Chapter 2 Approach for Systematic Planning of Reproductive Health

2-1 Purpose of Cooperation in Reproductive Health

Reproductive health is the right of every individual, and it conforms to the concept of human security. It also contributes to the solution of macro-level developmental problems such as population and poverty issues.

According to the definition of reproductive health in Chapter 1, improvement in reproductive health requires improving life-long health related to sex and reproduction and achieving physical, mental and social well-being for all people. This requires protection of the minimum and essential rights of all men and women in not only developing countries but also developed countries. **It is also a challenge to recognize the freedom of each individual in relation to sexual and reproductive health and ensure the health and safety of every man and woman, which also conforms to the concept of human security.**

As well as being every individual's right, improvement in reproductive health contributes to **the solution of macro-level problems such as population issues and poverty issues, in other words, it contributes to national and global security.**

This chapter presents this issue in relation to more specific development goals in the context of development assistance to developing countries.

(1) Purpose of Cooperation in Reproductive Health Field in Development Assistance

While the most distinguished goals in development assistance are the Millennium Development Goals adopted by the United Nations General Assembly in September 2000, **the improvement of reproductive health contributes directly or indirectly to the achievement of most of the Millennium Development Goals.** Improving reproductive health status contributes directly to three goals in the field of health, namely "Goal 4: Reduce child mortality," "Goal 5: Improve maternal health," and "Goal 6: Combat HIV/AIDS, malaria and other diseases," and a close synergic effect is seen among "Goal 2: Achieve universal primary education" and "Goal 3: Promote gender equality and empower women." In addition, many experts have pointed out that family planning directly contributes to "Goal 1: Eradicate extreme poverty and hunger." and indirectly to "Goal 7: Ensure environmental sustainability" through the solution of the population problem. Figure 2-1 summarizes the cause-effect relationship between improvement in reproductive health status and the Millennium Development Goals based on the "State of World Population 2002."

In summary, **improvement in reproductive health status itself is a right to be addressed for each individual as the basis of the improvement of health related to sex and reproduction, and at the same time it also conforms to the concept of human security. Moreover, improvement in reproductive health contributes to the achievement of several globally important objectives that**

are also incorporated in Millennium Development Goals.

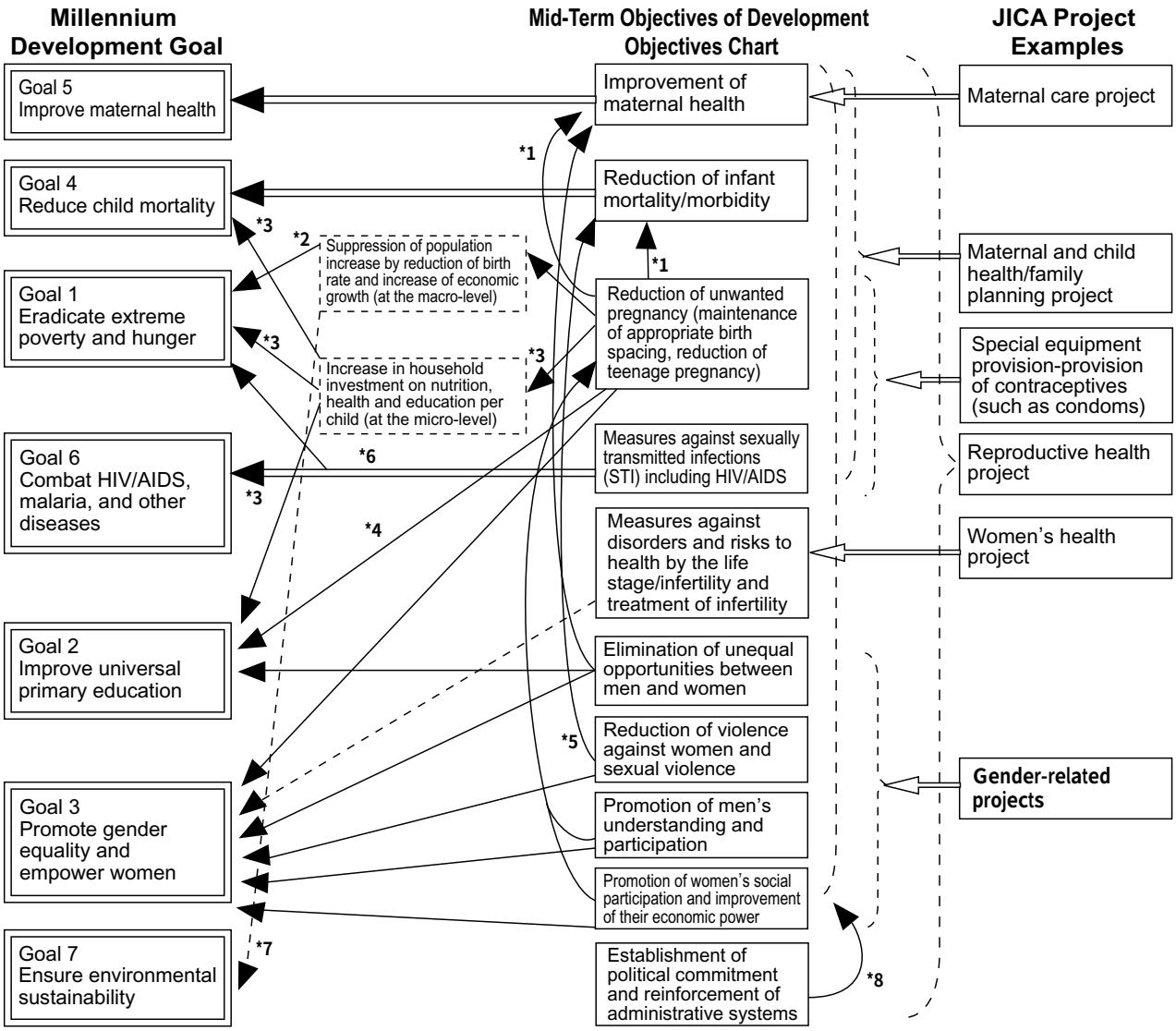
The current world situation of reproductive health and poverty is shown in Table 2-1. The purpose of cooperation in development assistance in the field of reproductive health is **to improve these global problems, which are especially serious in developing countries, and to contribute to achieving the Millennium Development Goals and ensuring human security by taking comprehensive approach toward sexual and reproductive health.**

Table 2-1 World Population, Reproductive Health and Poverty

Item	Estimated value
- World population	6,301,500,000
- Population living on two dollars or less per day	3.0 billion
- Population living on one dollar or less per day	1.2 billion
- Population of young people living on one dollar or less per day (15–24 years old)	228 million (one out of four)
- Maternal death (Frequency of maternal death one case per minute)	529 thousand every year
- Risk of death during pregnancy or delivery in life, one out of seventy-four (Risk in Sub-Saharan Africa, one out of sixteen)	
- Serious maternal morbidity	20 million every year
- Child birth among teenagers	14 million every year
- Unsafe induced abortion	20 million cases every year
- Couples whose family planning needs are not satisfied.	Total number 120 million or more
- Population suffering infertility	Total number 80 million
- Female Genital Cutting (FGC)	Total number 130 million
- Treatable sexually transmitted infections	Total number 333 million
- Number of people living with HIV/AIDS by 2003 (Of which number of people living with HIV/AIDS in Sub-Saharan Africa, 26.5 million)	Total number 40 million
- Number of young people living with HIV/AIDS (15–24 years old) (Of which ratio of those who know they are positive, 10% or less)	Total number 11.8 million
- Number of newly infected with HIV/AIDS in 2003 (Of which ratio of young people (15–24 years old), about half) (Frequency of new infection among youth, one person every fourteen seconds)	5 million a year
- Deaths due to HIV/AIDS in 2003	3 million a year
- Number of children who lose their parents from HIV/AIDS (Of which number of children in Sub-Saharan Africa, 11 million or more children)	Total number 13 million or more
- Number of infants of low weight at birth	25 million every year
- Perinatal deaths	7.6 million every year
- Preventable deaths of infants younger than five years old	11 million every year
- Number of infants younger than five years old with insufficient nutrition	one out of three
- Ratio of children without primary education	121 million
- Number of girls without primary education	65 million
- Number of illiterate women (15–24 years old)	96 million (1.7 times that of men)

Source: UNFPA (2003a), UNICEF (2004), etc.

Figure 2-1 Relationship between Improvement of Reproductive Health and Millennium Development Goals



*1: Infant mortality and maternal mortality can be improved by reducing the number of teenage pregnancy/child birth and maintaining an appropriate birth interval. For example, the risk of death in pregnancy aged 15–19 years is double that of twenty years or older. The reduction of unwanted pregnancy is also important to avoid induced abortion and protect maternal health.

*2: Reduction in the birth rate provides favorable opportunities for the population and accelerates social and economic development. Semi-advanced countries in East Asia have obtained one third of their annual economic growth rates through the favorable opportunities for the population. In addition, economic profits gained from a lower birth rate change the distribution of wealth and contribute to reduction of poverty. For example, a 4/1000 reduction in the net birth rate would lead to a 2.4% reduction in the number of people living in absolute poverty for the next ten years.

*3: Teenage pregnancy/child birth with short birth intervals will lead to a large family, which divides the assets of a poor family further and makes the family poorer. In addition, if there are a large number of children in a poor family, some of the children cannot receive education or have delays in the start of education or dropout. Reducing the number of unwanted pregnancies and teenage pregnancy/child birth and maintaining appropriate birth intervals lead to increased nutrition, health and education investment for each child.

*4: Unwanted teenage pregnancy/child birth often prevents women from continuing education or empowerment opportunities. In Sub-Saharan Africa, 8–25% of women dropout of education due to pregnancy. Furthermore, early marriage also prevents girls and women from continuing education.

*5: Correction of the gender gap in education, reduction of sexual violence, promotion of understanding by men, promotion of women's social participation and improvement of their economic power not only contribute to reducing the number of teenage pregnancy/child birth and unwanted pregnancies but also lead to the prevention of sexually transmitted infections such as HIV/AIDS. In addition, the probability of children dying younger than five years would be reduced by 5–10% if a woman received education for one more year.

*6: About half of new HIV positives are young people aged 10–24 years old. Thus it is important to provide education and information as well as contraceptives such as condoms to young people in order to prevent infection of HIV/AIDS. Furthermore, in some African Countries, nine out of ten young people in their teens who are sexually active know nothing about HIV/AIDS. The spread of HIV/AIDS puts heavy pressure on the national budget by increased medical expenses and therefore hampers economic development. It also increases the number of HIV/AIDS orphans and leads to increase in extreme poverty.

*7: An increase in the poor, rural population deteriorates the rural environment. If population increase is left unchecked, it may also lead to environmental deterioration, and food and water shortages. For example, it may be impossible to ensure the water necessary for life for 5 billion people in 2025 if the population increase and water consumption continues at the current level.

*8: System establishment related to reproductive health supports and reinforces all other efforts.

Source: Data and information issued by UNFPA (2003), UNICEF (2004), etc. are used as reference for footnotes.

Four Development Objectives for Reproductive Health:
(1) Improvements of Major Reproductive Health Issues in Development.
(2) Improvement of Women-Specific Health Problems and Measures against Infertility.
(3) Gender Equality and Women's Empowerment.
(4) Establishment of System to Improve Reproductive Health.

(2) Four Development Objectives in Reproductive Health

Cooperation in the field of reproductive health is to be implemented with the purpose of addressing many development objectives including the Millennium Development Goals while improving the sexual and reproductive health for all people. In particular, **measures against four health issues: improvement in maternal health, reduction of infant mortality/morbidity, reduction of unwanted pregnancy, and measures against sexually transmitted infections including HIV/AIDS are urgent matters to be dealt with in less-developed countries where development is especially slow, and these are directly connected to the achievement of the Millennium Development Goals.** Furthermore, since activities to address these issues are closely interrelated and a comprehensive approach is necessary, these issues should be integrated and organized as one Developmental Objective. Therefore, we organize these issues **comprehensively and with the highest priority in development** that directly contributes to the achievement of the Millennium Development Goals, as Development Objective 1 "Improvements of Major Reproductive Health Issues in Development," and examine effective approaches.

Improving reproductive health includes not only measures for mothers, children and adolescents, but also includes the objective of **improving women's health related to sex and reproduction throughout their lives.** While it is inevitable that priority is placed on the above issues, which are directly linked to the Millennium Development Goals in cooperation to less-developed countries, measures against women-specific health problems, should not be forgotten in cooperation to semi-advanced countries. The approach to such issues is organized as Development Objective 2 "Improvement of Women-Specific Health Problems and Measures against Infertility."

In addition, in many developing countries, addressing **social and cultural factors that inhibit the improvement in reproductive health** is also important along with the approaches in the above Development Objectives 1 and 2. Elimination of unequal opportunities between men and women, elimination of sexual violence towards women, etc. need to be implemented in concurrence with direct involvement in the health sector, and they are specified in the Millennium Development Goal 3. The approach to these issues is organized as Development Objective 3 "Gender Equality and Women's Empowerment."

