No. 249 March 1995

ISSN 0911-0755

JOICFP NEWS

Action for Empowerment of Women

Regional Technical Committee Meeting focuses on action plans for community-based integrated FP/MCH projects in Asia

Effective strategies for empowering women as a means to raise family planning (FP) ...eptance and improve maternal and child ...alth (MCH) were the main focus of the 3rd Regional Technical Committee Meeting for the Sustainable Community-based FP/MCH Project with Special Focus on Women. The meeting, held in Tokyo from January 23 - 28, brought together representatives of the four countries of Bangladesh, Laos, Nepal and the Philippines, which are implementing the UNFPA-supported regional project, with representatives of China and Vietnam, where the Integrated Project is being implemented.

In total, 18 participants from six countries attended the meeting which focused on reviewing progress and presenting action plans for 1995. Representatives of IPPF, Japan Family Planning Association (JFPA) and JOICFP also joined the event.

During the meeting, participants discussed ...tegies, work plans, operation, management, ...d monitoring and evaluation schemes of the project for 1995 for each country and future perspectives after the first phase (1992 - 1995). The visitors were also introduced to the experiences of Japan in the field of FP/MCH and learned firsthand about the role that midwives played in FP/MCH promotion during a field trip to Gifu Prefecture.

Among the highlights of the meeting were two special sessions. The first, presented by Masafumi Kuroki, director, Research and Programming Division, Economic Cooperation Bureau, Ministry of Foreign Affairs of Japan, focused on the Global Issues Initiative (GII) on Population and AIDS. The second, presented by Dr. Indira Kapoor, regional director, South Asia Region, IPPF, concerned empowerment of women and reproductive health issues.

In the country presentations, participants were introduced to progress made in Bangladesh under the project, which includes the components of FP/MCH, parasite control, literacy, skill development training and income generation. In 1995, efforts will be made to strengthen intensive health care to safeguard women's health; strengthen project clinics and the laboratory; strengthen IEC activities; reactivate consciousness raising on women's rights; provide training for community leaders, committee members and field personnel; and organize rallies on March 8 to express solidarity with women of the world.

Participants of the Regional Technical Committee Meeting in Tokyo.

In discussions on the Laos project, it was noted that efforts should be made to strengthen the steering committee; develop a simple IEC material for women volunteers; and improve the monitoring and supervision for all levels. The need to create awareness of the concept of integrated health care was also noted as important, while training on IUD insertion for MCH staff was emphasized.

Aimed at improving the quality of family health, particularly community women through the provision of FP/MCH services, the project in Nepal is geared to achieving self-reliance through fee-charging for services and the development of community trust funds. In 1995, efforts will be made to equip the Panchkhal Field Office with FP/MCH equipment; conduct intense literacy programs; and continue provision of FP/MCH services by trained women serving as volunteers.

The project in the Philippines, meanwhile, is geared to contributing to the government's goal of providing universal access to FP information/services and promoting sustainable community-based FP/MCH services. In 1995, the project will focus on various activities including developing a management of information system; completing clinic improvements and maintenance of FP/MCH equipment; training of health personnel and volunteers; and expansion into other municipalities.

The Integrated Project (IP) in China was initiated in 1984 and currently covers 16 provinces. The action plan for 1995 will focus on training promoters to seek project self-reliance; training volunteers of local FPAs and medical personnel; developing IEC materials; conducting an evaluation survey for the fourth-cycle project; and preparing for the fifth cycle of the project.

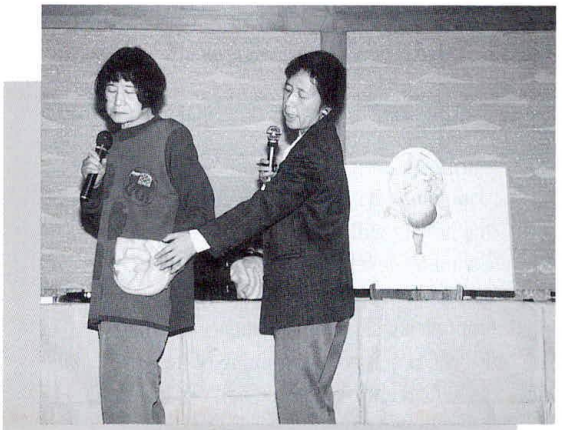
The IP in Vietnam, which was launched in 1988, is jointly implemented by the Ministry of Health, UNFPA, UNICEF and JOICFP and now covers 70 communes. In 1995, the project will focus on training midwives and volunteers; income-generation; exchange of information and experience; supply of minimum FP/MCH equipment and essential drugs; monitoring; study tours; and evaluation.

