

No. 12040/05/2016-FTC/IR  
Government of India  
Ministry of Personnel, Public Grievances and Pensions  
Department of Personnel and Training  
[Training Division]

Block-4, Old JNU Campus  
New Mehrauli Road, New Delhi-67  
Dated: 18.02.2016

**TRAINING CIRCULAR**

Subject: Knowledge Co-Creation Program on "Lifestyle-Related Diseases Prevention" to be held in Japan from 8<sup>th</sup> May to 12<sup>th</sup> June, 2016 under Technical Cooperation Program of the Government of Japan.

The undersigned is directed to state that the Japan International Cooperation Agency (JICA) has invited applications for Knowledge Co-Creation Program on "Lifestyle-Related Diseases Prevention" to be held in Japan from 8<sup>th</sup> May to 12<sup>th</sup> June, 2016 under Technical Cooperation Program of the Government of Japan.

2. The 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. The programme is offered to the officials who are responsible for the LSRD control policy.
3. The applying organizations are expected to nominate those officers who are currently engaged in public health service, and responsible for the LSRD control activities with at least 5 years experience in the relevant field. The applicant should be a university graduate; have competent command over spoken and written English; must be in good health (both physically and mentally); must not be part of any type of military service; be proficient in Microsoft Excel and Power Point. The recommendable age of the candidate is between 30 to 50 years.
4. In addition, the following information in respect of the nominated officers may please be mentioned while furnishing the nomination:-
  - a) Whether attended any foreign training program in the past? If so, the duration/details 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.
5. 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).

6. It is, therefore, requested that the nomination of suitable candidates may please be forwarded **(in two copies) in JICA's prescribed format** to this Department duly authenticated by the HOD of the concerned department in accordance with the eligibility criteria.

7. The applications should reach this Department through the Administrative Ministry/Department/State Government not later than **4<sup>th</sup> March, 2016**. Nominations received after the prescribed date may not be considered. The details of the program (General Information Brochure) may be drawn from Ministry of Personnel, Public Grievances and Pensions' website at the link <http://persmin.gov.in/otraining/Index.aspx>.



(P. K. Pattnaik)

Under Secretary to the Government of India  
Tele no: 011-26109049

To,

- a) Secretary, Department of Health and Family Welfare, Nirman Bhawan, New Delhi.
- b) Secretary, Department of AYUSH, AYUSH Bhawan, B-Block, GPO Complex, INA, New Delhi-110023.
- c) Secretary, Department of Health Research, Indian Council of Medical Research, V. Ramalingaswami Bhawan, Ansari Nagar, New Delhi-110029.
- d) Secretary, Ministry of Railways (Indian Railways Medical Services), Rail Bhawan, New Delhi.
- e) Chief Secretaries to all the State Governments/Union Territories (with request to circulate the same amongst their related Departments/Organizations).
- f) Mr. Sachiko Imoto, Senior Representative, Japan International Cooperation Agency, JICA India Office, 2nd Floor, Dr. Gopal Das Bhawan, 28, Barakhamba Road, New Delhi -110001.
- g) NIC with request to post the circular along with the JICA's circular on this Department's website.



# Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON

LIFESTYLE-RELATED DISEASES PREVENTION

課題別研修「生活習慣病予防対策」

JFY 2016

NO. J1604419/ ID. 1684460

Course Period in Japan: From May 8, 2016 to June 12, 2016

This information pertains to one of the JICA Knowledge Co-Creation Program (Group & Region Focus) 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.

‘JICA Knowledge Co-Creation Program (KCCP)’ as a New Start

In the Development Cooperation Charter which was released from the Japanese Cabinet on February 2015, it is clearly pointed out that *“In its development cooperation, Japan has maintained the spirit of jointly creating things that suit partner countries while respecting ownership, intentions and intrinsic characteristics of the country concerned based on a field-oriented approach through dialogue and collaboration. It has also maintained the approach of building reciprocal relationships with developing countries in which both sides learn from each other and grow and develop together.”* We believe that this ‘Knowledge Co-Creation Program’ will serve as a center of mutual learning process.

# **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 (J1604419)**
- 2. Course Period in JAPAN**  
May 8 to June 12, 2016
- 3. Target Regions or Countries**  
Bangladesh, Cook Islands, Fiji, Ghana, India, Kiribati, Myanmar, Nauru, Sri Lanka, Sudan, 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)**  
12 participants
- 6. Language to be used in this program**  
English
- 7. Course Objective**  
Action Plan on LSRD prevention/control in consideration of current circumstances of each country shall be approved at the respective participating organizations and implemented.
- 8. Overall Goal**  
LSRD prevention/control measures 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	
<b>Module 1:</b> 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>		
Expected Module Output	Subjects/Agendas	Methodology
<b>Module 2:</b> To understand Japanese experiences, programs and measures of LSRD.	1) To learn about policies and systems of LSRD control in Japan and Aichi Prefecture.	- Lecture - Observation - Exercise
	2) To learn about LSRD control activities; such as exercise/meals guidance, enlightenment campaign, health promotion measure, resident consciousness survey, and advice at medical check-up and health care.	
	3) To learn about methods of human resource development, program preparation, project assessment and data analysis.	
<b>Module 3:</b> To compile the direction of policies, programs and projects for LSRD of each country.	To specify the problems of LSRD, and to select effective and concrete measures.	- Lecture - Exercise
<b>Module 4:</b> To formulate the action plan on LSRD prevention/control.	1) Guidance for Action Plan	- Discussion - Presentation
	2) Formulation and presentation of Action Plan	

**(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 to JICA Chubu Center and the respective country's office by <u>December 31, 2016.</u>

