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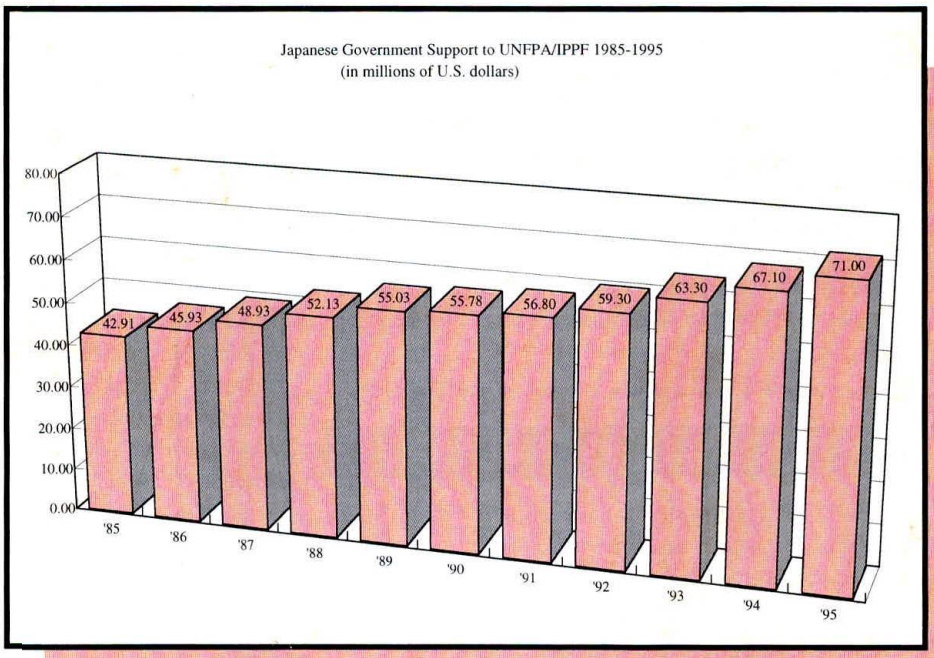
JOICFP NEWS

Japan Increases Assistance to UNFPA/IPPF

Japanese government pledges US$71 million in population assistance to multilateral agencies for 1995

The government of Japan demonstrated its commitment to assisting population activities worldwide by increasing its contribution to UNFPA and IPPF to US$71 million in fiscal 1995 (April 1, 1995 - March 31, 1996). The figure represents an increase of US$3.9 million over the previous year's contribution of US$67.1 million. The amount was approved by the Japanese Diet (parliament) in its budget for the 1995 fiscal year.

The government also showed a significant commitment to supporting the work of non-governmental organizations (NGOs) by increasing funds allocated to NGOs in the 1995 budget. The rare increase in the budget allocation is viewed as an endorsement of the effective role played by NGOs at the grassroots. One source of NGO funding that saw an increase was Grassroot Grant Assistance, small-scale grants allocated to NGOs in developing countries by the Japanese embassy in each country.



Global Issues Initiative

In 1994, the Japanese government reinforced its commitment to the solution of global population problems by announcing the Global Issues Initiative (GII) on Population and AIDS. Under the initiative, Japan has committed US$3 billion over a period of seven years from 1994-2000 to solve population problems and fight the spread of AIDS worldwide.

Through the GII, the government has reaffirmed its intention to work in close partnership with NGOs to ensure that assistance reaches the people at the grassroots. The government has already established a dialog with NGOs on population and AIDS and related issues such as women's empowerment and reproductive health. JOICFP, with experience and expertise in reproductive health including family planning (FP), has been assisting in initial GII activities. JOICFP has been entrusted by the Ministry of Foreign Affairs to conduct situation analysis surveys in some of the priority countries nominated under the GII.

With the 1995 contribution, Japan remains the biggest donor to UNFPA, the world's largest multilateral agency providing population assistance. Japan has continued to demonstrate its support for international population and FP activities since 1969 when it provided its first financial assistance to IPPF. The government's assistance to UNFPA began in 1971 with an initial contribution of US$1.5 million.

Japan has continued to increase its contribution to the agencies on an annual basis. The amount allocated to IPPF from this year's total has yet to be decided, but it will exceed the US$17.90 million provided to IPPF in 1994 from the Japanese contribution.

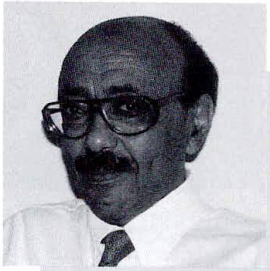
The Japanese government made its position on population assistance clear this year by increasing its budget allocation to UNFPA/IPPF despite widespread budgetary constraints. In the wake of the Great Hanshin Earthquake in Kobe and surrounding areas on January 17, the government has been reallocating funds for earthquake relief and reconstruction. The lingering economic recession, which has affected the government's spending power, has also been responsible for budget cuts to some areas of funding.

