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Approaches to Holistic Health

From The Editor Ms. Joy A. Bastian

Alternative health involves healing, use of herbal plants, massage, acupuncture, acupressure among others. It upholds all aspects of people's needs including psychological, physical and social. Alternative approach to health is more preferred by people whose access to the formal western medical system is limited mostly due to economic reasons and the lack of facilities. Though there are also cases that even the affluent use alternative health care due to its proven effectiveness or when western cure fails.

Learning herbal cure in the Indian reunion.

In this issue, the article on Holistic Health is written by Sr. Eliza Kuppozhackel, the organizer of the Indian Reunion Seminar on Holistic Health for People and Ourselves, which was held on November 17 to 20, 2014 at Ayusha Center for Healing and Integration Charitable Society in Kerala, India. In the reunion, she shared the activities of Ayusha and the way people are practicing alternative health.

On the other hand, the article on Alternative Health is written by Mr. M. Kalirathnam, who is one of the participants of the said Indian Reunion Seminar. He has been working with the Dalit and tribal people in Tamil Nadu for a long time. He raised some issues caused by globalization that affect people's health, and eventually damaging the whole environment preventing the practice of holistic health. He realized that strong community organization is critical in achieving and sustaining health communities.

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FOCUS ARTICLES

Holistic Health Promotion

Sr. Eliza Kuppozhackel, Ayushya, India
OMC 1992

1. Holistic Health

Sr. E. Kuppozhackel

Holistic health contributes to the total wellbeing of a person and the integration of body, mind and spirit. The six aspects of holistic health are physical fitness, psycho-nutrition, stress management, environmental sensitivity, self-responsibility, and cosmic awareness. Various systems that are functioning in the person need to be in harmony and balance to bring about good health. The vital energy present in the system makes it vibrant and active. Any block or imbalance in the energy flow brings about disease. Removing the imbalance or blocks facilitates the flow of vital energy and restores health.

2. AYUSHYA's Healing and Alternative Therapy

Ayushya Centre for Healing and Integration is one of the first Holistic Health Training Centers and Holistic Health Clinics in India established by the Medical Mission Sisters in 1985. Ayushya aims at promoting health, healing and wholeness and to develop a new health culture in persons, families and societies, through Integrative Healing and Alternative Therapies. The expert team in Ayushya provides many non-drug healing modalities for treating physical, psychological, emotional, social and spiritual illnesses. The herbal garden, echo-farming, greenery, and quiet surroundings provide peaceful atmosphere for those seeking integration and healing.

Ayushya concentrates on giving training of short and long duration for those working in community health, treatment for various ailments using non-drug alternative therapies. One month training for six consecutive years was done jointly with the Catholic Health Association of India (CHAI). These participants are mostly working in the remote villages and rural areas in North and Northeast India where there are no hospitals available. Recently there was an attempt to train more community health nurses in Alternative Therapy Approach.

Fruitarian diet therapy as an alternative.

The government made it a policy that there must be a doctor in all clinics to prescribe medicine. Many of the sisters doing humanitarian work to help the poor who had no hospital facility or doctors available in the poverty stricken rural area of Jharkhand and other places found it difficult to cope with it. At the same time they wanted to help these poor people. A few NGO groups got together and planned what to do. On request we conducted one month training course in alternative therapies so that they can treat them without medicine. Together with CHAI we organized a training program for 16 participants mostly sisters working in Jharkand in June and October 2014, and they were back in their places working in their clinics. Some of them are coming back for a follow-up training so that they can get a diploma in Integrative Healing and Alternate Therapies under Bharath Sevak Samaj (BSS), promoted by the Government of India. We are planning the next one month training course in October 2015.

We believe in multiplying training so that more people can be equipped to share the knowledge to many. Some of the participants of our ongoing programs have put up clinics in different parts of Kerala and India and are helping many with non-drug therapy approach. Today more and more people are becoming aware of the side effects of drugs and the effect of spurious drugs. Hence there is a growing awareness for self responsibility for promotion of health and thus search for alternatives. We also work with the self-help groups (men and women) in our neighborhoods to create awareness in holistic health and non-drug therapies. Free counseling is given to the students in the government technical school and Sunday school in the parish.

Meditation at psycho-nutrition cure camp.

