No. 225 March 1993

ISSN 0911-0755

JOICFP NEWS

Saburo Okita Dies at 78

World loses opinion leader and advocate of population, development and environmental issues

Former Foreign Minister of Japan Saburo Okita.

Saburo Okita, former foreign minister of Japan, died suddenly on February 9 in Tokyo of a heart attack. A world-recognized economist and opinion leader, Okita made significant contributions to the fields of development, population and environment and was well known for his input into international bodies such as the Club of Rome and the World Commission on Environment and Development (Brundtland Commission) chaired by Gro Harlem Brundtland. Born in Dalian, China, on November 4, 1913, Okita was 78 at the time of his death.

A persuasive advocate of international assistance and cooperation within Japan, Okita showed a keen interest in global issues early in his career. After graduating from Tokyo University, he began work in the Japanese government and was involved in research related to power and industrial production during the war years. In the postwar years of reconstruction Okita began his rise to prominence. As an employee of the Economic Stabilization Board (a predecessor of the Economic Planning Agency), he was an architect of a blueprint for the country's reconstruction and between 1948-1951 wrote annual white papers on the Japanese economy.

Okita was chairman of the first Japan Population Conference in 1974 while serving as the president of the Overseas Economic Cooperation Fund from 1973-1977. He went on to take the post of foreign minister from 1979-1980 and represented Japan at the economic summit held in Venice in 1980 following the sudden death of former Prime Minister Masayoshi Ohira. From 1980-1981, he held the post of government representative for External Economic Relations.

At the time of his death, Okita held numerous positions in a variety of prestigious bodies within Japan including chairman of the Council on Population Education and chairman of Population Forum 21. He was also a board member of JOICFP and had close ties with international bodies such as UNFPA.

"An opinion leader on global development issues since the 1960s, Okita had a deep knowledge of world economics and North-South issues," said Japanese Prime Minister Kiichi Miyazawa. On hearing of his death, the prime minister expressed sadness and said that Japan had lost a great person with an exceptional grasp of global issues.

Salas Memorial Lectures

Okita was highly respected in Japan and abroad for his broad knowledge of development, population, environment and women's issues. As the first lecturer of the UNFPA Rafael M. Salas Memorial Lecture Series, Okita highlighted the relationship between population and development from a global perspective and spoke of education as one of the keys to promoting family planning and solving population problems. He also emphasized that increased income levels, improved nutrition, lower infant mortality, improved status for women and decisive governmental action in population policies also play a critical role in improving the living conditions in developing countries.

In a message to Okita's family, Dr. Nafis Sadik, executive director, UNFPA, said that Okita had been "both a great friend and a strong supporter of the work of UNFPA." "He was an admired friend of both developing and developed countries because of his deep insight into and understanding of global issues," she said. "We in the field of population and development will miss him dearly." J

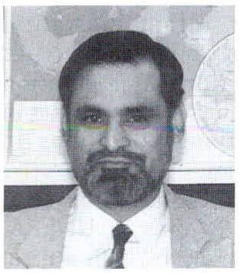
New Start for Women in Asia

Four-year regional FP project focuses on improving status and health of women

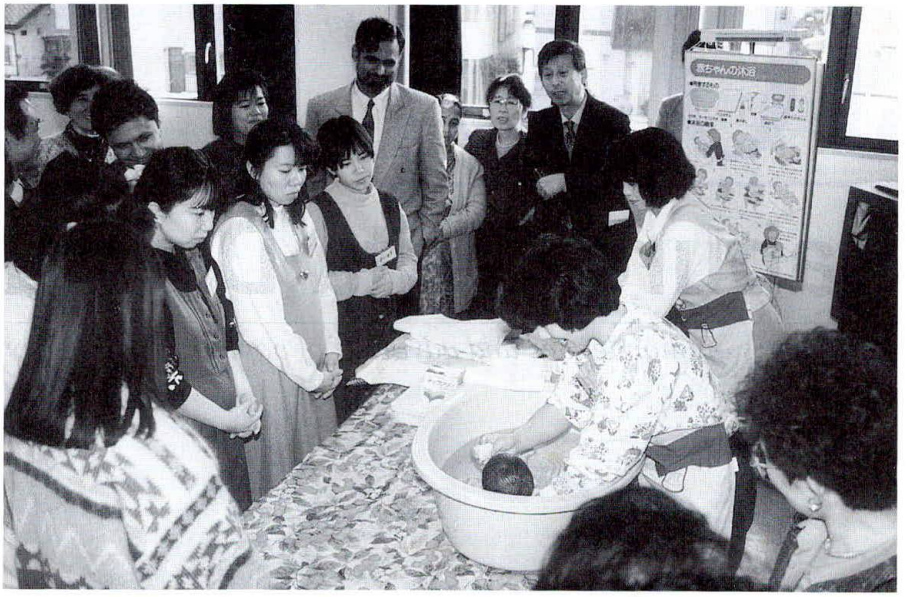
Participants of the Regional Technical Committee Meeting in Tokyo called on shared experiences of the Integrated Project (IP) to consolidate workplans and strategies to strengthen the UNFPA-supported operational research project for Asia. Entitled "Sustainable Community-based Family Planning (FP) and Maternal and Child Health (MCH) Project with Special Focus on Women," the project is being executed in four countries: Bangladesh, Laos, Nepal and the Philippines.