The Midwife – Agent of Change at the Grassroots

The midwife played an effective role in raising the level of health of mothers and children in Japan in the postwar years by providing FP/MCH services in addition to regular delivery services. The dramatic impact that midwives had on the level of MCH in Japan was brought home to participants of the Regional Technical Committee Meeting during a field trip to Takayama City, Gifu Prefecture.

The participants learned firsthand about the role of the midwife in the FP program from Sachiko Sakurai, director, Sakurai Nursing Center. A midwife, Sakurai worked in the postwar years as part of the nationwide efforts of midwives to improve the quality of women's lives by providing integrated FP/MCH services.

From her midwifery clinic set up in 1959, Sakurai focused on integrating delivery services with quality FP/MCH follow-up services. Sakurai and other midwives sought to upgrade the quality of services through the expansion of safe delivery at the national level.



Sachiko Sakurai (left) demonstrates the position of the female reproductive organs with a scale model.

The veteran midwife also worked with the Japan Family Planning Association (JFPA) as part of a mobile team to provide FP guidance to people of the community.

Participants welcomed the introduction to Japan's experience of building on the close ties and trust that midwives have developed within the community to promote quality FP/MCH services. The team commented that it was an effective strategy that can be applied in developing countries.

Challenges for Community-based FP/MCH Projects in Asia

The regional technical committee meeting served as an ideal venue for representatives to compare progress and outline challenges for the projects in their countries. Below is an outline of points raised during the discussions.

Kazi Anisur Rahman

Kazi Anisur Rahman, honorary secretary general, Family Planning Association of Bangladesh, noted that the project is contributing to the spread of a "silent revolution" of empowerment among the women of Bangladesh. The project, with strategic support from men, is bringing empowerment to rural women, one of the key strategies for boosting FP acceptance. The project is now spreading from project sites to surrounding areas.

Dr. Phonethep Pholsena, director, Institute of Mother and Child Health, Ministry of Health, Laos, commented that the chief beneficiaries of the project are mothers and children. The project is aimed at reducing maternal and infant mortality through the provision of comprehensive services including MCH care and birth spacing. Community awareness and participation in MCH/birth spacing activities are crucial to the success of the project.

Phonethep Pholsena

Dr. Rebecca B. Infantado, officer in charge, project director, Family Planning Service, Department of Health, the Philippines, explained that women's groups in villages are contributing to the project by organizing such activities as mothers' classes, nutrition classes and film shows. The project has had success in mobilizing the community since villagers can recognize the obvious benefits of activities, she said.

Rebecca B. Infanta

Dr. Yan Renying, director, MCH Center, and director emeritus, No. 1 Hospital Affiliated to Beijing Medical University, noted that Japan's experiences provide many strategies for developing FP/MCH activities. Yan added that China has expertise and experiences which it is willing to share with other countries.

Yan Renying

In a special session, Dr. Indira Kapoor, regional director, South Asia Region, IPPF, emphasized the need to empower women in economic, social and health aspects of life. If given the opportunity to grow, she said, women can play an equal role in the family and society, and at the national level. Women must be given full rights to their bodies and reproductive behavior.

Indira Kapoor

Action on FP & AIDS in Senegal

The Japanese Ministry of Foreign Affairs recently entrusted JOICFP to conduct a situation analysis survey in Senegal, designated as one of 12 priority countries for official development assistance (ODA) under the Global Issues Initiative (GII) on Population and AIDS. JOICFP Program Officer Kiyoko Ikegami was dispatched to Senegal from January 21 - February 5 to gain an understanding of the present situation of population and HIV/AIDS and to make recommendations for assistance from the Japanese government. For effectiveness, JOICFP gained the collaboration and technical advice of the Country Support Team (CST) of UNFPA in Senegal.

