

On February 20, 2015, AHI supported the Nippon Fushushi University Asian Research Center for Social Well-being and Development in running a taster seminar in Disability Equality Training (DET), participatory awareness raising training to promote social inclusion of people with disabilities. The instructors came from the DET Forum, a Tokyo-based not-for-profit organization headed by Mr. Kenji Kuno (ILDC 1994) of JICA; all the DET Forum facilitators have disabilities.



DET facilitator presenting the output of the group discussion.

After nine years doing DET in 35 countries as part of his work under the Japanese Ministry of Foreign Affairs, Mr. Kuno felt it was high time to promote disability equality in Japan. In 2014, Japan became the 140th country to ratify the United Nations Convention on the Rights of Disabled People (CRPD). This was only possible after it revised national laws to reduce disability discrimination, by requiring local governments to provide “reasonable accommodation,” modification such as using sign language or simple language to ensure access for all.



Ms. Mela Berkowitz (L) sharing her idea.



Mr. K. Kuno at the Disability Equality Training.

So 2015, a year after ratification of the CRPD and a year before the Japanese Act to Eliminate Discrimination against Persons with Disabilities comes into effect, it is promising juncture to offer training, especially for local government units. But JICA does not work inside Japan. So DET Forum is accessing various non-government grants for publicity in search for clients willing to commission full courses. The one-day Nagoya seminar was such an event, the second outside the Tokyo area.

Around 50 participants, including disabled people, academics, local government staff, support service workers and a few company employees, deepened their understanding of the disability in society through workshop activities, a lecture overview, and a tea party.

3. What Is Disability Equality Training (DET)?

DET differs from previous disability awareness training in that rather simulating any particular disability, such as blindness or mobility impairments, it encourages participants to discover how disabled people are society excluded. In other words, participants come to see that disabilities are not an individual's failings, but rather are created by environment, institutions and human relations. For example, a ramp, a wide doorway, and laws that allow shopkeeper enable to turn away wheelchair users create disability. Further, DET facilitates participants to think how to act in their own work and life to make society less disabling and more inclusive.

As DET facilitators, disabled individuals are empowered. In the training, they experience being in a position of authority, commanding respect and dialogue. Both disabled and non-disabled people may revise the typical image of “weak” and “needy” dis-

abled people after seeing a disabled person in a position of ability and action.

4. Past and Future of DET

DET was developed by disability activists in the United Kingdom in the 1980s and 90s, building on the experience of the civil rights and women's movements. After the UK passed laws prohibiting discrimination against disabled people, organizations and companies sought out the training to figure out how to comply. Twenty years later, with AHI support, DET Forum is pursuing a similar track in Japan. Perhaps by next year, AHI's own local government unit will be running disability equality training. How will AHI change?

Disability Is A New Target of Development

People with disabilities are now gaining attention in development circles as it has become clear that to reach targets like the Millennium Development Goals (MDGs), they (we) have to be included and counted. In other words, they (we) are currently among the most marginalized in society, often the last in line for jobs and services. And this is a major reason the post-MDG Sustainable Development Goals state specific targets for including disabled people.

What is CPRD?

In 2006, after decades of campaigning by disability activists, the United Nations adopted the Convention on the Rights of Persons with Disabilities (CRPD) to promote legal support for their human rights. Activists in the disability movement followed in the footsteps of the civil rights movement against racial discrimination, the women's rights movement, and others. The CRPD was adopted 41 years after the Convention on the Elimination of all forms of Racial Discrimination (CERD), after conventions promoting the rights of women, children, prisoners, migrant workers and other disempowered groups. Like previous UN conventions, the CRPD has put pressure on national government to create new laws promoting inclusion of the target group, in this case, people with disabilities.

DET Manual is available for download from the DET Forum website: <http://www.detforum.com>.

Report of the 100-Day Walking *Ms. Yoko McLennan, AHI*



The Nisshin City people walking.

The Nisshin City where AHI is located had its 20th anniversary in 2014. There have been many events commemorating the anniversary everywhere in the city. Our '100-Day Walking' was one of the events during the. The idea of Walking was derived from the keywords Health, Local and Asia. The participants compete on the number of their steps in groups of three. At the same time, they aimed to walk 4,000 kilometers to Mindanao, Philippines as a whole team.

