

Inspecting Four PHJ Project Sites

By Kimimasa Hiromi, PHJ Managing Director

From March 24 to April 9, I visited the PHJ's four project sites for the first time since assuming the PHJ Managing Director's post in August 2014. I found the proverb of "seeing is believing" is true. The following is my report of the visit in a chronological order.

* Cambodia – Focusing on the support to the municipal health administration to lead health centers



While visiting the Health Department and provincial hospital of the Kampong Cham Province, I mentioned my sincere appreciation for their support. They in turn expressed their thanks to the PHJ support and mentioned their intention to extend the continuous support to PHJ. The provincial hospital has a fine building, equipment, and human resources and the floors are packed with patients and family members. On

the other hand, the rural health centers located 1 to 3 hour distance by car from the PHJ Office

do not have clean water supply and electricity, and the building and medical equipment are outdated. It was clear that the health centers should implement periodical maintenance and repair to these facilities and equipment to be able to extend primary health and medical care. Nevertheless, I was impressed with smiling faces of elementary school children who gathered for cleaning up activities around the health center as shown on the above photo.

* Thailand – All projects are steadily implemented for future transfer!

I visited two technical colleges implementing HIV/AIDS prevention education. While visiting a peer education room, an instructor responsible for peer education explained that this project is truly effective and important for the college so that they will continue this project of training peer educators on their own.



As for the pediatric cardiovascular operation, the Chiang Mai University Hospital (CMUH) is capable of conducting 250 to 300 operations per year by three doctors. Recently other hospitals enhanced their capabilities and conduct simple heart operations and so the CMUH can undertake operations of more serious cases.

PHJ is conducting a monthly rehabilitation program for the children having physical challenges at Rajanagarindhra Institute for Child Development (RICD). The RICD has excellent modern facilities and the Learning Center nicknamed Doraemon Room (donated by PHJ in 1912) is very popular. The photo above shows the RICD staffs and PHJ staffs at the Doraemon Room. After visiting Sansai Hospital, we visited a patient's home in a very poor section. It was very sad to see a frail sick three year old child and concerned mother.

*** Myanmar – Clearing severe regulations one by one, to establish a solid project base!**

PHJ will be implementing a maternal and child health project at Tackton Township in the



Naypitaw district. We visited the township hospital, and a regional health center as shown on the left photo. During a visit to a candidate site of a sub-center, a Buddhist priest and some villagers gathered to express their wish to have a medical sub-center. I also visited a nearly completed sub-center that consists of two buildings exactly built along with the design drawings. We found that the construction fee has increased

considerably than when we received the request six months ago.

Our plan to hold an ambulance donation ceremony during our visit had to be postponed due to the delay in transportation by sea to Yangon. Instead I participated in the staff recruiting partially.

*** Indonesia – Project truly needed at the project site and challenging environmental hygiene improvement**

I visited a vegetable gardening class and three health clinics with delivery facilities in Tirtayasa Autonomous District. I was happy to see lively talks between an expert lecturer and villagers and smiling faces of villagers harvesting the vegetables.

While visiting the Ministry of Health, I was impressed by the following comment of the head of the



International Cooperation Department. “We hope NGO will engage in knowledge transfer project. Empowerment of rural areas is important and we wish the NGOs and villagers build very close cooperation.”

In rural areas, rivers are used for bathing, cooking, washing as well as toilet as shown on the right photo. Also trashes are scattered all over. To improve such situation, we are starting a hygiene improvement project. PHJ continues to focus on grass root activities such as education and conscientious change of mind.

Having visited PHJ’s project sites in four countries, I would like to express my sincere appreciation to the PHJ leaders and staffs who have served before me and the individuals, corporations, and other organizations having been supporting the PHJ projects for their tremendous efforts and continued support. We started FY2015 with new country directors, new offices, and new projects. We will start the FY2016 boldly facing the challenges.

