

No.12040/10/2012-FTC(Trg.)
Government of India
Ministry of Personnel, P.G and Pensions
Department of Personnel and Training
Training Division

Block-4, Old JNU Campus
New Mehrauli Road, New Delhi-67
Dated 22-2-2012

TRAINING CIRCULAR

Subject: A Group Training Course in Maternal and Child Health (A) in Japan.

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 April-December 2012 out of which the core phase would be held in Japan from 8th May to 23rd June, 2012.. The details of the programme and the application form may be drawn from Ministry of Personnel, Public Grievances and Pensions website (persmin.nic.in).

2. The Program aims to contribute to improve reduction of child mortality, improvement of maternal health, Maternal and child health indices (ex child mortality rate, maternal mortality ratio) in developing countries so that skills and knowledge of nursing staff shall be improved and better maternal and child health care service with meeting local people's health needs in participants' region will be provided.
3. The candidate should be a head nurse or equivalent in charge of nurse and midwife training in hospital, or be a professor/lecturer or equivalent in charge of nurse or midwife training in university or equivalent (medical doctors are not eligible); having experience of more than five(5) years in the field of Maternal and child health as a nurse or midwife; be a certified nurse or midwife; be proficient in written and spoken English; be in good health, not be serving in military and between 25 years and 45 years of age.
4. 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 is not included).
5. It is requested that the nomination of the suitable candidates may please be forwarded to this Department in accordance with the eligibility criteria.

6. The nomination details should be submitted in the JICA's prescribed proformas duly authenticated by the Department concerned along with the country report.
7. The applications should reach this Department through the Administrative Ministry/State Government not later than 1st March, 2012. Nominations received after the prescribed date will not be considered.


(N.K. Wadhwa)

Under Secretary to the Government of India

Copy to:

1. The Secretary, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.
2. The Secretary, Ministry of Women and Child Development, Shastri Bhavan, New Delhi.
3. The Secretary, Ministry of Defence, South Block, New Delhi.
4. The Secretary, Ministry of Railways, Rail Bhavan, New Delhi.
5. All State Governments/Union Territories.
(with the request to circulate it amongst the related organizations)
6. NIC with the request to post the circular along with the JICA's circular and the enclosed application Proforma on the Department's website.



TRAINING AND DIALOGUE PROGRAMS

GENERAL INFORMATION ON

MATERNAL AND CHILD HEALTH(A)

集団研修「母子保健(A)」

Japan Fiscal Year 2012

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

NO.: J-12-00878 / ID: 1280757

From April 2012 to December 2012

Phases in Japan: From May 8, 2012 to June 23, 2012

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.

I. Concept

Background

In September 2000, the Millennium Development Goals (MDGs) were established by the United Nations. Among eight goals, two of them were related to maternal and child health, such as reduction of child mortality, improvement of maternal health. Maternal and child health indices (ex. child mortality rate, maternal mortality ratio) in developing countries show poor health conditions, mainly caused by poverty, malnutrition, infectious diseases, and lack of educational opportunities.

In order to improve maternal and child health conditions, it is important to train nurses and midwives so that they can have adequate skills to meet the needs of local circumstances.

Northern Hokkaido including Asahikawa is a vast and sparsely populated area, which used to be the area of poor health conditions with insufficient number of health institutions. By training nurses and midwives and utilization of information, the area has succeeded to improve the conditions of maternal and child health.

This program aims to enhance human resource development of nurses and midwives in developing countries by introducing nursing administration system and human resource development in northern Hokkaido.

For what?

This program aims that participants can propose an appropriate plan to develop human resources such as nurses and midwives engaged in maternal and child health care in local communities.

For whom?

This program is offered to department of **maternal and child health** in university or hospital.

How?

Participants shall have opportunities in Japan to learn about human resource development of nurses and midwives and health / medical systems for the safe delivery through lectures, observations, exercises and discussions. Participants shall also formulate an action plan describing what he / she is expected to do after going back to respective home countries, making the best use of the knowledge and ideas acquired and discussed in Japan among others into their activities. In this program, "Nursing Process" is applied to formulate an action plan, so that participants can make a feasible and concrete plan.

