No. 215 May 1992

ISSN 0911-0755

JOICFP NEWS

McNamara Calls for Action Now

Former World Bank president proposes massive global FP program

Robert McNamara

A massive global effort will be required in the 1990s to head off a population explosion that threatens to destroy the environment and take away the economic and social advances that have been made, said Robert McNamara, former president, World Bank. "The interests of both developing and developed countries — particularly the interests of women and children — demand immediate action to accelerate the reduction in population growth rates," he said.

In his keynote speech to the "Global Industrial and Social Progress Research Institute (GISPRI) Symposium '92," McNamara outlined a six-point global family planning (FP) program he has proposed to expand FP services to answer unmet demands around the world. Calling for an increase in annual global FP spending in this decade to reach US$8 billion in the year 2000, McNamara said the foreign funds required to achieve this would mean an increase from the present level of US$800 million to US$3.5 billion. "While the increment appears large, it is very, very small in relation to the GNP and official development assistance (ODA) projected for OECD (Organization for Economic Cooperation and Development) countries," he said. "Clearly, it is within the capabilities of the industrialized nations and the multilateral financial institutions to assist developing countries to finance expanded FP programs." As a superpower, Japan can play a major role in such a process, he said.

Held in Tokyo on April 21, the symposium was sponsored by GISPRI and UNFPA with the support of the Japanese Ministry of International Trade and Industry, the Japan Committee for Global Environment and Nihon Keizai Shimbun, Inc. It was organized in cooperation with Population Forum 21 and JOICFP.

"The last decade of the 20th century is decisive for the future of population growth and, therefore, for the environment and development prospects in the next century," said Dr. Nafis Sadik, executive director, UNFPA, who gave an opening address to the symposium. "Clearly, population growth must be slowed and brought into balance with resources if we are to have any hope of sustainable development," she said. "One of the keys to change is the achievement by women of reproductive freedom, which permits them to take advantage of education, healthcare and access to economic opportunity."

In his global FP program, McNamara proposed a system whereby UNFPA and the World Bank work in cooperation with each developing country to help it establish goals for its own long-term population stabilization level. According to his plan, the World Bank would assume responsibility for organizing external financing and serve as a last-resort financing source, while UNFPA would provide monitoring of the global program.

Role for Japan

"Japan is destined to play a larger and larger role on the world scene, exercising greater political power, and, hopefully, assuming greater political and economic responsibility," said McNamara. Pointing out that Japan is committing a mere 0.32% of its GNP to aid developing countries, McNamara said that its contribution is falling far behind the level of other OECD countries despite its 20% larger per capita income. "For Japan's development assistance to reach the level of the Western European countries, it must be raised from $US9 billion per year to US$14.5 billion," he said. "Japan could make a major contribution to accelerating reductions in fertility rates across the developing world by immediately raising its contribution to US$500 million per year and by planning to increase it to US$1 billion per annum by the end of the decade," he said. J

Dr. Nafis Sadik

DN 4/5

Sustaining FP Successes

Women and young people targeted in new Indonesian FP initiatives

Dr. Kartono Mohamad, chairman, Indonesian Planned Parenthood Association (IPPA), and chairman, the Indonesia Integrated Project (IP) Coordinating Forum, spoke about the Indonesian family planning (FP) and maternal and child health (MCH) situation in Indonesia during a visit to JOICFP on March 24. Below is an outline of his comments.

The Indonesian FP program has made significant achievements in 20 years. It is a success in terms of the reduction of the population growth rate and infant mortality rate (IMR). Our maternal mortality rate has also been reduced, but it is still one of the highest in Southeast Asia. In the past, the MCH service has been more oriented toward the child. Now it is time to pay more attention to mothers, especially pregnant women.

From now on it will be more difficult to maintain the successes of the FP program. There is a danger that if we're complacent, within the next 10 years the rate of population growth could increase significantly, since the fertility rate of the young is high and the number of younger couples is very large.

Programs for Young People

This potential for a rapid increase in population is the reason why IPPA is concentrating on the young population in its programs. Many young urban couples today think they can afford to have more children. In answer to this trend, IPPA must turn its focus to adolescents, young people, young couples, and the urban population. As a non-governmental organization (NGO), IPPA can do much. The collaboration between the government and NGOs in Indonesia is very good, especially for community programs. A meeting is held annually at which government and NGOs talk about what can be done by NGOs and done by government.

IPPA has a different approach for the rural and urban youths. In rural areas, we usually train youths to do something which will end up with them being self-employed. For the urban youth we give counselling, not only on sexual problems but also on family problems. We now have a pilot youth clinic in Jakarta. Also, we have set up some learning facilities where university students come to teach high school students. If this is successful we will expand the project.

