

No.12040/4/2014-TRG(FTC/IR)  
Government of India  
Ministry of Personnel, Personnel Grievances and Pensions  
Department of Personnel and Training  
[Training Division]

Block-4, Old JNU Campus  
New Mehrauli Road, New Delhi-67  
Dated – February 7, 2014

**TRAINING CIRCULAR**

**Subject: Group Training Course in ‘Lifestyle – Related Diseases Prevention’ to be held in Japan from May 25 to June 29, 2014 under the Technical Cooperation Programme of the Government of Japan**

The undersigned is directed to state that the Japan International Cooperation Agency (JICA) has invited applications for the above mentioned training programme to be held in Japan from May 25 to June 29, 2014 under the Technical Cooperation Programme of the Government of Japan.

2. The programme will help participants to develop better system for health and welfare of the people by transferring the knowledge and skills related to LSRD control measures and to take effective measures in area of responsibility.
3. The programme is offered to the Government Officials who are responsible for the LSRD control policy in the countries that are currently facing or expected to have an increase of LSRDs in near future.
4. The programme is designed for the central and local government officer currently engaged in public health service and responsible for LSRD control activities. The candidates for this course should have at least 3 years or more experience in the relevant field; be an university graduate; have a competent command of spoken and written English; be proficient in MS-Excel and PowerPoint; be in good health (both physically and mentally); not be a part of military service. The candidates should be between 30 and 50 years of age.
5. In addition to above, the following information in respect of the nominated officers may please be mentioned while furnishing the nomination:-
  - a) Whether attended any foreign training programme in the past? If so, the duration/detail thereof;
  - b) Whether cleared from vigilance angle;
  - c) Age;
  - d) Whether working in North East State/J&K;
  - e) A brief in 50-100 words justifying the nomination.
6. The course covers the cost of a round-trip air ticket between international airport designated by JICA and Japan; travel insurance from the time of arrival in Japan to departure from Japan; allowances for (accommodation, living expenses, outfit and shipping); expenses for JICA study tours and free medical care for participants who may fall ill after reaching Japan (costs relating to pre-existing illness, pregnancy, or dental treatment are not included).

7. It is therefore requested that the nomination of suitable candidates may please be forwarded **(in duplicate)** in JICA's prescribed form (available in **persmin.nic.in→DOPT→Training Wing→Circular→JICA**) to this Department duly authenticated by the HOD of the concerned department in accordance with the eligibility criteria.

8. The applications should reach this Department through the Administrative Ministry/State Government not later than **March 20, 2013**. Nominations received after the prescribed date will not be considered. The details of the programme may be drawn from Ministry of Personnel, Public Grievances and Pensions' website (**persmin.nic.in**).



**(N.K. Wadhwa)**

Under Secretary to the Government of India

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**Copy to:**

- a) The Secretary, M/o Health and Family Welfare, Nirman Bhavan, New Delhi- 110001,
- b) The Chief Secretaries to all the State Governments/Union Territories(with request to circulate the same amongst their related Departments/Organizations),
- c) NIC with request to post the circular along with the JICA's circular on this Department's website.



# GROUP AND REGION-FOCUSED TRAINING

GENERAL INFORMATION ON

LIFESTYLE-RELATED DISEASES PREVENTION

課題別研修「生活習慣病予防対策」

*JFY 2014*

NO. J1404367/ ID. 1480985

Course Period in Japan: From May 25, 2014 to June 29, 2014

This information pertains to one of the Group and Region-Focused Training of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

# **I. Concept**

## **Background**

Recently, as reported by World Health Organization (WHO) and other organizations, developing countries are increasingly facing spread of lifestyle-related diseases (LSRD, here after), otherwise known as non-communicable diseases (NCD), and they are expected to increase in the future. LSRD is a syndrome whose onset or progression is provoked by human lifestyles, such as less balanced daily diet, lack of exercise, stress, smoking and drinking habits. As LSRD leads to premature death and lowers quality of lives (QOL), effective LSRD prevention/control policies are urgently sought in developing countries.

Primary prevention (health promotion, behavior change and social support) and the secondary prevention (early detection and prompt treatment) are both important LSRD measures and coalition of prevention and medical care is indispensable. It is also important to formulate LSRD prevention/control policies based on the local contexts and to select most effective measures in accordance with the stage of LSRDs in the country.