The participants were group of families, co-workers and volunteer team members from the neighborhood facilities of AHI. Among the 24 teams the oldest participant was 99 years old. As we have introduced in the previous newsletter, AHI has been supporting the Healthy Lifestyle Promotion Program of New Corella, a municipality in the Philippines. They got 61 teams to run for the 100-day walking together with the former participants of ILDC.

On the Open House in 2014, the 100-day walking started. Each team reported how many steps they walked every 10 days for 100 days. The Ministry of Health, Labor and Welfare in Japan recommended walking more than 8,000 steps a day. Few people reported that they walked more than 10,000 steps a day. Others sent comments in their report that "I never even thought about going out on a cold night, but I went walking after dinner last night".

The 100-day walking was completed on 2015 January 20 and the closing ceremony was held on January 31. As part of the closing ceremony, together, we walked around the lake for about 10 minutes

from AHI for a stretch of 7.7 kilometers. Then we had a Filipino lunch prepared by AHI staff. The participants enjoyed the Filipino food even if they tried it for the first time. Awarding ceremony followed. First prize was awarded to the team who has walked for 4,000 kilometers by themselves.

To sum it up, the total mileage walked was 33,835 kilometers that is equivalent to more than four round routes from Nisshin City, Japan to New Corella, Philippines. We are thankful to all the participants and people who supported the event. We hope that we have contributed to the goal of connecting and linking the participants; people from the Philippines and other Asian countries with this activity and help in the advocacy for healthy life.



Ms. McLennan interviewing in the Open House.

HERE AND THERE

International Workshop on Empowerment of Indigenous Peoples through Community Participation for Sustainable Local Health System

The Case of Tanay, Rizal, Philippines

***Ms. Maria Cristina Carganilla-Parungao,
INAM Philippines, ILDC 2006***

1. Overview

Tanay is one of the INAM's working areas where community health programs are led by the Indigenous Peoples (IPs) volunteer. Tanay is one of the municipalities in the province of Rizal with 19 barangays



Ms. M. Parungao

and a population of about 95,000 of which 6,880 (7%) are IPs. Classified as partly urban based with a large area of gently-rising hills and mountainous relief. About 80% of the land area has been identified as the ancestral domain of the IPs called Dumagats and Remontados. Most of the IPs are located in geographically isolated and disadvantaged areas in Tanay, and they lack access to basic health care services. Fishing, agriculture and regional commerce are major trades.

Through the continued assistance of Bread for the World and Asian Health Institute (AHI), support from Tanay Municipal Local Government and INAM's facilitation of Philippine Integrative Medicine (PIM) training, 429 Dumagat farming families from six barangays are presently organized into family clusters, each led by a Community Health Worker (CHW)-cum-Community Health Program Manager (CHPM), and loosely organized into six barangay level community health organizations (CHOs). The CHO in each barangay has a community-managed health program (CMHP) that provides health services to member families. Community health care financing program called "Saknungan para sa Kalusugan" started on April 2014. The six CHOs plans to federate municipal-wide.

Through, participation and openness to embrace new learnings in PIM training, the Dumagats have gained confidence and have opened themselves for possibilities for their personal development and development of their communities. Moreover, the elements of a CHO such as vision for their community, membership, programs and services, the structure of governance, leadership body, mechanism for responsibility and accountability, lines of communication and process of decision making involving the family clusters, organizational principles/values and organizational skills are emerging and evolving appropriately to the context of the Dumagats.

These developments led to the documentation of Tanay's experience in establishing their CMHP by their IPs in geographically isolated and disadvantaged areas of the municipality. The empowerment of the IPs through the PIM training and the public-private partnership between INAM and the local government of Tanay are worth sharing among the ILDC alumni of AHI and partners of INAM. Hence, an International Workshop (IWS) was conceptualized and planned by INAM, the Municipal government of Tanay, and AHI last July 2014.

The International Workshop on "Empowerment of Peoples through Community Participation for Sus-

tainable Local Health System: The Case of Tanay, Rizal, Philippines” was held at the third floor of the Municipal Government Office from March 3-11, 2015. The workshop was also supported by the Philippine Institute of Traditional and Alternative Health Care, Department of Health, National Commission on Indigenous Peoples, Bread for the World, and Shell Philippines. Participants of the Workshop included 30 CHWs, government representatives, non-government organizations and their partner organizations from India, Bangladesh, Nepal, Philippines, and Thailand.