Cambodia –Participating in the Training of Maternal and Child Health Improvement Project in Kampong Cham

By Yae Yoshino, Associate Professor, School of Nursing, Kitasato University

Having received a request to inspect the PHJ project site in Kampong Cham to make proposals on the health staff training project, I visited the project site for one week in the middle of February. My mission was to make proposals for enhancing the health center functions in rural area and to give lectures and extend consultation on preparing the training program of junior midwives after their completion of the school curriculum.

Reflecting the Pol Pot regime’s extermination of skilled professionals, human resources development is now important in Cambodia. Maternal and infant mortality rates in Cambodia are high among the Southeast Asian countries. The most effective solution for reducing the maternal and infant mortality rates and preventing malfunctions and risks in developing countries is to enhance knowledge and skills of midwives. This issue is acknowledged as the vital global health agenda.

The existing junior midwife training program in Cambodia to meet the shortage of medical resources in poor rural areas consists of only one year training after graduating from high school. (In Japan the training period lasts four years to six years.) Once the junior midwives are graduated, they are dispatched to health centers in rural areas without proper practical training. Without the supervision of medical doctors or experienced midwives or reference materials and opportunities for continuing education, they are afraid of their lack of knowledge and skill to meet emergencies.

Furthermore, rural health centers face numerous challenging issues such as poor infrastructure, low availability and accessibilities of medical equipment and medications, and unavailability of competent junior midwives. As a result, the health centers are not being able to extend their principal functions and the expecting mothers seek the better service in big cities. Many mothers and children were overflowing on beds or straw mats in the corridor or at the entrance of State hospital with very little privacy.

Poor mothers, children and junior midwives in rural areas are in a frail position have no voices, nor able to make changes. Under such circumstances, PHJ takes important role as an advocate despite the language barrier. With the PHJ's strength of the knowledge and expertise in rural health care improvement, PHJ can extend sustainable support by listening to the voices of villagers and junior midwives, building education and training system, provision of essential medical equipment, supporting installation of infrastructures such as water supply, sewage and electricity.

During the workshop I participated as a lecturer, provincial officers expressed their agreement and expectation to PHJ's project objectives, and trust toward Country Director Kazuko Ichihara who is leading the project energetically and cheerfully with other PHJ staffs. Education is a time consuming process and PHJ is making a steady step in this field. I hope to be involved in this challenging process.



Training of junior midwives



Pregnant mothers consult with health center staff

Indonesia – Visiting PHJ Project Site

By Natsuki Hashiba, Faculty of Medicine Fourth Grade, TukTuk International Health & Community Medicine Study Organization Vice Chair-person, Study Tour Leader, Shiga University of Medical Science

Having studied medical science for some years, the TukTuk members of Shiga University of Medical Science began to pay attention on medical and health situations in Indonesia and what activities a Japanese NGO has been implementing there to learn what we can do in the future. We contacted PHJ to ask the possibility of including the visit to the PHJ project site in

our study tour.

Thanks to the PHJ's permission and arrangement, on March 24, TukTuk members consisting of seven medical and two nursing school students visited the PHJ's project site (Tirtayasa, Serang, Banten Province) to observe the vegetable gardening class, maternal and child health (MCH) class, and the regional clinic and health center (puskesmas).



During the vegetable garden class, we noticed that many villagers seriously listened to the lecturer and asked many questions. Following the class, PHJ staffs asked the participants on the effectiveness of the class to understand their true needs.

The MCH class was held at a village center and midwives organized a workshop on family planning toward pregnant women and mothers. We were impressed that the participants were actively and enthusiastically participating in the workshop. Following the program, the midwives conducted health checks of the participants, proving the importance of this MCH class in this regard. We were able to interview the participants while they were waiting for the

health check as shown on the left photo. It was fortunate for us to hear the voices of the pregnant women directly.



We acknowledged the effectiveness of both the gardening class and MCH class where the villagers could receive advices and instructions from respective experts.

The visit of the day ended at the puskesmas (regional clinic) where the Director explained to us about regional health issues and the measures to solve such issues by the clinic. Then the director took us to inspect the clinic facilities for us to see health and medical services available in the rural areas of Indonesia, where medical resources are limited. The photo below shows the TukTuk members with PHJ and Tirtayasa health clinic staffs in front of the regional clinic.

