

## Vietnam AIDS Prevention Education Center Established

PHJ decided to implement AIDS prevention education program in Vietnam and established the center in University of Medicine and Pharmacy (UMP) in Ho Chi Min City.

PHJ has conducted the AIDS prevention education program in Thailand for eight years with the peer training method and has achieved significant results. The achievement has been highly recognized by international community. Vietnam has similar problems and requested PHJ to extend the education to the Vietnamese youths. In October 2008, PHJ staffs in Japan and Thailand visited UMP and agreed to establish the center. At UMP, Dr. Tuan, Vice President, was appointed the head of the program while Dr. Phong, a 33 year-old pediatrician, was appointed a program coordinator.

From now on, the PHJ Thailand staff will visit Vietnam monthly to train 35 university students as master trainers by June 2009. They will train 350 university and high school students through peer education. Presently translation of texts in the Vietnamese language is undertaken.



Celebrating establishment of the center



UMP campus (a new unit is being built)

## All Japan Hospital Association (AJHA) Supports PHJ



Hirotooshi Nishizawa, MD,  
PHJ Director, Chairman of  
AJHA & Nishioka Hospital

The partnership between AJHA and PHJ started 11 years ago when Dr. Hiroshi Hideshima (Chairman of Hideshima Hospital) who was AJPA Chairman then was appointed the director of PHJ. Following Dr. Hideshima, Dr. Hidetatsu Sasa (Chairman of Sasa General Hospital) assumed the post of PHJ director and in August 2008, I succeeded Dr. Sasa.

PHJ is conducting its health and medical support programs in Indonesia, Cambodia, and Thailand through its offices. They are focusing their activities to improve health and medical conditions of residents of economically poor regions with education and training. In all these countries maternal and child health education is insufficient leading to high mortality of pregnant women and babies. In Cambodia, for example, the mortality rate is 30 to 40 times higher than in Japan. In such areas, PHJ's health support is extremely important. The medical equipment used in these areas is quite old and some of them are not used for long time because of difficulty of getting repair parts. Second hand equipment from Japan would be very useful there.

Some years ago, AJHA called for the contribution of used medical equipment and joining PHJ membership to its members. We were able to collect a large number of equipment and many hospitals joined PHJ as members. It is our wish that PHJ will continue its leadership in health and medical support. As the AJHA Chairman, I will strengthen the cooperation with PHJ by calling for active participation of AJHA members.

## **Ultrasonic Inspection Training at Gianyar Hospital:**

**Masaru Sakurai, Ultrasound Center, Laboratory Division,  
St. Marianna University Hospital**

**Bali Island is a well-known resort place where tourists come from around the world. Sometimes the island is called the ultimate paradise on the earth.**

**From October 29 to November 8, 2008, I visited Gianyar Hospital to give ultrasonic inspection training. Tourists hardly visit this area and it was my second visit following the first in January 2008.**

**The purpose of this program was to train emergency medical doctors to make the best use of the ultrasonic diagnostic equipment introduced by PHJ and to improve the quality of medical service to patients. The first training program in January included lessons on how to plug-in, use the equipment, and scan a patient's whole abdomen. In the second program, I explained how to diagnose the results of the ultrasonic tests by practically diagnosing 10 patients per day so that the doctors could make use of the information in practical treatment.**

**Because of economic reasons in this region, patients come to hospitals at the last moment. The tests were conducted on the patients with rather serious symptoms which we found very rare in Japan. In one hepatocellular carcinoma case, a tumor was spread to hepatic vein, inferior vena cava to right atrium. In another case, a salpingitis was spread to abdominal cavity. Many patients had advanced renal cell carcinoma, bladder cancer, pancreas cancer, peritoneal dissemination, malignant lymphoma. Vein thrombosis, urinary calculus, gallbladder stone, cholecystitis acute appendicitis, and other symptoms were found in the short training period. The doctors surely learned that the ultrasonic testing is very effective and useful.**

**I also found that, in the Bali Island, there were only six pathologists and no effective pathological diagnosis facilities. As a pathological diagnosis fee is borne by a patient, most patients do not want that service. Consequently, neither patients nor doctors could tell the nature or type of the tumor.**

Under such poor economic and medical conditions, I could not find a paradise in Bali. However, I was truly impressed by the sincerity and seriousness of the doctors repeating the check points and mastering all they had learned. At the end of the training both doctors and I were overwhelmed with the achievements.

The next goal of this program would be that these doctors at the Gianyar Hospital master the ultrasonic testing technology and train other doctors in Bali.

Having visited the island earlier, this time I was familiar with the food at the hospital and other environments and even enjoyed eating a fish dish with my hand at lunch time. I also participated in a children's art festival with 100 elementary school children and got a lot of happiness and encouragement from shining eyes and smiling faces.

Last but not least, I have learned a great deal from and impressed by the life style of PHJ representative in Indonesia, Ms. Ito. I admire her compassionate attitude toward the hospital and people. I would like to express my appreciation to PHJ for giving me this opportunity of participating in the training program.