The Japanese government reiterated its commitment to population activities with its strong endorsement of the Program of Action adopted by the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994. In a statement to the conference, the government clearly expressed its support of activities to promote women's empowerment including the promotion of basic health, basic education, women in development and reproductive health. Representatives of NGOs including women were included in the official Japanese delegation to the conference.

Ghana on Right Track

Teferi Seyoum, UNFPA country director for Ghana, recently provided an outline of the population situation in Ghana and UNFPA activities in the country to JOICFP NEWS. Below are highlights.

Population activities in Ghana have been guided by the National Population Policy which was adopted in 1969. The second UNFPA population program for Ghana (1991-1995) was designed to contribute to the attainment of the four goals of: revitalization of Ghana's population program; improvement of the government's capacity to achieve population targets, doubling the prevalence of modern contraceptives, and increased supervised deliveries; achievement of non-quantifiable targets such as redressing the imbalance between rural and urban areas; and assisting the government in research and policy analysis on population management in general, and considering the significant financial and technical support provided by several donors including UNFPA, the demographic transition in Ghana will be greatly accelerated in the next five years. That goal is achievable provided the present level of donor assistance is not only sustained but increased appreciably. I am optimistic that Ghana will continue to enlist the cooperation of donors.



Teferi Seyoum

the persistent demand for large families.

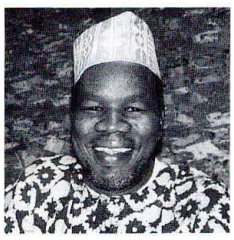
In the maternal and child health/family planning (MCH/FP) sector, UNFPA assistance has targeted strengthening the capacity of the health delivery system by equipping service delivery points and building up the national capability; increasing the proportion of women of child-bearing age using FP services; and reinforcing the capacity of the Ministry of Health to coordinate, manage and monitor the MCH/FP program.

The country has made significant progress, most notably in increasing contraceptive usage and in reducing the total fertility rate from 6.4 in 1988 to 5.5 in 1993. However, several constraints impede smoother program implementation such as the poor quality of antenatal, delivery and post-natal care for mothers; low level of education of many mothers; poor referral system; inadequate equipment/supplies; and poor distribution of services. High infant mortality still persists because of poor accessibility and low utilization of facilities, especially in rural areas. The general lack of knowledge about sexuality and contraception and inadequate IEC service have worked against effective promotion of FP. The government has developed a sectoral population plan of action towards addressing these issues to guide the management of population issues.

The new UNFPA country program (1996-2000) will seek to address the above identified constraints among others. Given the prevailing political commitment to population programs, and the noticeable increase in the participation of grassroots organizations and non-governmental organizations (NGOs) in

Ghana Targeted Under GII

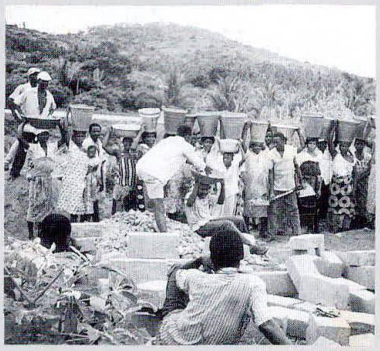
JOICFP was entrusted by the Ministry of Foreign Affairs of Japan to conduct a situation analysis survey in Ghana, one of the 12 priority countries nominated under the Japanese government's Global Issues Initiative (GII) on Population and AIDS. JOICFP Program Officer Ryoko Nishida and staff member Mayumi Katsube gathered information on the situation of population and AIDS in Ghana from February 3 - 14. The information was collected for a background paper which the Japanese government is using to guide development of its program of assistance to Ghana under the GII.



Luka Monoja

The JOICFP team was assisted in its mission in Ghana by the UNFPA Country Support Team (CST), East and Central Africa. The JOICFP team was able to create a population/AIDS profile and identify needs in Ghana with the collaboration of Dr. Luka-Tombekana Monoja, regional training adviser, MCH/FP in the UNFPA/ Country Support Team.

According to 1993 statistics, Ghana has a high population growth rate of 3.1% with a total fertility rate of 5.5. Infant and child mortality rates are 82‰ and 109‰ respectively, while maternal mortality is 24 per 100,000 live births. Life expectancy at birth is currently 56 years. Meanwhile, the reported number of AIDS cases in Ghana stood at 13,700 as of mid-1994. The actual number of AIDS cases, however, is estimated to be higher than 30,000.



