back home on Friday afternoon. Ten years ago they got good products and the price was high. But in the past year the incense production decreased and the price was cheap. Their economic situation went bad. Mrs. Pasaribu owned a half-hectare field that is closed to their house. She and her children are fully responsible to cultivate the land, lend some money from the middleman and pay monthly with 20% interest. After harvest, she should pay the loan by selling the rice paddy to the person whom she lent the money. She could hardly keep their harvest in their rice barn as it went all to the money lender.

In 2004, Soripada staff visited Habinsaran village and met her in her field. We talked about how she cultivated her land. She said that she does it without know-how about agriculture; particularly how to get a good harvest. After that time we planned to visit her and some people in her village. We also conducted on-site and off-site training with the people.



After following the training, she and her neighbors formed a group. Many of them were not sure about the new group, but there were 20 households who were enthusiastic. She was the very active one. She got some advantages from the training. She learned how to manage income, rear livestock, and make compost. In the beginning her husband was not interested in knowing what her wife's activities were. Mrs. Parasibu continued her enthusiasm to learn more because it is good to improve their situation.

The bright spirit in her face made Mr. Pasaribu curious. He became interested to know what she is doing. She explained all their group activities. And he wanted to become a member. Of course he was accepted and trained. His wife was very happy. His membership had a domino effect to other men who then joined the group. Mr. Parasibu was further trained on agriculture and animal husbandry; and implemented them in his land by helping her wife. Mr. Pasaribu was motivated to expand their agriculture. In the past, he only knew how to get incense but now he is more knowledgeable.

He confessed: "I misunderstood the responsibility of cultivating the agricultural land by relying it to her wife and children. But now he knew it is his, as head of the family. He thought agriculture does not give any good to his family, but he was wrong. Right now we have planted 200 coffee trees, chili and several kinds of vegetables with no chemical fertilizer. During the market day, my wife sells a lot of products from our land. He said it proudly. We are now more enthusiastic in thinking together what is necessary for us. Our loan to the middlemen was fully paid. We can now keep some rice in the barn and the middlemen never took it from us anymore. I am happy that when I need more money I could lend some from the Credit Union. All these things gave us a chance to live with dignity".

My husband do not beat me anymore, said Mrs. Pasaribu. Other women also confessed that their husbands beat them when angry. They expressed their anger through violence. But now they do not anymore slap us or kick us. We can talk as human beings and respect each other. Mrs. Pasaribu said it with tears.

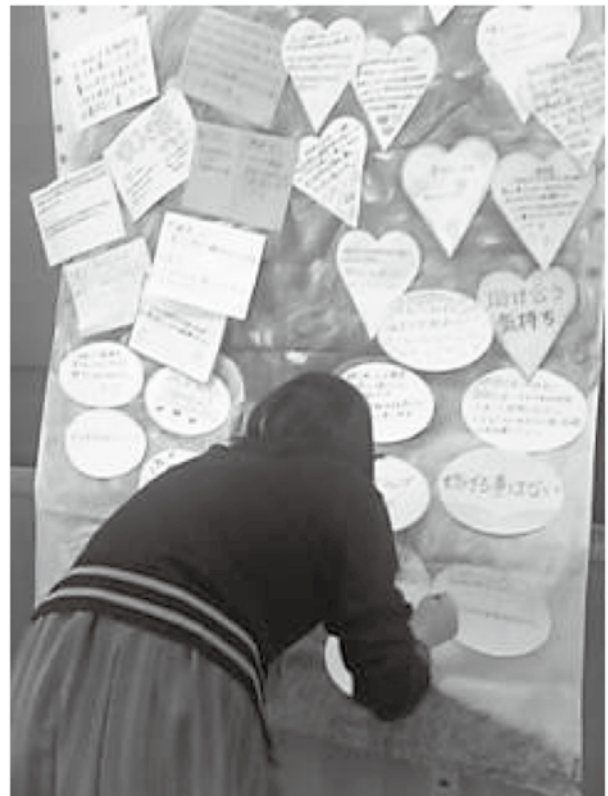
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*AHI is also accepting articles for the English Newsletter of any theme related to health and development.*