Training course



Emergency doctors; author is on the third from right, first row

## Workshop for VHSG & TBA- New Kampong Thom Project

PHJ Cambodia Office is helping mothers and newly born babies in the responsible region to have safe delivery and healthy life. This is implemented by enhancing the services at the health center that serves as the medical facility of the village.

To improve the health condition of the village people, it is not sufficient to enhance the health center but cooperation of residents is essential. For many years, traditional birth attendants (TBAs) have been helping women in delivery and various health matters. Such TBAs had no specific training but took care of health matters of mothers and children. Some TBAs practiced incantation while others provided herbs as medicines. Villagers have great trust to these TBAs.

In Cambodia, two members are elected by villagers as village health support group (VHSG). They are responsible for helping the health center's activities and reporting health conditions of villagers to the health center. It is important to strengthen the functions of the VHSG.



Acknowledging the respective roles of health volunteers including VHSGs and TBAs and the health center, the PHJ Cambodia Office is holding meetings with those health volunteers for exchange of health information. It is our sincere wish that the people who have the correct health information and knowledge would be actively contributing to the health of villagers.

(Yoshimi Nakata)

## Donation of Traditional Khmer Musical Instruments

One company proposed a support for music and PHJ decided to implement this proposal by donating traditional Khmer music instruments to schools in Cambodia. The donated instruments consisted of percussion instruments ensemble called “pinbia” and string instruments ensemble called “mahaori.”



In Cambodian schools, there is no curriculum for music. Since the purpose of donation was for children to enjoy playing the instruments, we looked for schools with music teachers. The music instruments were sent to five community learning centers in Kampong Thom province and two elementary schools. The community learning center provides vocational training to children and youths who could not enroll in schools for various

reasons. The center is open to everybody and school children can attend the centers. In the centers, traditional Khmer music is included in a curriculum.

The first donation was made on November 6. Responsible persons from the Education Department of the province, head of the commune, school teachers, PHJ staffs, and music instrument manufacturers attended the donation ceremony. Representing the community, the head of the commune expressed following words of appreciation: *“We are very grateful to receive these fine music instruments. We will use them carefully so that the children would learn the traditional Cambodian music.”*

It is our plan to gather all the young players and organize a concert a year later.

(Yoshimi Nakata)

## Member’s Voice: Entrusting Bright Future with Children



Masato Nagura,  
HOPE Partner Member

Every weekday morning I am standing on a street directed to an elementary school as a community safety volunteer. I enjoy this even in cold winter mornings, as I get energy from lively conversation of children hurrying to school with white puffs and their shining eyes.

Looking at them, I cannot but think of the wrongs brought by the people who sought fortune through speculative investments that we ordinary people have no fund to begin with. They are the ones who invited the present worldwide financial crisis, man-made disaster. We face high food prices, continuing regional disputes and fights, as well as natural disasters. Dreaming of bubble economy. But what do we face now: this turbulent and dark world is the outcome of our “efforts.” In such society, a powerless group or the children are always the victims.

Even in disputing areas, poverty stricken areas, and areas suffering from natural calamities, we find report on children with bright smiles and shining eyes. I feel relieved that they are the hope of the future. I am also encouraged and grateful

that there are young people who are supporting these children in the entirely different and severe circumstances than their homeland. Their willingness and compassion to help the children from poverty, hunger, and illness are admirable. Especially, I have high regards to the activities of PHJ in supporting people help themselves to improve health and medical conditions steadily and effectively and these activities are reported in detail and openly. Different from big national projects which are sometimes reported to be pipes for bribery, the PHJ activities are transparent and members can trust that their donations will be used wisely. I wish the health of the young staffs stationed outside Japan as well as the staffs at the head office. As a HOPE Partner member, I would like to continue supporting your activities.

## Report of PHJ Thailand Activities

Since 1998 Project Hope Thailand (PHT) has been receiving PHJ's support. The PHJ's technical and financial support is used in six programs extending 100,000 families of poor or disabled children. From 2007, HIV/AIDS prevention education has been implemented and would be extended to the young people of Vietnam. In October 2008, PHT was approved to transfer its activities to the supervision of PHJ and its name was changed to PHJ Thailand. The Thai staffs are happy that support to Thai and Vietnam programs will be coming from PHJ directly. PHJ Thailand will extend challenging and effective support to groups that are suffering from poverty or physical disabilities in Thailand and expand its activities to Vietnam also.



Two recent topics are:

1. PHJ received an appreciation letter from Health Ministry for the support we have been extending to RICD since 2002.
2. PHJT participated in the annual World AIDS Day in Chen Mai organized by the Health Department of Chen Mai.

Jeeranun, Director of PHJT

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**Editor-in-Chief: Akira Sumi, PHJ Director,**

**Editors: Kenjiro Fujita, Nobuko Bessho**

**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](mailto:info@ph-japan.org)**

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

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