One of the recent developments is the psycho-nutritional cure for chronic ailments with raw food therapy, yoga, and meditation and stress management. This is a forty-day treatment and many ailments like asthma, diabetes, heart problem, arthritis, migraine, allergy, mental problems, addictions, obesity, etc. are treated with raw food therapy. People are glad that they can get rid of their medicines and live a happy healthy life. Many researches done in this area showed that the cause of many ailments is the toxins that build-up in the body from the pesticides used in the food, adulteration in food items, atmospheric pollution, lack of exposure to sunlight, air and earth. So natural treatment helps in healing.

3. Natural Farming and Herbal Garden

Zero budget cow raising.

Zero budget natural farming developed my Subash Palekkar is adopted in Ayushya to provide poison free vegetables and fruits. It is in the process of developing in collaboration with the local Panchayat. Besides providing healthy food it is also an attempt to preserve the biodiversity of the earth and ecological balance. In this we collaborate with many other interested groups to develop this further. Local cow rearing is part of this approach. The cow urine and dung are used as manure and pesticide instead of synthetic ones. Many groups joined natural farming.

Herbal garden provides raw materials for various oil preparations for aches and pains, swelling, wounds, cuts, bruises, allergies, dandruff and skin problems. Herbal tooth powder is promoted as an alternative to toothpaste. It is good for dental problems like bad breath, gum infection, gum bleeding, mouth ulcer and giving better color and healthy teeth.

Herbal garden

The cooperative bank in our neighborhood has started a village market (Nattu Chantha) to sell the products from the natural farming since many groups have started it. We collaborate with them and take our herbal and farm products there. It is to encourage people to buy and sell without a middle man so that the farmers themselves get the monetary benefit for their work. This is another alternative to people's development and many are cooperating with it. Networking with likeminded groups is another milestone in promoting alternative approach to health, well being and development.

Counseling, family therapy and emotional body therapy are part of handling the stress and strain of modern life and the problems that have come up in families and work situation. Many people need professional help in handling their psychological and emotional problems. Ayushya has a professional team who can reach out to them.

Ayushya has completed this year 30 years of service in providing integrative healing and alternative therapies to people of various categories. More awareness is created among people and many are now looking for alternative approach in health and development.

Thiruppani Trust Association Awareness Program on Alternative Health Care and Development in Tamil Nadu

Mr. M. Kalirathnam, Tamilnadu, India

ILDC 1994

Mr. M. Kalirathnam

1. Health Issues in Tamil Nadu

Community health is shaped by social economic, and physical factors such as air, water and pollution, the presence of multinational corporations (MNCs), declining agricultural work and physical activities, poor food choices and eating habits, and less use of ancient herbal cures in favor of western medicine. Tamil Nadu is facing the serious health and social issues discussed below.

The problem of water pollution in Tamil Nadu is extensive. In residential areas, people become ill due to polluted water caused by industrial wastes. The surrounding industries do not have proper waste water disposals. Dirty water flows towards the villages and into the ponds, wells, canals, and bore wells. This water becomes stagnant and is a prolific place for mosquitoes, cockroaches, and flies to thrive. They cause dreadful diseases like cholera, diarrhea, typhoid fever, malaria, meningitis, and other viral infections. The people use this contaminated water for their daily needs, and as a result, they catch waterborne diseases.

Village affected by MNCs.

MNC factories grabbed vast lands and caused pollution.

2. Effect of MNCs to People's Life

MNCs or Globalization have played an important role in the health crisis of Tamil Nadu. At present, MNCs are invading rural areas to expand their businesses at the cost of rural communities' health and environment. These MNCs set up their ventures purchasing fertile agricultural lands from poor farmers, often cheating them with false promises. Eventually those agricultural laborers who used to enjoy a clean environment in the villages have to migrate to urban slums like Chennai, Bombay, Calcutta, Bangalore doing petty jobs just to survive.

A multinational company built in the rural area.

MNCs also contributed to the problem of air and water pollution. Their businesses emit toxic gases into the air and suck out the underground water with giant bore wells. This deprives people from clean water for both domestic and farm use. In effect, the

agricultural produce is less and farm tillers have to buy inorganic food from the markets, which are mostly preserved, adulterated, and genetically modified, all of which are threats to human health. The land in the villages is usually rich in herbal plants and greens, but is destroyed by building factories.