Organized by JOICFP and supported by UNFPA, the Tokyo meeting was attended by 10 participants from Bangladesh, Nepal and the Philippines and resource persons from China, Indonesia and Japan. Representatives of Laos were not able to attend the gathering, held from January 26 - 30. Discussions at the meeting focused on finalizing strategies, workplans, operation, management and monitoring and evaluation schemes for the project in each country.

The four-year regional project, ultimately aimed at expanding quality care and expanding FP services through the promotion of the IP, is focused on improving the position of women and the level of health while fostering community participation in project activities. The project is also aimed at enhancing cooperation among countries in the Asian region to promote the exchange of experiences and technical expertise, and setting up a network of NGOs to establish new strategies for project self-reliance and sustainability. Under the project, each of the four countries is carrying out a separate project tailored to meet local conditions to determine the most appropriate type of project to improve the level of health and status of women in the region.



Mukarram Chowdhury



Participants observe classes for expectant mothers in Showa Town.

For Bangladesh, the general objective of the project is "the empowerment of women and fostering of their involvement in sustainable community-based integrated program in FP/MCH and development activities," according to Mukarram Chowdhury, director general, Family Planning Association of Bangladesh (FPAB). One of three representatives of FPAB at the meeting, Chowdhury said that he expected the project to produce some practical ideas for the creation of new strategies and action plans.

Small Family Norm

One of the long-term objectives of the project in Nepal will be to create health awareness among communities to enhance maternal health and child survival and promote the concept of the small family norm, said Ram Krishna Neopane, director general, Family Planning Association of Nepal (FPAN). The project will be developed on the basis of community participation, replicability and sustainability, he said.

The two Philippine representatives, from the Department of Health and University of the Philippines, also provided valuable input into the workshop in terms of practical strategies for the operational research scheme.

Providing background on Japan's postwar FP/MCH experiences, JOICFP Deputy Executive Director Yasuo Kon outlined five factors that led to the success of FP: a clearly defined concept of FP and the promotion of FP as an MCH service; smooth collaboration between the government and NGOs; the utilization of health personnel such as public health nurses and midwives to promote FP; the establishment of community organizations which could conduct autonomous activities; and the efforts to encourage enterprises to provide FP education and services to employees and their families as a health and welfare initiative. Kon also emphasized that the credibility of the people promoting the healthcare activities during this period was also a major reason why people readily accepted services and joined activities.

Participants had a chance to broaden their understanding of Japan's experiences during a field trip to Showa Town, Saitama Prefecture. Through firsthand observation and discussions with health personnel, participants learned about the role that grassroots organizations such as *Aiiku-han* (MCH volunteers) played in improving the level of health through the promotion of preventive healthcare. During their visit, the team joined a class for mothers being given by a public health nurse.

Ram Krishna Neopane

The regional meeting was the first of the meetings to be held on an annual basis. Through the exchange of ideas and the better understanding of each country's situation gained during the meeting, participants were able to refine workplans and clarify strategies of the project.

Humanistic FP in China

Dr. Huang Baoshan, director, Department of International Relations, State Family Planning Commission (SFPC), and member, National Steering Committee of the Integrated Project (IP), spoke with JOICFP NEWS on January 29 about the progress of the IP which was recently expanded to cover a total of 16 provinces out of mainland China's 30 provinces.

