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JOICFP NEWS

A New Concept in Health for Laos

Regional project aims to raise health and status of women through FP/MCH services

The concept of family planning (FP) is still very new for many people in Laos where political recognition of birth spacing only came in 1988. The relatively recent introduction of FP to Laos is also reflected in the lack of access to FP and maternal and child health (MCH) services, low standard of healthcare facilities and shortage of trained staff. Despite the shortfall in services and staff, however, the country's high fertility and mortality rates clearly demonstrate the urgent need for access to FP/MCH services for women.

To smooth implementation of the UNFPA-supported regional Sustainable Community-based FP/MCH Project with Special Focus on Women at the country level in Laos, the first orientation workshop was held from December 16 - 17 in Vientiane. Rather than just focusing on project methodology, the workshop served to provide insights into humanistic FP, to ensure that project personnel fully grasp the concept of promoting FP as a means to improve the health and quality of life of the people, particularly women. The effectiveness of integrating FP and MCH with other healthcare and community development components was also emphasized at the workshop. The workshop was held at the National Institute for Mother and Child Health (IMCH), Ministry of Health, the implementing agency of the project.

The workshop was opened with a ceremony attended by 40 people including government officials, representatives of international organizations and field-level personnel. Toshikatsu Aoyama, counselor, Embassy of Japan in Laos, also attended the ceremony which began with an opening address by Professor Vannareth Rajpho, minister of health. Noting the importance of preventive healthcare, the minister said that projects which utilize "bottom-up" strategies should be strengthened. He added that government commitment is needed to smooth cooperation among the government, non-governmental organizations (NGOs) and the people.

Minister of Health Vannareth Rajpho.

Workshop participants take notes during a presentation.

Vice Governor

About 20 of the participants were administrators, government officers, health personnel and representatives of the women's union from the three project areas, namely Naxaithong district in Vientiane Municipality, and Paksane and Taphabat districts of Bolikhamsay Province. The vice governor of Bolikhamsay Province was also present at the workshop.

A detailed introduction to Japan's postwar experiences in community-based FP/MCH was provided by the JOICFP mission, using various statistics and a documentary film to illustrate how these activities led to raising the level of health in Japan and thus contributed to the development of the country. The JOICFP mission also provided insights into the implementation of the outreach clinic system in Bhutan, a country with many geographical similarities to Laos.

Following an explanation of the draft work plan given by the director of the IMCH, the participants agreed that a further meeting should be held in each district to ensure that the workplan is tailored to meet the specific needs at the district level. The summing-up session provided a extremely lively end to the workshop, with participants freely expressing their opinions. Participants were enthusiastic about meeting the challenges entailed in applying the mass approach and community participation aspects of the project, particularly since it involves the participation of women.

To further enhance project implementation, a series of training sessions were scheduled to be held in February for IMCH staff, local government officials, health workers and volunteers in cooperation with the Ministry of Public Health and the Population and Community Development Association (PDA) of Thailand.

UNFPA Assistance in Laos

Bal Gopal K.C., country director, UNFPA Thailand, recently provided JOICFP NEWS with insights into UNFPA assistance to Laos. Below is an outline of his comments.

The Lao government's current policy towards population issues endorses birth spacing as a measure to improve MCH. The current Five-year Development Plan (1991-1995) covers the need for demographic growth to be in harmony with economic development in order to improve people's well-being, and the need for comprehensive public health services including MCH/birth-spacing services. The plan document states that large families can have a negative impact on the health of women and children and impair women's contribution to the economy.

Since the 1970s, UNFPA has provided assistance to the government of Laos primarily to help develop the country's capacity to collect and process demographic data. In recent years, the Fund has supported two major data collection efforts: the 1985 Census and the 1988-1992 Multi-round Vital Statistics Survey. UNFPA has also provided assistance to help improve the delivery of MCH/birth-spacing services and has worked with the government in the ares of population and development policies and awareness-creation among policy-makers on population issues.

Gopal

Birth-spacing services are generally available in Laos in a few MCH units and hospitals in Vientiane supported by UNFPA and in a few NGO-assisted provincial health centers. However, these units are offering a limited range of FP services and contraceptives.