MNCs deprive the rural people from their usual physical activities by utilizing their common place. High gates of large MNCs dwarfed the households. Rural children and youth have nowhere to play or do physical activities, which leads to obesity. Even women who were healthy and engaged in agricultural activities are having physical problems. Mass migration of rural youth, adults and the elderly to the cities is another effect of the MNCs.

The overwhelming presence of western medicine is also problematic. Although there are some rural areas where groups of tribal/dalit people still use local herbs to cure their ailments, there is still too much reliance on modern medicine. The use of tablets, capsules, and injections are well advertised these days, and with these medicines come harmful side effects that the sick must endure. In the past, it was easy for villagers to find barefoot doctors who used natural herbs for treatment. Now it is difficult to find this. Even in rural villages, traditional medicine has been surpassed by western medicine.

Explaining alternative medicine to the people.

Poor food choices and eating habits are other relevant issues that to some extent has been influenced by globalization and modernization. These new ideas of life encourage people to eat fast food rather than home cooked meals. Fast food is quick and cheap whereas home cooking requires time and preparation. As a result, natural agricultural products are replaced by synthetic ingredients. Traditional foods like pulses ragi, maize, greens and vegetables are consumed less and less. Their overall lifestyle is changing. Obesity, indigestion, cancer and other diet related diseases begin to occur. Some women have even experienced diet related urinary tract infections and irregular menstrual cycle.

3. Roles and Responsibilities of TTA

TTA maintains a close relationship with the people of Tamil Nadu. When it comes to epidemics, many of the rural people turn to natural remedies only. However, there are many new viral infections that are resistant to natural herbs, and as result, people are dying. The government is working to protect people's health by identifying the root cause of this problem; pests and insects that are vectors of these diseases. They are trying to raise awareness through social media and visual aids (posters and graffiti walls) in attempt to reduce mortality due to preventable diseases. They now provide free vaccinations in hospitals, which used to be costly.

However, access to free vaccinations is still a problem for people in remote areas. The TTA has helped to mobilize government hospital management, voluntary health organizations, Rotary Clubs, Lions Clubs, and village health committee members. They also motivate school children to rally with placards to let people know about these government facilities. In effect, it helps kids to practice proper health care at a young age. Health camps, rallies, skits, short films, and traditional cultural programs are also conducted. It paves the way to harmonious relationship among government hospitals, service providers, and people working for a better environment by promoting good health practices as a way of life. Planting trees in the backyards and neighborhood has also encouraged people to get fresh air and avoid respiratory problems.

Planting trees in their backyard.

TTA concentrates on promoting village health committee and children club members from the same village. It identifies rural practitioners and give training on traditional medicine and treatment. TTA educates people on how to avail government schemes, example, health insurance that covers major operations, which are not properly implemented.

Rally with schoolchildren.

To avoid water stagnation and infestation, proper canal systems are installed in residential areas. To avoid respiratory illnesses caused by charcoal and wood use with cooking, they have installed proper ventilation systems in kitchens. TTA also makes cow dung compost fertilizer to provide soil nutrients which is good for their backyard gardens and farms. In addition, they promote backyard organic vegetable gardens for home use and for livelihood. Lastly, they collaborate with local veterinary departments to promote hygienic animal sheds. TTA conducts wall writing campaigns to raise awareness among the rural people on day to day health issues and of government schemes.

Environmental awareness campaign and the promotion of alternative health care.

4. What should be done?

The challenge now is how to organize communities against these issues to develop a strategic advocacy plan in order to lobby with the policymakers to protect human health and the environment. A strong community organization is critical to this process.

FLASH ARTICLES

We Made History At Last !

As We Challenged Globalization through Empowering Local Communities

Mr. W. A. Herman Kumara, National Fisheries Solidarity Movement (NAFSO)

ILDC 1999

1. Recollection

Mr. H Kumara

"I do not think this type of collaboration of People's Organizations - NGO/CSOs - Government Organizations/Political Leadership support is possible in my country, Sri Lanka." This was my first response to the input of my fellow participant, Ms. Marian Ferreras of the Philippines, at the ILDC 1999 when she narrated her experience in LIKAS about the PO-GO-NGO collaboration for integrated area development program under the leadership of Dr. Eddie Dorotan, Mayor of Irosin, Sorsogon, Philippines.

However, I realized the importance of implementing such program in my country. I applied my learnings, insights and experiences to my fellow members and leaders in the network of NAFSO when I returned from ILDC 1999. I emphasized the significance of Participatory Integrated Area Development Strategy (PIADS), the key learning I acquired and wanted to share to any interested members of the organization for implementation in their areas.

