

2019

Overseas Training Program 1 The Philippines



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Women Leaders Program to Promote
Well-Being in Asia
Nagoya University

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Women Leaders Program to Promote Well-Being in Asia

Nagoya University

Overseas Training Program 1 in Myanmar

Schedule: January 20th–27th, 2019

Date	Time	Visiting Places & activities	City
Jan 20th, 2019 (Sun)		1. Arrival at Manila 2. Orientation	
Jan 21st (Mon)	8:00 13:00 15:00	1. University of the Philippines, College of Nursing 2. Philippine General Hospital 3. Child Protection Unit	Manila
Jan 22nd (Thu)	9:00 14:00	1. Hospicio de San Jose 2. Kanlungan sa ERMA (1): for interview	Manila
Jan 23rd (Wed)	9:00 14:00	1. Public health center 2. Kanlungan sa ERMA (2): for an event including children	Manila
Jan 24th (Thu)	6:00 12:00 14:00	1. Public school 2. Gourmet farm 3. Individual famer visits	Alfonso, Cavite
Jan 25th (Fri)	9:00	1. World Health Organization, Western Pacific Region	Manila
Jan 26th (Sat)	6:30 13:30	1. NGOs organized by the Japanese 1.1 Salt Paytasu 1.2 Qniqueuse	Manila
Jan 27th (Sun)		1. Departure to Japan	

Women Leaders Program to Promote Well-Being in Asia office

URL: <http://www.well-being.leading.nagoya-u.ac.jp/eng/>



Member List for Overseas Training Program 1 Conducted in Myanmar

Name	Position	Affiliation
Hisataka Sakakibara	Professor	Health Sciences
Yuji Utsumi	Associate Professor	International Development
Makiko Koyabu	Designated Assistant Professor	Well-Being Program (International Development)
Mami Wakabayashi	Designated Assistant Professor	Well-Being Program (Health Sciences)
Name of the student	Nationality	Graduate school
Rena Tomita	Japan	Bioagricultural Science
Kouki Asano	Japan	Bioagricultural Science
Miharu Tamaoki	Japan	Health Sciences (Nursing)
Saki Iguchi	Japan	Health Sciences (Physical Therapy)
Kuuya Funaki	Japan	Health Sciences (Physical Therapy)

Date	01/21/2019
Visited site	University of the Philippines College of Nursing
Visiting time	7:40 –12:00
People at the site	Asst. Prof. Arnold B. Peralta (Head, Teaching Program) Prof. Shelia R. Bonito (Dean), Josephine E. Carioso, MA, RN (Head, Continuing Education and Community Extension Services Program)
Main activities	Group presentation, Campus tour, Interview

【Lecture about general information on UPCN】

The University of the Philippines College of Nursing was founded in 1948, and it is the first university of nursing established in the Philippines. The deans of this faculty have always been women. Further, only 10% of the total number of students are male students. All students attend midwifery training during the second year of their bachelor’s degree course, and final-year students undergo community health training along with students from other health departments for two months while staying in villages. Tuition is offered free of charge by the health department; however, all students who graduate are required to work in the Philippines for two years. Further, 50–70% of the graduated students work in the PGH.

【Group presentation and discussion with senior students】

During the discussion session, we interviewed the students. We asked them, “Do you want to work in the Philippines or in other countries?” We found that one-third of the total number of students want to work in foreign countries.

Apparently, the students’ decision depends on their families’ expectations regarding them; further, we discussed the differences in the gender gaps between Japan and the Philippines. We asked, “Why is the gender gap index high in the Philippines?” One reason is that, in the Philippines, the cost of hiring house helpers is low and, culturally, Filipinos do not hesitate to accept the support provided by house helpers. Another reason is that, in families, both parents have to work because of the prevalence of low wage earnings. Furthermore, we obtained several other suggestions from the students.