In addition, **establishment of system to improve reproductive health** is necessary in order for the outcomes of the above Development Objectives to progress sustainably and independently, and this is organized as a different objective: Development Objective 4 "Establishment of System to Improve Reproductive Health."

In summary, this report sets out the following four Development Objectives:

(1) Improvements of Major Reproductive Health Issues in Development
(2) Improvement of Women-Specific Health Problems and Measures against Infertility

(3) Gender Equality and Women's Empowerment
(4) Establishment of System to Improve Reproductive Health

2-2 Approach for Systematic Planning of Reproductive Health

Development Objective 1
Improvements of Major Reproductive Health Issues in Development

Development Objective 1 Improvements of Major Reproductive Health Issues in Development

As described in 2-1 above, **measures against four issues; improvement of maternal health, reduction of infant mortality/morbidity, reduction of unwanted pregnancies, and measures against sexually transmitted infections including HIV/AIDS are urgent matters in developing countries and especially in less-developed countries.**

In development assistance, promotion of family planning has been considered a method for solving the issues of population and poverty. Although the approach to family planning has changed dramatically from "government's effort to control population growth" to "voluntary family planning in which individual autonomy is respected" ever since Cairo Conference, its importance as a measure for approaching the issues of population and poverty has not changed. Meanwhile, the promotion of family planning in reducing the number of unwanted pregnancies and lengthening the birth interval is also closely related to improving maternal and infant health (maternal and child health), and thus family planning and maternal and child health have been considered inseparable since the 1970's. The problem of sexually transmitted infections such as HIV/AIDS should also be considered as a reproductive health issue since there are emerging needs to address adolescents and to prevent mother to child transmission. That is, important issues of reproductive health that are common to less-developed countries such as family planning, maternal and child health, and measures against sexually transmitted infections are closely interrelated and a comprehensive approach is required to examine and solve them as a whole.

Based on the above concept, objectives of reproductive health to contribute directly to achieving the Millennium Development Goals and to be solved with highest priority in development are summarized in Development Objective 1 "Improvements of Major Reproductive Health Issues in Development," so that effective approaches can be examined.

Mid-Term Objective 1-1
Improvement of Maternal Health

Mid-Term Objective 1-1 Improvement of Maternal Health

More than 500,000 women in the world lose their lives every year due to causes originating from pregnancy or delivery, and 99% of them are in developing countries. It is calculated that one woman dies every minute due to pregnancy or delivery-related causes somewhere in developing countries.

To reduce maternal mortality, it is necessary that demonstrative examinations be repeated on site so that an effective approach can be established.

Although the **Safe Motherhood Initiative (SMI)**[17] began based on international consensus in 1987, little improvement has been made in terms of maternal mortality. Even in health statistics, there is a difference of nearly hundred-fold in the maternal mortality ratio between developed countries and developing countries while the difference in the infant mortality rate remains about ten- to thirty-fold.

Three fourths of maternal mortality are caused by hemorrhage, infection, obstructed or prolonged labor, and most of them are considered avoidable with the provision of appropriate health services including family planning. However, maternal mortality has not improved because there has been no consistent strategy and the scarce resources have not been streamlined into an effective approach[18]. A method that is clearly effective in the improvement of maternal health and reduction of mortality ratio has not been established yet, and it is still under much debate. **It is necessary that demonstrative examinations be repeated on site while obtaining international consensus so that an effective approach can be established.**

The fact that woman in pregnancy or at delivery is attended by a Skilled Birth Attendant and has access to Emergency Obstetric Care in case of complications, leads to the reduction of maternal mortality. This requires:
(1) Training of Skilled Birth Attendants (SBAs).
(2) Emergency Obstetric Care (EmOC).

(1) Safe Delivery

To reduce maternal mortality, **when a woman gives birth, she should be attended by a Skilled Birth Attendant (SBA) and have access to Emergency Obstetric Care (EmOC) in case there are complications.** As an approach for this, both the **training of birth attendants and the establishment of an Emergency Obstetric Care System** are important.

In **training birth attendants,** it is important to understand that there are primary prevention to avoid the occurrence of complications by safe and clean delivery and secondary prevention in case of emergency. In addition, the preparation of a support system that allows appropriate assignment of trained attendants as well as effective activities by the trained attendants is also an important factor.

While those subject to training include obstetricians, midwives, Traditional Birth Attendants (TBAs) and health workers, **the acceptance of TBAs as trainees depends on the donor.** While its effect is questioned by international organizations such as UNICEF, some insist that it would be effective if the training method is improved, as some NGOs implement it proactively. As a matter of fact, birth attendance by TBAs occupies a large portion of the deliveries in rural areas of developing countries. Thus, it is not always appropriate that their roles be rejected. Some approaches in the use of TBAs are worth considering when combined with the promotion of emergency measures in coordination with local health providers, etc.

Furthermore, international organizations such as WHO, UNICEF are stressing the importance of Emergency Obstetric Care (EmOC), and consider

[17] SafeMotherhood.Org (http://www.safemotherhood.org)
[18] Some suggest two causes: (1) no planning, implementation and evaluation of safe motherhood measures using an appropriate epidemiological method and (2) lack of comprehensive measures that include primary health care to high-level medical organizations.

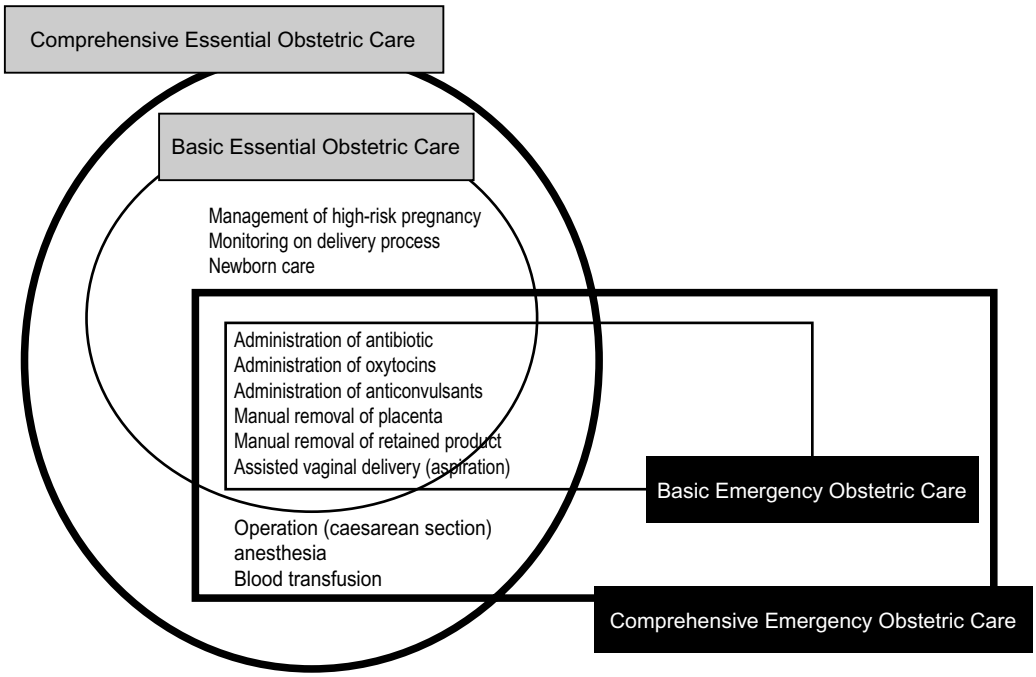
Box 2-1 Comparison among Approaches for Reduction of Maternal Mortality

The major causes of maternal mortality include atonic bleeding after delivery, pregnancy toxemias, hysterorrhexis, pueaperal infection due to unclean delivery treatment, and sepsis as a complication of illegal abortion. Direct approaches to reduce the frequency of these complications and mortality can be summarized as follows:

(1) Early finding of high risks and anomalies with promotion of antenatal care.
(2) Measures in case of emergency and prevention of infection by training of birth attendants.
(3) Reduction of high risks and unwanted pregnancy by promotion of family planning.
(4) Reduction of deaths from complications by establishment of Emergency Obstetric Care Systems.
(5) Approach to the social environment that surrounds women.

Of the above items, the most feasible in developing countries are (1) – (3) and (5) with relatively low economic burden on the government. On the other hand, the establishment of EmOC systems requires major expense in ensuring a safe blood transfusion and transport system in addition to the establishment of facility/equipment and human resource training, and is difficult for many developing countries to address these areas. There are also concerns about promotion of gap expansion and the medicalization of delivery. It is necessary to organize and analyze knowledge regarding the reduction of maternal mortality while also considering Japan's experience and accomplishment in support for developing countries so that scientific data can be accumulated.

Figure 2-2 Essential Obstetric Care (EOC) and Emergency Obstetric Care (EmOC)



the establishment of a consistent EmOC system that connects local residents, health centers and local hospitals with a focus on delivery due to their judgment that it is impossible to completely predict and prevent all major causes that lead to maternal mortality. They also insist that resources for assistance be provided with special focus on the establishment of EmOC facilities. In general, one comprehensive obstetric care facility and four basic obstetric care facilities are required for every 500,000 population. Establishment of EmOC facilities is an important approach for reducing the maternal mortality ratio.

However, some question the significance of proceeding with the strategy to concentrate resources on the Emergency Obstetric Care Systems of international organizations such as WHO and UNICEF in all less-developed countries. For many poor countries, it is often unrealistic to maintain the Emergency Obstetric Care facilities due to problems of costs and human resources even when the Emergency Obstetric Care facilities are established in rural areas with assistance funds, and some fear that it may expand the gaps when costs and human resources concentrate only on the Emergency Obstetric Care facilities. It is critical that Emergency Obstetric Care Systems be established with balance among primary to tertiary services within a package of comprehensive maternal care measures while also considering the budgetary situation of the assisted country.

It is necessary to make approaches for establishment of infrastructure such as roads that enable emergency transport and an enhanced social environment for women in addition to the establishment of Emergency Obstetric Care (EmOC) systems.

In addition, it is not easy for many women living in rural areas to solve the **problems of physical and social access to Emergency Obstetric Care facilities.** There are many difficulties in receiving health services, such as long distance to the health facility, lack of time, and low status within the family. Thus, it is also necessary to **make approaches for establishment of infrastructure such as roads that enable emergency transport and an enhanced social environment for women** (see Development Objective 3 “Gender Equality and Women’s Empowerment”).

In many countries, women in rural areas are shunned from health services by the health service providers’ arrogant attitudes, and thus, some recent projects include activity to promote **friendly services to women (client-friendly services).** On the other hand, there is **an approach in semi-advanced countries from the standpoint of re-evaluating Humanized Maternity Care that reviews overemphasis on the medical involvement in delivery and respects the natural power of humans.** This **Evidence-based Approach** has been scientifically verified by WHO and attracted much attention. In particular, it is important to consider this approach in planning cooperation in South and Central American Countries where the rates of Caesarean section are abnormally high and in the ex-Communist countries where the concept of service has not penetrated socially.

Box 2-2 Three Delays in Maternal Mortality

The three delays in relation to maternal mortality that UNFPA suggests are the following:

(1) Delay in finding of obstetric complications (including delay in self recognition) and delay in time from identification to the decision to go to hospital (home and community).

(2) Delay in arriving at an appropriate facility (transportation).

(3) Delay until appropriate care is given in the facility (high-quality care).

These three delays indicate that not only involvement in the health sector but also equality between genders, improvement in women's economic power, the establishment of infrastructure, etc. are required in the approach for reduction of maternal mortality.

Source: UNFPA (http://www.unfpa.org) (partially modified)

Box 2-3 Secret of Successful Training on Traditional Birth Attendants (TBAs)

Although international assistance organizations have long devoted great interest and budget to the training of TBAs, the "Joint Statement for Reducing Maternal Mortality" by UNFPA, UNICEF and WHO in 1999 clarified their view that it is difficult to reduce the maternal mortality ratio by projects that only focus on TBA training." Indeed, TBA can only become involved in normal delivery, and there is a limit to their skills. However, due to social, cultural and economic reasons, there are large populations who do not have access to delivery assistance services other than TBA especially in rural areas in many developing countries. Based on these facts, many governmental organizations of developing countries and NGOs still support TBAs. Such organizations recognize that so-called "dialog-type" training in which they start from the same viewpoint as TBAs and respect and share their traditional methods and world view related to delivery assistance is more effective, and they have moved away from the traditional teaching method of "teacher to student" —where medical specialists with educational background on European and American medicine teach uninformed TBAs 'correct' knowledge and skills— towards implementing a "dialog-type" training.