## <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



**Reference: Program Schedule in previous year (2015)**

Date	Programme	Lecturer
10-May	Arrival	
11-May	Briefing/ Orientation/ X-ray exam	
12-May	Orientation/ Japanese Class	
	Move to AHP (Aichi Health Plaza)	
13-May	Opening Ceremony/ Lecture on function and role of AHP	AHP/ Dr. Tsushita
	AHP Facility Tour/ Introduction of Health Level Evaluation	AHP
14-May	Preparation and Rehearsal time for Job Report Presentation	
	Job Report Presentation	
	Individual Consultations	AHP/ Dr. Tsushita
15-May	Health Level Evaluation	AHP
	Individual Program Creation based on the Result of Health Level Evaluation	
16-May	History of NCD measures taken Japan, National campaign, Healthy Japan 21 and Screening system	AHP/ Dr. Tsushita
	Action Plan Preparation(1)	
	Individual Consultations	
17-May		
18-May	Japanese Class	
19-May	Learning from real Health Guidance	AHP
	Visit Health Science Museum, Introduction of educational tools	
20-May	Action Plan Preparation(2)	AHP/ Dr. Tsushita
	Health Promotion Class-1	AHP
21-May	Physical exercise for building up health	AHP
	Cuisines from all over the world	
22-May	Visit health Screening Center/ Kariya City Comprehensive Health Center	Toyoake & Kariya City
	Tabaco Control	AHP
23-May	Health Promotion Class-2	AHP
	Japanese Diet and Cooking Practice	
24-May		
25-May		
26-May	Health Promotion Activities of DENSO Health Insurance Association	DENSO
	Aichi's Efforts for LSRD Prevention ~Healthy Japan 21(Aichi Plan)~	Welfare and Health Section, Aichi Pref. Gov.
	TV Conference: Progress Report from 2014 Participants	AHP/ Dr. Tsushita
27-May	Trip to Kyoto/ Osaka	
	Lecture & Tour on Company Effort for Health Promotion	OMRON
28-May	Observation of the Medical Check-up Center	Kyoto Industrial Health Association
	A Long-term Follow-up Survey ~NIPPON DATA~	Shiga Univ/ Dr. Miura
29-May	Fighting Diabetes -Educational Hospitalization of Diabetes-	KEPCO Hospital/ Dr. Yabe
	Back to Nagoya	
30-May	Countermeasure for Child Metabolic Syndrome	ACHEMEC/ Dr. Yamazaki
	Periodontal Disease Prevention and Health	Aichi Gakuin Univ/ Prof. Shimazaki
31-May		
1-Jun		
2-Jun	Cultivating Health Promotion Staff	AHP
	Action Plan Preparation(3)	AHP/ Dr. Tsushita

Date	Programme	Lecturer
3-Jun	Social Infrastructure for health promotion/ Experience Health Conscious Lunch at Facility	Tokai City
	Visit Local GP and Observe Health Network/ Discussion and Q&A session	
4-Jun	Alcohol Control	AHP
	Understand Calorie value of each trainee's national dishes	
5-Jun	Lecture on Health Promotion at Town Level/ Observe Health Promotion Class	Higashiura Health Centre
	Individual Training①	AHP
6-Jun	Prevention for Lower Back Pain	Aichi Medical Univ/ Dr. Niwa
	LSRD Prevention for Elementary & Junior High School Students	Okazaki women's Junior College/ Prof. Yamashita
7-Jun		
8-Jun		
9-Jun	Action Plan Preparation(4)	AHP/ Dr.Tsushita
	Individual Training②	AHP
10-Jun	Dietary Education in Elementary School	Elementary School
	Individual Training ③	AHP
11-Jun	Health Check Evaluation	AHP
	Action Plan Preparation(5)	AHP/ Dr.Tsushita
12-Jun	Preparation and Rehearsal time for Action Plan Presentation	
	Action Plan Presentation/ Closing Ceremony	
13-Jun	Move to JICA Chubu	
14-Jun	Return Home	



Report Presentation



Discussion (Brainstorming)



Physical Exercise



Learning Dietary Habits of other countries

### **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 5 years or more of experience in this field
- 3) **Educational Background:** be a graduate of university
- 4) **Language:** have a competent command of spoken and written English which is equal to TOEFL iBT 100 or more (The 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)
- 5) **Computer skills:** to be proficient in Microsoft Excel and Power Point
- 6) **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, swimming, pedaling etc, in the course of training.
- 7) 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) Photocopy of passport:** to be submitted with the application form, if you possess your passport which you will carry when entering Japan for this program. If not, you are requested to submit its photocopy as soon as you obtain it.

\*Photocopy should include the followings:

Name, Date of birth, Nationality, Sex, Passport number and Expire date

**(3) 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)

**(4) 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.

#### **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 11, 2016.**

##### **(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 Chubu Center in Japan. Selection will be made by the JICA Chubu 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 1, 2016.**

**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 International Center

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

※Please insert “training course number & the title” in the subject when emailing. For instance, “J1604419 & 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

### 1. Development Education and Exchange with Local Communities

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. You are expected to contribute by attending such activities and will possibly be asked to introduce the society, economy and culture of your home country.

### 2. Climate in Nagoya

Monthly Average

	May	June
Average Temperature (°C)	18.9	22.7
- High (°C)	24.1	27.2
- Low (°C)	14.5	19.0
Average Rainfall (mm)	156.5	201.0
Average Humidity (%)	65	71

### 3. Personal Computer

We strongly recommend you to bring your personal computer, if available, for your convenience on your responsibility.

# 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. ( 8 pages or less )**

### **【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: \_\_\_\_\_

### **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)



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**