The community people of Bontrease village where JOICFP's Integrated Project is being implemented have joined hands to construct a clinic in the village. The clinic, which is being built in collaboration with the Planned Parenthood Association of Ghana (PPAG), is expected to be finished by the end of April. It is being made with funds allocated by the Japanese Ministry of Posts and Telecommunications under the Postal Savings for International Voluntary Aid (POSIVA) scheme. The construction, which is supervised by an implementation committee, has drawn men and women together in an energetic effort to improve the quality of life. The community people expressed enthusiasm for the project to a recent JOICFP mission and said that they welcomed the work of the community-based distributors (CBDs) who have been trained and supplied under the project to make FP services and information available locally.

Working Towards Self-reliance in Taicang

The visitors speak with staff of the Shizuoka Health Service Association.

In just one year, the IP Training Center in Taicang City, China, has achieved considerable success thanks to the people's efforts and to Japanese guidance, said Zhen Yinlin, vice mayor, Taicang City, and vice president, Taicang Family Planning Association (TFPA). The concept of the center, which provides preventive health-care and medical services on a fee-charged basis, is new to China, he said. This activity should have the understanding of the local government and should be expanded to ensure that people of all ages have access to quality services provided in a self-reliant manner, he added.

Zhen made his comments to JOICFP as leader of a study group of seven health-care administrators concerned with the promotion of JOICFP's Integrated Project (IP) in China. The Chinese delegates were drawn from throughout Taicang City, site of the initial IP activities in China 11 years ago. The delegates were in Japan from February 20 - March 1.

The IP Training Center, first established in 1993 and run by the TFPA, was expanded in 1994 to embrace wider health-care activities with the ultimate aim of providing quality services on a self-reliant basis. The TFPA established a parasite examination section within the center in April 1994 from which it has been conducting mass parasite examination and treatment activities on school students to promote health education.

Last year, the center targeted the 42,000 or so primary and junior high school students of Taicang City with fee-charged parasite control (PC) services and achieved a 94.7% coverage. The infection rate was found to be 13.7% for this group.

In addition to PC, the center has been conducting training activities and providing a range of services including FP, MCH care services and health services for the aged, and carrying out IEC activities.

The delegates used their time in Japan to report on the progress of fee-charged activities of the center and to discuss with Japanese experts ways to expand health-care activities and broaden the target population of the mass PC activities. The Chinese also discussed the work plan for 1995.

The trip to Japan provided the Chinese with an opportunity to learn various strategies used by Japanese non-governmental organizations (NGOs) to seek self-reliance through the provision of quality services on a fee-charged basis. The team visited self-reliant Japanese NGOs such as the Japan Family Planning Association and Tokyo Health Service Association. They also joined a field trip to Shizuoka Prefecture, where the members were introduced to the self-reliant activities of the Shizuoka Health Service Association, an NGO providing comprehensive health care services.

IPPF Volunteers Meet at EXCO

The prominent volunteers of family planning associations attending an IPPF-ESEAOR Regional Executive Committee Meeting (EXCO) in Tokyo, were introduced to the Japanese experience in promoting family planning and maternal and child health (FP/MCH) services on a self-reliant basis while in Tokyo for the event. The meeting was held on February 17 and 18 and attended by 18 participants including Dr. Wu Jieping, committee chairman, IPPF-ESEAOR, and vice president, China Family Planning Association. V. T. Palan, director, IPPF-ESEAOR, also attended the regional event where a total of 13 countries were represented.

The EXCO meeting.

The executive committee meeting is held twice a year for the ESEAOR Region. EXCO is held in member countries on a rotational basis.

During the opening ceremony, a message was read from FP pioneer Shidzue Kato, president, Family Planning Federation of Japan (FPFJ), and vice president, JOICFP. A highlight of the meeting was a half-day field visit to offices and facilities of the Hoken Kaikan group which embraces such organizations as the Japan Family Planning Association (JFPA), FPFJ and JOICFP.

The participants were provided with a brief history of the FP movement in Japan by Dr. Minoru Muramatsu, standing director, FPFJ, who highlighted keys to its success.

Putting the movement into a historical perspective, Muramatsu explained that a concerted effort by the government and private sector, including non-governmental organizations, succeeded in promoting FP and bringing down the abortion rate. The acceptance of FP spread and the decline in the birthrate accelerated, to result in a drop from 34 live births per 1,000 head of population in 1947 to 17 in 1957, he said.

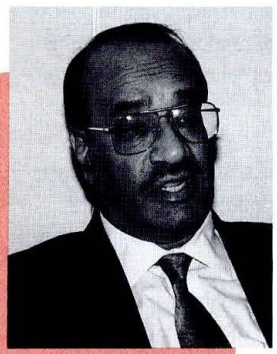
Muramatsu stressed that the drop was mostly due to people voluntarily accepting FP. He added, "Birth control became popular first as a measure of self-defense in the face of difficult living conditions, and later on it further progressed together with the modernization and industrialization of the nation."

