

# HANDS

Health and Development Service



**2002  
Annual Report**  
March 2003

## Foreword

**Yasuhide Nakamura**  
**HANDS Representative**

When we established Health and Development Service (HANDS), a non-profit organization (NPO), in January 2000, we aimed to improve the management of health systems in developing countries and to develop human resources in the field of international health cooperation. In spite of such high ideals, the reality was that we had only two staff members who managed everything from project development to financing and administration, along with overseas missions.

Three and a half years have passed since then. With kind support from various organizations and institutions, our activities have expanded dramatically and the number of our staff members has also increased. Furthermore, we have been continuously strengthening our partnership and collaboration with various organizations and institutions, including Management Sciences for Health (MSH), our partner since our establishment, the Japanese Government, Japan International Cooperation Agency (JICA), and various non-governmental organizations (NGOs) in Japan. We have also carried out projects with financial support from international organizations such as the United Nations Population Fund (UNFPA). As a result, our activities have spread to new countries such as Afghanistan, Brazil, Thailand and Kenya and now cover countries in Asia, Africa and Latin America.

Nowadays, as greater expectations come to be placed on the role of NPOs in the international health cooperation sector, we feel a heavy responsibility as an NPO in the civil society. Without forgetting our initial aspirations, we would like to strive for a healthy and prosperous global civil society with kind and continuing support from all parties.

**Tomoko Fujisaki**  
**HANDS Executive Director**

We are happy to present our Third Annual Report and would like to express our deep appreciation to everybody who has helped us come this far. While looking back the path we have come, we also continue exploring the way ahead. The central question that we keep asking ourselves is what motivate us to stay involved with international health cooperation.

"Why do we carry out international cooperation?" Of course, there are many answers; one of these is to help actualize people's wishes. We believe that the most important assets of HANDS are its people: dedicated HANDS staff members, supporters in Japan and overseas, and people in developing countries who work with us.

Currently HANDS is implementing ongoing projects in Afghanistan and Brazil. Although the situations of these two countries are very different, people in both countries share the same wish. In Afghanistan, after prolonged conflict, people now truly wish to lead peaceful and healthy lives through the reconstruction of their country. In less developed villages in the Amazon region in Brazil, the local people wish to enjoy basic health by making maximum use of their limited resources. We believe that it is HANDS' role to contribute to the development of sustainable health systems through which these wishes of local people can come true.

## Afghanistan Health Sector Enhancement Project

— For reconstruction of national health sector (Funded by United States Agency for International Development: USAID / United Nations Population Fund: UNFPA)

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### Health Sector in Afghanistan

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Years of political instability, compounded by the terrorist attacks of September 11th in the United States and the fall of the Taliban regime afterwards, have devastated the national systems of Afghanistan. Above all, destruction of the health system has had a severe impact on the lives of people. Rehabilitation and reconstruction of the health system is viewed as a priority area of national reconstruction.

The long-term malfunctioning of the national health system has resulted in a lack of basic health information, such as health facilities, health workers, pharmaceutical and medical equipment. As an initial step for the reconstruction of the health sector, HANDS conducted a National Health Resource Survey to collect basic data on current health services in Afghanistan.



Medical examination at one of the health facilities

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### National Health Resources Assessment & Reproductive Health Resources Assessment

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HANDS and Management Sciences for Health (MSH), a US-based non-profit organization (NPO), in collaboration with the Afghanistan Ministry of Health conducted a National Health Resources Assessment. The survey was funded by USAID and JICA. Simultaneously, Reproductive Health Resources Assessment was conducted, with funding support from UNFPA.

In June 2002, about 160 Afghan data collectors were trained, and in July 2003, they were sent to various parts of the country in order to collect data through surveillance at 1,037 health facilities. The purpose of the survey was to explore the availability and quality of health facilities, health

service providers and pharmaceutical and medical equipment. Data were collected from existing health facilities, community health services, and private pharmacies.

The results of the survey revealed that out of 1,037 health facilities in Afghanistan, 904 were functioning, implying that there was only one health facility per 27,243 people on average throughout the country. In some areas, the health facilities were not functioning at all as a result of the conflict and earthquakes. The study also revealed that health facilities equipped with services for women are unsatisfactory in terms of both quantity and quality. Furthermore, it was found that only 35% of health facilities were managed by the Ministry of Health, while the rest were supported by NGOs and international organizations.

