PPF Will Not be Gagged

On April 4, during a visit to Japan, Ingar Brueggemann, Director General, IPPF, was interviewed for JOICFP News. Highlights of the interview follow.

The funding of reproductive health and family planning (RH/FP) programs around the world is now being negatively influenced by a decision made by the president of the US, George W. Bush. At the Mexico International Population Conference in 1984, a ruling was made by the US government, the “Mexico City Policy,” that organizations which had any connection with abortion would no longer receive US government financing, with the exception of cases involving rape, incest, and danger to the life of the mother. When Bill Clinton became president in 1993, this ruling was lifted, as it was perceived to go against human rights. However, in January 2001, this ruling was again reversed and the Mexico City Policy reinstated, also known as the “Global Gag Rule.” This places a restriction on any family planning organization outside the US to not have anything to do with, either directly or indirectly, abortion-related activities. We must note here that this rule does not apply to women in the US, as they are protected by a different rule of “basic human rights” and “freedom of choice.” This is a double standard and a great contradiction in this rule.

As for the application of this rule, and the impact it will have on IPPF, I would like to state here that IPPF has decided that we cannot accept the rule and its restrictions. From the point of view of human and women’s rights, we cannot deny the rights of women to know and protect themselves. IPPF declares that abortion is not a method of family planning. It is actually a failure of family planning. So we do not advocate abortion. In fact, it is our policy to promote effective contraceptive usage to reduce the number of abortions. That is why we want to make contraception accessible worldwide.

However, we also believe that women have the right to choose. If a woman decides that she wants an abortion, we believe that she has the right to a safe and legal one. Therefore, IPPF as a federation will reject this rule.

Negative side-effects

When the wind blows, the temperature feels much colder, and we call this the “wind chill” effect. One very damaging characteristic of the Global Gag Rule, its “wind chill,” is that it does not only affect activities related to abortion, but rather the funding that would directly be related to family planning. The rule applies to all the USAID funding an organization receives, which means that this rule has a knock-on effect on other programs of an organization, such as youth and HIV/AIDS activities. Furthermore, this rule will apply to funding of other donors as well, as this rule asks an organization to agree that they will not be involved in any activities related to abortion, whether it be USAID funded or not. This rule forces the decision of one country, the US, on other donors and individual funding agencies, and we are very strongly against this. One country alone cannot make a decision that controls all other donors.

As an outcome of this rule, IPPF stands to lose 4 million dollars a year in core funding at the central office level. As to how much funding will be lost at the FPA level, it is difficult to calculate an actual amount yet, though we estimate that another 18 million dollars will be lost from the direct funding to FPAs. For example, in youth programs we will not be able to provide emergency contraceptive pills (the “morning after” pill), as some people wrongly think that it is also a form of abortion, and educational activities in schools may be restricted. However, the greatest impact and effect it will have, at the field level, is yet to be determined.

Furthermore, does everybody in the US agree with President Bush’s decision? No! Twenty organizations in the United States delivered a statement petitioning the president to reverse his decision. We also have donor countries that support IPPF and the decision we have made. In the EU, the Netherlands and other countries have spoken up for us and offered to seek additional funding, stating that they also feel this rule to be unacceptable and that they will stand behind us through this. There is now a movement by the EU to get together in objecting to this rule and to increase funds to IPPF for the funds lost because of the enactment of the rule.

Presently, Japan is by far the largest funding donor to IPPF, and we greatly appreciate its support. This funding now stands at more that 19 million dollars per year, and it has truly become the backbone of IPPF. We understand that it is difficult to make our voices heard in protesting against Bush and his decision in the United States. However, what we would like from Japan is a strong political voice that opposes this inhumane ruling, which deprives women around the world of their rights, both in developing and developed countries. As I said before, one country should not control how the funding of other donor countries will be used!
Brueggemann Visits Japan

From 4 to 6 April, Ingar Brueggemann, Director-General, IPPF, visited Japan to speak with parliamentarians, representatives of the government, JICA, and NGOs to show appreciation to the Japanese government for its continued support to IPPF, and to solicit cooperation for IPPF’s International Medical Advisory Panel (IMAP) meeting in Japan in May. She also spoke with the media on the Global Gag Rule.