Dr. Kartono Mohamad

At the grassroots, we promote community development, especially for women. We also conduct training for women and motivate them to practice FP. IPPA sometimes provides interest-free loans for women to use to improve their economic situation. We also have preschool education integrated with FP. In this program, we invite mothers to school twice a month to observe their children. At this time, we motivate them to practice FP and consider healthcare for their children.

In Jakarta, the IP has already been expanded to cover 900 schools. The minister of population and environment is very interested in this project and has promised to help so that the IP can be implemented in Lombok. On this island, the IMR is very high and the health situation is the worst in Indonesia. The plan for expansion is now under way.

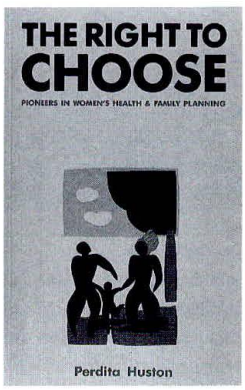
I began my career in IPPA in 1976 as a volunteer and was also involved when the initial integrated clinic of the IP was established in 1980. It was through the integrated clinic that counselling was provided for the first time in an Indonesian clinic. I also visited the IP area in Sawalunto in 1975.

IPPA now has several new programs including a nutritional program for east Indonesia, a youth clinic and a clinic for males. The male clinic will deal with vasectomies and sexually transmitted diseases. It will be a place in the city where men can come without being known by anyone. Male participation in FP is still quite low in Indonesia.

The Right to Choose

To celebrate the 40th anniversary of IPPF, a specially commissioned book has been published by Earthscan Books on 12 early family planning (FP) pioneers. Written by Perdita Huston, "The Right to Choose: Pioneers in Women's Health & Family Planning" is a collection of stories of early leaders of the FP movement. The stories, collected by Huston from those pioneers still living or from people with whom they worked, provide insights into the unique individuals who struggled to bring women their reproductive rights around the world. The book mainly focuses on the contribution that little known pioneers made to the early FP movement.

In the anniversary issue of "People" magazine, Huston outlines two reasons why the stories were collected: "IPPF wishes to honor those who dared challenge authority and convention to bring attention to the health needs of women and their families. By so doing the federation hopes to prompt others to take up the struggle for reproductive rights."



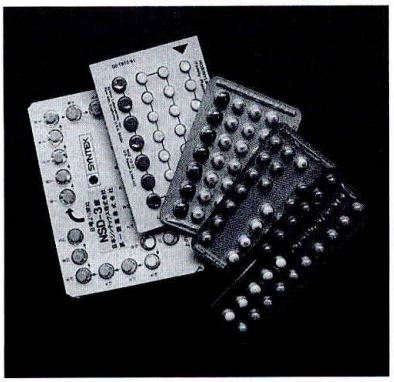
Featured in the book is the story of Miyoshi Oba, a public health nurse who worked to promote FP in poor rural villages of Nagano Prefecture in Japan during the postwar years. Oba, shocked by the number of abortions taking place, promoted use of the condom using an innovative approach to win the acceptance of villagers. Now retired, Oba not only made significant contributions to the FP and maternal and child health field in Nagano, but also shared her experiences with people from developing countries through international cooperation activities.

Despite the diversity of backgrounds of the pioneers in the book, Huston notes that all shared a concern for women's health. "In sum, the will to do something about the poor state of women's health and the tragedy of unsafe abortions were the primary motivations of the men and women who took up the challenge to provide FP for their compatriots."

Door Closes for Women

Japanese women likely to be denied access to low-dosage pills

The Japanese government has decided to maintain its ban on low-dosage birth control pills indefinitely, a major national newspaper reported on March 18. According to the report in the Yomiuri Shimbun, the Central Pharmaceutical Affairs Council of the Ministry of Health and Welfare cited "koshu eisei" (public hygiene/health) and concern over the increasing cases of AIDS as the reason for halting the approval of the low-dose pills that had been expected this summer.



The absence of an official statement by the government on the issue, however, worries the country's family planning (FP) promoters who insist that the public should be informed on the government's intentions concerning contraceptive pills. "The public have a right to know whether the authorization of the pill is to be delayed or whether it will be banned, and the reasons for the government's decision on this matter," said Yuriko Ashino, Deputy Executive Secretary, Family Planning Federation of Japan (FPFJ).

In a statement released after the newspaper announcement, the Medical Committee of the Japan Family Planning Association (JFPA) took issue with the decision to link AIDS prevention and reproductive choice. The function of the Central Pharmaceutical Affairs Council is to determine the safety of pharmaceuticals and not to make decisions about AIDS prevention, the statement said. The committee also pointed out that recent studies in Japan support the effectiveness and safety of low-dose pills, while no research has been carried out to determine a relationship between use of contraceptive pills and the spread of AIDS.

