TASC "Take Actions for Social Change 2024"

ASEAN-Japan Youth Forum

Action Plan Report

TAKE ACTIONS
FOR SOCIAL CHANGE

Outline of the Project

This program was organized by the Japan Foundation and the ASEAN University Network and endorsed by the ASEAN Secretariat with the aim of fostering good relationships among the member countries.

Today, the world faces a variety of challenges, and it is imperative that we work together to solve these problems by sharing wisdom and cooperating with one another by transcending nationalities and our respective positions in society. In addition to working together, it is becoming increasingly important for each individual to be motivated to solve our common challenges.

This program provided an opportunity for young people from ASEAN countries and Japan to meet, learn, and work together while encouraging each participant to reflect, cooperate, and implement actionable ways to address global issues.

Organized into teams, participants explored the theme through a series of online programs as well as field trips to Indonesia and Japan. Through dialogue and collaboration with teammates, participants developed plans of action to create a better world and then presented their initiatives at the end of the program.

Students are expected to broaden their perspectives, increase their capacity for acceptance and tolerance of diverse cultural environments, and further develop their motivation and skills to act as global leaders who can bring about meaningful social change.

Theme: "Envisioning a peaceful and better world in 2050"

Theme for TASC 2024: "Good health and well-being"

Participants: 20 students (11 countries: Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, and Japan)

Organizer: The Japan Foundation

Co-Organizer: The ASEAN University Network

List of Participating Students

Team
HAIRA

Team Member
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Golden Care Initiative (GCI)

I. INTRODUCTION

"Getting old is like climbing a mountain; you get a little out of breath, but the view is much better."

歳をとるのは山登りのようなもの。確かに多少息は切れるけど、そこから見える景色はずっと良い、つまり物事がよく見えるということ。

Aging is an inevitable part of life, often compared to climbing a mountain—challenging yet rewarding.

The current world is experiencing the widespread aging of the population. While each country is experiencing an increase in population size, the same applies to the proportion of older persons. The World Health Organization has estimated that one out of six people in this world will be aged 60 years and above by 2030 (World Health Organization, 2024).

Driven mainly by decreased fertility rates and increased life expectancy due to rapid social development, population aging can be seen as a double-edged sword, considered both a collective achievement and a challenge.

On one hand, aging signifies significant societal progress because it reflects a community that enjoys longer lives. Older individuals can contribute a wealth of wisdom and economic value through extended workforce participation and mentorship, thereby advancing both the community and the nation. Having additional years of life means older persons have the time to pursue personal interests or long-neglected passions to enrich a sense of fulfillment. Their presence also strengthens intergenerational bonding to create more cohesive and supportive family units. However, these positive aspects and benefits can only be realized when good health is preserved.

In the current global landscape, most countries remain ill-prepared to handle the swelling numbers of older persons. Demographic shifts outpaced the policy change, leaving a huge gap in health and well-being, social security, and community participation for older individuals. Research conducted by the National Council on Aging (NCOA) in the United States shows that 94.9% of older adults have at least one medical condition by the age of 60. Recent analyses also indicate that two out of three older persons will likely require long-term care and support for

daily activities (World Health Organization, 2024). With aging inevitably linked to increased healthcare needs, prioritizing healthy aging is no longer just an option but a necessity to secure a better quality of life and promote societal stability.

Healthy aging requires a holistic and sustainable approach that goes beyond simply relying on healthcare professionals. It demands the empowerment of individuals, families, and communities to participate in their own aging journey. A crucial aspect of achieving this is health literacy, which involves helping the elderly population gain sufficient knowledge and access to resources to make informed health decisions. At the same time, we must not overlook the role of caregivers in supporting the elderly because they often face significant physical and emotional strain (Wright et al., 1999).

This raises two important questions that eventually contributed to the ideation of this ambitious project: Are older individuals prepared to care for themselves? What happens when family caregivers themselves are not mentally or physically fit to provide care, and how can we better support their mental well-being?

1.1 Terminology

To effectively implement this initiative, we highlight the key terms relevant to our course:

Older Person	A person who is over 65 years of age (World Health Organization, 2024)
Family (Informal) Caregivers	An unpaid family member, friend, or neighbor who cares for an individual who has an acute or chronic condition and needs assistance to manage a variety of tasks from bathing, dressing, and taking medications to tube feeding and ventilator care (Reinhard S.C. et al., 2008)
Health Literacy	The ability to access, understand, appraise, and effectively use health information and services to maintain and promote well-being (World Health Organization, 2024)
Mental Health	A state of well-being that enables individuals to cope with life's stresses, realize their potential, learn and work effectively, and contribute to their communities (World Health Organization, n.d.)

This initiative recognizes the interconnectedness of these aspects and aims to empower both elderly individuals and their family caregivers through improved knowledge and support systems.

1.2 Elderly Demographics across Different Countries

The urgency of addressing health literacy among the older persons and the mental well-being of family caregivers is underscored by the region's rapidly aging population:

Brunei	Currently, 7.5% of the population is aged 65 and older with projections indicating an increase to 13.64% by 2035 (World Health Organization Data, n.d.).
Cambodia	The population aged 60 and above is expected to rise from 8.9% to 21% by 2050 (United Nations Development Programme, 2023).
Malaysia	More than 15% of the population will be 65 and older by 2050 (International Trade Administration, 2023).
Vietnam	The elderly population is projected to increase from 14.3% to over 25% by 2050 (Economic and Social Commission for Asia and the Pacific, 2023).
Japan	Already one of the most aged societies in the world with 29.1% of its population aged 65 and older in 2023 (Statistics Bureau of Japan, 2023).

These demographic shifts highlight the growing need for improved health literacy and support systems for both older persons and their caregivers to ensure healthy aging and overall well-being in aging societies.

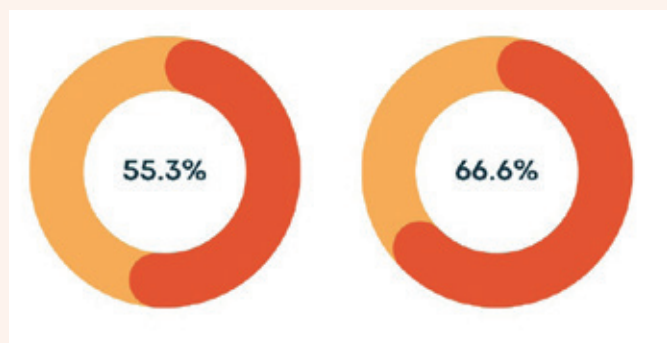## 1.3 The Urgent Realities of Aging and Caregiver Well-Being

Figure 1 (A) Health Literacy and (B) Caregiver Mental Health in Aging Populations

In Southeast Asia, 55.3% of elderly respondents have been found to have low health literacy levels, leading to difficulties in managing chronic diseases and accessing healthcare services effectively (Ahmed et al., 2023). At the same time, the American Psychological Association (2020) reports that 66.6% of unpaid caregivers for older adults report experiencing at least one adverse mental or behavioral health symptom.

This lack of support and awareness places both seniors and caregivers at risk.

● Older persons with lower health literacy often struggle with disease management and underutilized healthcare services (Berkman, N. D et al., 2011).
● Caregivers face burnout, mental health challenges, and an increased risk of mortality (Wright et al., 1999).
● Overwhelmed caregivers may be at greater risk of unintentionally neglecting or mistreating their care recipients (Schulz, R. et al., 1999).

1.4 Vision for 2050

By 2050, we envision a world where older persons are equipped with sufficient knowledge to make informed health decisions and proactively ingrain healthy behaviors into their daily lives. We also strive to support the mental well-being of family caregivers by providing resources and emotional support to ensure they can care for the older persons more effectively while maintaining their own health. We believe that a healthier, more resilient caregiver ultimately leads to better care for older persons. This initiative contributes to co-creating a peaceful and better world by fostering stronger intergenerational relationships and improving healthcare access for both the older persons and the family caregivers.

