

Myanmar Visit Report as a Candidate Project Site



PH-Japan is presently implementing health and medical projects in Thailand, Indonesia, Cambodia, and Vietnam. Wishing to transfer its experiences to another site, PHJ staffs have visited Myanmar several times for feasibility study and investigate the needs of locals. The following is the report of the most recent visit in October 2013.

The Union of Myanmar, once called Burma, is located on the west of the Indochina Peninsula. Its economy had been stagnant for a long time due to the state isolationist policy. Since 2011, the country has been drastically changing its course to democratic and economic reforms. Its capital used to be Yangon but in 2006 was moved to Naypyitaw, 320 kilometers inland from Yangon.

Maternal and child health condition is critical in Myanmar. The maternal mortality ratio is rather high among the Southeast Asian countries. The census of 2010 shows that the maternal mortality ratio is 200 per 100,000 live births. Also the infant mortality rate (the number of infants die before reaching 1 year old) is 50 per 1,000 live births, which means that the medical service level is similar to Cambodia. The infection of malaria and HIV is also high.

In October 2013, a PHJ team consisting of President Kimura; Ms. Okamoto, consultant; and I visited the country. We met the Minister of Health at Naypyitaw and visited the candidate project sites. At the meeting with the Minister and other Health Ministry officials, the Minister mentioned his appreciation for the continuing support from Japan and welcomed PHJ's plan to extend health support activities to the country. The Minister was a pediatrician and interested in enhancing medical services in hospitals and requested PHJ to plan a project directed to a larger area than the community health improvement.



After the meeting with the Minister in Naypyitaw, the team visited two sites; a township located at a village outside Naypyitaw and an urban township outside Yangon. Each township has a hospital to extend secondary medical services and a maternal and child health center located at the central area of the town and rural health centers to cover a wider area. At a rural health center, there is usually no doctor stationed but there are several nurses and midwives working at the center. The rural health center has some sub-centers with a resident midwife. When the team visited the centers, all staffs were waiting and warmly welcomed us.



At a sub-center in a village, we met a midwife who was honored as an excellent staff. Although the facilities was rather old, she kept all the medical equipment and utensils clean and ready to go for home visit. Once she gets a call from a woman about to give a birth, she goes to the woman's house by a motorbike. There is an auxiliary midwife in a village who voluntarily supports the midwife. Although the number of medical staffs is not sufficient, we found that an individual medical staff

was highly motivated to serve for the villagers.

In case of a normal delivery, a child birth at home seems to be effectively supported by a midwife. However, in order to decrease the maternal mortality and infant mortality, it is necessary to quickly detect an abnormal childbirth, transfer the woman to a hospital immediately for an appropriate treatment. Only one ambulance is available for 200,000 population in the township. The communication and transportation between a primary and secondary medical facilities may not be sufficient. Our finding shows a need to improve the facilities at hospital and rural health centers as well as human resource development.

Based on the information we acquired from the visit, PHJ would like to select the township outside Naypyitaw as a project site. In order to start a project in Myanmar, we have to take many steps ahead such as organization registration and agreement making with concerned ministries and departments. It may take some time, but we will do our best to start the activities in Myanmar.

By Yoshimi Nakata, Project Support Group, Tokyo

Cambodia – School Health Education Pilot Project

PHJ Cambodia Office launched the School Health Education Pilot Project in Balay Santuk Operational District of Kampong Thom Province funded by Yagami & Co., Ltd.

This School Health Project was initiated by suggestion from the local staffs of PHJ and primary school directors who have been involved in the PHJ's maternal and child health improvement project that have been implemented since 2008. Their suggestion stems from difficulty in involving the children aged above five years into the current PHJ village health education programs that are implemented daytime (or school time). Considering this situation, the PHJ staffs and these stakeholders wished to extend this education toward the primary school children who have been less involved in the current project.

Also, their suggestion included that while most of the diseases the people suffer in Cambodia are preventable, it is more effective to provide children at early age with health education than providing it with adults who have difficulty in changing their daily habits and practices even though they acquire proper health knowledge.