Presentation session with UPCN



Group photograph of UPCN faculties



Orientation at lab for nursing education

Writer Koki Asano Rena Tomita

Photographer Saki Iguchi, Rena Tomita

Date	01/21/2019
Visited site	Philippine General Hospital (PGH)
Visiting time	13:00 – 15:00
People at the site	Josephine E. Cariaso, MA, RN (Assistant Professor at UPCN)
Main activities	Hospital tour, Interview

PGH is a public hospital in Manila. It is mainly used by people with low income from all regions of the Philippines. The hospital offers treatment and medical services free of charge. Therefore, many people from the middle-income group come to this hospital, as well. The medical quality of the PGH is higher than that of other public hospitals in the Philippines. This hospital provides acute care, and hospitalization involves two weeks. Further, there are many outpatients. Outpatients are required to wait for a long time for treatment; hence, they generally wait from 3:00 onward and reception ends at 8 a.m. Further, inpatients are provided meals controlled by nutritionists. For example, nutritionists reduce meal amounts and control calorie intakes of diabetes mellitus patients. There are only six hospital beds in the stroke intensive care unit (ICU). Further, the patients who cannot undergo treatment in the ICU are treated in open space. Following ICU treatment, they are moved to another open ward. In such wards, nurses and patients are in the ratio 18:1. Rehabilitation is performed only for outpatients, and rehabilitation is mainly provided for children with cerebral palsy, stroke patients, and amputated patients. Each physical therapist treats 7–12 patients daily. The rehabilitation is provided about 40 minutes in each patient and frequency is once a week.

There are no personal wards, and hospital beds are lined along the hallway. Currently, the hospital is undergoing renovation. Since windows are always left opened and some parts of the hospital do not have walls, the hospital environment is dusty and houses many small insects inside. Therefore, apparently, hospital hygiene is not maintained. Although the part of the hospital including the ICU is kept clean, most of the ICU patients are admitted to the hospital in open wards. Further, the ratio of number of patients to one nurse is very high compared to the corresponding ratio in Japan, where the ratio of the number of nurses to that of patients is 2:1. Hence, we understand that the quality of medication is low. Further, the rehabilitation room in PGH is too small to perform rehabilitation, since it has only two treatment beds and one gait bar, which is not sufficiently long. The space for child rehabilitation is very small, as well, and such children are not provided sufficient physical therapy, like gait.

Sometimes, street children, who typically have low nutrition levels, visit the hospital to undergo drip infusion; however, since the waiting time is too long, they often cannot avail of treatment at the time they require it. Children who utilize rehabilitation services are beggarliness. It seems there are no nutrition interventions for children while they can take rehabilitation as outpatients for free. Low-income people are satisfied with this hospital's treatment; however, we believe that the sanitation facilities and quality of medicines should be improved.



Group photograph in front of PGH

Writer Saki Iguchi, Kuya Funaki
Photographer Saki Iguchi, Rena Tomita

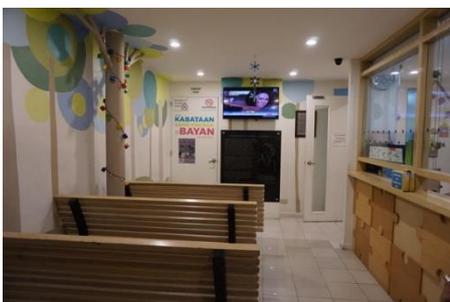
Date 01/21/2019
 Visited site Child Protection Unit (CPU)
 Visiting time 15:30 – 16:30
 People's name
 at the site Balen D. Laporre

Main activities Orientation, Interview

From video orientation and an officer's interview, we learned about the abuse of children in the Philippines. It is noted that the Child Protection Unit in the PGH serves outpatients alone. The number of new patients is 6–7 per day and that of revisiting patients is approximately 0–17 per day on average. When a patient arrives, a nurse triage followed by a protocol. Subsequently, the patient should complete an examination consent form. The aspect that they focus the most on is children's security. The department is designed to have a very warm and friendly environment, which appears very comfortable. The consultation room is soundproofed and has a magic mirror to retain evidence of interviews. A police officer, a social worker, and an officer can monitor when the patient is interviewed from the other side of magic mirror. A play room for children is also provided, along with toys obtained as donations.

We had researched the child protection network before coming to the unit; however, some was aspects were different from our expectations, which implies that concept of abused children might be different in the Philippines from that in Japan. Hence, we found it difficult to procure images of Filipino victims. For example, in most cases, perpetrators of child physical abuse in the Philippines are the fathers themselves, followed in that order by strangers and neighbors. However, in Japan, neighbors and strangers are only rarely the perpetrators. We should conduct more research on child abuse in the Philippines, we will see it from the rest of visiting. Cybersex is the common form of sexual abuse in the Philippines; we first heard of it during our visit. It refers to the case where children have virtual sex using the Internet. Basically, the perpetrators abuse the children in order to earn money. Apparently, the root cause is poverty.