Senegal adopted a National Population Policy in 1988, which has served to guide the country's population programs. The National Population Council in the Ministry of Finance, Economy and Planning is the coordinating agency of policy and programs. Family planning programs, however, are implemented by the Ministry of Health and Social Affairs.

The prevalence rate of modern contraceptives in Senegal is generally low. In urban areas, the rate is 11%, while in rural areas it is as low as 1%, indicating a huge discrepancy. According to Marieme Diop, coordinator, National Family Planning Program, making services available in rural areas and providing training for health personnel are essential if the FP program is to be effectively promoted in an integrated manner with MCH. To reach rural populations, more health facilities that offer FP services need to be established. The number of health staff trained to provide FP needs to be increased, while the supply of contraceptives to facilities should be strengthened. Supervision and referral systems are two other areas to be strengthened, while technical equipment for the provision of maternal and child health (MCH) care and FP is needed.

The first HIV/AIDS case was reported in Senegal in 1986. At present, the majority (90%) of AIDS cases in Senegal are the result of sexual transmission. A further 5% are from blood transmission, 2% through prenatal transmission and 3% unknown. In view of these figures, preventing sexual transmission of the disease is a priority. The number of HIV/AIDS cases was estimated at 57,500 in 1993. This figure is expected to reach over 100,000 in 1998, based on WHO's GPA module.

From left, S. Coulibaly, UNFPA country director, and M. A. Savane, director, Africa Division, UNFPA, at a donors' meeting.

Senegal is one of the most active countries in Africa in tackling HIV/AIDS. The National STD Control Committee, established in 1979, initially handled AIDS-related activities until the National AIDS Control Committee was created in 1986.

The present national AIDS control program prioritizes a number of areas to prevent AIDS including IEC campaigns for commercial sex workers, the public and students. Other priority areas are HIV/AIDS surveillance; blood product safety; condom use; and clinical care and counseling for AIDS patients.

Diallo (left) with Dackam-Ngatchou.

Two regional advisers of the Country Support Team (CST) in Dakhar recently collaborated with JOICFP on a situation analysis survey in Senegal for the Japanese government. The advisers, Dr. Mamadou P. Diallo, MCH/FP-training, and Dr. R. Dackam-Ngatchou, analysis and research, are part of the team of technical experts with practical experience who make up the CST for West and Central Africa. The CST takes an integrated approach to problem solving, by calling on several disciplines in the study and resolution of population issues. The team provides high-quality technical support within the mandates of the UN system. It helps to solve country problems while training local staff, providing consultative services, technical information and know-how. The CST promotes and maintains a program approach in developing and managing population programs at the national level. Its role is to develop national capacity building.

NGOs Play Their Part

Non-governmental organizations (NGOs) are playing their part in Senegal to promote FP and prevent HIV/AIDS. Two prominent NGOs are the Senegalese Association for Family Welfare (ASBEF) and Environmental Development Action in the Third World (ENDA).

Established in 1975, ASBEF is the country's leading organization active in the field of FP and STD control and runs a youth education program focused on prevention of early pregnancy and AIDS.

ASBEF also operates five clinics providing FP services to a very keen client base. According to ASBEF staff, however, the real demand is in the rural areas where religious beliefs and traditions such as polygamy make large families the norm and FP promotion difficult. To overcome resistance, ASBEF has been gaining the cooperation of village chiefs through educational activities to explain the role that FP plays in improving quality of life. In the city, ASBEF has been working closely with religious leaders who include FP messages in their religious services.

One of ASBEF's IEC calendars.

Meanwhile, ENDA has emerged as an active NGO force in AIDS-related activities in Senegal. Though not originally an AIDS-prevention NGO, ENDA has created innovative approaches to tackle the issue such as its educational "HIV Alliance" micro-project. Through talks and IEC campaigns at the community level, ENDA seeks to motivate people under the alliance. The ultimate aim of involving the community people in activities is to achieve sustainable development.

