



# TRAINING AND DIALOGUE PROGRAMS

GENERAL INFORMATION ON

HEALTH SYSTEMS MANAGEMENT

集團研修「保健衛生管理」

*JFY 2009*

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

NO. J09-00665 / ID. 0980960

From April 2009 to January 2010

Phases in Japan: From May 6, 2009 to July 11, 2009

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**

After the war, health levels of Japanese people were drastically improved. The average life expectancy of Japan which reached 79 years for man and 85.1 years for women in 2006, and the infant mortality rate which was reduced to 2.6 per 1,000 live births, have been reaching nearly the highest level in the world. It's believed that such accomplishment of significant health levels is because of improvement of Japan's public health administration, especially the human resources who assume the administration.

Improvement of health levels is also one of the most important issues in developing countries, and it is highly required to develop the human resources who take roles in the related programs. In the "Toyako Framework for Action on Global Health " agreed on G8 Hokkaido Toyako summit in July, 2008, it is emphasized that to increase the use of skilled health workers and empower them in the field; promote capacity-building for central and district health officers; secure well-being and vitality of health workers; and provide technical assistance for strengthening planning capacity for human resources development.

Against such a background, this training program has been organized to contribute to human resource development in the field of public health in developing countries since 1990, applying accomplishment of public health administration gained over the past 40 years in Japan.

## **For what?**

This program aims to improve the organizations concerned in the participating countries by grasping the problems of those engaged in public health such as health sector reform, quality enhancement of health services, securing of limited resources etc.

## **For whom?**

This program is offered to those who are engaged in public health and technical experts in administrative position.

\*Counterpart organizations of JICA's Technical Cooperation have a priority to others.

## **How?**

In this program, participants would be exposed to practical knowledge and experiences of leading organizations and individuals in Japan through a series of lectures, workshops and site visits. Moreover, participants will formulate an Action Plan describing what the participants will do after they go back to home country based on the acquisition of knowledge and skills of administrative management of public health among others. It is also envisioned that the program would serve the cause of mutual collaboration among participating countries and Japan in the area of knowledge sharing.

## **II. Description**

**1. Title (J-No.): Health Systems Management (J0900665)**

**2. Period of program**

**Duration of whole program:** April 2009 to January 2010

**Preliminary Phase:** April 2009 to May 2009

(in a participant's home country)

**Core Phase in Japan:** May 6 to July 11, 2009

**Finalization Phase:** July 2009 to January 2010

(in a participant's home country)

**3. Target Regions or Countries**

Afghanistan, Bolivia, China, DR Congo, Haiti, Honduras, Indonesia, Kenya, Madagascar, Mali, Mongolia, Philippines, Tanzania, and Turkey

**4. Eligible / Target Organization**

This program is designed for those who are engaged in public health and technical experts in administrative position.

\* Counterpart organizations of JICA's Technical Cooperation have a priority to others.

**5. Total Number of Participants**

14 participants

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

**7. Program Objective:**

Improvement of the organizations concerned in the participating countries by grasping the problems of those engaged in public health such as health sector reform, quality enhancement of health services, securing of limited resources etc.

**8. Overall Goal**

Problems concerning public health in the participating countries are solved.

## 9. Expected Module Output 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> (April 2009 to May 2009) <i>Participating organizations make required preparation for the Program in the respective country.</i>	
Expected Module Output	Activities
Inception report is formulated	Formulation and submission of Inception Report, problem identification for Action Plan

<b>(2) Core Phase in Japan</b> (May 6, 2009 to July 11, 2009) <i>Participants dispatched by the organizations attend the Program implemented in Japan.</i>		
Expected Module Output	Subjects/Agendas	Methodology
To understand Various methodologies of administrative management of public health	(1) Outline of Public Health Administration / Analysis of current situation among participating countries: ⇒Inception Report Presentation and Discussion	Presentation Discussion
	(2) Outline of Public Health Administration: ⇒Public Health and Welfare Administration in Japan ⇒Health Sector Reform ⇒Outline of Administration and Management ⇒Key of Case Method	Lecture
To be able to formulate plans based on the various methods of administrative management	(1) Policy / Project Planning: ⇒Policy and Planning of Health Services ⇒Community-based Health Planning Proceed Model ⇒PCM(Project Cycle Management) Exercise ⇒Data processing ⇒mid-term roundup (2) Monitoring / Evaluation (3) Management of Resources ⇒Comprehensive Management of Resources	Lecture Observation Exercise Presentation Discussion
To acquire the ability of administrative management of public health.		

