

Indonesia – AIN Program Supports PHJ's Maternal & Child Health Improvement Project

PHJ has received the grant of Ajinomoto International Cooperation Network for Nutrition and Health (AIN) to implement a maternal and child health improvement program in Indonesia. In May, the AIN program team visited the PHJ project site. The following is the report contributed by Ms. Natsuko Terauchi, CSR, Ajinomoto Co., Inc. Thank you Terauchi-san.

To identify food and nutrition issues in developing countries and to address these issues, the Ajinomoto Group (hereafter Ajinomoto) has been implementing a corporate social responsibility program called the AIN program. The AIN program supported the following three projects of PH-Japan in Indonesia. Improving Nutrition and Dietary Habits of Infants (2006), The Spread of Community Nutrition Administrative Team Medicine for Healthy Nutrition/Dietary Habits (2007-2008) and Nutrition Improvement Project through Construction of a Nutrition Education/Meal Service Center and Development of Vegetable Garden (2010-2011).

The PHJ projects aimed at improving nutrition of children through wide range programs such as provision of nutritious meals using local food products prepared by local health volunteers and conducting health education and nutrition clinics. Even though the projects have accomplished improvement of nutrition of children significantly, there remain a lot of tasks. I cannot forget the remarks PHJ Indonesia representative Mika Ito made at the end of the second project. “I came to



understand how difficult it is to challenge the nutrition issue. Even if there is some sign of improvement, situations go back to where we started due to poverty, unfavorable environments, illness, low literacy rate, and other hurdles.” Probably, this is common in all nutrition improvement projects in developing countries and we could share the reality of these projects from her frank expression.

(Photo on the left: AIN team visiting a vegetable garden: from left: Dr. Tsutomu Mizota, AIN

Representative; the fourth from left: Mr. Wahyu, CSR Manager, PT Ajinomoto Indonesia; and far right: Mr. Norifumi Okita, CSR General Manager, Ajinomoto Co., Inc.)

One year after the completion of the second project, PH-Japan applied for the AIN support for the third project. This time the application came from health volunteers who wish to have a place where they can gather to learn cooking nutritious meals and to cultivate vegetables to supplement other food products.

We are glad that the AIN support made the wishes of the health volunteers come true. The nutrition center was constructed and health education seminars are frequently conducted by expert lecturers thereby increasing motivation of the health volunteers significantly. Also we are pleased to find that the vegetable gardens cultivated from scratch by reclaiming the land and planting seeds are bringing abundant vegetables of several kinds.



It was a wonderful news for Ajinomoto and AIN members that the health department of the Serang Province designated the project site as a model nutrition municipality and further more that the Ministry of Health of Indonesia requested PHJ to extend the project to other districts of another province.



The AIN team visited the project site in May. Unfortunately, I was not feeling well and a health center staff took care of me. Although I was unable to join the tour of a vegetable garden, I could see neat beds of vegetables from the health center window. Also on the way back, PHJ Ito-san showed me a thick project binder showing the reports of the health volunteers. Each page consisted of many remarks and numbers showing sincere efforts of the health volunteers and comments in red by Ito-san. I do not understand the Indonesian language but I could see the red comments are compliments, encouragements, and kind advices of Ito-san.

It is often said that a food and nutrition project takes a lot of time and it is difficult to evaluate the achievements. Nevertheless, the PHJ Indonesia's patient efforts to make trial and error and correct whatever failed together with the local people are truly bringing fruits. The members of the Ajinomoto Group including P.T. Ajinomoto Indonesia and AIN program learned a valuable lesson from their projects and wish the continued success of the PHJ Indonesia projects.

(Photos above right: Cooking for a menu contest at the nutrition center and two menus using vegetables from the vegetable gardens)

Extending the Integrated Community Care Concept to Asia



Shigeru Tanaka
PHJ Vice Chairperson
Professor & Associate Dean
Graduate School of Business Administration
Keio University

The post World War II baby boomers in Japan will be 75 years or older by 2025 and the nation is making serious effort to establish an integrated community care system in time. The integrated community care system is based on the philosophy that the community extends support not only to the persons requiring help but also to all aged persons so that everyone would live self-sufficiently with dignity. This system should ensure a comfortable life to everyone meeting her or his respective needs and demands and extend following four kinds of integrated services seamlessly and stably and also extend opportunities for consultation when necessary. The services consist of (1) preventive and other health care, (2) daily medical care including home care, (3) daily life support, and (4) nursing care. The principles behind this system are (1) to make maximum use of one's own capability, (2) to have the right to choose, and (3) to sustain the life at the location and the residence one has been living.