Giving Women the Tools to Make a Difference

Peggy Curlin, president, Center for Development and Population Activities (CEDPA), spoke with JOICFP NEWS on February 6. Below is an outline of the interview.

This year is the 20th anniversary of CEDPA. The organization was founded by three people including Kaval Gulhati who became president. I joined two years later and helped develop the women's program. CEDPA's mission is to empower women to be full partners in development. It is mission that has never varied.

In 1974, there was a huge outbreak of smallpox in Dhaka, Bangladesh. I was asked to form a team of Bengali women to vaccinate women. The government teams of men could not enter households. Therefore, women and children were not vaccinated and mortality rates were very high. In almost every household we visited to provide vaccinations women asked about family planning (FP). The one FP clinic was 12 miles away and for women who never left their homes, access to any means to control their fertility was impossible.

So we decided to start organizing to bring FP to the doorstep. We had to teach ourselves FP, management, logistics and record-keeping.

Peggy Curlin

We made a very successful start and today Concerned Women is one of the largest non-governmental organizations (NGOs) promoting FP in Bangladesh.

When I returned to the U.S. and spoke with Kaval, we decided that it would be great to have training courses for women that would short-circuit the painful process of learning to manage women-to-women development programs. In 1978, we held the first women-management training course. This May we will conduct our 29th.

The rationale of encouraging women's participation at the management and policy-making level has been proven over the 20 years to be the magic ingredient. So much of health is aimed at women that their viewpoint can be used to design more sensitive and appropriate programs. In this way women can participate in the social, economic and even political life of communities and benefit not only their families but the nation as a whole.

CEDPA does not focus so much on discrimination but on the contribution that women can make – focusing on the positive side, on what women have, not what they do not have.

I think that in 20 years, the world of women has changed dramatically. Donors and governments are becoming more sensitive to women's issues. But the real credit must go to the women themselves in seeing the opportunities. They have taken risks, adopted modern technologies and gained a great sense of self-confidence.

Far from being static, working with women is one of the most dynamic things a person can do. It is working with a group of entrepreneurs who seek out opportunities, not waiting for opportunities to come to them. For me it has been a privilege. CEDPA's contribution has been to enhance skills that women already had and to bring them together into a network. The power in that network comes from mutually shared goals and commitment of women. I think where that can go in the next 20 years is tremendously exciting, but is just the beginning of a real sea change.

Unmet MCH Needs in Myanmar

Bal Gopal, country director, Thailand, Myanmar and Laos, UNFPA, spoke with JOICFP NEWS on February 10. Below are highlights of the interview.

The government of Myanmar is not so concerned about reducing the size of the population. The most important issue for them is mother and child health – how to reduce the maternal and infant mortality rates and improve the quality of life for families.

The government is very open to assistance and the main interest in accepting any support for the birth-spacing program is to improve the health of mothers and children. UNFPA is also aiming to improve the quality of life by providing services for mother and child health with UNICEF and UNDP.

Bal Gopal

We have several programs in the field of birth spacing covering about 20 townships at present. The government has submitted a request for projects in another 52 townships with UNFPA assistance of almost US$3.4 million for three years.

One of the needs at present is for baseline information which is lacking in Myanmar. We are providing some assistance for a pilot knowledge, attitude and practice survey on family planning (FP). UNFPA has also provided the Ministry of Health with support to obtain basic information on the maternal mortality rate, which is estimated at about 460 per 100,000.

The reason for this extremely high rate is that there are unmet needs for contraception. Induced abortion is widely spread. Mothers are dying of complications of abortions, pregnancy and delivery. It is tragic that they do not have the means to decide when they would like to have their next child and how many children they should have. Women in Myanmar do not have options of choice, rights and means.

The third area that donors are concerned about in Myanmar is HIV/AIDS. UNFPA is joining with WHO, UNICEF, and UNDP to see if we can put our inputs together in some of the townships with birth-spacing projects. UNFPA also has an innovative project in the Department of Labor in which we are trying to develop a set of "human resource development indicators."