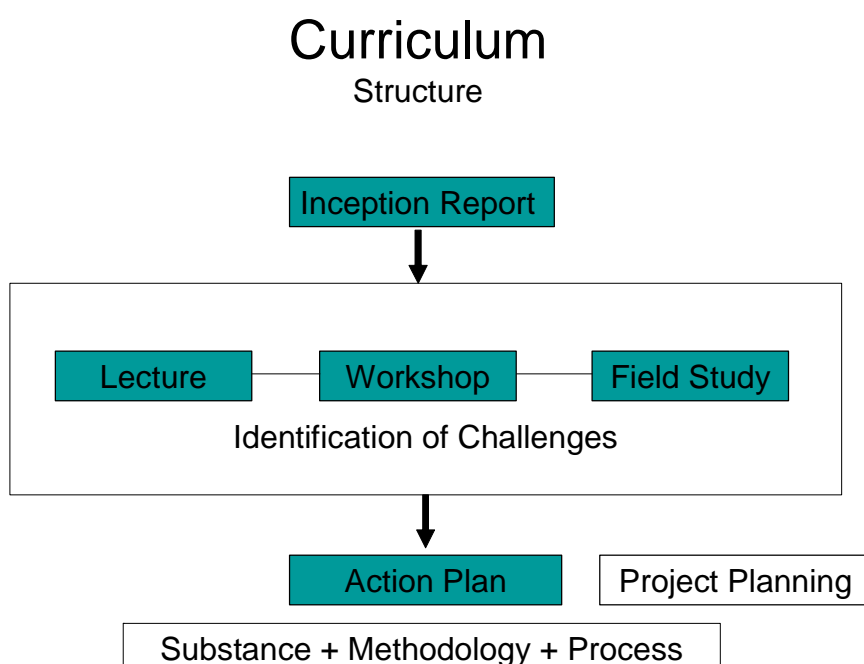
To acquire the capability of leadership for administrative management of public health	(1)Leadership & Communication (2)Exercise of Planning (Action Plan)	Lecture Exercise Presentation Discussion
To arrange supportive environment to implement Action Plan after returning to their home countries.	Summary ⇒Orientation and Evaluation meeting sessions ⇒Individual feedback and information sharing at each workplace	Exercise Presentation Discussion

### **(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
To share and review the individually-made viable Action Plan among participant's organization and to attempt to implement it based on the abilities mentioned above.	Monitoring for the outcome of ex-participants ⇒Individual progress report by participants to JICA on implementation of action plan assessment by JICA and NIPH after 6 months of returning home(by January, 2010). ⇒Presentation on the progress report of the action plan through Videoconference (JICA-Net). (Selected ex-participants only)

### <Structure of the program>



**MODULE (Contents of the Core Phase in Japan) (JFY 2009)**

Objective	Program/Details	Purpose and Method of Guidance	Schedule			
			Lecture	Exercise	P/D*	Obs./N**
I. To acquire the following knowledge and skills of (1) – (4) and to formulate an Action Plan individually  (1) To understand various methodologies of administrative management of public health	<b>Outline of Public Health Administration/Analysis of current situation among participating countries</b>  <b>Outline of Public Health Administration</b> 1) Public Health and Welfare Administration in Japan 2) Health Sector Reform  3) Outline of Administration and Management  4) Key of Case Method	Inception Report Presentation and Discussion  •Background and Outline of Public Health and Welfare Administration in Japan  •Health Insurance •Policy of Health Sector •Decentralization •Health Financing •Outline of Public Health Administration •Management of Administrative Organizations  • Health and Medical Planning and Administration	○  ○  ○ ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○
(2) to be able to formulate plans based on the various methods of administrative management, (3) to acquire the ability of administrative management of public health	<b>Policy/Project Planning</b> 1) Policy and Planning of Health Services  2) Community-based Health Planning Proceed Model 3) PCM (Project Cycle Management) Exercise 4) Data processing 5) mid-term roundup	•Administrative Planning  •Planning of Health, Medicine and Welfare •Social Epidemiologic Survey •Research Method  •EPI INFO skill training • Examples related to the above syllabus 1) to 4)	○  ○  ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○	○  ○  ○ ○ ○ ○ ○ ○ ○ ○

