Project PAN

Training session for Take10!® instructors started in Hyogo

For the qualified dieticians, physical therapists, and care workers belonging to the HINODE welfare society and other societies in Hyogo Prefecture, we carried out 4 days of training sessions for TAKE10!® instructors in February and March of 2016.

Previously, we had mainly trained general volunteers to become Take10! leaders after requests from local welfare facilities or silver human resource centers, in order to provide TAKE10!® program information and materials most suitable for that locality.

We have now started 「Take10! instructor course for experts」 in parallel to further grow the program, and this has resulted in the training of 11 new instructors. These instructors have already started to utilize the TAKE10!® program at day-care facilities as well as other venues. In the near future, Hinode Community Support Center will open as a local preventive care base, and future success with this program is greatly anticipated.

What’s Project PAN (Physical Activity and Nutrition)?

To promote healthier aging, Project PAN seeks to prevent lifestyle-related diseases, including obesity among middle-aged people and enhance the QOL of the elderly. Project PAN develops scientific evidence based programs to promote physical exercise and to improve the nutritional status of people by improving their lifestyles.

ILSI Japan CHP is pursuing two programs named “TAKE10!®” and “LiSM10!®.”

ILSI Japan CHP developed “LiSM10!®” (Lifestyle Modification) that supports improvements of risk factors of lifestyle-related diseases of employees in worksites. This program focuses on health promotion for physical activity and dieting after medical check-ups in worksites. “LiSM10!®” consists of 1) Individual objective setting and recording implementation. 2) Individual and periodical counseling by professionals to support individual program for 6 months, and 3) Support programs from worksites and families of individuals.

TAKE10!® for the elderly

Aiming to support “Healthier longevity” among the elderly and to reduce costs of the national health care program, ILSI Japan CHP developed TAKE10!® for the elderly. The program is featured by effective and unique combination of appropriate physical activity and proper dieting habits, which is different from conventional programs for preventing lifestyle-related diseases of adults.
Spread together Take10!®

We have uploaded a 15 minute video to YouTube titled "Let’s Spread TAKE10!® Together", which summarizes the activities related to TAKE10!® in various regions both in Japan and abroad.

Beginning with a brief description of TAKE10!® "Sumida TAKE10!®" (Tokyo) "Tsuwano TAKE10!®" (Shimane) "Masuda TAKE10!®" (Shimane) "Nishiki TAKE10!®" (Yamaguchi) "Ishinomaki TAKE10!®" (Miyagi) and "Vietnam TAKE10!®" are introduced, and the video ends with a Senryu poem (17-syllable satirical poems) written by the participants of TAKE10!®. Please take a look! (https://www.youtube.com/watch?v=v45tm8hjvBk)

Follow a senior!
Ishinomaki Senshu University Yamasaki Seminar

Students of the Yamasaki Seminar of Ishinomaki Senshu University volunteered to teach TAKE10!® at temporary and rebuilt housing facilities in Ishinomaki, Miyagi damaged by the Great East Japan Earthquake. Those students were able to draw on their volunteer experiences in TAKE10!® after they graduated and took their places in society.

Now, the second generation students are playing a key role and continuing the volunteer activities. But as this group has now become college seniors, the time for younger students to take over is approaching. Therefore we prepared a summary commentary and taught TAKE10!® exercises to students who had not yet received instruction from ILSI staff. ILSI will continue support for younger generations in the future.

TAKE10!® Progress to Date

The first intervention study was conducted with 1,418 elderly in Nangai village, Akita Prefecture from July 2002 for one year. This study showed that TAKE10!® for the elderly can effectively be introduced to local communities and can improve regular physical exercise practices and dieting habits, maintain muscle strength and improve physiological functions. The result of the study was reported at the Annual Meeting of Japanese Society of Public Health in 2004. Three national newspapers and eight local newspapers covered the study. More than 9,000 inquiries have been received, including inquiries from local government offices and organizations, and more than 25,000 copies of the booklets have been sold. DVD and cooking booklets (both in Japanese only) also are available from the TAKE10!® website, http://take10.jp/chapter5.html#item01.