In conclusion, reduction of violence is the most important aspect of child abuse prevention. Moreover, to prevent cyber abuse, the government should enforce more cyber security measures.



CPU reception



CPU consultation room

Writer Miharu Tamaoki

Photographer Saki Iguchi, Rena Tomita

Date 01/22/2019
Visited site Hospicio de San Jose
Visiting time 8:00 – 12:00
People at the site Ms. Mhariel S. Cueto

Main activities Interview, Guided tour

Hospicio de San Jose was founded in 1810. The hospital's management and administration was supervised by the "the Daughter of Charity", a group of Catholic sisters. One half of its income comprises donations, and the other half comes from income-generating projects, benefits from properties in Binondo and Pasay, and some investments. The hospital cares for abandoned and neglected children, older persons, people with special needs, and people in crises. Based on their age, the children are divided into the following groups: (1) 0–1.5, (2) 1.5–3, (3) 3–5.5, (4) 5.5–12, and (5) more than 12 years. The numbers of children are 15 (male:female = 9:6), 16, 15, and 13 (7:6). (6) The male to female ratio of elderly people is 18:38. Further, 12 women and 8 men require special mediations. The number of children with special needs are 53. They are divided into four groups: high functional female, high functional male, female cerebral palsy, and male cerebral palsy groups. Their diseases are cerebral palsy and global development delay. (7) Regularly, 44 patients avail of rehabilitation services. There are 13 elderly people who can perform their daily activities by themselves, 35 elderly people with special needs, and 18 children with special needs.

(1) There are two nurses and seven others. The doctor visits every month. The children are provided vaccines, which come from the department of social worker development.

(3) The children are provided preschool education in Tagalog and English. There are 15 staff, including teachers. The curriculum of education differs by age. The children have been here since their infancy. Abused children cannot be directly brought to this facility. Last year, 3 local families and 11 internationals one adopted the children from this facility.

(4) They go to private or partnership school and select whether they want to go to college or not since they have individual supporters or scholarships.

(6) Vital checking services are provided to them twice a day. They exercise in the morning. Volunteering doctors from different specialties regularly visit the facility to check inmates' health. The inmates generally stay here till their death.

(7) There are three physical therapists and one occupational therapist. Physical therapy is provided five days a week and occupational therapy two days a week. Physical therapy is provided 40 minutes for one person. Children with special needs usually take rehabilitation in the morning, whereas elderly people take it in the afternoon.

We believe the inmates very lucky to be staying here because both children and elderly people can take advantage of the health-care and education services provided here. Further, many abused children and abandoned elderly people continue living in the streets.



Group photograph in front of Hospicio de



Interview for physical therapists



Our group's guide



Boy's dormitory (elementary level)

Writers Kuya Funaki, Saki Iguchi, Rena Tomita

Photographers Miharu Tamaoki, Kuya Funaki

Date 01/22/2019
Visited site Kanlungan sa ERMA in Manila
Visiting time 14:00 – 17:00

Main activities Orientation and explanation of activities

We visited the residential care center of Kanlungan sa ERMA, and an orientation was provided by the administrator. The final goal of this facility is to protect and develop children in need of special protection and bring them back to normal life within a good family. They have three centers: residential care, drop-in, and community centers. The residential care center provides residential care, basic needs, psychosocial interventions, and case management; currently, there are 16–17 children in the facility. The drop-in center and community center are temporary centers that remain open from Monday to Friday for street children, and these children can eat meals, take a shower, wash and get clothes, and take a nap in these centers. Street educators provide first aid and health education thrice a week, and they bring children from the streets to the drop-in and residential centers. Along with the social workers, they suggest that children who require support should come to ERMA; however, they cannot force the children to do so. ERMA provides holistic care, such as family counseling, health check-ups, vocational training, and advocacy activities. Children can stay in ERMA for 10–12 months. If they are not able to go back to their families, they are moved to a shelter. There are separate shelters for boys and girls, and a shelter for boys has a coffee farm. Harvested coffee is provided at a café managed by ERMA. We enjoyed a welcome ceremony conducted by the children. They introduced themselves and their future dreams, among which becoming a soldier was the most popular one, followed by becoming a police officer and, then, a teacher.