Objective	Program/Details		Purpose and Method of Guidance	Schedule			
				Lec-ture	Exer-cise	P/D*	Obs./V**
	6)	mid-term roundup  <b>Monitoring/Evaluation</b>  <b>Management of Resources</b> Comprehensive Management of Resources	<ul style="list-style-type: none"> <li>•Case Study on various Public Health issues</li> <li>•Field Study – To observe field in public health and to understand health system management comprehensively in one local area</li> <li>•Indicator Development</li> <li>•Evaluation Method for Planning</li> <li>•Case Study on various Public Health issues</li> <li>•Financial Management</li> <li>•Personnel Management and Human Resource Development</li> <li>•Logistics</li> <li>•Examples related to the above syllabus</li> </ul>		○	○	○
(4) to acquire the capability of leadership for administrative management of public health		<b>Leadership &amp; Communication</b>  <b>Exercise of Planning (Action Plan)</b>	<ul style="list-style-type: none"> <li>•Leadership Development</li> <li>•Communication skill</li> <li>•Participatory Approach</li> <li>•Topic - Issues/Problems identified by each participants reflecting own job responsibility based on interests and concerns of participants and their current responsibilities</li> </ul>	○ ○ ○	○ ○ ○		
2. To arrange supportive environment to implement Action Plan after returning to their home countries.		Summary	<ul style="list-style-type: none"> <li>•Orientation and Evaluation meeting sessions</li> <li>•Individual feedback and information sharing at each workplace</li> </ul>		○	○	
3. To share and review the individually-made viable Action Plan among participant's organization and to attempt to implement it based on the abilities mentioned above.		<b>Monitoring for the outcome of ex-participants</b>	<ul style="list-style-type: none"> <li>•Individual progress report by participants to JICA on implementation of action plan assessment by JICA and NIPH after 6 months of returning home.</li> <li>•Presentation on the progress report of the action plan through Videoconference (JICA-NET). (Selected ex-participants only)</li> </ul>	○	○	○	

\*P/D : Presentation & Discussion

\*\*Obs./V : Observation & Visit

Note: above contents may be subject to minor changes.

## SCHEDULE of the Program (Last Year 2008)

\*Detailed schedule of this year 2009 will be informed later on.

	AM	PM	
	9:45-10:00(Daily Review) 10:00-12:15 PROGRAMME	1:15-3:30 PROGRAMME	
	JICA TOKYO BRIEFING (2 days)		
	HOLIDAY		
	HOLIDAY		
1	10:00 OPENING CEREMONY( 3-1 Lecture Room) 10:30 ORIENTATION/SEATING ARRANGEMENT/ SELF INTRODUCTION/ FACILITY TOUR (YLP - PREPARATION FOR REPORT PRESENTATION) COMMEMORATIVE PHOTO 12:00 WELCOME PARTY (Canteen, 1st Floor)	13:30 HISTORY OF PUBLIC HEALTH & HEALTH ADMINISTRATION SYSTEM	PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
2	HEALTH SECTOR REFORM (1) (10:00-16:30)		PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
3	HEALTH SECTOR REFORM (2) (10:00-16:30)		PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
4	HEALTH POLICY (10:30 - 15:30)		PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
5	HEALTH SECTOR FINANCING (1)		PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
6	HEALTH SECTOR FINANCING (2)		PRESENTATION OF INCEPTION REPORT (AFTER HOURS)
	HOLIDAY		
	HOLIDAY		
7	TOTAL QUALITY MANAGEMENT (1)	TOTAL QUALITY MANAGEMENT (2)	
8	TB CONTROL, HIV IN JAPAN, DISCUSSION EVIDENCE-BASED HEALTH POLICY		
9	PROJECT CYCLE MANAGEMENT (WORKSHOP) (1)		
10	9:30-15:00 LEC: NATIONAL INSTITUTE OF INFECTIOUS DISEASES		
11	INTERNATIONAL SYMPOSIUM		
	HOLIDAY		
12	LEADERSHIP IN HUMAN RESOURCES		
13	LEADERSHIP IN HUMAN RESOURCES		
14	LEADERSHIP IN HUMAN RESOURCES		
15	LEADERSHIP IN HUMAN RESOURCES / OVERALL DISCUSSION	OVERALL DISCUSSION	
16	PROJECT CYCLE MANAGEMENT (WORKSHOP) (2)		
	HOLIDAY		
	HOLIDAY		
17	PROJECT CYCLE MANAGEMENT (WORKSHOP) (3)		
18	11:00-15:00 OBS & LEC :JICHI MEDICAL UNIVERSITY		
19	10:30-15:30 OBS: NATIONAL REHABILITATION CENTER FOR THE DISABLED		
20	COMP. DAY for last Sat. May 24 (PREPARATION FOR REPORT)		
21	9:30-12:30 YLP PRESENTATION OF ACTION PLAN (10min/person)	14:00-15:30 YLP:CLOSING SESSION 13:30-JICA&NIPH:BRIEFING FOR OKINAWA FIELD TRIP	15:30-16:30 YLP:CLOSING CEREMONY
	HOLIDAY		