There is a very strong feeling in the UN family that we must provide assistance to help improve the health of mothers and children through birth spacing and maternal and child health services.

Opening Doors for Girls with Education

Rakhee wanted to study, and have an income too,
But if she married so young,
how would her dreams come true?

The verse is from the theme song of JOICFP's new animated film entitled *Rakhee and Mausee*. A beautifully animated film, *Rakhee and Mausee* is about a friendship that changes the life of 14-year-old Rakhee. Born into a rural family, Rakhee is bound by tradition to marry young, move out of her parent's home and begin a family of her own. As a woman in a rural village, Rakhee does not have many options in her life and looks set to follow in the footsteps of her friends who have begun families as adolescents.

Basu (left) discusses production with a member of the Japanese production team in Tokyo.

Mausee

Fortunately, Rakhee meets an older woman who teachers her how to read and write. New opportunities open up that put Rakhee on the road to independence.

"One of the main reasons why girls are made to marry young by their parents in India is because they have no education and cannot be financially independent," says Suddhasattwa Basu, the acclaimed artist who animated the film. "If a girl can read, write and count, she has a platform for economic self-sufficiency," he adds. "A daughter at home, dependent on parents is considered a tremendous burden. So if she is educated and can earn a living, she can get decision-making power. This will stop early marriage."

Basu notes that in the states of India such as Kerala and West Bengal where there is high literacy among women, the practice of early marriage is almost non-existent. This is also true for the places in other states where literacy is high, he adds.

In traditional families, attention is focused on the son and young women do not have the power to decide their lives. Typically, it is the father who decides the fate of the daughter. "So the way to stop the practice of early marriage is to convince the parents that it is not beneficial for the daughter," Basu says. "They'll immediately answer that they do not want to marry their daughter young, but will ask what she is going to do." Basu says that people have to know that there are options, that if the daughter goes to school she can earn money and make decisions.

The film is ultimately aimed at changing societal attitudes toward girl children. It is geared to inspiring thought and discussion among the audience rather than taking a moral stand. "If you tell people not to do something, you may cause the opposite action," says Basu. "So first you must gain the confidence of the people and then tell them your message to get them thinking."

Rakhee, the central character, is disillusioned by what is happening to her friends who become young brides. Her mother is sympathetic but does not know what to do because the decision-making power of the family lies with the father. Mausee, a middle-aged widow, comes to the rescue and guides Rakhee towards school where she begins to study. As a young woman, Mausee had learned the benefit of education through her husband who taught her to read, write and count.

The film is part of a series of films on women's development jointly produced for the Asian region by the Family Planning Association of India and JOICFP and distributed through Sakura Motion Picture Co., Ltd. The story for the film was created by Rani Day Burra, an Indian scenario writer who injected a woman's point of view into the plot. Her sensitive characters and story were brought to life by the creative hand of Basu. The animator is well-known for his striking animated television series and advertisements, and for designs and illustrations for a leading children's magazine. The film was produced with the assistance of Japanese technicians.

Rakhee

Rakhee and Mausee follows the two previous films in the series, *Twin Lotus* and *My Way*. As such, it is designed to be used as an educational aid to stimulate discussion on women's health and status. The film does not have dialogue but is available in two versions, one with songs in English and another with Hindi songs. The 14-minute film is available on 16mm or VHS (PAL/NTSC/SECAM).

Towards Improved MCH/FP Services

Tran Thi Trung Chien

Dr. Tran Thi Trung Chien, deputy minister of health, and director, MCH-FP Training Projects, spoke with JOICFP NEWS on January 20 about the challenges facing Vietnam in the maternal and child health and family planning (MCH/FP) field. Below is an interview outline.

The population of Vietnam is over 70 million and is increasing at an average of 1.5 million annually since the 1989 census. The crude birth rate of 30.4‰ is among the highest in the region, while the natural increase rate is 2.2%. The population density is double that of China with 210 people to one square kilometer.