Box 2-4 Case of Support for Humanized Maternity Care

In many countries of the world, "safe delivery" has been overly valued and perinatal care came to put much emphasis on "delivery in a short time and not causing the death of mother" by means of overuse of Caesarean section, routine use of Oxytocin, artificial rupture of membranes, episiotomy and others. Though humanized maternity care should be provided for pregnant and nursing women, "safe, human and good delivery" has been difficult to afford in such medical environments. This phenomenon is especially common in Central and South American Countries, with the Inter-American Development Bank pointing out in its report that about 425 million dollars are used every year for over 850 thousand unnecessary operations in Latin America ("The IDB" No.5, Volume 5, October 2000 "Caesarean Section in Fashion" by the Inter-American Development Bank Office in Japan (2000)), warning that overuse of Caesarean section not only risks maternal health unnecessarily but further drains the already limited budget of the health sectors in developing countries. To improve this situation, JICA implemented a "family planning/maternal and child health project" to promote "humanized maternity care" in Brazil. Consequently, delivery with the attendance of the family, etc. was allowed, pregnant woman became free to choose her delivery position, and other physical environments related to delivery were generally improved and humanized. In addition, internal examination of pregnant women was done only when necessary, and instead listening to fetal heartbeats and good observation of uterine contraction were implemented more often. Many of the women who experienced such humanized maternity care came to recognize the merits of natural delivery, and demand of local care with heart instead of care in a large hospital at a distance was voiced as a consequence. Meanwhile, medical providers increased their sense of satisfaction as professionals and renewed their awareness of the value of family and community in implementing humanized care for pregnant and nursing women.

Establishment of continuous care for pregnant and nursing women is important in order to find anomalies at an early stage.

(2) Promotion and Quality Improvement of Care at Delivery and Prenatal and Postnatal Care

Unlike the strategies of WHO and UNICEF that try to concentrate assistance resources on Emergency Obstetric Care, Japan considers it possible to find certain levels of dangerous symptoms by preventive measures and devotes efforts in **consistent health management in each process during pregnancy, delivery and after delivery.** First, **improvement in the quality of health service providers and substantiation of facility and medical equipment are necessary in order to establish reliable health service facilities for patients.** Then, promotion activities for safe delivery should be implemented in **mother's class and through IEC activities** to inform pregnant women of the necessity for medical checkups as well as immunization. Moreover, the establishment of a **recording system on the mother and child health conditions using the Maternal and Child Health Handbook** is also an effective approach for finding anomalies in pregnancy and delivery.

Japan's maternal and child health measures after World War II:
(1)Antenatal care
(2)Maternal and Child Health Handbook
(3)Child raising group activities
(4)Maternal and child health promotion personnel, etc.

Antenatal care, the Maternal and Child Health Handbook, local activities with the participation of residents (child-raising group activities, maternal and child health promotion personnel) were the foundation of maternal and child health measures in Japan after World War II. Although it has not been scientifically proven that antenatal care and the use of the Maternal and Child Health Handbook are directly connected to the reduction in the number of maternal mortality, they provide an entry point for health education and health services including nursing and family planning with the pregnant and nursing women in local areas. It is important that these approaches, which are based on Japan's experience, should be positioned as one measure of comprehensive maternal care while adjusting them to the circumstances of the developing countries.

(3) Improvement of Nutritional Status of Pregnant and Nursing Women

While overall improvement of women's health by nutritional improvement is important in reducing the maternal mortality ratio, intervention starting from childhood is important in order to become a healthy mother.

Overall improvement of women's health by nutritional improvement also contributes to the reduction of mortality and morbidity related to pregnancy and delivery. Malnutrition and anemia cause various problems during pregnancy and delivery and account for increased maternal mortality. According to a recent report by UNICEF, 50,000 women die in delivery every year from anemia caused by iron-deficiency. To be healthy, pregnant and nursing women require not only improved nutrition including iron supplements but also appropriate intervention from early childhood for sufficient nutritional intake. In addition, ensuring a stable and continued supply system is an important factor in providing iron supplements.

(4) Safe Motherhood, Prevention of Induced Abortion and Promotion of Care

Prevention of induced abortion and maintenance of appropriate birth spacing with planned pregnancy/delivery is important for maternal protection.

In countries or areas where induced abortion (referred to as abortion hereafter) is illegal, abortion is implemented with risks, and the health of women is threatened by infections, pain, infertility, etc. with high mortality caused as a result. Maternal mortality due to unsafe abortion accounts for about 10 to 20% of all maternal mortality[19].

Delivery at young age and delivery with short intervals between births also increase the risk in delivery. For maternal protection, the **provision of high-quality family planning service and dissemination of knowledge on planned pregnancy and delivery** are necessary for all people so that the number of unwanted pregnancies and unsafe deliveries can be reduced. Before marriage and after delivery are good opportunities to give **counseling service** that encourage appropriate family planning methods and birth spacing in the future. **Counseling, education and provision of family planning service after abortion** is also expected to lead to the prevention of repeated abortion.

[19] UNFPA estimates that maternal death caused by unsafe abortion comprises 14% of all maternal deaths.

Box 2-5 Maternal and Child Health Handbook

Although only Holland, South Korea and Thailand use Maternal and Child Health Handbook at a national level, Japan's Maternal and Child Health Handbook is gaining greater attention as reproductive health becomes more widely recognized as a global issue.

The Maternal and Child Health Handbook has a significant impact on parents and parties related to health, and the following three characteristics are unique:

First, health records in pregnancy, delivery and on the child are all summarized in one book. Although this is a simple matter, it fosters parental recognition that care from pregnancy is important for the child to grow healthily. The handbook induces significant changes in people's awareness of pregnancy and delivery, considering the fact that historically, pregnant women have worked in heavy labor until immediately before delivery and pregnancy has not been considered a kind of illness.

Second, health education materials are included. Before 1960, limited information about child rearing was available with no magazines on child rearing published. In this context, the "Booklet for Child Rearing" which is distributed with the handbook by local authorities is highly valued.

Third, all the records and information are provided in the Maternal and Child Health Handbook so that it can be kept at hand of the parents and used in case they change the medical institute they are attending during pregnancy or child rearing. In addition, not only mothers but also fathers have access to the results of checkups. When seen from the standpoint that health data belong to the patient, the Maternal and Child Health Handbook can be considered printed material that assures a very modern right, which makes it surprising considering that its distribution started as early as 1948.

Source: JICA Institute for International Cooperation (2004)

<Approach by JICA>

While JICA has introduced the Maternal and Child Health Handbook to trainees from many countries in group training on maternal and child health in Japan, some of the trainees have tried to introduce the handbook in their own country upon their return. For example, the Maternal and Child Health Handbook has already been promoted in Thailand. This was prompted by the training in Japan and the maternal and child health project of JICA. In Indonesia, technical cooperation projects targeting the promotion of the Maternal and Child Health Handbook have been implemented, and introduction has already been made in 40% of the country (see Box A1-3). The promotion of the Maternal and Child Health Handbook has already had effects such as strengthening the custom of breast feeding and improvement of child health.

However, the cost of introducing the Maternal and Child Health Handbook requires thorough examination because less-developed countries may have insufficient funds, thus the assisted country and the government's financial capability to take the burden should be considered. Furthermore, when the handbook is introduced, its position in the maternal and child health administration should be clarified so that a system of effective promotion activities is developed. WHO is researching the effect of the introduction of the Maternal and Child Health Handbook in Indonesia in concurrence with IMCI (Integrated Management of Childhood Illness) and the potential introduction to other countries will be examined based on WHO's findings.

Box 2-6 Regional Resident Activities by Mothers (with Example of Child Raising Group Activities)

When it was discovered that the infant mortality rates were extremely high in rural agricultural fishing villages before World War II, whole residents of such villages participated in Child Raising Group Activities called "Aiikuhan". Specific activities included home visiting, cooperation in health consultations and group checkup, and cooperation in research. The child raising groups actually identified the problems by themselves and resolved them according to their needs , for example, the child raising group members who received lectures from health specialists disinfected the obstetric equipment to prevent puerperal fever, helped in household chores on the day of delivery, and opened a nursery during the busy farming season to change clothes and give baby food. In addition, the group invited external specialists and raised the awareness of the village residents. Visits from the Ministry of Health and Welfare, UNICEF, study inspections by trainees from other prefectures, etc. improved the confidence of residents and helped strengthen their organization.
Source: JICA Institute for International Cooperation (2004)

<Approach by JICA>

In the reproductive health project currently implemented in Viet Nam, child raising groups have been introduced in three communes in Nghe An Province. Other communes are also in the process of setting up child raising groups with reference to Japan's experience as part of their efforts to promote community health (see Box A1-1).

Additionally, there are women's regional activities like those of the child raising groups in many parts of Japan. Leaders of such activities are normally elderly, and they are hampered from participating fully in international cooperation because of the language barrier. It would be beneficial to connect and utilize such human resources with international cooperation efforts.

Mid-Term Objective 1-2
Reduction of Infant Mortality/Morbidity

Mid-Term Objective 1-2 Reduction of Infant Mortality/Morbidity

The Infant Mortality Rate (IMR) and the Under-Five Mortality Rate (U5MR) are important indicators in grasping the level of health service for infants. In developing countries, **Primary Health Care (PHC) services such as immunization and environmental hygiene are not generally established, and thus it is characteristic that morbidity and mortality caused by infection, malnutrition, diarrhea, etc. continue to occur frequently even after infancy** and the rate of infant mortality in U5MR is low. In such cases, it is recommended both in terms of efficiency and effectiveness to implement such support as: setting the reduction of U5MR as the immediate target, **establishment of PHC services,** disease prevention for mothers and regional residents, early finding of anomalies, health education activities on appropriate measures at home and **promotion of resident empowerment** in which residents protect their own health.

In developing countries, the reduction of U5MR should be set as an immediate target. Importance should be placed on supporting PHC service establishment and health education and promotion of resident empowerment.

Meanwhile, more precise care is required in **reducing IMR.** While the rate of low birth weight infants (less than 2,500g) is about 17% in the world,

Approaches for the "Reduction of Infant Mortality/Morbidity" become more efficient and effective by promoting comprehensive and continuous care.

many developing countries have rates over 20%. However, in developing countries where home delivery is mainstream, weight measurement is not taken at birth or there is no functioning referral system in many cases of anomalies. Therefore, it is important **to train health workers** including birth attendants and ensure the **establishment of infant emergency care system** including human resources, equipment and drugs.

The promotion of child health and development is more effective when it is initiated early. In particular, mother's health during pregnancy affects the health of the child[20]. Hence, approaches for the **"Reduction of Infant Mortality/Morbidity"** become more efficient and effective by considering **the "Mother-Baby Package"[21] developed by WHO and UNICEF or a comprehensive approach in which maternal and child health and family planning are combined. Mother's class and parent's class,** which recommend nutrition intake for the mother during pregnancy, immunization for tetanus, and reception of health check-up for pregnant women, provide care for the mother and child during the prenatal stage which is important for the healthy development of the child. As to post-delivery, it is important that a **continuous health support system be established for the mother and child by local health organization** to ensure that there is appropriate care such as promotion of breast feeding, immunizations, regular weight monitoring and measures in case of anomalies as well as early identification of anomalies.

[20] Elimination of malnutrition for child-bearing women reduces infant health problems by nearly one third (UNICEF, 2001). In addition, the health of the infant correlates with low birth weight, mother's age, sex at birth, birth interval, education level of the mother, etc.

[21] This program focuses on the health of the mother and the newborn in order to address the Safe Motherhood Initiatives, and is comprised of family planning; basic motherhood care; breastfeeding; prevention, early identification and management of complications; prevention of anemia during pregnancy; and sexually transmitted infections including HIV/AIDS, etc.

Box 2-7 Aiming to Harmonize Approaches by International Organizations (IMCI, IMPAC) and Japan's Experience in the Field of Maternal and Child Health

The purpose of **Integrated Management of Childhood Illness (IMCI)** initiated by WHO/UNICEF in 1995 is to reduce the number of infant mortalities caused by five major infant diseases, namely, acute respiratory infection (ARI), diarrhea, measles, malaria, and malnutrition. It aims to ensure that all health services provides diagnoses of pediatric disorders by following a flow chart. This management system was developed because sufficient results could not be achieved only with disorder-specific measures although prevention/treatment strategies have been developed for individual disorders of malaria, diarrhea, etc. since the 1980s. In fact, many children may carry one or more of the above five disorders, and comprehensive diagnosis/treatment at the primary health level is required. IMCI is comprised of the following three components:

(1) Improvement in the case management skills of health workers

(2) Improvement in the health systems at national and local levels

(3) Improvement in family and community care practices

Meanwhile, a strategy called **Integrated Management of Pregnancy and Childbirth (IMPAC) in which maternal care and early newborn care in a comprehensive management** along with IMCI was developed in 2000. IMPAC is comprised of the following two components:

(1) Complex obstetric care targeting health workers in obstetric wards

(2) Basic obstetric care targeting health workers at health centers and local paramedical workers involved in obstetrics

Such integration of "infant care programs" and "maternal care/early newborn care programs" originated since the World Development Report in 1993 from the concept of a minimum package focusing on the disease control in which effective results can be achieved for each input.

JICA incorporates IMCI as one of the activities in the "Health Service Reinforcement for Children Project" currently being implemented in Lao PDR. In addition, working in close cooperation with WHO, UNICEF, NGOs and other donors, JICA is in the process of planning the "Integrated Maternal and Child Health System" in the Philippines in which child care and antenatal care are integrated. Aiming to promote comprehensive and continuous care for mother and child, JICA is searching for a harmonized form of support in the maternal and child health field including IMCI, IMPAC and the Maternal and Child Health Handbook, which is one form of continuous care for mother and child based on Japan's experience.