An indefinite ban is seen as a serious blow to efforts to give Japanese women greater freedom to make their own reproductive choices. The move also comes at a time when the government is showing concern about the plunging birthrate and considering measures to encourage women to have more children.

"Since there is no direct relation at all between the pill and AIDS, I can only imagine that there must be other reasons for the government to delay its release," said Ashino.

She pointed to the falling birthrate as a likely factor as well as government concern that promiscuity among young women may increase.

The likelihood of a ban is bad news for FP promoters who have been campaigning for authorization of low-dose pills which have less side effects than stronger types. At present, medium-dose and high-dose pills can be prescribed by doctors in Japan to treat menstrual disorders. In reality, however, women are able to use these higher-dose pills for contraceptive purposes since doctors who prescribe them for this purpose are not penalized under the law. According to the JFPA, some 500,000 women in Japan are currently using the medium- to high-dose pills.

Double Standard

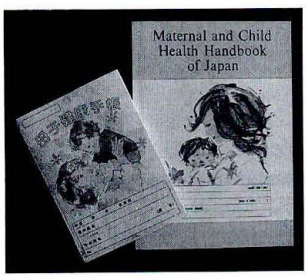
The "double standard" that exists in Japan, whereby women are able to use stronger-dose pills for contraception under the guise of medical treatment, while being denied access to the safer option of low-dose pills, should be abolished, say FP promoters. If the government is concerned about public health, why is it restricting access to safe contraceptive options, commented Ashino. Lamenting the absence of women's involvement in the decision-making process on the pills, Ashino said, "Contraception should be a matter of individual choice, not a moral issue."

By linking the pills' authorization to AIDS prevention, the government may prolong the ban indefinitely and continue to deny women in the country one safe and very effective means to determine the size of their own families.

From Strength to Strength

At 4.6 per 1,000 live births (1990), Japan enjoys the lowest infant mortality rate (IMR) in the world. An achievement in itself, the figure is all the more significant when it is compared to the IMR of 166 that Japan recorded just over 70 years ago. One of the major factors contributing to the successful reduction of the IMR was Japan's adoption of an efficient health record system for mothers and children in 1942. Known at present as the Maternal and Child (MCH) Handbook, this booklet of personal medical records quickly became a cornerstone of MCH care in Japan and is still carried today by every pregnant woman and mother.

In April, JOICFP published a new English-language edition of the MCH Handbook for foreign women living in Japan and Japanese women living abroad. The second revised edition since JOICFP began publishing the booklet in 1983, the new MCH handbook is slightly thicker and features a new layout with record sheets in the front and medical information in the back for easier reference. The changes in format were made according to guidelines released by the Ministry of Health and Welfare which has also decentralized MCH care by giving responsibility for the handbook and related MCH activities to municipal authorities instead of the public health facilities of each prefecture.



One reason why the MCH Handbook has been so well accepted in Japan is that it puts the health record of pregnancy and child health until school age in the hands of the mother. Every woman in Japan is obliged to inform the municipal office of her pregnancy. At this time she will receive a copy of the handbook which contains at least two coupons that will entitle her to two free health checkups.

Without the efficient infrastructure of Japan's healthcare system, however, the MCH Handbook would not be as effective. At each municipality, Japanese mothers can depend on a thorough system for childbirth, immunization and health checkups that is supported in many areas by a community-based network of volunteers drawn from women's and MCH groups. Thus, the rate of children undergoing regular health checkups is extremely high at 80-90%.

The effective role that the handbook has played in Japan's MCH care has also been recognized by other countries. Following Japan's lead, the U.S. state of Utah, China, Korea and Thailand have produced their own versions of the handbook.

A World in Balance

UNFPA report underscores the role of population in consumption, environment and development

Titled "A World in Balance", this year's State of World Population Report calls for immediate and determined action to balance population, consumption and development patterns: to put an end to absolute poverty, provide for human needs and yet protect the environment. Released ahead of the Earth Summit (UN Conference on Environment and Development) to be held in Brazil in June, the report highlights population growth as a major factor in environmental impact, noting that the immediate threat of exploding population and consumption might be to "renewable" or "unlimited" resources, including land, water and biodiversity. Below is an outline of the report.

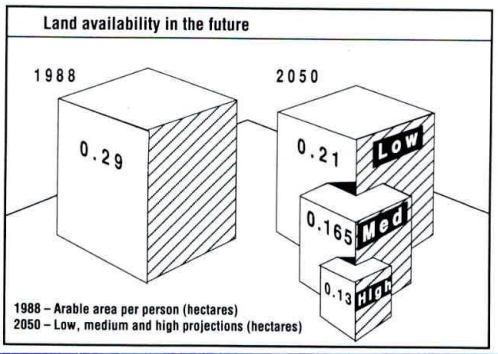
From a total of 5.48 billion in mid-1992, world population will expand to hit 6 billion in 1998. In the next decade, the number of people will increase by an average of 97 million annually, the highest growth rate ever. Nearly all this growth will be in Africa, Asia and Latin America. Over half will be in Africa and south Asia.