II. Description

1. Title (J-No.): Maternal and Child Health (A) (J-12-00878)

2. Period of program

Duration of whole program:	April 2012 to December 2012
Preliminary Phase: (in a participant's home country)	April 2012 to May 2012
Core Phase in Japan:	May 8 to June 23, 2012
Finalization Phase: (in a participant's home country)	July 2012 to December 2012

3. Target Regions or Countries

Bolivia, Bangladesh, Cambodia, India, Kosovo, Laos, Mongolia, Nepal, Pakistan, Papua New Guinea, Venezuela

4. Eligible / Target Organization

This program is designed for department of **maternal and child health** in university or hospital.

5. Total Number of Participants

Twelve (12) participants are selected from Bolivia, Bangladesh (2), Cambodia, India, Kosovo, Laos, Mongolia, Nepal, Pakistan, Papua New Guinea, Venezuela

6. Language to be used in this program: English

7. Program Objective:

This program aims that participants will propose an appropriate action plan to resolve the challenges in maternal and child health care in local area as nurses and midwives being commanding positions.

I. To achieve this program objective, participants are expected in Japan;

- (1) To learn policy and history of maternal and child health in Japan, and consider how to enhance maternal and child health system in participant's area / country through referring to Japanese case.
- (2) To understand the process of human resource development of nurses and midwives in Japan.
- (3) To understand the roles and functions of institutions which relate to maternal and child health in Japan (birth centers, health care centers, hospitals and universities).
- (4) To consider how to improve the provision of local health care in the home country by learning health care and referral systems in remote and isolated areas in Hokkaido.
- (5) To design concrete and feasible action plans through analyzing maternal and child health problems in participant's area/country, based on problem solving process by applying nursing process.

II. In participant's home country, it is also expected that the action plan is discussed and implemented, and the progress of its implementation shall be submitted as "Progress Report" to JICA.

8. Overall Goal

Skills and knowledge of nursing staff shall be improved and better maternal and child health care service with meeting local people's health needs in participants' region will be provided.

9. Expected Module Output and Contents:

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

(1) Preliminary Phase in a participant's home country (April 2012 to May 2012) <i>Participating organizations make required preparation for the Program in the respective country.</i>	
Modules	Activities
Inception Report Job Report	Formulation and submission of Inception Report and Job Report.

NOTE:

(1) Consultation with Ex-Participants is strongly recommendable in order to prevent mismatch between participants' needs and training course.

(2) Core Phase in Japan (May 8, to June 23, 2012) <i>Participants dispatched by the organizations attend the Program implemented in Japan.</i>		
Modules	Subjects/Agendas	Methodology
(1) To learn policy and history of maternal and child health in Japan.	<ul style="list-style-type: none"> • Health administration system in Japan. • Social welfare system in Japan. • History and current situation of delivery support system in Japan. • History and current situation of pediatric nursing in Japan. 	Lecture Observation and Exercise
(2) To understand the process of human resource development of nurses and midwives.	<ul style="list-style-type: none"> • Nursing education system in Japan. • Principle of AMU Department of Nursing Science. • The role of midwives in Japan. • Activity of practicing midwives. • Exercise in hospital. 	Lecture Observation and Exercise
(3) To understand the roles and functions of institutions which relate to maternal and child health in Japan.	<ul style="list-style-type: none"> • Pre-service and in-service trainings in Japan. • Observation of Asahikawa Medical University. • Visiting local hospitals and health care centers. • Provision of Maternal and child health care and activities of public health nurses in the municipal level. 	Lecture Observation and Exercise

(4) Consider how to improve the provision of local health care in the home country.	<ul style="list-style-type: none"> Local medical care and referral system. History of public health nurses in Hokkaido. Activities of public health nurses and midwives in municipality. Medical care system in remote and isolated areas in Hokkaido. 	Lecture Observation and Exercise
(5) To design concrete and feasible action plans for nurses and midwives.	<ul style="list-style-type: none"> Problem solving by applying Nursing Process. Individual supervision by course leader (Professor of Midwifery). Formulation of action plan. Presentation of action plan 	Personal Consultation, Self Study, 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.