Japan has a long-term experience of taking measures against major LSRDs and thus we believe that we can utilize such experiences to support solve those problems in developing countries, though there are some differences in types and causes of LSRDs.

## **For what?**

This program aims to contribute to better health and welfare of the people in developing countries by transferring the knowledge and skills related to LSRD control measures. Participants will acquire Japanese knowledge and application skills to take effective measures in area of responsibility.

## **For whom?**

The target of this program is the government officials who are responsible for the LSRD control policy in the countries that are currently facing or expected to have an increase of LSRDs in the near future.

## **How?**

Participants shall have opportunities to learn effective measures against LSRDs, such as health check-up system, health education and physical exercise through lectures, practices and observations. In the end of the training course, each participant will select suitable measures to control LSRDs in one's country and formulate an action plan describing what one will do after going home. Participants will receive advice and comments from the course leader, lecturers and fellow participants in consultation and presentation sessions.

## ***II. Description***

- 1. Title: Lifestyle-Related Diseases Prevention (J1404367)**
- 2. Course Period in JAPAN**  
May 25 to June 29, 2014
- 3. Target Regions or Countries**  
Cambodia, Honduras, India, Malaysia, Micronesia, Philippines, Solomon Islands, South Africa, Sri Lanka, Tonga, Uzbekistan
- 4. Eligible / Target Organization**  
This program is designed for offices/divisions/departments in charge of LSRD policy in the health administration of central or local government.
- 5. Course Capacity (upper limit of Participants)**  
10 participants
- 6. Language to be used in this program**  
English
- 7. Course Objective**  
The organizations which are currently engaged in LSRD control plans operate the program through knowledge and skills acquired from this training course.
- 8. Overall Goal**  
LSRD prevention/control measures, such as health education, periodical health check-ups, and human resource development, become widely taken in developing countries.

## 9. Expected Module Outputs and Contents:

This program consists of the following components. Details on each component are given below:

<b>(1) Preliminary Phase in a participant's home country</b> <i>Participating organizations make required preparation for the Program in the respective country.</i>	
Expected Module Output	Activities
Current situation, support, local resource and problems of Lifestyle-Related Disease (LSRD) in area of responsibility can be understood and analyzed.	Preparation of Inception report

<b>(2) Core Phase in Japan</b> <i>Participants dispatched by the organizations attend the Program implemented in Japan.</i>		
<b>Expected Module Outputs:</b>		
<ol style="list-style-type: none"> <li>1. A plan to solve problems in area of responsibility is formulated by selecting adequate method among Japanese experience and measures, and useful and concrete methods.</li> <li>2. Measures implemented in Japan to solve specified problems are understood. Also, the challenges to implement and necessary activity in areas of responsibility are identified.</li> <li>3. Concrete action plan is formulated based on acquired knowledge, technology and analysis results.</li> <li>4. Action plan is presented and further developed by adding comments from course leader, lecturers and fellow participants.</li> </ol>		
	Subjects/Agendas	Methodology
Module 1	Concrete method to solve problems: <ul style="list-style-type: none"> <li>• Exercise guideline and program</li> <li>• Meal guideline and diet education system</li> <li>• Tobacco Control</li> <li>• Stress Management</li> <li>• Enlightenment campaign</li> <li>• Health promotion measure</li> <li>• Diabetes and Obesity prevention Program</li> <li>• Resident consciousness survey</li> <li>• Advise at medical check-up and health care</li> </ul>	Lecture, Observation and Exercise
Module 2	<ul style="list-style-type: none"> <li>• Human resource development method</li> <li>• Program preparation method</li> <li>• Project assessment method and data analysis method</li> </ul>	Lecture and Observation
Module 3	Planning of improvement measures for own country's Lifestyle-Related Disease (LSRD)	Lecture and Exercise
Module 4	<ul style="list-style-type: none"> <li>• Action Plan guidance</li> <li>• Issue analysis (Planning, management and evaluation of LSRD prevention program, health education program and personnel training plan)</li> <li>• Presentation of Action Plan</li> </ul>	Discussion and Presentation