# AROUND JAPAN

## The AHI-Maryknoll Cooperation in Raising the Awareness of High School Students

Joy A. Bastian, AHI



*A Maryknoll High School student posting her idea during the workshop.*

### 1. It's like this...

It has become a tradition for both AHI and Maryknoll High School of Mie to plan and hold an annual day-long workshop for high school students. As an exclusive school for girls, the administration saw the value of making these young girls aware of what is happening in Japan and its neighboring countries. This time the workshop was held in Feb-



ruary 16, 2010 with the theme: “Helping others help themselves.” The theme revolved on the Philippine experience. I, being a former project development officer of the Institute of Primary Health Care-Davao Medical School Foundation (IPHC-DMSF) at that time, told the story of the Teens Clubs from the slum area (Bucana) and the low cost housing area (NHA, Maa). Ms. Mariko Torikai, AHI staff, kindly assisted me (Joy A. Bastian) as co-facilitator. She talked about her experience living in New Corella particularly on people’s social behavior, culture and daily life. From the side of Maryknoll, Teachers Mika GOTO and Yoko IKEDA helped in the planning & workshop proper. Thanks too for the skillful language support of Teacher SEKO who served as interpreter all the way. Around 80 students participated in this whole day event.

## 2. How it goes...

Eight groups of students (pre-organized) presented their answers to the questions: Q1.) What does helping others help themselves mean to you? Q2.) Do you want to help others? Why or why not? Q3.) How can you help others? What is/are the effect/s of such help?

Believe me, they are young girls but their perspective is amazing. They said that, it is a matter of leading a person so he can stand on his own feet without the help or control from others. It is an act to wait and see, then do what we can do. By helping others, we may actually find something that we had not known. It may even help my own self-help. Indirect non-monetary help, like listening and giving advice or assistance, kindness and consideration also reflect the questions being asked. Seeing the process of one’s growth and being there as support, and not doing all for him, so that he can stand on his own. Helping someone/others too much might only disturb or defeat the purpose of self-help.

They said that they wanted to help in various forms such as listeners, counselors, advisers, and fundraisers. The premise is that we cannot live alone, we want to help as we also wanted to be helped, and happiness should be enjoyed by all equally. One group pointed that: “We don’t want to help if he/she does not put efforts to help him/herself first. This sounds witty.

## 3. My answer to their preliminary questions...

**Genuine self-help** comes only when the people who need help see, feel and believe that they are in need. Then, they do something about it. For example, by talking about their situation, thinking of possible

solutions, knowing where and when to find help in case they cannot do all by themselves. To some extent genuine self-help exist in some IPHC project communities, for instance.

**Helping other help themselves** is an act of waking-up the people-in-need that their situation is not a hopeless case. It is the process of guiding, NOT LEADING, the people in order to realize that there is always HOPE. And such hope must come from their hearts.

**Other volunteer activities** besides fund raising are child sponsorship, “bayanihan” or group cooperation, community cleaning, offering skills training support, counseling, tutorial, collecting used goods and books, recycling wastes, day care/baby sitting, serving as community health volunteer, child caregiver, adviser and so on.

**In our lives, what would you like us to keep in mind?** HELP should not humiliate, NOT be forced, and NOT feed our egos (those who help). Help should be the result of deep dialogue, mutual understanding and cooperation that would eventually make people have their own pride and dignity.

The type of people that I want to help is ALL. For the poor to better their situation, for the rich to help them realize that there are many poor people around them, for the students to learn some wisdom or life lessons, for the troubled minds to give comfort by counseling, for the skilled & talented to improve more, for the lost strangers to find their way, and for the family above all.

**Yes**, I will help someone in trouble even if he does not help himself. **FIRST** help is by making him realize that he must help himself before I really help him. If he still does not move then my help stops right there.