Participants observe blood testing at Tokyo Health Service Association.

UNFPA Sharpens Focus

Saad Raheem Sheikh, director, Asia and the Pacific Division, UNFPA, spoke with JOICFP NEWS on February 22 about UNFPA's focus in the region following the International Conference on Population and Development (ICPD). Below is an outline of his interview.

After ICPD we have been extremely busy to focus on the recommendations and mandate given to us. Let me preface that by saying the ICPD conclusions and Program of Action are basically for the governments to implement, but of course UNFPA has a major collaborative role. Our main theme will be reproductive health and family planning (FP) which would include the empowerment of women and IEC activities.



Raheem Sheikh

Population and sustainable development would be the other area of focus. With regard to the empowerment of women, the emphasis on the education of the girl child receives priority attention. Also, areas related to HIV/AIDS and STDs as well as infections of the reproductive tract would receive more attention.

We also feel very strongly that UNFPA should assume a wide-ranging and assertive advocacy role in implementing the ICPD Plan of Action. Since Cairo, we have held meetings at the regional level. For the Asia and Pacific Region we organized a meeting in New York at the end of November and invited representatives of some governments, non-governmental organizations (NGOs) and specialists in the fields of reproductive health, quality of care, NGOs and IEC to come up with recommendations in the key areas for UNFPA. Very interesting and useful recommendations were made and these will be incorporated into an "omnibus paper" from all the regions. We are also working on technical guidelines for each of the activities like reproductive health, gender issues, IEC and population policy. The guidelines will be finalized shortly and sent out to all field offices and participating agencies.

The executive director is very keen on UNFPA supporting activities that will increase the role and performance of NGOs and bring them into the mainstream of reproductive health/FP activity. In this regard, the Asia and Pacific Division of UNFPA is encouraging the country directors to support the activities of NGOs, provide facilities for them to meet and discuss the major issues which follow up on the ICPD and to find ways and means of strengthening their management capacity.

We have recently signed an agreement with an international NGO in Canada, the Foundation for International Training, to organize national-level seminars to promote collaboration between the governments and NGOs. This will not only improve the partnership at the national level but also encourage the governments to devolve certain activities to the NGO sector. We hope that five seminars will be completed by the end of this year and four more will be conducted next year. These seminars have been conceptualized in such a way that we will train the trainers within each country. After the first round it should be possible for the countries to continue with such seminars at the provincial and district levels.

NGOs After Cairo

One of the significant successes of the Cairo conference was the enormous role played by the NGOs. Their intellectual and service-delivery role has been much appreciated by the governments. I find that a number of governments have now agreed to involve many of the grassroots NGOs in implementing components of their program. In India, for example, the government has given contracts to a number of NGOs in certain districts. Other countries in South Asia have taken steps that indicate the strengthening of NGOs and a closer partnership with the governments in implementing the Cairo recommendations.

Another recognition that has become clear after Cairo, particularly through the role played by the women NGOs, is the need for quality of care in the service delivery of FP programs.

We in the Asia and Pacific Region are working very closely with the World Bank to stimulate NGO collaboration and are planning a second seminar for the last quarter of this year where the Bank and UNFPA will jointly sponsor a seminar for South Asia. This is a continuation of the previous seminar held in Indonesia in 1991 where JOICFP also participated actively.

Women on APDA Agenda

Women's participation in economic development was the theme of the second session of the 11th Asian Parliamentarians' Meeting on Population and Development, held in Tokyo on March 14 and 15. Discussions during the meeting reflected recommendations made at such events as the Earth Summit (UN Conference on Environment and Development) held in Brazil in 1992 and the International Conference on Population and Development (ICPD) held in Egypt in 1994. The women-and-labor orientation of the meeting theme echoed the strong emphasis on women in the ICPD Program of Action.

The event was organized by the Asian Population and Development Association (APDA) and supported by UNFPA and IPPF. It was attended by over 50 participants including parliamentarians from 15 countries, officials of UNFPA and IPPF, and experts.

Michihiko Kano

The keynote address by Takeo Fukuda, former prime minister of Japan, and president, JOICFP, was presented by Michihiko Kano, senior vice chairman, Japan Parliamentarians Federation for Population (JPFP). Fukuda stressed the need to recogniz the population problem as a global issue and urged countries of the world to take collective action to ensure survival. Calling the issues of population, environment and food production keys to survival, Fukuda said that the alarming rate of environmental destruction can only be slowed by decreasing population growth and by developing and disseminating technology that will have little load on the environment.