We prepared a proposal of the school health project and agreed with the Provincial Health Department and Education Department on selection of the target health topics and primary schools. We selected the following five topics to be strengthened for school health, especially aiming at older student of primary school as there are still some insufficiency of both curriculum contents and time of lessons observed in the current national school health curriculum.



- 1. Sanitary life**
- 2. Knowledge and prevention of infectious diseases**
- 3. Protecting oneself from tobacco, alcohol, and drugs**
- 4. Reproductive health, prevention of unplanned teenage pregnancy**

- 5. Basic knowledge of nutrition and balanced diets**

We selected two target primary schools out of six schools recommended by the Education Department considering the capability of village health volunteers and availability of health center staffs who are to collaborate with us. Currently, we have completed the project guidance with stakeholders such as school director and teachers, health center staffs, and village health volunteers. In the further process, we will create lesson plans associated with visual teaching materials and carry out Training to Trainer (ToT) workshop on the lesson plans to these stakeholders.

Since there have been little experience of joint health education work with the community health players and school teachers in this area, we hope this project will be a good trigger to enhance child health by community-based collaboration.

By Asako Hayashi, Director of PHJ Cambodia Office

Indonesia - Chuo University Students Visit PHJ Project Site

In September last year, PHJ accepted a request from students in Prof. Hirasawa's seminar in Chuo University. They wished to visit our nutrition improvement activity site as a part of their research on "feasibility of BOP business of nutritious food (seasonings) for the poor people in Indonesia." The following is the report by Chihiro Nabeshima, one of the visitors.

On October 31, we observed PHJ's activity at a clinic and nutrition center in Tirtayasa District, Serang Sub-district, Banten Province. After a lecture by Mr. Widodo from the National Nutrition Center, a village woman introduced a nutrition improvement menu she developed. I was impressed by her lively expression when she talked. After that, we asked about 20 of mothers and their children who tasted the menu using a questionnaire with the translation help of the PHJ staff. Our question consisted of how much they use seasonings, how much they eat vegetables, etc.



Then we enjoyed the lunch with Mr. Widodo and the staff, having typical local lunch such as fried chicken, boiled jack fruits and fried leaves of cassava, and talking about traditional dress and so on.

After lunch, in a garden behind the clinic, we observed harvest of cassava starch (tapioca) which was included in lunch and used in nutrition improvement menu. At the end, we talked with Ms. Ito, PHJ Indonesia Director, over a cup of coffee. We learned about her career steps, why she started her work in Indonesia, and her thoughts and views on villager's state of nutrition through her daily activities with them. Her words, "diabetes is not illness for the rich but for the poor," was the most impressive. That means those who are too poor to have enough food put a lot of sugar into tea or the like to minimize their hunger. That can lead both of malnutrition and diabetes, she told us. I thought it is important not only simply encourage them to get nutritious food lacking but also to cut down undesirable food they are taking excessively, while preserving their dietary culture.

We could not have learned such matters unless PHJ extended us a valuable opportunity to talk with people working locally. We greatly appreciate PHJ's support throughout the planning of and during the study trip in Indonesia. We will make the most of this experience to our studies. Thank you so much for this valuable opportunity.

By Chihiro Nabeshima, Representative of Chuo University Prof. Hirasawa's Seminar B

Photos: upper right: asking about conditions of nutrition

lower left: comparison of developed menu (left) and typical food of the area (right)

Thailand -Transfer CC/BC Project to Chiang Mai Public Health Office (CMPHO)

PHJ Thailand (PHJT) has been conducting the Cervical and Breast Cancer Education and Prevention Project in Chiang Mai province since October 2010-November 2013 by grant assistant support from the Ministry of Foreign Affairs of Japan (MOFA.)

The three year project has achieved the target goals for pap smear screening rate by reaching more than 50% of the target population of 125,100 women. More than 70 % of the targeted women have been educated and know how to do breast self-examination.