In June 1990, we held a national conference on the IP in Hohhot City, Inner Mongolia Autonomous Region, and invited representatives of non-IP provinces to attend and listen to the experiences of the eight IP areas. The vice minister of the SFPC and vice president of the China Family Planning Association (CFPA) also attended. At the meeting we introduced some Japanese ideas and outlined what we have been doing in China in IP pilot areas.

The ideas of the IP have expanded and another 10 provinces will start the IP this year. When the IP was first initiated in China it covered around 271,000 people. It now covers 2.1 million.

You might ask why the Chinese government has accepted the IP. The Chinese people welcomed it — that is why. Most of what we are doing under the IP is based on the philosophy of voluntary humanistic family planning (FP). People very quickly see the benefits of the project as deworming takes effect, the environmental sanitation and water supply are improved and new toilets are constructed.

People say that the IP really brings benefits into their lives and are very happy to join the activities voluntarily. Also, our community leaders and the heads of different FPCs and FPAs have found that the IP is a good way to promote FP.

Integrating FP & Health

Another benefit of the IP is that it brings FP workers and health workers together and strengthens their relationship. Under the government's present system, the health and FP sectors are separated. The health sector belongs to the Ministry of Health and FP workers belong to the SFPC. In any township, for instance, there will be FP guidance stations, MCH centers and township hospitals. But in IP areas, we

Huang Baoshan

combine FP work with that of other sectors. We sign contracts with the governor of each county who coordinates all these sectors under the IP. Only the governor is in charge of FP, health and education and can coordinate all them.

Combining the work of the different sectors is really good for the FP worker and the people. If they are not combined, people naturally like the health worker, but not the FP worker.

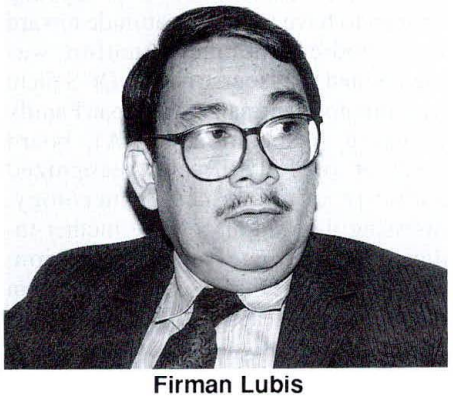
Population is a big priority issue for the Chinese government. We have to seek good ways to carry out FP. The IP is one good way and it has won acceptance among the leaders of SFPC.

Self-reliance in Indonesia

Dr. Firman Lubis, executive director, Yayasan Kusuma Buana (YKB), Indonesia, spoke to JOICFP NEWS on January 29 about the Integrated Project (IP) in Indonesia and sharing IP experiences with other developing countries. Below is an outline of the interview.

After the price of oil dropped in 1982 and revenue from oil fell, the Indonesian government began to stimulate the private sector to be more involved in development. Fields such as health and family planning (FP) were also affected — budgets were cut sharply and projects were affected. To stimulate so-called "self-reliance in FP," the government began to create policies aimed at getting the community to support the bulk of FP programs. Because of this situation, the Coordinating Forum of the IP decided to start fee-charging to attain self-reliance.

Fee-charging is not only important in terms of program sustainability, but it can also prove that services are really needed by the community. We could not claim that our FP services really meet the



Firman Lubis

needs of the people if we were providing them free. Also, fee-charging forces us to improve the quality of our services since people will pay only if the services are good quality and suit their needs.

To promote IP self-reliance, we set up new strategies. One was to strengthen the Coordinating Forum which comprises representatives of non-governmental organizations (NGOs) and government, and academics. Under this forum is an executive team of highly motivated personnel with technical as well as business skills. Since we are aiming at self-reliance, these people need to be very capable especially in the area of IEC and marketing.

Another strategy is the "mass approach" which we learned from Japan. We targeted closed communities and started with school children and their mothers who are easy to reach. We integrate a number of health-related activities such as parasite control and personal hygiene and encourage the active involvement of local government — particularly health and education authorities.

Sharing Experiences

Developing countries should learn from each other and share experiences in development so that they do not have to start from scratch. It is very important that countries adapt experiences to suit their own conditions. We have much to share especially in the area of self-reliance. A country seeking to carry out FP on a self-reliant basis must conduct studies, and needs to know what kind of studies to conduct and what should be covered by them. There are key factors to opening a self-reliant FP/MCH clinic: what is the target population; where to start first; what kind of IEC and promotional activities need to be done; how to set up an accounting and pricing system; how to train staff; how to work with local governments and where to get support.