Our health budget has been gradually increasing but cannot meet the needs and reproductive health cannot be improved to a satisfactory level. There are several urgent problems facing MCH care: anemia affects 60-70% of pregnant women; over 14% of babies are born with low birth weight; the total fertility rate is very high at 3.8; while the malnutrition rate among children under 5 ranges from 40-50%. Due to the high number of children they bear, women are suffering from five major obstetric complications: hemorrhages, post-partum infection, eclampsia, ruptured uteri and tetanus.

The Communist Party and government consider population and FP as priority issues of social economic development. The targets of the MCH/FP program of the Ministry of Health are: realization of small family size; increase of the current contraceptive prevalence rate by 2% annually; reduction of the infant mortality rate from the present 45‰ to 25‰; reduction of the maternal mortality rate from 110 out of 100,000 live births to 50; and reduction of malnutrition among children under 5 from the current level of 50% to 25% by the year 2000.

In Vietnam, we have unions of women from the grassroots level right up to the central level. The women's unions are cooperating with the government to promote MCH/FP at all levels. These women also help promote health in general by cooperating in such activities as promotion of vaccinations and breast-feeding. The union is taking a role in educating the community about such issues as the importance of iodine and vitamin A and are also running programs that lend families money to start small agricultural ventures.

One pressing issue is to reduce the incidence of induced abortion. About 1.5 million babies are born each year, but nearly 1 million induced abortions are conducted. This figure includes menstrual regulation which accounts for 80%. We also want to improve the nutritional status of mothers and children. The average height of women is as small as 152cm, but the average weight is only 43kg or so.

We are trying to promote the cafeteria approach to contraception so that women can choose the method that best suits their needs. We would like to supply contraceptives through many channels and are encouraging private channels so that people can have more choice. At present, the IUD is the most popular method and is used by 60-70% of acceptors.

A Step for Women

A very significant step was made toward raising maternal and child health (MCH) in Vietnam with the establishment of the Vietnamese Association of Midwives on January 15. The event, which culminated almost five years of efforts by women of Vietnam and Japan, laid the groundwork for improved MCH promotion through a more well-trained and better supported network of midwives in Vietnam.

The ceremony was attended by 120 midwives representing all 53 provinces of the country and by a mission of seven women from Japan including a parliamentarian, businesswomen, nurses and newspaper reporter.

Midwives from all 53 provinces of Vietnam with members of the Japanese mission and Japanese ambassador at the ceremony.

The founding of the association was particularly moving for Chieko Nohno, member, Parliament of Japan. As a midwife attending the international midwives convention in Japan in 1990, Nohno met Phan Thi Hanh, a midwife from Hue in Vietnam. Learning of the needs of the midwives in Vietnam, Nohno contacted JOICFP and began a campaign to gather support in Japan.

Finding the funds to set up the association was the biggest hurdle for Nohno and Hanh, since the association could apply for funds as an official body only once it was established. The problem was solved by Nohno who began a fundraising campaign in Japan to which she and two of the mission members personally contributed.

A landmark for women, the new association will play an important role in promotion of MCH/FP. Following Japan's example, the Integrated Project of JOICFP utilizes midwives as health agents. Only 70% of the 10,000 or so communes in Vietnam currently have midwives. The association is expected to help secure urgently needed basic and follow-up training for midwives. It is hoped that cooperation from Japan will help midwives play a bigger role in health promotion in Vietnam.

Valuable Lessons to Apply

The Integrated Project (IP) in Guatemala received a boost when two representatives of the Family Planning Association of Guatemala (APROFAM) were sent to Mexico to learn the experiences of the IP. The study tour, conducted from December 5 - 9, 1994, served as an effective activity of TCDC (technical cooperation between developing countries) and provided the visitors with insights into applicable experiences of the well-established project in Mexico. In particular, Blanca de Rodríguez and Gloria Amparo Pascual of APROFAM learned effective strategies to achieve self-reliance and gained insights into outreach activities for providing sex education

adolescents of the Mexican Foundation for Family Planning (MEXFAM), the IP-implementing organization in Mexico.