One main avenue for PHJT to reach their goal was the use of a Hino Mobile Minibus donated by Hino Motors Sales (Thailand) Ltd. and Hino Motors Manufacturing (Thailand) Ltd. The minibus is stocked with medical equipment covered by the MOFA grant and was used to provide CC/BC screening services to women who would not otherwise have received health services. The bus traveled to rural communities, factories and other workplaces in order to make it easier for women to participate in the campaigns and to receive screening services, creating a lot of excitement among the women and overall increased their motivation to obtain regular health services.

Now that the three year project has come to a closing, PHJT decided to donate the Hino Mobile Minibus to the Chiang Mai Province Health Office (CMPHO.) The Donation Ceremony took place on November 21, 2013. The CMPHO will transfer the bus to Saraphi Hospital who will take full responsibility in delegating the use of the bus to various districts throughout the Province. Dr. Jarus Sing Keaw, director of Saraphi Hospital, has promised to remain committed to the continuation of the use of the minibus for the CC/BC prevention. This transfer will insure the continuation of mobile health Screenings and will ultimately lead to the decrease rates of CC/BC in Chiang Mai.

By Jeeranun Mongkondee, Regional Director for Thailand and Vietnam

Note: PHJ has been implementing this project since 2001 in central and northern Thailand with the funds from the Japanese Government and corporations. The above project is the compilation of development, revision, and refinement of the 12 years.

Photos:

Left: Donation of the Hino Mobile Minibus on November 21. In attendance: Mr. Akihiko Fujii, Consulate-General of Japan in Chiang Mai; Mr. Sithichai, Saraphi District Governor, Mr. Thong Panthong, Deputy Director CMPHO, Dr. Jarus SingKeaw, Saraphi Hospital Director, and Ms. Jeeranun Mongkondee, RD of Thailand and Vietnam, PHJT and other honored guests.

Right: the project staff and health volunteers in front of the minibus

East Japan Disaster Reconstruction Support - Record and Plan of Support to Kesen-numa Medical Facilities

The Kesen-numa area is far from the central Miyagi Prefecture and Kesen-numa City Hospital and 44 private medical facilities had been extending medical services to the area. It had been suffering from the chronic lack of medical doctors. The East Japan Disaster gave



serious damages to the hospitals and clinics in the area. Thirty seven clinics belonging to the Kesen-numa Medical Association (KMA) were totally, mostly or partially destroyed leaving the area without effective medical facilities.

Since the disaster in March 2011, PHJ tied up with All Japan Hospital Association (AJHA) and

extended emergency dispatch of medical staffs in the initial period. Then PHJ decided to focus its support to the Kesen-numa area and asked KMA to investigate the needs of the area arising from the damages the medical facilities received, medical equipment and supplies required to reconstruct the clinics and hospitals.

Based on the KMA investigation, in December 2011, PHJ donated the first portion of medical equipment worth 15 million yen and more than 10 trucks load of furniture. In April 2012, the second portion of medical equipment worth 15 million yen and an ultrasonic diagnosis system from a medical equipment supplier was donated to the area. Also a doctor car was donated by PHJ for doctors to visit homes of senior people and disabled persons who would otherwise could not take medical checks.



Presently, PHJ is extending the third portion of the support following the most recent medical requirement investigation.

In addition to the medical equipment, PHJ has provided PCs, printers, medical supplies such as masks, gloves, gauze, etc. received from donors to the Kesen-numa medical facilities. PHJ also donated to primary and secondary schools and health and welfare facilities the posters of Japanese soccer team and PHJ calendars.

PHJ personnel visited the Kesen-numa area more than 25 times in two years and 10 months since the disaster. Such reconstruction support activities could not have been realized without the cooperation of the KMA. We are grateful for all the support from Dr. Otomo, KMA Chairman and Mr. Fujita, Head of the KMA office.

It takes some more years for the complete reconstruction of the devastated area, we are happy to find that patients are receiving fine medical services more and more at the Kesen-numa hospitals and clinics showing the steady recovery of these medical facilities.