Participants of the International Workshop.

2. Significance of the IWS to Tanay

This is the first international event hosted by the Municipality of Tanay which showcased its IPs. According to Mayor Rafael Tanjuatco, "The IP situation in Tanay maybe unique but the needs to address the health concern of the IPs is universal.



A Dumagat CHW explaining herbal cure.

Focusing on the use of alternative medicine and recognizing the values of traditional herbal plants, Governor Rebecca Ynares of Rizal Province said that "the time has never been better and the reasons never greater for giving traditional medicine its

proper place in addressing the many ills of the modern and traditional societies, including the IPs. It is only when there is recognition of indigenous resources as priority areas for development that the empowerment of the IPs will be attained."

Through the IWS, Dumagat CHWs and the Municipality of Tanay were able to show to the international and local delegates the following developments in their local health system which became the outcome of training of the IPs through INAM's PIM curriculum:

- CHWs bring very significant contribution to the health care delivery and referral system among IPs community.
- There is increased community participation on health program implementation and IPs are now aware of the Rural Health Units (RHUs), and immediate intervention to emergency cases has been possible.
- Other impacts of having CHWs are health advocacy to those individuals and families within their cluster, health promotion and disease prevention (alternative medicine) used by the community, initiation of proper referral system, and management of Community Health Care Financing.
- Through the CHW, there is an increased community access to the basic health services while preserving the IPs traditional health practices. A gradual change in the health seeking behavior among the IPs were quite evident notably in the increase in IPs immunization and pre-natal check-ups to name a few.
- Empowered IP leaders and health providers participate in other health programs for the benefit of the people.
- These preventive health care programs in the communities reduce the high utilization rate for members of a health insurance program through the establishment of CHPs which have health promotion and disease prevention.
- Thirty four CHWs providing health care to 41% of the families in the entire Dumagat-Remontado IP population in Tanay. There are eight CMHPs being managed by 24 CHPMs. Health care services include treatment of the sick, health education, and referral to Barangay Health Stations (BHS), RHUs, and INAM Philippines Clinic in Quezon City.
- Two-way referral system involving the RHUs/ BHS and the CMHPs/CHWs, a monitoring system for health education, patient treatment, referrals, and meetings, and an information system established and copies of reports submitted periodically to the RHU.

- The following were the effects of the CMHPs managed by the IPs:

- 1) 92% cases of preventable diseases were managed/cured by the CHWs and did not need any referral as of October 2013;
- 2) 81% cases of preventable diseases were managed/cured by the CHWs and did not need any referral from Jan to Dec 2014;
- 3) Only 12% cases needed to be referred to the BHS, RHU etc.
- 4) 21% of families have access to community health care financing scheme.

Different departments of the municipal government of Tanay became more familiar with INAM's project; focused on providing PIM training to the IPs. There was also acknowledgement of the significant role of the IPs in health promotion and prevention and recognizing them for their participation in promoting and sustaining the local health system especially in the geographically isolated and disadvantaged areas of Tanay.



Mr. Anup and a local nurse.

3. The significance of the IWS to INAM

- INAM saw the importance of public-private partnership in ensuring the sustainability of projects particularly those involving IPs and other vulnerable groups.
- INAM was able to promote its PIM curriculum and other programs to the AHI-ILDC alumni, AHI partners and other government agencies. We were able to share the developments and experience of the CHPs and CMHPs of INAM's partner communities.
- The IWS will further strengthen the partnership between INAM and the municipal government of Tanay with great potential of more projects on health.
- Opening possibilities of partnership between INAM and other local municipalities and civil society organizations in New Corella, Tarlac and IPHC-DMSF, Davao and partnership with AHI supported organizations in Bangladesh, India, Nepal and Thailand.

- The IWS is a significant event for INAM's 30 years of providing alternative health care services to the poor, marginalized and vulnerable sectors.

Our gratitude to the Board of Directors, staff and supporters of AHI for the technical and financial support and the "full trust" given to INAM Philippines to organize the IWS. Looking forward for more fruitful collaborations with AHI and AHI-ILDC Alumni in the coming years.

4. Participants' Reflections during the IWS

Messages from the video documentation of AHI.

1. Mr. Mohammad Akramul Haque, ILDC 2008, Bangladesh

"Appreciate, Connect and Replicate"! In the entire workshop these three words were depicted, giving chance to appreciate and connect with each other, and eventually replicate the learnings applicable in our countries, projects, and organizations.