One of the members of the organization in my network applied the learnings, his workplace is in a remote area of my country, and the result was surprisingly successful. That is how Karuwalagaswewa and People's Participatory Integrated Area Development Strategy (PPIADS) came into the picture in Sri Lankan context in November 1999. I was wrong about my pessimism of the LIKAS concept. One of our politicians, a very simple man whom AHI and LIKAS people knew well as he was humble enough to visit LIKAS and learn from them, was instrumental to implementing the PPIADS in Sri Lanka. Without him there would have been no such PPIADS experience sharing from Sri Lanka. Unfortu-

nately, Mr. D.M Dassanayake, the people's representative, was assassinated in a later stage.

2. Convincing Sri Lanka Civil Societies

I had to face some challenging views from the Sri Lankan civil society over PPIADS. What do you expect to achieve from PPIADS program implementation in Karuwalagaswewa? This was a question raised by one of my fellow civil society activists. Yes, I needed to reflect what I/we achieved from the implementation of PPIADS in Karuwalagaswewa.

Is it building people's leadership who are engaged in social development process as leaders until today even without PPIADS implementation already? Is it formation of women who took the leadership to launch children's preschool education activities voluntarily in cooperation with the regional council? Is it because the government officials were motivated to serve people better?

This has been from the village level servants up to the chief executive of the DS division, the divisional secretary level, we observed. Is it because the farmers, fishers and women organization leaders who came forward to work as a team and gained skills and knowledge of sustainable development in the process? Is it our efforts to challenge the globalization, challenge the agenda of multi-national corporations through introducing sustainable agriculture, promoting indigenous seeds, launching integrated pest management? Is it our attempts to provide technical knowledge and promotion of home gardens to face the malnutrition and of silviculture practices to challenge the deforestation and similar destruction? Is it training and formation of government officials who were motivated to serve people better, leading to Karuwalagaswewa Divisional Secretariat getting the award of best performing divisional secretariat in the Puttlam District?

Is it because of the introduction of Village Development Councils (VDC) in Karuwalagaswewa which was learned from AHI facilitated workshop at Grameen Unnayan Parishad (GUP) from Gaibanda, Bangladesh by the leaders of NAFSO? Is it because the VDC concept of Karuwalagaswewa, which was practiced and up scaled to the level of Village councils under Gama Naguma (Development of Village) program in the national level? Is it the organic farming training center, Blue Green Garden, which we established in Neela Bamma in Karuwalagaswewa with the intention of training farmers for sustainable agriculture?

Is it because we addressed the top-most priority issue of water scarcity in Karuwalagaswewa area to a certain level, through identifying the farming communities most needy for water and constructing three reservoirs? Is it because the Karuwalagaswewa people were able to develop an area development plan with the identification of their issues, analysis and deciding for their own development?

Is it because the Karuwalagaswewa area received additional funds to implement their development plans as they were able to prepare these and actions related to that? Is it because the peace and order generated in the area, became calm and cooperated land of Karuwalagaswewa after the launching of election campaign and declared as a peace zone?

For me the most significant achievement was to build up the leadership of youth, men and women in through the PPIADS who became the forefront in the development processes in their respective areas.

NAFSO member handing PPIADS book to the chairperson of Karuwalagaswewa Regional Council, Mr. Neel Weerasinghe.

3. What happened during the war in the country?

Unfortunately, the PPIADS program was discontinued in 2010 when the former People's Alliance Government came into power. Mr. Dassanayake was a minister at that time, but did not have much power to continue his support to the program. The elected regime did not want to get any support from the civil society organizations and they cut off the connections. AHI phased out the support too causing NAFSO to move out from the PPIADS program we launched. This stage NAFSO faced serious difficulties due to political issues; war against terrorism. One of the most dangerous militant groups, Libera-

tion Tigers of Tamil Eelam (LTTE), fought against the Government of Sri Lanka. We were the victims of the brutal civil war in our country.

People faced extreme difficulties by serious threat of which participation is treated as a support to terrorism or separatism. Motivating people was dangerous in Sri Lanka. Jail awaits you if you complain about government actions under the Prevention of Terrorism Act (PTA). These prevented our serious engagements in mobilizing people for their rights.

