

2003
Annual Report
September, 2004

Special Topic

Pursuing Maternal Health in Developing Countries

HANDS has been advocating with donor agencies and civil societies to provide better assistance in the health sector in developing countries.

One of the Millennium Development Goals adopted by the United Nations General Assembly in 2000 is to improve maternal health, with a target of reducing maternal mortality by 2015 to three-quarters of the 1990 rate. This goal and target indicate global awareness and pinpoint this as an important issue to be tackled by the international development community. With this global trend in mind, HANDS was entrusted to conduct three studies in maternal health, with a special focus on the health of pregnant women in developing countries. Through these studies, HANDS analysed the issue of maternal health and the efficiency and effects of past assistance, and also examined how Japan could provide future assistance in this area. The studies are:

1. Study on Desirable Japanese Assistance to Achieve the Millennium Development Goal (Reduction of the Maternal Mortality Ratio) (funded by the Ministry of Foreign Affairs)
2. Fact-Finding Study on Reproductive Health in Oaxaca, Mexico (funded by the Japan International Cooperation Agency)
3. Study on Effective Approaches to Development Issues: "Reproductive Health" (funded by the Japan International Cooperation Agency)



No Decline of Maternal Mortality in Developing Countries

According to the World Health Organization (WHO), as of the year 2000, more than half a million women die every year as a result of complications due to pregnancy or childbirth, accounting for 13% of the deaths in women of reproductive age worldwide. This makes complication due to pregnancy or childbirth the third most common cause of women's death after HIV/AIDS and external injuries. From a global perspective, maternal mortality has hardly declined, while children's health indices, such as infant mortality, have been improving since 1990. Ninety-nine percent of such maternal deaths occur in developing countries and the situation is particularly grave in sub-Saharan Africa, as well as South and Central Asia.

Maternal Mortality Caused by "Three Delays"

The high maternal mortality rate in developing countries is said to be caused by three delays:

- Delayed decisions by pregnant women experiencing problematic symptoms to seek obstetric care. The reasons cited for this delay include failure on the part of pregnant women to recognise problematic symptoms, failure on the part of medical staff seeing pregnant women at the community level to recognise these symptoms at an early stage, reluctance of the families of pregnant women to use medical facilities due to social and cultural reasons, and lack of money to pay for medical services.
- Delayed arrival at obstetric facilities after making the decision to seek obstetric care. Some of the reasons



Ceremony to mourn women who have died following childbirth (Mexico)

for this delay are lack of money to pay for transport, long distances from the community to medical facilities, and poor road conditions.

- Delayed provision of appropriate care at obstetric facilities. This delay is caused by the lack of appropriate equipment at obstetric facilities and the lack of health workers with suitable skills.

To solve the problems of the three delays, a comprehensive approach is required, addressing the training and retaining of skilled birth attendants, improvement of medical facilities, education on maternal health for women and their families, securing a means of patient transportation, and the development of infrastructure, including roads and public transport.

Historical Changes in the International Debate on the Reduction of Maternal Mortality

The global focus regarding maternal mortality reduction measures is changing from a community-based preventive approach involving the identification of high-risk pregnant women through screening and the training of traditional birth attendants (TBAs) to a more clinical approach involving the training of skilled birth attendants and the expansion of emergency obstetric services based in medical facilities. However, the international debate on the most effective measures to reduce maternal mortality is still continuing, particularly around the desirability of TBAs. Another topic in the ongoing debate is the use of low-reliability data to measure improvements in maternal health. While the maternal mortality rate is the commonly used index for maternal health, it is practically impossible to obtain highly reliable data on maternal mortality in countries where the registration and compilation systems for births and deaths are not yet developed. In most cases, therefore, the available data is an estimate that may not provide an accurate picture of progress in reducing maternal mortality.

Approaches Adopted by Japanese Official Development Assistance (ODA) to Improve Maternal Health

The approaches adopted so far by Japanese ODA to improve maternal health include rehabilitation and expansion of obstetric facilities and training of birth attendants, which have helped in the improvement of the birth-assisting skills of health workers and the environment for pregnant women. From the viewpoint of improving the access of local residents to health services, however, it has become clear that Japanese ODA projects primarily focusing on medical facilities are insufficient. By region, African countries have the highest maternal mortality rates, but a large proportion of Japanese ODA assisting pregnant women have been in Asian countries.