2. Mr. Addala Jagannadha Raju, ILDC 1986, India



Mr. Raju, India (sitting), Ms. Anicia, Philippines (L, ILDC 2008) and Ms. Nuanchawee Nedsaengtup, Thailand (R), demonstrating oil treatment.

The exposure visit in Tanay was a very good experience to me. I have learned that all the key stakeholders like the government, health department, community and local sectors are important for sustainability. We are going back to our countries with our commitment to implement sustainable health care and also promote alternative health care.

3. Mr. Raja Dodum, Health Department, India

The information and learning experiences enriched my perspective. The world is getting too small but for the group, there is no barrier that divides them, not even race or religion. I see them as a family, a team, a network that could lend support when needed. My experience humbled me and found new respect for the IPs in my country.



A teary-eyed IP BHW (L) sharing her reflection and Ms. Nancy Obra (R, ILDC 1996), both from New Corella, Philippines.

4. Ms. Nancy Ulanday Obra-Cacayorin, ILDC 1996, Philippines

It is a blessing that I was given a chance to join IWS with two BHWs who are members of the IP communities to learn from other countries, as well as the experience of Tanay. In particular, the health system enhancement with IP communities. We really appreciate the commitment of the community health workers. We treasure the experience we had, staying in the IP communities, and the commitment and partnership with other sectors.

5. Ms. Ma. Arneth Castronuevo-Versonda, ILDC 2012, Philippines

This workshop broadened my perspective in life and to continue serving the marginalized sector; the indigenous people who are less fortunate. I realized that the IPs themselves know what is good for them. It is my/our challenge to be conscious of this and be more responsible my/our work with the IPs.

NEWS FROM FRIENDS

Eco-Agriculture Practices by MONLAR

*Mr. D.R. Jayatilake, MONLAR, Sri Lanka
ILDC 2003*

The Movement for Land and Agricultural Reform (MONLAR) is a social movement advocating “Heal the Earth by Feeding the Soil”. Our agricultural methods aimed at recycling and regenerating. We are practicing is eco-friendly agriculture. We use several technologies to enhance the regenerative capacity of the soil by improving its inherent fertility. Bio-Char, Jeewamurthum, liquid fertilizers, compost and green manures are the introduced substitutes for the chemical agricultural inputs. Bio-Char is the charcoal of firewood de-oxygenized cylinder. The application of Bio-Char to the infertile soil improved the CEC value and water holding capacity. The Jeewamurthum is a process of culturing nutrients favorable for friendly microbial growth; strengthening the soil’s regeneration capacity.



Mr. D. Jayatilake

We are a civil society movement for 20 years giving maximum capacity in upgrading the livelihood of small scale food producer, trying to get support of the policymakers to advocate for non-use of chemical agriculture and engage in ecological agriculture program all over Sri Lanka. We are conducting our practical activities in the northern, central, north-western, southern and eastern provinces.

In the northern area, the concept of Zero-Budget Natural Farming as an ecological agricultural method which is highly inspired by the concept of Indian academia, Subash Palekhar, was introduced. For other provinces, some models compatible to their agro-ecological system was introduced. For instance, mixed cropping, vegetable home-based gardening, and agro-forestry. More than 200 farmers are practicing home garden model and a thousand farmers were trained on eco-farming technologies. All activities were aimed at stabilizing food security of the marginalized people in Sri Lanka. MONLAR’s responsibility as a civil society organization will continue to carry and advocate the concept of regenerative agriculture to restore our natural ecosystem.

SAYONARA DR. KAWAHARA

*Messages from AHI
Alumni and Partners*



The founder of AHI, Dr. Hiromi Kawahara, passed away in the morning of May 22, 2015. He was always concerned about the disadvantaged people in Asia and enjoyed a lot his being related with community health and development workers. Being inspired with his guidance which has been given to us, we would continue our work with our renewed determination.