Orientation provided by administrator and



Café managed by ERMA graduates and a woman supported by the CPU

Writers Koki Asano, Miharu Tamaoki

Photographers Miharu Tamaoki, Kuya Funaki

Date 01/23/2019
Visited site Public Health Center
Visiting time 8:00 – 12:00

Main activities Orientation

We visited district and barangay health centers and a lying clinic. There are 11 district health centers in Manila, and 184 barangay health centers belong to the district health center. These health centers play various roles in public health maintenance. In the Philippines, a health center can be considered a combination of a public health center and a small clinic. Many health issues are considered here, such as immunization, nutrition, dental problems, newborn screening, tuberculosis treatment, and family planning. When we went to the hospital, we saw many children being immunized. No medical fee is required at the center, and the center uses generic medicine to save money, as decided by the government.

These medicines did not appear to be in a good condition because although, in general, medicine should be stored in a place under temperature control, we could see that these medicines were simply placed on the floor without providing any air conditioning. For pregnant women, there is a lying clinic, which provides services for free. When women become pregnant, they come to the health center to register themselves and to undergo checking. Subsequently, they come to the clinic to give birth. The clinic has 10 beds. Although the center housed no patients at the time of our visit, it is said that the center becomes full from August to October every year, since December is considered a love month. This is a surprising fact. After giving birth,

women can stay at the center for 24 hours. Once they are discharged, a midwife visits their home to check on the child and the mother in seven days. In this point, it is better than the Japanese system. However, we wonder how they manage to do this since there are only two midwives. Moreover, health centers implement many health programs to educate people. A head nurse said that to implement programs it is important to gain the confidence of the people. Further, this nurse is a pioneer in primary care.

Basically, health education involves many programs. Those programs are designed

by the government and implemented by government staff. Programs are of different types, for instance, there are programs on maternal and child health, communicable disease control, integrated noncommunicable diseases, environmental sanitation, dental health, and school health. Although obtaining good outcomes is time consuming, most health workers contribute to such efforts.

Writer Miharu Tamaoki

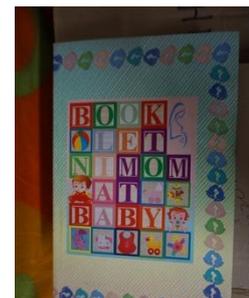
Photographers Miharu Tamaoki, Kuuya Funaki



Situation of medicine keeping



Lying clinic



Mother's book

Date	01/23/2019
Visited site	Kanlungan sa ERMA in Manila
Visiting time	14:00 – 17:00
Main activities	Activities for children

We visited Kanlungan sa ERMA again to conduct an activity for children. We wanted them to know about their own health and learn how to prevent diseases. The activity focused on sanitation and nutrition since our specialties are health and agriculture. Children learned about these topics through activities and a quiz. Today, the center has 16 children aged 5–16 years. For the activity, first, we divided the children into four groups and played an ice-breaking game (picture picking). Next, we taught them how to wash their hands. We used a hand gel and checked the unwashed parts using a black light after washing. There were a lot of unwashed parts, especially nails and between fingers. After checking their hands, we performed the “washing dance” in Tagalog together. Further, we conducted a nutrition quiz, during which children discussed the answers. After giving them some thinking time, we corrected the answers and explained the topic of the quiz. Finally, we taught children how to brush their teeth. All the children brushed their teeth and checked unpolished parts using a plaque checker. We could find that most children could clean their teeth well. After checking their teeth, we taught them how to floss their teeth.

We felt that the children enjoyed these activities. Although the quiz was easy, more than half were correct. It was difficult for them to understand the questions in English; however, most of the children listened quietly.

After the activity, we talked with social workers and the advocacy staff (social workers). Social workers go to poor homes and conduct court hearings. The menus of the meals provided in centers are created by health workers. In the boys’ residential care center, there are 13 boys with a maximum age of 17 years. Furthermore, three of all school boys work at the farm center. Once they graduate from school, they will go back to their families or become independent. When they go back to their families, monthly counseling is provided to their families as an aftercare program.