Modules	Activities
Implementation of the action plan and Submission of a Progress Report	Application and implementation of the action plan back in respective home country and submission of a final report describing the progress of implementing respective action plan by December 31 2012.

NOTE:

- JICA Sapporo might suspend the acceptance of candidates for the coming years from those organizations which does not seriously share participant's action plan, nor without reporting to JICA within the mentioned period.
- In order to formulate an appropriate action plan for participant's region or organization, participants must bring data or documents of maternal and child health from home country. It is very difficult to find them in Japan.

<Structure of the program>

(1) Preliminary phase (activities in home country)
 Preparation of the Inception Report and Job Report

(2) Core Phase (activities in Japan)
 Reference of Program Schedule in 2011

*AMU=Asahikawa Medical University

Week	Day	Category	Program/Content	Stage for Action Plan
1	1 st day		Arrival in Japan	Self-Study For "Assessment"
	2 nd day		Briefing	
			Medical Exam (X-ray)	
	3 rd -4 th day		General Orientation	
	5 th -6 th day		Free, Move to Asahikawa	
	7 th day		Opening Ceremony, Welcome Party	
	8 th day	Presentation	Job Report Presentation	
	9 th day	Lecture	Course Guidance:	
		Lecture	Nursing Process-based Problem Solving	

2

		General Briefing 1) Grasp/analysis of present situation(s) 2) Identification of problem/challenges in the field of MCH 3) Concrete measures that are effective 4) Evaluation method	
10 th	Lecture Discussion	Courtesy call to Mayor of Asahikawa City Nursing Process-based Problem Solving: 1. Sharing of present situations among parties concerned	Submit Report on "Assessment" & Feedback to the participant
11 th	Lecture Discussion	Nursing Process-based Problem Solving: 1. Sharing of present realities among parties concerned -continued from the previous day	
	Lecture Discussion	Nursing Process-based Problem Solving: 2. Identification of problems a) Shortlist the problems/challenges of each country identified through discussion in the AM. b) Analyze the identified problems/challenges	
12 th -13 th		Free	
14 th	Lecture	Present situation in Japan 1: Overview of MCH	
	Lecture	Present situations in Japan 2: MCH by items	
15 th	Lecture	Present situations in Japan 3: MCH in items	
	Lecture	Present situations in Japan 4: Japan's medical system	
16 th	Observation Lecture	MCH activities 1: How women in perinatal period are managed: Visits to: A. Moei Ob-Gyn Hospital (Private) B. Ayura Maternity Home (Private)	
	Lecture	MCH activities 2: Visiting midwifery practitioner's job	
17 th	Observation Lecture	MCH activities 1: How women in perinatal period are managed: Visits to A. Moei Ob-Gyn Hospital (Private) B. Ayura Maternity Home (Private)	
	Discussion	Review and discussion (Q & A)	
18 th	Observation	Medical activities in Japan 1: Visit to Perinatal Center, AMU Hospital	
	Observation Exercise	Introduction of midwifery skills	
19 th -20 th		Free	
21 st	Lecture	Present situations in Japan 5: Japan's Health, Medical and Social Welfare systems and Primary Healthcare	Self-Study on "Problem Identification"
	Lecture Exercise	Community health Activities 2: Community MCH techniques	
22 nd	Lecture	Child Health 1: Pediatric Medicine	
	Lecture	Child Health 2: Present situations of pediatric nursing	
23 rd	Observation Lecture	Community Health Activities 1: Immunization and health checkups for the 4-month-old at Asahikawa Public Health Center	
	Observation Lecture	Child Health 3: Hokkaido Ryoukouen: A public facility for the severely disabled children and grown-ups.	
24 th	Discussion	Nursing Process-based Problem Solving: Review and discussion on the previous day's observation programs.	
	Lecture Exercise	Infection control measure 1: Roles of nurses in infection control in medical institutions	
25 th	Lecture	Nursing Education in Japan 1: General Education System in Japan and Nursing Education	

