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## Chapter 4 Field Survey Report (Bangladesh and Thailand)

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### 4-1 Outline of the field surveys

This chapter will examine the field surveys of Bangladesh and Thailand as case studies to learn about current population issues and the status of assistance in developing countries, and will attempt to provide some useful recommendations on Japan's assistance in the field of population. The studies were conducted in Bangladesh from March 29 through April 5, 2002, and in Thailand from April 5 through April 9, 2002. The study team comprised committee members of this study group: Hirofumi Ando, Professor, College of International Relations, Nihon University as the Team Leader; two Committee Members, one Task Force Leader and two Members of the Secretariat.

### 4-2 Major findings from the Bangladesh field survey

Bangladesh is one of the countries that are classified as Least among Less Developed Countries (LLDCs). However, because of its government's proactive work in population and family planning, the contraceptive prevalence rate is nearly 54%, and the number of children born in a woman's lifetime (TFR) is 3.3, putting Bangladesh at a notable level among developing countries. However, since around 1993 or 1994, improvement in those indicators slowed for seven or eight years. The direct causes of that slowdown include inaccurate or insufficient statistics on contraceptive prevalence rates, and an increase in the shift from the use of reliable methods of family planning to unreliable methods. Indirect causes include the bureaucratic nature of the two divisions of the Ministry of Health and Family Welfare that are in charge of reproductive health, the decline in fiscal expenditures for the social sector, and a scaling down and cuts in population assistance from the United States.

The Bangladesh government is putting efforts into promoting reproductive health as its national policy, and, in order to realize its goals, it has been taking a comprehensive sector-wide approach, the Health and Population Sector Program (HPSP). HPSP has integrated over 130 projects by various donors in 1997 into one program with the objective of a reduction in TFR, the infant mortality rate, maternal death rates, etc., and has been implementing this program as a five-year plan that started in 1998.

Donors cooperate with the government through the following three local consulting groups (LCG): 1) the Common Fund<sup>4</sup> (World Bank Consortium), 2) others (Japan, ADB, U.S., Islamic Development Bank, OPEC, France, Denmark, etc.), and 3) UN Organizations. As sector-wide aid harmonization gets underway, some people expressed their concern at the decline in the presence of Japan's ODA resulting from institutional limitations on the implementation of new assistance methods, including direct budget support.

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<sup>4</sup> A shared account in which each donor country or agency can contribute a portion of development assistance aid to specified sectors.

Japan is the largest bilateral assistance donor country for Bangladesh, and has carried out a wide variety of assistance programs through various types of assistance, including in the field of health and population. At present, Japan is extending a range of development assistance through PTC, Grassroots Technical Cooperation Projects (the Community-empowerment Program and JICA Partnership Program were combined in FY2002), Japan Overseas Cooperation Volunteers (JOCV), and Grassroots Grant Aid. These types of individual activities aim to serve as organic links in the field.

JICA envisions changing individual projects in the future to make them into programs from the planning stages (to make them “packaged”), in order to improve the comparative advantage of Japan’s cooperation while further increasing our effectiveness, and to increase our presence.

In Bangladesh, administrative services are not sufficiently able to reach the end users. The existence of NGOs as a bridge connecting the very end administrative units (unions) with local residents is extremely important. A very important key to success will be the extent to which we can form strategic partnerships with the NGO, the Family Planning Association of Bangladesh (FPAB), which has a very central role.

**Box 4-1 Capacity Building for the Sustainable Reproductive Health Care Project (CBSRHC), Phase II**

Terms of cooperation: December 10, 2001, through December 9, 2004

Implementing agency: Family Planning Association of Bangladesh (FPAB)

Outline of cooperation: The integration of health services and family planning in Bangladesh is lagging behind, and the provision of packaged services at the regional level is not sufficient. Based on these circumstances, this project was a Community Empowerment Program that aimed to reduce maternal and infant mortality rates through the promotion of activities in community-participatory preventative health, and through grassroots community health promoter training for providers of comprehensive local health services.<sup>5</sup>

Phase I accomplished 1) facilitating of resident self-initiated activities related to maintaining citizen’s health and 2) implementation of activities for educating health and family planning volunteers. And, in Phase II, it is 3) cultivating government health personnel for a community clinic and 4) supporting the promotion of status-building for community health promoters (women).

<sup>5</sup> A type of cooperation in which JICA entrusts the implementation of the project to a local NGO in a developing country.