**(3)Finalization Phase in a participant's home country**

*Participating organizations produce final outputs by making use of results brought back by participants. This phase marks the end of the Program.*

Expected Module Output	Activities
Follow-up activity:	Implementation of the Action Plan in a participant's country and submission of the progress report on how he/she has implemented the Action plan six months after the end of the training. (by December 28, 2014)

## <Structure of the program>

### Training Program on Lifestyle-Related Diseases (LSRD) Prevention

The organizations which are currently engaged in Lifestyle-Related Disease (LSRD) Prevention plans, and the plans are operated through knowledge and skills acquired from this training course.

#### 【Contents】

##### Course Orientation

Program objectives and training curriculum are confirmed

##### Inception Report Presentation

Each participant will make a presentation about current situations and problems of LSRD prevention and control measures in his/her country in order to promote better understanding of the lecturers and fellow participants in this training course.

##### Current Activities for LSRD prevention in Japan

Health condition of the Japanese people and LSRD prevention measures are introduced.

- Japanese healthcare, health insurance system and laws (Health Promotion Law, Health and Medical Service Act for the Aged, Industrial Safety and Health Act, etc.)
- National Health Promotion Plan (HEALTH JAPAN 21) and specific Health Checkup and Health Counseling
- Measures against LSRD in Aichi Prefecture and function of Aichi Health Plaza

##### LSRD Prevention Program

- Obesity
- Diabetes
- Metabolic syndrome (Dyslipidemia, Hypertension)
- Periodontal disease
- Lumbago

##### Health Promotion Activities for Different Age Groups

- School children
- Guidance for adults (workplace, community, etc.)
- Health promotion for the elderly

##### Practical Methods for Health Promotion

- Health level evaluation
- Exercises (Walking, Strength training, Water exercise, etc.)
- Nutritional guidance
- Guidance for rest and stress management
- Antismoking guidance

##### Improvement of Infrastructure for LSRD Prevention

- LSRD monitoring system, regional diagnosis
- Personnel training plan (Training for health promotion volunteers)
- Planning and management of health checkup and health education system

##### Formulation and Presentation of Action Plan

Participants will formulate Action Plan on LSRD prevention activities using the knowledge acquired in the program and make a presentation.

- Planning of health education program
- Improvement of infrastructure
- Personnel training plan
- Setting of short-term, medium-term and long-term goal
- Evaluation

#### 【Methodology】

**【Lecture】** Participants will have better understanding of Japan's LSRD prevention activities, health education program suitable for a target group or disease state, monitoring system, etc.

**【Observation】** Participants will learn the actual implementation of prevention activities that can be applied to their respective countries and think of issues on planning, management and evaluation.

**【Exercise】** Participants will learn health education techniques and evaluation methods by experiencing health level evaluation and health education program. Learning by doing will encourage their willingness to work on LSRD prevention activities.

**【Group work】** Considering the issues related with LSRD in their home countries, Participants will formulate a LSRD prevention program appropriate to the country's current situation. Group work will help them to make a variety of programs by learning the situations of other countries.

**【Presentation】** Participants will make a presentation about LSRD prevention program and infrastructure improvement plan that are formulated using the knowledge and technique acquired in the training program. They will be able to develop a more concrete and feasible program by receiving questions and suggestions from lecturers.

##### Implementation of Action Plan

- Start of LSRD prevention activities
- Revision to adjust the country's own situation
- Evaluation