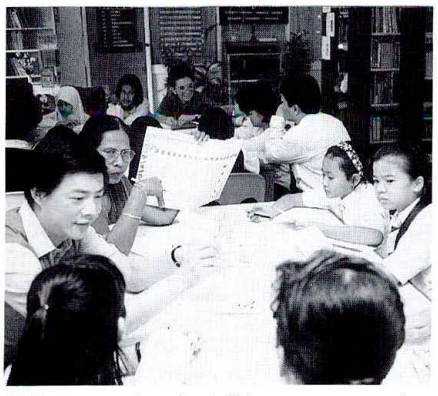
For Mothers and Growing Daughters

Workshop participants produce regional prototype IEC materials for preadolescent health

Participants of an IEC workshop held in Malaysia took up the challenge of developing and producing printed educational materials for preadolescent women's health with enthusiasm and came up with regional prototype IEC materials that were pretested during the meeting, held from February 6 - 11. Aimed at the education of preadolescents (aged 10-13) on menstruation, the prototypes produced by the participants include a card for girls to record their menstrual cycle and a handbook to aid mothers in explaining menstruation and healthcare to their preadolescent daughters.

The IEC Workshop for the Production of Printed Educational Materials for Preadolescent Women's Health was part of the UNFPA-supported regional project for Asia titled "The Development, Production and Distribution of IEC Materials Aiming at the Improvement of Women's Health and Status." It was organized by JOICFP and the Federation of Family Planning Associations, Malaysia (FFPAM) with the support of UNFPA and IPPF. The workshop was attended by 20 participants from 11 countries including representatives of health and education officials, non-governmental organizations and international agencies.

The female preadolescent target group for the IEC materials was chosen in light of the importance of informing young girls of bodily changes and cycles to promote reproductive health and pave the way for better understanding of family planning (FP) methods and the active acceptance of their femininity. During discussions, participants noted that no IEC materials of the sort created at the workshop were in circulation in their countries.



Primary school children assess the IEC materials during pretesting.

Dr. Seiichi Matsumoto (far right) joins a production session.

Positive Attitude

The importance of encouraging young women to have a positive attitude toward their bodies and menstruation was highlighted by resource person Dr. Seiichi Matsumoto, chairman of the Japan Family Planning Association (JFPA), board member of JOICFP and recognized authority on adolescent gynecology. Stressing the role of positive mother-to-daughter dialogue on menstruation, Matsumoto said that research had shown that a mother's reaction to her daughter's menarche had a significant impact on the daughter's attitude towards menstruation.

Participants were also introduced to the activities of FFPAM by Executive Director Cheng Yin Mooi who provided insights into the youth activities that have been conducted by the organization since the 1970s. To gain a deeper understanding of FFPAM's work, participants attended a training session on youth counseling for counselors and teachers, took part in a family life education (FLE) youth camp, and observed health education for young girls at a rural primary school.

For prototype production, participants were divided into four groups to create two versions of the calendars and handbooks. They were joined by four art students who quickly turned concepts into attactively designed materials. With the cooperation of Subang Jaya Public School, the cards were pretested on a group of 42 female students (ages 10-12) and the handbooks on a test group of 31 female teachers. Feedback received through questionnaires and focus group discussions was later used to revise the materials.

The participants also received comments on the prototypes by experts from several fields such as child psychology and advertising who attended the closing session of the workshop.

Commenting on the workshop, participants said that they had learned much from working closely together and that they welcomed the clear objectives and the informal and refreshing atmosphere. The experience of creating tangible materials at a workshop was a first for many participants, who said they were excited by the results.

As a follow-up of the workshop, participants were requested to develop proposals for producing their own materials based on the prototypes after making modifications to suit the local culture and conditions. The best proposals will be selected by a panel of experts nominated by JOICFP and funds will be provided to mass-produce the materials. Once produced, it is hoped that the materials will be sold by the organizations through health and education channels to contribute to their self-reliance.