The results of the survey are shared among interested parties through workshops in various parts of Afghanistan. The results were also presented overseas in order to inform the world of the current situation in Afghanistan. In December 2002, HANDS invited Dr. Ferouzuddin Ferouz, Afghanistan's Deputy Minister of Health, to Japan and held a press conference to disseminate the information.

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### Future activities

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Reconstruction of the health sector of Afghanistan requires continuous support in order to solve the problems identified through this survey. HANDS, in collaboration with MSH, will implement a program to strengthen the capacity of the Afghanistan Ministry of Health and NGOs and will assist the development of health systems through which basic health services can be made accessible for the people of Afghanistan.



HANDS staff working on the survey data analysis.

## **Maternal & Child Health and HIV Prevention Project in the Amazon Region of Brazil**

— For environmentally friendly economic development and healthy life —

(Funded by Fish Family Foundation/ Tokyo International Foundation)

The health system of Manicore Municipality, located in the poorest Amazon Region in Brazil, is struggling with chronic shortage of financial and human resources. There is an urgent need to build the capacity of community health workers. HANDS has been supporting this area since 2001. In 2002, HANDS carried out various activities, including training of community health workers on safe water and HIV/AIDS prevention.



Training of community health workers using games such as "Rain and trash race" and "Where the poopos go", and the group-work approach.

### **To improve the health status of local communities**

— Survey and training on safe water practices —

In the communities of the Amazon region, most households collect fresh water from rivers, reservoirs and springs, and only a very small number of households are equipped with wells. Measures are taken to keep drinking water spots apart from cooking and washing spots in order to avoid pollution of drinking water. However, there is still strong likelihood of drinking water being infiltrated by dirty water in the rivers, reservoirs, and springs.

HANDS conducted an assessment to explore and understand safe water practices in the communities. The results of the assessment revealed that community health workers had a good knowledge and awareness of safe water use; however, they did not know how to convey the knowledge to local people, or how to promote behavioral changes in communities. In response to this situation, HANDS trained the community health workers through participatory workshops to improve their skills for effectively transferring their knowledge on water and sanitation to the local people. By improving water and sanitation, which is the priority of Manicore Municipality, it is expected the health and well-being of the population will be improved. Monitoring activities after the workshop show that the project is already having a positive impact. According to the monitoring report, community health workers are currently providing guidance to community people to clean the reservoir.

### **Eliminating discrimination and learning through communication**

— Education on HIV/AIDS —

In Manicore Municipality, the HIV prevalence rate is still low; however, without urgent and appropriate intervention, it is envisioned this will increase rapidly. Manicore is located in the middle of Madera River connecting the two State capitals, and is one of the major ports in Brazil with heavy shipping traffic. There are many brothels in the city and the commercial sex workers and their clients are extremely vulnerable. Furthermore, the traditional custom of early marriage is causing a high incidence of unwanted pregnancies and sexually transmitted infections (STIs) among adolescents.

In order to improve the situation, HANDS organized a seminar to raise awareness on HIV/AIDS targeting community health workers, and another seminar to educate adolescents. Ms. Anna Paula Shibeila, a HIV activist and the Executive Director of the NGO Consortium of Brazil, facilitated the seminar. The participants highly valued the seminar for its effective use of the participatory approach. They also praised the seminar as a valuable experience to learn about HIV/AIDS through direct communication with Ms. Shibeila, a person living with HIV/AIDS.



Ms. Shibeila, speaking to school children in Manicore. The seminar emphasized the provision of accurate knowledge on HIV/AIDS and elimination of discrimination.

### **Future activities**

In addition to the above activities, HANDS conducted group interviews targeting the community health workers to explore the current situation of health systems in Manicore. Based on the data, HANDS will continue to expand activities to improve the health system in Manicore.