II. ACTION PLAN

2.1 A Name with a Purpose

The name Golden Initiative Care was chosen to reflect our dedication to enhancing the well-being of senior citizens and their caregivers. The name originated from "warga emas" in the Malay language (Bahasa Melayu) and refers to senior citizens with "emas" meaning "gold," symbolizing their wisdom, experience, and valuable contributions to society.

The name aligns with our objective of improving health literacy among older persons and promoting the mental well-being of family caregivers. Just as gold is precious and requires care, we recognize the importance of empowering seniors with the knowledge to manage their health while also supporting caregivers who play a crucial role in the well-being of older persons. Through education, resources, and mental health support, Golden Initiative Care strives to create a healthier and more informed aging community.

2.2 Overview and Objectives

The Golden Care Initiative is structured around two core objectives:
A) Improving health literacy among older persons to empower them in managing their health and making informed decisions.
B) Enhancing the mental well-being of family caregivers by providing them with resources, stress management techniques, and a supportive community.

2.3 Implementation Strategy

A) Face-to-Face Initiatives for Older Persons in Malaysia (Pilot Project) and Online Initiatives in Cambodia, Brunei, Vietnam, and Japan

● Running both physical and online workshops to help older persons learn more about health behaviors and independent living entails providing information on nutrition, physical activity, chronic disease management and medication adherence. The project sponsors health checkups (e.g., blood pressure, glucose monitoring, and body mass index [BMI]) to monitor their physical condition: exclusively for the face-to-face pilot project in Malaysia.
● Evaluating the effectiveness and engagement of these workshops using Kahoot quizzes and interviews and making sure the information is practical and applicable. The Kahoot quizzes will be created by

the organizers on the insights gained from health checkups and the health literacy level of the older persons throughout the workshop.

● A few examples of quiz questions tailored for elderly participants to assess and reinforce health literacy and behavior change include multiple choice questions like the following: "Which foods should be avoided by individuals with diabetes?" "How often should older adults engage in light physical activity such as walking?" "What is the normal or acceptable range of blood pressure?" and "Which food contains the most calcium?"

B)Online Initiatives for Caregivers

● Hosting virtual workshops to support caregivers in stress management, effective communication, technology for caregiving, and strategies to maintain well-being

● Conducting an online assessment of caregivers' mental health using DASS-21 (Depression, Anxiety, and Stress Scale 21) to identify stress levels (Lovibond & Lovibond, 1995)

● Giving advice on mindful work practices to help caregivers manage their responsibilities effectively while minimizing stress and preventing burnout

Participants will be taught mindful work practices through formal and informal practice. Formal practice refers to the teaching of meditative techniques, such as body scans, mindful movements, and mindful yoga to do at home and during sessions, while informal practice, which includes developing awareness of body sensations, thoughts, emotions, and sensory input, is practiced during day-to-day activities (Querstret et al., 2015).

2.4 Outreach Strategies

Since our main targets are older persons (age 60 or older from underrepresented backgrounds) and family caregivers, we need particular plans to educate and provide information about the project and health literacy. We have specific approach strategies to ensure that the plan reaches the right people through elderly approach strategies and caregiver approach strategies.

A) Older Persons Approach Strategies

We identify some specific places where older persons would frequently visit or turn to for support:

● Partnering with community-based organizations and healthcare provider associations is essential because these organizations are sharing the same goals with us as improving health and awareness of the older persons towards healthcare.

● Approaching and contacting physical health checkups and healthcare workshops for older persons, introducing our projects, and asking for support to attract the attention of participants.

B) Caregivers Approach Strategies

We recognize that many families in ASEAN live with and take care of parents or grandparents, often facing the challenges of stress and anxiety. Therefore, we identify key activities where we can approach and provide valuable guidance for better support.

● Online workshops and support groups: These workshops are organized by youth advocacy organizations or even our university.

● Psychological consultation: By connecting family caregivers to men-

tal health support and stress management resources, we help them manage stress, stay present, and build emotional resilience on their caregiving journey.

2.5 Proposed Timeline

The Golden Care Initiative will be implemented in two phases.

A) PHASE 1: Physical Program in Malaysia (April to September 2025)

⇨ **APRIL to MAY 2025**

Finalizing the face-to-face workshop, including venue selection, committee recruitment, preparation of survey materials, and stress level assessment

⇨ **JUNE to AUGUST 2025 (PILOT PROJECT)**

● Officially organizing a workshop in Malaysia with the participation of 20 older persons and 20 caregivers. This workshop entails health checkups for the elderly and giving advice for caregivers on improving stress levels. During this workshop, we aim to educate older persons about their health conditions and promote healthy behaviors in daily life.

● A support group will be established to maintain communication, provide further guidance, and allow caregivers to access such resources as psychological consultations.

● We will conduct follow-up house visits one week after the main workshop to assess the older persons' literacy on their health conditions and reinforce key health knowledge, and the DASS assessment will be conducted before and three months after the mental well-being session (August 2025) to evaluate any improvements in caregivers' mental well-being.

SEPTEMBER 2025

● After evaluating the effectiveness of the physical pilot projects in Malaysia over the last three months, we are now preparing to replicate and expand the projects to four other ASEAN countries and Japan in an online format. A postmortem evaluation of the physical project will be conducted to gather feedback from participants, including family caregivers and older persons. The project approach will be fine-tuned and reviewed as needed.

B) PHASE 2: Online Workshops in ASEAN and Japan (October 2025 to February 2026)

A series of online workshops will be conducted across Brunei, Cambodia, Vietnam, and Japan, focusing on two key areas.

A) Health Literacy Session for Older Persons: A 1.5-hour online session engaging 20 older persons with pre- and post-workshop Kahoot quizzes (one week later) as an assessment tool to evaluate health literacy and knowledge retention among older persons.

B) Mental Well-Being Workshop for Family Caregivers: A dedicated session focusing on stress management and emotional resilience. Caregivers will complete the DASS-21 assessment before the workshop and again three months later to evaluate any improvements in mental well-being.
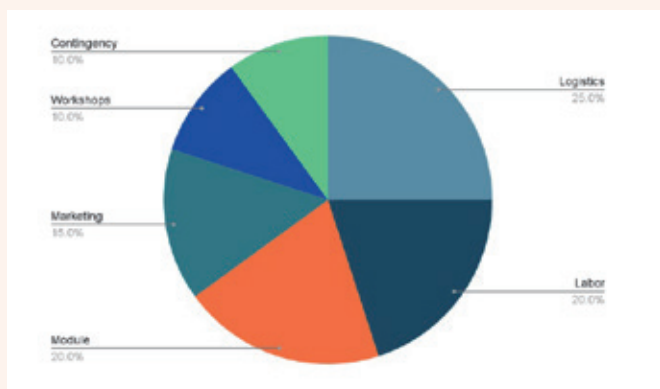
Workshop Schedule	
October 2025	Brunei
November 2025	Cambodia
December 2025	Vietnam
February 2026	Japan

Each session follows the same structure and evaluation methods, ensuring consistency in measuring the impact across different countries.

2.6 Budget and Funding

A well-defined budget plan is essential to ensuring the successful implementation of the Golden Care Initiative.

A) Budget Breakdown

Logistics	$500	The expenses include the medical equipment for health checkups and workshop resources like printed brochures and the rental of required equipment for physical workshops, such as speakers and projectors.
Labor	$400	It will mainly be used as an allowance for the healthcare professionals who provide health checkups for older persons and mental health services for caregivers. However, on top of these expenses, we plan to recruit additional volunteers to assist with physical workshops, data entry, and follow-up assessments. Thus, some of the funding will be allocated to providing an allowance for our volunteers.
Module Development	$400	Includes professional consultation and content design.
Marketing	$300	Includes sponsored advertisements on social media platforms and physical advertisements in which we plan to distribute flyers and brochures.
Workshops	$200	In the event we cannot find a sponsored venue, 10% of the budget will be devoted to reserving the venues for physical workshops or pop-up stalls at local fairs for outreach purposes.
Contingency	$200	Allocated for emergency purposes and unforeseen expenses throughout this phase of the action plan.

B) Funding Sources

To execute the action plan, we hope to collaborate with or receive sponsorships from a variety of nonprofit organizations, financial institutions, and development programs.