	AM SCHEDULE	PM SCHEDULE
		Transfer to Okinawa by Air
22	9:30 - 11:00 [COURTECY CALL] COURTECY CALL FOR DIRECTOR OF HEALTH AND WELFARE DEPARTMENT [LEC] HEALTH ADMINISTRATION HISTORY,CHARACTARISTIC AND PLANNNING at OKINAWA PREFECTURE GOVERNMENT	14:00 - 16:00 [OBS] OKINAWA PREFECTURAL INSTITUTE OF HEALTH AND ENVIRONMENT -Roles of the Institute- -Observation of Facility-
23	10:00 - 11:30 [LEC] OKINAWA MEDICAL ASSOCIATION -Outline and Roles of the Association-	14:00 - 16:00 [OBS] OKINAWA CHUBU HOSPITAL -Medical Cooperation for Isolated Islands or Remote Areas- -Clinical Education for Resident- -Observation of Facility-
24	10:00 - 12:30 [LEC] MENTAL HEALTH SERVICES IN OKINAWA	14:00 - 16:00 [OBS] URAZOE CITY HEALTH COUNSELING CENTER
25	11:00 - 12:00 [OBS] MUNICIPAL CENTER FOR MENTAL HEALTH -Roles and Outline of the Center- -Services for Mental Illness-	14:00 - 16:00 [OBS] GUSHIKAWA NURSING HOME -Health Services Facility for Elderly in Longevous Prefecture-
26	10:30 - 14:00 [OBS] TSUKEN CLINIC ATTACHED TO OKINAWA CHUBU HOSPITAL -Medica Services in Remote Island- -Medical Cooperation with Okinawa Chubu Hospital- -Observation of Facility-	
	Return to Tokyo by air	
HOLIDAY		

	AM	PM
	10:00–12:15 PROGRAMME	1:15–3:30 PROGRAMME
27	PREPARATION OF PRESENTATION	SYSTEM THINKING AND HF FOR HOSPITAL MANAGEMENT - PATIENT SAFETY AS AN EXAMPLE -
28	NATIONAL HEALTH AND NUTRITION SURVEY / HEALTH JAPAN 21	OVERALL PRESENTATION ON OKINAWA FIELD TRIP
29	INDUSTRIAL HEALTH	
30	10:00 - 12:30 USER'S GUIDE TO JICA	15:00-17:00 JICA VIDEO CONFERENCE (UGANDA)
31	VIDEO CONFERENCE WITH WHO KOBE CENTER	WATER SUPPLY AND SANITATION
	HOLIDAY	
	HOLIDAY	
32	EPIINFO (PRACTICE)	
33	EPIINFO (PRACTICE)	
34	STRATEGIC MANAGEMENT OF HEALTH CARE SYSTEM	
35	HEALTH INFORMATION SYSTEM WITH JICA	COMPETENCY BASED TRAINING ON HRD
36	10:00-12:00 OBS: THE RESEARCH INSTITUTE OF TUBERCULOSIS, JAPAN ANTI-TUBERCULOSIS ASSOCIATION	13:15-14:15 OBS:LEPROSY RESEARCH CENTER, NATIONAL INSTITUTE OF INFECTIOUS DISEASES 14:30-15:30 OBS: MUSEUM OF HANSEN'S DISEASE
	HOLIDAY	
	HOLIDAY	
37	FOOD HYGIENE	TUTORIAL
38	10:00 - 16:00 SESSION: NGO, FUND RAISING, ADVOCACY, ETC.	
39	10:00-12:00 MISHIMA FOOD, LTD. (FOOD COMPANY)	14:00-15:30 WASTE TREATMENT PLANT
40	10:30-14:30 IEC ACTIVITIES AND ITS EVALUATION	
41	COMMUNITY HEALTH PLANNING	WASTE MANAGEMENT
	HOLIDAY	
	HOLIDAY	
42	PREPARATION OF ACTION PLAN	
43	PREPARATION OF ACTION PLAN	OPTIONAL/ TUTORIAL FOR DEVELOPING ACTION PLAN
44	PREPARATION OF ACTION PLAN	
45	10:00-14:30 PRESENTATION OF ACTION PLAN	
46	DISCUSSION AND PROGRAM EVALUATION 11:30 CLOSING CEREMONY (4th Floor/1st Conference Room) 12:00- Farewell Party (7th Floor/Workshop Room)	
	Leaving Japan	