The integrated community care system theory is useful for founding a community that extends care for those persons who could live independently provided they receive some external support. The concept and practical details of this system are applicable not only to the aged persons in Japan but also to the old people, children, and handicapped persons in other countries. This concept has been applied to the local life support programs in the East Japan Disaster reconstruction in establishing 100 support centers of three disaster affected prefectures.

A community can neither sustain itself if the people do not make efforts to help themselves, nor if external support is lacking to compliment the self-help. To make the community flourish, informal voluntary mutual help is necessary. PHJ is an acknowledged organization to pursue such informal mutual aid. In addition, organized mutual aid such as social security is indispensable. In terms of monetary amount, in Japan the informal aid is short of 100 billion yen, while the organized mutual aid exceeds 1 trillion yen, clearly showing the vast discrepancy in financial capacity. When these two types of aid are not sufficient to sustain living conditions, then the last resort is public aid. Municipalities' activities to help the poor and the people suffering from family troubles, to protect rights of abused individuals, and to promote community relations are examples how such public aid is used.

I have analyzed above the PHJ's aid functions from a perspective of integrated community care system that is applicable to the East Japan Disaster affected areas as well as PHJ's activity sites in Asia.

Cambodia – TukTuk Transportation Service for Pregnant Women and Patients

On March 29 at the peak of a dry season in Cambodia, two units of tuktuk (a tricycle with loading platform) arrived at a temple of the collective village, Tnaot Chum, Kompong Thom. According to the local custom, a Buddhist monk blessed the custom made tricycles each consisting of a blue motorbike attached with a white platform. (Actually there is no ready-made tuktuk in Cambodia.) The platform is big enough to place a bed for a patient and a space for family or attendants.

In the PHJ activity site, expecting mothers have a problem of accessing a health center for examination or delivery and other health services. Although the health center is the nearest place where the villagers can get basic medical services, it is located five kilometers far for many villagers. At emergency, securing the transportation is a headache and, because of the delay in transporting a patient to medical facilities, the expecting mother may face a grave situation.

Having received a transportation service request from villagers, PHJ discussed the matter with the village representatives and decided to introduce a tuktuk transportation service operated by villagers. For the following six months, under the leadership of a municipal office and the health center, villagers appointed transportation service committee members to compile the rules of tuktuk service. The committee members discussed and made such rules on the operation and management of the system, communication routes between villages and the health center, fees for each villager, and other items.

So villagers were anxious to see the tuktuks. Among the villagers gathered at the ceremony, there was Chan Bok, the head of collective village, who is also the chairman of the transportation committee. He looks very happy and said, “The villagers have long wanted to have the transportation service and I am glad that it is available now. We may have issues once the service starts but the transportation service committee will handle them speedily and appropriately.” Beside Mr. Bok, the head of the health center was nodding to this statement.



Collective village head looking at the tuktuks



Buddhist monk blesses the tricycles



The two Tuktuks

Nine persons used the system since the service started in April. Five among them used it for childbirth. There were two cases of serious nature. In one case, under the correct judgment of a

health center midwife, the expecting mother was transported to a provincial hospital to have a Caesarian operation and both the mother and the baby are saved.

PHJ is advising the villagers to ensure the stable service so that the villagers have access to the tuktuks whenever they need.

These tuktuks were donated by Otsuka Pharmaceuticals and they will be introduced to other villages. Altogether 10 tuktuks will be in operation by next year.

By Masahiro Ishizeki, PHJ Program Group Manager

Breast Cancer Awareness and Prevention Project for Women in Hanoi, Vietnam

According to a recent survey regarding cancer in women in Vietnam, breast cancer is the most common cancer for women. The crude rate is 29.7 per 100,000 (Epidemiology of cancer, 2008) and “Vietnam’s health system is ill-equipped to meet these demands” Dr. Tran Van Thuan, Vice Director of the National Cancer Hospital (International Atomic Energy Agency, 2008).