● Nonprofit Organizations, such as HelpAge International and the Sasakawa Peace Foundation.

We hope to work with HelpAge International because their mission to improve the lives of older persons directly aligns with our action plan, and the Sasakawa Peace Foundation because we want to improve the well-being and resilience of vulnerable populations, specifically the older person population.

○ HelpAge International is a nonprofit global network organization that works to improve the lives of older people around the world (HelpAge International, n.d.).

○ The Sasakawa Peace Foundation is a private Japanese foundation that focuses on various projects and activities aimed at contributing to global peace, human welfare, and the advancement of international society (Sasakawa Peace Foundation, n.d.).

● Financial Institutions, such as Bank Islam Brunei Darussalam (BIBD), and Funding Bodies, such as Yayasan Hasanah

We hope to partner with financial institutions like BIBD to secure funding support because their commitment to corporate social responsibility and community development can help drive the success of our initiative.

- Bank Islam Brunei Darussalam (BIBD) is Brunei's leading Islamic financial institution that is also committed to inclusive development through its education and community empowerment initiatives. (Website: https://bibd.com.bn/about/community/) Yayasan Hasanah is a Malaysian foundation under Khazanah Nasional that supports nation building through social impact projects. (Website: https://yayasanhasanah.org/)

● Development Programs, such as YSEALI: Seeds for the Future

We also hope to engage with YSEALI's Seeds for the Future program to involve young leaders and volunteers in our project by encouraging more people to advocate for our vision.

○ YSEALI is a U.S. program focused on strengthening leadership development and networking in Southeast Asia. Seeds for the Future is a small grants competition for young Southeast Asian leaders to carry out projects that improve their communities, countries, and the region. (Website: https://ysealiseeds.com/)

2.7 Expected Outcomes

OBJECTIVE	OUTPUTS	OUTCOMES	LINKED IMPACT
Health Literacy of older persons	- Conduct face-to-face workshops in Malaysia - Conduct online workshops in Brunei, Cambodia, Vietnam, and Japan - Provide health checkups for elderly participants - Assess workshop effectiveness through Kahoot quizzes and interviews	Twenty elderly individuals experience improved health awareness and lead a more independent lifestyle	- Reduced health complications among the older persons due to increased literacy about medical conditions and awareness of preventive care - Lower caregiver burnout rates fostering a sustainable support system for aging populations - Improved overall well-being contributing to healthier, more resilient families and societies
Well-being of Caregivers	- Deliver online workshops in ASEAN countries and Japan - Conduct DASS-21 assessments to evaluate caregivers' mental health - Provide guidance on mindfulness practices for stress management - Create support groups for sustainable mental health support and information sharing	Twenty caregivers gain better stress management skills, leading to enhanced emotional resilience and improved caregiving quality	

III.CONCLUSION

In conclusion, this project emphasizes the pressing need to improve health literacy and transform support systems for both older adults and their caregivers, which aligns with the United Nations Sustainable Development Goals (SDGs): Good Health and Well-Being (United Nations, n.d.). By exploring the challenges and innovative solutions, we have identified effective strategies to empower older persons with essential health knowledge and support caregivers' mental health resilience. Through these efforts, the Golden Care Initiative (GCI) strives to create a society where both older persons and caregivers experience better health and well-being while surrounded by a compassionate, supportive, and sustainable network.

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Team
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Project Memory Mosaic

I. Introduction

A.Background

Individuals over 65 years old often experience a decline in cognitive abilities, which can significantly impact their state of mind. This decline can lead to heightened vulnerability because older adults become more prone to mental health issues of depression, anxiety, and confusion. Along with cognitive changes, there is often an increase in societal stigma surrounding aging. The combination of mental decline and negative stereotypes results in further isolation from society.

Japan is a super-aging society where the percentage of people over 65 has been increasing and now stands among the highest in the world at 29.1% (Cabinet Office, Japan, 2024). As nuclear families have become more common, the number of older individuals living alone has also risen. This trend is particularly concerning in urban areas, where weak community ties and a lack of social connections contribute to increased health risks and a growing sense of loneliness among older adults. In our action plan, we focus on Okutama Town, which has the highest aging rate in Tokyo (Tokyo Bureau of Public Health, 2023).

B.Vision

Based on these issues, we aim to achieve the following goals by 2050:
● Improve elderly persons mental health and well-being.
● Create a safe and socially inclusive environment.
● Eradicate stigma on elderly persons capabilities.

II. Insights from the Indonesia Field Trip and the Japan Visit

During the field trip to Indonesia, we visited Social Connect, the largest mental health community in the country, which aims to share stories and content related to mental health. They gave us a lecture about the status of mental health issues in Indonesia and the world. After the lecture, we participated in some interesting activities to learn about the importance of mental health. This experience was particularly valuable as we developed plans related to the mental well-being of older adults.

As part of the Japan visit, we went to Nabari City, where the local community is well-developed, with the municipality establishing its own accessible consultation desks for residents. We participated in some activities, such as Bon Odori, a traditional Japanese dance, and Square Step, an exercise that engages both the mind and body.

When we went to Toyonaka City and visited Toyonaka Aguri, a volunteer organization of senior citizens, we found that their program of providing older adults struggling with loneliness an opportunity to connect with their community through agriculture was significant in helping them find a sense of purpose. Additionally, at Waiwai, a community space created under the motto "Providing a place and role for everyone," we were introduced to the work of social workers dedicated to supporting individuals isolated from their families and communities and striving to create a society where no one was left behind.

III. Action Plan

A.Introduction of Action Plan

1.Action Plan Overview

Our project aims to enhance the well-being of elderly communities by integrating cognitive health assessments with engaging therapeutic activities. Utilizing the Montreal Cognitive Assessment (MoCA) Test, we identify mild cognitive impairments before and after the activities to assess its effects. Central to our approach is Reminiscence Therapy, which encourages older adults to revisit cherished memories, which fosters emotional health and social connection. Complementing this, we offer the interactive games of Shiritori, Karuta, and Square Step, which are designed to stimulate mental agility, physical coordination, and communal interaction. These games not only provide cognitive challenges but also create joyful, shared experiences that combat isolation. By combining evidence-based assessments with culturally resonant activities, our initiative promotes holistic wellness and empowers the elderly to maintain cognitive function, emotional resilience, and an active social life.

2.Timeline

The project will run for four weeks to ensure that there will be an improvement from the results of the pretest and posttest. Considering the long duration, a joint agreement among the participants and volunteers will be made to ensure the smooth running of the project before and after the implementation.

3.Brief Summary of the Plans

Our team decided to brainstorm ideas, depending on the location and several factors, such as partnerships, interactive cultural games, and number of participants. After brainstorming, the team will gather volunteers through social media posts to encourage them to volunteer. A cer-

tificate will be given to the volunteers to show our appreciation for making an effort and for their commitment to the project. After this, Project Memory Mosaic will be implemented by administering the MOCA tests, playing cultural games, and through interactive sessions.

B.Objectives

● To improve elderly persons mental health and well-being through continuous testing, interactive methods, and therapy.

● To eradicate any stigma surrounding the capabilities of elderly persons and to improve public participation, interaction, and engagement.

● To create a safe and socially inclusive environment for intergenerational and cross-population interactions within cities and towns.

C.MOCA Test

The Montreal Cognitive Assessment or MoCA Test is a well-validated, reliable, and freely accessible screening tool for detecting mild cognitive impairment (Daniel et al., 2022). It has been shown to be useful in detecting cognitive dysfunction from a variety of conditions, including Parkinson's disease, poststroke cognitive impairment, and brain metastases (Dautzenberg et al., 2019). This test consists of 30 points, including visuospatial ability (0–2), clock-drawing test (0–3), animal naming (0–3), short-term memory (0–5), attention (0–3), calculation (0–3), language (0–3), abstraction (0–2), and orientation (0–6).