### **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 Finalization 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) Present position, assignment either a) or b) :

- a) be technical experts who are in charge of public health administration as the middle level managers of Provincial Health Offices and of Central Ministry, or
- b) be engaged in the field of public health and working at educational institutions, private sectors or NGO, etc.

2) Occupational Background :

have a minimum of 5 years of experience in public health practice

3) Language : be proficient in spoken and written English

\* Those who do not reach the required level of English proficiency will be disqualified even after their nomination.

4) Health : be in good health, both physically and mentally, to participate in the Core phase in Japan, As training over a long period may pose risks to pregnant women, pregnancy is regarded as a disqualifying condition for participation in this training course.

※Pregnancy : Pregnant participants are 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.

5) Must not be serving any form of military service.

**(2) Recommendable Qualifications**

1) Age: be approximately between the ages of thirty (30) and forty-five (45) years

**(3) Attention**

\*Please refer to Annex-2 “Module diagram: Required applicants for JICA’s group training courses implemented in National Institute of Public Health”

\*\*Those who are counterpart of JICA’s health programs or sector programs have higher priority than the others.

\*\*\*Since the program includes hospital and health facilities observations, participants might be required to receive the vaccination (TB, Measles, Rubella, Chickenpox, Epidemic parotiditis, Hepatitis B etc.).

**3. Required Documents for Application**

**(1) Application Form:** The Application Form is available at the respective country’s JICA office or the Embassy of Japan.

**(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.

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

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

Closing date for application to the JICA Center in JAPAN: **March 13, 2009**

**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 Center in charge in Japan, which organizes this project. Selection shall be made by the JICA Center 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 3, 2009**.

### **5. Document(s) to be submitted by accepted participants:**

**Inception Report** -- to be submitted by **April 28, 2009**:

Before coming to Japan, only accepted participants are required to prepare an Inception Report (detailed information is provided in the ANNEX "Inception Report". The Inception Report should be sent to JICA or the Japan International Cooperation Center by **April 28, 2009**, preferably by e-mail to [jicatic-jice@jica.go.jp](mailto:jicatic-jice@jica.go.jp)

Each participant will be given 10 minutes for his/her presentation and 5 minutes for questions and answers. OHP and Microsoft PowerPoint 2003 are available to assist in giving the presentations.

Presentation is planned for an identified problem/challenge you face at your organization. The importance, urgency and priority of identified problem/challenge could be explained through the existing statistical data and information at relevant level.

### **6. 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 the rules and regulations of their place of accommodation and not to change the accommodation designated by JICA, and
- (7) 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 -5.

## IV. Administrative Arrangements

### 1. Organizer:

(1) **Name:** JICA Tokyo

(2) **Contact:** Ms. KATSUMATA Naoko ([ticthd@jica.go.jp](mailto:ticthd@jica.go.jp))

Mr. YOSHIOKA Kojiro ([jicatic-jice@jica.go.jp](mailto:jicatic-jice@jica.go.jp))

### 2. Implementing Partner:

(1) **Name:** National Institute of Public Health (NIPH)

(2) **Contact:** Office of International Cooperation, NIPH

(3) **URL:** <http://www.niph.go.jp>

(4) **Remark:** NIPH under the Ministry of Health, Labour and Welfare, provides postgraduate educational programs and conducts research works in the field of public health. It's educational and research activities primarily focuses on three areas; health policy and management, health promotion and disease prevention, and environmental health.