A prominent non-governmental organization (NGO) in Mexico, MEXFAM has developed the IP in two main directions: parasite control (PC) and other preventive health activities as an entry point for family planning (FP) promotion, and the activities of the *Gente Jóven* program that focuses on education for sexual health to groom adolescents for responsible parenthood. For the study tour, MEXFAM provided insights into different community-based activities conducted in the two states of Queretaro and Michoacán.

In Queretaro, the visitors received a broad introduction to activities and observed mass parasite examinations conducted at primary schools. They also visited slum areas where they learned how PC is used to promote FP acceptance in the communities.

In Michoacán, the visitors attended a meeting of the leading institutions providing sex education under the *Gente Jóven* model: the Ministry of Education, State Council on Population and MEXFAM. Another interesting aspect of the visit was the explanation on how to organize stool sample collection and achieve self-reliance in PC activities.

At MEXFAM headquarters, the visitors reviewed IEC materials and clarified strategies

Adolescents receive sexual health education under MEXFAM's Gente Jóven program.

used by MEXFAM in the IP and other community-based programs. In a summing-up session, the visitors were given an overview of lessons learned including ways to achieve self-reliance in IP activities; uses for IEC materials produced under the IP in Mexico; and the *Gente Jóven* strategy to promote sexual health and prevent STDs including HIV/AIDS.

At the end of the trip, the Guatemalan visitors expressed interest in formal training in sex education activities. To further build on the lessons learned, another laboratory technician will be dispatched from Guatemala this year to participate in a technical course.

Learning to Stand on Two Feet

The success that Japanese non-governmental organizations (NGOs) have achieved in terms of self-reliance served as an inspiration to participants of a seminar

nsored by the Japan International Cooperation Agency (JICA) and implemented by the Japan Association of Parasite Control (JAPC) in cooperation with JOICFP. Guided by firsthand observation, participants learned that NGOs were able to sustain activities by motivating the community to participate as volunteers; gaining the cooperation and support of local government and the private sector; charging fees for services; and providing the services on a mass scale for cost-effectiveness.

The Seminar on Parasite Control Administration for Senior Officers was held in Japan from January 30 - February 17 under the theme of "A Step Towards Primary Health Care." It was attended by 12 participants from 10 countries and included senior governmental officers responsible for parasite control (PC), public health officials and hospital staff. An annual event, the seminar served as a forum for participants to learn about the Japanese experience in PC and community-based public health activities and to exchange experiences among themselves.

The highlight of the seminar was a field trip to Kagoshima Prefecture where the team saw varied aspects related to health and education in an itinerary coordinated by the Kagoshima Health Service Association. The NGO is part of the nationwide network of preventive health-care organizations under the umbrella of JAPC and Japan Association of Health Services closely related to JOICFP. It was established in 1984 with financial support from the prefectural government, medical association and preventive health bodies as an autonomous body. Today, the self-reliant NGO provides services over the entire prefecture, but its close cooperative ties with government and medical bodies have remained strong.

This network helped open doors for the study team which was cordially welcomed at the prefectural government office, a public health center, the prefectural hospital and prefectural institute for public health, town health center, school, medical school and

A Thai participant describes housing in his country to primary school students.

private home. Participants were immersed in the Japanese education system in Fukiagi Town for half a day during a visit to a local primary school. Enthusiastically received by staff, parents and students, the team observed classes and health guidance and ate a nutritional lunch with teachers and students. The team was interested to learn about the school lunch program and Japanese school health system which has a full-time nurse-teacher for first aid and health education.

The effectiveness of stimulating the community people to serve as volunteers was brought home to participants who noted that gaining community participation can make any activity a success.

VOICE OF VOICES
By Chojiro Kunii

Sharing Experiences

How do we initiate TCDC (technical cooperation between developing countries), or South-to-South cooperation?

I only need to recall the situation of Japan in the postwar period to understand what kind of experiences are appropriate for developing countries to share. Anyone considering sharing experiences must examine how their activities started, who began them and how they were conducted.

In my experience, self-reliance of activities is essential to a project's continuity. Therefore, before starting a project it is important to look at how many regular staff members the activities will be able to support. If it can provide a livelihood for staff, they will devote themselves to work.