PHJ implemented a Breast Cancer Awareness and Prevention Program in six communities in Hai Ba Trung district and Thanh Xuan district in Hanoi. These awareness programs targeted approximately 1,200 women aged 30 to 75 years old. The aim of the program was to increase women’s awareness of breast cancer and promote early detection of breast cancer by teaching women how to undertake breast self-examination.

Project aims:

1. More than 70% of women aged 30 to 75 years in the six target communities are able to perform breast self examination correctly. This is approximately 1,200 women.
2. To refer all abnormal cases for further examination and treatment.

PHJ’s Regional Director for Thailand and Vietnam is a nurse and lead the trainer workshop on breast cancer and breast self examination as shown on the above photo. Workshop participants provided training to women in their respective communities. If any abnormalities are detected during breast self examination, the patients are referred to the National Cancer Institute (K Hospital) for further examination and treatment. This comprehensive breast screening program was implemented in conjunction with CASCD, a local Vietnamese NGO.

In the first year program, 1,234 women acquired basic knowledge of breast cancer and practiced breast self examination. As a result, eight women found lumps in breast self examination and were

referred to hospital. Two women were diagnosed with breast cancer and received treatment.

One 60 year old woman and one 70 year old woman from Vinh Tuy ward were diagnosed breast cancer and had an mastectomy. Another woman, 47 years old was diagnosed breast tumor and was prescribed medication. On examination one month later, the tumor was smaller but the patient had ovarian and cervical cancer. The patient had a hysterectomy and is receiving chemotherapy now.

PHJ has received many requests from project staff and participants to implement breast cancer awareness projects in other districts. PHJ is currently conducting the second year project in other target districts.

By Jeeranun Mongkondee, PHJ Regional Director for Thailand and Vietnam and Masahiko Hasumi, General Manager, PHJ Tokyo

Supporting Reconstruction of East Japan Disaster Affected Hospitals

Wishing to help the people in the disaster areas, on March 15, PHJ started an East Japan Disaster Donation program in cooperation with All Japan Hospital Association (AJHA). During the first three months, PHJ supported the transportation and lodging of medical teams consisting of doctors, nurses, administrative staffs, dispatched to disaster areas. Since July 2011, we have been extending support to hospitals suffering from the disaster. Many individuals, corporations, and organizations in addition to the PHJ supporting members joined in our program. We express our sincere appreciation for their warm hearts and donations.

PHJ's reconstruction support program is extended mainly to the hospitals and clinics suffering from the disaster in Kesen-numa and Ishino-maki, Miyagi. In December 2011, PHJ delivered the first lot supply of medical equipment (168 items), furniture (282 items), stationeries, medical books to 21 hospitals and clinics. Also in late December to early January 2012, PHJ delivered 200 art posters and 400 PHJ calendars to schools and public facilities in the Kesen-numa area..

In April 2012, the second lot supply of medical equipment (85 items) and office supplies (including 8 units of PC and 5 printers) were delivered to 22 hospitals and clinics. Late April, PHJ President Toshio Kimura, Disaster Program Leader Masaru Yokoo and PHJ-Indonesia Representative Mika Ito visited the disaster areas. Having participated in the relief efforts of Off the Coast of Sumatra Earthquake and Tsunami in 2004, Ms. Ito wished to visit the disaster areas to see the reconstruction processes.

First the PHJ team visited Ichibancho Minami Clinic preparing for the opening early May. The Head of the clinic is Dr. Honda whose father extended local medical services over 30 years but lost his



clinic and home in Minami Sanriku-cho in the tsunami. Dr. Honda, his wife (also a medical doctor), her father (also a medical doctor) understood the senior Honda's wish to extend medical services to local communities decided to build the clinic in Sendai. (The photo on the right above shows the entrance to the medical complex building with Dr. Honda on the left.)



Next the PHJ team visited Muraoka Surgery Clinic in Kesen-numa also preparing for the opening mid May. The new clinic has a plan to acquire a doctor car to visit patients and old people who

are unable to come to the clinic. PHJ hopes to extend the support in acquiring the doctor car to the clinic. (The photos above show the newly opened Muraoka Clinic.)

The PHJ team's visit to the disaster areas count over 15 times to find real needs and extend whatever support the people wish to have.

The donation from individuals and corporations to PHJ for the victims of the East Japan Disaster would be used as shown below.