Thanks to the PHJ's arrangement, the visit was truly exciting. We learned about a whole new world and understood how the health and medical care is functioning on a village level.

The visit gave us an opportunity for us engaged in medical services to think about the introduction of the lessons we learned in Indonesia toward the medical services in Japan and our role in international health.

All of the TukTuk members express our sincere appreciation for this wonderful opportunity and the kind arrangement of the Country Director and staffs of the PHJ Indonesia Office and staffs of the PHJ Tokyo Office.

Myanmar – Enhancement of Emergency Transportation System

By Yuichi Shingai, Country Director, PHJ-Myanmar Office



Since the establishment of the PHJ Myanmar Office in February 2015, we have been implementing programs aiming at improvement of mother and child health conditions in Takton Township. One of them is a program to enhance emergency transportation system. We arranged donation of an ambulance to the Township Hospital including importation, land transportation and various

registration in Myanmar. The ambulance was transferred to PHJ from the Kamimasuki Fire Brigade in Kumamoto Prefecture, Japan, that originally received the donation from Astellas Pharma Inc.

Using sea transport from Japan to Myanmar, the ambulance was shipped from Hakata port in the beginning of March and arrived at Yangon on April 1, later than expected due to delay in transshipment. The procedures of negotiation with a local customs broker, the customs clearance, took time to obtain an import approval from the government and to prepare many customs documents.



After clearing customs, a logo and name of Department of Health (DOH) were put on the body (as shown on the above photo), and oxygen cylinders were fitted inside. The ambulance arrived at Naypyitaw early May and on May 15 we delivered it to the DOH (as shown on the left photo) that prepared a license plate (as shown on the right photo) and various registration procedures. We are planning to organize a donation ceremony in July.



Through this arrangement of donation of the ambulance, we realized the complexity of donation of goods to a

different country. From now on, we hope to build good partnership with the DOH to establish a truly effective emergency transportation system in the Township, health centers, and sub-centers (clinic with delivery facilities in villages) under the PHJ project plan.

Vietnam - Breast Cancer Awareness and Prevention Project in Progress

By Jeeranun Mongkondhee, Regional Director for Thailand and Vietnam, PHI-Thailand

Since 2013, PHJ-Thailand has been implementing the three year Breast Cancer (BC) project in cooperation with Vietnam Women's Union (VWU) with support from Yokogawa & Co., Ltd. The project aims to increase women's awareness of BC and promote early detection of BC by undertaking breast self-examination (BSE).



The project's flow starts with the PHJ Regional Director for Thailand and Vietnam providing a trainers training (TOT) toward staffs of VWU and Women's Union (WU) of target provinces. Then the so trained VWU and WU staffs transfer the knowledge and BSE techniques (as shown on the left photo) to the women in targeted provinces and to refer all abnormal cases for further examination and treatment.

In the first year from January to December 2013, the project had successfully exceeded the goals of 3,500 women (by 294 women) from five provinces receiving training on BC knowledge and BSE. By the end of the second year in 2014, local WU staffs attended a TOT workshop for the target 10 districts from five provinces namely Hai Phong, Ha Nam, Hung Yen, Thai Nguyen and Nam Dinh Provinces and in Hanoi city. These trainers conducted 107 BC training sessions for 6,113 women to increase their awareness on BC and practiced BSE (as shown on the right photo.) As a result, 16 women were found to have breast lumps and were referred for further examination and treatment. Six women were diagnosed with BC and received additional medical treatment and care.



In December 2014, VWU held a contest on "Exploring BC knowledge" with the participation of representatives from eight provinces, consisting of the five project provinces and three other provinces of Hanoi, Hoa Binh, and Hai Duong. There were around 40 communicators to take part in the Contest (as shown on the left photo.)

The project continues implementing the third year in 2015 with the same target five Provinces but expanding to new areas of 10 districts and 5,000 women in total.