In 1993, UNFPA approved the first UNFPA Country Program for Laos for US$3.5 million for a period of four years (1993-1996). UNFPA's new country program is aimed to assist the government in strengthening the country's capacity to collect and analyze demographic data which are indispensable to formulate the country's development plan, policy and program. Secondly, UNFPA's assistance will also strengthen the government's capability in providing better MCH/birth-spacing services and information.

UNFPA is pleased that JOICFP is also providing assistance to the Laos government in improving MCH/basic health services specifically in the rural areas where the need for such assistance is greater than in urban cities. I hope JOICFP assistance will supplement the MCH/birth-spacing program which UNFPA is currently supporting in Laos.

Giving Voice to Women's Concerns

Catherine S. Pierce, chief, Women, Population and Development Branch, Technical Evaluation Division, UNFPA, spoke with JOICFP NEWS on January 14 about issues related to women's reproductive rights and reproductive health. Below are highlights of her interview.

UNFPA has always had a strong commitment to improving the situation of women, which is based on a commitment to women's human rights. Also, achieving sustainable development is contingent on empowering women. You just simply cannot have 50% of human resources not trained to participate fully in the development process.

Catherine S. Pierce

UNFPA programming in the area of women, population and development includes funding women's specific activities as well as mainstreaming women in all areas of the fund mandate. Our general approach is a "three-A" approach: advocacy for improving the situation of women; an awareness-creation function of bringing to the fore the data which illustrate the gender disparities in education, health, employment, etc.; and action programs responding to women's needs.

Reproductive Rights

A reproductive rights and reproductive health framework is a very empowering one for women. Reproductive health is a way of focusing on appropriate services for women at various stages of their life cycle. It is an advocacy and an awareness-creation approach because it calls attention to these issues and delineates the bigger picture of the roles that men and women have in human sexuality and in reproduction. Of course, quality family planning (FP) information and services are essential parts of this.

The FP approach that experience has proven to be the most effective is one that puts emphasis on the client. It is grounded in a respect for the dignity of the individual, rather than driven by any kinds of provider targets or method-specific targets. A quality of care framework has as its basis the establishment of rapport between provider and client. Following up from this is providing counseling and information, and listening to women. The availability of qualified service providers is extremely important.

Reproductive rights and reproductive health will be an important topic at the International Conference on Population and Development. "Reproductive rights, reproductive health and FP" is one of the chapters of the document that will be submitted to the conference. There is also a separate chapter on gender equality and empowerment of women. Women's concerns are really mainstreamed quite well throughout the document.

The recently established "Japan's Network for Women and Health, Cairo '94" is a welcome development and should serve as a very effective mechanism to put the spotlight on these issues in Japan. It is an important intervention also because it is not only a network within Japan, but it can be linked with NGOs in other parts of the world. The women's network will be a very helpful vehicle for assisting women's voices to be heard.

I believe that women's non-governmental organizations (NGOs) are an effective means of articulating women's needs. The NGO community as a whole is usually a very dynamic group which is in touch with the needs and concerns of diverse constituencies. The NGO community functions as a linchpin between people at the grassroots and policy-makers. NGOs promote dialogue and serve as an interface between two groups which often do not get to speak to each other directly.

UNFPA seeks women's NGOs as one of its priorities in the area of women, population and development. At Cairo, there will be a concurrent NGO conference entitled NGO Forum '94. This Forum will provide opportunities for NGOs to make presentations of their work and to network among themselves. J

Bringing Services to the Doorstep

Community-based approach making headway in Nepalese villages

A JOICFP mission found that effective management systems had been set up and project activities were progressing in areas in Nepal where the regional Sustainable Community-based Family Planning (FP) and Maternal and Child Health (MCH) Project with Special Focus on Women is being implemented by the Family Planning Association of Nepal (FPAN). During the visit to project areas, the mission was able to utilize the draft of the baseline knowledge, attitude and practice (KAP) survey conducted at the end of last year. The timing of the mission also coincided with the national workshop on the project, held in Kathmandu on December 17 - 19.

The JOICFP mission visited both the new project areas in Sunsari District and villages in Panchkhal, Kavre District, where the project is being implemented in former Integrated Project (IP) areas. A monitoring team accompanied the JOICFP mission to Sunsari District and provided technical assistance to project personnel.