**One of the best ways to help others** (based on my IPHC experience) is to let him see a glimpse of HOPE. Then move into action, use all internal resources available, and get external resources to support their own actions. **Giving everything immediately is the worst thing to do if you want to help.**

**I supposed what Filipinos need today** at the international level is fair trade, protected labor, equal opportunities and respect (avoid stereotyping and prejudices). At the national level, political, equitable budgetary allocation, health and development reforms are needed. At the local level, it is vital to have available jobs with fairly lawful pay, low-cost yet high quality education for all, and efficient so-



cial services which are available and accessible for all. At the family level, it is very important to fight against social disturbances by keeping and protecting the solid family bond, and secured food, housing, health and education. Finally, as individuals, it is salient to have secured jobs, food, home and education, keep self-worth, and treasure the meaning of a healthy happy life.

#### 4. The 2nd report of the students...

The same groups reported their pre-assigned themes about the Philippines namely, filipino lifestyle, educational system, filipino characteristics, general problems (ie, poverty, street children, etc.), things that the country is proud of, NGOs, festivals, customs and traditions, and Japan-Philippines Relations. These allowed the students to have a preliminary understanding about the Philippines. After all group reports, I told the story of the Teens Clubs from the communities of Bucana and Maa in Davao City.

The students gathered again after lunch and discussed how similar or different these Teens Clubs were, including how they helped each other. Their ideas were written in shaped papers and pasted into the big tree painting.

The main difference was economic status. NHA Maa has at least regular income even if it is still below poverty line. They lived in low-cost housing government project. The teens in Maa were better off compared to Bucana, whose parents were mostly unemployed or have very irregular jobs and low paid. They lived in shanty or dilapidated houses near the sea and river bank; making hygiene a big social problem.

Among the similarities they found in both areas were the initial prejudice and misunderstanding, formation of Teens Clubs, taking care of little kids at the Home Based Child Minding Center (HBCMC), exchange visits to their areas, attendance to seminars, willingness to help others, having dreams for the future, and inspiring each other.

The Teens Club Members successfully broke their prejudices and worked together, joined workshops and field trips, monitored their small projects or activities, supported the Home Based Child Minding Center, held inter-area visits, and stimulated each other to pursue their dreams and aspirations.

By sustaining the AHI-Maryknoll collaboration, more high school students will become aware of the many walks of life globally.

## Special News

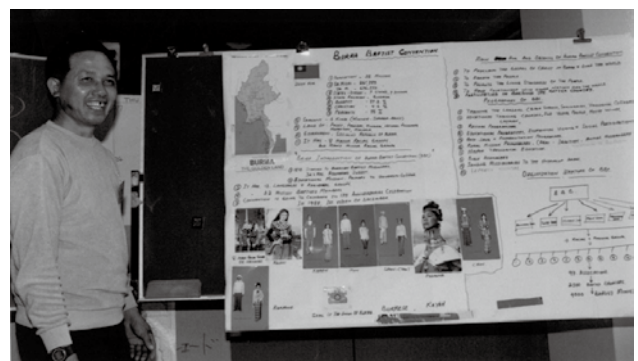


### A new face in AHI... Ms. Yuko FUKUI

Hello!! I am Yoko FUKUI, a new staff member of AHI. I started working for this institution in January 2010. I am very grateful to be a member of AHI and have the opportunity to work with so many ILDC course participants. To tell you a little bit about myself, I spent six years living in Mongolia working for an NGO that promotes agriculture and income generation for the local people. I also got my master's degree in political science while living in Mongolia. Additionally, I spent two years working for local communities as a JICA volunteer. Through these experiences, I realized that what a community needed the most in order to develop is a leader. AHI's aim as you know, is to support and work with 'a leader' to empower local people to achieve their goals. I am really looking forward to learning from you and collaborating with you through AHI.

## CONDOLENCE

*The late Mr. Ding Ring Brang from Myanmar.  
This photo was taken during his attendance to  
ILDC 1987.*



Our deepest sympathy to the family, relatives and friends of Mr. Ding Ring Brang who passed away on November 14, 2009

May his soul rests in eternal peace.