By Masaru Yokoo, PHJ-Tokyo

Photos: Upper left: Dt. Muraoka visiting a patient at his residence

Lower right: Ready to visit a patient with a doctor car donated by PHJ

Member's Voice – Participating in PHJ Cambodia Study Tour

By Rie Tano-oka (Supporting Member)



I am a student studying at Faculty of Nursing of a university. It has been 11 years since I first received a nursing license. After graduating from a Nursing School, I worked at the division of cardiovascular medicine of a hospital. Facing patients suffering from illnesses at the hospital, I realized the importance of preventive healthcare and then enrolled the university to qualify myself as a public health nurse.

A professor at the university introduced me the projects of PH-Japan implementing in Southeast Asia. Then, I decided to join a study tour organized by PHJ from March 3 to 9, 2013 to learn the health and medical situation in rural Cambodia. The tour included the visits to the Killing Field, Toul Sleng Genocide Museum, Angkor Wat, giving us opportunities to learn the historical background of Cambodia. The most interesting part of the tour was to participate in the activities of PHJ in Kampong Thom province. The valuable experience gave me a hint of selecting a dissertation theme.

During visiting the project site, we attended the health education activity conducted by a midwife and health volunteers, and interviewed pregnant women and mothers, a midwife, a traditional birth attendant, and a traditional healer. We compiled these interviews as a presentation to share the knowledge and experience among the participants and PHJ staffs.

In Cambodia, proper medical and health care services were not available because the Pol Pot regime had destroyed public health system. Until recently, women gave birth at home assisted by a traditional birth attendant who did not have a midwife license. Most pregnant women do not check their health conditions and as a result the mortality rates of mothers and infants are rather high. Since PHJ, other NGOs and volunteers introduced the benefit of the safe delivery by a skilled attendant at a health center, and provided pregnant women necessary education and examinations, the mortality rate is decreasing and the medical and healthcare services are improving in Cambodia.

Through the tour I came to think it significant to become a medical service provider with a wide perspective. I am also convinced of the important role of a midwife in society and decided to become a certified midwife to improve the healthcare of women throughout my life. Thank you to the PHJ staffs for all the help.

Photo: Visiting homes with PHJ staff and health volunteers

PHJ Participated in Following Events

Global Festa Japan 2013

Date: October 5 and 6

Place: Hibiya Park, Tokyo

Exhibited:

***Asian Fairy Tale Calendar 2014 and drawings of children**

***HIV/AIDS prevention education in Thailand**

***Cambodia study tour**

Workshop: Introduction of Cambodia Study Tour

Photo: Students looking at Cambodia study tour photos



Musashino International Festival 2013

Date: November 17, 2013

Place: Swing Building 11th Floor, Musashisakai, Tokyo

Exhibited:

***Asian Fairy Tale Calendar 2014 and drawings of children**

*** PHJ projects**

Workshop: Reading Cambodian fairy tales to children who draw pictures jointly with Musashino Scarlet

Photo: The workshop



The Philippines Typhoon Haiyan Relief Donation

The Typhoon Haiyan hit the Leite Island and other central parts of the Philippines on November 8, 2013, leaving devastating damages. On November 19, PHJ decided to support the relief activities of Mercy Relief, a Singapore NGO, extending emergency relief at the disaster sites.

Mercy Relief : A Singapore NGO established in 2003 extending emergency relief support and social development. Masahiro Ishizeki, a former PHJ staff, joined this NGO in 2012. The organization has extended disaster relief in 23 Asian countries (including 2004 Off the coast of Sumatra earthquake, 2011 East Japan Disaster) and social development projects (water, sanitary, housing, living, emergency relief sustainable living conditions, health and education) in 6 countries.

Practical Relief Activities: Extending drinking water, food, shelter, etc. to secure lives of the devastated people. In Ormoc and Palo, the NGO supplied handy water supply



devices (filter not requiring electricity), while in Tanauan provided rice, preserved fish products, drinking water, sanitary kits to 2500 homes. For the latest information, please see our website and Facebook.

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