Box 2-8 GOBI Program by UNICEF

UNICEF's GOBI Program (growth monitoring, oral rehydration salt (ORS), breast feeding and immunization) and its expanded version GOBI-FFF (with addition of food supplementation, female literacy, and family planning) are widely known as approaches for mother and child.

For example, using the easy-to-understand growth chart, it is possible to visually grasp the health of the child at weight measurement. ORS became widespread over the world because of its simplicity of dissolving one ORS package in one liter water, and it led to a reduction by half in the number of child mortality caused by diarrhea. On the other hand, it is impossible for the people who are not used to measuring body weight or one liter water to become self-reliant in the future unless they understand the significance of body weight measurement and the importance of dehydration measures in the case of diarrhea, and an approach that ensures the programs or systems brought in from outside to be truly accepted by the local community is important.

Mid-Term Objective 1-3
Reduction of Unwanted Pregnancy

Mid-Term Objective 1-3 Reduction of Unwanted Pregnancy

To postpone pregnancy until being mature enough for it, become pregnant in a planned fashion, allowing an appropriate birth interval and having a desired number of children are rights included in the concept of women's reproductive health. Reducing the risk of unwanted pregnancy leads to improvement in the situation in which abortion must be chosen and therefore, lowers the risk of maternal mortality. Hence, it is important that family planning is implemented with contraception so that women's health and welfare are ensured, the happiness of children is increased and women are allowed to determine by themselves the number of child births and when to have a child.

(1) Education and Information Provision on Family Planning

To prevent unwanted pregnancy, it is necessary to provide sufficient information in relation to family planning and enable users to adapt their behavior accordingly.

To prevent unwanted pregnancy, knowledge and information related to family planning must be provided through **IEC (information, education and communication) activities.** However, not all people change their behavior even when knowledge and information are provided. Use of the so-called **Behavioral Change Communication (BCC)**[22] through which the receiver is convinced and facilitates his/her will to change is becoming increasingly important. Men in particular tend to have little concern about family planning and make decisions without consulting their sexual partners (mainly their wives) even when they recognize the importance of family planning. Therefore, focus should be placed on a process in which understanding of family planning is promoted both for men and women so that they can both participate in making family planning decisions and implement family planning based upon consensual agreement.

[22] See Boxes 2-8 to 2-12.

(2) Promotion of Family Planning Service/Care and Improvement in Quality

When giving support to family planning, sufficient precaution is required before implementation since it is related to culture or custom based on different values, sexual taboos, etc. **Giving training on family planning counseling to service providers** enables them to consider the problems faced by the users of the service who may be trapped in their values, culture or customs, and it is possible to build a trust-based relationship and create good opportunities for finding appropriate solutions. Furthermore, there is an advantage to counseling service by service providers in respecting the will of the service user and broadening the range of selection for contraception. It is also important to make approach for systematized counseling service provision so that the service provision is sustainably maintained.

(3) Improvement in Access to Contraceptive Methods

Access to contraceptives should be improved for both men and women of all age regardless of whether they have a sexual partner. The number of married women who do not use any family planning method is estimated to be 120 million to 150 million in the world[23]. It is therefore necessary that a distribution system to facilitate sufficient contraceptives be established promptly.

Possible distribution methods include distribution through people's organizations by social marketing and distribution by health centers or public clinics. It is also necessary that sufficient consideration be given to the cost so that a price is set that can easily be paid by the users.

Furthermore, as there are different advantages and disadvantages to each contraception method, a method that suits the user's needs or situation must be provided. The user must have sufficient understanding of the characteristics of each method including the usage and adverse effects.

Meanwhile, **legal and social regulations that inhibit family planning services and the provision of information must be removed.** It is also necessary that the system barriers to inhibit the roles of men in family planning be eliminated. For example, current services may need to be contrived for men, such as **opening special clinics for men and providing services at work.**

In reproductive health activities for adolescents, the environment and needs of adolescents must be fully understood.

(4) Provision of Information/Service Related to Reproductive Health to Adolescents

In considering unwanted pregnancy, it must be recognized that **adolescents [24] have specific needs that are different from those of adults.** ICPD Programme of Action calls attention to the necessity of reproductive health for adolescents. In adolescence, they lack understanding of reproductive health while sexual behavior becomes active, and have a high risk of unwanted pregnancy and sexual

[23] UNFPA (1997) p.33

[24] See UNFPA (2003a), p.3. Adolescents include ages of 10 to 19 years old. In this UNFPA report, youth is classified as ages 15 to 24 years old and young people as 10 to 24 years old. This report also adopts the same age classification.

abuse as well as sexually transmitted infections including HIV/AIDS. Nevertheless, adolescents have limited access to reproductive health services such as family planning and the treatment of sexually transmitted infections because they are "young" or "unmarried." Based on such situation and needs of adolescents, it is important that their health and rights for decision-making be assured and that the risks of unwanted pregnancy and sexually transmitted infections including HIV/AIDS be reduced by providing appropriate education, information, service and care in relation to reproductive health.

Providing the same level of information/services to young people as those for married couples indicates public acknowledgement that unmarried young people are already sexually active, and there may be social resistance to this, although the degree of resistance may vary. This is a major difficulty in providing reproductive health/services to young people.

Box 2-9 Circumstances of Adolescent Reproductive Health

Although the crisis of the HIV virus is a major risk to young people in Sub-Saharan Africa, access to condoms is fairly limited. The staff of local NGOs in South Africa who promote HIV infection prevention activities complain that access to condoms is not easy for unmarried young people. According to one report on the situation in South Africa, the average age for starting sexual activity is from 14 to 15 years old. However, this NGO staff says "if a fifteen-year-old goes to a local clinic and asks for a condom in South Africa, the health worker will only scold 'Don't think about sex when you are still young and have not yet married! Shame on you for coming here and asking for condoms!' and chase him/her out." This issue is complex in that it is difficult to promote adolescent reproductive health activities without changing the awareness of society. However, this issue cannot be avoided in order to prevent HIV/AIDS infection from spreading further among young people in Sub-Saharan Africa.

Box 2-10 Behavioural Change Communication Method 1

Individual counseling by local volunteers contributes greatly to the field of reproductive health thorugh Behavioral Change Communication Method. Volunteers visit individual households in the area one by one. Normally, people who understand the village circumstances well and are respected by the local residents are selected as volunteers for the village. They are taught about reproductive health, communication skills, etiquette for visiting homes, etc. and start visiting households. To cite one recent example, Iran, which is a devout Islamic country, has been successful in reducing the birth rate by adopting this communication method as one of the project strategies. Although Iran's population growth rate was 3.2% and the total fertility rate was 5.4% in 1988, they decreased rapidly in 2001 to 1.3% and 2.0% respectively.

Box 2-11 Behavioural Change Communication Method 2

Combining mass communication and person-to-person communication is an effective Behavioral Change Communication Method in the field of reproductive health besides individual counseling by home visiting. **Participatory Entertainment-Education** is one such method, which has been gaining popularity in recent years. Workshops applying this method are based on interaction in which all the participating residents actively take part. In this method, facilitators play an important role in activating opinion exchanges among participants. Video dramas and short plays are shown at the beginning of the workshop to activate conversation among participants. These videos and plays include entertaining educational issues that later form the topics of discussions.

Box 2-12 Behavioural Change Communication Method 3

Peer education is one of the most general approaches for adolescent reproductive health[25]. Peer education refers to advocacy/education activities within a group that shares a similar social background, experience and sense of value. In many cases, a core member is appointed from the group as an advocacy leader and peer educator to conduct learning activities. An example of peer educator activities is an activity to visit young people in the same generation in the community and provide information related to reproductive health to mutually increase awareness and knowledge. The peer educator himself/herself can learn much from this activity too. In this fashion, peer education is expected to facilitate recognition of reproductive health problems, efforts for stable body and mind and ease access to services by sharing personal experiences with young people of the same generation.

Mid-Term Objective 1-4
Measures against Sexually Transmitted Infections including HIV/AIDS

Mid-Term Objective 1-4 Measures against Sexually Transmitted Infections including HIV/AIDS

Having sexually transmitted infections (STIs) increase the risks of HIV/AIDS infection and greatly affect women's pregnancy and delivery.

Sexually Transmitted Infections (STIs) are a major threat to health worldwide, **and they not only increase the risks of HIV/AIDS infection but also affect women's pregnancy and delivery drastically.** According to a report by UNFPA (1997), approximately 300 million cases of treatable sexually transmitted infections (chlamydia infection, gonococcus, syphilis, trichomonas infection, etc.) occur worldwide. The morbidity rate of women is five times as high as that of men, and about **two thirds of all cases of infertility are caused by complications due to sexually transmitted infections.** Furthermore, a report by UNAIDS estimates that there were about 40 million (34 million to 46 million) people living with HIV/AIDS (PLWHA) at the end of 2003, and 95% or more of them reside in developing countries. Having **sexually transmitted infections increase the risk of HIV infection** because the HIV virus easily

[25] UNFPA (2003a) p.33

enters the bloodstream if there is an ulcer in the sex organs.

Such measures against sexually transmitted infections including HIV/AIDS must be considered **from the aspects of prevention as well as care.** Specifically, they are as follows:

Measures include improving access to health services and information and incorporating measures against sexually transmitted infections in reproductive health services.

(1) For prevention of sexually transmitted infection, **promotion of safer sexual activities** for lowering the risk of infection such as expansion in the use and supply of condoms as well as **dissemination of correct knowledge on symptoms and risk factors** are important. HIV/AIDS infection of adolescents is a serious global problem, and addressing adolescent reproductive health in conjunction with the problem of HIV/AIDS is becoming increasingly important (see Mid-Term Objective 1-3 (4)).

In order to treat sexually transmitted infections, **support in drugs and facilities is essential in addition to providing appropriate diagnosis and treatment.** Specifically, the establishment of a screening system and high quality treatment with the use of appropriate drugs and human resources are necessary for substantiation/promotion of early diagnosis and appropriate treatment. It is also necessary to provide STI testing drugs and treatment drugs and improve the facilities (for details about prevention, treatment and care of HIV/AIDS, see JICA Institute for International Cooperation (2002)).

(2) Mother to Child Transmission (MTCT) is a particularly important aspect of reproductive health. In prevention of Mother to Child Transmission of HIV/AIDS, short-term administration of anti-HIV drugs such as Nevirapine is gaining attention. Infants can avoid being infected by the HIV virus contained in breast milk by avoiding breast feeding. However, some argue that the risk of infant mortality by other infectious diseases is reduced with breast feeding, which increases the immune strength of the infant, so there are many factors to consider.

Since reproductive health is greatly influenced by social, cultural and economic aspects, **consideration from not only health but also various perspectives and a comprehensive approach are important** for the issue of sexually transmitted infections including HIV/AIDS. Specifically, consideration of **access to health services and information** is particularly necessary, and it should be possible **to implement measures against sexually transmitted infections effectively by incorporating the measures in maternal and child health services and family planning services.**

Approach by JICA

JICA's cooperation in Development Objective 1 "Improvements of Major Reproductive Health Issues in Development" initiated from the "Family Planning Seminars (group training)" in 1967 and the "Family Planning Project" in Indonesia in 1969. **It began from the field of family planning** centered on the Mid-Term Objective 1-3 of Reduction of Unwanted Pregnancy. The main content of this project was to manufacture audiovisual software for training and

Transition in JICA's Approach
- 1960's: Centered on the field of family planning
- 1980's: Shift to maternal and child health and family planning
- 1990's: Comprehensive approaches including reproductive health, sexually transmitted infections including HIV/AIDS, and even empowerment of women in income generation, etc. and adolescent reproductive health become mainstream.

to provide contraceptives. Until the mid-80's, the core of JICA's cooperation was family planning to control the population increase through provision of contraceptives and audiovisual materials. Then, from the latter half of the 1980's in countries such as Indonesia, Thailand, Philippine and Mexico, projects with a concurrent approach for the **promotion of family planning (Mid-Term Objective 1-3 Reduction of Unwanted Pregnancy) and improvement in maternal and child health (Mid-Term Objective 1-1 Improvement of Maternal Health and 1-2 Reduction of Infant Mortality/Morbidity)** initiated, and **comprehensive projects centered on the concept of reproductive health** increased in number after the Cairo Conference in 1994. Meanwhile, as discussed in Mid-term Objective 1-4, **consideration from various perspectives and comprehensive approache** are also important **in order to tackle the problems of sexually transmitted infections including HIV/AIDS.** In the "Tunisia Reproductive Health Education Reinforcement Project" (see Box A1-5), cooperation is implemented with Mid-Term Objective 1-3 as the prime objective and aiming for comprehensive reproductive health improvement while also placing importance on the approach for Mid-Term Objective 1-4.

