

No.12040/10/2013-FTC (Trg.)  
Government of India  
Ministry of Personnel, Public Grievances & Pensions  
Department of Personnel and Training  
(Training Division)

Block-4, Old JNU Campus  
New Mehrauli Road, New Delhi-67  
Dated 26<sup>th</sup> February, 2013

TRAINING CIRCULAR

Subject: **A Group Training Course on 'Life Style Related Diseases (LSRD) Prevention' to be held from May, 2013 to January, 2014 (Core Phase to be held in Japan from 9<sup>th</sup> June to 13<sup>th</sup> July, 2013).**

The undersigned is directed to state that the Japan International Cooperation Agency (JICA) under the Technical Cooperation of the Government of Japan has invited applications for the above programme to be held from May, 2013 to January, 2014, out of which Core Phase will be held in Japan from 9<sup>th</sup> June to 13<sup>th</sup> July, 2013.

2. The programme aims that participants will contribute for better health and welfare of the people in developing countries by transferring the knowledge and skills related to life style related diseases (LSRD) control measures. Participants will acquire Japanese knowledge and application skills to take effective measures in area of responsibility.

3. This programme is designed mainly for officers who are currently engaged in public health service and responsible for the LSRD control activities; should have more than 3 years experience in the relevant field; should be between the age of thirty (30) and fifty- (50) years, not be serving in military; have sufficient knowledge of spoken and written English which is equal to TOFEL; be in good health, both physically and mentally, to participate in the program in Japan.

4. In addition to the above, the following information in respect of the nominated officers may please be furnished while forwarding the nomination:

- a) Whether attended any foreign training programme in the past? If so, the duration/detail thereof;
- b) Whether clear from vigilance angle?
- c) Age;
- d) Whether working in North East State/J&K;
- e) A brief in 50-100 words justifying the nomination.

5. The course covers the cost of a round- trip air ticket between an international airport designated by JICA; 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). The participants are not allowed to take any family member during the training course.

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6. It is requested that the nomination of the suitable candidates may please be forwarded to this Department in accordance with the eligibility criteria.
7. The nomination details should be submitted (**in duplicate**) in the JICA's prescribed proformas duly authenticated by the Department concerned along with the Job Report.
8. The applications should reach this Department through the Administrative Ministry/State Government not later than **1st April, 2013**. Nominations received after the prescribed date will not be considered. The details of the programme and the application form may be drawn from Ministry of Personnel, Public Grievances and Pensions website (**persmin.nic.in**), which is available in "What is New" under the Department of Personnel and Training.



(N.K. Wadhwa)

Under Secretary to the Government of India

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Copy to:

1. The Secretary, Ministry of Health & Family Welfare, Nirman Bhawan, C-Wing, New Delhi-110001
2. All State Governments/Union Territories (with the request to circulate it amongst the related organizations).
3. NIC with the request to post the circular along with the JICA's circular and the enclosed application Proforma on the Department's website.



Japan International Cooperation Agency  
(Government of Japan)

No. 08/GT-CP/2013

February 12, 2013

Dear Mr. N.K. Wadhwa,

A Group Training Course on Life-Related Diseases Prevention will be held in Japan from June 09, 2013 to July 13, 2013 under the Technical Cooperation Programme of the Government of Japan.

We are forwarding herewith two copies of the General Information Booklet on the above offer. It is requested that the following documents of the selected candidate may please be submitted to this office by **April 15, 2013**:-

- (1) The Application Form together with the medical history questionnaire
- (2) Inception Report

Further details are available in the General Information Booklet. It may be noted that the completed Application Report is essential for screening of applications.

It is further informed that 15 slots are available globally for the above course and it would be much appreciated if you could take further necessary action and submit the nomination(s) of suitable candidate(s) to this office by the designated date.