A statement by UNFPA executive director, Dr. Nafis Sadik, was also read at the event by Dr. Hirofumi Ando, deputy executive director, Policy and Administration, UNFPA. Appealing to parliamentarians to mobilize the political will and resources to implement the Program of Action, Sadik stressed "You are the link between the people and also help governments set the right priorities and formulate the programs we need to achieve sustainable human development."

Challenges for Africa

Lavu Mulimba

Lavu Mulimba is a member of parliament and chairman of the Planned Parenthood Association of Zambia (PPAZ). In addition to other posts, he also serves as chairperson, Africa and Middle East Region of Parliamentarians for Population and Development. He was recently in Japan for the 11th Asian Parliamentarians' Meeting on Population and Development following his attendance at the World Summit for Social Development in Copenhagen, Denmark. Below is an outline of an interview with JOICFP NEWS conducted on March 16.

At the time of independence in 1964, Zambia had a population of 3.5 million. In 1991, it was 9 million. About 49% of the population is now under 15 and about 2% is over 55. We have a 3% annual population growth rate, one of the highest in the world and about the same as the population growth rate of Sub-Saharan Africa.

In Zambia, as in the rest of Sub-Saharan Africa, we have a higher population growth rate than economic growth rate. A situation of high population growth and declining economic growth, and a population that is young is generally true for all of Africa where infant mortality rates are increasing despite gains in health sectors. This is attributed to the fact that access to health services is still constrained by distance in rural areas, and by the focus on curative expenditure related to maintaining hospitals and professional staff salaries.

Africa also has declining expenditures on social services as the result of declining earnings from exports. For example, in 1965, Zambia's earnings from copper enabled us to construct district hospitals throughout most of the country and to link provincial capitals to Lusaka with tarmac. But after the drop of copper prices and the sudden increase in the price of oil in 1973, we were not able to maintain our infrastructure. As a result of many such factors, the level of relative poverty and absolute poverty have grown in Africa.

The solution prescribed by the International Conference on Population and Development (ICPD) is to invest in human resources; to rearrange priorities away from military expenditure and Western-style structures such as large hospitals and airports that consume a lot of foreign exchange. The new approach is to satisfy first and foremost not just the basic needs, but to invest in education and health, to simplify land tenure systems to give peasant farmers access to land which they can use as assets to get credit. This approach was already agreed upon by African heads of state in 1992 in Dakar. It is challenging the members of parliament in Africa to ensure their governments realign their budgets to address themselves to investing in human capital; to empowering women who, for example, produce 60-80% of Zambia's staple food, maize.

Developing countries, where 1 billion people live in absolute poverty, will need additional resources to fund these priorities. The members of parliament in developed countries have the unenviable task of getting those governments that allocate less than 0.7% of budget to official development assistance to reach this figure. Their task is also to get their governments to implement the 20-20 formula recommended by the World Summit for Social Development and by other forums. With this formula, developed countries should put aside 20% of their national budgets to be used for aid for developing countries. In turn, developing countries should equally spend 20% of their national budget on social sectors.

Clearly, the prosperity of the North can only be underpinned by maintaining the purchasing power of the South. The existence of poverty anywhere in the world is a threat to prosperity everywhere. There is no way that the high consumption of resources from raw-material-producing countries leading to environmental destruction can be maintained at present levels without serious efforts being made to protect the economies of countries where raw materials come from.

NGOs Updated on GII Progress

Thirty representatives of Japanese non-governmental organizations (NGOs) were given an update on progress being made under the Japanese government's Global Issues Initiative (GII) on Population and AIDS at a meeting in Tokyo on March 14. The event, the third such NGO meeting on the GII called by the Ministry of Foreign Affairs (MOFA), focused on NGO involvement in the implementation of the initiative.

The NGO meeting.

Norio Hattori, deputy director general, Bureau of Economic Cooperation, MOFA, reported on a meeting between international NGOs and Japanese government officials on March 9 at the World Summit for Social Development in Copenhagen, Denmark. The meeting, attended by 130 participants, focused on Japanese official development assistance.

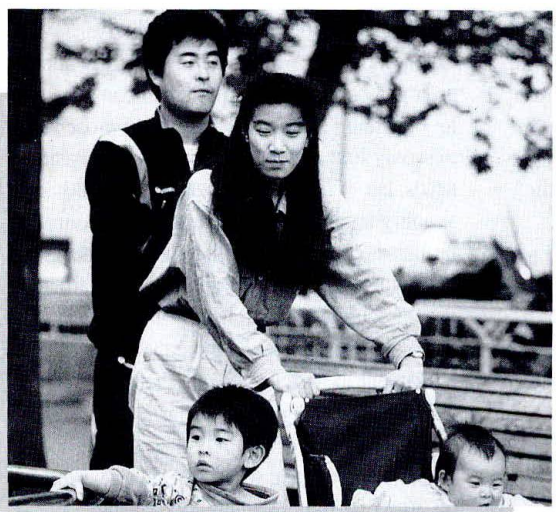
An outline of the recent overall Economic Cooperation Mission to Ghana and Senegal was provided by Masafumi Kuroki, director, Research and Programming Division, Economic Cooperation Bureau, MOFA. Kuroki also noted that situation analysis surveys were recently conducted in Ghana and Senegal by JOICFP under the GII, and that project formulation missions are scheduled for Bangladesh, India and Pakistan after April.