At present, projects are being implemented in the field of reproductive health in more than ten countries. **While many of these put emphasis on maternal and child health measures to deal with both "improvement of maternal health" and "reduction of infant mortality/morbidity" as the central issues, emphasis is also placed on factors such as family planning, measures against sexually transmitted infections and the improvement of women's status, depending on the needs and circumstances of the assisted country.** Although there are differences in objectives, degree of importance and cooperation startup methods depending on the needs of the assisted country, **recent major JICA projects take a comprehensive approach towards achieving several Mid-Term Objectives.**

When considering regional characteristics, projects in Asia mainly focus on improving maternal and child health and promoting family planning, and are being implemented in Cambodia, Viet Nam, Bangladesh, etc. Furthermore, JICA has implemented a project to improve maternal and child health through the introduction and promotion of the Maternal and Child Health Handbook in Indonesia, a project aiming to improve the management capability for Expanded Programme on Immunization (EPI) and suppress the number of cases of Iodine Deficiency Disorders (IDD) in Mongolia, and a project aiming to reinforce health services for children aged 15 years old or younger in Lao PDR.

On the other hand, cooperation has been implemented in the Middle-East and Africa with concurrent focus on improving women's status in society and measures against sexually transmitted infections. JICA has implemented a project targeting the creation of income for women and improvement of their status along with family planning in Jordan, and cooperation aimed at improving reproductive health status including measures against sexually transmitted infections among young people in Tunisia in the "Reproductive Health Education Reinforcement Project" previously described. This project aims for

comprehensive improvement of reproductive health of young people and supports the development of various audiovisual and printed materials as well as the human resource development to serve in consultation services so that correct knowledge is transmitted to young people and their behavior can be changed.

Many countries still require this kind of assistance, and it is expected that the number of JICA projects in this field will increase. While entry points and focus of the projects may vary to suit the unique circumstances in the assisted region/country and the activities of other donors, in essence, projects should be implemented comprehensively to improve the reproductive health related to mothers, children and adolescents, and the number of such projects is expected to increase in the future.

Many projects take the form of Technical Cooperation Projects in coordination with grant aids, Japan Overseas Cooperation Volunteers, etc. However, there are schemes implementing only equipment provision in cooperation with other international organizations, and JICA has implemented equipment provision (contraceptives, delivery assistance, etc.) at a cost of approximately 10 to 20 million yen to several countries every year.

Development Objective 1 Improvements of Major Reproductive Health Issues in Development

Mid-Term Objective 1-1 Improvement of Maternal Health			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Safe delivery	◎Training of birth attendants ◎Distribution of basic obstetric equipment △Establishment of Emergency Obstetric Care systems △Humanized maternity care	33, 34, 36 28, 33, 34, 76 56, 61 36	• Training on maternal and child health medical providers • Distribution of basic medical equipment
Promotion and quality improvement of care at delivery and prenatal/postnatal care	△Holding of mother's class (nutrition, care during pregnancy, vaccination, promotion of antenatal care, etc.) ◎Training of health workers ◎Establishment and improvement of maternal and child health center, obstetrics ward, etc. ◎Utilization of Maternal and Child Health Handbooks	27, 28 14, 27, 28, 34 64, 76, 88, 92 20, 28, 34, 39	• Training on maternal and child health medical providers, reinforcement of training function • Promotion of Maternal and Child Health Handbook programs • Establishment of maternal and child health centers (grand aid)
Improvement of maternal nutrition	△Distribution of iron supplements △Nutrition education (survey on available food, culture related to food, private vegetable garden)	231, 254 14	
Safe motherhood, prevention of induced abortion and promotion of care	△Introduction of counseling and education before marriage and/or after delivery ◎Family planning services ○Health education related to safe motherhood (including birth spacing) △Understanding of induced abortion rate (survey) ◎Education and information dissemination on family planning	 2, 6, 7, 9, 13, 30 34 3, 8, 10, 12, 28	• Provision of information for better family planning services, reinforcement of resident organization functions, improvement in counseling capabilities • IEC activities related to family planning and maternal protection

Mid-Term Objective 1-2 Reduction of Infant Mortality/Morbidity			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Popularization and quality improvement in infant care	◎Promotion of vaccination	23, 49, 74, 78	• Provision of vaccine and cold chain equipment (grant aid)
	△Mother's class (nutrition, hygiene, diarrhea, ARI measures)	28, 36, 42	
	△IMCI training	22	
	△Recording of growth monitoring chart (training of mothers and health workers)	28	
	◎Utilization of Maternal and Child Health Handbooks	20, 28, 34, 39	
	○Training of health workers	22, 28, 36	
	△Establishment and improvement of emergency pediatrics system	4, 22, 81	
	△Distribution of iodine supplement, popularization of iodine-fortified food products	23	
	×Distribution of vitamin A supplement		

Mid-Term Objective 1-3 Reduction of Unwanted Pregnancy			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Education and dissemination of family planning	◎Promotion activities on family planning	3, 8, 10, 12, 28	
	○Education and dissemination on contraceptive methods	6, 11	
	×Premarital check-up		
Promotion and quality improvement of family planning service and care	◎Human resource development for family planning service/care providers	3, 8, 10, 12, 28	
	◎Improvement of facilities for providing family planning service/care	69, 177, 181	
	○Improvement of demographic statistics	29, 35	
Improvement of access to contraceptive methods	○Provision of contraceptive methods	70, 155, 185, 237	• Special equipment provision for population/family planning (in cooperation with UNFPA)
	△Strengthening social marketing of contraceptive methods		
	×Development and research on contraceptive methods		
Provision of information and service on adolescent reproductive health (ARH)	△Collection and analysis of existing statistical data related to sexual and reproductive health among adolescents as well as need assessment	12, 117	
	△Reproductive health education at schools (human resource development, learning material development)	110	
	×Improvement of laws and policies that prohibit provision of contraceptive information and services to young people		
	△Provision of information in the medical facilities and community as well as establishments of health service	36	
	×Mass media campaign on information and services		
	△Peer education/peer counseling	107, 108	
	×Social marketing of contraceptive methods to adolescents		

Mid-Term Objective 1-4 Measures against Sexually Transmitted Infections(STI) including HIV/AIDS			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Prevention, treatment and care of STI	○Substantiation and promotion of early diagnosis and proper treatment △Reinforcement of school health ○Strengthening of sex education for young people ○Education and promotion about symptoms, risk factors and prevention methods △Provision of condoms ○Provision of STI testing drugs and treatment drugs △Human resource development in workers to serve in STI testing/treatment ○Improvement of facilities to provide STI testing/treatment	12, 32 110 12, 109, 110, 117 12 220, 237 144, 149, 161 5 77	• Dissemination of knowledge on STI by young people (Technical Cooperation Project) • Provision of STI-related drugs (special equipment, in cooperation with UNFPA) • Improvement in STI-related facilities (grant aid)
Prevention and control of HIV/AIDS	(For details, please see "Approaches for Systematic Planning of Development Projects (HIV/AIDS)") ○Dissemination of correct knowledge about HIV/AIDS ○Promotion of condom use △Establishment of diagnosis and treatment techniques for sexually transmitted infections △Promotion of VCT △Prevention of transmission through pregnancy, delivery or breast feeding ×Joint research and development support in the vaccine and related basic medical fields	12, 32, 108, 110 5 32 16	• Dissemination of knowledge about HIV/AIDS and promotion of preventive actions in young people and high risk groups (Technical Cooperation Project)

※For details about Case Numbers, please see the table in Appendix 1.

◎=JICA has considerable experience in Reproductive Health Cooperation Projects
○=JICA has some experience in Reproductive Health Cooperation Projects
△=JICA has experience as a component of projects in Reproductive Health Cooperation Projects
×=JICA has little experience in Reproductive Health Cooperation Projects

Development Objective 2
Improvement of Women-specific Health Problems and Measures against Infertility

Potential measures against women-specific disorders include (1) supporting women in gaining further knowledge/understanding of health risks so that they can prevent and take measures proactively, (2) promoting participation and understanding of men, and (3) consideration of women's rights, human rights and psychological anxiety. Of particular concern is the fact that graying of society[28] has the tendency to advance rapidly.

Development Objective 2 Improvement of Women-Specific Health Problems and Measures against Infertility

While there are different issues depending on the age group and the stage of life cycle (see Figure 2-3), the women-specific health problems have been discussed mainly within the scope of maternal and child health in developing countries. However, the concept of reproductive health not only includes women in the reproductive age group (20–44 years old)[26] but also the improvement of health of men and women throughout their lives. It is not limited to focus on health during the period in which delivery is possible. Therefore, reinforcement in approaches for **(1) supporting women to deepen the knowledge and understanding towards the danger to health caused by women-specific infections, disorders and malignant neoplasm and to proactively take part in prevention and measures, (2) putting emphasize on the view that not only women's, but also men's participation will bring improvement,** and (3) including women's average life-stage into perspective as a consideration towards environment surrounding women, **focusing on women's rights, human rights and psychological anxiety,** should be considered to improve women-specific health problems.

According to the research by the World Bank, cost effectiveness is high in

[26] Some classify as 15–49 years old (Sato (2002) p.104).

measures against disorders related to pregnancy and delivery from 15 to 44 years old[27]. On the other hand, support for measures against cervical cancer is cost effective from 45 to 59 years old – after the period capable of pregnancy and giving birth or after the period.

Effective approaches for women-specific disorders and health problems should take account of the following 3 items:

(1) Although cooperation towards health institutions, research institutions and health workers is necessary, **support in prevention is less expensive** than support in treatment, and should be recommended.

(2) **Support measures with high cost effectiveness should be selected** in treatment.

(3) Although women in developing countries are expected to marry/have children early and help in household chores, they should also be given sufficient opportunities to benefit from access to knowledge. Therefore, dissemination **of knowledge and publicity/advocacy activities for prevention measures held in places other than educational facilities** should be considered in addition to health education programs at schools.

Mid-Term Objective 2-1
Measures against Disorders and Risks to Health by Life Stage

Mid-Term Objective 2-1 Measures against Disorders and Risks to Health by Life Stage

In developing countries, the population at ages sixty years old and higher will exceed 20% from the present 8% by the year 2020. Ageing[28] usually accelerate in a short time[29] and health problems for senior citizen are becoming serious in developing countries[30]. According to the classification by the World Bank[31], ages 45 years old and higher are beyond the reproductive age. Heart disorder, tuberculosis, diabetes and arthritis are included as disorders often seen in this age group in developing countries[32].

Women-specific disorders include malignant neoplasm such as cancer in reproductive organs (uterus, ovary, etc.), breast cancer and obstetric disorders (uterine myoma, endometriosis, serous cystoma, prolapsus uteri, fistulas[33], mastitis, etc.). In addition, many cases of menopausal disorders and osteroporosis are seen in the latter half of reproductive age or after menopause. Discussion and approaches for understanding and treating these disorders are insufficient in the entire field of reproductive health. Even WHO and the World Bank have only started to reinforce their approaches for reproductive health in the latter half of reproductive age and in post-menopause in the latter half of the

[27] World Bank (1994)
[28] According to the definition by the United Nations, a region or country has "grayed" when the rate of population at ages 65 years old or higher exceeds 7% of the total population.
[29] JOICFP (2003)
[30] Reproductive Health Outlook (http://www.rho.org/html/older_overview.htm)
[31] World Bank (1994)
[32] *ibid.* p.16
[33] UNFPA has only held the first international conference on fistulas in 2003, and a future approach is expected

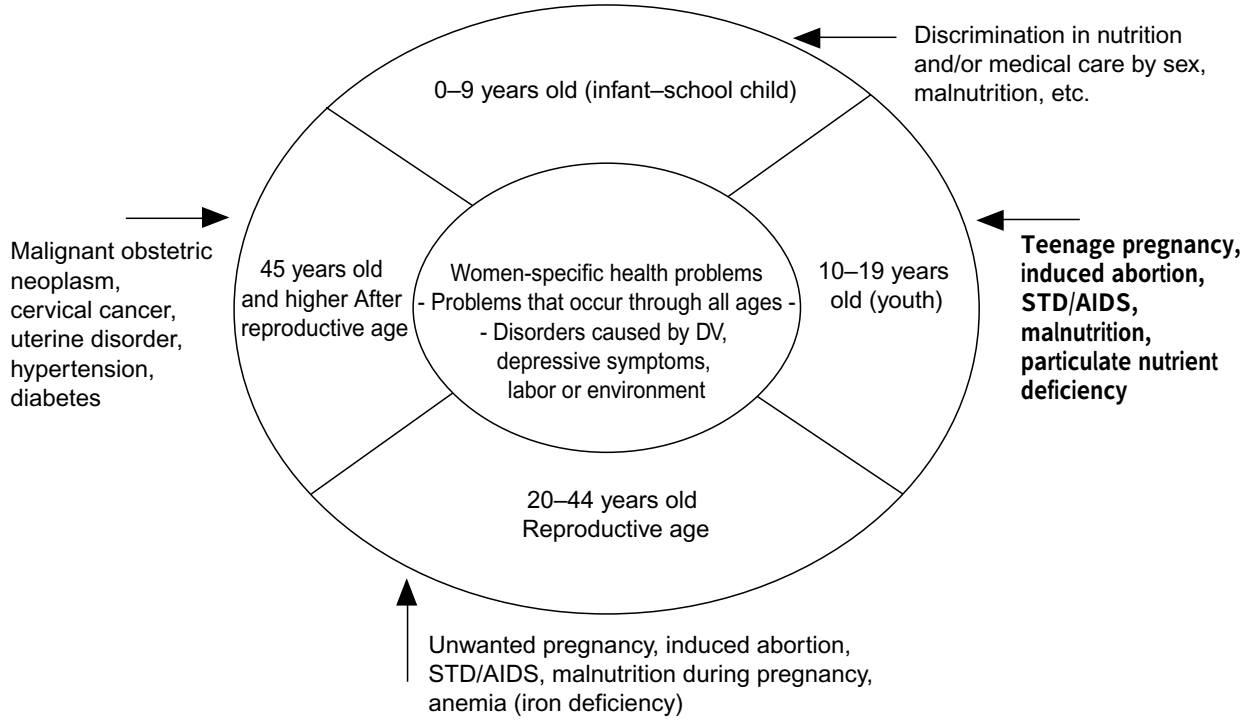
1990's[34]. Further discussion is required on ways to support the health of senior women[35].