She first met with Yasuo Kon, Executive Director, JOICFP, and exchanged information on IPPF/JOICFP related activities, including the IPPF China project evaluation. Brueggemann met with Yoshio Yatsu, Minister for Agriculture, Forestry and Fisheries, and Executive Director, Japan Parliamentarians Federation for Population (JPF). Yatsu played a key role in preventing a reduction in Japanese ODA for fiscal 2001.

In mid-April, the Japanese Diet passed into law a bill addressing the issues of domestic violence, and Brueggemann met with Chieko Nohno, Member, House of Councilors, who led the group of female parliamentarians responsible for submitting the draft bill.

CSW Endorses Gender Equality

The Commission on the Status of Women (CSW), a division of the Economic and Social Council (ECOSOC), UN, was established to promote the principle that men and women have equal rights. Following the 1995 Fourth World Conference on Women in Beijing, the UN General Assembly mandated CSW to integrate the follow-up of the conference into its work program and to play a catalytic role in reviewing the key areas of the Beijing Platform for Action.

From 6 to 17 March, the 45th CSW session was held in New York, focusing on the issues of: women, the girl child and HIV/AIDS, and gender and all forms of discrimination, in particular racism, xenophobia and related intolerance. The commission reached a decision on the second issue, and requested that ECOSOC enhance its review of the progress of the Beijing POA in conjunction with other commissions.

The Asia-Pacific Caucus, comprising 31 NGOs, delivered a statement in which it said that patriarchal social structures continue to reinforce all forms of discrimination against women of all ages. In order to curb the alarming spread of HIV/AIDS, education programs on sexuality need to be developed for men to change attitudes and behavior. The caucus also called for the convening of a Fifth World Conference on Women in 2005, and urged member nations to fully involve NGOs in the preparation of the reports and in government delegations, and to allow NGOs to participate in the conference as equal partners.

In a statement to the special session, the head of the Delegation of Japan, Yoriko Meguro, said the Japanese government was pleased to recognize the role and contribution of civil society, and the importance of equal responsibility being shared between men and women. In line with the outcome of the Beijing + 5 review held in 2000, the Japanese government established the Basic Plan for Gender Equality, setting out eleven important objectives. These include eliminating all forms of violence against women, promoting and maintaining women’s health throughout their lives, and providing education that leads to gender equality. The Japanese government regards a gender-equal society as a high priority issue for the 21st century.

Male Involvement


Suzuki stressed the importance of male involvement to gain gender equality, and he said, based on his more than 20 years of experience in developing countries, that women were ready to proceed, but that men lagged behind. He said that men needed to pay attention to five key points; protect their partners health by adopting sexually responsible behavior, confront their own RH risks, confront gender violence, practice responsible fatherhood, and promote gender equality, health and education.

Suzuki said that men must learn to pay attention to their own responsibilities and not be attached to social expectations of behavior. He went on to say that although changing behavior might be difficult, recognizing the difficulties was the first step.

Suzuki also touched upon the adolescent health situation in Japan. An increasing number of teenage girls and young women seeking medical advice are found to be suffering from chlamydia, and there has recently been a marked increase in induced abortions in teenagers. This shows there is an urgent need for sexual health education in Japan, too.
JOICFP Produces New Guide on Male Involvement

With the advent of modern contraceptive methods, such as the oral contraceptive pill, the role of men in family planning (FP) became less significant. With women as the focus of reproductive health and family planning (RH/FP) activities, men’s involvement became marginalized or non-existent.

It was, however, soon realized that this neglect of men and their sexual reproductive health (SRH) had a negative impact not only on men themselves, but also on women and children. In many African countries, men are the decision makers when it comes to fertility decisions, family size and other SRH issues. Therefore, it was seen that there was a great need for men to be involved in SRH programs.

In 1999, an Africa Sub-Regional Workshop on “Male Participation in Community-Based RH Programs” was held in Zambia, under the UNFPA Africa Regional Project “Strengthening Sustainable Community-based RH Services in Sub-Saharan Africa (RAF/97/P02).” Based on the deliberations and reports in the workshop, JOICFP has produced a guide on male participation in SRH programs, with focus on Africa.

The guide aims to give a new dimension to male participation in SRH programs, going beyond the traditional approach of simply advocating change. It suggests that community-based SRH programs be made attractive to men by the involvement of other areas, such as income generating activities (IGAs), sports and skill development training.