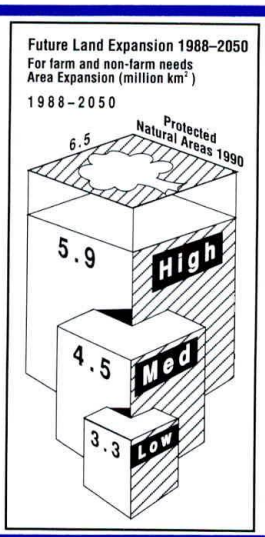
Medium projections of population growth see the number of people at 8.5 billion by 2025, a near doubling of the present population to 10 billion in 2050, and continued growth for another century to mark 11.6 billion in 2150. According to the most optimistic prediction, total population could peak in mid-century and begin to fall thereafter. If growth, however, is not curbed, world population could reach 12.5 billion in 2050 and head towards 20.7 billion a century later. Action to reduce family size in the next decade will have a crucial impact on the size of world population in the future.

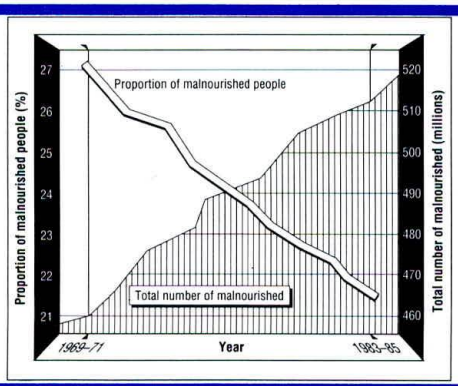
Running into the ground

Renewable resources are being used faster than they can be replaced.

- By 2025, 21 African countries are likely to face water scarcity, affecting 1,100 million people.
- An increase of 56 per cent of the developing countries' 1988 arable area will be required to meet the needs of population growth between now and 2050. This will rob wildlife of forests, wetlands and savannahs, reducing species diversity.







Food facts

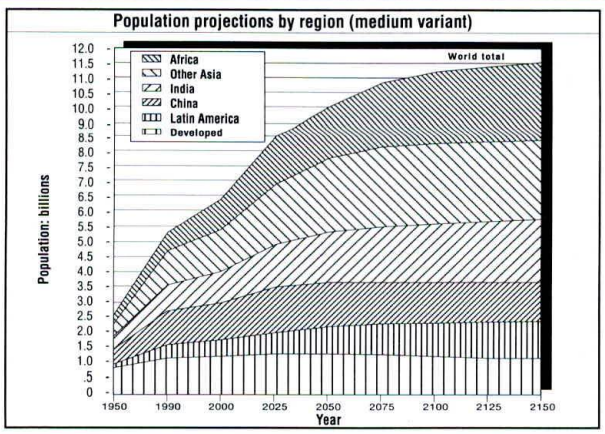
- While the proportion of malnourished people dropped from 27 per cent in 1969-71 to 21.5% in 1983-85, the total numbers rose from 460 to 512 million.

Health points

- In 1990, around 1.5 billion people had no access to clean water and modern health care.
- Some 300 million women had no access to safe methods of contraception, representing a total family population of 1.5 – 2 billion.
- 2.3 billion did not have adequate sanitation. Slower population growth would have helped better public services reduce the numbers of the poor as well as the proportion.

More of us than ever

With the 1992 population already at 5.48 billion we face four decades of the fastest growth in human numbers in all history. Between now and the end of the century, we will be adding 97 million people annually – roughly another Mexico every year. With a likely population of 8.5 billion by 2025, and 10 billion by 2050, the long-range estimates show a likely world population of 11.6 billion by 2150.



Environmental Costs

World resources are adequate for the sustained development of the planet, if they are carefully used. The requirements will be to improve the conditions for the world's 1.1 billion poorest people; to meet the legitimate aspirations of the three billion who are neither rich nor very poor; to cut the environmental cost of development and distribute its benefits more equitably. Progress towards these goals calls among other things for slower population growth, smaller overall totals and more balanced population distribution in and between countries.

It has been shown that attention to population issues can help eliminate absolute poverty, sustain economic growth and achieve ecological balance. Countries which succeeded in slowing population growth between 1965 - 1980, for example, saw the benefit in the 1980s when the average income per person grew 2.5% a year faster than countries with more rapid population growth.

Ending absolute poverty, improving health and education and raising the status of women will contribute to slower, more balanced population growth. In particular, giving women access to better education, healthcare and family planning (FP) and fair wages will speed economic development and reduce family size. Smaller family sizes, in turn, can directly contribute to better education, health and nutrition since children from smaller families are healthier and

better nourished, stay longer in school and do better there than children from large families. Avoiding births to mothers under 20 could cut deaths of under-fives by 17%, while avoiding births spaced closer than two years apart could also yield the same result. Eliminating both types of poor timing could reduce maternal mortality by 40%.

