

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
বিশ্বস্বাস্থ্য-১ শাখা

নং- স্বাপকম/বিশ্বস্বাস্থ্য-১/ডি-৮/২০১৫/৩৪৯


তারিখঃ ১৮ জুলাই ২০১৬ খ্রি.

বিষয়ঃ Issue-focused Training Course on “Program for the Specialist of Healthcare Associated Infection Control and Prevention (B)” (J1604296) প্রোগ্রামে মনোনয়ন সংক্রান্ত।

সূত্রঃ নং JICA (TR)-121/16 তারিখঃ ১৪/০৭/২০১৬খ্রি.

উপর্যুক্ত বিষয় ও সূত্রের প্রেক্ষিতে জাইকা হতে প্রাপ্ত পত্রের মর্মানুযায়ী উপযুক্ত প্রার্থীদের প্রস্তাব আগামী ১ আগস্ট ২০১৬ তারিখের মধ্যে মন্ত্রণালয়ে প্রেরণের জন্য অনুরোধ করা হলো।

সংযুক্তিঃ ১০ (দশ) পাতা


১৮১০৭১২৬
(মোঃ মোতাহার হোসেন)
উপ সচিব


ফোন: ৯৫৭০১২৯

e-mail: motaher6679@gmail.com

মহাপরিচালক
স্বাস্থ্য অধিদপ্তর
মহাখালী, ঢাকা।

[দৃঃ আঃ লাইন ডাইরেক্টর (আইএসটি)]

অনুলিপিঃ

১.  সিস্টেম এনালিস্ট, কম্পিউটার সেল, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় (ওয়েব সাইডে প্রকাশের অনুরোধ সহ)



১১, ০০১
১১/১১/১১

JICA (TR) - 121/16

July 14, 2016

Mr. Md. Ruhul Amin
Deputy Secretary
Japan Branch-4
Economic Relations Division (ERD)
Ministry of Finance
Sher-e-Bangla Nagar
Dhaka-1207

Subject: **Issue-focused Training Course on "Program for the Specialist of Healthcare-Associated Infection Control and Prevention (B)"(J1604296)**

Dear Mr. Amin,

1. Announcement of Issue-focused Training Course

We are pleased to inform you about the above mentioned course scheduled to be held in Japan from November 8, 2016 to December 3, 2016. We are enclosing the General Information Booklet (G.I.) on this course for your information and further necessary action.

2. Recommendation of JICA Bangladesh Office

This training course is designed for the government officials who **are Doctor in Infectious Diseases Hospital of Health and Family Welfare.**

The participant is expected to serve the same/similar position for a significant period of time after completion of training.

3. Application

2 (Two) seats may be allocated for Bangladesh for this training. We request you to send 4(Four) applications (two principal and two alternative) by August 16, 2016 in accordance with the selection criteria/qualification described in the chapter III, section 2 of G.I. as attached. Please pass the above information to concerned Departments of your Government and request them to send Application Form for each applicant (through ERD) to JICA Bangladesh Office.

Documents to be submitted

1) **Application Form:**

Application Form is attached for your reference. Please download it from the following link and **type in** as handwriting is not permitted.

http://www.jica.go.jp/bangladesh/english/activities/pdf/appform_general.doc

(Important Notice)

The name of the applicant in the Application Form must be same with the one that appears in his/her passport. JICA will issue air tickets based on the writings of the Application Form. If there are discrepancies between the air tickets and the passport, airlines may not allow him/her to embark.

2) **Photocopy of the Passport:**

If the applicant already has a passport please submit us the copy of identification page.

3) **Nominee's English Score Sheet:**

The applicant may attach any official documents of his/her English language ability (e.g., TOEFL, TOEIC, IELTS) to the Application Form.

4) **Facility and Job Report(Annex of G.I):**

Each applicant needs to submit Facility and Job Report along with the application.

5) **Certificate of Antibody Test and Vaccination & Inception Report(Annex of G.I):**

Only accepted candidates need to submit Certificate of Antibody Test and Vaccination & Inception Report by September 27, 2016.

6) **Medical History and Examination Questionnaire**

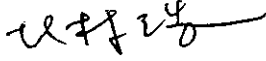
7) **Questionnaire on Previous Japanese Visa Application and Travel History**

4. Selection Procedures

JICA Bangladesh Office will conduct a basic screening of applications to confirm whether the applicant fulfills all the application requirements mentioned in 3. Application above. The screening would include a short interview with the applicant in English. If the applicant satisfies the requirements, JICA Bangladesh Office will forward the application to TIC (JICA TOKYO) for final selection. Therefore, nomination by the respective Department/ Ministry does not automatically guarantee the acceptance to the training course from your country.

May we also inform you that you may contact Ms. Sultana Fahmida Siddique, Assistant Administrative Officer of JICA Bangladesh (FahmidaSiddique.BD@jica.go.jp) if you have any query.