“Sumida TAKE10!®” program was started by Sumida Ward Government of Tokyo in October 2005, and more than 1,100 elderly people have taken part in the program over eleven years. The program was conducted at four to six sites and included lecture sessions on the program and physical exercise practices. This is also designed as an intervention study and the results have consistently been reported at the annual meeting of Japanese Society of Public Health. Particularly, the results of the 2005 Sumida TAKE10!® intervention study was published in the international journal "BMC Geriatrics".


Having received mandates from local governments all over Japan, social welfare councils, Silver Human Resources Centers, and some volunteer groups, we have trained TAKE10!® peer leaders and supporters. TAKE10!® programs are continuously being implemented in many regions across Japan.
Project IDEA

Toward a nation-wide expansion of iron fortified rice project in the Philippines

FNRI, Philippines has conducted a scaled-up study on fortified rice with iron starting in Compostela Valley, Mindanao region with cooperation and coordination of all stakeholders in March 2015. The study in Compostela Valley was completed successfully at the end of June 2016. A meeting to report results of this study was held on June 7, 2016 and included all stakeholders. Toward a nation-wide expansion of the project, FNRI held a forum entitled “Advancing toward the Future through the use of Innovative Technology on Rice Fortification” on June 21, 2016 in Ilocos sur, Luzon. In the forum, many government officials from various ministries participated and ILSI Japan CHP made an opening presentation.

Market Trial Study of Iron and Zinc Fortified Rice in Vietnam continuing

Using iron and zinc fortified rice produced by the Food and Nutrition Research Institute of the Philippines (FNRI), a market trial of iron and zinc fortified rice in Vietnam began in November 2015 and was conducted by the National Institute of Nutrition in Vietnam (NIN). The initial site for the study was Thai Binh Province near Hanoi and the study at this site will continue for 12 months.

Achievements of Project IDEA to Date

In the Philippines, ILSI Japan CHP has worked with FNRI on the stability and acceptability of several alternatives for the fortification of rice with iron. The overall evaluation indicated that extruded rice with ferrous sulfate and micronized ferric pyrophosphate are the most stable and have the most acceptable taste and color. An efficacy study was conducted for 6 months in 2004 by means of an intervention program using primary school pupils 6-8 years old in Metro Manila. The intervention program demonstrated that both of fortification alternatives significantly improved anemia prevalence. A market trial started in April 2008 and confirmed the effectiveness in Orion Municipality.

In Cambodia, fish sauce fortified with NaFeEDTA was introduced in Kampot in March 2007 and Siem Reap in August. ILSI Japan CHP is working with RACHA to promote social marketing programs, to establish quality monitoring of the market and to establish a surveillance system for monitoring IDA. The effectiveness of the fortification was confirmed. Akzo Nobel is supporting the project by donating NaFeEDTA.

A literature search on complementary feeding resulted in the report “Towards improved infant and young child nutrition in Asia through appropriate complementary feeding” which can be used as a basis for the research and development of complementary feeding.

In Vietnam, in collaboration with National Institute of Nutrition (NIN), ILSI Japan CHP has pursued iron fortification (NaFeEDTA) of fish sauce. A series of studies verified that regular consumption of iron-fortified fish sauce significantly reduced the prevalence of anemia. Iron-fortified fish sauce was launched in 2006 based on the scientific outcomes of the research and development. The plan calls for 10 large production plants to produce fortified fish sauce by 2009. With financial support from GAIN, the national launch is scheduled in 5 years, which will include programs for production/distribution, quality assurance, communication of nutrition and health and monitoring/surveillance. ILSI Japan CHP will continue to provide professional support to ensure a successful national launch.

In China, the Iron Fortified Soy Sauce Program was launched in 2004 as the national policy to prevent anemia by ILSI Focal Point in China and CDC China.

What’s Project IDEA (Iron Deficiency Elimination Action)?

The difficulty in maintaining a variety of food sources results in malnutrition and micronutrient deficiencies in the developing countries. Iron deficiency anemia, one of the most prevalent threats to public health, impairs brain development, immune system functioning, and learning ability in infants and children. It can also be a major cause of death among pregnant women, and dramatically reduces productivity among working adults, which in turn hinders the struggle against poverty. The UN ACC/SCN (the United Nations Administrative Committee on Coordination/Sub-Committee on Nutrition) reported that 1.6 billion people suffer from iron deficiency anemia, and that it has been more difficult to overcome this than other micronutrient deficiencies.