Balanced Development

Balanced development between urban and rural areas and between countries is an essential component of sustainable development. Some 83% of population growth in the next decade will be in urban areas. Over one million people emigrate permanently to other countries and close to that number seek asylum each year. The number of refugees rocketed from 2.8 million in 1976 to the record level of 17.3 million in 1990.

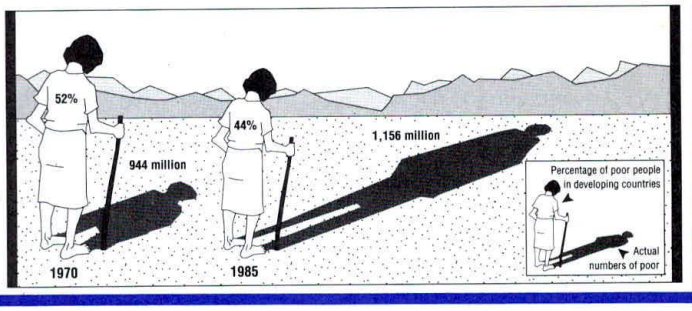
Environmental impact is the product of the number of people, their level of consumption, and their technology. Average consumption levels in the world are bound to rise. Technology alone cannot work miracles. Slower population growth will help achieve growth within lower damage levels. Working towards balanced population growth is part of a broad strategy to reduce environmental impact and achieve sustainability.

Experience in the last two decades has shown that fertility patterns can change in as little as a decade and that voluntary policies and programs can be highly effective in encouraging the change. Access to information and the means to decide family size through child spacing has been accepted as a human right for over 20 years. Yet 300 million women in developing countries did not have ready access to safe and effective means of contraception in 1990. Just over one birth in five in developing countries may be unwanted. Enabling women simply to avoid unwanted births would help both them and their families.

For richer, for poorer?

The UN estimates that the percentage of poor people in developing countries fell from 52 per cent in 1970 to 44 per cent in 1985. But because population grew rapidly over this period the actual numbers of poor people rose from 944 million to 1,156 million.

- In Africa from 166 million to 273 million
- Latin America from 130 million to 204 million
- Asia has the biggest share of the world's poor at 737 million despite a big drop in the percentage of poor people, from 56 per cent to 43 per cent.



Recommendations

Sustainable social and economic development calls for a direct attack on the roots of poverty. Strategies adopted by the international community for the Fourth International Development Decade should be implemented without delay. Population is an essential component for sustainable development and should be integrated in every aspect of research, policy and programs at every level. Internationally, a sustained and concerted program with special emphasis on Africa and south Asia should be started immediately to bring population growth towards the UN lower population projection. At the national level, countries should adopt population policies adapted to national situations, aimed at achieving balance between population and resources for development. Population policies should recognize that the interaction of population and environment helps determine sustainability. Governments should take steps to assess the environmental implications of population growth and distribution, and take appropriate action. They should also assess the environmental impact of their use of resources and prevailing technology and make decisive moves.

Human-centered development measures should have priority in development policies and programs. They should include as essential elements means to improve health, education and the status of women. Measures to raise the status of women include: establishing women's property rights and access to the labor market; equalizing educational opportunities and literacy rates between men and women; and reaching those women who do not have ready and easy access to modern, safe and effective means of FP.

Education for Women

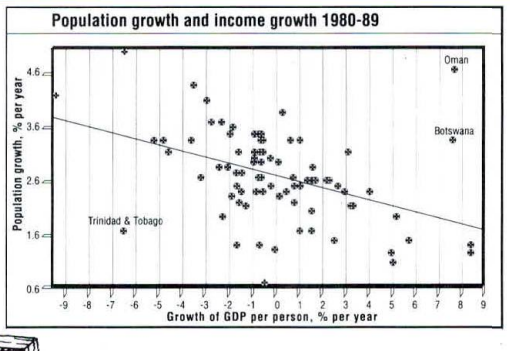
The most urgent priority in education is to ensure access to, and improve the quality of, education for girls and women, and to remove obstacles that hamper their active participation. Education for women must be given top priority since it contributes to women's personal development, to smaller families and to better health for mothers and children.

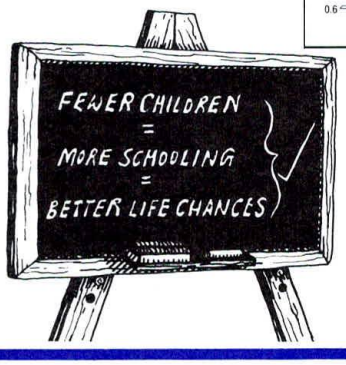
Developing human resources together with balancing population and consumption will be the key to the future. The measures that slow population growth are beneficial in their own right. They will improve the quality of life, especially for women and children and will reduce damage to the environment and achieve sustainable development. They must not be delayed.

