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பெளிநாட்டு வளங்கள் திணைக்களம்
Department of External Resources

මදල අමාත්‍යාංශය
இதே அமைச்சு
நிதி அமைச்சு
செயலகம் (3 ஆம் மாடி), த. பெ. இல. 277, கொழும்பு 00100, இலங்கை
Ministry of Finance
The Secretariat (3rd Floor), P.O. Box 277, Colombo 00100, Sri Lanka

Web Site: www.erd.gov.lk

e-mail: info@erd.gov.lk

මගේ අංකය
எனது இல
My No

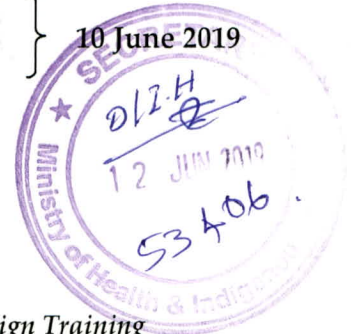
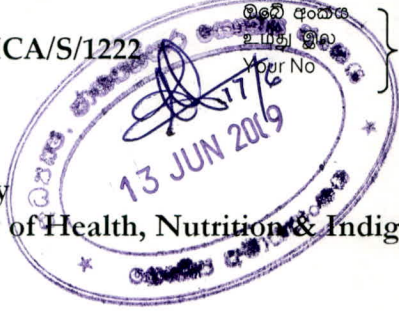
TA/JICA/S/1222

ඔබේ අංකය
உமது இல
Your No

දිනය
திகதி
Date

10 June 2019

Secretary
Ministry of Health, Nutrition & Indigenous Medicine



Attn: Officer In-charge of Foreign Training

Dear Sir,

'Lifestyle – Related Diseases Prevention'

From: 10 October to 02 November - 2019

The Japan International Cooperation Agency (JICA) has requested us to submit nominations from eligible Government officials of Sri Lanka for the above programme. The GI Booklet and the Application Form submitted by JICA in this regard are enclosed for your information please.

You are kindly requested to submit nominations in line with the required qualifications mentioned in the "Nominee Qualifications" of the GI Booklet submitted by JICA. It is appreciated if you could submit two sets of applications along with the following documents *on or before 02 August 2019*.

1. The duly filled Application Form for "JICA Knowledge Co-Creation Programme" (**hand written applications will not be accepted**) - Application Form can be downloaded from ERD public website. (New Official Application attached)
2. Copy of the Nominee's English Score Sheet (e.g. TOEFL, TOEIC, IELTS)
3. Inception Report – (Refer Annex I of the attached GI Booklet)
4. Copy of the Passport
5. ERD Form 2 (Original only)

Please note that re-nomination of an official, already trained under a JICA programme will not be qualified for another JICA training programme within five (5) years of such training.

(cont.....p/2)

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பணிப்பாளர் நாயகம்
Director General

94-11-2484693

කාර්යාලය
அலுவலகம்
Office

94-11-2484500
94-11-2484600

ෆැක්ස් අංකය
தொலை நகல்
Fax

94-11-2447633
94-11-2387153
94-11-2434876

Your early response in this regard is highly appreciated.

With regards,

Yours faithfully

L.A.Y. Darshani De Silva

Director / TA Division
for Director General

Copies to: 01. Chief Secretaries }
 All Provincials Councils } for your information



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 2019

NO. 201984460J002/ ID. 201984460

Course Period in Japan: From October 10, 2019 to November 2, 2019

This information pertains to one of the JICA Knowledge Co-Creation Programs (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.

Deadline of A2A3 application in
JICA Sri Lanka office is 05/08/2019

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 LSRD in the near future.

How?