IEC prototypes

Building on Strong Foundations

Health workers and TBAs take FP messages further in Tanzania as CBDs

Under the Integrated Project (IP), traditional birth attendants (TBAs) and village health workers in Tanzania are seeing their roles broadened to incorporate the promotion of family planning (FP) and other health-related activities as they are trained to work as community-based distributors (CBDs). By recruiting existing health personnel and training them to expand their activities to work as CBDs, the project-implementing agency, UMATI (Family Planning Association of Tanzania), has been able to promote the integrated components of the project more effectively on an outreach basis, enhance cost-effectiveness, ensure continuity of health staff and gain greater participation of the community people in project activities.

The CBD system is particularly well-suited to promotion of FP integrated with other health-related components and has met with success in the rural communities where it has been established through the IP. Under the government health system, each village is required to have two health workers drawn from the community and trained in primary health care (PHC). In addition to these workers, communities are served by TBAs whose position is generally passed down from mother to daughter and who hold a position of respect within a village.

A TBA displays her CBD health kit.

Under the IP, health workers and TBAs receive training in modern contraceptives and in record-keeping to enable monitoring of project progress. The latter is particularly important for the TBAs who have often received no formal training in data collection.

Record Keeping

These efforts have been made easier by the creation of a standardized record-keeping format by Pathfinder International which was recently introduced in Tanzania. Innovations have also been made at the local level to assist TBAs with the task of data collection. For those TBAs in Mgeta Division who cannot count, a simple system involving knots tied in a piece of string has been introduced to enable them to keep track of births. Revered by community and well-acquainted with the customs and needs of the people they serve, TBAs work effectively as FP promoters once they have received training.

In 1992, a total of 53 CBDs were trained by UMATI in Hai District under the IP. For this year, UMATI plans to provide refresher courses for 150 TBAs and health workers and train 30 new CBDs.

A health worker/CBD known as the "professor"in his village for his knowledge of healthcare.

A Learning Experience

A six-week stay in the Philippines was a learning experience for Richard Mlay, coordinator, IP, Tanzania. In Manila from September 28 - November 6, 1992, Mlay joined 11 other participants for a course on the production and utilization of audio-visual materials. The course, designed to provide participants with the necessary skills to plan, design, produce and present audio-visual materials and programs, was organized by UNDP and conducted by the Asia and Pacific Program for Development Training and Communication Planning. Mlay was sponsored by JOICFP as part of the organization's efforts to promote exchange of experiences on a TCDC (technical cooperation between developing countries) basis.

Richard Mlay

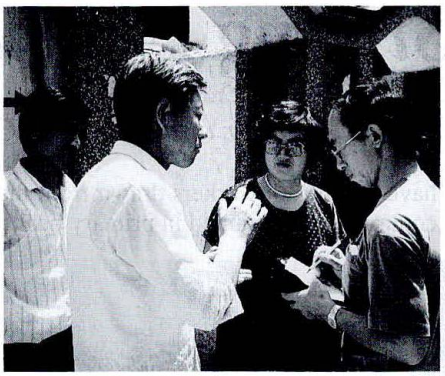
During his stay, Mlay was introduced to the planning, production and application of a wide range of IEC materials including printed materials, slides, videotapes and computer presentation software. The IP coordinator also had an opportunity to observe activities of the IP implemented by the Foundation for Integrated Services on Health and Development (FISHDEV) in the Philippines including nutrition program and livelihood project activities and exchange information with project personnel.

The comprehensive training in IEC materials was well-received by Mlay who has been applying the knowledge he gained during the course in IP areas since his return to Tanzania.

Integrated Healthcare in Spotlight

Chinese journalists spread word about Integrated Project

The Integrated Project (IP) was put in the spotlight in China recently after a 10-member team of journalists visited the IP area in Jiangchuan County, Yunnan Province, in September last year. Reporting on their observations, the journalists provided their impressions of the IP in newspaper articles and radio programs printed and broadcast between October and December last year. Arranged by the National Steering Committee of the IP, the visiting team comprised journalists from the Xinhua Agency, Central People's Broadcasting Station, China International Broadcasting Station, China Women's Newspaper, Legal Daily Newspaper, Beijing Review, China Population Newspaper and China Population Information Center. Below is an outline of the reports broadcast by the Central People's Broadcasting Station and China International Broadcasting Station.



Journalists interview a headmaster.

About 220,000 people live in Jiangchuan County where the IP is implemented by the China Family Planning Association (CFPA) and State Family Planning Commission (SFPC) in cooperation with JOICFP and IPPF. Local healthcare officials say that the IP has done much to improve people's health and enhance the promotion of family planning (FP).