4. ***Importance of Documenting Experiences***

The PPIADS empowering process was not significant to the Sri Lankans, but AHI, Japan saw the progress during our mediation. The facilitators of the process monitored and guided our work very closely. Our weakest point was poor documentation of experiences. We had several opportunities to share our experiences in countries like the Philippines, India and Bangladesh. But we were not able to reasonably report them in those forums. People's experiences, contributions, and commitment over PPIADS process was not captured in writing.

This has been a key dialogue between Ms. Mayumi Yamazaki, AHI's coordinator for Sri Lanka and NAFSO/Trainers Pool Team though we were not successful at all in our efforts. Nonetheless, there was a continuous dialogue and pressure from Ms. Mayumi Yamazaki and AHI to document our experience as a small booklet. We did this in our local language Sinhala in early 2010. But, there was no such effort to translate it into other languages like English and Tamil for our locals.

Finally, AHI resource team led by Ms. Kagumi Hayashi together with Ms. Ui Shiori and Mr. Eichi Shibata mediated again in January 2014. They were instrumental in translating the booklet into English. Thanks to Sr. Victorine Rodrigo (ILDC 1989), the chairperson of NAFSO and my fellow participant who is a filipino, Ms. Marian Ferreras (ILDC 1999) for the great job in editing the book titled "Attempt to Integrated Area Development versus Globalization". My colleagues Ms. Geetha Lakmini (ILDC 2002), Mr. Priyankara Costa (ILDC 1995) and Mr. Ashoka Karunaratne (ILDC 2006) were always behind the scene. Mr. Laksiri Fernando, my colleague, sweated a lot to make the publication attractive.

The book in PDF format is available for download from AHI's website: ***http://ahi-japan.sakura.ne.jp/english/html/publication/Ppids_Book.pdf.***

Disaster Response Integrating Humanitarian Standard

Mr. Kep Kannaro, Partnership for Development in Kampuchea (PADEK), Cambodia, ILDC 2001

Developing a strong network in which organizations can learn and apply Sphere Humanitarian Standards to improve the quality and accountability of their work is one of the goals of the new Sphere Focal Pointperson in Cambodia, Mr. Kep Kannaro.

In 2011, Mr. Kannaro, Executive Director of Partnership for Development in Kampuchea (PADEK), participated in Sphere workshop, organized by the Community World Service Asia. Shortly after, Cambodia experienced massive floods. Mr. Kannaro immediately initiated an emergency response proposal integrating Sphere standards.

Mr. K. Kannaro

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out nine commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. *(Cited from the website of the Sphere Project and Core Humanitarian Standard www.corehumanitarianstandard.org.)*

Cash for Work Modality: The Case of PADEK in Kompong Trabek District, Prey Veng Province

To restore the livelihood of the people affected by flood in 2011, PADEK got support from ACT Alliance through Dan Church Aid/Christian Aid (DCA/CA) office in Cambodia. It got Cash for Work to restore one line of canal in Kansom Ark Village, Kansom Ark Commune to irrigate a 70-hectare rice field for 200 families in three villages.

Discussion with villagers for transparency.

DCA/CA granted $9,902 to PADEK to engage people in these villages to restore through Cash for Work modality. PADEK ensures transparency and accountability to the donors and the people through:

1. Commune Council Discussion

Commune council discussion.

A commune council meeting was held in Kanson Ark for the canal project restoration of which-PADEK learned that it was part of the annual commune development plan submitted to the central government for funding. It provides livelihood to those affected by flood. The list of beneficiaries was made, validated and the criteria were set.

2. Formation of Construction Committee

A joint project committee was established composed of commune council members, target village chiefs, community representatives/leaders and PADEK staff. It disseminates information, select and validate beneficiaries, allocate slots, monitor and pay the work rendered. After completion its role is on maintenance without PADEK staff.

3. Project Involvement and Grievance Mechanism

Villagers constructing the canal.

The villagers were involved in the process of creating committees during implementation. They were informed on the fund sources, project duration, criteria and selection of beneficiaries, and payment scheme. Cash for Work is a voluntary and temporary livelihood support for the villagers. Canal rehabilitation requires hard labor. No child labor is allowed. Issues are discussed and agreed prior to the project's take off. The beneficiaries were identified and validated. The allocation was set based on the number of workforce. Families with four members may receive 15 meters of canal to be cleaned and cleared with debris. The committee monitors the activity and convenes if issues arise. For transparency, a feedback mechanism is set up (contact persons, their numbers) which will be installed at strategic locations in the village.