In Sunsari, where the project covers a total population of 55,000 in six villages, the mission found that project activities were underway with the staff nurse and community medical assistant visiting each of the villages every two weeks to provide FP/MCH services. By selling essential drugs to the village people, the project staff are also contributing to the sustainability of the activities. The money is put into a village trust fund to be used to continue activities once the project period ends.

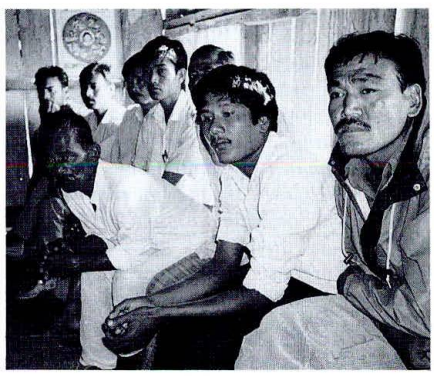
Thapa (right) and Basnet (left) with field staff.

The mission also noted that training of health personnel and field workers had been completed and that information on FP/MCH had been collected from each household. This data is being used to identify needs and determine future strategies. The visit also provided the mission with an opportunity to discuss with the director of the district health office the possibility of collaboration among all health personnel in project areas.

In the project villages, the mission observed FP/MCH services being conducted through the village outpost system such as infant growth monitoring. The visitors were also introduced to the activities of the staff nurse who carries a variety of contraceptives, treats minor diseases, and provides medical checkups for women and antenatal checkups. The mission noted the effectiveness of using women to provide services since FP is still a sensitive issue for many women.

Meanwhile, the national workshop was opened on December 17 by Dr. Ram Baran Yadav, minister of health, who urged that people take the lead in solving social problems. He added that women need to be equipped with proper MCH knowledge.

The workshop was attended by all village field workers, village leaders, and chairpersons of the village health committees of both IP areas. The attendance by field-level staff not only added a lively dimension to the workshop, but enabled these key project workers to participate in discussions on how to enhance project effectiveness. Issues identified through the baseline survey were also shared with the audience, along with a general overview of the country's FP and MCH program.



Men gather at an FP/MCH service post to discuss the project.

Smoother Project Implementation

A monitoring team, dispatched to new project areas in Sunsari District by JOICFP from December 12 - 15, came up with a series of recommendations to establish community-based quality and sustainable FP/MCH services. The mission was headed by Dr. Rita Thapa, adviser, MCH/FP, UNFPA, and included Sabitri Basnet, project consultant, and the JOICFP program officer in charge.

To promote the sustainability of services through fee charging, the team recommended that the initial costs for medicine be lowered through wholesale purchasing. The team also suggested that the charging and accounting procedure be simplified to free up the field workers for IEC and counseling, and urged that IEC activities be improved to promote public information about contraceptives and high-risk pregnancies.

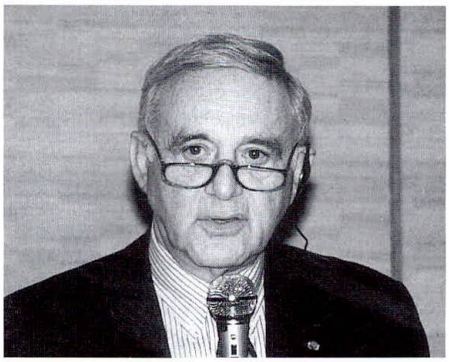
Calling for the steering committees at various levels and village staff to collaborate with the Sunsari District Health Office to mobilize governmental MCH workers' participation in clinics, the team also underscored the importance of better coordination of the schedules of clinics and mobile outreach services. The team further urged that the project make the best use of available trained human resources to introduce a few basic laboratory services for women. These services could be provided on a fee-charged basis, the team added.

Noting the relevancy of the parasite control activities to the project, particularly to improving the nutritional condition of women and children, the team urged that efforts be made to mobilize the community to construct a suitable toilet in each of the six areas with clinics. With regard to referral services, the team suggested that operational linkage be established with the B.P. Koirala Hospital by adapting the home-based mother's record system for early detection of high-risk pregnancy and referral services.

It was also recommended that better storage facilities be established for medical supplies, while a number of different income-generating ideas related to women's health were also suggested.