PHJ Square – Bonds Between HOPE Partner and Patient

By Suthida Chantamanas, Project Manager of Hope Partner Education Project, PHJ Thailand.

Since 1917 PHJ has been implementing the Hope Partner Education Project (HPEP) of supporting disabled children for 18 years. Under this project, the donors in Japan extend support to the disabled children in Thailand so that the patients can receive not only medical care services but many other support such as warm letters to the patients and their families. In return, the patients and families send drawings and letters to the donors, building a warm bond between them.

The particular partnership that we would like to highlight today is between “Flook” and a kind Japanese Partner named Mrs. Yoshie Okada.

Flook is a 14 year old boy who was diagnosed as suffering from cerebral palsy soon after birth. For many years, Mrs. Okada’s late husband supported Flook until he passed away and today Mrs. Okada continues her husband’s wish to support Flook by sending kind letters and presents from time to time. Flook and his family as well as children in neighbourhood enjoy the wonderful presents from Japan.



Flook’s father wrote to Mrs. Okada that receiving Japanese toys (such as cup and ball, paper balloon, bean bags) and confetti (as shown on the photo on the right) Flook and his brother fought over the paper balloon to see who breaks it first. He also wrote that all the neighbourhood children had a great time playing with these treasures from Japan. As for colourful confetti, nobody touched it first

but once I tried and said it was delicious, everyone tried and soon all confettis were gone.



The late Mr. Okada used to send many photos of themselves and train. (The left photo shows Mr. & Mrs. Okada.) The Flook’s family posted them on the walls of

their living room where the family gathers most often. Despite being separated by different cultures, languages, and thousands of miles, the relationship between Mrs. Okada and Flook's family had grown closer than that of many biological families. Flook's father exhorts his sons to study hard and take rehabilitation seriously, he urges them to make their Japanese mother proud!

East Japan Disaster Reconstruction Support (Ishinomaki)

By Masaru Yokoo, PHJ Tokyo Office

Ishinomaki City is constructing its City Hospital in front of the Ishinomaki Station to replace the former hospital built along the Ishinomaki Bay that was completely destroyed by the March 11 tsunami in 2011. The new hospital will open in the summer 2016.



PHJ has been supporting the hospital's Kaisei temporary clinic by donating a doctor car equipped with various medical equipment in December 2012 and another car to the clinic's Comprehensive Care Center (CCC) in March 2015. For sometime after the disaster, only one doctor (Doctor Cho) was stationed in the clinic but now the clinic can extend other regular medical care services with increased number of doctors and nurses. The doctors receive patients at the clinic in the morning and in the

afternoon they visit patients at home using the doctor car to take care of the senior persons and those physically unable to come to the clinic.

Recently the clinic has been facing another major issue of dementia, depression, alcoholic and other serious symptoms arising from excessive stress among single old persons suffering from the disaster and living in the temporary housing. At the reconstruction site, construction works are behind schedule due to the lack of building materials and difficulty of securing construction workers. Under these circumstances, completion of public housings and moving to new housings are uncertain. I can fully understand the anxiety and pain these persons daily have. This is why PHJ is planning to donate rehabilitation equipment to the Kaisei temporary clinic's CCC combatting the comprehensive health care toward these disaster victims, using the five year fund donated from certain philanthropist. We will



continue the support to this clinic and send reports to the donor twice a year.

From May 8 to 10, four PHJ volunteers joined a group consisting of former Yokogawa employees and students to help a fisherman's family in Onagawa, Ishinomaki. The work involved selecting oyster shells for threading to be used for marine cultivation of scallops. During the one day and a half volunteer work, we learned from the family members how seriously they suffered from the East Japan Earthquake and Tsunami and tremendous efforts they made to reopen the fishery business. All of us were struck with the impact of the disaster to the people in the East Japan and wish an early reconstruction of their lives.

Photo above left: The doctor car and another car donated by PHJ.

Photo above right: The volunteers

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PHJ News No. 73, 2015 Summer Edition
July 1, 2015
Published by PH-Japan (PHJ) *All articles translated by PHJ*
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