Donation for East Japan Disaster from March 15, 2011 to April 30, 2012

Unit: million yen

Income

Cash	67
Goods in kind (medical equipment/office fixtures)	175

Expenditure

Expenses for dispatch of medical teams, procurement of medical equipment/office fixtures	43
Support of goods (medical equipment/office fixtures)	175
Transportation and staff expenses	12

Balance: (to be used for reconstruction)	12
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By Masaru Yokoo, PHJ East Japan Disaster Support Manager



From Yoshimi Nakata, PHJ Staff Studying in London

Yoshimi Nakata, served as PHJ Cambodia Office Representative from 2006 to 2011, has been taking a leave to study public health in London. Here is the report from her.

Greetings from London! Since October 2011, I have been studying in the Master of Science in Public Health in Developing Countries at the London School of Hygiene and Tropical Medicine, the University of London. Classmates are from different countries covering Europe, Africa, North and South America and Asia with various backgrounds. Majority is medical doctors and nurses who have working experiences in developing countries but we also have some NGO workers and volunteers. I am happy to study with amazing classmates in London!

One of the features of this graduate school is the quality and number of excellent lecturers. At each class an expert of a specific field gives a lecture. After each lecture, we have practical session in which we work on exercises based on actual public health case. This method is effective to acquire knowledge in depth but to keep up with it, we have to make thorough review and preparations.

Furthermore during lunch time and in the evenings, interesting seminars are organized almost every day. These classes and seminars keep me very busy. I feel that a day passes too fast.

In the first and second terms, I attended classes every day. During the first term, I took epidemiology, statistics, health economics and policy to acquire basic knowledge to work in the public health sector in developing countries. Once a week there was a seminar where students presented health issues in developing countries based on their respective experiences. I made a presentation of case study of the maternal mortality in Cambodia. In the second term, I took maternal and child nutrition and epidemiology of infectious diseases and so on that I thought would be useful for my work.

At the course, we acquire skills and knowledge to make decisions based on evidence. Although the main target may be students who wish to pursue an academic career what I learned must be useful for development projects. I learned intervention of several diseases which is not familiar until recently and get interested in policy making processes and ethical issues. My perspective has greatly expanded.

The second half of my stay here would be spent for final exams and completing a dissertation to present what I have learned up to now. I will do my best to learn as much as possible so that I could better implement project activities at the PHJ.

Report of the Third PHJ Study Tour

PHJ organized the third study tour to Thailand and Cambodia from March 11 to 18. Ten persons from various places, Hokkaido, Kyoto, for example, participated in the tour. They all had a common interest in international health but their expertise varied from medical science, welfare, to public health. They found these differences valuable in conducting the fieldwork and group discussions and learned from each other.

As one of the participants remarked that the week in the field was full of meaningful practical experiences, PHJ offers an intensive and rich study tour, visiting Thailand with a model health system in Southeast Asia, and a neighboring Cambodia with poor health care system. The participants found out the maternal and child health conditions in each country and had an opportunity to think about the differences.



In Chiang Mai, Thailand, where PHJ is conducting programs, the participants learned about the important role of health volunteers working in cooperation with local medical facilities in promoting cervical cancer and breast cancer awareness education. They were also impressed with the rich resources of health volunteers, some working with temples to operate a rehabilitation center for local residents, for example.

In Cambodia, the study tour consisted of the fieldwork in Kampong Thom, our project site. The participants were divided into three groups and each group selected a topic related to maternal and child health improvement to interview villagers and health staffs for their presentation at the health center. Without electricity, the participants made presentation at the health center using paper. The subjects covered in their presentation were safe delivery, village health condition, taking care of pregnant women.

For many participants, selecting a topic, preparing an inquiry, interviewing in English to compile their reports were new experiences. Completing the challenging presentation, they looked satisfied with smile.



Making presentation materials



Interviewing villagers

PHJ is planning to organize the study tour in the spring of 2013 too. Recently universities and companies introduce NGOs' study tours in their human resources training. If you wish to know more about our study tour, please feel free to contact PHJ. (info@ph-japan.org).

By Masahiro ishizeki, PHJ Program Support Group Manager

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Editor-in-chief: Toshio Kimura

Editor: Sachiko Yazaki

Address: PHJ , 2-9-32 Nakacho, Musashino-shi, Tokyo 180-8750

Phone: 81-(0)422-52-5507 Facsimile: 81-(0)422-52-7035

e-mail: info@ph-japan.org

URL: <http://www.ph-japan.org>

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