	Discussion	Professional exchange program 1: Meeting and sharing hands-on experiences with head nurses in AMU Hospital and other hospitals in Asahikawa	
26 th -27 th		free	
28 th	Lecture	Nursing Education in Japan 2: Teaching of Fundamental Nursing Nursing Education in Japan 3: Teaching of Pediatric Nursing Nursing Education in Japan 4: Teaching of Community Health Nursing Nursing Education in Japan 5: Teaching of Maternity Nursing and Midwifery	*Goal Setting* and Formulating Action Plan
	Lecture Observation	Nursing Education in Japan 6: One-year Midwifery course in Hokkaido Prefecture Nursing School	
29 th	Observation	Nursing Education in Japan 7: Observation of students in practicum of pediatric and maternity nursing, including observation of pediatric ward	
	Observation	Nursing Education in Japan 7: Observation of students in practicum of pediatric and maternity nursing, including observation of pediatric ward	
30 th	Lecture Discussion	Nursing Process-based Problem Solving 3: Analysis of problems/challenges of your country: Analyze problems/challenges of your country thoroughly and minutely to identify a goal (s) to solve problem(s).	
31 st	Lecture	Medical activities in Japan 2: In-service training system in AMU Hospital	
	Lecture Observation	Medical activities in Japan 2: In-service training system in AMU Hospital (Continued from the morning session)	
32 nd	Exercise	Observation of nurse on duty (Simulation of nurse's job) in AMUH:	
	Lecture	Field Study Orientation	
	Discussion	Professional exchange program 2: Meeting with the Nursing Faculty of AMU to discuss nursing education	Personal Consultation with Course Leader
33 rd , 34 th		Free, Move to Kitami	
35 th	Lecture	Present situations of and measures taken for MCH in Hokkaido 1:	
	Observation Lecture	Emergency Obstetric Care System	
36 th	Observation Lecture	Present situations of and measures taken for MCH in Hokkaido 2: National Health Insurance Hospital, Shari Town	
	Observation Lecture	Health and Welfare Center	
37 th	Lecture Observation	Referral system and service of Rausu Town	
38 th	Lecture	Evaluation of Activities 1: Study effective evaluation method based on each participant's action plan	
39 th	Consultation Self-Study	Nursing Process-based Problem Solving 3. Formulation of Action Plan:	
	Observation Discussion	Observation of mothers' class exercise presented by nursing students	
40 th -41 st		free	
42 nd	Consultation Self-Study	Nursing Process-based Problem Solving 4. Formulation of the evaluation criteria and/or method:	

	Lecture	Lecture on medical networking through telemedicine system	Preparing for the Presentation.
43 rd	Consultation Self-Study	Nursing Process-based Problem Solving 4. Formulation of the evaluation criteria and/or method for action plan	
	Lecture	Lecture on medical networking through telemedicine system	
44 th		(Nursing Process-based Problem Solving +) Preparation of PowerPoint Slides for presentation of Action Plan	
45 th	Presentation	Action Plan Presentation using the PPT	
	Discussion	Course Evaluation Meeting	
46 th		Closing Ceremony	
		Farewell Party	
47 th		Leave Japan.	

(3) Final Phase (activities in home country)

Participants are requested to implement the action plan and submit Progress Report describing the progress of implementing respective action plan. The Progress Report needs to be authorized by the respective participant's belonging organization, and to be submitted to both the respective county's JICA office (if applicable) and JICA Sapporo by December 31, 2012.

10. Follow-up Cooperation by JICA

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

III. Conditions and Procedures for Application

1. Expectations for 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.
- (3) As this program is designed to facilitate organizations to come up with concrete solutions for their issues, participating organizations are expected to make due preparation before dispatching their participants to Japan by carrying out the activities of the Preliminary Phase described in section II -9.
- (4) Participating organizations are also expected to make the best use of the results achieved by their participants in Japan by carrying out the activities of the Final Phase described in section II -9.