### **The Third Technical Seminar for Medical Laboratory Technologists in Asia**

Mahidol University, Thailand, September 2002  
(Japanese Association of Medical Technologies,  
Niwano Peace Foundation)

The rapid spread of infectious diseases such as HIV/AIDS, tuberculosis and malaria has become a global issue in recent years. In developing countries, they are perceived not only as a health problem, but also as a serious social threat intrinsically linked to poverty. In order to prevent the spread of infectious diseases, it is important to collect accurate data through surveillance, understand trends, and undertake appropriate interventions. HANDS has focused on medical laboratory technologists as key players in conducting surveillance, and has been carrying out training to improve their skills. Technical seminars have been conducted in Thailand, since it is an ideal country for training in view of its excellent and experienced research institutions (i.e. Mahidol University, Infectious Disease Hospital/Ministry of Health Infectious Disease Unit). In 2002, 13 participants from Japan and Thailand learned basic epidemiology, current conditions of tuberculosis in Thailand, and project implementation planning.



Participants receiving comments from Mahidol University instructors after their presentation.

### **Training Process**

The training comprises three phases. In the first phase, prior to the training session, the participants analyze the problems in their areas or in their laboratories and prepare a project proposal to solve them. In the second phase, the participants receive lectures on epidemiology, surveillance as well as project proposal development from Ministry of Health officers who are experienced in the research and examination of tuberculosis and HIV/AIDS. The participants are also expected to develop project proposals. The third

phase is development of a network of medical laboratory technologists to share experiences of HIV/AIDS interventions in Southeast and East Asian countries. The third phase also includes the development of a technical support system to create an enabling environment for the participants in implementing the projects they proposed in the training. Through these activities, the participants gained an understanding of surveillance and strengthened their skills in proposal development. The development of the website and the e-mail network also strengthened the network of medical laboratory technologists in Asia.

### **Future Challenges**

The technical seminar for medical laboratory technologists in Asia has already been conducted three times, and the knowledge and skills for organizing the seminar have been sufficiently accumulated in Mahidol University as well as Japanese Association of Medical Technologies where the organizing committee is based. In the future, medical laboratory technologists in Japan and Thailand are expected to play a central role in organizing the technical seminar to nurture more medical laboratory technologists who can contribute to infectious disease interventions in Asia.

### **JICA Country-focused Training Course**

- Maternal and Child Health (MCH) in  
Indonesia -  
February to March 2003 (JICA)

The Maternal and Child Health (MCH) Handbook, which has been introduced by the Indonesian Ministry of Health and JICA since 1994, is incorporated into the MCH system of provincial and district governments in Indonesia. It is expected that the MCH Handbook will improve the knowledge and skills of health personnel as well as the knowledge of mothers on health and will finally help improve the status of maternal and child health. The "JICA MCH Handbook program" activities, which started in 1998, already covered 157 districts and cities out of 342 as of the end of 2002, and many local governments were planning to adopt the program. Due to limited funds and time, however, it was found that expanding the program to all provinces would be difficult, so it was decided to choose local governments that have the capacity to develop the MCH Handbook program by their own efforts. The officers who are at the decision making level

in the local governments were chosen to participate in the training in Japan to learn about the MCH system and MCH Handbook, and to visit sites where MCH Handbooks are actually being used. HANDS was commissioned by JICA to organize and coordinate the training course.

### Improving Maternal and Child Health

The training participants were chosen from people in leadership positions to promote the MCH Handbook program in provincial and district governments in Indonesia. In 2002, 6 doctors and 1 midwife participated in the 25-days-training. The training included lectures and field visits to ministries, local governments and hospitals in Japan. HANDS staff organized and coordinated the program and also provided technical assistance as lecturers throughout the training.

### Future activities

This was the first case that JICA entrusted an NPO like HANDS to organize a JICA training course. JICA highly appraised the achievement of the HANDS work, and attributed the success of the training course to the fact that HANDS was well acquainted with the situation of MCH in both Japan and Indonesia. This training course will be continued for three years until 2004.



The training participants observing the perinatal center at a children's hospital to understand the function of the tertiary health facilities

### Technical Seminar & Workshop

In collaboration with MSH, HANDS hosts seminars and workshops on diverse technical topics in international health cooperation. This year, the following three seminars and two workshops were organized.