Mothers holding their newborn babies (Kenya)

Japanese Experience in Improving Maternal Health

People in developing countries have a great interest in understanding the reasons for the considerable decline of maternal mortality in modern Japan. Unfortunately, the exact reasons are unclear because of the lack of scientific studies on this issue. It is commonly said that there are two factors contributing to the reduction of maternal mortality in Japan. The first factor is the development of the legal framework to safeguard childbirth through the pregnancy registration system, including the development of a Maternal and Child Health Handbook (MCH Handbook) the birth assistant training system. The second factor is the development of the community-based health care system through the "living improvement movement" in rural areas, collaboration between independent birth assistants and obstetricians, and the expansion of basic emergency obstetric facilities. Meanwhile, the overwhelming reliance of pregnant women on medical facilities for delivery has produced a modern medical care model which regards delivery at home as something "extraordinary". This increased reliance of pregnant women on medical facilities has created such problems as the unnecessary or even harmful use of medical technologies at the time of delivery and childbirth care, devoid of human dignity and warmth, as warned by WHO.



A pregnant woman and a traditional midwife (Mexico)

HANDS Proposal for How Japanese ODA Should Be Used to Improve Maternal Health in Developing Countries

HANDS has put forward the following recommendations of ways in which Japanese ODA could be used to help improve maternal health in developing countries.

1. From "Reduction of Maternal Mortality Rate" to "Improvement of Maternal Health"

The purpose of Japanese ODA initiatives for pregnant women should be broadened, defined as the improvement of maternal health in a broader sense. This broader definition would include independent choices and decisions regarding pregnancy and childbirth made by women in a safe, assured, and satisfactory manner, as well as support for such childbirth. This redefinition would replace the current purpose, which is limited to simply reducing the number of deaths among pregnant women.

2. Practice of Maternal Care Based on a Scientific Approach

A scientific approach should form the basis for Japanese assistance, in line with "the Guidelines for Appropriate Medical Technologies for Maternal Care" recommended by the WHO. This would help to eliminating harmful or ineffective medical interventions which are routinely practiced in many medical facilities.

3. Development of Human Resources and Cooperating Organizations in Japan

Together with the compilation and verification of experience, knowledge, and lessons learnt regarding Japanese efforts to improve maternal health in developing countries, individuals and organizations capable of making a positive contribution in this field should be actively developed.



Pregnant women awaiting delivery in a hospital (Kenya)

Future Plan of HANDS for Improvement of Maternal Health in Developing Countries

HANDS will continue to actively put forward to the ODA community its recommendations for the improvement of maternal health in developing countries, and will plan to implement field projects featuring maternal health.

Outline of Activities of HANDS Afghanistan Office

The Rural Expansion of Afghanistan's Community-Based Health Care (REACH) Programme (USAID: June 2003 to May 2006)

HANDS has been implementing a health sector rehabilitation project in Afghanistan since 2002 in collaboration with the Ministry of Health in Afghanistan. Under the Nationwide Medical Facilities Study in Afghanistan conducted in 2002, more than 1,000 medical facilities throughout the country were assessed to clarify the conditions of facilities, equipment, human resources, and health care services provided. Based on information obtained by this study, HANDS has been collaborating with Management Sciences for Health (MSH), a US-based international NPO in the health sector, since June 2003. With funding from the United States Agency for International Development (USAID), HANDS and MSH are carrying out the second phase of assistance to rehabilitate the health sector. The REACH Programme aims at improving the health conditions of the people of Afghanistan, particularly in rural areas where both the maternal and child mortality rates are among the worst in the world. REACH aims to build the capacity of the Ministry of Health and establish community-based health care services. The Programme consists of three activities: (i) capacity building of the Ministry of Health in Afghanistan, (ii) improvement of services provided by local health facilities and (iii) improvement of health services in communities.



Training on the management of health information

Health Management Information System

HANDS is assisting in the development of a Health Management Information System (HMIS) in Afghanistan. Technical assistance focusing on the development of human resources is being provided for the Central Ministry of Health to create a database of health information gathered from health facilities in 13 provinces in Afghanistan. HANDS is assisting the Ministry to analyse the data and use it to plan and make sound decisions on policies in the future. Health

information here means not only the types and trends of illnesses experienced by patients using individual health facilities but also such elements of personnel management as the individual histories and qualifications of medical staff working at these facilities.