2. Nominee Qualifications:

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

(1) Essential Qualifications

- 1) Current Duties: a head nurse or equivalent in charge of nurse and midwife training in hospital, or be a professor / lecturer or equivalent in charge of nurse or midwife training in university or equivalent. Medical doctors can't be accepted.
- 2) Experience in the relevant field: have more than five (5) years' experience in the field of Maternal and child health as a nurse or midwife.
- 3) Educational Background: be a certified nurse or midwife.
- 4) Language: must have a competent command of spoken and written English which is equivalent to TOEFL CBT 200 or more (This program includes active participation in discussions, action plan development, thus requires good competence of English ability. Attach an official certificate for English ability such as TOEFL, TOEIC etc, if you have.
- 5) Health: be in good health, both physically and mentally, to undergo the training program.

Note: i) Applicants are requested to submit the Medical History Questionnaire included in the Application Form mentioned in 4-(1) below.

ii) Pregnancy: Participation of the pregnant person is not recommended because of the risk. In case of participation, pregnant participants are

urgently and strictly requested to complete the required procedures before departure in order to minimize the risk for their health. The procedures include ①letter of the participant's consent to bear economic and physical risks ②letter of consent from the participant's supervisor ③letter of consent from your Embassy in Japan, ④medical certificate. Please ask National Staffs in JICA office for the details.

- 6) Must not be serving any form of military service.

(2) Recommendable Qualifications

- 1) Age: be between the ages of twenty-five (25) and forty-five (45) years

3. Required Documents for Application

- (1) **Application Form:** The Application Form is attached to this General Information.
- (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), please attach it (or a copy) to the application form.
- (3) **Inception Report and Job Report:** to be submitted along with the application form by **March 16, 2012**.

4. Procedure for Application and Selection:

(1) Submitting the Application Documents:

Closing date for application to the JICA Center in JAPAN: **March 16, 2012**
Note: Please confirm the closing date set by the respective country's JICA office or Embassy of Japan of your country to meet the final date in Japan.

(2) Selection:

After receiving the document(s) through due administrative procedures in the respective government, the respective country's JICA office (or Japanese Embassy) shall conduct screenings, and send the documents to the JICA Sapporo, which organizes this project. Selection shall be made by the JICA Sapporo in consultation with the organizations concerned in Japan based on submitted documents according to qualifications.

The organization with intention to utilize the opportunity of this program will be highly valued in the selection.

(3) Notice of Acceptance

Notification of results shall be made by the respective country's JICA office (or Embassy of Japan) to the respective Government by **not later than April 11, 2012**.

5. **Conditions for Attendance:**

- (1) to observe the schedule of the program,
- (2) not to change the program subjects or extend the period of stay in Japan,
- (3) not to bring any members of their family,
- (4) to return to their home countries at the end of the program in Japan according to the travel schedule designated by JICA,
- (5) to refrain from engaging in political activities, or any form of employment for profit or gain,
- (6) 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,
- (7) to observe the rules and regulations of their place of accommodation and not to change the accommodation designated by JICA, and
- (8) to participate the whole program including a preparatory phase prior to the program in Japan. Applying organizations, after receiving notice of acceptance for their nominees, are expected to carry out the actions described in section II -9 and section III -4,
- (9) To observe the rules of hygiene, hand-wash, gargle etc., to prevent infection.

IV. Administrative Arrangements

1. Organizer:

(1) **Name:** JICA Sapporo

(2) **Contact:** jicasic@jica.go.jp

sictp1-sub@jica.go.jp

2. Implementing Partner:

(1) **Name:** Asahikawa Medical University

(2) **URL:** <http://www.asahikawa-med.ac.jp/english/index.html>

(3) **Remark:** Asahikawa Medical University has implemented JICA program since 2003.

"Human Resource Development in the Field of Maternal and Child Health" from 2003 to 2007. 47 people from 28 countries have participated.

"Maternal and Child health" course started from 2008. 46 people from 20 countries have participated.

3. 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:** Term of Insurance: From arrival to departure in Japan. The traveling time outside Japan shall not be covered.

4. Accommodation in Japan:

Asahikawa Medical University is located in Asahikawa city far from Sapporo City. Participants are expected to stay at a private hotel in Asahikawa during most of the training program.

※Halal food is very difficult to find in Asahikawa city, so it is recommended to get it before move to Asahikawa.

During the stay in Sapporo, JICA will arrange the accommodation at JICA Sapporo.