Messages From Friends in Asian Countries

• *Ms. Luz Canave-Anung, ILDC 1984, 2012 Facilitator, Philippines*

Dr. Kawahara leaves AHI and the rest of the world with his legacy of participatory community health development and sustainable peace. He was a symbol of perseverance and determination in moving towards AHI's vision of global health and development. He inspired so many people like us with his sweet smile and steadfast advocacy for the poor and marginalized. His light will continue to shine in AHI and in the hearts of the people he touched. While his physical presence and guidance in the institute will be terribly missed, his significant contributions that made AHI thrive amidst challenges will continue to drive the institute forward. DR. KAWAHARA: we thank you so much. Words are not enough to express our deep sorrow for losing you but rest assured, that your noble example of service will continue to inspire us. May your soul rest in peace in God's loving arms.



Ms. Luz Anung

• *Ms. Jo Quianzon and the IPHC Family, Philippines*

So saddened by the news of Dr. Hiromi Kawahara's passing. I remember first meeting him during the AHI-Round Table Discussion in Bangkok together



Ms. Jo Quianzon

with Dr. Trinidad de la Paz. He had always a light-face exuding peace, positiveness in life and the great passion to be of service to others especially among us Asians and to Nepal where he first volunteered then. Dr. Hiromi Kawahara, thank you very much for being a Blessing to others and sharing to IPHC the gift of helping others make a better tomorrow. His legacy will always inspire us development workers. Daghang salamat!!!

• *Mr. Narayan Prasad Maharjan, first alumnus in Nepal, ILDC 1980*

Dr. Hiromi Kawahara:
A Pioneer AHI Leader With
Unique Character



Mr. N. Maharjan

I and my wife Maya were United Mission Nepal (UMN) staff. I was working in community health and my wife was working as a medical assistant at the hospital. Maya worked with Dr. Kawahara at Tansen UMN Hospital. Many of the hospital staff were inspired by his life and services for the sick and suffering people. Within few months Dr. Kawahara became popular for his loving-caring services.

In 1980, I was privileged to participate as first participant of leadership course organized by AHI. I was recommended by Dr. Noboru Iwamura because I worked in his team for six to seven years as a volunteer. I also worked with Ms. Michiyo Maida in CHP who is a woman of concern, has attachment with my family.

Soon I arrived in Japan, I met Dr. Kawahara and his beloved wife who hosted me and I was taken cared of. I watched how he and his wife used to cooked in the kitchen and in workplaces. I learned many things. Both of them were so pleased to have me with them. Dr. Kawahara keeps smiling most of the time.

I came to understand about his selfless commitment for medical and Asian leadership development services. I was inspired by him to becoming a leader in multi-sectors primarily community health and hospital. I was a chairman in two terms for HDCS and later FOCUS Nepal and now for Console Mission.

Dr. Kawahara is a unique character that impacted me and many others. In early days, Dr. Kawahara toiled for the establishment of AHI with the purpose

to initiate leadership development at the time when there was no such institution anywhere in Asia and other parts. Dr. Kawahara with his likeminded team initiated AHI. What a man of vision he was. I also followed similar path.



Dr. Hiromi Kawahara

Mrs. Kawahara visited me on her Nepal trip while I was lecturing at Tribhuvan Multiple Campus of TU. I experienced the closeness and nearness with Dr. Kawahara and his wife, too. My wife and myself will remember both of them till the end of our life. The witness that was demonstrated by Dr. Kawahara will continue to impact Asians to be leaders for uplifting the sick and suffering in this part of the globe.

Since a month, we are regularly moved by earthquake. As a leader I organized a team to help the victims with various relief packages containing fast food, health kits, nutritious food to delivery mothers, relief goods, and zinc roof sheets. Console Mission is much thankful to AHI for informing our services to the Japanese people and for the contribution provided for the services. CM has planned to help victims for recovery process as well. There is an acute need of leadership in Nepal. It has become a challenge for AHI Alumni and the whole team.

We can learn much from Dr. Kawahara's unique leadership style. We need to explore it in prevailing context of Nepal and other lands of the globe.

• **Mr. Tan Try, first alumnus in Cambodia, ILDC 1991**

A touching memory with Dr. Kawahara

I met Dr. Kawahara in an AHI supported workshop in Bangkok in the late '80s. It was my first time to meet him in person. I remember he gave an interesting welcome speech at that time.



Mr. T. Try

Although I cannot remember all, but I can highlight this: "We are all the same. We all deserve to be healthy, not only for the rich but also for the poor." I had a first impression of warm, encouraged and comfortable feeling towards him. The he softly talked, the friendly smile he had and the respectful behavior he showed, just to name a few, were all part of his unique character of a supportive and respectful leader.