Fund Raising for NGOs

HANDS is also involved in a grant programme to which 60% of the REACH program budget is allocated. This grant programme aims at enabling more people in Afghanistan to have access to local health care facilities. To be more precise, it aims at spreading guidelines for a basic package of health services by providing grants to local and international NGOs which work in Afghanistan. The funds made available under this grant programme are used for the training of health care workers, maintenance of health care facilities, wages for staff, purchase of medical equipment, and free distribution of essential drugs.

For a Better Future in Afghanistan

HANDS is planning to further improve the health management information system and the support system for NGOs operating in Afghanistan. It is HANDS' sincere wish to contribute as much as possible to the re-establishment of a peaceful life in Afghanistan through the rehabilitation of the country's health sector.



Discussion involving HANDS and NGO staff

Health Improvement Programme in the Amazon, Brazil

1. Mother and Child Health and AIDS Prevention Project for Communities in the Amazon River Basin (funded by the Tokyo International Exchange Foundation and Fish Family Foundation: April 2001 to March 2004)
2. Grassroots Technical Cooperation Project: Health Enhancement Project in the Amazon, Brazil (funded by JICA: October 2003 onwards)

Since 2001, HANDS has been conducting activities designed to improve the health of the people in the municipality of Manicoré in Amazonas, Brazil. While an expert was dispatched twice a year up to 2003 for a field study and the training of community health workers (CHWs), laying the foundation for the current activities, which commenced in October, 2003 when a local office opened in Manicoré, providing a base for HANDS. In February and March of 2004, a baseline survey on the functions and capacities of CHWs was conducted. This survey clarified the different roles expected of CHWs in remote and urban areas and the necessity for publicising CHWs in local communities. A series of discussions were held with CHWs and the municipal Health Bureau based on the survey findings, and diverse activities began in April, primarily focusing on strengthening the functions of CHWs. These activities include understanding and improving the health system in Manicoré, seminars for CHWs, health improvement activities targeting children in collaboration with church organizations, and a health education campaign targeting local residents.



A surveyor visiting a family in a remote community

Collaboration between Pastoral da Criança (The Pastoral of the Child) and CHWs

Pastoral da Criança is the name given to health care activities targeting children that are conducted by church-led organizations. These activities are conducted nationwide and are well-known internationally because Pastoral de Criança has been nominated for the Nobel Peace Prize.

In Manicoré, these activities used to be conducted in urban areas, but HANDS has reached an agreement with the rural Catholic church to allow the participa-

tion of CHWs working in local areas and to extend the activities to remote areas. In accordance with the agreement, the training of CHWs on health care activities targeting children has begun and collaboration between CHWs and church-led organizations in these activities is being promoted.

Commencement of Health Education Campaign

HANDS is conducting a health education campaign targeting local communities jointly with CHWs, assisting the CHWs, who have no previous experience in conducting such campaigns. At meetings held in both remote and urban areas, a lecture on health lasting for some 30 to 60 minutes is featured, in addition to the presentation of a video and a short play by the CHWs, HANDS staff, and local volunteers. The plays are scripted and acted in accordance with the campaign themes, which have so far included a healthy environment and oral hygiene. The campaign has now attracted dance groups of local youths and other residents as volunteers, developing the activities into those which are rooted in the community. In addition, Health Day activities have commenced with the cooperation of nurses and doctors working at health centres where CHWs are stationed.

This approach, whereby CHWs and local residents take the initiative to improve their health status, aims at establishing greater self-reliance through repeated exercises so that various activities can be implemented without the assistance of HANDS. This reflects the policy of HANDS of assisting local people so that they can continue activities after the departure of HANDS from Manicoré.



Play as part of the campaign: Super Toothbrush Man and Monster Decayed Tooth Man

Human Resource Development

HANDS is making a conscious effort to develop human resources at home and abroad to conduct the next generation of international health care cooperation in order to improve the quality of health care.