Participants shall have opportunities to learn effective measures against LSRD, such as health check-up system, health education and physical exercise through lectures, practices and observations. In the end of the program, each participant will select suitable measures to control LSRD 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(No.): Lifestyle-Related Diseases Prevention (201984460J002)**
- 2. Course Period in JAPAN**
October 10 to November 2, 2019
- 3. Target Regions or Countries**
Antigua and Barbuda, Ghana, Iraq, Malaysia, Marshall Islands, Mexico, Mongolia, Palestinian Authority, Saint Lucia, Sri Lanka, Tonga, Uzbekistan
- 4. Eligible / Target Organization**
This program is designed for offices/divisions/departments in charge of LSRD control 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**
To be able to formulate Action Plan in consideration of current circumstances of each country, by acquiring the practical knowledge to promote Lifestyle-Related Diseases Prevention.
- 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:

(1) Preliminary Phase in a participant's home country <i>Participating organizations make required preparation for the Program in the respective country.</i>	
Expected Module Output	Activities
Job report Preparation	

(2) Core Phase in Japan <i>Participants dispatched by the organizations attend the Program implemented in Japan.</i>		
Expected Module Output	Subjects/Agendas	Methodology
Module 1: To understand and analyze the current situation, support, local resource and problems of Lifestyle-Related Diseases (LSRD) in area of responsibility.	Job Report Presentation	- Presentation - Discussion
Module 2: To understand Japanese experiences, programs and measures on LSRD control.	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.	
Module 3: To compile the direction of policies, programs and projects for LSRD control.	To specify the problems of LSRD, and to select effective and concrete measures.	- Lecture - Exercise
Module 4: To formulate Action Plan on LSRD prevention.	1) Action Plan Guidance	- Discussion - Presentation
	2) Action Plan Formulation and Presentation	

Reference

List of countries participated in the past

Region	Country	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 (A)	2017 (B)	2018	Sub Total	Total		
Africa	Ghana								1									1		1	1	4	7		
	Sudan																	1				1			
	Zambia																				1			1	
	Kenya																					1		1	
Asia	Cambodia															1							1	64	
	Viet Nam			1							1												2		
	Sri Lanka			3							1	2	2	2	3	1	4	2	2	2	2	1	25		
	Thailand		2		2									1									5		
	Bangladesh								1									1		2			4		
	Malaysia		1													1							2		
	China									1	1	1	1	2	1								7		
	Philippines											1	1	1		1					2		6		
	Bhutan															1							1		
	India															1	1		2				4		
	Uzbekistan																1	1	1				3		
	Azerbaijan																	1					1		
	Myanmar																			1		1	2		
	Mongolia																					1	1		
Oceania	Samoa	1				1		1				1	1										5	38	
	Solomon Islands		1					1	1								1	2		1		1	8		
	Tonga																1	1					2		
	Nauru							1											1				2		
	Vanuatu								1														1		
	Palau							1															1		
	Fiji				1	1	1					1		1						1	1		7		
	Marshall Islands									1	1												2		
	Micronesia			2		1	1									1							5		
	Niue																	1					1		
	Cook Islands																		1	1			2		
	Kiribati																		1		1		2		
Latin America	Uruguay					1				1	1												3	51	
	Costa Rica			1																			1		
	Jamaica					1		1	1	1	1	1											6		
	Chile	2	1		1			1	1	1	1												8		
	Panama	1	3		2	1	2																9		
	Paraguay		1	1	1		2																5		
	Honduras									1	1				2	1	1						6		
	Brazil	1																					1		
	Antigua and Barbuda																			1		1	2		
	Dominica																				1		1		
	Grenada																				1		1		2
	St. Lucia																				1		1		
	St. Vincent and The Grenadines																				1		1		
	Guyana																					1	1		
Mexico																				2	1	3			
Suriname																					1	1			
Europe	Serbia																1					1	1		
Middle East	Iraq																					1	1		
合計		5	9	8	7	6	7	5	7	6	7	7	5	7	8	10	12	12	12	12	10	162			

<Structure of the program>

Program on Lifestyle-Related Diseases (LSRD) Prevention

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

【Contents】

Course Orientation

Program objectives and training curriculum are confirmed
Job 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 program.