In 2012, Mr. Kannaro created the Cambodian Humanitarian Forum (CHF), a network of national organizations dedicated to strengthening the emergency response capacities of its members. Since its creation, CHF has organized several capacity-building activities, including CHS trainings and established a resource-sharing center. His goal is to advocate for a proper disaster response law integrating CHS so that more NGOs may adopt.

AROUND JAPAN

Civil Society Organization Partnership for Development Effectiveness (CPDE): Northeast Asia Meeting 2014 and the Role of NGOs in Changing the Enabling Environment for CSO Development Effectiveness

Mr. Takahiro Nakashima, AHI

1. Purpose of the Meeting, Its Outline and Issues

1.1 What is CPDE?

On October 31 to November 2, 2014, a CSO Development Effectiveness - Northeast Asia (CPDE NEA) meeting was held at Tama Nagayama Information and Education Center in Tokyo. There were 40 participants from Korea, China, Taiwan, Mongolia, Japan and the Philippines. Since 2005, government and international aid agencies have been discussing, in High Level Forum (HLF) for Aid Effectiveness, how to improve the quality of aid and its impact. On the other hand, CSOs including NGOs, advocated to HLF through forming "Open Forum", global CSO platform, HLF recognized CSO as independent development actors, and got involved in the process to listen to the voices of CSOs broadly in 2008.

Open Forum facilitated national consultations on "CSO Development Effectiveness" in 70 countries and more than 2,000 NGOs participated. As a result, in 2010, Istanbul Principles – Eight Principles for CSO Development Effectiveness was founded. Istanbul principles describe eight values or principles that the CSO should follow in order to bring about sustainable and proactive changes related to the issues surrounding poverty and inequality.

The Istanbul Principles can be used as an advocacy tool for enabling environment to government and aid agencies for CSO as effective development actors to exercise their ability fully. These are 1) respect and promote human rights and social justice, 2) embody gender equality and equity while promoting women and girls' rights, 3) focus on people's empowerment, democratic ownership and participation, 4) promote environmental sustainability,

The Istanbul Principles of CSO Effectiveness

5) practice transparency and accountability, 6) pursue equitable partnerships and solidarity, 7) create and share knowledge and commitment to mutual learning, and 8) commit to realizing positive sustainable change.

After HLF 4 in Busan, Korea in 2011, one official membership was given to CSO in Global Partnership for Effective Development Co-operation (GPEDC), which is a new forum taking place of HLF for aid effectiveness. Open Forum and Better Aid, CSOs' advocacy platform on aid effectiveness, were merged into CSO Partnership for Development Effectiveness (CPDE). It is a global platform for CSOs. AHI through the Nagoya NGO Center participated in the discussion on development effectiveness at the meetings of CPDE North East Asia; Beijing 2012, Taipei 2013, and Tokyo 2014.

1.2 CPDE Tokyo Meeting

During the meeting, each country shared the implementation status of Istanbul principles, the changes of enabling environment for CSO development effectiveness, and discussed the organizational development of CSO Development Effectiveness - South East Asia (CPDE-SEA). From the Nagoya region, Ms. Mayumi Yamazaki, a former AHI staff, and I attended the meeting and facilitated sessions on the first day. On the second day, I presented cases of implementation of the Istanbul Principle in Nagoya such as the symposium on CSO Development Effectiveness held by the Nagoya NGO Center in last July, and sessions on Istanbul Principles and Rights Based Approach during AHI ILDC course.

Members of the CPDE NEA meeting, AHI's Mr. Takahiro Nakashima (middle standing, 3rd-L) and Ms. Mayumi Yamazaki (sitting, 2nd-R).

Through comparative study among five northeast asian countries for the last three years, we found out a common theme in that there was not much progress or change in enabling environment, and that the social recognition of Istanbul Principles was low among NGOs in spite of concerned NGOs/CSOs and their efforts to raise awareness on it.