Founder and chairperson of AHI's Board, he was behind the "participatory approach" of adult learning. AHI was the first to introduce this approach in Cambodia. I was the first participant from my country who had a chance to be trained on community organization and development using participatory methodology. And I was the first person who adopted this approach in my health education training. Since then, a partnership between AHI and the National Center for Health Promotion of the Cambodian Ministry of Health was established.

When I got the news of his passing away, I was so shocked! I could not breath for a while. My heart was beating fast. My brain was spinning around. His smile popped up in front of my eye and my tears dropped. This was a big loss for me and also for AHI, AHI's friends and supporters, and especially for all people in Asia to whom he always has a big dream-Sharing for Self-Help. I wish his dream will come true.

• **Mr. Prem John and Ms. Hari John, ILDC 1981-1982 Facilitator, India**

Passing of a Giant AHI!

We are deeply mourning the passing of Dr. Kawahara. We take this opportunity to celebrate his life and times.



Mr. & Ms. John

We celebrate his life as a surgeon of excellence, who was willing to take time off from his busy practice to go to Nepal and serve there with minimal medical facilities and very down to earth living condition. The first hand experience formed the basis of his intense life long involvement with the poor of Asia. It was as if he was meant to go there because out of that was born his desire and plans t do something concrete to transform the lives of the poor.

We celebrate his initiative, commitment and hard work that made the birth of AHI possible. He real-

ized two things. One, that Japan, specially Japanese youth should be more outward looking and become aware of the realities of Asia, and for this sustained and systematic efforts should be made in educating them. And two, the young people from the poorer countries of Asia need to be trained systematically in the norms, values and methods of community involvement. Thus, was born AHI whose influences has helped transformed the lives of countless marginalized communities in Asia.

We celebrate his foresight and initiative in forming the Asian Community Health Action Network (ACHAN), and the vital leadership that he gave as Chairperson of ACHAN. The unstinted cooperation and support that he and AHI provided to ACHAN made it possible for the spread of knowledge and practice of community based action for health in Asia among NGOs and apex NGO networks from Nepal to South Korea.

We celebrate his contribution to Christian Medical Commission of the World Council of Churches (CMC-WCC), Geneva where he was Commissioner representing East Asia. Through CMC-WCC the concept of community based health and its practice as developed at AHI spread much beyond AHI. His contribution to the thinking and practice of CMC were greatly appreciated.

We celebrate his life as a Christian in a largely non-Christian country and the phenomenal impact that he had in Japan where he was and will continue to be revered figure. He was always self-effacing saying that though he planted the seed, countless others watered it but only God made it grow.

We celebrate his life as a soft spoken, soft natured, gentle, real gentleman who through his exemplary life, values and commitment was able to develop, nurture and sustain a team of co-workers with the vision, commitment and skills to carry forward his dream into the future.

It has been our privilege and blessing to have known Dr. Kawahara, to have been associated with him, to have been his fellow travelers, fellow dreamers and co-workers for three decades. From 1979 while first visiting the site of the future AHI, when it was a mere meadow with cows grazing, through 30 years of involvement with him in ACHAN. From 1980 through the formation of ACHAN, later as fellow commissioner in the Christian Medical Commission, people have been associated with him—we are grateful.

CONDOLENCE



Dr. R. Kagami

Dr. Rokuro Kagami of the Kagami Orthopedic Clinic passed away on March 26, 2015. He was the main trainer of the Oriental Medicine Course (OMC) since mid-80s. He trained 80 participants from Asian countries on Intra-Cutaneous Needle ICN/Kagami Therapy. They also learned from his humble attitude and strong commitment to serve the patients. The OMC has been terminated after the last training in 2007 since no one can be a trainer.

New Collaboration Projects Between AHI and AHI Alumni's Organizations

Ms. Kyoko Shimizu, AHI

This is the English translation from the Japanese Newsletter issued on October 2014 and April 2015, respectively.

Participatory Community Leadership Development Course (PCLDC)

Partner Organization: Aids Awareness Society (AAS), Pakistan

1. Activities and Interests of Mr. Nihal

Mr. Hector Nihal, (ILDC 2013), his organization AAS is one of the pioneers in the field of HIV/AIDS issues in Pakistan. For over 25 years, he has been engaged in the social sector on the issues of community development, prevention and awareness-enhancement training on HIV/AIDS and supports the advocacy works for people living with HIV/AIDS. In the country where nearly 97% of the population is Muslim, he belongs to a minority Christian community. So the minorities live in various forms of discrimination. With that, Mr. Nihal is committed to promoting mutual understanding among religious leaders and young people from different religions through different interventions.