Slower population growth, faster income growth

Out of 82 countries:

- In 41 countries with slower population growth in the 1980s, incomes *grew* on average by 1.23 per cent a year.
- In 41 countries with faster population growth in the 1980s, incomes *fell* on average by 1.25 per cent a year.





Smaller families, better education – better life chances

Studies in developed and developing countries show that children from small families tend to have more years of schooling and perform better at school.

- One year's schooling in developing countries has been found to increase wages by 7 per cent to 25 per cent.
- Increasing the average level of schooling by three years is associated with an increase in the country's rate of economic growth of 27 per cent.

**Charts courtesy of UNFPA*

Support from Across the Ocean

Assistance from Japanese public bolsters local NGO's adolescent health program in Mexico

Recent initiatives from Japan to support family planning (FP), maternal and child health (MCH) and primary health care promotion in Mexico have met with a warm response at the grassroots where their effects are most felt. In areas where the Integrated Project (IP) is being implemented by the Mexican Family Planning Foundation (MEXFAM), health and education personnel are now utilizing equipment purchased with funds from the Voluntary Deposit for International Aid (VDIA) scheme to promote health education among adolescents, while reconditioned bicycles donated by the Municipal Coordinating Committee for Bicycle Assistance (MCCOBA) are assisting health promoters to take their messages and services to people in communities. A key to the effectiveness of the two initiatives is their incorporation into the activities of a local non-governmental organization (NGO), MEXFAM, which is implementing programs that address the needs of people at the grassroots.

With teenage pregnancy increasing at an alarming rate in Latin American countries, adolescent health is now being highlighted as one of the most crucial factors in the success of FP/MCH programs throughout the region. To support MEXFAM's efforts to tackle this issue, 38 projectors, 81 adolescent health films and 37 sets of the educational Magnel Kit (a magnetic board for teaching reproductive processes) were purchased with funds from the VDIA scheme administered by the Ministry of Posts and Telecommunications of Japan. The funds were collected from 20% of the interest accrued on special VDIA accounts held by Japanese people wishing to support international cooperation activities in developing countries.

A reconditioned mobile X-ray van (above) is bringing much needed healthcare services to people living in rural areas in Mexico's Queretaro State where the IP is being implemented at the grassroots. The van, donated by the Tochigi Health Service Association in July, 1991, is being used to support the FP/MCH, primary health care, and health education activities of the IP thanks to assistance of the Japan Health Service Association, which covered the cost of the van's shipment. Utilized by the Queretaro branch office of MEXFAM, the van enables mobile health teams to cover greater distances and reach more people, especially those in isolated rural areas. It is also contributing to the office's efforts to achieve self-reliance, since fees are charged for the services provided.

A volunteer FP promoter delivers contraceptives to men in Tlaxcala.

Health Education

To confront adolescent health problems, MEXFAM is concentrating on IEC activities to give young people a basis from which to make informed decisions about reproduction and contraception. Thus, the choice of equipment to support these IEC activities was a particularly appropriate form of assistance to offer the adolescent health program. Distributed to health and education personnel, the projectors and kits are boosting efforts for youth in marginal areas. Meanwhile, the Magnel Kits offer a simple, visual means to explain reproductive processes to aid the understanding of reproductive health.

Among the personnel using the equipment sent to MEXFAM are the community doctors in the IP area supported by the NGO. An outreach scheme to serve isolated areas, the community doctor program provides initial support to the practitioners by setting up a consultation clinic and providing basic equipment. After two to three years, these doctors must become self-reliant. As part of the scheme, they are obliged to devote their afternoons to health education activities, particularly those concerning adolescent health. Currently, 40 of the 200 community doctors supported by MEXFAM are working in IP areas.

Wheels for Doctors

This scheme has also been strengthened by the donation of reconditioned bicycles, which assist the doctors to reach the 15,000 people they are each expected to serve. Based in peripheral zones of cities and isolated rural areas, the doctors and their staff are now using the bikes to provide services, offer counselling and educate communities. The bicycles have also been distributed to two other groups of community health agents: the youth brigades, who actively promote FP and offer sex education, and the volunteer promoters, who are drawn from the community to support MEXFAM's program in each village.

The IP received a second donation of 150 bikes in October, 1991, following the effective use of the initial donation of 75 in 1990. Appropriate to the Mexican situation, the bikes and the equipment supplied through the VDIA scheme have been greeted by health promoters as very practical means of support.