The guide is intended for a wide range of groups and institutions involved in implementing community-based SRH programs, such as program planners, managers and service providers, and for policy makers and donors.

The first chapter of the two-chapter guide deals with the key concepts and issues related to male participation and gender issues in SRH. It includes community and gender analysis indicators, and a checklist for assessing the gender sensitivity of SRH programs. The second chapter deals with strategies for male participation in SRH programs in the form of questions and answers. It includes how to change gender role stereotypes, how IEC messages can be tailored to attract male participation, and what areas need to be evaluated and monitored in order to see if a project is gender-sensitive.

Presented in a modular manner, all the topics can be read independently of each other, and case studies provide concrete examples for the user.

JICA Evaluation of Philippines’ Program

As part of its evaluation of cooperation activities in population and health in the Philippines, the Japan International Cooperation Agency (JICA) is conducting a “thematic evaluation”. Based on this evaluation’s recommendations and lessons learned, JICA’s future cooperation policy and the current process of developing a comprehensive ‘program approach’ towards population and health, especially reproductive health (RH), will be developed. As Japan and the US have strong cooperative ties in the Philippines, furthered through GII and the Common Agenda, future collaboration with USAID in project formulation in the Philippines will be also be considered. The evaluation considers areas such as family planning and maternal and child health (FP/MCH), prevention and control of HIV/AIDS, TB control, and malaria control, from 1992 to the present.

From 19 February to 2 March, a six-member JICA mission visited the Philippines in the first part of the evaluation, focusing on RH. Ryoko Nishida, Director, International Program Division, JOICFP, participated as an expert on RH. At the end of April, USAID conducted an ‘impact assessment’ mission to evaluate the possibility of integrating its population program with its HIV/AIDS programs. JICA expects to conduct the second part of its evaluation in July, focusing on HIV/AIDS and other infectious diseases.

After discussions with concerned organizations in the Philippines, the JICA mission visited the project sites that mainly received technical cooperation in MCH/FP, in the core project region. The many links that this project has with other projects were evaluated, including those with the Japanese embassy and NGOs. USAID sites were also visited to compare ideas and gather information. After the mission departed, a consultant stayed on to conduct further information through surveys, and interviews with government, local government and service providers and recipients.

The mission evaluated the projects as a whole, from the ‘program approach’ perspective, focusing on efficiency, effectiveness, impact, relevance and sustainability. It was found that implementation at the project level was successful, though there remained a question at the program level, and that this success was in large part due to the commitment and vision of JICA experts. The 1994 Global Issues Initiative (GII) was seen as being central in gaining Japanese government support, which was crucial to facilitate links with other projects under different schemes.

The mission recommended that guidelines for a specific policy for the ‘program approach’ be developed, and that stakeholders participate in program development. It was also recommended that various schemes be simplified, needs assessment for recipient countries be conducted, and that decision making be decentralized to the field level. Furthermore, it was suggested that national sector advisors within JICA and missions, particularly at the field level, follow programs to help retain institutional memory, and that further collaboration with USAID and other donors be explored.
JOICFP Delivers International Training for JICA

Following the success of last year’s seminar, the second JICA seminar on adolescent reproductive health (ARH) was organized by JOICFP from 19 February to 9 March. Thirteen participants from 13 countries (Bangladesh, Brazil, Ecuador, Ghana, Kenya, Myanmar, Mexico, Paraguay, the Philippines, Tanzania, Thailand, Zambia and Zimbabwe) took part in the training, held in Tokyo and Tochigi Prefecture. The course was led by Dr. Seiichi Matsumoto, President, Japan Family Planning Association (JFPA), and advised by Hisako Takamura, Professor, School of Nursing, Jichi Medical School, on the field trip program.

The participants spent the first week in Tokyo, where they received lectures on the ARH world situation and ARH activities in Japan, both from NGO and government viewpoints. They also shared their own experiences and views by discussing innovative approaches to involving youth, coordination among GOs, NGOs and experts, and the development of effective adolescent IEC.

Field trip - an eye-opener

In the second week, in Tochigi Prefecture, the trainees learned about the activities of the Tochigi Society for Adolescent Health (TSAH), which for 13 years has been developing a network and acting as a forum for a multidisciplinary approach toward ARH issues. The society aims to break down the institutional barriers at the grassroots level that exist among government ministries, health, welfare and education sectors, and the police. By taking a ‘bottom up’ approach, those concerned with adolescent issues on the ground can confer with other TSAH members involved in other disciplines for more advice. It is in this way that institutions dealing with adolescents can develop links for future cooperation and implement effective ARH programs.