The Ministry of Health, Labour and Welfare is a government department responsible for the administration, promotion and development of social welfare, social security and public health.

### 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:

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

JICA Tokyo International Center (JICA TOKYO)

Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan

TEL: 81-3-3485-7051 FAX: 81-3-3485-7904

(where "81" is the country code for Japan, and "3" is the local area code)

If there is no vacancy at JICA TOKYO, JICA will arrange alternative accommodations for the participants. Please refer to facility guide of TIC at its URL, <http://www.jica.go.jp/english/contact/domestic/pdf/welcome.pdf>

### 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. ANNEX-1:

# Health Systems Management (JFY 2009)

## Inception Report on Current Challenges at Your Organization

The purposes of this report are:

- 1) to identify the challenges and problems/issues in your current job responsibility at your organization in order to prepare for the development of an Action Plan during the core phase.
- 2) to figure out and recognize the situation of community health administration in your respective organization prior to the workshop in the core phase (program in Japan)

The following charts and tables should be typed in English, and sent to [jicatic-jice@jica.go.jp](mailto:jicatic-jice@jica.go.jp) by **April 28, 2009**.

In this seminar, each participant would be required to have presentation of this report. For sharing your experience with other participants, the presentation would be mainly focused on **Part 1 of the report (Your challenges and problems in your current responsibility at your respective organization)** rather than general country profile.

<b>Name</b>	
<b>Country</b>	
<b>Position</b>	
<b>Institute</b>	
<b>Specialty</b>	



In order to develop a Plan of Action on the above mentioned “challenges” and “problems” in Part 1 , please indicate the necessary information and data in the following tables according to your scope of Plan of Action and level of administration either at district/province/country, if available.

Please be noted that you are expected to bring necessary information and data concerning three major challenge/problems according to priorities and urgency in your organization/national policy.

### Annual Report and Health Statistics

It would be very much appreciated if annual reports of health and health statistics of respective countries are available as references.

## Part 2 : District/Province/Country Profile according to your scope of Plan of Action and level of administration

### 1. Vital and Socio-demographic Data according to your Scope of Plan of Action and Level of Administration

		(around 1995 ) <u>19</u>	(latest around 2005) <u>20</u>
Total population (000)			
Life expectancy at birth (years)			
Infant mortality rate/1000 Live births			
Adult literacy rate (%)			
Age structure of the population in the country	% ≥ Age 65	%	%
	% < Age 15	%	%
Enrollment Rates % of working population in the country	1. Primary School		
	2. Secondary School		
Maternal Mortality Rate			
Unemployment rate among the working population (Aged 15 to 64) *			

If the definition of working population is different, please specify your definition.

### 2. Top 5 Causes of Death & Percentage of Total Death according to your Scope of Plan of Action and Level of Administration

	(around 1995 ) <u>19</u>	(latest around 2005) <u>20</u>
1	%	%
2	%	%
3	%	%
4	%	%
5	%	%

3. Financial Resource according to your Scope of Plan of Action and Level of Administration

		(around 1995 ) <b><u>19</u></b>	(latest around 2005) <b><u>20</u></b>
<b>Annual Budget</b>	<b>Country</b>	US\$	US\$
	<b>Per capita</b>	US\$	US\$
<b>Total expenditure on health as % of country annual budget</b>		%	%
<b>Proportion of external resources (%) of the total expenditure on health of the country</b>		%	%