<b>Reference: Program Schedule in previous year (2013)</b>	
<b>Date</b>	<b>Program</b>
9-Jun	Arrival
10-Jun	Briefing/Orientation
11-Jun	General Orientation
12-Jun	Opening Ceremony/ Lecture on function and role of AHP(Aichi Health Plaza)/ Introduction of Health Level Evaluation
13-Jun	<b>Job Report Presentation</b> Individual Consultations on Action Plan (x3 trainees)
14-Jun	Health Level Evaluation/ Individual Program Creation
15-Jun	History of NCD measures taken Japan, National campaign, evaluation and next planning Action Plan Preparation① (Brain Storming) Individual Consultations on Action Plan (x2 trainees)/
16-Jun	Visit: Aichi Health Day Events/Granted Health Promotion Programme Presentation
17-Jun	Holiday
18-Jun	Specific Health Checkup & Health Guidance/ Physical exercise in training gym Observe Health Promotion Class①, Individual Consultations (x3 participants)
19-Jun	Tour in Medical Check-up Van, Visit: Kariya Comprehensive Health Center Visit: Health Science Museum, Introduction of educational tools
20-Jun	Observe Health Promotion Class② (the 7th session of Healthy Aging Class) Cooking - Local dishes from trainees' countries
21-Jun	Visit: Higashiura Town, Health Promotion at community level Physical activity criteria, exercise guide and instruction experience, Rest & Relaxation Experience
22-Jun	Action Plan Preparation② (Physical Education Program/Human Resources Cultivation Plan) Observe Health Promotion Class③ (Luncheon class, goal setting, blood sugar measuring)
23/24-Jun	Holiday
25-Jun	Data analysis and its use for health management Measures against LSRD in Aichi Prefecture ~Health Japan 21(Aichi Plan)~
26-Jun	Visit: Tokai City and observe local health promotion programme Health Supporting Infrastructure, Coordination with medical services
27-Jun	Human Resource Development for Health promotion Projects (tapping volunteer resource) Action Plan Preparation③ (Short-medium-long term Schedule Planning, Evaluation) Progress Report Presentation
28-Jun	Role of Health Insurance Society, Health support at work Prevention of Periodontal diseases & Oral health
29-Jun	LSRD Prevention for Elementary & Junior High School Students Practicum Training① (Medical Checkup · Exercise · Diet · Health Education)
30-Jun, 1-Jul	Holiday
2-Jul	Visit: Kyoto Medical Center, Diabetes Prevention
3-Jul	Visit Osaka Health Science Center□
4-Jul	Visit: Wacoal Human Science Research Center Efforts of Companies in Health Promotion
5-Jul	Practicum Training② (Medical Checkup · Exercise · Diet · Health Education) Practicum Training③ (Medical Checkup · Exercise · Diet · Health Education)
6-Jul	Countermeasure for Child Metabolic Syndrome Lifestyle and Dietary Habits of the Japanese
7/8-Jul	Holiday
9-Jul	Prevention for Lower Back Pain Action Plan Preparation④, see progress individually
10-Jul	Dietary Education at School/ Experience School Lunch
11-Jul	Health Level Evaluation (Course A)/Action Plan Preparation Action Plan Preparation⑤ (Questions, Concrete Schedule)
12-Jul	Preparation and Rehearsal time for Action Plan Presentation <b>Action Plan Presentation</b> Course Evaluation Meeting, Closing Ceremony, Farewell Party
13-Jul	Move to JICA Chubu Center
14-Jul	Departing from Japan

### **III. Conditions and Procedures for Application**

#### **1. Expectations from the Participating Organizations:**

- (1) This program is designed primarily for organizations that intend to address specific issues or problems identified in their operation. Participating organizations are expected to use the project for those specific purposes.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the project to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and problems.

#### **2. Nominee Qualifications:**

Applying Organizations are expected to select nominees who meet the following qualifications.

##### **(1) Essential Qualifications**

- 1) **Current Duties:** be an officer who is currently engaged in public health service, and responsible for the LSRD control activities in the central or local government.
- 2) **Experience in the relevant field:** have at least 3 years or more of experience in this field
- 3) **Educational Background:** be a graduate of university
- 3) **Language:** have a competent command of spoken and written English which is equal to TOEFL iBT 100 or more (This workshop includes active participation in discussions, which requires high competence of English ability. Please attach an official certificate for English ability such as TOEFL, TOEIC etc, if possible)
- 4) **Computer skills:** to be proficient in Microsoft Excel and Power Point
- 5) **Health:** must be in good health, both physically and mentally, to participate in the one-month training course in Japan. \*The participants are required to try physical exercise, such as walking, in the course of training.
- 6) Must not be serving any form of military service.

##### **(2) Recommendable Qualifications**

**Age:** between the ages of thirty (30) and fifty (50) years

#### **3. Required Documents for Application**

**(1) Application Form:** The Application Form is available at the JICA office (or the Embassy of Japan). Please submit a type-written application form.