Grassroots Perspective

Graciela Duce, country director, UNFPA, Mexico (left) stands with a local health volunteer during a visit to La Hormiga, Oaxaca State, on February 10. Duce joined Alfonso Lopez Juarez, executive director, MEXFAM, and staff members of JOICFP on a field trip to La Hormiga and Huixtan to observe preparations for the start of the IP and view initial activities of the community doctor scheme, respectively.

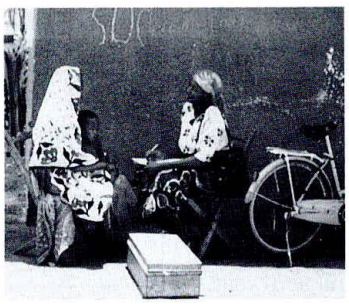
Building on Initiatives

Simple innovation supports use of donated bicycles in Tanzania

The creation of a simple metal box to attach to the back of a bicycle has made life a lot easier for mobile health promoters working in areas where the Integrated Project (IP) is being implemented in Tanzania. The innovation, a metal "suitcase" that can be attached and removed from the carrier of a bicycle with ease, provides community-based distributors such as the traditional birth attendants (TBAs) and village health workers that work directly at the grassroots with a hardy, convenient carrying case for medical and family planning (FP) supplies.

Strong enough to withstand the bumpy rides on the dirt roads linking villages and homes in the rural areas where the IP is implemented, the box was designed to be used on the reconditioned bicycles donated to the project by Japanese local governments belonging to the Municipal Coordinating Committee for Bicycle Assistance (MCCOBA) through JOICFP. To date, 600 bicycles have been sent to Tanzania to assist the health workers to provide integrated FP, maternal and child health (MCH) and primary health care (PHC) services and offer health education to encourage community participation in the project.

At present, the metal boxes have not been widely distributed to health staff, but plans to extend their use have been incorporated into a proposal to expand the project to cover the total population of the Hai District, Kilimanjaro Region. According to the plan, the male and female village health workers of each village will be trained to provide FP services along with the PHC services they currently offer.



Role of TBAs

At present, TBAs are utilized in IP areas to promote FP integrated with MCH care and provide health education. Respected by villagers, these typically senior members of communities have been effective in increasing the FP acceptance rates in current IP areas. However, in consideration of the large distances that must be covered and the age of most TBAs, the new plans have targeted the younger, more active village health workers as effective agents of change in the new, expanded areas.

According to the plan, the metal box will become a familiar item in every village where the IP is implemented, used by health workers to bring FP/MCH and PHC services to the doorstep of community people.

Far-reaching Messages

Activities carried out by the students of Taishido Junior High School in Setagaya City in Tokyo to assist women in developing countries have inspired others to join a scheme organized by JOICFP to support income generation and skills training for women.

Taishido got the ball rolling in 1990 by sending 19 treadle sewing machines (reconditioned free of charge by Janome Sewing Machine Co., Ltd.) to areas in Ghana where the Integrated Project (IP) is being conducted. With the support of the school administration, the scheme was incorporated into the curriculum as a way to teach the students about the people of developing countries and the importance of international cooperation.

In March, the school was involved in the donation of 20 more treadle machines to the IP in Vietnam. Students also contributed to the cost of shipment of the machines by collecting aluminum cans for recycling. Speaking at the school's graduation ceremony on March 19, Luu Van Ke, first secretary, Embassy of Vietnam in Japan, commended the students and encouraged them to continue their efforts.

The scheme has proved effective for creating awareness of such issues as maternal and child health (MCH) and women's development outside Taishido's gates and has gained the attention of the mass media. It was featured on a news program on March 21 on NTV, a popular TV station. Another school, Fuchu Daiku Junior High School of Fuchu City in Tokyo, has also joined the scheme. On March 10 reconditioned sewing machines from the school were sent to IP areas in Guatemala with 10 other units donated by Japanese individuals.

Luu Van Ke (left) presents a pictorial booklet on Vietnam to a head student.

Solid Footing

In a positive show of support from Japan's industrial sector, Okamoto Industries, Co., Ltd. donated 40,000 pairs of sneakers to JOICFP in mid-March for distribution at the grassroots in areas where the Integrated Project (IP) is being implemented in Ethiopia, Ghana, Tanzania and Zambia. The sneakers will be utilized to promote preventive health and health education among schoolchildren and community people and support project activities being carried out by field workers and volunteers. The size of the donation is very large indeed. With a wholesale value of ¥1,100 (approximately US$9.67 at an exchange rate of ¥129 for US$1) a pair, the entire donation is worth a total of ¥49.9 million (US$387,000). Okamoto also ensured that the sneakers reach the people at the grassroots in the four countries by covering the costs of shipment and inland transportation of the sneakers. Representatives said the company would like to continue providing support to JOICFP activities in the future.