Sharing the Responsibility

"In the short span of 30 years, the developing world has passed the halfway mark in reducing fertility to replacement levels," said Dr. Sheldon J. Segal, distinguished scientist, the Population Council. "All this portends to further significant declines in fertility if sufficient investment in family planning (FP) is made in the years ahead." Speaking at a special lecture meeting of the Population Forum 21 held in Tokyo on December 15, Segal noted that in most developing countries, FP is not viewed as a concept imported from outside, but as a wise policy that is part of national development. "A remarkable feature of this contraceptive revolution is the near universality in the developing regions in adopting FP policies and the absence of political risks in doing so."



Sheldon J. Segal

A bio-medical scientist involved in contraceptive development, Segal was the keynote speaker at the Population Forum 21 meeting. The lecture meeting, a regular event, was organized by Population Forum 21 in cooperation with the Population Problems Research Council of the Mainichi Shimbun and JOICFP. It was attended by some 100 people, including parliamentarians, officials of government and non-governmental organizations (NGOs) and the press.

Segal gave an overview on research into the bio-medical aspects of fertility and contraception and provided insights into new and emerging contraceptive technologies. Noting that more than two-thirds of contraceptive use is based on methods used by women, Segal said, "Women mainly bear the burden of contraceptive use and therefore face the health risks of contraceptive use and contraceptive failure."

Commenting on the wide use of the condom in Japan, Segal said that the reliance on male methods was more apparent than real. What really is happening, he said, is that couples are using a relatively ineffectual male method of the condom backed up by safe and effective abortion. "So the burden still falls on the woman," he said.

Segal also had comments to make on the human rights aspect of population activities and noted that the right to reproductive choice is an individual right that should not be taken away. Citing the involuntary sterilization program that was conducted in India, Segal said that "Coercive programs will bring down governments, not birthrates." He added, "Our purpose in bringing about reductions in population growth rates is to improve the quality of life. If in the process we trample on human rights, then it defeats the purpose."

New Framework of Action on Population

During the new Economic Framework talks between Japan and the U.S. held in Tokyo in December and in Washington D.C. in January, more effective partnerships were proposed to implement three broad strategies to address the problem of rapid population growth. The U.S. delegation to Tokyo was headed by Timothy Wirth, counselor, United States Department of State, who also held a meeting with representatives of eight non-governmental organizations (NGOs) including JOICFP on December 10. During the meeting with the NGO representatives, Wirth stressed the effective role of NGOs. Wirth, a veteran of the environment field, also headed the U.S. delegation at PrepcomII held in New York ahead of the International Conference on Population and Development (ICPD) in Cairo.

Timothy Wirth

The proposed new framework for action is composed of three broad and mutually reinforced strategies for governments engaged in slowing population growth rates. The strategies are: to reduce unmet demand for contraception by strengthening and improving FP programs; reduce the desire for large families through investments in human development; and reduce the momentum of population growth. By combining the three strategies, the expected population of 12 billion by 2100 could be reduced by as much as 2 or 3 billion, according to the proposal.

The proposal calls on the world governments and institutions to enter into more meaningful partnerships to enable the necessary human and financial resources to be applied to the implementation of the new framework for slowing population growth. The proposed partnership should be a comprehensive one, linking the needs in many developing countries, the expertise in other developing countries, and the financial and technical resources of the international development cooperation agencies, both multilateral and bilateral. A critical element of the partnership concept is that priorities must be agreed upon jointly, with much of the initiative coming from the developing countries, according to the proposal.

(Photo courtesy of the Japan Press Club)

NAM Countries Prepare for ICPD

A set of issues and recommendations for the UN International Conference on Population and Development (ICPD) was adopted at a ministerial-level meeting of members of the Non-Aligned Movement (NAM), held in Bali, Indonesia, from November 11-13. The Ministerial Meeting on Population of the Non-Aligned Movement was attended by 16 ministers and 120 senior officials from 52 NAM member countries and 13 other countries. Participants also agreed on a document on NAM support for South-to-South collaboration in the field of population and family planning (FP) and adopted the Denpasar Declaration on Population and Development.