During ILDC 2013 training in AHI, his experience in community development along with his humble and genial personality and good English skills has inspired other participants. He positively and voluntarily took charge of several sessions in order to share his knowledge and experiences. He is always willing to learn from other Asian countries especially in solving issues in the community. The main issue tackled was on the future direction of AIDS Awareness Society (AAS). AAS had accumulated enough experience on HIV/AIDS since 1993. He thought of expanding the activities in addressing other issues by tapping past experiences and apply them to support newer local NGOs. The how and what AAS can do were the questions he thought. He came to Japan in search for answers.

2. Based on His Learning: Peacebuilding and AHI-way Participatory Training

He learned from his visit to Hiroshima on peace education sessions for the communities particularly the younger generations. He was aware that poverty and health issues cause conflict. People in Pakistan are always exposed to constant conflicts vis-a-vis different religions, cultures and politics. He believes that it is essential to nurture understanding, forgiveness and mutual respect among people.

Mr. Nihal's action plan for AAS integrates peace issues into the existing health training for educators and volunteers of AAS; providing educational program to students on peace and health in partnership with schools; and conducting participatory training with emphasis on peace building particularly for small local NGOs in Pakistan, like AHI's course of which the contents and processes are shared by the participants. The processes such as sharing, facilitating, documenting and moderating were among the key elements of being NGO workers.

3. Participatory Community Leadership Development Course

The Participatory Community Leadership Development Course (PCLDC) was held in Lahore, Pakistan on May 24 to June 2, 2014. AHI senior staff Ms. Ui Shiori and I visited Lahore to join the facilitators' team to support them. Sixteen participants mostly staff of local NGOs gathered from eastern and southern areas. Nearly half of the participants were female and of mixed religious beliefs. Each brought their own initiatives and/or projects namely: support to children with disabilities, prevention of HIV/AIDS, rights of female labor, and many more. They vary in experiences but one thing in

common to participants was it was their first time to have "participatory" training.

PCLDC sessions started with the creation of task group in charge of the daily session's organization, recapitulation, documentation and evaluation. Reflection of "oneself" followed; examination of strengths and weaknesses. Situational social analysis at community level in Pakistan and global trends on development issues were done too. Lastly, they did self-examination as NGO workers; what and how are they going to do it in their community; realization that peace starts from one self; and wide understanding of the grassroot level and politics were among the reflections and essentials to achieving peace and development. At first the participants were hesitant to accept the role, afraid to speak and lack the confidence during the presentations and discussions. Eventually, they gained confidence and already comfortable of talking during discussions.

4. "Let's Plant a Seed from AHI in Your Place!"

On the last day, each participant is required to prepare and present an action plan similar to the AHI course. Majority of them stated that they would like to include participatory training of which they experienced in PCLDC in their organization and community. A Muslim participant said that it is only in PCLDC he was able to mingle with Christians and the opportunity has taught about understanding one another, the key to peace. As a closing statement, Mr. Hector expressed to the participants that "PCLDC is like a seed he received from AHI. He encouraged everyone to plant their own seed, help it grow, and give it to others." AHI will continue to support the seeding with Mr. Hector and AAS in 2015, too.

*The second PCLDC was held on May 22 to 31, 2015. The report will be published later.

**Community Development and
Psychosocial Well-being
Partner Organization: Kopila-Nepal**

1. People Left Behind

Nepal struggled with a civil war between the government and the Maoist for 11 years until 2006. Only recently, the existence of those who experienced trauma, such as soldiers and villagers involved in fighting or kidnapping, became apparent. Beside, profit-driven economic development is ex-



Psychosocial group discussion.

tals and health posts in communities are not educated regarding these issues.

2. Psychosocial Well-being

Psychosocial well-being occurs when a person's mental well-being is fully achieved with the well-being of society. How we are feeling internally is affected by how we relate to the environment around us. Relationships with our families, communities, schools, and the workplace all play a role, as well as one's traditions, customs and culture. As a result, psychological issues that we may have are strongly associated with the social issues or problems among our communities. Although medication can help to control our symptoms of any given mental disorder, it does not address the root cause of the problem. In order to eradicate the mental illness and obtain good health mentally, we need to solve the social issues within one's community.