Support for prevention/treatment of women-specific infections, disorders as well as malignant neoplasm such as cancer in reproductive organs (uterus, ovary, etc.) and breast cancer reduces the loss of health and ensures better Quality of Life (QOL) for affected women. Early diagnosis as well as development and promotion of appropriate treatment method are required in order to provide support in prevention and treatment. **It is important to implement research, education and advocacy activities on symptoms, risk factors, prevention methods, etc.** Health professionals are mainly expected to conducted activities towards research and education. Advocacy activities for general residents are expected to contribute to improving reproductive health. Potential prevention methods that are more familiar and inexpensive can be effectively provided by community health promoters, NGOs or residents themselves in addition to those provided by health professionals. While checkup for early identification is a highly cost effective method of prevention for cervical cancer, the implementation of checkup under circumstances in which access to appropriate treatment has not been ensured is ethically problematic. In promoting checkups, sufficient explanation should be given to the medical examinee with consideration given to avoiding any psychological or physical burden. Cooperation in adopting remedies that considers the human rights and the QOL of patients including sparing of reproductive organ functions should also be discussed as an aspect of support in treatment.

[34] WHO (http://www.who.int/reproductive-health)

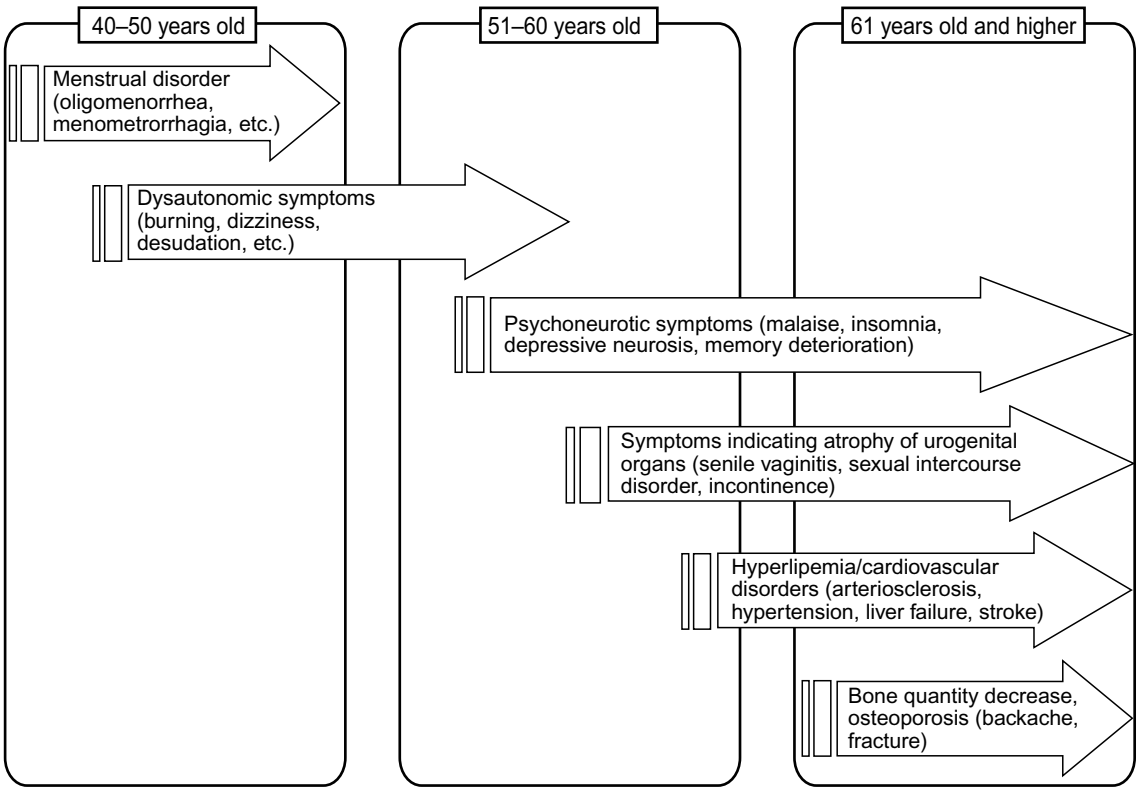
[35] Second World Assembly on Ageing, Madrid, 2002 (http://www.un.org/ageing), etc. discuss the current status and issues to be reinforced.

Figure 2-3 Major Health Problems by the Life Stage of Women



Source: Prepared based on World Bank (1994) p.86.

Figure 2-4 Women-Specific Disorders and Symptoms by Age



Source: Prepared by partially revising JOICFP (2003) p.31.

Health problems after reproductive age should be considered. Understanding of this issue should be promoted in order to eliminate prejudice in this area.

Approach by JICA

JICA implements the "Women's Health Project" (1999–2004) in the state of Veracruz in Mexico as part of a support on women-specific diseases, and cooperates in the improvement of the screening rate for cervical cancer and cell diagnosis systems. In this project, human resource development on treatment service providers and the improvement of treatment facilities were implemented in addition to the reinforcement of women-specific disorder screening (see Appendix 1. Box A1-6). JICA also has experience in providing equipment for fistulas as a special provision of medical equipment.

Boxes 2-13 and 2-14 introduce examples of cooperation in women-specific disorders that have been attempted by other donors.

Box 2-13 Approach to Health Problems in Middle-Aged and Elderly Women (Case of World Bank)

The World Bank classifies the ages 45–55 years old as the age bracket in which harm to health may occur due to menopause, and recognizes that information on the menopause should be disseminated. Although menopause settles within two years on average, it harms women's health, and WHO and the World Bank **positions improvement of women's QOL that is deteriorated by menopausal disorders as an issue that developing countries must face as an aspect of reproductive health improvement.**

The World Bank focuses on advocacy activities to prevent the health problems of middle-aged and elderly women. Specifically, calcium intake for preventing osteoporosis and arthritis, regular and moderate exercise, reduced alcohol intake and abandonment of smoking are recommended. Although such measures are helpful in developed countries in the sence that it is not cost-effective, measures centered on advocacy on the improvement of nutritional balance is considered more practical in developing countries. Thus potentially effective approaches for this issue are **(1) giving health workers opportunities to obtain knowledge about symptoms, risk factors, improvement methods and to study about early diagnosis and appropriate treatment methods, and (2) cooperation in disseminating knowledge about factors that harm health, and improvement methods for women during menopause so that the bias caused by insufficient knowledge can be reduced among community people.**

Especially in developing countries, the significance of health problems during menopause can be overlooked by women themselves because medical institutions may not consider it important to take account of women's menopausal health problems in addition to the emphasis on merit that anxiety towards unwanted pregnancy is removed by menopause. Projects that aim to support women-specific diseases have been implemented in some developing and semi-advanced countries (see Appendix 1. List of Cases Related to Reproductive Health), and some cases can be used as reference in Japan's international cooperation.

Box 2-14 Case of Approach to Fistulas (Ethiopian Fistulas Special Hospital Project)

In Ethiopia, many women suffer from fistulas due to young marriage and delivery as well as insufficient health services. Function recovery surgery for fistulas started in Addis Ababa in 1959, and the Addis Ababa Fistulas Hospital was established in 1975. Surgery is implemented free of charge by a team of five surgeons, and thirty cases are treated every week on average (it is supposed to cost 350 US dollars per patient). While it takes only 1–3 hours with spiral anesthesia, it requires in-hospital care for two weeks and sufficient care is required including mental care during the recovery period. In order to support financial difficulties, new clothing and travel expenses are supplied when the patient leaves the hospital. Instructions such as, avoid sexual intercourse for several months, and have delivery in hospitals if the patient is to deliver are also given to the patient upon leaving the hospital. Many patients treated in this hospital became nurses, hospital staff or regional supporters of fistulas treatment. Surgery on fistulas requires difficult techniques, and every year, trainings have been provided to about ten surgeons from developing countries. This hospital treats about 1,000 women every year, and the rate of successful surgery is 92%. It also implements advocacy activities on avoiding heavy labor during pregnancy, receiving appropriate medical services, raising the age of delivery, knowledge about hygiene for preventing sexually transmitted infections and knowledge about sexually transmitted infections.

Mid-Term Objective 2-2
Measures against Infertility

Infertility is also one of the reproductive health issues, and treatment with due consideration of human rights as well as advocacy activities to eliminate bias are desired in the activities against infertility.

Mid-Term Objective 2-2 Measures against Infertility

About 80 million people suffer from infertility worldwide, which indicates that one out of every ten couples face infertility problems[36]. While around 5% of total infertility problems are considered unresolvable by the present medical technology, there are many cases of infertility caused by sexually transmitted infections, infections such as tuberculosis, unsanitary abortion, intermarriage and Female Genital Cutting (FGC). WHO has recently mentioned Assisted Reproductive Technologies (ART[37]) in its approach for reproductive health and recognizes **that infertility and its treatment requires further discussion**[38]. In developing countries where ART cannot be adopted due to technical and financial reasons, polygamy may be used to have children. However, in cooperation related to infertility in the scope of reproductive health,

[36] WHO (http://www.who.int/reproductive-health/infertility/index.htm)

[37] UNFPA (1998) states as around fifty years old. It mentions that women without experience of delivery, who smoke or are in poverty may have menopausal disorders earlier.

[38] *ibid.* p.56. Since menopausal disorders are caused by decrease in estrogen, suggested measures include (1) hormone replacement therapy (HRT), (2) improvement in life habits (recommendation for exercise, improvement in nutrition, etc.), (3) drug treatment except hormone therapy mainly consisting of Chinese herbal medicines, and (4) counseling and psychotherapy. Among various symptoms due to female hormone (estrogen) decrease, osteoporosis, etc. have been proven to improve by estrogen supplementation. However, method (1) has not been completely established on when, how much, and which drug should be administered to replace estrogen since there are variations among individuals. Future improvement is expected in treatment methods that correspond to the individual circumstances of the patients.

health workers are expected to develop and improve the treatment methods with due consideration of human rights. Furthermore, **advocacy activities are essential in order to disseminate correct knowledge and eliminate bias.**

Based on cooperative experience in other countries, the following have been clarified[39]: (1) while the bias that the cause of infertility lies in the woman still prevails, it should be recognized widely that the problem may lie in the reproductive functions of man, (2) most causes of infertility can be clarified at low cost, (3) treatment proceeds effectively if the degree of education of the couple is high. JICA has no case of direct cooperation on this issue. Therefore, learning from approaches by other organizations will help in finding an effective approach[40].

Development Objective 2 Improvement of Women-Specific Health Problems and Measures against Infertility

Mid-Term Objective 2-1 Measures against Disorders and Risks to Health by Life Stage

Sub-targets of Mid-term Objectives	Examples of Activities	Case No.	JICA's Schemes
Treatment of malignant obstetric tumor, etc., reduction of health loss caused by cancer in reproductive organs (uterus, ovary, etc.) and breast cancer	○Substantiation and promotion of early diagnosis and proper treatment ○Education and advocacy about symptoms, risk factors and prevention methods ○Human resource development and improvement of facilities for screening and service providers	40	
Improvement of lowered quality of life (QOL) by menopausal disorders, etc. due to aging	×Training on symptoms and risk factors for health workers ×Substantiation and promotion of early diagnosis and proper treatment ×Support to activities on further dissemination and understanding of knowledge about symptoms, factors, improvement methods, etc. targeting general residents		

Mid-Term Objective 2-2 Measures against Infertility

Sub-targets of Mid-term Objectives	Examples of Activities	Case No.	JICA's Schemes
Infertility and measures against infertility	×Promotion of dissemination and understanding of proper knowledge and improvement of treatment methods sufficiently considering human rights		

※For details about Case Numbers, please see the table in Appendix 1.