Opened by President Soeharto of Indonesia, the ministerial-level meeting provided the participants with an opportunity to exchange information and experiences and promote technical cooperation among developing countries. It was preceded by the Senior Officials Meeting of Population, held in Denpasar from November 9 - 10.

The ministers noted the deepening imbalances of the global economic system and identified numerous economic problems as seriously undermining the development efforts of developing countries. Calling for developing countries to unite to tackle population problems, the participants also urged richer countries to provide more resources.

Winning the Hearts of Urban Youth

CMI offers a model for success with the adolescents in São Paulo's favelas

The 594 favelas (slums) in SãoPaulo City are home to a huge floating population that is generally not covered by the government health and welfare activities. Despite the significant challenges of promoting healthcare among the poor of the favelas, Centro Materno-Infantil (CMI) has made considerable headway by utilizing the community-based approach of the Integrated Project (IP). To answer the needs of the people in the favelas, CMI has integrated a range of community health and development components including family planning (FP), maternal and child health (MCH), adolescent health, nutrition improvement and AIDS prevention. As a result of this innovative and flexible approach, CMI has accumulated a wealth of experiences over the 11 years of project implementation in urban slums that it can share with other developing countries, particularly in the Latin American region.

A JOICFP mission gained insights into some of CMI's experiences while in Brazil from December 7 - 14. Visiting most of the 13 project areas in São Paulo State, the team observed CMI activities firsthand and was able to grasp some of the keys to project success.

During its visit to the *favelas*, the team viewed some of CMI's educational activities for adolescents including the use of role plays to gain the participation of young people and stimulate open discussions on health issues with qualified instructors. Such activities have been emphasized by CMI which views adolescent health education as a key entry point for education on such issues as responsible parenthood. CMI's concern is backed up by research which indicates that sexual activity begins in adolescence for a lot young people in Brazil.

A soccer star interests youth in sport as part of CMI's youth activities.

In many of its activities, CMI also works closely with government organizations (GOs) and other NGOs. Through this network of GOs and NGOs, CMI has taken on the role of an expert group of adolescent health. For example, CMI works closely with the State Secretariat of Sports and Tourism to link educational activities with sports events, a very effective means of reaching young people. Utilizing such sports activities as soccer, basketball and volleyball, the NGO uses well-known sports personalities to reach out to adolescents with education about such subjects as drug abuse, AIDS prevention and sex-related issues.

Children at the Ana Rosa Institute's day care center enjoy nutritional supplements.

A Personal Mission

In Monte Azul, the JOICFP team got a glimpse of the human side of some of CMI's activities in a clinic run by a German-born midwife. Inspired by the work of a German teacher in the *favela*, Angela Gehrke da Silva sold all her belongings in 1983 and moved to Monte Azul to take part in MCH promotion. Thanks to her efforts, a clinic was established in the area in 1985, which she runs with the cooperation of CMI.

Support from Japan has also been utilized effectively to improve life in the *favelas*. At the Ana Rosa Institute in São Paulo City, for example, the JOICFP team observed children using day care center equipment purchased with funds allocated through the Voluntary Deposit for International Aid (VDIA) scheme under the Japanese Ministry of Posts and Telecommunications. The center not only takes care of the pre-schoolers to enable mothers to engage in paid employment, but also provides nutritional supplements to the children. The VDIA funds have also been used to provide paramedical training to primary health care volunteers and to cover the costs of nutrition classes for mothers.

As CMI looks to the future, the concept of self-reliance is taking on increasing importance. To achieve this aim, the organization has already established a fee system for services including FP and adolescent health education.

Recognizing the serious social problems facing young people in São Paulo, the organization also recently set up a pilot "adolescent house." A multi-purpose center geared to serving the needs of young people, the facility's staff are providing practical education, training and medical services to adolescents.

Japanese Women's NGO Formed for Cairo

About 100 Japanese women joined hands recently to form a non-governmental organization (NGO) ahead of the International Conference on Population and Development (ICPD) to be held in September in Cairo, Egypt.