#### Technical Seminar

Date	Title	Instructor	No. of Participants
11th Seminar Feb. 25, 2002 (Special session)	Field visit debriefing: Support for Afghanistan's health sector reconstruction	Yasuhiko Kamiya (HANDS) Miho Sato (MSH)	45
12th Seminar July 24, 2002	Theory and Practice for Youth Reproductive Health - Lessons Learned in the Field-	Tomoyo Wada (HANDS) Ryoko Yokoyama (HANDS)	25
13th Seminar Nov. 1, 2002	Voluntary HIV Counseling and Testing in Asia - Issues for Going to Scale	Neth Sansothy (Cambodia) Frolakioen Tanudyaya (Indonesia) and others	40

#### Technical Workshop

Date	Title	Instructor	No. of Participants
3rd Work shop Oct. 27~28, 2002	Drug and Health Commodity Management for HIV/AIDS	Douglas Keene (MSH)	10
4th Work shop Mar. 29, 2003	Theory and Practice for the Integrated Management for Child Illness (IMCI)	Dilberth Cordero (Bolivia)	14

## MSH Iwamura International Public Health Fellowship

Iwamura International Public Health Fellowship Program, jointly organized by MSH and HANDS, provides mid-level Japanese health professionals with an opportunity to enhance technical expertise and management capability by spending a year participating in MSH field projects.



### Yuki Suehiro

Education: Bachelor of Art from Kyoto University. Institute of Developing Economies Advanced School in Japan. Master of Public Health from John Hopkins University.  
Professional Experiences: Norin Chuo Bank, UNFPA Cambodia, World Bank Institute, UNICEF Lesotho.

#### < Activities as an Iwamura Fellow >

I worked at MSH headquarter in Boston and MSH project office in Haiti as an Iwamura Fellow from February 2002 for one year. During the initial two months, I received briefing on the operation and management system of MSH and their projects around the world and learned their management tools, while collecting information on Haiti and learning the language.

Then, I went to Haiti. I worked there with MSH staff on the USAID-funded project, HS2004 (Haiti Sante 2004) to strengthen local health services. The purpose of the HS2004 project was to achieve equal access to basic health services by the Haitian people. MSH provides technical support through the network of NGOs (currently about thirty member NGOs), which deliver health services to improve the quality of services and to strengthen their management capability. Another important work of MSH is to manage funds. One unique approach is to make performance-based contracts with NGOs under the HS2004 project.



### Yuko Kondo

Education: Bachelor of Science from Seiroka Nursing College. Master of Public Health from Tokyo University.  
Professional Experiences: Participated in the HIV prevention and community care network project (JICA) in Thailand. Japan Nursing Association.

#### < Activities as an Iwamura Fellow >

I participated in MSH's EQUITY project in South Africa and evaluated the HIV/AIDS home-based care program, which was implemented under the Bambisanani Project with technical support from EQUITY project. EQUITY Project is a bilateral project of seven years (1997-2003) between USAID, the Government of South Africa and MSH. The objective of the project is to improve the health services of South Africa through strengthening primary health care. Bambisanani started in 2000 as a Community Based Organization (CBO) project under the umbrella of EQUITY Project, involving regional representatives, relevant government ministries and institutions, civil society and NPOs. It was established to address special needs, particularly, HIV/AIDS related needs, in a poorer province (i.e. Transkei, Eastern Cape). Its activities include provision of home-based care, support for AIDS orphans, and income generating activities. The home-based care program trained the care supporters who were chosen by

As a member of the team, I participated in various project activities (i.e. coordination and technical support for the traditional birth attendance program, community-based nutrition program, and vaccination campaign), undertook Service Delivery and Management Assessment (SDMA) of various NGOs, examined the community approach (i.e. promotion of community participation) of HS2004, and supported re-organization of the local health program of L'Hospital Ste Croix (one of the NGOs in the 2004 HS network).

#### < What I learned from the experience >

I learned many things in one year; systematic evaluation method of community health program management, how problems within an organization affect the quality of services, how difficult it is to promote community participation under the current situation of class society and foreign aid dependency, etc. Furthermore, working in MSH, which carries out activities based on the clear mission, strategy and purposes with many experienced professional experts, has shown me an ideal way for Japanese NPOs to follow in future. I also was able to gain strong confidence through my work in the politically unstable Haitian environment.

Lastly, I would like to express my appreciation to the staff members of HANDS, MSH, and HS2004 project, who provided me with support to realize this meaningful one year.

the tribe leaders in the target areas (i.e. three states) and deployed them back to their tribe to take care of the AIDS patients and their family members. In order to evaluate the home-based care program, I analyzed the database and conducted interviews with the care supporters, AIDS patients and their family members. As a result, it was found that the patients and their families were pleased with the services; yet, the care supporters were not satisfied with their working environment constrained by the lack of necessary commodities. Bambisanani Project, despite the fact that the management is still weak, is one of the best CBOs in terms of financial, human resources, and program structure among all the newly established CBOs in South Africa. It is therefore expected that the Bambisanani project will play a key role not only as a service provider but also as a supporter for organizational development and management of CBOs.