◎＝JICA has considerable experience in Reproductive Health Cooperation Projects
○＝JICA has certain experience in Reproductive Health Cooperation Projects
△＝JICA has experience as a component of projects in Reproductive Health Cooperation Projects
×＝JICA has little experience in Reproductive Health Cooperation Projects

[39] See Figure 2-4.
[40] Reproductive Health Outlook (http://www.rho.org/html/older_overview.htm)

Development Objective 3
Gender Equality and Women's Empowerment

Development Objective 3 Gender Equality and Women's Empowerment

Approaches from healthcare outlined in Development Objectives 1 and 2 are insufficient to address the problems of reproductive health. Further attention should be paid to the aspects of economic circumstances, education, employment, life and home environment, social/gender environment and traditional norms of the people. Women's social and cultural status is an especially important factor that affects their reproductive health.

Promotion of gender equality and improvement of women's status are the third objective of the Millennium Development Goals, and it should be promoted as a global issue in development assistance. At the same time, empowerment of women is an essential factor for achieving reproductive health.

Mid-Term Objective 3-1 Elimination of Unequal Opportunities between Men and Women

The human rights approach, as characterized by the ICPD Programme of Action in 1994 presumes respect for reproductive rights as human rights of people (especially women). Reproductive rights refers to "basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so."

Education is especially important among these basic rights. Improvement in the opportunities for education increases the age of first marriage (age of first delivery) and the contraceptive practice, which directly decrease the birth rate. In addition, increase in knowledge about health, nutrition and hygiene through education reduces the mortality rate and indirectly leads to a lower birth rate.

Unequal opportunities for education between men and women in developing countries is serious (about 60% of the estimated 104 million children who cannot receive education are girls. Two thirds of the 880 million illiterate adults are women), and various approaches are required in order to address this issue. To increase the level of education for women, it is necessary that women are able to participate in both formal education and informal education such as literacy education and vocational training, and that existing education programs and facilities be corrected if they have gender bias so that non-discriminative education and training can be developed. It is equally important to consider how to support women with difficulty or inability to access health services and information about health under the existing reality of unequal opportunities for education and employment.

Potential approach methods include gender sensitivity training on health service providers and gender advocacy activities targeting regional forces and religious leaders so that access to health services can be promoted.

Potential methods of approach **include gender sensitivity training for health service providers and gender advocacy activities targeting religious leaders so that access to health services can be promoted.** Furthermore, to protect one's own reproductive health or to recognize and implement the right of **self decision about sex is important** even if women do not have the opportunity for education. **Advocacy activities and motivating for such purpose are** also

effective approaches for this Mid-Term Objective.

Approach by JICA

JICA's New Standard for Gender Equality/WID Statistics[41] (Gender Mainstreaming Unit) has three categories: "women-targeted project," "gender equality project," and "gender-integrated project." Approaches in the field of reproductive health are considered either women-targeted project or gender-integrated project.

Ever since JICA began to focus on gender at the beginning of 1990's, the necessity for WID consideration in projects has been gradually increasing, and gender perspective is now being incorporated more consciously in many reproductive health-related projects.

This Mid-Term Objective is more frequently approached compared to the other three Mid-Term Objectives. For example, "Population Education Promotion Project" in Kenya (1988–1993) which was implemented before the Cairo Conference had useful contrivances for improving women's access to health services by implementing advocacy activities using folk media (a method of communicating educational messages through locally oriented songs and dances) for women with a high rate of illiteracy as part of IEC activities aiming for the reform of the sense of values related to the desired family scale.

On the other hand, even after the Cairo Conference, some cases did not specially aim for improvement of the gap between men and women in the implementation process although they are reproductive health-related cases (example: "Indonesia Maternal and Child Health Project," "Mother and Child Health Project in Mongolia," "Ghana Maternal and Child Health Medical Service Improvement Project," etc. Strictly speaking, these are not gender-integrated projects).

It is difficult for any project to become gender-integrated unless the perspective of gender is incorporated from the project planning stage. In order to consider gender, it requires detailed observation and examination of the social and cultural background of women.

Mid-Term Objective 3-2
Reduction of Violence against Women and Sexual Violence

Mid-Term Objective 3-2 Reduction of Violence against Women and Sexual Violence

Reproductive health is a comprehensive concept that treats problems related to women's sex and reproduction throughout their lives, and it is not limited to just health problems but treats all types of violence originating from discrimination of women and sexual violence such as sexual harassment and

[41] The following three standards are defined in the JICA Thematic Guidelines on "Gender Mainstreaming/WID": (1) "Women-Targeted Project": A project that deals with the practical needs of women as the main beneficiaries and substantiation of women's strategic needs as the final objective, (2) "Gender Equality Project": A project whose main purpose is to promote gender equality and the empowerment of women, (3) "Gender-Integrated Project": A project in which contrivances/measures are taken for correction of gender gaps from the stages of implementation or planning although gender equality or empowerment of women is not specified as the priority objective or project objective.

domestic violence (violence from partner).

Violence based on gender including Female Genital Cutting (FGC), violence against women during armed conflict, Domestic Violence (DV), rape, forced prostitution, dowry death[42], honor kiling[43], and girl killing have adverse influence on women's health and social participation throughout their lives. Violence against women harms women's health and well-being by causing unwanted pregnancy, unapproved and dangerous abortion, forced infertility/forced contraception and sexually transmitted infections including HIV/AIDS.

Reducing the number of cases of violence against women and sexual violence requires establishment of a social environment that opposes violence against women and strengthens referral services for treating physical/mental harm caused by violence. Female Genital Cutting is considered a type of sexual violence.

Reduction in the number of cases of violence against women and sexual violence **requires establishment of a social environment that opposes violence against women and strengthening of referral services for treating the physical harm and mental care services when violence is suffered** as well as efforts to eliminate FGC. In particular, the traditional custom of FGC is an extremely harmful type of sexual violence to women and demand for its abolition has been growing as reflected in the ICPC Programme of Action. Some countries have taken measures to ban the custom.

Box 2-15 Female Genital Cutting (FGC)/Female Genital Mutilation (FGM)

In many societies in Africa and West Asia, Female Genital Cutting (FGC)/Female Genital Mutilation (FGM), which is often called circumcision for girls, is performed. Approximately 130 million girls and young women experience this dangerous and painful custom, and approximately 2 million girls undergo this dangerous cutting every year. FGC indicates cutting the clitoris or other external genitalia partially or entirely. This is based on the deep-rooted folk belief that the sexuality of girls must be controlled and that the virginity of girls must be protected until marriage.

Approach by JICA

Although JICA has few approaches for this Mid-Term Objective, there have been some projects over the past several years. As examples of the Technical Cooperation Project, the "Jordan Family Planning WID Project (see Appendix 1, Box A1-4 for details)" incorporated the subject of domestic violence against women in training of female personnel for home visits, and the "Honduras Seventh Health Region Reproductive Health Improvement Project" included the subject of sexual violence as a lecture given by a specialist in the field of counseling. In addition, the "Project for Strengthening of the Local System of Integral Health Care (SILAIS) of Granada" held workshops for

[42] Dowry death: A custom spread in twentieth century in traditional Indian society in which the husband or his family kills the bride because the dowry is too small or that the bride's family does not pay additional dowry. Some estimate that more than 5000 brides are killed each year.

[43] Honor killing: A custom seen in Arabic/Islamic Societies. It is based on the concept that it is a disgrace for the father or family if a woman has sexual intercourse with someone other than her husband and killing is permitted to save their honor. In some cases, a woman may be killed based on a rumor, regardless of whether sexual intercourse actually took place.

reducing violence and countermeasures in cooperation with local NGOs and police as part of adolescent reproductive health education.

In the scheme of the former Community Empowerment Program, the program under "Mexico Sexual Health Project for Street Children" provides psychological counseling through interviews in shelters to children who have suffered sexual violence.

Although there are no accurate statistics, JOCV has the most experience in this field. In Central and South America and Asia, activities are conducted in the fields of sexual harassment, DV and rape for adolescents, public health nurses, midwives and village development volunteer workers. What is common to these cases is that it was recognized that they are problems that cannot be neglected and thus staff activities began, although no activities related to gender and violence were requested at the beginning. This problem cannot be treated easily without building a relationship of trust between donors and beneficiaries based on thorough communication.

FGM/FGC is an extremely serious problem among various types of violence against women. Although the Japanese Government has experience in cooperation through the Japan WID Fund of UNDP in Egypt, JICA itself has no direct experience. This issue requires addressing based on a comprehensive understanding of the problem.

Mid-Term Objective 3-3
Promotion of Understanding and Participation by Men

Mid-Term Objective 3-3 Promotion of Understanding and Participation by Men

Even when women are given access to information and services related to reproductive health by overcoming unequal opportunities, decisions about sex and reproduction are often made by the male partner. As a result, the risks of unwanted pregnancy/delivery and sexually transmitted infections such as HIV/AIDS increase. Particularly in the case of HIV/AIDS, women are more apt to be infected biologically due to the structure of their reproductive organs, and have a greater risk of transmission because there are many cases of forced sexual intercourse or they cannot make their own decision to use condoms as contraceptives. Furthermore, in some developing countries, only female health workers are allowed to diagnose pregnancy and attend delivery due to cultural reasons, and thus women have limited opportunities to receive diagnosis due to the shortage in the number of female doctors and midwives. There are also many cases in which privacy or human rights of women are not guaranteed in health institutes.

For gender equality, which is a requirement for addressing reproductive health, **promotion of understanding and participation by men is essential.** The attitude and behavior of men is largely influenced by a fixed definition of masculinity (the stereotype that they must be vigorous and capable). Therefore, an approach is necessary to unwind such fixed gender concept and implement educational/advocacy activities on the roles and responsibilities of men in reproductive health. Discussion between men and women on the roles and

responsibilities in the household empowers the household and leads to a reduction in gender inequality. It is also necessary to provide similar advocacy activities for other family members, community leaders and health service providers. It is especially effective to give reproductive health training including family planning, gender training, peer counseling, etc. to single men and adolescent men who are sexually active.

Approach by JICA

The recognition that the promotion of understanding and participation by men is essential for achieving gender equality has been established since the Cairo Conference, and means of encouraging the understanding and participation of men are gradually being implemented. In the "Mexico Family Planning/Maternal and Child Health Project," a message to the father was incorporated on each page of the Maternal and Child Health Handbook (named "My Handbook"). In addition, the "Bangladesh Reproductive Health Human Resource Development Project" implemented parent's class in maternity hospitals. "Jordan Family Planning WID Project" took an approach to respect the traditions of local societies by holding IEC workshops that presented male residents with the same topics as women in their homes and Beduin in Arabic.

Mid-Term Objective 3-4
Promotion of Social Participation by Women and Improvement of their Economic Power

Mid-Term Objective 3-4 Promotion of Social Participation by Women and Improvement of their Economic Power

Women must be able to make their own decisions in relation to their sex and reproduction in order to ensure reproductive health throughout their lives, and it is necessary that the cultural and customary aspects in which men or other parties make decisions against the will of women be improved to enable an equal relationship between men and women based on mutual respect. "Gender Equality and Women's Empowerment" is an important goal of the ICPD Programme of Action. In order to promote women's empowerment, it is necessary to implement activities that raise women's awareness that they are entitled to self-esteem, be able to enjoy good mental and physical health and have their will respected in relation to sex and reproduction.

Empowerment of women requires:
(1)Integration of income generation activities and reproductive health.
(2)Gender training of health service providers.
(3)Advocacy and educational activities for men, regional forces and religious leaders, etc..

Realistic indicators of the empowerment of women based on self-esteem are their abilities to make their own decisions, equal social participation and improvement in economic power. Potential approaches include the **provision of health services with conscious combination of an income improvement program** with women as the receivers, **gender training by specifying only women as the health service providers** such as community health workers, and **advocacy and educational activities for men, regional forces and religious leaders.**

Approach by JICA

The first Technical Cooperation Project that specified this Mid-Term Objective as the central theme was the WID case, "Jordan Family Planning WID Project" (see Box A1-4). This project integrated reproductive health

improvement, advocacy activities to local residents and women's income creation activities (goat breeding, beekeeping, etc.). Gender training was incorporated in preliminary training of health service personnel (female) selected from regional residents, and when the personnel made individual home visits, she provided gender advocacy activities such as family planning and care for pregnant and nursing women besides health services. This not only improved gender awareness of female residents but also self-esteem of the health service personnel. Moreover, income generation activities assuming women as beneficiaries served as an entry point for incorporation of the community including men. Such improvement in women's economic power led to the higher status of women in households and strengthened their self-esteem. Furthermore, advocacy workshops given separately for male and female residents and activities to gain understanding by regional forces and religious leaders (regional development committees) were also effective as an approach that took account of regional characteristics. It is important to receive the advice and cooperation of local international organizations and consultants in activities related to gender, which are greatly influenced by cultural and religious factors.

This project has been implemented as a former Community Empowerment Program. It is a valuable case in analyzing the synergistic effect between women's empowerment and reproductive health, and behavioral changes in women and men, and further monitoring is required.