The participants visited schools and observed sex education classes for elementary and high school students, and were impressed by the effective utilization of appropriate IEC materials during these sessions. They also observed an adolescent peer education session and spoke with the peer members. Through the field trip the participants learned that effective IEC does not depend on expensive, high-quality materials. Rather, IEC is a process of changing behavior, using materials and methods appropriate to the situation.

Back in Tokyo, the trainees were introduced to the ‘Sex Education Tree’, developed by Kyoko Kitazawa, Ahni Publishing, and learned about the practical and effective use of IEC through Maggie the Apron.

Towards the end of the seminar, the participants formulated action plans for use in their own countries. These plans were then evaluated by Dr. Matsumoto, who was pleased to see that they reflected what had been learned from the field trip, and that the activities of TSAH were highly regarded. He said that networking is the basis for good information and service provision for adolescents.

Comments from ASRH participants

Gina Cruz, Nurse III/Women’s Health Coordinator, Provincial Health Office, Bataan, the Philippines

I was impressed by the network of the Tochigi Society on Adolescent Health (TSAH). Each sector used to work separately in advocacy, but they now coordinate with each other. The development of IEC materials was innovative and creative, and information was well presented and accepted in, for example, schools.

I also found the holistic approach of the Suzuki midwifery clinic in Gunma to be valuable. Midwife care is given throughout pregnancy, and delivery with home visits. This gives the midwives a good opportunity to know the clients, and provide a personal level of care. At the same time, I found it a good idea that a sex education session is provided by the Midwifery Association in schools on the request of the local government.

Florence Mulenga, Assistant Project Manager, Community Family Planning Project, CARE, Zambia

The seminar was logical and practical in nature. The field trip to Tochigi and the visit to Ahni Publishing were especially useful. The members of TSAH are volunteers and I was impressed that they paid their own way. TSAH is a wonderful resource for professionals in the field to refresh their skills and share experience with counterparts.

I found the peer counselors to be knowledgeable, skillful and confident, and I would like to introduce sex education into schools with team-teaching and nurse teachers.
JOICFP Hosts Chinese Visitors

An 18-member Chinese study team on a JOICFP organized visit to Japan, learned about Japan’s experiences in community health care, including reproductive health and family planning (RH/FP), from 28 February to 10 March. Ten members were from Suzhou Municipality, Jiangsu Province, which includes six cities, and seven members were from six provinces and areas; Inner Mongolia, Chongqing, Liao ning, Guizhou, Fujian and Funan, which had completed the pilot period of the integrated project (IP). The study team members paid their own training expenses, including airfare and accommodation, in line with the principles of self-sufficiency. One official of the State Family Planning Commission (SFPC) also joined the team.

Five cities in Suzhou have been implementing the project on a self-reliant basis since 1997, learning from the experience of Taicang city where the IP had been piloted from 1984 to 1986 in collaboration with JOICFP, China FPA and SFPC, and funded by IPPF. The Taicang project became self-sufficient in 1987.

Through lectures and seminars from experts in Tokyo, the study team gained information on the Japanese experience of population, community-based health activities, and reproductive health and family planning (RH/FP). They also observed RH activities and recent developments in adolescent health care in the actions of ICPD and ICPD + 5 at the Japan Family Planning Association (JFPA), and preventive health activities of the Tokyo Health Service Association (THSA).

The study team visited Shizuoka Prefecture, 180 kilometers west of Tokyo, where they visited the prefectoral office and received a briefing of the overall health care activities in Shizuoka. They then met with a local NGO, the Shizuoka Health Service Association (SHSA), and observed their fee-charging, preventive health care activities that are conducted in collaboration with the local government and private enterprises.

In Fujieda City, the visitors observed health check-ups for three-year-olds and community residents. They received a briefing on a school health education class and had lunch with the school children. They also had discussions with health promotion volunteers, visited a local farmer’s house, and also observed a privately run home for the elderly and handicapped.

The approach to community health care in Japan impressed the Chinese visitors, as FP activities are effectively integrated with community health activities and the human-centered approach of RH is easily accepted by the people. The role of NGOs, such as the JFPA, THSA and SHSA, were especially seen as being important in providing high quality health care according to the communities’ demands on a fee-charging basis in collaboration with local government and businesses.