Country-Based Special Training of JICA: Mother and Child Health in Indonesia Phase 2 (August and September, 2003)

In Indonesia, the Japan International Cooperation Agency (JICA) has been working with the Ministry of Health since 1994 to improve health services for mothers and children, through the introduction of Maternal and Child Health Handbook (MCH Handbook) programme. As part of this assistance, group training sponsored by JICA has been organized on mother and child health policies and the use of the MCH Handbook in Japan. HANDS developed the training content and has been conducting the training for three years.

Training Contents

1. Community-Based Health Care Activities
Study visits to child care groups (health care volunteer groups), a maternity hospital, and the paediatric as well as obstetric departments of a hospital
2. Collaboration between the Public and Private Sectors
Joint seminar with a prefectural department of health and hygiene and a medical association
3. Administrative Systems in Japan
Study visit to and lecture at the Ministry of Health and Labour, a prefectural office, a health clinic, and a municipal health centre
4. Referral System
Roles of maternity hospitals, clinics, pre and post-natal centres, and university hospitals, and their mutual referral system
5. Prevention Service
Study visit to scenes of health examinations of pregnant women and children, as well as home visit

6. Empowerment of Women

Study visit to a maternity class and places where the MCH Handbook is used

For a Better Future

Training in Japan is very useful for the application of Japan's experience to international cooperation efforts. However, careful preparations are essential for the development of effective training programmes. A series of lectures, and study visits simply cannot achieve the intended effects. The presence of experts with an in-depth knowledge of the health situation in Japan and abroad on such occasions is essential to achieve truly effective and applicable training. HANDS is determined to continually use its rich human resources and network in the coming years to provide training to meet diverse needs.

Technical Seminar

Date	Title	Lecturer (title omitted)	Number of Participants
14th Seminar May 28th, 2003	Collaboration with Local NGOs for Health Projects: Lessons From USAID Project in Haiti	Yuki Suehiro (HANDS) Yuko Kondo (HANDS)	20

Lectures

Date	Title	Occasion
September 3rd, 2003	Voluntary Counselling and Testing: Role of the VCT Programme for HIV/AIDS Control	Continual Seminar of the GII/IDI NGO Study Group
December 25th, 2003	Drug Management in Developing Countries	International Medical Centre of Japan • Training of International Experts on Medical Cooperation • Training of International Experts on Infectious Diseases
December 11th, 2003	Supplementary Technical Training Programme: What is the VCT Programme?	JOCV, AIDS Control 3rd Mission in FY 2003
March 1st, 2004	Winter Lecture for Joint Programme in FY 2003: Japan's Development Cooperation	Foundation for Advanced Studies on International Development
June 7th, 2004	Proposal Writing	JICA Group Training: Local Health Care Leader Course
June 23rd, 2004	International Cooperation and I	Tsuda Colledge
May 20th through 27th, 2004	Special Lecture on International Health Planning: Role of NPOs/NGOs in International Health	By a part-time lecturer on the International Health Programme, Graduate School of Medicine, University of Tokyo

Advocacy

HANDS returns the valuable experience and knowledge it obtains from its field work to people working in the international health sector in Japan, by consulting on studies by Japanese aid organizations as well as conducting extension and educational activities, including the presentation of papers at academic conferences. Moreover, HANDS actively makes recommendations to enhance the status of NGOs through networking with other organizations working in development, especially the international health sector.

Studies

Date	Country	Project
November, 2003	Mexico	Dispatch of short-term mother and child health experts to Oaxaca, Mexico
February, 2004	Worldwide	Ministry of Foreign Affairs: Study on Desirable Japanese Assistance to Achieve a Reduction of the Maternal Mortality Ratio
March, 2004	Worldwide	JICA: Study on Effective Approaches to Development Issues (Reproductive Health)
April, 2004	Angola	JICA: Preliminary Study for Malaria Control Project (Malaria Control)

Preliminary Study for Malaria Control Project in Angola

Angola, a country which has experienced a civil war that has lasted for 27 years, loses more than 10,000 people to malaria each year, including 292 out of every 1000 children under the age of five. However, the use of mosquito nets is as low as 10%. As the Ministry of Health in Angola finds it difficult to implement effective malaria control measures, UNICEF has been implementing a malaria control project. In light of this problem, an official request was made to the Government of Japan by the Government of Angola for the provision of equipment, primarily mosquito nets, to assist the prevention of malaria. HANDS' preliminary study verified the relevance of the requested project to Japan's grant aid scheme, following clarification of the requested contents, checking of the suitability of the selected project area, and confirmation of the proposed activities with the Angolan Ministry of Health and UNICEF. The study also included a review of past performance as well as the present status of the control activities and confirmation of the prospective equipment distribution system. The study included interviews with representatives of the Ministry of Health, international aid organizations, local NGOs, and private sector organizations. It also adopted participatory techniques, such as focus group discussions. The study also examined the mosquito net distribution system of each organization involved, estimated the required quantity of mosquito nets, and provided technical guidance on the logistics of the distribution of the nets by the central government organization(s) to local people.