Our team decided to utilize this test by dividing it into two parts: a pretest and posttest. During the pretest, we plan to give it to the elderly without prior knowledge of the test content. This is to check their current cognitive ability, whether it is declining, good, or excellent. A score of 25–30 indicates that cognitive ability is generally normal, 20–24 (mildly impaired), and 19 and below indicates that the elderly person is moderately impaired (Jaywant et al., 2020). After the pretest, we will administer the intervention through a series of games continuously played for four weeks. Zhang et al. (2022) suggest that four to eight weeks (about two months) after the pretest and intervention can create a significant cognitive improvement. With this, we plan to administer the posttest to check whether there is any improvement in the cognitive ability of the elderly person.

D.Reminiscence Therapy

Reminiscence is a structured process of reflecting on one's life. It is a naturally occurring, universal, and spontaneous mental activity in which past experiences progressively return to consciousness and can be integrated (Hsieh & Wang, 2003). Reminiscence therapy (RT) is a psychosocial intervention designed to assist individuals with dementia in recalling prior events, activities, and experiences. The purpose of this process is to improve cognitive function, mood, and overall well-being (Woods et al., 2005).

RT is considered a useful non-pharmacological intervention for elderly individuals with dementia, particularly those living in nursing homes or other long-term care facilities (Saragih et al., 2022). The therapy can be conducted in individual, group, or family sessions and incorporates such creative activities as life reviews, memory boxes, arts and crafts, photo albums, scrapbooks, and the use of old music and movies. When older

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adults are reminded of past events, they experience a sense of fulfillment in sharing memories from their lives (Field, 2025).

Research published in the International Journal of Nursing Studies has shown that reminiscence-based interventions significantly reduce symptoms of depression and improve life satisfaction among older adults. Additionally, RT has proven effective in enhancing self-esteem and promoting psychological well-being and happiness (Tam et al., 2021). Interestingly, the studies included in the meta-analysis found that reminiscence therapy is especially beneficial for older women and adults with more severe symptoms of depression (Field, 2025).

This therapeutic approach provides key benefits that align with our main goal of enhancing the mental health and well-being of seniors. Additionally, the concept of reminiscence therapy will be integrated into the youth volunteer training program. Through this learning process, we aim to foster understanding and bridge the intergenerational gap between the younger and older generations. We believe this strategy will support our vision of eliminating stigma and building an inclusive society for all.

E.Interactive Games

Multiple studies have proven the effectiveness of using games to improve the mental well-being of populations of all ages and backgrounds, especially in terms of active aging amongst older people (Costa et al., 2018; Nguyen et al., 2017; Leinonen et al., 2012). The studies have highlighted the effectiveness of games that encourage positive behavior and improve rehabilitation and recreation outcomes. For this project, we sought to find a balance between keeping the games light and fun yet mentally stimulating. To provide a sense of familiarity, the games used

are localized according to the place of implementation. Through our own interactions and sharing of cultures, we noticed that there are many games in each of our countries that involve mental stimulation as well as the ability to foster interaction.

Since our proposed project takes place in Okutama Town, Japan, we decided to use Shiritori, Karuta, and the Square-stepping game as part of the intervention methods. Shiritori is a Japanese language game in which players take turns saying words. Each new word starts with the last letter of the previous word, which requires participants to pay attention to the words, remember letters, and retrieve vocabulary words. On the other hand, Karuta, in simple terms, is a competitive Japanese card game. Based on the poem or proverb on the reading card (yomifuda), players race to grab the cards that correspond and match the poem or proverb (torifuda), which requires quick reflexes, a strong memory, and good attention. The Square-stepping game on the other hand, is a game modified from multiple modality exercises using a square-stepping mat. Coupled with music and increasingly complex stepping patterns, the Square-stepping game builds memory and pattern recognition, as well as encourages mobility.

However, these games can be swapped with other local games depending on the project location. For example, Wawasan 2020 can be used in Malaysia instead of Shiritori. Wawasan 2020, named after the futuristic national policy, is a game where players take turns picking a letter of their choice, and subsequently, everyone has to name countries, animals, food, brands, celebrities, and other categories that starts with that letter and will be awarded points for each correct answer. Another example of localization potential is using Tong-its instead of Karuta in the Philippines, which is a card game that requires players to form sets and discard their cards with the aim of having the lowest score by the end. This approach will ensure the localization and scalability of the project while retaining the purpose and working towards the intended outcomes.

F.Human Resources

As part of our initiative on increasing youth participation by volunteering in our project, our team also included a short volunteer training program to help us make the project successful. Apart from the team who will administer the project, youth volunteers will be trained to implement this project in their own locations. The training program involves three steps: youth volunteer onboarding, training, and preparation.

○ Volunteer Onboarding
  ○ Volunteers will be introduced to the project led by TASC participants, and they will all be oriented toward the project objectives, task assignments, and social interaction orientation with the elderly persons.
  ○ We will be seeking collaboration with local organizations specialized in social services for elderly persons, particularly those open to partnerships and youth volunteer involvement.
○ Volunteer Training
  ○ For this training, there will be lectures on how to be more sensitive to the environment, how to interact with elderly persons, what kind of tests will be given, and how they will utilize the

reminisce therapy for elderly persons. Some volunteers will be assigned to the game part to enhance the cognitive function of elderly persons and help them participate.
○ Volunteer Preparation
  ○ Last, for the preparation, online materials will be given. The MoCA tests and the cultural game interventions will be administered. A week before the implementation, there will be a dry run to ensure that everyone is on the same page and knows what to do on the day of project implementation.

IV. Outreach and Sustainability

Our project prioritizes community-driven outreach strategies by emphasizing word of mouth as the main approach, supplemented by localized social media campaigns and printed materials like posters and pamphlets. Rooted in lessons from site visits to Toyonaka and Nabari City, Japan, we recognize that sustainable social initiatives thrive when anchored in existing community networks. Key figures, such as local leaders, caregivers, and active citizens, act as vital bridges that foster trust and amplify the impact through their established connections. By collaborating with these individuals, our aim is to embed the project organically into society, which ensures longevity. Additionally, inspired by insights from Onikuru, Ibaraki City, we emphasize aligning with shared community goals and addressing specific needs through dialogues among the elderly persons. This approach not only cultivates ownership among participants but also ensures that the project remains responsive and adaptable. Together, these strategies create a resilient foundation for sustainable, community-led change.

V. Funding and Partnership

A.Pursuing Official Support

We will seek support from government agencies, such as the Ministry of Health, Labour, and Welfare, to secure the funding and resources necessary to advance community-based mental health and social service programs aimed at enhancing the well-being of older adults.

B.Partnership with NGOs

We will seek collaboration with local organizations specializing in social services for older citizens, particularly those receptive to partnerships and youth volunteer engagement, providing valuable expertise, insights, and potential funding.

C.Engaging with the Private Sector

We will engage with companies that have CSR initiatives focused on community well-being because they are likely to offer funding, partnerships, and resources for programs aimed at improving the health and well-being of older adults.

VI. Conclusion

A. Future Plan

Initially, our action plan focused on the elderly population in Okutama Town, Japan, through the implementation of the MoCA test, reminiscence therapy, and interactive games based on traditional Japanese activities. As part of this initiative, we also aim to expand our efforts in the future by extending the program to ASEAN countries. The plan involves adapting interactive games to incorporate each country's traditional activities, thereby fostering greater engagement among elderly individuals and youth volunteer networks in the region. This approach not only enhances the impact of the action plan but also promotes the development of social networks by contributing to the creation of a strong, inclusive society throughout the region.

B. Expansion Plans

While our project currently focuses on utilizing tests, therapeutic interventions, and games to improve the mental health of elderly persons, we will explore other methods and suitable interventions by using the arts, music, gardening, or other activities that bring similar benefits. Furthermore, we realized that the elderly population desires to contribute to society and engage more meaningfully with their communities, too. Hence, we hope to expand this project to incorporate elements of civic engagement, such as volunteering or entrepreneurship for older people to participate alongside their peers. Hopefully, by 2050, we can reduce the mental decline among all older persons and eradicate the social stigma of elderly mental health across our countries and beyond.

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Team
Into the Unknown

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Pink Talk Project: Every Woman Deserves to Be Heard

Menstrual health is not just a women's issue—it is a human rights issue. It is time to end the silence and stigma surrounding it.