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
- Personnel training plan
- Improvement of infrastructure
- 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 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: Tentative Program Schedule (2019)

Date		Programme	Lecturer	Accommodation	
10-Oct	Thu	Arrival		JICA Chubu	
11-Oct	Fri	Briefing/ Orientation/ X-ray exam			
12-Oct	Sat				
13-Oct	Sun				
14-Oct	Mon	Japanese Class(4.5H)		(under planning)	
15-Oct	Tue	Opening Ceremony (L) Function and role of AHP(Aichi Health Plaza) AHP Facility Tour	AHP AHP		
16-Oct	Wed	(L)NCD Policies in Japan, Health Japan 21 (2nd term) Health Checkup and Health Counseling system (PR)Job Report Presentation (D)Individual Consultations	AHP AHP AHP	JICA Chubu	
17-Oct	Thu	(L)Smoking control Health Assessment(Health check-up) & Explanation of Results	National Cancer Center AHP		
18-Oct	Fri	(L)Health Guidance (PT)Physical exercise for building up health	AHP AHP		
19-Oct	Sat	(L)Metabolic Syndrome in Childhood and School Health (D)Action Plan Preparation(1)	ACHEMEC AHP		
20-Oct	Sun				
21-Oct	Mon				
22-Oct	Tue	(D)Action Plan Preparation(2) (PT)Cooking Practice	AHP AHP		
23-Oct	Wed	(O)Introduction of Education Material, Health Science Museum (O)Health Promotion class (PT)Practical Training	AHP AHP AHP		
24-Oct	Thu	(O)Promotion of Diet and Food Education at School (O)Management of Employees' Health	Elementary School in Obu Sanei Corporation		
25-Oct	Fri	(O)Activity of Health Promotion in the Community (O)Cancer Screening (PT)Rest/Relaxation	Higashiura Town Health Care Center Center for Medical Examination AHP	AHP (Aichi Health Plaza)	
26-Oct	Sat	(D)Action Plan Preparation(3) (L)Relationship between Oral Health and Related Factors	AHP Aichi Gakuin Univ		
27-Oct	Sun				
28-Oct	Mon				
29-Oct	Tue	(L)Cultivating Health Promotion Staff (O)Hospital Tour-Center for Frailty and Locomotive Syndrome-	AHP National Center for Geriatrics and Gerontology		
30-Oct	Wed	(O)Tokai City's Efforts on Health Promotion (D)Action Plan Preparation(4)	Tokai City AHP		
31-Oct	Thu	Effect Assessment (Health Check-up) (D)Preparation for Action Plan Presentation (PR)Action Plan Presentation/ Closing Ceremony	AHP AHP AHP		
1-Nov	Fri	Move to JICA Chubu			JICA Chubu
2-Nov	Sat	Return Home			
		(L)Lecture (O)Observation (PT)Practical Training (D)Discussion (PR)Presentation			

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 3-weeks program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.
*The participants are required to do physical exercise, such as walking, running, pedaling etc, in the program.

(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.
- (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 program participants.

Note: Accepted participants are required to make presentation material based on the report in order to share it at beginning of program.

4. Procedure for Application and Selection:

**Deadline of A2A3 application in
JICA Sri Lanka office is 05/08/2019**

(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 August 16, 2019.

(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. Qualifications of applicants who belong to the military or other military-related organizations and/or who are enlisted in the military will be examined by the Government of Japan on a case-by-case basis, consistent with the Development Cooperation Charter of Japan, taking into consideration their duties, positions in the organization, and other relevant information in a comprehensive manner.

(3) Notice of Acceptance

Notification of results will be made by the JICA office (or the Embassy of Japan) **not later than September 10, 2019.**

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 Center

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

※Please insert "course number & the title" in the subject when emailing. For instance, "201984460J002 & 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 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)

■ **AICHI Health Plaza/ Hotel**

Address: 1-1 Aza Gengoyama, Oaza Morioka, Higashiura-cho,
Chita-gun, Aichi, JAPAN
Phone: +81-562-82-0211

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. The participant's ethnic costume on such exchange programs will be highly welcomed by school children as well as local residents.

2. Climate in Nagoya

Monthly Average

	October	November
Average Temperature (°C)	18.1	12.2
- High (°C)	22.8	17.0
- Low (°C)	14.1	8.1
Average Rainfall (mm)	128.3	79.7
Average Humidity (%)	68	66

3. Personal Computer

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

4. Haral food for Muslims

Haral food is available at dining the hall in JICA Chubu.

5. Chest X-ray

You'll have a Chest X-ray examination at the Clinic (near JICA Chubu) on 11th October.

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 program

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 and 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.



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