Presentations at Academic Conferences

Date	Title	Name of Academic Conference
August, 2003	Afghanistan Reproductive Health Resources Survey Project	18th Conference of the Japan Association for International Health (in Kitakyushu City)
	Study entrusted by the Ministry of Foreign Affairs: Voluntary HIV Counselling and Testing (VCT) in Africa and Japan's Contribution	
	Unique International Health Cooperation by NGOs: Symposium "Talking About Cooperation for International Health and Medical Care in the 21st Century from One's Own Standpoint"	
February, 2004	Historical Changes of Maternal Care in the International Health Sector	Tropical Medicine and Regional Studies: Practice and Development of Knowledge (Kobe City)

Networking

Title	Frequency
Global Issues Initiative (GII)/Infectious Diseases Initiative (IDI)	Monthly
Liberal Democratic Party, Diplomacy Study Group, Sub-Committee on International NGOs	As required

Articles

Date	Title	Magazine
November, 2003	Key Words to Understand Development No. 11: Reproductive Health	FASID News, No. 68
March, 2004	He says: The time is now to convey the teaching of Yukichi Fukuzawa to NGOs	International Development Journal, March Issue
March, 2004	Activities of Japanese NGOs in the Health Sector	Development Assistance Key Information System: Basic Information by Theme, FASID

Publications

The following report can be obtained by contacting the nearest HANDS office.

- Ministry of Foreign Affairs: Study on Desirable Japanese Strategy to Reduce the Maternal Mortality Ratio

List of Foundations Providing Grants to HANDS

HANDS would like to express its gratitude for the funding and support provided by the following organizations.

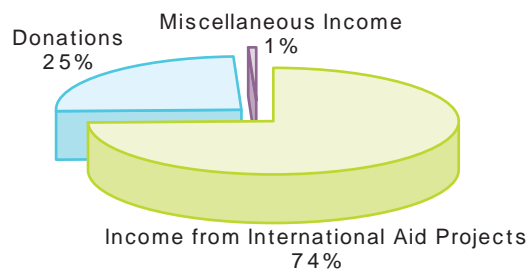
- Ministry of Foreign Affairs
- Japan International Cooperation Agency
- International Exchange Grant by the Tokyo Metropolitan Government
- United States Agency for International Development
- Fish Family Foundation
- Hewlett Foundation
- Packard Foundation

Settlement of Accounts for FY 2004

Settlement of Accounts for the 4th Term (July 1st, 2003 to June 30th, 2004)

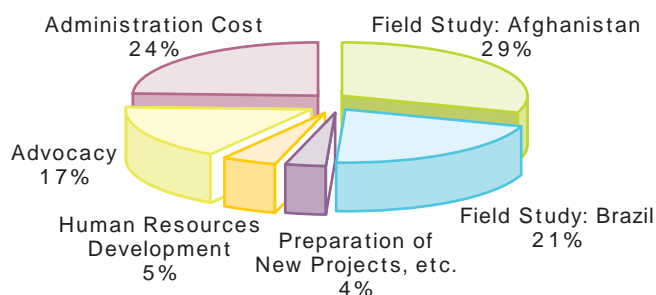
Income	Figures below ¥1,000 are omitted
Income from International Aid Projects	69,175
Donations	22,934
Miscellaneous Income	640
Total Income	92,749

(Unit: in thousand yen)



Expenditures	Figures below ¥1,000 are omitted
Field Study: Afghanistan	22,860
Field Study: Brazil	15,660
Preparation of New Projects, etc.	2,680
Human Resources Development	3,624
Advocacy	12,559
Administration Cost	18,488
Total Expenditure	75,871

(Unit: in thousand yen)



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