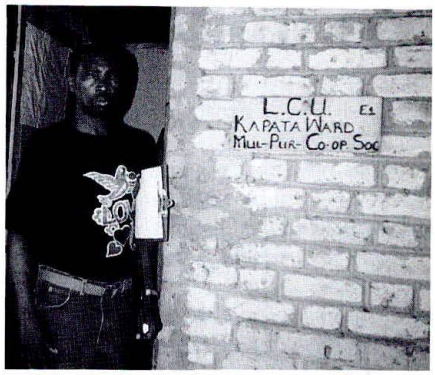
Dubbed "Japan's Network for Women and Health, Cairo '94," the NGO is aimed at ensuring that the concerns of Japanese women about reproductive health are heard at the ICPD.

As part of its activities leading to the ICPD, the organization will compile reports to present at the meeting and will urge the government that women's NGOs be included in the official delegation to Cairo.

The new women's network is unusual in Japan where there are few effective, nationwide NGOs that deal exclusively with women's reproductive issues.

Revitalizing Healthcare Infrastructure

The IP in Zambia utilizes the existing health advisory committees to spur community participation in activities



(Photo left) Men's club members in Fiwale make candy to generate IP funds. (Photo right) A resident field worker stands near a new cooperative in Kapata.

When the Integrated Project (IP) was first introduced to Zambia in 1984, it faced significant challenges. In all three project areas, not only was socioeconomic status low and family planning (FP) acceptance negligible, but the local healthcare facilities and administration were not functioning efficiently. For people at the grassroots, this meant that badly needed primary healthcare services were not available.

To tackle the obvious shortfall in services, one of the first steps for the IP was to establish an effective system of management from the local village level up to the central level to ensure full use of existing facilities, social organizations and human resources. This was accomplished by revitalizing the existing healthcare administrative system. At the village level, the health advisory committee was given a new orientation as the local steering committee and was incorporated within the tiered IP infrastructure, which is governed by the National IP Steering Committee.

As a result of this reorganization, the implementing agencies of the project, the Planned Parenthood Association of Zambia (PPAZ) and Zambia Flying Doctor Service (ZFDS), have established an efficient bottom-up system of management and have been able to stimulate active community participation in the project activities. Since the inefficiency of healthcare systems is recognized as a major constraint to program promotion throughout the African continent, the experiences gained through the IP in Zambia are expected to serve as an encouraging example for other countries.

The members of a men's club in Fiwale wear the uniforms made by the neigboring women's club.

New Life for Existing Groups

At the local level, the revitalization of existing health structures has taken on unique characteristics to accommodate local needs. In Kapata, a typical remote rural area inhabited mainly by fishing families, the local people have been mobilized through various groups to take part in IP activities under the guidance of the health advisory committee. Not only have women's clubs been established and multi-purpose cooperatives been reinforced, but traditional birth attendants (TBAs), two local health workers and 13 out of the 17 community-based distributors (CBDs) have received training to support IP activities. Meanwhile, the resident field educator supervises these groups to ensure smooth coordination of activities, while providing education on such subjects as FP, nutrition, primary healthcare and environmental sanitation.

Through the network of community groups, favorable conditions have been created for mobilizing communities to take part in project promotion. Some innovative strategies have also been created to sustain the CBDs. For example, rather than receiving financial incentives, which would end with the termination of the project, the CBDs have been receiving various other kinds of support from community people in return for their services. The prestige that comes with the position of CBD has also encouraged these people to continue their activities.

The health advisory committee has also been effectively used in the semi-urban area of Fiwale to stimulate the activities of community groups. To actively mobilize the community, the eight clubs that existed at the early stage of the project were divided into a variety of smaller, more dynamic groups. With a total membership of about 1,500 men and women, the clubs in Fiwale are run more efficiently and are administered effectively through a system of monthly management meetings. Organized by the health advisory committee and attended by the chairperson, secretary and treasurer of all clubs in the area, one CBD and one TBA, the meetings have helped spur the simultaneous development of both men's and women's clubs and enhanced mutual cooperation.

Urban Setting

The strategy of utilizing the health advisory committee to oversee local IP activities has also had a positive impact in the urban setting of the third project area of Kabushi. A sugar company compound, the project area has been hit with unemployment and has seen many of its residents leave for greener pastures in recent years. However, through the clubs that have been established under the project, the remaining residents of the area have been actively disseminating the experiences and lessons learned through the IP to people in surrounding communities. As a result, the project coverage has been significantly expanded and the club system has been replicated in neighboring communities.