The participants also discussed NGO involvement in GII implementation. The Japan International Cooperation Agency (JICA) and Foundation for Advanced Studies on International Development (FASID) will consider including NGO representatives as lecturers for training courses run by them and asking NGOs for recommendations for curriculum development of these courses. The ministry officials explained that from April the government is adding "promotion of women's independence" as a new area for assistance to NGO activities. Another new development is the inclusion of part of administration costs in areas covered by subsidies.

Japanese Births Jump in 1994

A dramatic increase in the number of births in Japan in 1994 over the previous year has surprised demographers who had predicted a continuation of the falling birthrate. According to the Ministry of Health and Welfare (MOHW), a total of 1.235 million babies were born in 1994, an increase of 47,000 over the total for 1993. The increase in the number of births was the highest in 21 years.

The sudden rise in the birthrate will increase the total fertility rate (TFR) to between the 1.47-1.49 level. The TFR stood at 1.46 in 1993. The rate, which first fell below 2.0 in the mid-1970s, has been falling steadily with the declining birthrate.



A total of 1.235 million babies were born in Japan in 1994.

With the release of the new figures, the MOHW has predicted that the birthrate will continue to increase as the children of the baby boomers born between 1971 - 1974 continue to bear children. The ministry notes that since the early 1990s, Japan has witnessed an increase in the number of marriages as this new group of adults comes of age. The ministry reported that 794,000 marriages took place in 1994, an increase over 1993.

Prior to the release of the new birthrate figures, the ministry had cited the trend for couples to marry later as one of the factors contributing to the decreasing TFR. The ministry now says that the new figures indicate that the number of couples marrying later may now decrease — a factor that will continue to increase the birthrate.

Some population experts, however, dispute the government's analysis, arguing that it is still too early to tell whether the increase in the number of babies born is just a one-year phenomenon. The experts caution that research is needed to determine the causes of the change. They warn that an improper analysis may skew the government's approach to the situation and may adversely affect women and couples.

Another possible cause for the sudden rise of births could be the effects of the lingering economic recession in Japan which has had a negative impact on job opportunities for women. Some analysts believe that women, excluded from the work force after the so-called "economic bubble" burst in the early 1990s, are now opting for child rearing.

Regardless of the cause, the sudden increase in the birthrate is being interpreted as a positive phenomenon by the government. The MOHW has been showing increasing concern over the years about the rapidly increasing aging of Japan and the ability of the nation to support a top-heavy society. The government had predicted that Japan would have the oldest society of the world's economic powers by the year 2025 when one in four people will be 65 years old or older. According to estimates, Japan's population will peak at 130 million in 2011 and drop to 112 million by the year 2050.

For the government and business circle, the biggest fear of an aging society is the decrease in the work force and growth in the number of people on welfare. One response to the falling birthrate has been the MOHW's "Angel Plan." According to the ministry, the campaign seeks to create an environment conducive to couples bearing and rearing children. One of the aims of the plan is to support mothers wishing to work by establishing better day-care centers. This new focus of the MOHW's activities was created in light of the growing number of nuclear families in need of child care.

The ministry released other figures along with the birthrate. Japan's infant mortality rate, already the lowest in the world, further declined in 1994 to 4.2‰ from 4.3‰ in 1993. Divorces, meanwhile, increased in 1994 to the highest number on record at 195,000, an increase of 7,000 from the 188,000 of 1993.

Japan Taking Active Role

JOICFP was among the 30 - 40 Japanese non-governmental organizations (NGOs) taking part in the NGO Forum of the World Summit for Social Development, recently held in Copenhagen, Denmark. The NGO Forum, held from March 3 - 12, was timed to coincide with the summit, held from March 6 - 12. The latter part of the summit on March 11 and 12 was attended by some 120 heads of state. It was attended by Prime Minister of Japan Tomiichi Murayama who led the Japanese delegation.