Writers Kuuya Funaki, Miharuru Tamaoki, Koki Asano

Photographer Miharuru Tamaoki



Checking washed hands using



Teaching how to wash hands



Teaching how to brush teeth



With social workers and advocacy staff

Date 01/24/2019
Visited site Public school
Visiting time 10:00 – 12:00
People’s name Catherine Amon Ramos (principal of the public school)
at the site Ms. Efrelyn A. IELLAMO (an assistant professor of UPCN, Catherine’s sister)

Main activities Public school visit, Interview

Each grade has three classes. Further, each class has one teacher and 40–56 children. The school time is from 8:00 to 15:30, and the duration of one lesson is 50 minutes. Children learn eight subjects (Tagalog, English, Mathematics, Science, History, music arts and physical education, ESP). The government has unified school curricula and textbooks. Further, lunch is brought from the house or provided in the dining room. Rice and soup are provided free in the dining room; however, for all other side dishes, students have to pay money. Since the mayor of the city that we visited emphasized educational efforts, extensive support seems to be provided to education.

We interviewed the children. For example, we asked about their favorite subjects, dreams, parents’ employment, families, their after-school and holiday activities, and so on. We found that more than half of the children in the public school have smartphones. Further, they seem to enjoy playing on the Internet.

We interviewed the teachers, as well. For example, we asked them about the contents of lessons, their health, the gender ratio of students and teachers, dropout rates, and so on. Health education is provided during music, arts, and physics classes. In arts and physics classes, teachers teach their students about communicable diseases, sanitation, disasters, and so on. Students are educated on physiology in the science class; however, classes on HIV are confined to high school. Teachers do not educate students about using smartphones and SNS. All teachers are female, and there are more female students than male students. Although no students had dropped out of this school last year, 56 students had dropped out four years ago. The reason was the relocation of parents, and there were financial problems in the background, as well.

Writer Kuuya Funaki

Photographer Miharuru Tamaoki



Date	01/26/2019
Visited site	Farms in Alfonso city, Cavite
Visiting time	14:00 – 15:30
People's name at the site	Rocky (a leader of local farmer) Efrenia Maneja Amon (landholder, former public school teacher)

Main activities	Observation of farms, Interviewing local farmers
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We visited farms in Alfonso city, Cavite. Interestingly, the restaurant where we ate lunch was managed by the company Gourmet farms, and we could see the farms behind the restaurant. The farm that we visited covered 12 ha and employed 31 workers, who cultivated four vegetables and looked after some livestock. Workers mostly belong to the neighborhood itself, and their income is approximately 450 peso a day. The head of this farm specializes in agriculture and manages organic farms. The main fertilizers used in the farm are vegetable waste and livestock dung; they do not use pesticides. Since this is an organic farm, the price of products is high; however, they often sell at supermarkets and hotels in Manila. They do not use agricultural machinery and use carabao for plowing the field.

We visited the local farm that cultivates pineapple, coffee, ginger, and banana. The landholder has hired 10 workers and manages approximately 3 ha of farmland. All the workers are male since farming requires much physical strength. On contacting any physical pain, they usually massage the area using oil, rather than going to the hospital. Ginger is planted between pineapples, since it can be harvested with pineapples. The wage of a worker is 300 peso a day, which is the minimum wage in Cavite. In case of coffee cultivation, urea and phosphate fertilizers are applied. Water supplies depend on rain, which affects the quality of products. Usually, a pineapple is sold at 50 peso, and the farm makes a profit of approximately 10,000 peso according to interview from their landowner.



Carabao plowing the field in Gourmet farms



At the local farm

Writer	Koki Asano
Photographer	Miharu Tamaoki

Date	01/25/2019
Visited site	WHO, Western Pacific region
Visiting time	8:30 – 12:30
People's name at the site	Dr. Nittita Prasopa-Plaizier, Dr. Rodel Nodora, Ms. Chandani Thapa, & Alma Prosperoso, Dr. Masami Miyakawa, Dr. Saki Narita, Ms. Eloise Adsett, Dr. Fukushi Morishita
Main activities	Orientation, Interview