<p>JICA Sapporo International Center (JICA Sapporo) Address: Minami 4-25, Hondori 16-chome, Shiroishi-ku, Sapporo, Hokkaido, 003-8668, Japan TEL: 81-11-866-8393 FAX: 81-11-866-8382 (where "81" is the country code for Japan, and "11" is the local area code)</p>
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If there is no vacancy at JICA Sapporo, JICA will arrange alternative accommodations for the participants.

JICA Sapporo has the following equipment for the participants.

<Utensils in the Private Room>

Bed, Prefabricated Bath, Desk, Refrigerator, Hot pot, Bookshelf, Air Conditioning, In-room Safe, TV sets (CNN, NHK (BS) , DVD/VHS Video Player)

ATTENTION: There are no slippers or towels. Soap, shampoo & conditioner, toothpaste & toothbrush, razor, detergent, sewing kit and floppy disks can be purchased at the front desk.

5. Expenses:

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

- (1) Allowances for accommodation, 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 p. 9-16 of the brochure for participants titled "KENSU-IN GUIDE BOOK," which will be given to the selected participants before (or at the time of) the pre-departure orientation.

6. 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 workshop, and other matters.

V. Other Information

1. Certificate

Participants who have successfully completed the program will be awarded a certificate by JICA.

2. Climate in Sapporo



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
High (°C)	-1	-0.8	3.4	11.4	17.8	21	24.2	23.3	21.7	18.9	7.8	1.7
Ave. (°C)	-4.4	-4.4	-0.2	4.5	10.2	16	19.8	20.1	17.5	11	4.1	-1.4
Low (°C)	-8.4	-8.6	-4.2	2.1	7.3	11.9	16.4	18.1	15.8	8.2	2.4	-4
Snow/Cold	30	27	24	2							5	20

Typical Seasonal Wear; (May- June) Long-sleeves, Short-sleeves, Light Jacket

3. Recreation

- (1) Participants can use an indoor swimming pool, gymnasium, and tennis courts located next to JICA Sapporo. The charges are paid by JICA.
- (2) JICA encourages international friendship exchanges between participants and local communities. Therefore, it would be helpful for participants to bring national costumes and materials such as slides, videos, and music cassettes which explain cultures in their countries.

4. Equipment in JICA Sapporo

JICA Sapporo has the following Audio-Visual equipment for training.

Video recorder, Overhead projector, Slide Projector, Multimedia Projector (available to use Microsoft Power Point).

5. School Visit

JICA encourages participants to interact with the local community, and in this context, JICA will arrange a visit to a local school during their stay in Japan. If the participant wishes to bring items to show to Japanese pupils, here are some suggestions:

Textbooks (primary school), traditional toys and games, national costumes, musical instruments, typical crafts using local materials, traditional cooking/eating utensils, pictures showing daily life, small national flag, local newspaper. (Bringing these items is not a requirement.)

VI. ANNEX

J-12-00878

Maternal and Child Health (Japan Fiscal Year 2012)

Inception Report 1

Participants are requested to prepare an inception report on the following issues and submit it to JICA Sapporo along with the application form by **March 16, 2012**.

The report should be typewritten in English on A4 size paper (21 cm x 29.5 cm) in single spacing at maximum of 10 pages.

This Report shall be used for selection of participants.

NOTE: Participants are requested to discuss on their inception report in group discussion sessions during the program.

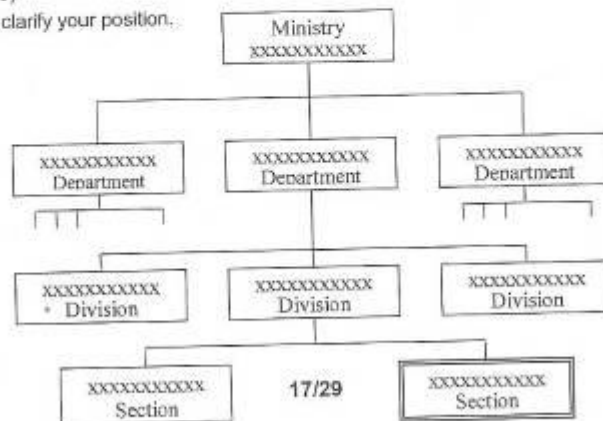
1. Basic information

Name	
Organization	
Position	
Country	

2. Outline of the Participant's Organization

(example)

-Please clarify your position.