APA’s Regional Action

On 2 March, Jay Satia, Executive Director, International Council on Management of Population Programs (ICOMP) spoke to JOICFP News about the Asia-Pacific Alliance: Advancing the ICPD Agenda (APA/ICPD).

Since APA last met in August 2000 in Tokyo under JOICFP’s initiative, we have been addressing the five key areas in the project. These are the annual meeting, the East-West Center website for information sharing, training in advocacy of the ICPD agenda, and the Small Grant Support program funded by the Packard Foundation.

Countries in the alliance have been very active in implementing Small Grant Support activities. Australia is training local NGOs to implement the goals of ICPD + 5, as well as promote dialogue between community leaders and the government. Canada is forging closer links between environmental and population NGOs in the region for more advocacy to address and prevent the HIV/AIDS problem.

JOICFP is the secretariat for APA until 2002 and APA hopes for it to continue to take a leading role in advancing the ICPD agenda.

We are pleased to see that in several countries, NGOs that worked independently of each other have strengthened dialogue, and that there is more dialogue between ODA donors and NGOs.
Chamie Addresses CPE

On 21 March, Joseph Chamie, Director, Population Division, Department for Economic and Social Affairs, UN Secretariat, addressed the Council on Population Education (CPE), in Tokyo. Chamie was invited as a special lecturer to talk about the World Population Prospects 2000, from the view of the New International Population Order.

Chamie said that the world population reached 6.1 billion in mid-2000, and was currently growing at 1.2%, or 77 million people a year. Just six countries, Bangladesh, China, India, Indonesia, Nigeria and Pakistan, account for half of this annual growth. It is estimated that there will be little change in the population of more developed regions over the next 50 years. However, 39 countries, including Japan, Germany, Hungary, Italy and the Ukraine, are expected to have between a 14% to 40% reduction in population.

UN estimates in 2000 now put the world population in 2050 to be 9.3 billion, up from the 8.9 billion estimate of 1998. Sixteen countries whose fertility rates have not shown signs of sustained decline are responsible for 59% of the difference, with Bangladesh, India and Nigeria contributing 32% of the difference.

Chamie went on to say that differences in life expectancy between developed and developing countries were narrowing, and that the number of older persons (60 years or over) would more than triple by 2050 from 606 million today to nearly 2 billion. In more developed regions, older persons comprise 20% of the population, and by 2050 it is expected to be 33%, giving a ratio of two older persons for every child.

The impact of the HIV/AIDS epidemic is increasing. During the next five years, the 45 most affected countries (up from 34 in 1998) will see 15.5 million deaths from AIDS. Despite this devastation, the population of the most affected countries is projected to rise due to continuing high fertility.

Chamie also spoke about migration, as developed countries acceptance of migrants will help to slow their population decline. In addition, megalopolises will develop. In 1950, eight cities had populations over 5 million, but by 2015 there will be about 60. It is also expected that there will be five cities with populations of over 20 million.

Chamie concluded by saying that these global trends in population and demography would have profound effects on social, economic and political systems, and that governments could not allow them to go unheeded.

Population Issues - Everyone Must Participate

On 14 March, Professor Toshio Kuroda, Chairperson, JOICFP, addressed an international forum commemorating the 50th anniversary of the Nihon University, University Research Center, in Tokyo. A total of 250 academicians, representatives of the media, Japanese government, and NGOs, including JOICFP, attended the forum under the title “The Future Directions of Research Activities and the Roles of Academia in the 21st Century: Promotion of a Multidisciplinary Approach.”

Prof. Kuroda, a demographer, said that population comprises two major aspects, biological and social, and that consequently population issues could not be adequately understood through one discipline alone. Demography must address both these aspects, and therefore has been called ‘social biology’. He went on to say that the population phenomena changes according to human progress and modernization. As an example, he explained that the sex ratio at birth is biologically 105-106 boys to 100 girls, but that in some cultures where boys were more highly valued than girls, selective abortions, among other actions, had reduced the number of girl children significantly. This shows that fertility is influenced not only by biological, but also social factors.