At WPRO, we initially toured the facility. The interior of the facility was quite beautiful compared to the outside; the interior looks like another country. A guide said that the WHO believes that the working environment should be comfortable for workers. During the tour, we met some WHO directors and Japanese directors. Additionally, the latest regional director is a Japanese man named Mr. Kasai, from February 1st, 2018. According to their explanation, the directors of United Nations agencies are appointed, in general; however, the head of the WHO is elected. The WHO has six main functions: assuming global health leadership, monitoring trends across countries, conducting health research, technically supporting countries, setting regulations, and assuming responsibility of health strategies. The WPRO is one of its regional offices. It covers 37 countries in the Western Pacific region. We could understand some of its activities from an orientation. The first topic was on the health emergency department. The lecturer was a Japanese woman from the Center Hospital of the National Center for Global Health and Medicine. According to the lecture, the Japanese Ministry of Health, Labour and Welfare has sent people to this department over the past decades. This department manages emergency cases such as the Ebola virus pandemic, SARS, HIV, and Avian influenza. Once they know of such problems, they set up a team for assessment, following which they design a strategy. Recently, they have been focusing more on operations. The second topic was noncommunicable diseases. The WHO treats five major NCDs: cardiovascular disease, diabetes, cancer, chronic obstructive pulmonary disease, and mental illness. The last one was added only recently. To handle these problems, there are four components: governance, risk factor, health system, and surveillance. The WHO focuses on these components and manages problems. The third topic was nutrition. From the lecture, we could see understand the nutrition situations of the area under WPRO, particularly the Philippines. The fourth topic was career. We understood how the staff became WHO's staff. In conclusion, the lectures provided an overview of the WHO and its functions.



Conference room



Meeting room

Writer Miharu Tamaoki

Photographer Kuuya Funaki

Comprehensive Description (Rena Tomita)

The overall objective was to consider the children in a poverty situation and provision of multiple types of support for children in Philippines. I always think of the happiness of people. I believe that people do not necessarily feel happy when they are rich. However, it is a fact that there are people who have never thought about their futures since their life options are regulated by economical poverty. We got many opportunities to think about street children in this OTP. They require sufficient education to get stable jobs to escape poverty. ERMA staff said that street children often hate four corners and prefer to go back to the street. The first environment is very important. It is difficult for them to adjust to regulated life. Children in poor situations are created by parents in poverty. They cannot acquire education, which lessens their opportunity for employment and, subsequently, they become parents themselves. This cycle is repeated in the street. I think children in poverty should be made to understand that they can get better jobs if they study. Approaches targeting children have the highest probability to end the circle of poverty.

Moreover, there are many issues associated with poverty, like cyber-sex trafficking. From this OTP, I learned the complex ramifications of poverty. Although it is not a direct solution, improvement of agriculture can decrease such problems.

Comprehensive Description (Koki Asano)

Through OTP1, I could learn of the problems faced by poor child in the Philippines, and I found cyber-sex trafficking to be the most shocking aspect. As a solution to ending poverty and achieving well-being in the Philippines, we suggest increasing the future opportunities of children. It is important to let children know how good jobs provide good salaries, then give them opportunities to think about their own life plans, and help them understand the importance of education. We came up with the idea to hold a job workshop. At this event, children can experience the merits of various jobs and learn how to earn money. We think that this activity is helpful in increasing their future options and ending the circle of poverty.

In this OTP1, I did not get the opportunity to interview to local people. Therefore, I want to talk with local people actively because I think such interviews are more helpful in collecting actual facts about their lives. Finally, I thank all the teachers and members of the fifth batch.

Comprehensive Description (Kuuya Funaki)

The objective of overseas training program was to consider alleviation of child poverty and multiple supports for children in the Philippines. Several factors lead to poverty, although the concept named the circle of poverty exists. Children of poor parents are born into poverty. They cannot acquire adequate education and, accordingly, get less job opportunities. As a result, poor children become poor parents. This is the circle of poverty. To solve the problem of child poverty, it is necessary to end this circle. There are several facilities for children in the Philippines. Some children can be protected from abuse, provided opportunities for education, and can obtain jobs with these facilities. However, it is difficult to save all children because the number of

children in the Philippines is very high. It is important to give children educational opportunities; however, I think that the motivation for education will not rise without increasing the children's future image. Hence, we thought that creating a place where children can enjoy and increase the number of their future choices would help cut the circle of poverty.