I.Introduction

Menstrual health is crucial for women's well-being, but it is often surrounded by stigma and misinformation, especially in developing regions like Vietnam. In Vietnam, the lack of formal education on menstrual health has led to significant challenges for young girls, particularly in Vietnamese high schools. Many teenage girls experience social stigma, inadequate access to menstrual products, and a lack of knowledge about proper hygiene practices, which not only affects their self-confidence but also their school attendance and long-term health outcomes.

To address these issues, our team has created the Pink Talk Project: Every Woman Deserves to Be Heard. This project aims to empower Vietnamese high school girls by providing comprehensive menstrual health education, encouraging open discussions, and ensuring access to the necessary resources. The Pink Talk Project hopes to create a supportive environment where young women can thrive by tackling the stigma surrounding menstruation and promoting sustainable practices.

This report outlines the background, objectives, proposed solutions, and expected outcomes of the Pink Talk Project proposed by our team. It also includes details about the implementation plan, challenges, strategies for overcoming them, and the funding and resources needed to make this project a reality. Through this initiative, the goal is to increase awareness about menstrual health in Vietnam and inspire a societal shift in attitudes towards menstruation, ensuring that every woman is heard, respected, and supported.

Menstrual hygiene management is a basic human right, and it is time to end the silence and stigma surrounding it. The Pink Talk Project is a step towards a future where menstrual health is openly discussed, understood, and prioritized, leading to empowered and informed generations of women.

II.Background

Menstrual health education is a critical yet often overlooked aspect of adolescent well-being, particularly in low- and middle-income countries. In many parts of Southeast Asia, including Vietnam, cultural taboos, misinformation, and inadequate hygiene facilities create significant barriers for young girls in managing their menstrual health effectively (Sommer et al., 2016). The lack of menstrual health education perpetuates myths and misconceptions, which leads to stigma, embarrassment,

and even fear surrounding menstruation. Without proper knowledge, many girls struggle to understand their own bodies, which can contribute to low self-esteem and social withdrawal during their menstrual cycles. Without structured education on menstrual health, some girls turn to unreliable sources, such as peers or the internet. This may further reinforce harmful stereotypes and misinformation. Research highlights several key challenges as follows:

- Only 39% of schools worldwide provide menstrual health education with significant disparities in access across regions. In Central and Southern Asia, 84% of secondary schools offer menstrual education compared to just 34% of primary schools (World Health Organization [WHO], 2024). The absence of comprehensive menstrual education in many Vietnamese schools suggests that a large portion of young girls are left without essential knowledge on how to properly manage their health.

- Nearly 40% of girls and parents in Vietnam lack accurate knowledge and skills to manage menstrual health, which leads to stigma, embarrassment, and a reluctance to seek help when needed (United Nations Children's Fund [UNICEF], 2024). Persistent cultural taboos often mean that menstruation is regarded as a private matter that should not be openly discussed, even within families. This silence reinforces the notion that periods are shameful and something to be hidden, which can negatively impact a girl's confidence and overall well-being.

- Across South Asia, research shows that between 41% and 64% of adolescent girls miss school because of menstruation-related challenges. These include pain, lack of access to sanitary products, and inadequate school facilities (Bharadwaj et al., 2022). While Vietnam-specific statistics remain limited, the region shares common cultural and infrastructural barriers that suggest a similar trend of school absenteeism among Vietnamese girls. Schools that lack proper water, sanitation, and hygiene (WASH) facilities make it difficult for girls to discreetly manage their periods, which then lead some to stay home rather than risk discomfort and embarrassment.

The consequences of poor menstrual health education extend far beyond the classroom. Girls who miss school regularly because of menstruation may fall behind in their studies, leading to lower academic performance and reduced opportunities for future employment. Additionally, the inability to manage menstruation properly can result in serious health risks, such as urinary and reproductive tract infections, because of the use of unhygienic alternatives to sanitary products (WaterAid, 2023). In

extreme cases, some girls resort to using old cloth, newspaper, or other unsafe materials in place of menstrual products, putting their health at even greater risk. Furthermore, the financial burden of purchasing sanitary products can be a barrier for girls from low-income families, particularly in rural areas where such products may be expensive or unavailable.

Addressing menstrual health is essential not only for improving educational outcomes but also for promoting gender equality and ensuring that all girls can reach their full potential. When girls receive proper menstrual health education and have access to essential resources, they can manage their periods with dignity and confidence. Schools play a crucial role in breaking the stigma by integrating menstrual health into their curriculums and providing safe, private spaces where girls can manage their hygiene needs without fear of judgment. Public awareness campaigns and community engagement are vital in shifting cultural attitudes and encouraging open discussions about menstruation.

We aim to be the pioneers in organizing Vietnam's first-ever "Menstrual Month," a groundbreaking initiative dedicated to breaking the stigma surrounding menstruation. Through interactive workshops, educational campaigns, and the distribution of free sanitary products, we strive to normalize conversations about menstrual health and empower girls with the knowledge and resources they need to manage their well-being with confidence. By fostering open dialogue and raising awareness, this initiative not only equips young women with essential health education but also contributes to the larger movement advocating menstrual health as a fundamental pillar of adolescent well-being, gender equality, and human rights.

Our initiative, the Pink Talk Project, aims to bridge this knowledge gap by empowering Vietnamese high school girls through education, resources, and a supportive environment where menstrual health can be discussed openly and without shame. By sponsoring interactive workshops, providing accurate information, and distributing free sanitary products, we seek to normalize conversations around menstruation and equip girls with the knowledge they need to manage their health effectively. Through this initiative, we contribute to a broader movement advocating for menstrual health as a fundamental aspect of adolescent well-being, gender equality, and human rights.

III. Objectives

The Pink Talk Project is a three-year project designed to accomplish the following:

1. Increase menstrual health awareness among Vietnamese high school students in Year 1.
2. Reduce stigma surrounding menstruation through open discussions and workshops starting in Year 1.
3. Improve school attendance by ensuring access to menstrual products and hygiene education by the end of Year 3.
4. Encourage sustainable menstrual practices, such as making recyclable cloth pads from Year 2 to Year 3.
5. Engage communities through outreach, interactive events, and digital campaigns throughout all three years.

IV. Proposed Solution and Implementation

The Pink Talk Project is a pioneering initiative in An Giang Province, Vietnam, specifically targeting high school students. The project will be implemented in two main phases: preparation and implementation.

Phase 1: Preparation (February to March)

To ensure widespread support and participation, we will begin by forming partnerships with local schools, local NGOs, and community organizations. These collaborations will help us reach more students and strengthen our impact within the community.

Securing funding and sponsorships is another key priority during this phase. We will reach out to local businesses, crowdfunding platforms, and school or parent contributions to gather financial support. Additionally, we will explore partnerships with international organizations that focus on women's health to expand our resources and expertise.

Recruiting volunteers and facilitators is essential for conducting our workshops. Our team will include local health professionals, educators, and university students who are passionate about women's health. Their expertise and enthusiasm will help create a meaningful learning experience for participants.

We will also develop educational materials and interactive games designed to engage students. These materials will be culturally sensitive and tailored to the specific needs of rural Vietnamese high school students, which ensures that they are both relevant and impactful.

To generate interest and awareness about the project, we will launch a teaser campaign on social media. This campaign will feature short videos, infographics, and testimonials from local girls who have faced menstrual health challenges, helping to spark conversations and encourage participation.

Phase 2: Implementation (April to May)

The program is structured over five weeks with targeted activities:

Time	Activities	Target Audience
Week 1	Official social media launch	500 online users
Week 2	Pink Talk Workshop – Introduction to menstrual health	100 students from Thoại Ngọc Hầu High School
Week 3	Pink Talk Workshop – Addressing stigma and pad-making	50 students from Tịnh Biên Ethnic Minority High School
Week 4	Pink Mini Exhibition – Art and Storytelling.	100 students from Long Xuyên High School
Week 5	Menstrual Day (Main Event) – • Educational booths: Learn about menstrual health, hygiene, and sustainability. • Interactive games: Break the ice and encourage open conversations. • Pad distribution and demonstration: Access menstrual products and learn proper usage. • Health talks and Question and Answer sessions • Social media challenge: Keep the discussions going online.	100 participants at Long Xuyên City Hall

Phase 3: Evaluation

Following the implementation phase, we will conduct a comprehensive evaluation to assess the effectiveness of the Pink Talk Project. This will include collecting feedback from participants, volunteers, and educators to measure the project's impact on the knowledge, attitudes, and behaviors related to menstrual health of the students. Surveys and focus groups will be used to gather qualitative and quantitative data on changes in awareness and confidence levels among students. Additionally, we will track the engagement metrics from our social media campaign and participation rates in our workshops and events. This evaluation will help us to refine future iterations of the project and advocate for continued efforts in menstrual health education across Vietnam and Southeast Asia.