#### < What I learned from the experience >

Through this fellowship, I learned how to develop a CBO as a service provider, which can be applied to health sector projects by Japan. I would like to explore ways to incorporate this approach into community-based health care programs in future. And last, but not the least, I would like to express my appreciation to HANDS, MSH EQUITY project and Bambisanani project for providing me with this precious learning opportunity.

In order to carry out international health cooperation projects of high quality, HANDS is engaged in various advocacy activities including research in partnership with international donor agencies. Furthermore, HANDS participated in the academic society/group, conference and symposium to share our field experiences with many people.

Overseas Research Project

Timeframe	Country	Project	Client
Feb. 2002	Malawi	Japan - Canada Joint Project Formation Study (Infectious Diseases)	JICA
Oct. 2002	Cambodia	JICA Grant Aid Needs Assessment on Infectious Disease	JICA
Mar. 2003	Africa	Situation of VCT programs in Africa to prevent HIV infections - Suggestions for future support through Japanese ODA -	Ministry of Foreign Affairs

Academic Society Presentation

Date	Presenter	Title	Name of Society/Conference
July 2002	Shinichi Takenaka	Local partnership for comprehensive HIV/AIDS -related service in Morogoro Rural, Tanzania	14th International HIV/AIDS Conference (Barcelona)
Aug. 2002	Yoko Watanabe	Factors for the scaling-up of MCH Handbook Program in Indonesia	17th International Public Health Conference (Kobe)
	Yasuhiko Kamiya	Study on the Maternal and Child Health Services in West Negros, the Philippines	
	Tomoyo Wada	Situation analysis of youth reproductive health programs in developing countries and Japan's task	

Others

Date	Title
Oct. 1, 2002	UNFPA Tokyo office opening memorial symposium: "Women and health in Afghanistan"
Dec. 16, 2002	Deputy Minister of Health of Afghanistan, Dr. Ferouzuddin Ferouz press conference "Results of the Afghanistan National Health Resources Assessment"
Apr. 23, 2003	Association of RAD-AR (Risk/Benefit Assessment of Drugs-Analysis and Response) 'Issues on rational drug use in developing countries and interventions by the international community'



Policy studies for advocacy

Right: Situation of VCT Programs in Africa to Prevent HIV Infections - Suggestions for Future Support through Japanese ODA -

Left: Study Report on Contraceptive Security

## List of supporting organizations

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The following organizations and institutions have been providing technical and financial assistance to HANDS. We hereby would like to express our sincere appreciation.

- Citizens Bank
- The David and Lucile Packard Foundation
- Fish Charitable Family Foundation
- Gushinkai Foundation
- Japanese Association of Medical Technologists
- Japan International Cooperation Agency (JICA)
- Japanese Ministry of Foreign Affairs
- Management Sciences for Health (MSH)
- Niwano Peace Foundation
- Tokyo International Foundation
- United Nations Population Fund (UNFPA)
- United States Agency for International Development (USAID)
- The William and Flora Hewlett Foundation

## Website and publications

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**HANDS on Internet** <http://www.hands.or.jp/>

The information on seminars, workshops, symposium and the reports of various projects are periodically updated. For information, please refer to our website.

### Publications

The following are our publications as of 2002. Should you wish to obtain any literature, please contact us:

- Study Report on Contraceptive Security (March, 2002)
- Situation of VCT Programs in Africa to Prevent HIV Infections
- Suggestions for the Future Support through Japanese ODA- (March, 2003)

### Articles on HANDS

- Mainichi newspaper (and two other newspapers) Oct. 21, 2002  
Research in Afghanistan by Japanese NGO "Number of health facilities 910"
- Nikkei newspaper Feb. 17, 2003  
Network of Maternal and Child Health Handbook in Asia
- International cooperation magazine Apr. 2003  
What we can do to promote health
- Nurse Beans May 2003  
What I can do as a nurse, using language ability and nursing experiences for Brazil where I was born.
- TBS News Bird Aug. 13, 2002  
News point of view. "Health system problems in Afghanistan"

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