# NEWS FROM FRIENDS

## INDIA

**Sr. Innocent, WSSS, ILDC 1986**

I am still working for the grass root level people by which inspiration I got from AHI. Now I have completed 25 years of service since I had participated Denebandhu Training in 1983. I am thanking God for keeping me to continue working for the poor people. I am now a Health Coordinator of Wyanadu Social Service Society. I mainly focused on the treatment of "sickle cell anemia" through herbal medicine kit. I am also propagating the idea of people's health in people's hand through TV and radio programs as well as in magazines and newspapers. The year 2009 was my Jubilee year after Deenebandu. Up to that period, I have conducted 101 seminars. I also published a textbook on Animal health kit using herbal plants. I am also raising people's awareness particularly on the recent spread of diseases "chickungunia" and H1N1 fever.

## INDIA

**Mr. Anup Kumar Sarmah, Karuna Trust, ILDC 2009**



Karuna Trust North East India Division (which comes under my jurisdiction) launched the Student Health Volunteer (SHV) program for its Primary Health Care (PHC) areas in the last month. Local elected

Member of Parliament came for the inauguration program in one of our PHCs. Now in all PHCs we have started selection and training of SHVs.

SHVs can act as bridge between the village and the PHC. They will be trained in our PHCs. We have added peace-building component in the training part. A proper guideline was formed for the activity. SHVs can play a vital role in the society which can also be useful for the peace building in the village. The response from the community was encouraging. Very recently we had Intensified Pulse Polio Immunization (IPPI, which is the national health program of India. SHVs were actively involved in our PHC areas for the IPPI program. If the SHV program is streamlined in our PHCs, we are thinking to start Village Health Volunteers, too.

Through this mail, I would like to thank my friends who are AHI alumni for encouraging me through mails. I am sure we can again meet and do for the people of the world as a whole.



## NEPAL

**Mr. Kamal Bhattarai, UMN, ILDC 2008**

My batchmates and AHI staff might immediately notice that this picture resembles the one at ILDC. I used this useful game in our recent training program which was appreciated by all participants. They were also introducing it in the village training programs in various areas.



*Mr. Khamal introducing the game to volunteers.*



## PHILIPPINES

**Mr. Patricio D. Inguito, NECIDCO, ILDC 2005**



I got married on August 9, 2008 to Zosima Calamba, from Bohol, Visayas islands. Our organization, the New Corella Humayan Irrigators Multipurpose Cooperative (NECO-HIMCO), is alive and kicking. Its new name is New Corella Integrated Development Cooperative or NECIDCO. It is engaged in organic farming. The farmer members are growing organic rice using organic fertilizer produced by our very own municipality of New Corella under the supervision of Mr. Joel Amita Quinanahan (ILDC 2000). The Philippine Development Assistance Program thru Promoting Rural Industry and Marketing Enhancement (PDAP-PRIME) helped the organization in promoting organic rice. Our concern is the lack of expertise in running the business. Our product is sold only in our hometown with the same price as the chemically grown rice. It is almost everybody's expectation that organic rice is more pricey than chemically grown rice. Price-wise we are very competitive. Also, I am now a barangay councilor and a chairperson of Poblacion Health Maintenance Program Inc. (PHEMPI).

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## SRI LANKA

**Ms. I.M. Daya Ariyawathie, WDF, ILDC 2004**

I am busy with the coalition for education which we have contributed to improve Education in Sri Lanka as volunteers. I am now a Board Member of the Directors of Women's Empowerment of Coalition Educational Development. I went to India twice last year. I, and a woman-teacher 1st visited Tamil Nadu in March 2008. We visited Mr. John Suresh (ILDC 2004) and stayed with his family. We had a nice time together with his two sons and wife. My 2nd visit was to attend a conference against Child labor. I accompanied two children from Sri Lanka to participate the event which was held in June 2008 at New Delhi. Then I participated in a conference on Education in Dhaka, Bangladesh last April 2008. During my stay in Bangladesh I called Ms. Nasima Begum (ILDC 2004). We met before I left and had a nice evening together. I went for a planning meeting of the Asia South Pacific Bureau of Adult Education (ASPBAE) in Kuala Lumpur on March 2009.