Awareness of Health

According to Luo Chongming, deputy chief, Jiangchuan County, the use of parasite control as an entry point for IP promotion has increased awareness of health issues among villagers. He said the villagers are actively improving water and sewage facilities and homes have running water and methane stoves for cooking.

The goals of the project are to improve health through FP, disease control and awareness creation. Villagers are encouraged to understand the importance of accepting FP for themselves and since the IP was initiated in the county, the crude birth rate has dropped from 2.30% at the end of 1989 to 1.09% in mid-1992; the crude death rate has dropped from 0.62% to 0.45% and the FP acceptance rate has increased from 61% to 86%.

Promoters of the IP have continued to win the trust of the community and the project has been effectively promoted in schools where it has created awareness of health issues among students.

The FP organizations at various levels are very satisfied with IP results and realize importance of contributing to the success of the project which is effective for changing people's attitudes toward health, population and social development.

Flavier at the Helm

The appointment of Dr. Juan Flavier as secretary of health in the Philippines was good news for people living in rural communities throughout the country. A vigorous advocate of community-based healthcare and supporter of family planning (FP), Flavier brings decades of experience in public health and a background in rural reconstruction to his post. As president of first the Philippine Rural Reconstruction Movement and later the International Institute for Rural Reconstruction, Flavier became acutely aware of the health and welfare needs of the grassroots and created innovative programs and activities designed to answer these needs. In particular, Flavier is respected in the Philippines and abroad for his success in communicating scientific and medical concepts to rural audiences and is well-known for his emphasis on community participation in primary health care activities. Flavier made valuable contributions to the creation of the concept and strategies of the Integrated Project (IP) during the initial stages of the project's development and has remained closely associated with JOICFP.

Juan Flavier

U.S. Comes in from the Cold

In a resounding show of support for the family planning (FP) promotion work of non-governmental organizations (NGOs), U.S. President Bill Clinton reversed a restrictive 1984 order known as the "Mexico City Policy." The lifting of the order, announced officially on January 22, paves the way for resumption of U.S. foreign assistance to UNFPA which was halted in 1986.

Announced in August 1984 by former President Ronald Reagan, the policy directed the U.S. Agency for International Aid (USAID) to expand a 1961 limitation on the use of U.S. federal funds by NGOs "to pay for the performance of abortions as a method of FP or to motivate or coerce any person to practice abortions." Under the expanded restrictions, USAID was directed to withhold funds from NGOs that engaged in a wide range of activities including providing advice, counseling, or information regarding abortion, or lobbying a foreign government to legalize or make abortion available.

Unwarranted restrictions

In a memorandum to the acting USAID head, Clinton stated: "These excessively broad anti-abortion conditions are unwarranted. I am informed that the conditions are not mandated by the Foreign Assistance Act or any other law. Moreover, they have undermined efforts to promote safe and efficacious FP programs in foreign nations. Accordingly, I hereby direct that USAID remove the conditions not explicitly mandated by the Foreign Assistance Act or any other law from all current USAID grants to NGOs and exclude them from further grants."

In a meeting at the White House on January 25, Dr. Nafis Sadik, executive director, UNFPA, was assured by the president that the U.S. would resume funding to the multilateral organization. Welcoming the U.S. move, Sadik said that a renewed U.S. contribution to international efforts to address population would send a signal to the world that the U.S. is prepared again to lead in helping the world meet the need for reproductive health and FP.

In 1985, the U.S. pledged US$45 million to UNFPA but withdrew US$10 million, before completely halting funding in 1986. Japan is currently the largest donor to the Fund and contributed US$59.3 million of the total UNFPA budget of US$280 million in 1992.

As well as reversing the Mexico City Policy, Clinton also overturned the so-called "gag rule" that restricted abortion counseling at federally funded FP clinics in the U.S.; ended a five-year ban on fetal tissue research; acted to revoke restrictions on the importation of RU 486 ("abortion pill"); and allowed abortions at military hospitals overseas.

Wheels Turning for MCCOBA

Bicycle assistance activities geared up to support healthcare

The member cities of the Municipal Coordinating Committee for Overseas Bicycle Assistance (MCCOBA) geared up their assistance activities last year with a total of 1,800 reconditioned bicycles being shipped abroad between January and December 1992. The bicycles, mostly sent to communities where the Integrated Project (IP) is being implemented, were shipped to developing countries in the Asian, African and Latin American regions. To date, 6,725 bicycles have been shipped abroad under the scheme.