When we started our preventive health-care activities, the greatest problem was securing an income source. However, by conducting routine parasite control activities on a fee-charged basis, we found that we were able to earn income and sustain our activities. Though these activities were humble, they were really needed and appreciated by the people. Their success taught me that the simplest of activities can have great social value.

As our activities expanded, so did our income. From modest beginnings, our project earned tremendous acclaim. The activities became recognized as the "Parasite Control Movement" and caught on nationwide. This recognition took us by surprise. I was very moved since I had considered my work as something very routine.

We at JOICFP place great importance on the sharing of experiences under South-to-South cooperation. Indonesia, which has an Integrated Project (IP) Training Center in Jakarta, has been extending cooperation to other countries. China also intends to share its experiences with other countries through the IP Training Center, which was set up about a year ago in Taicang City, Jiangsu Province.

JOICFP's IP embraces a wide range of services such as family planning, maternal and child health, environmental sanitation and primary health care. It may be confusing for those wanting to apply the IP experience to know where to start. But I can assure anyone that from my half century of experiences, beginning such a project is not so difficult. The key is to start small within a community by offering needed services. Once the services are accepted, you can gradually expand the scope of the work. As you apply yourself to the task and remain attuned to meeting community needs, the project's direction will develop naturally. If you commit yourself in such a way, you will find that your work will grow and earn value in your society.

Kobe Earthquake

JOICFP is grateful for the many responses it received expressing sorrow and understanding following the Great Hanshin Earthquake that hit Kobe and surrounding areas on January 17. The quake claimed over 5,300 lives, caused unprecented destruction and brought severe pain and disruption to people's lives. JOICFP would like to once again express its sadness over this very tragic incident.

DIARY

- Twenty participants from six countries attending the Advanced Nursing Study Course for South East Asian Nurses of JICA came to JOICFP on Jan. 13 for a one-day seminar on FP in Japan and JOICFP's Integrated Project.
- JOICFP Program Officer Sumie Ishii was in Vietnam from Jan. 14 - 16 to attend the inauguration ceremony of the Vietnamese Midwives Association.
- JOICFP Program Officer Kiyoko Ikegami and staff member Tetsuo Kato were in Ecuador to attend the National Seminar on IEC for Adolescent Health on Jan. 11. Ikegami later traveled to New York to hold discussions with UNFPA and returned to Japan on Jan. 15. Kato went to Guatemala and Mexico for project monitoring before returning to Japan on Jan. 22.
- The 3rd Regional Technical Committee Meeting of the Sustainable Community-based FP/MCH Project with Special Focus on Women, held in Tokyo from Jan. 23 - 28, was attended by 18 participants from six project countries.
- Program Officer Kiyoko Ikegami was entrusted by the Ministry of Foreign Affairs to conduct a situation analysis survey in Senegal under the GII on Population and AIDS. Ikegami was later in Geneva to discuss the issue of AIDS with WHO. She was out of Japan from Jan. 21 - Feb. 5.

Courtesy Calls

Ram Krishna Neupane, director general, Family Planning Association of Nepal, paid a courtesy call to Kazutoshi Kato, mayor, Toshima City, and Hideo Kimura, deputy mayor, Musashino City, in Tokyo on January 20. Neupane expressed gratitude for the reconditioned bicycles and notebooks donated by the Municipal Coordinating Committee for Overseas Bicycle Assistance (MCCOBA). Explaining that FPAN has about 1,800 health volunteers, Neupane expressed interest in receiving bicycles to help mobilize these workers.

Neupane (left) with Kato

Meanwhile, Patricio Villegas, mayor, Municipality of Malvar, and Benjamin Martinez, mayor, Municipality of Balayan, Batangas Province, the Philippines, paid courtesy calls to Hideo Kondo, deputy mayor, Toshima City, on January 25. The mayors expressed thanks for the 150 bicycles donated by three cities to their municipalities and showed gratitude for the 1,700 bicycles donated to the Philippines since 1988. Villegas, who also serves as head of the mayors of Batangas, explained that the bicycles helped mobilize health workers and contributed to many other aspects of community life.

Kondo (left) with mayors

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

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