Beyond An Giang, this initiative has the potential for scalability and expansion to other Vietnamese provinces. If successful, this model can be adapted and implemented in other regions, which ensures that more students benefit from menstrual health education. By collaborating with local and national stakeholders, we can work towards making menstrual health awareness a nationwide priority.

Ultimately, our long-term vision is the integration of menstrual health education into school curriculums. By working closely with educators, policymakers, and government officials, we aim to make menstrual health a standard part of health education in schools. This institutional change will ensure that future generations receive the knowledge and resources they need, creating lasting improvements in menstrual health awareness and support.

V.Expected Outcomes and Impacts

Our initiative aims to create both immediate and lasting change in how menstrual health is perceived and addressed in schools. By fostering awareness, improving access to essential resources, and promoting open discussions, we hope to empower students with the knowledge and confidence to manage their health effectively and create a more supportive learning environment.

Short-Term Outcomes

One of the most immediate outcomes of this initiative will be the increased awareness and open conversations about menstruation. Through interactive workshops, educational materials, and social media campaigns, students, teachers, and parents will gain a deeper understanding of menstrual health. By addressing common misconceptions and promoting open dialogue, we hope to reduce the stigma and embarrassment often associated with this natural biological process.

Another key short-term impact is improved school attendance by the girls. Many students miss school because of a lack of access to menstrual products or inadequate hygiene facilities. By providing the necessary supplies and advocating for better sanitation in schools, we aim to ensure that menstruation does not become a barrier to education. Creating a safe and supportive environment will empower girls to continue their studies without fear or discomfort.

Additionally, students will benefit from access to accurate health information on menstruation, hygiene management, and overall reproductive health. Through the guidance of health professionals and trained facilitators, they will learn how to manage their menstrual health with confidence. This knowledge will not only improve their well-being but also help break down harmful myths and taboos surrounding menstruation.

Long-Term Impacts

Over time, we expect to see a reduction in period stigma across schools in An Giang. By fostering open discussions and including boys, teachers, and parents in these conversations, we can gradually change societal attitudes toward menstruation. When students grow up with accurate knowledge and positive perspectives, they are more likely to support and advocate for menstrual health as adults, leading to a more inclusive society.

VI.Challenges and Mitigation Strategies

While implementing the Pink Talk Project, we anticipate the following challenges and propose solutions:

Challenge	Mitigation Strategy
Social stigma around menstruation	Use storytelling, art, and interactive methods to create a safe and engaging learning environment.
Limited funding for materials and workshops	Crowdfunding, sponsorships from local businesses, and partnerships with schools and parents.
Sustaining engagement beyond the event	Establish student-led clubs to continue discussions and provide access to hygiene products in schools.

Funding and Resources

Our project will be financed through the following:
● Crowdfunding from Menstrual Day activities
● Local business sponsorships
● Support from schools and parents

The resources required for the project include funding for educational materials and workshop supplies, volunteers and facilitators for interactive sessions, and digital tools for online awareness campaigns.

VII. Logic Model Summary

Input	Activities	Outputs	Outcomes	Impact
Funding, volunteers, materials, digital tools	Interactive booths, talks, social media campaign	250 students engaged, 100 participants on Menstrual Day, 500 social media reach, $500 fundraising, three schools set up sanitary pad boxes	Increased knowledge, reduced stigma, improved school attendance	Empowered students, better hygiene management, societal shift in attitudes

VIII. Conclusion

The Pink Talk Project is more than just an initiative—it is a movement toward dismantling menstrual stigma and empowering young women in Vietnam with the knowledge, confidence, and resources they need. By integrating education, interactive workshops, and community collaboration, we are laying the foundation for a future where menstruation is no longer a barrier to education, health, or self-esteem.

With continued support from schools, local organizations, and global partners, this project has the potential to scale nationwide, creating a long-term impact on menstrual health education. Our vision extends beyond a single event; we strive to establish a sustainable model that can be replicated in other communities facing similar challenges.

Menstrual health is not just a women's issue—it is a human rights issue. It is time to ensure that every girl can manage her period with dignity without shame or fear. Together, we can break the silence, rewrite the narrative, and create a future where menstruation is embraced as a natural and empowering part of life.

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Team
PRAXIS

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The Hope Room

I.Background

"No one left behind" is not just a slogan; it is the guiding principle in addressing social challenges, particularly in the realm of mental health. Ensuring that no one is left behind means building support systems and creating a comfortable environment that is both accessible and genuinely responsive to the needs of those who need them most.

Across ASEAN nations and Japan, university students are increasingly affected by mental health challenges. The complications of academic pressures, inadequate support, and rigid societal expectations have created an environment where many students endure psychological distress in isolation, often with severe consequences.

Empirical evidence from our members' experiences underscores the urgency of this issue across different national contexts. In Laos, a critical shortage of mental health practitioners deprives students of essential advocacy and professional support. In Singapore, the pervasive emphasis on academic performance has precipitated heightened stress levels, pushing some students to psychological exhaustion. Similarly, in the Philippines, high rates of depression and anxiety are prevalent among students, exacerbated by the overwhelming burden of academic responsibilities. In Indonesia, there have been cases of university students experiencing severe distress and attempting suicide. Meanwhile, in Japan, beyond the rigors of academic life, additional pressures related to internships and career trajectories further intensify student stress.

According to data from the Institute for Health Metrics and Evaluation (IHME) – Global Burden of Disease (2024), mental health disorders are highly prevalent across ASEAN nations, affecting significant proportions of the population. Cambodia reports the highest prevalence at 12%, followed by Laos (11.59%), Malaysia (11.53%), the Philippines (11.49%), Thailand (11.46%), and Singapore (11.40%). Meanwhile, Timor-Leste (10.93%), Myanmar (10.57%), and Indonesia (10.24%) exhibit slightly lower rates, while Brunei (9.26%) and Vietnam (9.11%) report the lowest prevalence in the region. Furthermore, statistics from Japan Health Policy Now (2017) estimate that approximately 4.2 million individuals in Japan are affected by mental health disorders.

The evidence overwhelmingly indicates that mental health awareness and suicide prevention are matters of urgent concern and require immediate and coordinated intervention. As youth advocates, we must work hand in hand to create a safe environment and develop contextually appropriate solutions to support our family and friends.

II. Objectives

Given the situational analysis presented in the previous section, our team aspires to establish and strengthen a youth-led, community-based mental health and suicide prevention advocacy campaign. We aim to target, first, the students within our universities, after which the target beneficiaries will expand across other ASEAN-Japan universities.

In addressing mental health concerns and in furthering advocacies that align with such concerns, a psychological first aid (PFA) established upon the three action principles of Look, Listen, and Link is imperative (UNICEF Armenia, 2022). This is a fundamental tool that can help aid the program in guiding our beneficiaries towards the path of healing and self-determination.

Moreover, to actualize such an ambitious advocacy, we aim to utilize engaging and interactive activities—both in-person and online—inspired by popular creative trends among the youth. The primary objectives of the program are as follows:

1.To raise awareness and inculcate mental health literacy among university students.
2.To promote early intervention and suicide prevention among university students.
3.To build a supportive network or community and safe spaces for university students.

Strategic measures to ensure the program's accomplishment have also been mapped out through the following success indicators:

1.Output: Increased participation from university students with at least 50 participants for at least four completed Hope Room sessions conducted on five university campuses (250 in total).
2.Outcome: Increased awareness in mental health challenges and coping strategies by the target university students by 80%.
3.Impact: Improved mental health and well-being and reduced the suicide rate among the target university students.