A health volunteer in Guatemala at work.

Welcomed by health personnel and community people as a practical form of assistance, the bicycles provide health workers and community-based distributors (CBDs) with a convenient means of transport for taking services and messages to people living in rural areas. The bicycles have also encouraged women to take a more active role in community activities as the possession of a donated bicycle gives the female health worker a position of status in the village.

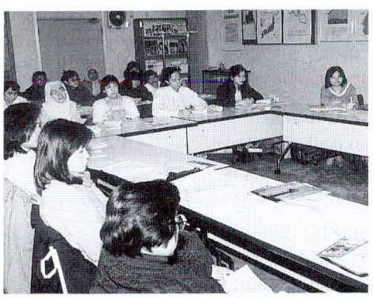
Based on its experiences of donating reconditioned bicycles to support the promotion of family planning (FP), maternal and child health (MCH) and primary health care (PHC) in IP areas, MCCOBA expanded its activities to support FP/MCH projects being conducted by UNFPA in Ethiopia, Namibia, Tanzania, Uganda and Zambia in 1992 and early 1993. As in the IP areas, the bicycles are doing much to reinforce the CBD system in rural areas.

Since it was established in 1988, MCCOBA has continued to attract a growing number of members. Currently, the body has 12 member cities: Ageo, Arakawa, Bunkyo, Kawaguchi, Musashino, Nerima, Omiya, Ota, Setagaya, Tama, Tokorozawa and Toshima cities.

Sharing Japan's Experiences

Nurses drawn from countries in the Asian region learned much about postwar family planning and maternal and child health activities in Japan at two recent one-day seminars at JOICFP. The first seminar, held on January 12, was attended by 20 nurses from the Asian region, while the second, held on January 18, was attended by four senior nurses from Taiwan. Entrusted to JOICFP by the Japan International Cooperation Agency (JICA), the seminars provided the nurses with background on community-based FP in Japan through presentations, film shows and discussions. The nurses were also introduced to the activities of JOICFP's Integrated Project which promotes FP as part of an integrated package with components such as maternal and child health (MCH), parasite control, nutrition and environmental sanitation activities and is based on the success of integrated healthcare promotion in postwar Japan. The nurses were also given insights into IEC materials produced by JOICFP and received an English-language version of the MCH Handbook with an explanation of its function. At the conclusion of the seminars, the nurses commented that the meetings gave them with a valuable understanding of Japan's experiences and their application in developing countries.

Participants from Taiwan.



Nurses from Asia.

VDIA — 10 Million and Rising

An increasing number of Japanese people are contributing to international assistance activities through the Voluntary Deposit for International Aid (VDIA) scheme with the number of VDIA account holders skyrocketing to reach over 10 million (as of January 22 this year). The new figure marks a significant increase from the 6.74 million VDIA accounts held by members of the public at the end of March 1992. Administered by the Ministry of Posts and Telecommunications, the scheme supports the activities of non-governmental organizations (NGOs) in developing countries through Japanese NGOs with funds collected from 20% of the interest of the deposits of VDIA account holders.

The scheme was launched in January 1991 and has continued to win acceptance among the public as a trustworthy and well-organized system for contributing to assistance activities. Moreover, with 24,000 branches in Japan, the ministry's scheme is readily accessible to people from all walks of life. As of January, one out of every eight ordinary accounts was a VDIA account.

In 1992, JOICFP received funds under the VDIA scheme to support the activities of the Integrated Project (IP) in Brazil, Guatemala, Mexico, Nepal, Tanzania and Zambia. Proposals for further VDIA funding will be submitted by JOICFP this year.

Voice of Voices
By Chojiro Kunii

Sino-Japanese Exchanges

Thirteen years have passed since exchanges began between JOICFP and China with the cooperation of IPPF. We began these exchanges by inviting Chinese delegations to Japan to learn about Japan's past and its present situation. The missions of 10 to 15 people visited Japanese communities where they spoke with local people and learned about the efforts during the postwar reconstruction period. Our aim was to provide a full picture of the people's struggle to solve the population problem and their innovations to decrease birthrates and improve living conditions, maternal and child health, and community health.