4. Health facilities according to your Scope of Plan of Action and Level of Administration

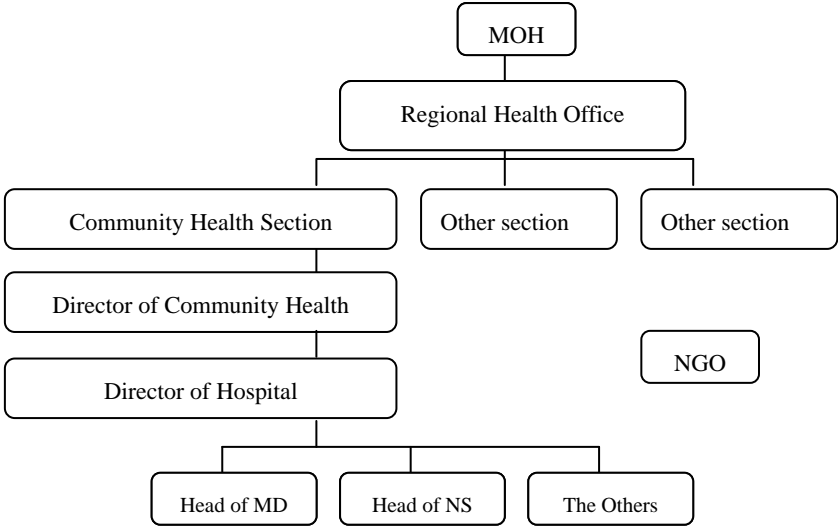
<b>(Ownership)</b>	<b>Total number of Health facilities*</b>	<b>Total number of beds</b>	<b>Total number of medical doctors</b>	<b>Total number of nurses</b>	<b>Total number of other health workers</b>
<b>Central Governmental</b>					
<b>District or Provincial</b>					
<b>Township or Village</b>					
<b>Private</b>					

**Part 3 : Health Provider Structure**

**1. Organizational Structure**

Please describe the public health organizational structure according to your scope of Plan of Action in your District/Province/Country, referring the example below.

**<<Example of organizational structure at Country Level>>**



2. Other Providers of Public Health (if there are some NGO or health institutions according to your Scope of Plan of Action and Level of Administration)

Please describe their activities.

<b>Name of Group</b>	
<b>Coverage area</b>	
<b>Type</b> (Please circle one)	Private/Public
<b>Function</b> (Please circle all that apply)	Therapeutic/Preventive/Welfare services/Educational/ Environment/Humane/Other
<b>Total Number of Staffs</b>	Persons
<b>Number of Health Professionals of the staff</b>	Persons
<b>Activity Description</b>	

<b>Name of Group</b>	
<b>Coverage area</b>	
<b>Type</b> (Please circle one)	Private/Public
<b>Function</b> (Please circle all that apply)	Therapeutic/Preventive/Welfare services/Educational/ Environment/Humane/Other
<b>Total Number of Staffs</b>	Persons
<b>Number of Health Professionals of the staff</b>	Persons
<b>Activity Description</b>	

<b>Name of Group</b>	
<b>Coverage area</b>	
<b>Type</b> (Please circle one)	Private/Public
<b>Function</b> (Please circle all that apply)	Therapeutic/Preventive/Welfare services/Educational/ Environment/Humane/Other
<b>Total Number of Staffs</b>	Persons
<b>Number of Health Professionals of the staff</b>	Persons
<b>Activity Description</b>	

**Part 4 : Major Public Health Policy**

1. Public Health Program in relation to your Plan of Action

Please describe precisely and concretely the major public health programs in Your Country, (Program title, Target population, Objectives, and summary and progress of the policy), and explain the major issues which you face now for the practice of the health policies in relation to your Plan of Action. If there are several programs describe each using the same format.

<b>Program Title</b>	
<b>Target population</b>	
<b>Objectives</b>	
<b>Summary</b>	
<b>Structures of roles among the central government, state, and municipality</b>	
<b>Progress of the policy</b>	
<b>Major issues in practice</b>	