Voice of Voices
By Chojiro Kunii

The Stagehand

IPPF selected Miyoshi Oba from Nagano Prefecture, Japan, to feature in a recently published book on the world's family planning (FP) pioneers. The book of stories of these pioneers will be distributed to individuals in the Ministry of Health and Welfare, the Ministry of Foreign Affairs, and the press in Japan.

The author, Perdita Huston, visited me in my office last year and told me about her meeting with Oba. She said she was very impressed with the FP pioneer's untiring efforts in the villages of Nagano, and her immense contributions to the FP and maternal and child health (MCH) fields over the years.

In particular, Huston was surprised by the unique method employed by Oba in FP education which entailed a one-year rotation system for the chairperson of the Women's Association. Through Oba's influence, the focus of the association changed annually from topics such as nutrition and immunization one year, to FP and preventive health check-ups the following year. Thus, the activities of the association accumulated yearly and were renewed constantly. Behind the scenes, Oba remained a driving force in the association, always standing by to offer advice when it was sought.

I am convinced that the system promoted by Oba was one of the origins of growth of Japan's FP movement. J

Shin-ichi Yagi, deputy executive director, JOICFP (right), expresses appreciation to Fujikazu Horigome, managing director (center), and Tsutomu Kamimura, executive director, Social Welfare Foundation, Mainichi Shimbun, on March 19 for a donation to support activities of the Integrated Project (IP). The foundation, chaired by Mainichi Shimbun President Noboru Watanabe, donated ¥500,000 (US$3,900 at an exchange rate of ¥129 to US$1) to cover the shipment costs of reconditioned bicycles to IP areas in developing countries. This is the second such grant received from the foundation to support IP activities.

ANNOUNCEMENTS

International Seminar on Family Planning for Senior Officers

The government of Japan will conduct an international seminar on family planning (FP) in Japan as part of its technical cooperation programs for developing countries for fiscal 1992 (April 1, 1992 - March 31, 1993). The seminar will focus on effective administration of FP and maternal and child health (MCH) programs at the central and local levels through Japan's experiences in this field and encourage mutual sharing of relevant experiences and knowledge.

Date: August 24 - September 11

Participants: 12 senior FP officers to be selected from Brazil, Egypt, Ethiopia, India, Kenya, Malawi, Mexico, Nepal, Niger, Nigeria, Papua New Guinea and the Philippines

Deadline for applications to the Embassy of Japan: June 18, 1992

The seminar will be executed by the Japan International Cooperation Agency (JICA) in collaboration with JOICFP.

For further information, contact the Embassy of Japan in nominated countries through the relevant government agency.

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First Adolescent Health Workshop for Latin America & the Caribbean Region

A workshop on "Adolescent Reproductive Health" will be held in Brazil for representatives of government and non-governmental organizations involved in adolescent health programs. Sponsored by UNFPA and IPPF in cooperation with JOICFP, the workshop will be hosted by CMI/PF of Brazil.

Date: June 15 - 19, 1992

Venue: São Paulo, Brazil

For further information, please contact JOICFP.

DIARY

JOICFP Program Officer Hiroshi Taniguchi was in the Philippines from Mar. 5 - 12 to coordinate activities for *Integration* magazine.

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Takehiko Okamoto, president, Okamoto Industries, Co., Ltd. visited JOICFP on Feb. 14 to officially hand over a donation of condoms for the IP in Asia.

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Patricia Yamane, site supervisor, and **Joyce Akins**, evaluator, Far East Office, U.S. General Accounting Office, visited JOICFP on Mar. 16 to collect information on population and FP.

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JOICFP Program Officer Ryoko Nishida and staff member Sono Aibe were in Malawi from Feb. 29 - Mar. 21 as members of a JICA team on population and FP headed by Dr. **Minoru Muramatsu**, former president, Saitama College of Health.

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Program Officer Atsushi Yoshino was in Vietnam with a film production crew from Feb. 21 - Mar. 26 to make a film for JOICFP's documentary series.

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Dr. **Kartono Mohamad**, chairman, and **Wilarsa Budiharga**, deputy executive director, Indonesian Planned Parenthood Association, visited JOICFP on Mar. 24 and 25, respectively, to exchange information.

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Javier Ricardo Duarte Duarte, second secretary, Embassy of Colombia in Japan, visited JOICFP on Mar. 27 to exchange information.

Exchanges

Patricia Yamane, site supervisor (right), and Joyce Akins, staff member, General Accounting Office (GAO),

gained insights into Japan's MCH care during their one day spent at JOICFP on March 16. The two visitors were particularly interested in the preventive approach taken toward child healthcare in Japan. Yasuo Kon, deputy executive director, JOICFP, provided historical background on MCH/FP in Japan and reported on JOICFP-assisted projects in developing countries.

JOICFP NEWS is a monthly newsletter published by the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP).
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