The visitors were also introduced to various problems and darker periods in Japan's past to give them a full understanding of our history from events in the lives of the common people to large political issues that affect both our countries. Today, a good level of understanding has been established between the peoples of the two nations — through the study of Chinese thought and culture, the Japanese have been encouraged to examine their own lifestyles, while Chinese people have been able to identify with the Chinese ways of thought that influence the lives of the Japanese people.

Mutually Beneficial

Thus, the Sino-Japanese exchanges have had a positive influence on the development of lifestyles and community movements in both countries. For example, the many areas of the Integrated Project (IP) in China have become catalytic points for people striving for development. This a major reason why the IP has attracted the active participation of many people and has continued to progress steadily.

My concept of sharing the Japanese experience in community development, preventive health and family planning (FP) has been applied on a large scale with the cooperation of the Chinese government and is continuing to flourish. In the project areas, community people were stimulated by parasite control activities to improve sewage disposal systems, obtain clean drinking water, prevent infectious diseases, and practice FP and participate in MCH activities. The integrated concept has now even extended into the areas of education for the community people and the organization of small-scale industries. In this way, Japanese systems of development formulated in the postwar years have been serving as stimuli on China's road to development.

DIARY

A six-member team from the China Family Planning Association (CFPA), headed by **Li Baozhong**, deputy secretary-general, CFPA, was in Japan from Dec. 6 - 13 to study FPA self-reliance.

* * *

Dr. **Fernando Amado**, director, Supervision and Training, FP Bureau, Ministry of Health, Mexico, visited JOICFP on Dec. 16 to exchange information.

* * *

JOICFP Program Officer Ryoko Nishida was in the Philippines from Dec. 6 - 19 to prepare for the initiation of the new UNFPA-supported regional project.

* * *

JOICFP Program Officer Sumie Ishii and staff member Sono Aibe were in Malaysia from Dec. 9 - 13 to prepare for the IEC workshop and in Laos from Dec. 14 - 24 to prepare for the UNFPA-supported regional project.

* * *

Nafis Sadik, executive director, UNFPA, was in Japan from Dec. 15 - 23 to join a series of lectures including the Population Forum 21 symposium and exchange information with parliamentarians and government officials. She was accompanied Dr. **Hirofumi Ando**, director, Information and External Relations Division, UNFPA.

* * *

Twenty nurses from six countries participating in the ASEAN Specialized Nursing Course attended an FP seminar at JOICFP on Jan. 12.

* * *

Four senior nurses from Taiwan, China, attended a one-day FP seminar at JOICFP on Jan. 18.

* * *

Yoshio Koike, UNFPA country director, Afghanistan, visited JOICFP on Jan. 25 to exchange information.

Kunii Awarded

Chojiro Kunii, chairman of JOICFP, president of the Japan Family Planning Association (JFPA) and a pioneering member of the Family Planning Federation of Japan (FPFJ), was recently honored by IPPF for his contributions to the international family planning (FP) movement. As one of 36 people selected worldwide by IPPF, Kunii received a citation in recognition of his "outstanding contribution to the federation and FP" on October 22, last year. The certificates of appreciation, signed by Dr. Fred Sai, president, and Dr. Halfdan Mahler, secretary general, IPPF, were presented to recipients in 1992 to commemorate the 40th anniversary of the IPPF. An early leader of the FP movement in postwar Japan, Kunii has remained actively involved in the promotion FP and health activities both domestically and internationally.

Sadik on TV

Dr. Nafis Sadik, executive director, UNFPA, made an appearance on national television in Japan on January 26 in a 45-minute program aired on the educational channel of NHK (National Broadcasting Corporation). Broadcast during prime-time viewing hours from 8:00 - 8:45 p.m., the program featured Sadik's address to the Meeting of Japanese Women's Groups in Fukuoka, held December 17 and 18, in Fukuoka, Japan. Focusing on women in development and related population issues, Sadik highlighted issues such as women's status, education for women and reproductive health and rights in her speech. She also spoke about the state of the world population and the upcoming International Conference on Population and Development to be held in Cairo, Egypt, in 1994.

JOICFP NEWS is a monthly newsletter published by the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP).
JOICFP NEWS welcomes your comments, suggestions and contributions. Please mail to:

JOICFP NEWS
Hoken Kaikan Bekkan
1-1, Sadohara-cho, Ichigaya
Shinjuku-ku, Tokyo 162 Japan

Phone: 81-3-3268-5875
Telex: 2324584 JOICFP J
Cable Address: JOICFP Tokyo
Facsimile: 81-3-3235-7090