In all three project areas, the IP has stimulated community participation in activities to improve the health status and raise the quality of life. The key to this success has been the establishment of network of community groups, which are effectively coordinated by the health advisory committee functioning as a local steering committee under the IP.

NGOs – Earning a Place in the Community

CBDs wear their KFPA uniforms in Kakamega.

A team that conducted a recent independent evaluation of Japanese bilateral official development assistance (ODA) projects in Thailand and Kenya was the first in the population and family planning (FP) field to include a representative of a non-governmental organization (NGO). Kiyoko Ikegami, program officer, JOICFP, was entrusted by the Japanese Ministry of Foreign Affairs to conduct the evaluation of the projects with Yasuo Uchida, deputy director, Planning and Research Division, International Development Center of Japan. The team, which was in Thailand and Kenya between November 4 - 19, evaluated Japan's ODA projects in the two countries that are conducted by the Japan International Cooperation Agency (JICA), an executing agency of technical cooperation. Results of the evaluation are to be published in 1995 through the Ministry of Foreign Affairs.

The team began its activities in Thailand where JICA was promoting FP and population activities in collaboration with the government. To effectively reach the grassroots, the government of Thailand works closely with NGOs, including the Population and Community Development Association (PDA), a close collaborator of JOICFP.

In a meeting with Tavatchai Traitongyoo, secretary-general, PDA, the team was introduced to some of PDA's activities. Noting that PDA had recruited over 10,000 FP volunteers, Tavatchai shared some keys to PDA's success in increasing FP acceptance. Comparing NGO and government efforts, he said that PDA has the advantage of being able to cut through red tape; use an innovative approach; continue to be flexible; charge fees to promote self-reliance; and persuade people with a softer approach.

A nurse displays a condom-vending unit at the Kakamega KFPA located above a restaurant for easy access.

Tavatchai said that PDA is engaged in three main AIDS-prevention activities: dissemination of information; campaigns and IEC material production; and advocacy. By operating within schools and encouraging further education and vocational training, PDA hopes to prevent young people from entering the commercial sex industry, he said.

Increasing FP Acceptance

Commenting on the dramatic drop in the population increase rate in Thailand from 3.3 in 1971 to 1.3 in 1993, Tavatchai said that this was achieved by integrating FP with social development, rapid economic growth and improvements in the general health conditions of the people. He said that PDA is one of the leading agencies in Thailand using this integrated approach, which it learned from JOICFP.

Before beginning its evaluation of JICA's projects in Kenya, the team visited IPPF Africa Regional Office in Nairobi, where it was briefed on the population issues of the continent. During the briefing, the team learned that the major issues for FP in Africa are to close the knowledge, attitude and practice (KAP) gap; promote of adolescent health; and increase male involvement. The team was also told that the concept of children as a labor force persists in rural areas, which account for 80% of the continent. Another obstacle to FP promotion in Africa is the widely practiced system of polygamy, the IPPF officials said.

In its bilateral population activities in Kenya, JICA works with the Kenyan Institute of Mass Communication and the National Council on Population and Development. In one of the project areas of the JICA project, the team observed the active involvement of the Kenya Family Planning Association (KFPA) in the FP activities. As part of its activities to close the KAP gap in the area, KFPA has mobilized the community women to serve as volunteers under a community-based distribution (CBD) system to promote education and FP services. The training of CBDs in Vihiga, Kakamega District, has been implemented by JICA, which has also provided basic equipment for these volunteers.

The importance of focusing on male involvement in FP was highlighted by one of the village women in Kakamega. Commenting that her husband had refused to use condoms or accept a vasectomy, the woman said that he had finally agreed for her to have a tubal ligation after being convinced that the move would help improve the quality of their lives. The couple had been made aware of the cost of more children by the CBDs who had made frequent visits to her home, she said.

Japan to Boost AIDS, Population Funding

Japan is considering providing US$3 billion by the year 2000 in funds to help fight AIDS and tackle global population problems, according to a recent report by Kyodo News.

Quoting a Ministry of Foreign Affairs source, the news agency said that the contribution would be part of the new Japan-U.S. Economic Framework's common agenda for global cooperation.