\*Pregnancy

Pregnant participants are strictly requested to attach the following documents in order to minimize the risk for their health.

1. letter of the participant's consent to bear economic and physical risks
2. letter of consent from the participant's supervisor
3. doctor's letter with permission of her training participation.

Please ask JICA Staff for the details.

**(2) Nominee's English Score Sheet:** to be submitted with the application form. If you have any official documentation of English ability. (e.g., TOEFL, TOEIC, IELTS)

**(3) Inception Report:** Each nominee is requested to prepare a report explaining the present situation of her/his own job in her/his home country (organization), as well as to introduce her/his job description and own interest. This report should be typed in the attached form at ANNEX 1 and submitted with the Application Form. The report will be a reference for selecting training participants.

Note: Accepted participants are required to make presentation material based on the report in order to share it at beginning of training program. Using Microsoft PowerPoint is preferred.

#### **4. Procedure for Application and Selection :**

##### **(1) Submitting the Application Documents:**

Closing date for applications: Please inquire to the JICA office (or the Embassy of Japan).

**After receiving applications, the JICA office (or the Embassy of Japan) will send them to the JICA Chubu Center in JAPAN by March 31, 2014.**

##### **(2) Selection:**

After receiving the documents through proper channels from your government, the JICA office (or the embassy of Japan) will conduct screenings, and then forward the documents to the JICA Center in Japan. Selection will be made by the JICA Center in consultation with concerned organizations in Japan. The applying organization with the best intention to utilize the opportunity of this program will be highly valued in the selection.

##### **(3) Notice of Acceptance**

Notification of results will be made by the JICA office (or the Embassy of Japan) **not later than April 25, 2014.**

#### **5. Conditions for Attendance:**

- (1) to strictly adhere to the program schedule.
- (2) not to change the program topics.
- (3) not to extend the period of stay in Japan.
- (4) not to be accompanied by family members during the program.
- (5) to return to home countries at the end of the program in accordance with the travel schedule designated by JICA.

- (6)** to refrain from engaging in any political activities, or any form of employment for profit or gain.
- (7)** to observe Japanese laws and ordinances. If there is any violation of said laws and ordinances, participants may be required to return part or all of the training expenditure depending on the severity of said violation.
- (8)** to observe the rules and regulations of the accommodation and not to change the accommodation designated by JICA

## IV. Administrative Arrangements

### 1. Organizer:

(1) **Name:** JICA Chubu

(2) **Contact:** Ms. SAITO Mihoko (cbictp1@jica.go.jp)

※Please insert “training course number & the title” in the subject when emailing. For instance, “J1404367 & Lifestyle-Related Diseases Prevention”

### 2. Travel to Japan:

(1) **Air Ticket:** The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.

(2) **Travel Insurance:** Coverage is from time of arrival up to departure in Japan. Thus traveling time outside Japan will not be covered.

### 3. Accommodation in Japan:

JICA will arrange the following accommodations for the participants in Japan:

JICA Chubu International Center, (JICA CHUBU),  
Address: 4-60-7 Hiraike-cho, Nakamura-ku, Nagoya 453-0872, JAPAN  
Phone: +81-52-533-0220 Fax: +81-52-564-3751  
(where “81” is the country code for Japan, and “52” is the local area code)

If there is no vacancy at JICA CHUBU, JICA will arrange alternative accommodations for the participants.

### 4. Expenses covered by JICA:

The following expenses will be provided for the participants by JICA:

- (1) Allowances for accommodation, meals, living expenses, outfit, and shipping
  - (2) Expenses for study tours (basically in the form of train tickets.)
  - (3) Free medical care for participants who become ill after arriving in Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included)
  - (4) Expenses for program implementation, including materials
- For more details, please see “III. ALLOWANCES” of the brochure for participants titled “KENSU-IN GUIDE BOOK,” which will be given before departure for Japan

### 5. Pre-departure Orientation:

A pre-departure orientation will be held at the respective country’s JICA office (or Japanese Embassy), to provide participants with details on travel to Japan, conditions of the workshops, and other matters.