2. Changing Enabling Environment for CSO Development Effectiveness in Japan

In relation to enabling environment in Japan, the Japan NGO Center for International Cooperation, JANIC, shared "Ten proposals to the Abe Administration for the Official Development Agency's (ODA) Charter Revision" with other participants in attempt to gain support. These are 1) ODA for the people in developing countries, 2) ODA for equitable, just society, 3) sustainable economic growth versus sustainable development, 4) no liaison with militarization, 5) human rights and human security, 6) contribute to minimize gap between rich and poor, 7) balance development and environment for sustainable world, 8) collaboration with NGOs to implement ODA—citizens participation and development education, 9) promote development effectiveness, and 10) increase ODA up to 0.7% of GNP (set up Ministry of International Development Cooperation).

Japan's ODA is undergoing a transitional phase. Due to the declining Japanese economy along with the emergence of other economies and military powers, China in particular, the Abe Administration and the Liberal Democratic Party are rethinking the ODA policy so that they can satisfy the country's national interests such as strengthening defense capabilities and contributing to the growth of the Japanese economy.

The revised charter emphasizes the importance of funding foreign military forces involved in supporting non-military issues such as disaster relief. The Japanese ODA may be expanded to include activities that are not clearly defined as non-military versus military. Another emphasis of the new charter is to "support the economic development of developing countries more vigorously and effectively, and also to enable such development to lead to the robust growth of the Japanese economy". The revised charter also encourages partnerships with Japanese companies, both small and medium sized enterprises, with the hope that it will further strengthen the existing relationship and create an environment conducive to trade and investment.

In my opinion, ODA should serve the people of these developing countries for their equitable and sustainable development, so that they may further contribute to decreasing the gap between developed and developing countries and furthermore, the gap within the developing country itself.

It is for this reason that we, AHI together with other CSOs in Japan, are worried about the new ODA charter as it focused on national interest. Moreover, our nationalistic government has made liaison between ODA and military. Our participants and colleagues in social development asked "do you want to see Japanese Self Defense Force in uniforms in your communities"? I am personally not interested in seeing them, even if it is for disaster management as it might remind us of our military's invasion into your countries during WWII.

Regarding the background of the ODA Charter Revision, our hawkish administration intends to revise the Japanese Constitution, especially, article 9 or they called "the peace constitution" so that they can prepare the way to war. However, it will not be easy to change since it requires two thirds support of the congressmen in the National Diet. As a result, our administration is trying to change its surrounding environment.

The Official Secret Act established last December 2014 is another example of the negative effect on enabling environment for CSO Development Effectiveness in Japan. By this Act, the government can decide what they want to keep confidential. There is no transparency or accountability, and it would be a threat to civil society and a violation of our right to information. It would also limit civil movement and activities such as the NGO watchdog activity.

3. Role of NGOs in Asia

The situation in Japan seems not an isolated case. I found similarity in India when I visited last March 2015. According to one of the NGO leaders, the new administration of India headed by the Hindu Nationalist Party leader is prioritizing economic development and suppressing civil society. As a result, NGOs are prohibited from applying the Rights Based Approach, which is the most important provision of the Istanbul Principles. Minorities such as Christians and Muslims are being persecuted by Hindu Nationalist Group. In general, enabling environment around Asia seems to be getting worse.

CSO is a broader concept including NGO and a key player in promoting a society where "no one is left behind". Under the worsening enabling environment, NGOs are urged to allow people to participate in the democratic process to sustainable development. CPDE is one of the main instruments used to raise peoples voices to global decision making mechanism of development cooperation, GPEDC, which helps to create a global development agenda after 2015. CPDE website: www.csopartnership.org.

CPDE meeting in Tokyo.

Human Rights in Japan
AHI Supports Disability Equality Training (DET) Taster Seminar in Nagoya

Ms. Mela Berkowitz, Japan

The Disability Equality Training (DET) was introduced by JICA expert, Mr. Kenji Kuno (ILDC 1996) in Japan after gaining some knowledge about it in England in 2007-2008. He published an article for the Asia Pacific Disability Rehabilitation Journal entitled "Disability Equality Training (DET): Potentials and Challenges in Practices in Developing Countries".

1. A Hidden Minority

"We can't spend that much for just a couple of individuals." "We don't have any specialized background." "We focus on development not welfare." "We would lose customers if we let these people in."

Which minority group do the above comments refer to? Which minority group is found all over the world, makes up around 10% of the world's population and yet accounts for 20% of the world's poorest, is physically and/or psychologically excluded from public spaces and is often seen as an object of pity or revulsion rather than as people with human rights? Yes, people with disabilities.

2. Disability Equality Training (DET) Taster Seminar in Nagoya