Prof. Kuroda went on to talk about the New International Population Order. The latter half of the 20th century saw a world population explosion and then saw both birth and death rates drop dramatically. This caused a revolution in the world population structure as regional population growths changed, affecting future social and economic balances. Prof. Kuroda asked the audience to consider what were the most appropriate strategies that needed to be taken in this century to ensure the survival of human beings. He said, for example, the definition of ‘working life’ could be changed to reflect the increased longevity in most countries.

Prof. Kuroda concluded by saying that the population issues facing humanity needed to be tackled on a multidisciplinary front, including input from economists, sociologists, natural scientists and the medical profession. He said that in order to maintain human security it was necessary for all humans on the planet to coexist with the Earth.

After Prof. Kuroda had spoken, other international academicians delivered lectures, including Lee-Jay Cho, Senior Advisor, East West Center, and Chairman, Northeast Asia Economic Forum.
NGOs Confirm Successes of GII/IDI

On 15 March, the 38th GII/IDI Regular Meeting was held at the Ministry of Foreign Affairs (MOFA), in Tokyo, with 29 representatives from NGOs and MOFA attending.

The participants first heard a report from members of the joint Japan-US Project Formulation Mission to Tanzania in January, in which Nobuhiro Kadoi, Program Officer, JOICFP, took part as a representative of NGOs. The mission led by Hiroki Shigeyuki, Director, Technical Assistance Division, MOFA, aimed to find areas of possible collaboration between the Economic Cooperation Bureau, MOFA, and USAID. Areas of cooperation and approaches in dealing with infectious diseases, including HIV/AIDS and other STIs, HIV/TB coinfection, and malaria and other parasitic diseases were discussed with the Tanzanian president, prime minister and other high ranking officials concerned with the nation’s health. It was decided to address MCH care and RH through measures such as a supplemental vitamin program, post-abortion care and support of FP services. The quality of Tanzanian health systems will be improved through health surveys, strengthening of management and the improvement of information and communication infrastructures, aiming to change behavior.

The second topic concerned the UN special session on HIV/AIDS, to be held in June, to intensify international action against the disease. JOICFP has consultative status with the UN Economic and Social Council (ECOSOC) and is eligible to apply for participation. Discussion topics have been posted on the UNAIDS home page (http://www.unaids.org).

The participants also heard about the Japanese government’s plans for the 3rd Tokyo International Conference on African Development (TICAD III). In January 2001, the then prime minister, Yoshiro Mori, made a visit to Africa to discuss development cooperation, the prevention of political turmoil and aid for refugees. TICAD III is expected to follow-up these issues, though the dates, program and amount of NGO participation have yet to be decided.

The final topic was a review of the achievements of GII. A NGO representative said that NGO participation in formulation missions and official delegations to international conferences had been very effective, as had the continual efforts made for NGO training and capacity building. Furthermore, ODA agencies that had taken part in domestic NGO campaigns had benefited by gaining more understanding of NGO grassroots activities and the public’s attitude to international cooperation.

Advocacy Training for NGOs

Representatives from 16 Asia-Pacific countries, mostly members of the Asia Pacific Alliance: Advancing the ICPD Agenda (APA/ICPD) attended an advocacy training program in Washington DC, from 26 February to 2 March. Organized by Population Action International (PAI), the program aimed to enhance the participants’ understanding of global and domestic advocacy and equip them with methods of effective advocacy. Topics covered included strategy development, identification of obstacles and opportunities, working with the mass media, building grassroots networks, influencing policy makers, fund-raising, and the use of data and research.

On the third day of the course, the participants visited the Capitol for practical experience of lobbying. They met with senatorial assistants and explained their own countries’ situations to them concerning overseas development assistance (ODA) and reproductive health. They also discussed US overseas development aid for population and reproductive health (RH) issues.

Through the PAI program, the participants gained practical, first-hand experience on how to lobby politicians for support on reproductive health issues in developing countries, and how to keep the importance of these issues alive in the minds of politicians. An example of this is the PLANet Campaign, a NGO alliance formed to increase awareness about international family planning issues. Participants learned about the effectiveness of the advocacy activities carried out by the NGO network.

The participants are expected to transfer their new-found knowledge and skills gained from the training course to their respective countries for the effective implementation of future advocacy activities.

Counterpart Training

Continuing with its commitment to international training, JOICFP held a counterpart training from 26 to 29 March. Charity Nkonge, Head, Faculty of Medicine Education, Kenya Medical Training College, has spent six months in Japan studying training methods and curricula in order improve medical education methods. At JOICFP, she learned how to convey health messages at the community level to change behavior through effective information, education and communication (IEC).