The "Bangladesh Reproductive Health Regional Expansion Project" (2001–March 2004) started as a former Partnership Program and follow-up cooperation is being implemented at present. This project was implemented in cooperation with a Japanese NGO (JOICFP) and a local NGO (Bangladesh Family Planning Association) aiming at raising the awareness of women in rural areas in order to protect their own health and the health of their families, and an integrated approach was applied combining various activities. It has many similarities to the above project in Jordan in organization of women, nurturing of home development volunteers, incorporation of local municipalities, provision of reproductive health services, and activities that lead to women's empowerment (literacy education, vocational training in sewing schools, income creation activities by dress-making, poultry farming, etc.). Such activities lead to increased capabilities of women in the household and greater opportunities for their participation outside the house.

Furthermore, the "Family Health and Empowerment of Women Project" (September 2003–August 2006) is being implemented in Pakistan as a former Community Empowerment Program. In this project, income generation for poor women in slum areas is supported through improvement in reproductive health services and technical training (sewing, handicrafts, etc.). In the challenge for raising awareness on empowerment, lectures on gender issues and measures to encourage women to discuss their own experiences are being expanded from the main implementing body, which are the representatives of the NGO regional centers, to the representatives of each community (female volunteer) and further to regional residents.

Development Objective 3 Gender Equality and Women's Empowerment

Mid-Term Objective 3-1 Elimination of Unequal Opportunities between Men and Women			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Improvement in girls' education	△Provision of opportunities for literacy, elementary and vocational education △Women's capacity development in education and employment ×Development of non-discriminating education and training	7, 8, 118	
Improvement of women's access to health services	△Gender advocacy activities for health service providers △Advocacy for regional forces and opinion leaders ○Establishment of health services that are easily accessed with consideration of women's privacy ×Improvement of gender-disaggregated health statistics	8, 36, 34	
Motivation for health promotion by individuals	×Health education for women who have less access to school education (plays, picture-story show, songs, videos) △Provision of health services in combination with literacy education and informal education programs	2, 3	

Mid-Term Objective 3-2 Reduction of Violence against Women and Sexual Violence			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Elimination of Female Genital Cutting (FGC)	×Education and advocacy for girls, their families and regional forces on health risks of FGC ×Training and advocacy of human resources for health services		
- Establishment of social environment that opposes violence against women (violence in armed conflicts, domestic violence, rape, forced prostitution, etc.) **- Substantiation of referral services after suffering violence (including services other than health services)**	△Education and advocacy of women, men, regional forces and religious leaders on sexual violence △Human resource development and advocacy for health service providers ×Human resource development in referral service providers ×Improvement of facilities for providing referral services	8, 41, 117	

Mid-Term Objective 3-3 Promotion of Understanding and Participation by Men			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Promotion of men's understanding and participation	△Development of contraception methods, information, counseling method for men ×Peer counseling activities among men	8, 14, 39	

Mid-Term Objective 3-4 Promotion of Social Participation of Women and Improvement of their Economic Power			
Sub-targets of Mid-term Objectives	**Examples of Activities**	**Case No.**	**JICA's Schemes**
Promotion of social participation of women and improvement of their economic power	○Improvement of knowledge and self-esteem by gender training for health service providers and receivers △Provision of health services in combination with women's income increase programs for women △Gender training for men, regional forces, religious leaders, etc.	7, 8, 118	

※For details about Case Numbers, please see the table in Appendix 1.

◎＝JICA has considerable experience in Reproductive Health Cooperation Projects
○＝JICA has some experience in Reproductive Health Cooperation Projects
△＝JICA has experience as a component of projects in Reproductive Health Cooperation Projects
×＝JICA has little experience in Reproductive Health Cooperation Projects

Development Objective 4 Establishment of System to Improve Reproductive Health

In order to position improvement of reproductive health as an important national issue and to implement activities of the above Development Objectives 1 to 3 smoothly and successively, **"establishment of system to improve reproductive health"** is important. At present, some donors implement assistance in which they deal with the residents directly without involving the existing public health system, and JICA partially implements such assistance. However, such approach leaves concern about the possibilities for sustainability when the assistance fund ends, although direct and visible effect may be seen. Considering that assistance will end sooner or later, implementing system establishment and capacity development on existing health systems is important.

Mid-Term Objective 4-1
Establishment of Political Commitment

Mid-Term Objective 4-1 Establishment of Political Commitment

For reproductive health to be improved comprehensively, it is desirable that a budget, system, and human resource be established including law establishment. To do this, reinforcement of political will and political commitment is required. Developing a comprehensive political framework for the field of health as a country, preparing a national strategy that specifies the period for achievement, and mentioning in the strategy, the reinforcement of reproductive health including women's rights will be the driving force for improving reproductive health. Furthermore, political commitment for related fields including the establishment of a social infrastructure such as road transportation and waterworks/sewer system and expansion of opportunity for education is also essential for improving access to health services[44].

Reinforcement of Political Commitment
(1)Development of a comprehensive political framework.
(2)Preparation of a national strategy.
(3)Improvement of access to health services.
(4)Expansion of opportunity for education, etc..

One approach for strengthening political commitment is to implement advocacy including political suggestions, holding international conferences, high level meetings, training, implementation of study tours with the participation of policy-makers, publication of books and theses, and approach for various public relations and mass media comprehensively and successively[45].

In addition, an approach for budget expansion for the field of health, especially for the field of reproductive health is necessary since ensuring sound health finance and rightsizing of health finance are important factors for maintaining good quality health services.

As discussed above, possible methods for becoming involved in policy include assisting in developing the master plan for the entire health sector and giving political advice by sending health policy advisors whose counterparts are

[44] WHO/AFRO (http://www.whoafro.org/press/2003/pr20031024.html). The WHO report presents some successes in the area of reproductive health such as Mauritius where access to medical facilities was enabled from any area by expansion of the opportunities for education and infrastructure establishment, Seychelles where helicopters and airplanes were prepared for medical emergencies, and Cape Verde where basic medical care and basic education were made free as a result of strong political initiative.

[45] UNFPA (http://www.unfpa.org/supplies/essential/7a.htm)

high-level officials in the department of health. Furthermore, it is necessary that approach is made so that improvement of reproductive health is considered an important issue in the process of developing these national strategies and budget is distributed appropriately if assistance is to be given in creating a national development plan for the country's Poverty Reduction Strategy Paper (PRSP), mid-term financial plan, etc. Towards this end, assistance should be implemented not only for the policy of the department of health but also in advocacy activities for the political authorities by working in cooperation with advisors to the ministry of finance or competent authorities for economic policy and political assistance programs for macro-economic management.

Approach by JICA
(1)Assistance in the drawing of development plan.
(2)Health policy advisors.

Approach by JICA

Since the start of 1990's, **JICA has assisted the drawing of development plan in the field of health at national and local levels, using the development study scheme,** as assistance in the political framework development. In particular, the "Development Study in Reproductive Health in the State of Madhya Pradesh, India" (see Appendix 1 Box A1-8) is an example of assistance for development of the master plan for reproductive health improvement. In this cooperation, a development program (master plan) was prepared in the state of Madhya Pradesh in India by setting "women's health" as the highest priority issue. Development studies have also been implemented in Lao PDR, Uzbekistan and Sri Lanka for preparation of national development programs in the field of health.

JICA has dispatched health policy advisors to several countries, and political advice has been given by these specialists on the entire health policy including reproductive health.

The "Viet Nam Reproductive Health Project" is an example which reflected the activities of locally implemented projects on the policy of central government (see Box A1-1). Various systems developed through the project were incorporated in the 10-year national program on reproductive health which was instituted by the Vietnamese Government. This is a good example of how grassroots activities can be reflected in national program.

Mid-Term Objective 4-2
Reinforcement of Administrative Systems for Health

Mid-Term Objective 4-2 Reinforcement of Administration Systems for Health and Medicine

In order to improve and maintain reproductive health, it is necessary that **(1) improvement of managerial capabilities of the administrative body, (2) establishment of an information control system and (3) development of finance reinforcement systems in the health sector** be implemented from the standpoint of reproductive healthcare on both levels of national and local administration.

To improve the managerial capabilities of administrative bodies, training of administrators is essential so that national policy and an action plan for reproductive health are developed and implemented properly and efficiently

The following three items are necessary for reinforcing the administrative systems for health and medicine:
(1)Improvement of managerial capabilities of the administrative body.
(2)Establishment of an information. management system
(3)Development of finance reinforcement systems in the health sector.

under proper budget distribution while considering the international agreements and objectives, domestic circumstances, etc. Concurrently, **development of administrative capabilities of the local administrative bodies and local administrators** is also important due to the progress in decentralization in many developing countries. Greater attention is being paid to the quality of reproductive health care services in recent years and the role of local government is becoming more and more important in addition to that of the central government in providing higher quality services. Local governments must: (1) recognize reproductive health as an important issue and distribute budget for reproductive health with weight, (2) develop appropriate programs based upon accurate understanding of the circumstances and needs of the local residents, and (3) use the budget appropriately and effectively and implement programs with responsibility. An effective approach for this is to repeat **advocacy activities to local government leaders and train local administrators.**

Furthermore, it is important **to strengthen cooperation between the health department and not only the population/family planning department but also other sectors including social welfare and education** and promote reproductive healthcare. One possible method for this is to establish **an inter-ministry committee** and to support its functions. The committee should have its office in the ministry of health and include parties from each ministry related to reproductive health and even civil organizations such as NGOs and universities. It is also effective in terms of smooth implementation of projects to establish a working committee consisting of local government, ministry extensions, NGOs and support its functions when implementing local reproductive health care projects.

Assistance is also necessary for **"establishment of health information management systems"** for accurate understanding of reproductive health circumstances and the needs of local residents, **"installation and reinforcement of think tank organization"** and **"capacity development for research and evaluation"** for development, implementation and evaluation of appropriate administrative programs. Since health information management systems are not functioning in many developing countries, there are problems such as the insufficient collection of information, inability to analyze collected information, and inability to feed back, which makes it difficult to develop appropriate policies and programs based on the circumstances and needs of the country or region. Since Japan has accumulated knowledge in this field, cooperation can be expanded. Specifically, **(1) establishment of statistical systems, (2) development and improvement of health information management software including GIS, (3) training of statistics officer on use of computers, and (4) training on software use and data analysis method** are possible. However, it is important to check and organize the fundamental issue of **how and for what purpose these statistical skills will be used** before implementing such technical assistance.

On the other hand, an appropriate **approach for budget expansion** is

The establishment of health information management system is important in order to form policies and programs based on the situation and needs of respective country or region.

necessary as described in Mid-Term Objective 4-1 to reinforce finance for the promotion of reproductive health. A potential additional method for ensuring a budget other than tax revenue is to introduce **medical insurance or user fee system.** It is possible to introduce **a user fee system for the Maternal and Child Health Handbook, community insurance in drug supply,** etc. However, such introduction is not easy in regions with a high ratio of poor residents and so far, there has been little cooperation.

Approach by JICA

JICA has experience of cooperation in Honduras, Kenya, Bolivia, Malawi, etc. with purpose of improving "community health system."

A health information management system has been established in the development study scheme in Pakistan. In addition, assistance has been given in introduction of a health information management system in the Nghe An Province in the Viet Nam Reproductive Health Project. This system has been introduced in Nghe An Province with improvements by the project on the software for data aggregation and reporting developed by the Vietnamese Health Department in cooperation with UNFPA and WHO. With the approval of other donors and health ministry, they are currently preparing to introduce the system nationwide.

As to financial reinforcement, cases to be referred to include introduction of a user fee system for the Maternal and Child Health Handbook in Indonesia Maternal and Child Health Handbook Project and medical fee collection at the National Maternal and Child Health Center to enable stable finance in Maternal and Child Health Project in Cambodia.

Development Objective 4 Establishment of System to Improve Reproductive Health

Mid-Term Objective 4-1 Establishment of Political Commitment

Sub-targets of Mid-term Objectives	Examples of Activities	Case No.	JICA's Schemes
Establishment of political framework	×Development of national strategy △Development of activity plan	124	
Moderation of public finances for health care	× Budget increase		

Mid-Term Objective 4-2 Reinforcement of Administration Systems for Health

Sub-targets of Mid-term Objectives	Examples of Activities	Case No.	JICA's Schemes
Improvement in management capacity	△Training of administrators ◎Training of local administrators △Reinforcement of coordination with related authorities or international organizations △Development of education plan and re-education plan for health service providers △Increase in research and investigation capabilities △Financial strengthening by introduction of user fee system, etc.	16 16, 22, 28, 34 8, 14, 28, 34 1 25 16, 20	• Training of health and medical workers (improvement in managerial capabilities, reinforcement of training activities, improvement in treatment abilities) • Cooperation with local NGOs and international organizations
Establishment of health information management system	◎Establishment of statistical systems △Development and improvement of health information management software △Implementation of training on operation instruction on PC, software and data analysis for personnel in charge of statisticsmethod	29, 31, 34, 35 31, 35 29, 34, 35	• Establishment of health information control system

※For details about Case Numbers, please see the table in Appendix 1.

◎＝JICA has considerable experience in Reproductive Health Cooperation Projects
○＝JICA has some experience in Reproductive Health Cooperation Projects
△＝JICA has experience as a component of projects in Reproductive Health Cooperation Projects
×＝JICA has little experience in Reproductive Health Cooperation Projects