## ***V. Other Information***

For the promotion of mutual friendship, JICA Chubu encourages international exchange between the JICA participants and local communities, including school and university students as a part of development education program. The JICA participants are expected to contribute by attending such activities and will possibly be asked to make presentation on the society, economy and culture of their home country.

## **VI. ANNEX:**

### **ANNEX I**

## **Inception Report**

Applicants are requested to prepare an Inception Report on the following issues and submit it to JICA office together with the application form. The report should be typewritten in English on A4 size paper.

### **【Contents】**

\* Please indicate the following on the cover page:

Name of country: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Department /Section: \_\_\_\_\_

Present post: \_\_\_\_\_

E-mail address: \_\_\_\_\_ (if available)

### **1. Fundamental indicator of health in your country -the trend of LSRD-**

- (1) Population (classified by sex and age)
- (2) Life expectancy
- (3) Top 10 causes of death
- (4) Number of affected individual and prevalence of LSRD (including indicate of average level)
- (5) Number of hospitals and health centers
- (6) Number of medical personnel (doctor, nurse, public health nurse, dentist, midwife, etc.)

### **2. Current activities and problems for the LSRD prevention**

- (1) Dietary habits and nutritious condition
  - 1) Total energy, protein, fat, carbohydrate, dietary fiber, frequencies of meals
  - 2) Typical menu of the day from breakfast to dinner, recipe of typical dish
  - 3) Negative factors of dietary habits, customs and environments
  - 4) Activities and problems for the LSRD prevention  
(contents, locations, target persons, responsible persons, and implementing persons of activities)
  
- (2) Alcohol drinking and tobacco control
  - 1) Rate of drinkers and smokers
  - 2) Related law (legal age of drinking alcohol and smoking cigarettes, etc.)
  - 3) Enforcement of separated smoking area
  - 4) Negative factors of drinking and smoking habits
  - 5) Prevention activities and problems  
(contents, locations, target persons, responsible persons, and implementing

persons of activities)

(3) Exercise

- 1) Current Condition and Problems
- 2) Activities and Problems (contents, locations, target persons, responsible persons, and implementing persons of activities)
- 3) Work style
- 4) Exercise Facilities

(4) Relaxation and stress management

**3. Current condition and assignment of the infrastructure development**

(1) Health-Related Policies and Laws

(2) Systems (health check and health education, medical care and medical insurance)

(3) Human resources development (medical personnel and volunteers)

(4) Partnership with related sectors

(government, autonomous community, citizen, schools, private sectors, researchers )

**4. The organization and duty of the applicant**

(1) Organizational Level

- 1) Organization chart and number of staff members in each division
- 2) The work of your organization and the services and activities it provides
- 3) Any serious problems that impede improvement of the LSRD prevention services in your organization

(2) Personal Level

- 1) Your occupational background, training and work experience
- 2) Your specific duties in your organization
- 3) Ongoing activities that you are engaged in with regard to the LSRD and the problems you face
- 4) Please mark the subjects in which you are most interested in the training program.

**Please choose best 3 subjects.**

- |  |  |  |                                 |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Obesity           | <input type="checkbox"/> Hypertension          | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Tobacco control | <input type="checkbox"/> Alcohol drinking  | <input type="checkbox"/> Exercise prescription |                                 |
| <input type="checkbox"/> Nutrition       | <input type="checkbox"/> Stress management | <input type="checkbox"/> Awareness promotion   |                                 |
| <input type="checkbox"/> Others (        |  |  | )                               |

**5. Your expectation to this training course**



## ***For Your Reference***

### **JICA and Capacity Development**

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that “capacity development” is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training programs, JOCV programs, etc.

Within this wide range of programs, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of programs are being customized to address the specific needs of different target organizations, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

### **Japanese Development Experience**

Japan was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the “adopt and adapt” concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this “adoption and adaptation” process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan’s developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of “tacit knowledge,” a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



***CORRESPONDENCE***

For enquiries and further information, please contact the JICA office or the Embassy of Japan. Further, address correspondence to:

**JICA Chubu International Center (JICA Chubu)**

**Address: 4-60-7 Hiraike-cho, Nakamura-ku, Nagoya 453-0872, Japan**

**TEL: +81-52-533-0220 FAX: +81-52-564-3751**