Commenting on her time at JOICFP she said, “I was impressed by JOICFP’s IEC approach, especially at the community level. I realise that IEC is not about materials, but is a method and a strategy. I like the Maggie Apron and I intend to take them and use them back home.”
Thirty years since the clash of population theories

In 1960, the world had a population of 3 billion. At the beginning of the Western calendar it had only 300 million people. Therefore, this means that world population took close to 2000 years to increase by 3 billion. However, for the world population to reach 6 billion in 2000, it means that the world added 3 billion in only the next 40 years. This phenomenon is generally called a population explosion. What is more alarming is that the world population is projected to add 3 billion more, to reach 9.3 billion in only fifty years from now, though it is debated whether or not the Earth has the capacity to hold this number of people, given its limited resources. Whether or not human beings can sustain their life on earth, the only base for human habitation, will be determined in fifty years from now, depending on the determination of humans.

The preparation for the United Nations’ World Conference on Population began in the 1960s to 1970s when the world population was increasing explosively. The initial conference was held in Bucharest in 1974, with representatives from UN member states and interested UN agencies. The Action Plan was adopted at the end after severe discussions and revision, with strong support from the Asian delegates, but throughout the conference discussions were heated over primitive population theories. Ten years later, at the 2nd International Population Conference in Mexico City in 1984, the delegates showed concerted efforts to adopt population policies.

Involvement of Politicians and the Birth of JOICFP

Gen. W. Draper Jr. of the United States, who was one of the leading figures in organizing the World Population Conference in Bucharest, successfully mobilized politicians in Japan and Germany in the world population issue. In Japan, former Prime Minister Nobusuke Kishi expressed his willingness to establish JOICFP in 1968 as a cooperative organization in the solving of the world population problems. In the following year, the UNFPA was established. The policy concept by Draper and Kishi was then combined with the practical integrated project (IP) concept advocated by Chojiro Kunii, and this contributed greatly to the realization and spread of a human-centered way of family planning. This IP concept would help instill an awareness, a revolution in consciousness, at the grassroots level, and Kunii’s approach was epoch-making, equivalent to the ecological-psychoLOGY approach of today.

The world population is projected to reach 9.3 billion in the middle of the 21st century. This will be the greatest crisis for the human race. How developing countries successfully control their populations in the coming 50 years will be crucial. Much is expected of the IP + α strategy of JOICFP implemented in the many regions around the world, taking into account the individual characteristics of the countries and their communities.

Insurance Giant Gives JOICFP a Big Hand

The Tokio Marine and Fire Insurance Company, one of Japan’s largest insurance companies, supports a public gallery in central Tokyo. On 21 and 22 March, JOICFP and five other NGOs were invited to open a booth there to explain their activities and give information to members of the public.

As 2001 has been designated International Year of the Volunteer by the United Nations, Tokio Marine planned the event to educate its employees about volunteer activities and to increase the company’s social contribution.

JOICFP explained its international volunteer activities in developing countries, and showed tingga-tingga paintings from Tanzania. The public was impressed by the fair-trade, genuine Kilimanjaro coffee campaign that allows them to buy gourmet coffee and support the lives of farmers in a developing country.

The gallery was only open at lunch time and the early evening, yet close to 500 visitors were drawn to the JOICFP stall, attracted by the simplicity of participating in JOICFP’s volunteer activities.

DIARY

- 13 participants from 13 countries took part in the Second ASRH Seminar from 19 February to 9 March.
- Charity Nkonge, Head, Faculty of Medicine Education, Kenya Medical Training College, was in JOICFP from 26 to 29 March for counterpart training.
- Chihoko Sano, Program Officer, JOICFP, was in the Philippines from 2 to 7 April accompanying an Ajinomoto study team.
- Ingar Brueggemann, Director-General, and Emi Inaoka, Assistant Program Officer, IPPF, were in JOICFP 4 April to exchange information.
- Harumi Kodama, Program Officer, JOICFP, was in the Bahamas from 5 March to 4 April for project monitoring.
- Nobuhiro Kadoi, Program Officer, JOICFP, was in Vietnam from 8 to 22 April as a short-term expert for training on computer analysis.