3. Describe your job experiences.

Period	From	to
Organization		
Position		
Duties on Maternal and Child Health: - - - - - - Describe in bullet points.	Duties <i>other than</i> Maternal and Child Health - - - - - - Describe in bullet point.	
Period	From	to
Organization		
Position		
Duties on Maternal and Child Health: - - - - - - Describe in bullet points.	Duties <i>other than</i> Maternal and Child Health - - - - - - Describe in bullet point.	
Period	From	to
Organization		
Position		
Duties on Maternal and Child Health: - - - - - - Describe in bullet points.	Duties <i>other than</i> Maternal and Child Health - - - - - - Describe in bullet point.	

4. Describe problems in the field of maternal and child health in your area/country and give the reasons.

(1) Organizational aspects

No	Problems	Reasons
1		
2		
3		

(2) Technical aspects

No	Problems	Reasons
1		
2		
3		

2)

5. Describe the efforts that you/your organization have been trying to solve problems of maternal and child health in your country/area, if you have.

6. Describe your expectation of this training program.

7. Describe your future plans to apply expected results of the training program after returning to your country.

Job Report

This report is presentation material for "Job Report Presentation", which is held after moving to Asahikawa City in order to share the problem of each participants and Asahikawa Medical University. Students of Asahikawa Medical University will come to listen to Participants' presentations as a part of their university class. Therefore, the allocated time is strictly controlled.

This report must be submitted in electrical data and the format as shown below. Using Microsoft PowerPoint is highly recommended. Never use hand writing!!

JICA Training Course of Maternal and Child Health
(8 May – 23 June 2012, Asahikawa, Japan)
JOB REPORT

National Flag	Photo or illustrations on Maternal & Child Health of your country	Map of your country
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Your Name
Your Position in Your Organization
Your Country

***Photos or illustrations on
Maternal & Child Health
of your country***

[Within 3 slides including title slide]

**Main Data of Health Statistics
(Year 20xx)**

Total Population	[] million persons
Live Births	[] (Annual number)
Total Fertility Rate	[]
Infant Mortality Rate	[] per 1,000 Live Births
Maternal Mortality Ratio	[] per 100,000 Live Births
Life Expectancy at Birth	[] years old (Female)
	[] years old (Male)

Data Source

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Main Health Problems
(National Level)

Restrict Top 5 Problems!

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Main Health Problems
(Local Level)

Restrict Top 5 Problems!

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-
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Health Personnel
(Year 20xx)

	Actual No. (Persons)	Rate (Per 100,000 Population)
Nurse		
Midwife		
Public Health Nurse		
Medical Doctor		
Dentist		
Pharmacist		

Data Source:

**Educational System
for Health Personnel**

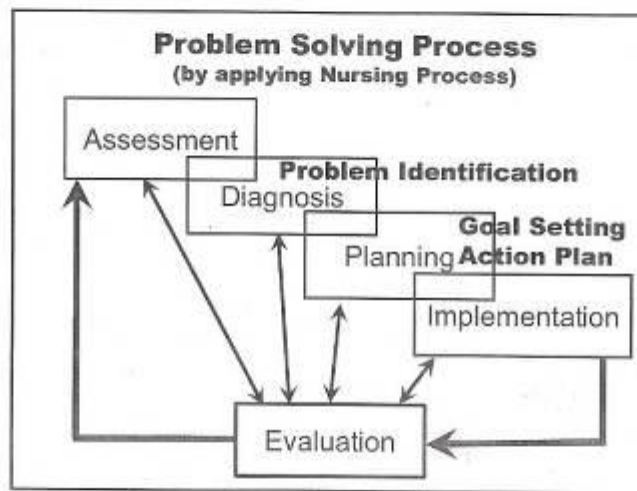
Simple is the Best !!