III.Program Design

The Hope Room will incorporate immersive experiences along with conventional mental health interventions. The program's roadmap is inspired by a variety of recreational activities that include escape rooms and art exhibits, which have grown in popularity amongst the youth

known for its creative and interactive nature. By integrating a fun and experiential dimension into the program, we expect to capture our beneficiaries' attention and commitment to participate more easily.

A.Project Flow: Onsite

The succession of the general conduct of the program to be accomplished in person, specifically on the campus of the target universities, is as follows:

1)Team building session

To commence, participants will engage in activities (e.g., icebreakers, relay games, tug-of-war, yoga, and stretching) that will allow them to establish rapport with other participants and will help them become more comfortable and open to sharing throughout the sessions. Engaging in such activities as these is expected to shift the mood from passive listening to active involvement. The activities will help participants feel more invested in the experience and the discussions ahead.

2)Experience rooms

The unique selling point or the main part of the program is that participants will explore themed rooms designed to represent the realities of mental health struggles. They will first walk through and observe the "dark rooms" before going through the more interactive breakout "light rooms." This will encourage the participants to actively engage with and face their struggles. The contrast between the dark and light rooms is expected to balance out the participants' journey towards an increased consciousness of their mental health.

To expound on the idea of the themed experience rooms, several rooms are to be used, which will be designed to express what it is like to live with mental health struggles. That is, the interior for the "dark rooms" will be messy with dim and flickering lights, cracked mirrors, and matched to background audio repeatedly playing statements like "You are not enough" etc. Contrastingly, the "light rooms" are more vibrant and interactive, giving the participants the freedom to reflect on the immersive experience by writing about their feelings on the freedom wall and smashing objects to release repressed emotions.

3)Lecture and workshop

After an immersive time in the experience rooms, participants will participate in a facilitator-led session to learn about mental health issues, coping strategies, and resources. Mental health experts, such as clinical psychologists, social workers, and school counselors, will be invited as speakers. The topics will include stress management, emotional resilience, and ways to seek help when needed. Participants will have the opportunity to ask questions and engage in meaningful discussions.

4)Reflection session

In the final session, participants will come together in small, facilitator-guided groups to reflect on their experiences throughout the program. After the discussion, participants will be given time for private reflection. To conclude, a board filled with expressions of encouragement on Post-it notes will be provided, and participants can take notes that resonate with them. They also have the option to write their own note

and add it to the board. This helps continue the movement of support and positivity beyond the program.

B.Project Flow: Online

By offering an online dimension, we aim to ensure accessibility for individuals who may not be able to attend in-person sessions. Each online session runs for one to two hours and is conducted every two months. It begins with interactive icebreakers and mindfulness exercises, which create a comfortable and open environment for participants. These activities help ease participants into discussions and encourage self-expression and connection before transitioning into more immersive experiences.

To enhance engagement and interactivity, we have chosen to use Roblox as the platform for our virtual experience rooms. Roblox is a widely recognized and accessible online game platform that allows for immersive, customizable environments. Given that our primary target audience consists of youths, many of whom are already familiar with Roblox, this platform provides an intuitive and engaging medium to simulate the themed experience rooms. Our team can design interactive virtual spaces that replicate the emotional depth of physical rooms while allowing participants to explore, interact, and express themselves in a safe, controlled digital environment. Additionally, Roblox's multiplayer capabilities foster a sense of community and enable real-time interactions and support among participants.

Workshops and expert talks with psychologists and counselors further equip participants with coping strategies, stress management techniques, and self-care practices. Sessions conclude with community reflection and an anonymous virtual message board for continuous peer support. Maximizing accessibility, we conduct sessions via platforms like Zoom and Google Meet, incorporating interactive tools, such as Padlet and Mentimeter.

C.Emergency Plan

Although upholding the do no harm principle is our top priority for the program, we recognize the possibility of unfavorably impacting the participants' disposition, especially during the immersive experiences. Thus, an emergency plan to prevent and respond to any emergency are as follows:

1)Precautionary measures

- Ease into a team-building session first (e.g., stretching and yoga) to set a stable pace.
- Provide trigger warnings before participants choose to take part in the activity.

2)Response measures

- Have an emergency response team on standby.
- Allow the participants to leave any time they feel uncomfortable.

IV.Program Needs

A.Budget and Funding

To implement our Hope Room program effectively, we require specific funding to support the components of the team building sessions, experience rooms, lectures and workshops, and reflection sessions.

1)Team Building Sessions

These sessions are designed to foster a supportive environment through the activities of board games and card games. We will collaborate with professionals to provide yoga instructions, meditation techniques, and mental health lectures. The cost for these sessions is $200.

2)Experience Rooms

To create an engaging experience, we need $280 for room decoration materials and activity tools, including items like sticky notes, pens, and watercolors.

3)Lectures and Workshops

We plan to provide valuable resources to participants, such as preventive practice guidelines, kits, brochures, and stress balls. The budget for this component is $250.

4)Reflection Sessions

These sessions are designed to create a safe space for discussion and to provide support to those dealing with mental health issues. Fortunately, they require no additional budget as they focus on facilitating open conversations and offering suggestions.
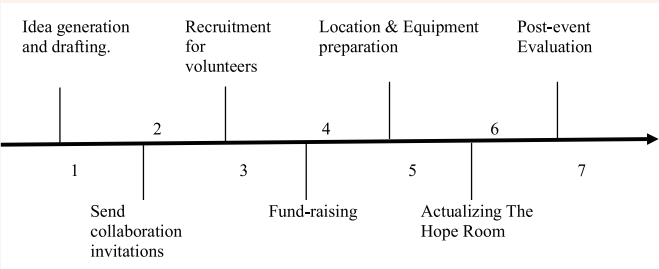
Our project's total budget is $730, and we plan to generate it through three alternatives funding strategies:

1)Sponsorships: Team up with other government or nongovernment organizations and other private entities with a similar advocacy. By partnering with these organizations, we can secure financial support and resources to help fund our project.

2)Merchandise sale: To cover small supply expenses, we will design and sell our own merchandise, including cute stickers, tote bags, shirts, and stationery. This approach not only helps raise funds but also promotes our project and increases its visibility.

3)Crowdfunding: We will utilize donation-based crowdfunding platforms, such as Patreon, Ko-fi, and GoFundMe, to raise funds from a wider audience.

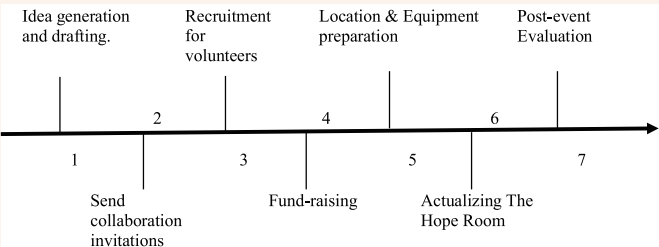## B.Project timeline for On-site and Online activities

1)On-site activities

Our Hope Room project will be a year-long campus tour in different countries in Southeast Asia that will run from January to December. The project aims to establish The Hope Room at each participating university with a dedicated preparation period of one month per institution.

2)Online

Our Hope Room online experience will be sessions of one to two hours to be conducted every two months. This online initiative is designed to reach a wider audience and ensure both accessibility and active engagement.

By offering both on-site and online experiences, we aim to cater to diverse preferences and needs, ultimately expanding the reach and impact of our project across Southeast Asia.