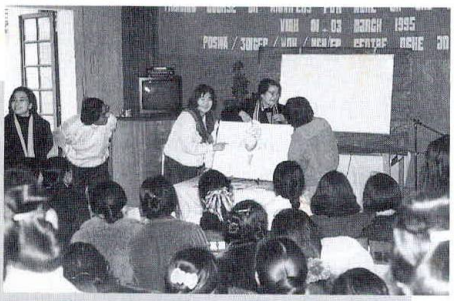
Prior to the summit, a preparatory committee meeting was held in New York from January 16 - 27. It was attended by representatives of Japan including Masaichi Yamashita, associate coordinator, Asian Community Health Action Network (ACHAN). Yamashita provided an outline of the New York event at a regular meeting of the Council on Population Education held at JOICFP on February 24. The meeting was attended by 40 experts of the population and family planning (FP) field of Japan.

In his report, Yamashita noted that the Japanese government has expressed its eagerness to take an active role in implementing the summit's program of action. This program was discussed at the summit.

Masaichi Yamashita

The summit followed the Earth Summit (UN Conference on Environment and Development) held in Brazil in 1992 and the International Conference on Population and Development (ICPD) held in Egypt in 1994. Another related conference, the 4th International Conference for Women, is to be held in Beijing, China, in September this year.

Strengthening the Midwife's Role with Training



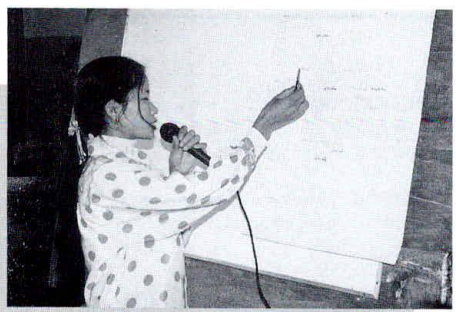
Masako Yamaguchi (left) explains use of the Magnel Kit.

The midwife, a key person in the provision of maternal and child health (MCH) care, usually receives no refresher training in Vietnam after the initial training course. Despite the need to retrain these key health agents in modern techniques, budget constraints make it all but impossible for the government to provide training without outside assistance.

Of those midwives working in Vietnam today, a significant number did not receive the full three years training, since midwives trained between the difficult war years of 1963 and 1973 only received 18 months training.

Some good news did arrive for midwives in January when the Vietnamese Association of Midwives was established with Japanese support. However, there remains a serious shortage of these health professionals since 3,000 of the country's 10,000 communes do not a resident midwife.

A four-member mission from Japan including two experts visited Vietnam in March to provide urgently needed refresher midwifery training to MCH staff of communes in Nghe An and Ha Tinh provinces where JOICFP's Integrated Project (IP) is being implemented.



A midwife explains the maternity calendar record-keeping system for checkups.

The training was conducted from March 1 - 3 in the MCH/FP Center, Nghe An Province. The mission included Tomoko Iida, midwife, and Masako Yamaguchi, midwife and lecturer of midwifery, Ehime Medical College. They were assisted in the training by Vietnamese experts.

Forty-seven health staff from 30 communes and three districts of the two provinces took part in the training. They included five general doctors, 20 assistant doctors of obstetrics and gynecology, 21 midwives and one nurse.

Funding for the training was allocated by the Japanese Ministry of Posts and Telecommunications under the Postal Savings for International Voluntary Aid (POSIVA) scheme. In addition to covering training costs, POSIVA funds have been used to purchase commodities and equipment to strengthen the commune health centers in the two provinces.

During the visit to Vietnam, the JOICFP mission monitored use of the donated items which included such medical equipment as delivery beds, gynecological examination tables, midwifery kits, IUD insertion kits, stethoscopes and blood pressure-measuring instruments. The funds have also been used to purchase educational materials such as booklets and the Magnel Kit.

By improving the level of training of the health staff, JOICFP aims to strengthen the quality of family planning (FP) and MCH care provided at health centers. Since midwives are the closest health professionals to mothers and children at the village level, they are ideal health agents to promote FP/MCH. Under the project, midwives have been recruited to serve as health agents to promote FP/MCH. POSIVA funds will be used in the future to provide midwives with FP/MCH home visit kits and health volunteers with health kits for home visits within the communes.

The concept of utilizing midwives to promote MCH/FP is based on the Japanese postwar experience. During the population boom years of the 1940s and 1950s, midwives played a key role in improving MCH, increasing FP acceptance and reducing the incidence of induced abortion. Similarly, it is hoped that midwives will play a role in reducing the high induced abortion rate in Vietnam (including menstrual regulation) by promoting FP to avoid unwanted pregnancies.

The midwives respond enthusiastically during the training course.

One of the most popular presentations during the training was a lecture on how to organize mothers' classes in the community. The concept of prenatal and antenatal classes for pregnant women, which make significant contributions to safe motherhood in Japan, was new to most of the Vietnamese participants. Another key area of interest for the health staff was the lecture on pain relief during delivery through the use of breathing exercises. This was also a new concept for many.