My individual objective was to know the function of physical therapists in the Philippines and peoples' knowledge of disease prevention, as well their awareness of the value of health. I visited two facilities carrying out rehabilitation. One of them had an inadequate rehabilitation environment. Although the time of rehabilitations was decided, I did not know whether the rehabilitation was done based on evidence. In the Philippines, community-based rehabilitation is starting to receive attention and the expectation for physical therapists is expected to increase. I could see rehabilitation efforts; however, I could not fully understand the curriculum and quality of the college on physical therapy. I found that people involved in the institution understand the importance of health problems and prevention of diseases. I also heard that adequate support for women after childbirth was provided at public health centers; however, there are many women who do not come for regular health check-ups after childbirth. I thought that one cause was their lack of awareness or lack of knowledge. I could not investigate people's perceptions regarding other diseases and health problems. The WHO staff said that, first, social factors should be solved. On the other hand, staff at the public health center opined that it is necessary to promote interventions in every village. I think it is important to work on both the aforementioned activities.

Through the overseas training program 1, I discovered methods of learning other than visiting facilities and interviewing individuals. I thought it was important to see the living environment of the local people. There are many things that I cannot realize without understanding the reality. Hence, I intend to turn my attention to something other than tours during the overseas training program 2. In this training, there were many subjective impressions, and objective data could not be obtained sufficiently. Objective data are more important in terms of research; hence, I plan to obtain such information, as well. I feel that planning in advance is important.

Comprehensive Description (Saki Iguchi)

It was the first time that I was visiting a developing country. On the first day, we walked and toured a zoo. On the way to zoo, we passed a street where children were playing and some families were living. I was very surprised when many children begged us for money. We walked while eating; hence, children came near us and stretched their hands begging for our food. I did not know what to do for them. I could only cut them off. Further, I saw women breastfeeding their babies. I was so shocked that they raise their babies on the street and often earn money using their babies. Further, there were many stray dogs and cats. They caused insects to gather around and they walked through the garbage. Although I knew of street children beforehand, I was shocked when they begged me in reality. I wondered what I could do for them.

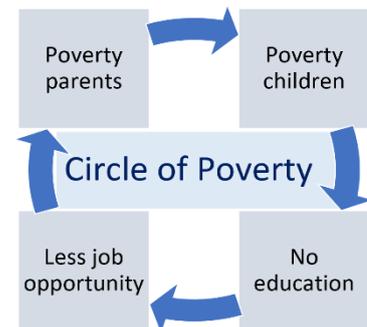


A situation of a dog

The theme of this program is child poverty. We have been investigating

this theme thoroughly; however, most situations were different from what we had expected. For example, the problems of child abuse, which happen because of poverty, are different in terms of the perpetrators of child physical abuse and types of abuse. At some places that we visited, we heard the term cyber-sex and abused children. Thereby, I thought this problem caused by poverty was so serious that it should be urgently resolved. Also, we expected children on the street did not have any opportunity to acquire education. However, we understood that they have sufficient chances and they can also go to school if they wish so. However, children preferred to be back on the streets even when they could live comfortably at the shelter.

To solve problems like child abuse, abandoned children, drug addiction, and reduce poverty that is cause of these problems, what can we do? We visited places providing some services for abused children and abandoned children like CPU, ERMA, and Hospicio de San Jose. There are already many places to protect these children. However, there are only limited facilities to reduce child poverty and end the negative circle of poverty (right figure), which is not sufficient. Similar to the social workers at ERMA, we thought that it is important for children to know the importance of education. To increase education opportunity for children and broaden importance of education make increase future options for children. Thereby they can have some job opportunity, get stable job and gain stable income. In order to make notice importance of education, it is necessary to teach them many choices of dream and how they come true their dream. If they find their future dream, they can think what they should do now. By teaching future choice, they can see not only now but also their future.



We have to think what we can do as individual and Japanese, what Japan can do as the same Asian country, what the Philippines can do, and what Filipino can do as a person facing the problems. In order to solve the problems, it is necessary to think about what we can do from each viewpoint.

Through this program, I fell I grown up. I could improve listening skill, interview skill in English, skill to settle in a short time. However, about physical condition management, it is the challenge of the next program. Because I spent almost sleeping in the Philippines by flu. In OTP2, I want to try to make suggestion to local people and discuss whether our suggestion can come true. Also, I want to see the work which local staff have already worked on. In this time, I wanted to follow to a social worker who works at ERMA and try to make friendship with children on the street. Moreover, before OTP2, I want to learn more about situation of Japan and solution that already done. I want to introduce problems and solution of Japan and discuss solution in the field varying in the situation and a problem.