References

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https://ourworldindata.org/grapher/share-with-mental-and-substance-disorders#sources-and-processing

UNICEF Armenia. (2022, April 15). How to provide psychological first aid. UNICEF.
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Program Schedule

Online Program

November 16 (Sat.), 2024: Orientation & Online Seminar 1 (Self-introductions, Keynote speech by the advisor, Prof. Kusago, lecture by the mentor, Mr. Ibnu, and group activities by the facilitator, Mr. Inaba)

ASEAN Field Trip Excursion
Visit to: Indonesia / December 3 (Tue.) to December 8 (Sun.), 2024

Sites in Aceh:

• Gampong Nusa

-Nurhayati, Head of the Gampong Nusa Tourism Agency

• Forum Bangun Aceh

-Asnawi Nurdin, Program Manager of Forum Bangun Aceh

• Baitul Mal Aceh

-Mohammad Haikal, Chief Commissioner of Baitul Mal Aceh

• Puskesmas Kuta Baro (Kuta Baro Community Health Center)

-Erliana, Head of Mental Health Services of Puskesmas Kuta Baro

Group photo from the field trip in Indonesia

Sites in Jakarta:

• ASEAN Secretariat

-Joel Atienza, Senior Officer for the Education, Youth, and Sport Division, ASEAN Socio-Cultural Community Department (ASCC), ASEAN Secretariat

-Jim Catampongan, Senior Officer for the Health Division, ASEAN Socio-Cultural Community Department (ASCC), ASEAN Secretariat

• Ministry of Health of the Republic of Indonesia

-Dante Saksono Harbuwono, Vice Minister of Ministry of Health of the Republic of Indonesia

-Bonanza Perwira Taihitu, Head of the Centre for Global Health Policy and Health Technology, Ministry of Health of the Republic of Indonesia

• Angsamerah Foundation

-dr. Rahmat Puziyanto, General Practitioner at Angsamerah Institution

Workshop at The Japan Foundation, Jakarta

• Center for Indonesia's Strategic Development Initiatives (CISDI)

-Zenithesa Gifta Nadirini, CISDI Community Engagement Manager

-Sayyid M. Jundullah, CISDI Health Policy and Community Partnership Officer

-Beladenta Amalia, CISDI Project Lead for Tobacco Control

-Raisa Andriani, CISDI Project Lead for Food Policy

-Ghina Fadhilla, CISDI Track SDGs Project Officer

-Ori Sanri Sidabutar, CISDI Senior Communications Officer

• Social Connect

-Sepriandi, Founder of Social Connect

Preparation for Presentation

January 11 (Sat.), 2025: Online Midterm Seminar (Midterm presentation of action plans after the ASEAN field trip, feedback from the advisor and mentor and a workshop by the facilitator)

Japan Visit: February 9 (Sun.) to February 15 (Sat.), 2025

Sites in Tokyo:

• Lecture by Ministry of Health, Labour and Welfare of Japan

-Yuki Yanagihara, Health Promotion Division, Public Health Bureau, Ministry of Health, Labour and Welfare

• Japanese Society for Rehabilitation of Persons with Disabilities

-Hiroyuki Murakami, Director, Information Center, Japanese Society for Rehabilitation of Persons with Disabilities

Sites in Osaka:

• Toyonaka Council of Social Welfare

-Reiko Katsube, Secretary General of Toyonaka Council of Social Welfare

• Ibaraki City Cultural and Child-rearing Support Complex ONIKURU

-Akihiro Mukota, Director, Civic Partnership Division, Civic Life and Culture Department, Ibaraki City

• NPO Comekko

-Yoshiko Kawasaki, Professor, Faculty of Global Human Sciences / Graduate School of Human Development and Environment, Kobe University

Sites in Mie:

• Nabari City Community Health Room

-Shuji Hashimoto, Doctor, Hashimoto General Practice Clinic

-Kohei Fukumoto, Director, Medical and Welfare General Affairs Office, Department of Welfare and Child Services, Nabari City

-Yukino Shibagaki, Director and public health nurse, Community Comprehensive Support Center, Department of Welfare and Child Services, Nabari City

Group Photo from the visit to Nabari City, Mie

Action Plan Final Presentation:

February 14 (Fri.), 2025

-Venue: Sakura Hall, Japan Foundation Headquarters

-Commentators:

・Takayoshi Kusago, Associate Professor, Professor, Social System Design, Faculty of Sociology, Kansai University

・Ibnu Mundir, Co-founder of Yayasan Aceh Hijau

・Yuri Sato, Executive Vice President of the Japan Foundation

Participants with their certificates after completing the program

Supporters

⇨ Program Advisor

Takayoshi Kusago (Professor, Social System Design, Faculty of Sociology, Kansai University)

A social scientist who takes action. After graduating from the Faculty of Economics at The University of Tokyo, he earned his master's degree at Stanford University and his Ph.D. in Development Studies at the University of Wisconsin-Madison. His career has included positions at the World Bank, Meiji Gakuin University, Hokkaido University, the United Nations Development Programme (UNDP), and Osaka University. He is currently a professor of Social System Design at the Faculty of Sociology, Kansai University. From the perspective of human development and capabilities, he has explored how people can actively create a sustainable society that enhances well-being. He has presented his research at international conferences and published his work both in Japan and abroad. His fieldwork has taken him to communities in Bhutan, Nepal, Minamata, Niigata, Hyogo, Nagano, and Aichi, where he engages in research and offers practical support. He emphasizes the importance of listening to local voices, capturing insights that statistical data often miss, and understanding the perspectives of local people. In particular, he has focused on the role of dialogue in community development and on improving well-being.

⇨ Mentor

Ibnu Mundir (Co-founder of Yayasan Aceh Hijau)

A development practitioner with more than 20 years' experience in program development, implementation, and evaluation in such different sectors as disaster management, inclusive development, livelihood, health, education, renewable energy, and community-based programs. He also facilitates capacity building through training and delivers guest lectures at the university. He also established a local civil society organization, Yayasan Aceh Hijau (Aceh Green Foundation), in 2014 that works on environment protection and basic service provision. He served as an expert advisor on monitoring and evaluation for the Aceh Government Development Planning Agency. He earned his bachelor's degree in psychology from the University of Indonesia and master of arts in community psychology and social change from Pennsylvania State University with a full scholarship from the Fulbright Tsunami Initiative.

⇨ Facilitator

Hisayuki Inaba (Freelance Facilitator)

A freelance facilitator with a passion for education and community development. After working in Africa as a JICA volunteer and NGO staff, where he contributed to a variety of development projects, he dedicated himself to community development as an NPO staff member in Japan. Currently, he is working on commission from local governments and universities to design and organize different workshops on such topics as Climate Change Adaptation Plan and Reallocation Plan for Public Facilities. He also gives part-time lectures at universities and teaches a variety of training courses on workshop design and action planning. He earned his Bachelor of International Development from the University of Tsukuba and a Master of Educational Facilitation from Nanzan University.

⇨ Narrative Report Reviewers

Hongqian Liu and Yuri Yano

What is TASC in Your Words?

Nickname	What is this program to you?
Cameron	Meaningful friendships with other youths from ASEAN and Japan
Autumn	My perception of the world, ideas, innovations, initiatives, hopes, friends, and future.
Kenzo	Career-defining, eye-opening, and life-changing experience of a lifetime.
Jean	A positive space for expressing diversity, gaining valuable perspectives, and building lifelong friendships.
Miyaki	Salad bowl.
Jiet	A fellowship that empowers regional youth to champion global health equity.
Nashita	The beginning of a thrilling and impactful journey ahead!
Anna	TASC sowed the seeds of empathy, connection, resilience, and hope for a better world.
Rasa	TASC was a once-in-a-lifetime opportunity for me. I am incredibly grateful to have had the chance to learn about social change and contribute to a better future for our society.
Sweet	An unforgettable journey that sparked dreams, inspiration, and friendships for life.
Serey	Cohesion program connecting health solutions, community insights with technology integration.
Irma	For me, the program is a very meaningful experience to grow, connect, and advocate for change.
Red	A journey of countless firsts with a family where the road never truly ends.
Hinami	It has been a great opportunity to meet proactive and diverse companions and to envision my future.
Toubee	Every moment of TASC was worth putting effort into.
Hanon	It has been a priceless experience surrounded by diverse cultures and perspectives.
Yani	An insightful discovery of ASEAN and Japan's best practices for health initiatives.
Ao	Where I traded certainty for respect for diversity.
Kuha	An eye-opening experience of self-development, compassion, and a celebration of diversity.
Wing	An enriching cultural exchange that strengthened ties with ASEAN and Japan.