With regards,

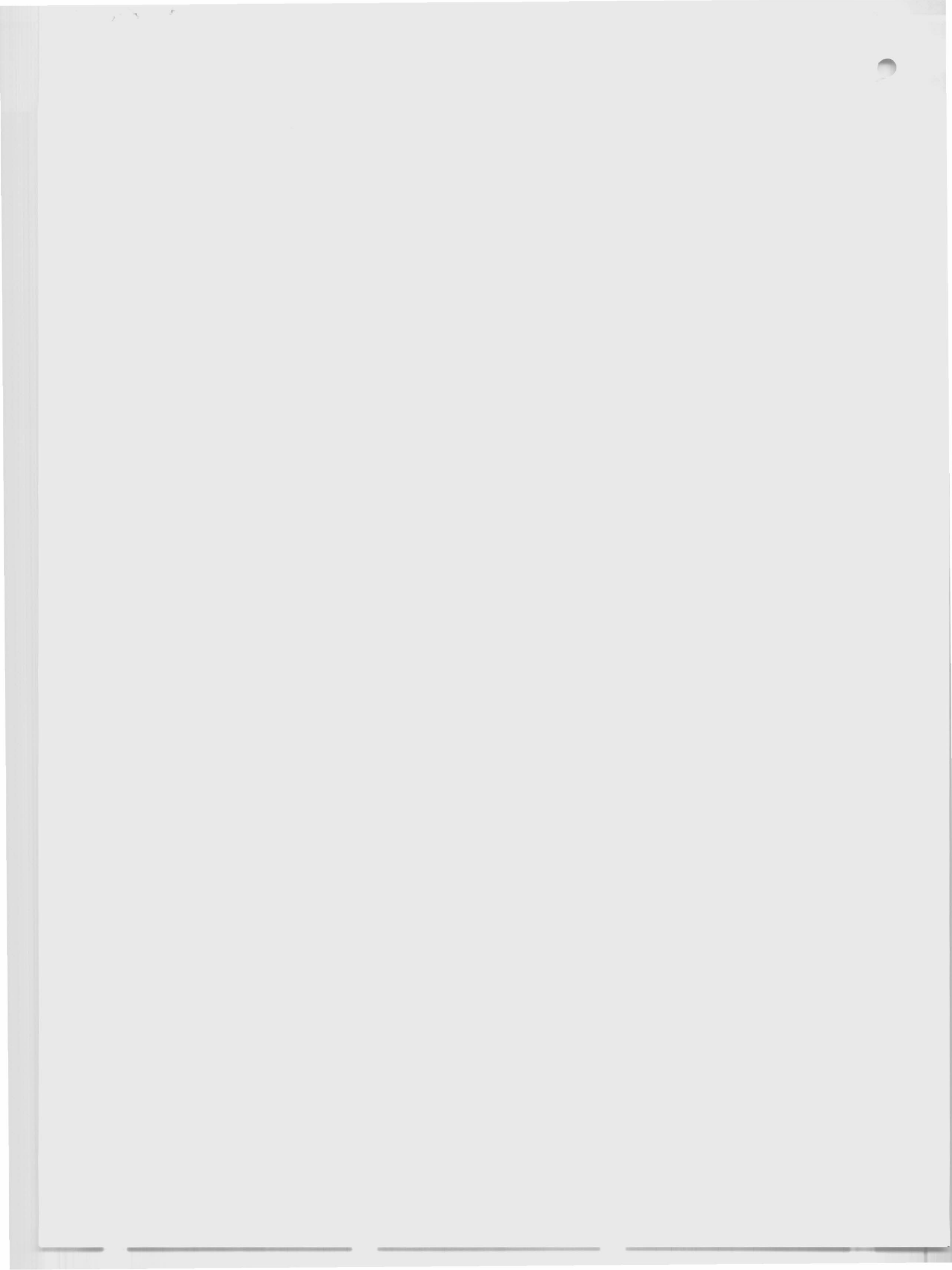
Yours sincerely,

(Hiroshi Suzuki)

Senior Representative

Encl: As stated above.  
Mr. N.K. Wadhwa  
Under Secretary (Training)  
Department of Personnel and Training  
Training Division  
Block No. 4  
Old JNU Campus  
New Mehrauli Road  
New Delhi.

13/2/2013  
Mr. Wadhwa





# TRAINING AND DIALOGUE PROGRAMS

GENERAL INFORMATION ON  
Group Training Course  
LIFESTYLE-RELATED DISEASES (LSRD) PREVENTION  
集團研修「生活習慣病予防対策」  
JFY 2013

<Type: Solution Creation / 類型: 課題解決促進型>

NO. J1300609/ ID. 1380985

From May 2013 to January 2014

Phase in Japan: From June 9, 2013 to July 13, 2013

This information pertains to one of the Training and Dialogue Programs 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.

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## **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. Lifestyle-related Diseases Prevention (J1300609 )**

**2. Period of program**

**Duration of whole program:** May 2013 to January 2014

**Preliminary Phase:** May 9 to June 8, 2013  
(in a participant's home country)

**Core Phase in Japan:** June 9 to July 13, 2013

**Finalization Phase:** July 14, 2013 to January 13, 2014  
(in a participant's home country)

**3. Target Regions or Countries:** Bhutan, Honduras, India and Sri Lanka

**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.

The following is the priority organization in the country:  
Sri Lanka: Ministry of Health

**5. Total Number of Participants:** 5 participants

**6. Language to be used in this program:** English

**7. Program 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.

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**9. Expected Module Outputs and Contents:**

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

<p><b>(1) Preliminary Phase in a participant's home country</b>          (May 9 to June 8, 2013)  <i>Participating organizations make required preparation for the Program in the respective country.</i></p>	
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 (Common activity for each year)

<p><b>(2) Core Phase in Japan</b>          (June 9 to July 13, 2013)  <i>Participants dispatched by the organizations attend the Program implemented in Japan.</i></p>
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**Expected Module Outputs:**

1. A plan for three years to solve problems in area of responsibility is formulated by selecting adequate method among Japanese experience and measures, and useful and concrete methods.
2. Based on the plan formulated in the first year, measures implemented in Japan to solve specified problems are understood. Also, the challenges to implement and necessary activity in areas of responsibility are identified.
3. Concrete action plan is formulated based on acquired knowledge, technology and analysis results.
4. Action plan is presented and further developed by adding comments from course leader, lecturers and fellow participants.

	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	<ul style="list-style-type: none"> <li>• Planning of improvement measures for own country's Lifestyle-Related Disease (LSRD)</li> </ul>	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



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**(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 back in a participant's country and submission of the <u>progress report on how he/she has implemented the action plan six months after the end of the training.</u>  Submission of the <u>Completion Report</u> from the director of the participant's organization (sample in the Annex II) together with the participant's own progress report to JICA country office (only for FY2015).

**10. Follow-up Cooperation by JICA:**

In this program, JICA might extend follow-up support to participating organizations that intend to develop the results of the project further. Please note that the support shall be extended selectively based on proposals from the participating organizations.

<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.