# ATTENTION!!!

## AHI ALUMNI

(For AHI ALUMNI only!)

### ***INTERNATIONAL WORKSHOP ON PEACE BUILDING through COMMU- NITY HEALTH AND DEVELOPMENT:***

***The Case of PADEK, Siam, Reap,  
CAMBODIA, March 21-28, 2011***

The Partnership for Development in Kampuchea (PADEK) and AHI are jointly organizing the next International Workshop at **PADEK project sites, Cambodia, as venue.**

#### **Objectives:**

1. to get new ideas and insights through sharing experiences on peace building through community health and development from various areas/countries;
2. to learn from PADEK Integrated Community Development Model and their community experiences in Siem, Reap, Cambodia; and
3. to build solidarity and network among participants toward peace building.

#### **Target Participants: Maximum total of 25**

Basically TEAM participation from several countries: AHI Alumni with partner PO leader and/or local government officer who can bring concrete cases of peace building through community health and development.

**Financial Sharing Requirement: For details refer to the workshop outline\*.**

<b>DEADLINE FOR APPLICATION: OCTOBER 31, 2010</b>
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**Contact Person: Ms. UI Shiori, IWS 2011  
Coordinator, AHI**

**\*Workshop outline and application form  
are downloadable from the AHI website  
or send inquiry to AHI.**

**<http://www.ahi-japan.jp/english/english.html>**

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



## CALL FOR AHI ALUMNI TO JOIN THE NATIONAL HEALTH ASSEMBLY 2010 IN THAILAND

The Thai government decided to increase the budget for the universal health insurance by 10%, even though the overall public budget was to be cut by 13%. How could it be possible at the time of global economic crisis? Thailand has been taking steady steps toward “healthy public policies”, not just a sole good healthy policy but making other public policies to consciously incorporate health aspect, since the year 2000 involving various sectors and the civil society.

For NHA 2009, AHI supported the participation of two alumni from India and Sri Lanka, in collaboration with Dr. Ugrid Mitilangkul and other AHI alumni in Thailand who played core roles in organizing this event. For details, please check the NHA website: <http://nha2009.samatcha.org/>. (Go to English site.)

***\*The report of NHA 2009 is in pages 2 to 10 of this issue of the newsletter.***

AHI in collaboration with the National Health Commission Office are happy to invite two interested AHI Alumni to attend the NHA 2010 which will be held on December 15 to 17, 2010 in Bangkok.

Do you want to observe and learn from this exciting Thai experience? Then, download the application form from the AHI website, fill it up and send to AHI on time.

### **Date of visit to Thailand:**

***2010 December 14 (arrival) to 19 or 20 (departure; 20 in case of extra days for exposure program after the Assembly)***

### **Eligible AHI Alumni to apply must:**

- be actively involved in health advocacy and/or policy making process at either local or national level at present;
- be a part of the national network for health advocacy; and can share insights/learnings from Thailand through the network after returning to home country;

- share/present concrete advocacy experience with NHA; details should be written in the application form;
- make report on insights/learnings/comments in English and submit to AHI and the National Health Commission Office of Thailand after the Assembly.

### **Financial sharing condition:**

- **AHI:** Cost of economy return ticket.
- **National Health Commission Office of Thailand:** Hotel and accommodation, program related expenses, and transportation within Thailand.
- **AHI Alumni:** Expenses within own country such as passport fee, entry visa to Thailand, airport tax in own country, and transportation to/from nearest international airport. Most of the meals and refreshments are included as part of the program. One or two meals during free time should be paid by themselves.

**DEADLINE FOR APPLICATION:  
SEPTEMBER 30, 2010**

### **Download application form:**

<http://www.ahi-japan.jp/english/english.html>

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### **ERRATUM**

*We apologize for the clerical error on page 18, third sentence of the first paragraph (main text), Around Japan, NL Series No. 84. I grew up in deep Christian faith attending Sun j I live in Chennai.*

***It must read: “I grew up in deep Christian faith attending Sunday school, youth group meetings and involved in village preaching. Presently, I live in Chennai”.***

***Thank you.***

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