- ***Totally, within 8 slides***
- ***Print in the format of 6 slides per page***

For Your Self Study

(This is for your self-study. Need not to submit JICA Office)

This will help participants understand "Problem Solving Process by Applying Nursing Process", which is used for Action Plan. Participants are strongly recommended to read this part including reference books before move to Asahikawa City.



1. This diagram shows "Problem Solving Process by Applying Nursing Process". Names in squares and broad arrows mean main pathway of "Nursing Process". Overlapping names on "Diagnosis" and "Planning" mean modification for "Problem Solving Process". Narrow double head arrows mean feedback relationships between "Evaluation" and each step of the process. This Process is spiral, but not simple circle, because of improvement after each round of the Process.

2. Details of each step of "Problem Solving Process" are shown in tables.

[References on Nursing Process]

1. Alfaro-LeFevre R(2010): Applying Nursing Process: A Tool for Critical Thinking, 7th edn. Lippincott Williams & Wilkins.
2. Carpento-Moyet LJ(2007): Understanding the Nursing Process: Concept Mapping and Care Planning for Students. Lippincott Williams & Wilkins.

Details of each step of PROBLEM SOLVING PROCESS (1)

Assessment	Problem Identification	Goal Setting
<ul style="list-style-type: none"> ● Write clearly actual status of Maternal and Child Health surrounding Me. ➤ National level ➤ Level at the cover area of my organization ● Assess the level which I can deal with. ● Identify Causes against actual status. ● Identify affecting factors against actual status. ➤ Concept of values, ethical sense, ethnicity or religion ➤ Habit for health and value for medical care ➤ Problems (economy, access, etc) of the community ● Expected status if having been abandoned. ● Desirable status and direction of activities. ➤ Target Group ➤ Persons in Charge ➤ Achievable status by My Involvement 	<ul style="list-style-type: none"> ● Write clearly problems and affecting factors on activities for Maternal and Child Health. ● Write in the order of descending priorities in each case as follows: <ul style="list-style-type: none"> ➤ Problems derived from organization ➤ Problems derived from contents of health care 	<ul style="list-style-type: none"> ● Project Goal There are 2 types of goals. One is Larger Goal being achievable within 1 to 3 years. Another is Smaller Goal being achievable within several months (at most less than 1 year). In this training course, you have to set the Smaller Goal because you have to achieve your project within several months. ● Outcome Achievement <ul style="list-style-type: none"> ➤ Decide date of evaluation on achievement (i.e., deadline or by when?) ➤ Write clearly concrete outcome achievement using numerals.

Details of each step of PROBLEM SOLVING PROCESS (2)

Action Plan	Implementation	Evaluation
<ul style="list-style-type: none"> ● Identify priorities for goal setting. ● Plan in detail according to W-H format and related items. <ul style="list-style-type: none"> ➢ When ➢ Where ➢ Whom ➢ Who ➢ What ➢ How ➢ Estimated cost ➢ etc. ● Principles for making Action Plan <ul style="list-style-type: none"> ➢ Write clearly MY ROLE. ➢ Write clearly Roles of Persons in Charge and My Organization. ➢ Write clearly evaluation methods. 	<p align="center"><i>After Return to Homeland</i></p> <ul style="list-style-type: none"> ● Put the Plan into Action. <ul style="list-style-type: none"> ➢ Carry out the Action Plan which I will make during this training course. ➢ Keep the Plan up-to-date by monitoring current status of target group. 	<p align="center"><i>Set Outcome Achievement during this training course</i></p> <ul style="list-style-type: none"> ● Evaluate the Outcome Achievement according to the achievement level set previously. <ul style="list-style-type: none"> ● If My Plan would be achieved: <ul style="list-style-type: none"> ➢ Will I continue the Plan as it? ➢ Will I change it, incorporating new approaches that are more likely to succeed? ● If My Plan would NOT be achieved: <ul style="list-style-type: none"> ➢ Was my assessment irrelevant? ➢ Was my target setting invalid? ➢ Was my Action Plan irrelevant? ➢ Did any problem happen during implementing my Action Plan? ➢ Couldn't the outcomes be evaluated? ● Did any unpredicted factor affect? ● Improve My Plan and implement it on the basis of these evaluations.

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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

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