In addition to Japan's experiences, the participants were introduced to the experiences of Thailand with a film on care for newborns. On the third day, participants were given a presentation on use of the educational Magnel Kit, an IEC material for reproductive health and FP education.

A midwife demonstrates breathing exercises for women to use during delivery.

For most of the health professionals attending the three-day course, it was their first refresher training. When asked if they would like to receive further training, all participants gave an enthusiastic reply.

VOICE OF VOICES
By Chojiro Kunii

Mission from Taicang

A seven-member mission from the Taicang IP Training Center in Jiangsu Province, China, visited Japan recently. It was headed by the vice mayor of the city. In the decade since the first Integrated Project (IP) Seminar was held in Taicang City we have made many friends there.

JOICFP organized an itinerary for the mission in Japan on behalf of the Hoken Kaikan group of health-care organizations. The Chinese observed activities of the Tokyo Health Service Association and Shizuoka Health Service Association. During a visit to Taito City in Tokyo, the group was given a briefing by city officials on the city's cooperation with private organizations conducting health examinations within the school health system. They also joined a question and answer session.

The city emphasizes school children's health and cooperates with schools and parents to promote its programs. The Chinese mission was given a detailed explanation of the cost-sharing system for school health checkups including information on the contribution made by the city government to these activities.

In Japan, the school health administration targets all children and students. In the past, parents paid for health checkups, but these are now covered by public funds.

Although there is not school health law enforced in China as in Japan, the Taicang City conducted mass parasite examinations on 40,000 elementary and junior high school students in 1994. It was the first such mass screening of students in China and was welcomed by the city's residents. Expenses for the screening were paid by parents. The system offers an excellent model for other countries in Asia and Latin America to follow.

The mission from Taicang proposed programs for 1995 during discussions at JOICFP. I warmly welcome these proposals which are not yet final. The Taicang officials want to charge 3 yuan (36 U.S. cents at an exchange rate of 8.4 yuan to US$1) for each parasite examination. They are also planning to extend services to the students' parents.

Good News for Learning

JOICFP NEWS is being used as an educational resource by students of Akita Minami High School in Akita Prefecture. The newsletter came to be used by the students after they contributed to JOICFP's fund-raising Prepaid Card Campaign. In response to a donation of cards, JOICFP forwarded a copy of the newsletter to the students who welcomed it as both an English-language resource and source of information about international cooperation activities.

DIARY

- **Peggy Curlin**, president, Center for Development and Population Activities (CEDPA), visited JOICFP on Feb. 6 and 7 for information exchange.
- **Bernard Aluvihare**, former deputy secretary general, IPPF, visited JOICFP on Feb. 9 to exchange information.
- **Juan G. Santiago**, deputy chief, Interregional & NGO Programs Branch, Technical and Evaluation Division, UNFPA, visited JOICFP on Feb. 10 to discuss the Interregional activities of JOICFP.
- **Bal Gopal**, country director for Thailand, Myanmar & Laos, UNFPA, visited JOICFP on Feb. 10 and 11 to discuss project activities in Laos.
- **Nicole Delperee**, lawyer & gerontologist, Expert Council of Europe & WHO, visited JOICFP on Feb. 15 to exchange information on FP and aging issues. She was accompanied by **Clara Taniguchi**.
- Five participants from South Africa of a JICA-sponsored Community Health Services Seminar attended a one-day seminar at JOICFP on the IP in the African Region on Feb. 16.
- Twelve participants from 10 countries attended the Seminar on Parasite Control Administration for Senior Officers held in Tokyo from Jan. 30 - Feb. 17. The seminar was entrusted by JICA and conducted by JAPC in cooperation with JOICFP.
- Program Officer Ryoko Nishida and staff member Mayumi Katsube were in Ghana from Feb. 1 - 19 and Feb. 4 - 19, respectively, to conduct a situation analysis survey on population and AIDS for the Ministry of Foreign Affairs and to monitor the IP.

Mahler to Be Honored with UN Population Award

Dr. Halfdan Mahler, secretary general, IPPF, will be honored with the 1995 UN Population Award for individuals in June. Mahler was nominated for his career in public health including strong leadership in reproductive health, family planning (FP) and global population issues. He served as director general of WHO from 1973-1988, taking up his present position with IPPF in 1989. Mahler made many significant contributions to WHO and under his leadership the agency espoused the concept of primary health care with FP and reproductive health as important components. At IPPF, Mahler has provided new visions of how to address population questions not only for IPPF but for other NGOs, UN agencies and the donor community. He also played an important role in the 1994 International Conference on Population and Development in Cairo.

Dr. Halfdan Mahler

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) will also be honored with a UN Population Award for its work in fighting traditional practices that are harmful to the health of women and children with special emphasis on female genital mutilation (FGM). The regional African organization was founded in 1984.

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