**Box 4-2 Community-Operated Reproductive Health Project (CORHP)**

Terms of cooperation: March 2001 through March 2004

Implementing agencies: Bangladesh: Ministry of Health and Family Welfare, Family Planning Association of Bangladesh (FPAB)

Japan: JOICFP

Outline of cooperation: While the family planning program in Bangladesh has been evaluated as being on a successful path, many challenges still remain with respect to improvement in women's status and the establishment of the right to self determination for women in family planning, particularly in rural areas. This project is a JICA Partnership Program that aims to improve the reproductive health of the whole rural society through assistance from JOICFP to FPAB.<sup>6</sup>

Specifically, the project aims to 1) provide packaged basic services for reproductive health at multi-purpose women's training centers, 2) enlist the participation of rural women in social and economic activities, and 3) build the capacity of FPAB and develop human resources. These are all to improve reproductive health conditions and women's status through community-participatory activities in the Narshingdi District and the Feni District. It includes a wide range of activities, such as improving Multi-purpose Women's Training Center facilities, creating educational materials, literacy education and income-generating activities for women and leadership training in community reproductive health.

### 4-3 Major findings from the Thailand field survey

Thailand is sometimes called an "AIDS Forerunner Country." The first AIDS case in Thailand was confirmed in 1984.

In the early stages, most of those infected with HIV/AIDS were in high risk groups, such as homosexuals and commercial sex workers, but recently there has been a shift to infections among married and unmarried couples and mother-to-child transmission. Correspondingly, Thailand's AIDS policy has undergone a transition from an approach that targeted homosexuals and others in high risk groups in the first phase (1984-1990) and commercial sex workers and their male customers in the second phase (1990-1996), to a comprehensive approach that targets the socially vulnerable and communities in the third phase.

JICA began to extend the first Project-Type Technical Cooperation in 1998, called the Prevention of AIDS/Regional Care Network Program, which targeted the Phayao province, the one hardest hit by HIV/AIDS. This project takes a micro-level perspective (local, individual), and utilizes traditional cooperative volunteer organizations in the region (youth groups, women's groups, and elderly groups) with the aim of promoting resident-led activities for the prevention of HIV/AIDS. The project also builds a patient network and encourages peer counseling. All of these are efforts to build a local support system for those living with the disease. A study by the team found difficulties possibly arising from women's lack of economic autonomy, including wives wishing to hide the fact that they are infected, wives who have lost their husbands to AIDS remarrying repeatedly, and wives not being able to stand up to their husbands who dislike using condoms. Therefore, measures toward AIDS should not

<sup>6</sup> A type of cooperation in which JICA entrusts the implementation of a project to groups such as Japanese NGOs, local governments, and / or universities that are familiar with and experienced in the local situation.

**Box 4-3 Project for Model Development of Comprehensive HIV/AIDS Prevention and Care**

Terms of cooperation: February 2, 1998, through January 31, 2003

Implementing agencies: Ministry of Health (Bangkok, Phayao Province, and 9 provinces in extension areas)

Outline of cooperation: AIDS measures have been proactively taken in Thailand since 1991; however, the AIDS prevalence rate in Thailand is already over 1%. What is needed is not only measures such as have been taken until now, that focus on prevention of infection, but also the implementation of comprehensive measures that include the creation of a care system that would make it possible for society and those living with AIDS to coexist. Given these circumstances, this project is a Project-Type Technical Cooperation (PTC) Project that expands upon the achievements of the AIDS Prevention Project, cooperation implemented by Japan over a three year period from 1993, with the aim of building a variety of networks that can make possible cross-sectoral and ongoing comprehensive measures at the district level.

The objectives of this project are to expand the process model of the Learning and Action Network on AIDS (LANA), a keyword in HIV/AIDS prevention and care measures, which has been mainly implemented in Phayao province, to other provinces through 1) the development of human resources for solving HIV/AIDS-related issues, 2) the establishment of a care system for infected persons, patients and their families, approaching this as a measure for maternal and child health, and 3) the promotion of community activities and responses to HIV/AIDS.

be merely medical services, but should be a comprehensive approach including creating jobs and improving educational opportunities for women.

#### 4-4 Considerations

Challenges and recommendations for JICA's assistance based on the field surveys are summarized as follows:

- Assistance should be synchronized with the long-term strategies of the recipient countries, such as their national plans.
- It is suggested that synergistic effects be promoted through aid harmonization with other bilateral donors, international agencies, and international NGOs.
- Linkages between JICA's assistance in health and population should be strengthened.
- Policy dialogue for the improvement of administrative structures for the reproductive health policies of recipient countries should be enhanced.
- Health and population statistics should be developed and the capacity to monitor related development programs should be strengthened.
- The importance of family planning in achieving reproductive health should be reaffirmed (family planning plays an important role both in improving women's health and in empowerment).
- Strategies should be developed to erase the misunderstanding that the lack of change in fertility behavior among women is due to their low level of knowledge about family planning and little incentive to adopt it (It is necessary to change the environment and improve the quality of service providers).
- For effective reproductive health and HIV/AIDS measures, comprehensive approaches such as the creation of jobs and the expansion of educational opportunities for women are necessary.

- Key factors are the involvement of local citizen organizations and partnerships with experienced NGOs.
- All assistance projects should be carried out keeping in mind the goal of sustainability after the completions of assistance.