Since 2001, Kopila Nepal established by AHI alumnus, Mr. Prakash Raj Wagle, has worked for minority people like widows, females who have family members with physical or mental disabilities, and their children living in mountain villages around Pokhara, the second largest city in Nepal. Through organizing self-help groups and kids' clubs to empower those individuals, Kopila recognized the importance of psychosocial well-being in Nepal and incorporated this concept into community health and development activities.

panding the gap between the rich and the poor, and as a result, various social factors cause by poverty is eating at the back of people's mind. The public resources for these patients, however, are of little help because health professionals in district hospitals



Mini lecture on psychosocial well-being.

In 2013, two associations of self-help groups were established in two districts, named Kopila Independent Development Society (KIDS); composed of single and widowed women and people with disabilities. By organizing the bigger campaign events on psychosocial well-being in their villages, it allows for solidarity among each group and there is a stronger advocacy for power among the community people and local governments.

Now each KIDS' member is expected to be the main actor of changing the community toward psychosocial well-being, where people can see various social issues leading to mental problems and build relationship and functions voluntarily in the community. Aiming that, Kopila Nepal decided to provide training course for the

members on group an program management and advocating teachers, health workers and VDC members and also children members of kids club.

AHI started working together with Kopila Nepal for the next five years.



Mr. Prakash Raj Wagle (ILDC 1999) and Ms. Bina Silwal Wagle (ILDC 2004)

ANNOUNCEMENT

NEW AHI STAFF



Ms. Tomoyo Hidekuma

Hi! Nice to meet you! Hajimemashite in Japanese. My name is Tomoyo Hidekuma. I started working at AHI from April 2015. Before working at AHI, I was in a master course at Kyoto University, Japan. My major is Environmental Management. Actually

environment is very broad. Specifically, my interest is rural development and international cooperation. My hometown is in a rural area in Japan. I like looking at the beautiful paddy fields and agricultural lands. I'd like to protect such beautiful landscapes in the rural area. In addition, I like agricultural activities.

From 2010-2012, I volunteered for the Japan Overseas Cooperation Volunteers (JOCV) and stayed at Djibouti; a country in eastern Africa. I worked as an agricultural extension worker and cultivated the lands in schools with the schoolchildren. This motivates the children to grow some vegetables. I also likes traveling in Asian countries. I can see the diversity of culture in their food and customs. Sometimes I can see similar faces and cultures. I think that to have a good relationship in Asia is a first step for world peace. I'd like to learn how to build harmony in a community through AHI.

BE AN AHI MEMBER NOW!!! PLEASE SUPPORT AHI!

AHI has some of its alumni as supporting members. AHI is supported by over 4,000 individual regular members and occasional donors. Recently, however, the number is decreasing due to aging population and sluggish economy in Japan. Even so, it is getting more important for AHI to commit working with the disadvantaged people living in endless uncertainty in Asian communities. That's why we need to get more supporters to achieve our goals.

For those who live in a foreign countries and have credit cards, AHI started its secure online money transfer system thru PAYPAL (www.paypal.com), by which the membership fee or donation is easily and safely transferred to AHI's account.

1. Supporting Member

Annual Membership Fee:

- Organization (S): \$ 300.00 per year
- Individual (A): \$ 100.00 per year
- Individual (B): \$ 50.00 per year
- Individual (C): \$ 30.00 per year

2. Donation: anytime of any amount

Please check our website and go to the page of "support AHI". http://ahi-japan.sakura.ne.jp/english/html/modules/pico/index.php?content_id=14
If you have any questions, please send an e-mail to to: info@ahi-japan.jp.

CALL FOR ARTICLES All AHI ALUMNI!!!

Write your articles along with these themes:

1. Universal Health Coverage Under Post-MDGs (NL # 98)
2. Health and Peace Building in Conflict Areas
3. Community Based Inclusive Development (CBID)
4. Disaster Prevention, Response and Management
5. Participatory Techniques for Self-Sufficiency

Reminder: Font type: New Times Roman, size 11; type simple, no special effects, no indentation. Your strict compliance will help us in the editing process. Kindly send 3 to 5 best action photos with caption to support your article. Also send your face photo to be posted together with your article.