Project IDEA works to reduce iron deficiency anemia (IDA) in developing countries by adding iron to commonly-eaten and commercially-produced foods such as condiments and staples, based on the dietary patterns unique to each country.
Project SWAN

Information, Education and Communication activities have been implemented in Thai Nguyen and Bac Gaing Provinces

Under the “Project to support educational activities for mothers to improve the quality of complementary food in rural Vietnam”, which began in November 2015, Thai Nguyen and Bac Gaing Provinces have been implementing Information, Education and Communication (IEC) activities. ILSI Japan CHP and health personnel at the Provincial Preventive Medicine Center developed the following 5 IEC activities: i) loudspeaker announcements (using existing loudspeakers at villages), ii) cooking classes, iii) flip chart communication through household visits, iv) intensive counselling for mothers with malnourished children who were identified through our baseline survey, and v) monitoring of all IEC activities. For all 4 IEC activities, except for the monitoring, we determined the frequency of implementation, and project partners at all levels (province, district, commune and village health workers) complied with the determined frequency in order to implement IEC activities in an effective manner. For example, during loudspeaker announcements, village health workers covers 8 topics related to complementary feeding, and hand and food hygiene, etc., twice a day, 3 days a week. Village health workers also have organized 80 cooking classes in 2 provinces and every mother with a child 6 to 23 months-old participates an average of 2 times. Furthermore, village health workers have been communicating with 10 to 15 mothers per month using flip charts during household visits.

We completed the analysis of the baseline survey conducted in July 2015, and ILSI Japan CHP shared the results with all levels of partners and offered advice on points to be reinforced in IEC activities. Based on this advice, the provinces will improve on-going IEC activities. An evaluation of ongoing IEC activities is planned for September 2016.

Achievements of Project SWAN to Date

Vietnam: With an emphasis on rural areas in developing countries in Asia, where public water works are lacking, ILSI Japan CHP has been working on the Project SWAN in collaboration with the National Institute of Nutrition since 2001. Project SWAN features a unique concept, combining a water technological program and an IEC (Information, Education and Communication) program into one project, taking a cross-sector approach. Based on the preliminary investigations, a project “Participatory approach for improving safe water supply, nutrition and health environment: SWAN1 (2005-2008)” and the SWAN2 (2010-2013) in Hanoi and Nam Dinh Province were supported by JICA (Japanese International Cooperation Agency) as a grassroots technical assistance project. The SWAN1 was completed in 3 villages with great successes at the community level such as safe water supply by water management unions, and the improvements of nutrition and health conditions. The Phase 2 intended to enhance cross-sectional cooperation and to improve community-support by building up Working Team at national government level and Support Team at provincial/district level. Almost 120,000 people across 16 villages benefited by the SWAN2. Since 2013, the SWAN3 has been carried out in Hanoi and Nam Dinh Province, where we intend that Vietnamese provincial authorities adopt SWAN’s programs for their water and health related programs. Since 2014, with a focus on the nutritional aspects, we have been implementing a 3 years project “Project to support educational activities for mothers to improve the quality of complementary food in rural Vietnam” in Thai Nguyen and Bac Giang Provinces. The project has been supported by AIN (Ajinomoto International Cooperation Network for Nutrition and Health).

Indonesia: Since 2013, in collaboration with ILSI SEAR (Southeast Asia Region), we are developing project components in Indonesia.

What’s Project SWAN (Safe Water and Nutrition)?

WHO has reported that 780 million people do not have access to safe drinking water, and in many developing countries the intake of unsafe water and unhygienic environments cause diarrhea and infectious diseases among children. This interferes with the intake of necessary nutrients, resulting in malnutrition. Even if water treatment facilities exist, it is often found that these facilities are not properly designed and that proper treatment is not conducted, including the use of chemicals to remove contaminants, resulting in the failure to meet WHO microbiological and chemical standards.

Project SWAN aims to establish sustainable water supply and health management models in rural and suburban areas through a participatory approach with inhabitants by enhancing knowledge of drinking water, nutrition, food hygiene and sanitation at the household level, optimizing the operation of water treatment facilities to meet Vietnamese standards, establishing effective management systems to sustain safe water supplies and promoting health communication by community-based participatory approaches.

It is expected that these models will be applicable to and can be expanded to other rural and suburban areas in Vietnam.

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