According to the report, Japan was expected to finalize the amount by February and announce it when Prime Minister Morihiro Hosokawa meets U.S. President Bill Clinton on February 11 in Washington.

With the funds, Japan will donate condoms to developing countries and provide money for AIDS vaccine development and education programs. Tokyo will also contribute funds both bilaterally and through multilateral organizations, the report said.

Voice of Voices

By Chojiro Kunii

Women Head to Cairo

A close female friend of mine recently initiated some activities in preparation for the International Conference on Population and Development to be held in Cairo, Egypt in September. She is working together with about 100 people who have formed a group to plan new activities and to begin a new movement in women's health. I have been very moved by her efforts.

Fifty years ago, I was inspired by Shidzue Kato, a leader among Japanese women, to create a family planning (FP) organization in Japan. At that time, the FP movement was purely a grassroots activity being conducted by a group of midwives and public health nurses concerned about the cost in lives from induced abortion. This movement expanded as the importance of FP was passed among midwives by word of mouth, and the abortion rate in Japan began to decrease gradually. As the movement progressed, a growing emphasis was placed on improving the health status and educational level of children. The importance of good health also caught on for the society at large, and it was not long before the bulk of Japanese people were taking preventive measures to maintain their health.

Childhood Memories

People ask me why I got involved in these activities, particularly since I am not a medical doctor. I think the real reason has a lot to do with the influence my mother had on me as a child. I was a sickly child, and my mother was forever encouraging me to become stronger. Thanks to her efforts, I was eventually able to go to school in Tokyo. However, even as an adult she worried about my health.

I was a young man serving in the army when my mother died. Hearing the news of her death was one of the most heartbreaking moments of my life. I remember running alone into the woods where I cried in grief.

When the war ended, I looked for something to do which I thought would have pleased my mother. I searched for something that would benefit the people as well as myself. Fortunately, I was inspired by my connections in Keio University to enter into the parasite control field. From there, I went on to preventive medicine including family planning. This direction did not initially yield any financial profit. But, as I pursued my career, many other new paths opened up in front of me and I was led to new fields. Now after 50 years, I feel that the direction of my life has been finally set.

When I think about myself as a young man 50 years ago, I can feel the strength in my mother's palms as she kneaded me into the man I am now. I hope my words of encouragement will have the same effect on the young women of Japan and that these courageous women will let their voices be heard at Cairo.

ANNOUNCEMENTS

International Conference on Population and Development (ICPD) '94

Date: September 5 - 13, 1994
Venue: Cairo, Egypt
Participants: Decision-makers and political leaders from all countries and regions, representing governments and all sectors of society
Objectives: To forge a new international consensus that population concerns should be a the center of all economic, social, political and environmental activities
To create a firm plan of action on population for the next 20 years, in accordance with universally recognized principles of human rights and national sovereignty
Organizer: UN

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Workshop on Population Aging

Date: March 14 - 17, 1994
Venue: Singapore
Theme: Women in an Aging Society
Participants: Experts and senior officers responsible for policy research, planning and implementation in the field of aging from such countries/areas as China, Hong Kong, Indonesia, Republic of Korea, Malaysia, the Philippines, Singapore, Sri Lanka, Thailand, and representatives of international agencies
Objectives: 1. To review the problems and policy issues surrounding women towards population aging in countries of Asia and to exchange information, experiences and strategies
2. To prepare future directions and recommendations on the issue of women in an aging society for use as background materials ahead of the ICPD and for future policy and program formulation in Asia
Organizers: Social Work & Psychology Dept., National University of Singapore, and JOICFP
Sponsor: UNFPA

Note: Self-funded participants are welcome to attend the workshop. For more information, please contact JOICFP.

DIARY

JOICFP program officers Sumie Ishii, Aiko Iijima, Ryoichi Suzuki and Ryoko Nishida attended the Workshop on Effective Strategies for Sustainable Community-based FP/MCH Projects with Special Focus on Women, held in Jakarta from Oct. 14 - 23. Ishii joined a JPFP study mission in Malaysia from Oct. 24 - Nov. 1. Suzuki was in the Philippines from Oct. 24 - 29 to join the JFPA technical cooperation mission to FISHDEV. Nishida was in Singapore and Thailand for activities related to the regional aging project from Oct. 24 - Nov. 4.

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