Comprehensive Description (Miharu Tamaoki)

The main topic of the overseas training 1 was child poverty. Although not all of the things that we saw related to child poverty, we could think about it from many aspects. Regarding child poverty, we think that children cannot be poverty by themselves, but they can be poverty by the result of family poverty. For example, their parents cannot work because of something; like, illness, losing job or single parent, then the result of these, children cannot afford to go to school, eat enough meal or live in the house. It becomes a negative cycle which is called circle of poverty. Components of it are poverty parents, poverty children, less job opportunity and no education (Fig1). Even among these, we focused on education. We think that if a line between poverty children and no education is cut, children would get out of the circle. If children get more opportunities to have education, they would notice

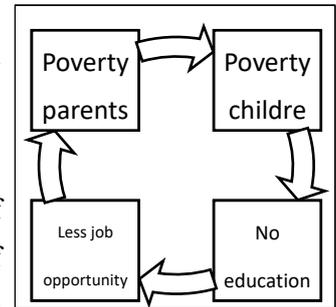


Fig1. Circle of poverty

If they learn about importance of education, then it leads to increase choices of future for children. If they learn about importance of education, and notice education makes their future, they will be able to think that they can change their lift by themselves.

Besides child poverty, I could learn health system, situations about child abuse and NGO's work. I cannot say health system is enough in the Philippines, but it seems that a minimum safety net is prepared for people. Regarding abuse children, it is severer and more deeply issue than I thought. Especially, sexual abuse is terrible, and it happens not only inside the Philippines but countries outside of the Philippines are involved in. Though I do not know whether these situations happen or not in Japan, it will be concerned in Japan as one of the sexual abuses. Additionally, NGO's power is indispensable in the country. Places such as ERMA, Hospicio de Sanjose and Unikase where we visited are all NGO, and there were many volunteers. Without them, vulnerable people cannot be supported I felt. Normally, there role have to be played by the government, however the actual situations, it does not work. I would like to think that what I can do for them continuously.

For overseas training 2, though I do not know where we can visit, I should prepare more about a country. Based on the OTP1, we thought we search a lot about the Philippines, but it not enough actually. Fortunately, in that time many things are related to medical, therefore I could understand. On the other hand, about agriculture, I do not have any basic knowledge, and I could not compare with situation in Japan. So, for the next time, even it not my field, I would like to study some basic information of the country, and to prepare for it. Moreover, I should take the leadership more than this time.

Event Title Prevention of diseases

Purpose

- Know their own health condition
- Learn how to prevent from diseases

Overview

- The activity focuses on sanitation and nutrition.
- Children will learn about it through activities and quiz.

Date & time January 23rd

Revenue ERMA

Preparation

- A drawing for grouping
- [Washing hands]** Make posters for description, black light, hand wash checker, and lotion
- [Quiz]** Make quizzes, draw pictures
- [Brushing teeth]** Make posters for description, a model for brushing teeth lecture, plaque checkers, paper cups, toothbrushes, and speakers

Content

1) Washing hands

At first, everyone will check how clean their hands are using the wash checker (one person in each group).By using hands washing checker, after washing their hands with a dedicated liquid, the unwashed part glows with blue light. After that, we will teach how to clean their hands, especially about the part with a lot of unwashed. Finally, we will do washing dance together. Thorough this time, they can learn how important and how to do to clean their hands.

2) Quiz

We will give the true or false quizzes about foods using sketch books. At first, quiz is given to the children and each group of children discuss the answer for 30 minutes. After thinking time, we correct the answer and explain about the topic of quiz. The group which got highest points can get prize. Through this activity, they can learn the importance of healthy diet.

3) Brushing teeth

At first, everyone will brush their teeth. After that, we will have children think about where to have unpolished parts,and actually check with a tooth brushing checker (one person in each group). After checking unpolished parts, everyone will brush their teeth again.Through this activity, we will also tell the importance of brushing.

Schedule (Duration/Person in charge)

- 10min :Explanation /Asano, Tomita
- Grouping deviding into 3 or4 groups
- 20min Washing hands challenge /Iguchi, Funaki, Tamaoki
- 10min Quiz about foods /Asano, Tomita
- 20min Brushing teeth challenge / Iguchi, Funaki, Tamaoki
- Giving award