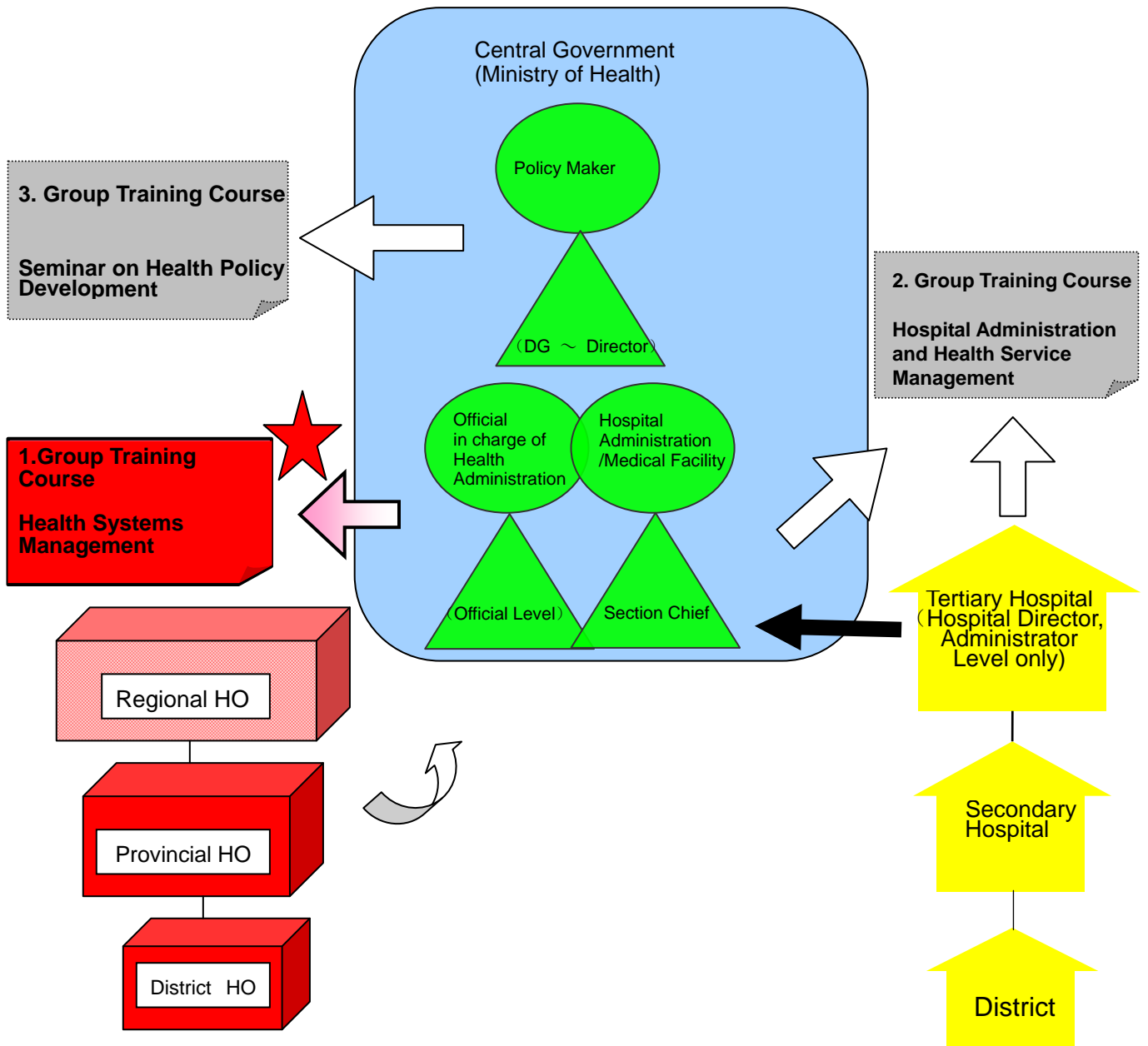
## 2. Human Resource Development Program

Please describe precisely and concretely the major public health human resource development programs according to your scope of Plan of Action and level of administration. (Program title, Target population, Objectives, and summary), and explain the major issues which you face now for the practice of the health policies. If there are several programs describe each using the same format.

<b>Organizing section of the program</b>	
<b>Target population</b>	
<b>Objectives</b>	
<b>Summary</b>	
<b>Major issues in practice</b>	

# ANNEX-2:

## Module diagram: Required Applicants for three JICA Group Training Courses in National Institute of Public Health (NIPH)



This diagram shows the required applicants for three group training courses co-organized by NIPH and JICA. The required applicants for this course 1. Health Systems Management, are shown with arrows in boldface with color (pink).

To have more information on other two courses please contact JICA local offices or JICA Tokyo.

## *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.



***CORRESPONDENCE***

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

**JICA Tokyo International Center (JICA TOKYO)**  
**Address: 2-49-5 Nishihara, Shibuya-ku, Tokyo 151-0066, Japan**  
**TEL: +81-3-3485-7051 FAX: +81-3-3485-7904**