Sincerely yours,



Koichi Kitamura
Representative

Attachment:

- 2 copies of G.I with Facility & Job Report Format

Copy for information & necessary action:

- ✓ 1. Secretary, MOHFW, Attn: Deputy Secretary, WHO-1, MoHFW
2. Director, Infectious Diseases Hospital, Mohakhali
3. Joint Secretary (Foreign Training Section), Ministry of Public Administration, Government of Bangladesh, Bangladesh Secretariat, Dhaka-1000



Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON Program for the Specialist of Healthcare-Associated Infection Control and Prevention(B)

-For Hospital Manager and Person in charge of Infection Control-

課題別研修「院内感染管理指導者養成(B)」

JFY 2016

NO. J16-04296 / ID. 1684435

Course Period in Japan : From November 8 to December 3, 2016

This information pertains to one of the JICA Knowledge Co-Creation Program (Group & Region Focus) of the Japan International Cooperation Agency (JICA), which shall be implemented as part of the Official Development Assistance of the Government of Japan based on bilateral agreement between both Governments.

'JICA Knowledge Co-Creation (KCC) Program' as a New Start

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

I. Concept

Background

Health care-associated infections (HCAI) and related death, together with an increased cost due to extended duration of hospitalization and medical treatment, have become serious problems both in developed countries and developing countries. It is estimated that 5-10% of inpatients in developed countries and twice the number of those in developing countries acquire HCAI in hospitals. However, it is also reported that more than 40 % of these infections can be prevented in developing countries if effective control measures are taken. The appropriate-HCAI control is a key strategy to improve the quality of medical care and to save unnecessary expense.

As seen in cases of SARS, Ebola virus disease and Influenza, hospitals can be high-risk places of infectious disease outbreak. Notably the HCAI caused by medical personnel who were in charge of the treatment for the Ebola virus disease in West Africa, which is still fresh in our memory, and therefore it is an urgent issue globally. However, the damage caused by these infectious diseases can be mitigated / minimized by thorough implementation of appropriate control measures. Moreover, improving the quality of HCAI control is urgently required in order to prepare for an influenza pandemic.

The key components of HCAI control measures are "Practice of Basic Techniques", "Behavioral Modification" and "Establishment of System". In order to establish an appropriate HCAI control system and hospital management, disseminating basic knowledge and techniques among hospital staff is indispensable, which is realized by behavioral modification resulting from the activities of an Infection Control Team (ICT) under hospital manager's understanding.

From the viewpoints of both appropriate prevention and control against infectious diseases and hospital management, this program provides an opportunity for medical professionals in charge of HCAI control and hospital managers to understand effective policies and practices for HCAI control, which will be applied and adopted in their hospitals after their return. Furthermore, It is expected that their experiences will impact positively and strengthen a more resilient health system.

For what?

This program aims to help the participants understand and implement more effective policies and practices for HCAI control in their own hospitals.

For whom?

This program is offered to core hospitals at national level assigned by the Ministry of Health, which has an infection control committee/team (ICC/ICT) or an equivalent. In order to fully benefit from this training program and maximize the impact of the course, the selected core hospital is encouraged to nominate two participants including a person in charge and a hospital manager respectively so that the participants are able to work as a team in their hospital after their return. It is acceptable for the person in charge to participate in this program alone, although the hospital manager's entry as well is desirable. For successful implementation of the action plan toward the achievement of HCAI control, the understanding and active commitment by hospital managers are inevitable as well as daily conscientious efforts by persons in charge and all staff in their hospitals. Also, it is expected that the successful experiences of the participating hospitals will impact positively on other hospitals in their countries in the future.

How?

Participants shall have opportunities in Japan to understand the principles and practices of HCAI control through a series of lectures, workshops and site visits, and moreover to formulate an action plan to solve the problems related to HCAI control in their respective countries and hospitals. It is also expected that the program would nurture mutual collaboration among participating countries and Japan by sharing knowledge and experiences in HCAI control.

II. Description

1. **Title (J-No.): Program for the Specialist of Healthcare-Associated Infection Control and Prevention(B) (J16-04296)**
2. **Course Period in JAPAN: November 8 to December 3, 2016**
3. **Target Regions or Countries:**
Bangladesh, Bhutan, China, Egypt, India, Uzbekistan and Viet Nam,
4. **Eligible / Target Organization:**
This program is designed for core hospitals at the national level which have an infection control committee/team (ICC/ICT) or an equivalent.
5. **Course Capacity (Upper limit of Participants) :**
12 participants
6. **Language to be used in this program:** English
7. **Course Objective:**
To implement more effective policies and practices for HCAI control in their own hospitals.
8. **Overall Goal:**
The Incidence rate of HCAI is decreased under sufficient monitoring and evaluation in key health facilities in their own country.
HCAI is appropriately controlled in key health facilities in their own country.

9. Expected Module Output and Contents:

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

Expected Module Output	Subjects/Agendas	Methodology
To understand the principles of HCAI control	(1) System of HCAI (National Policy, Organization, Role of person in charge & related departments for HCAI control and Training of hospital staff)	Lecture Observation Exercise
	(2) Clinical policy of HCAI (HCAI & Occupational health and Antimicrobial Stewardship)	Lecture Observation Exercise
To understand practices of HCAI control	(1) Standard Precaution and Transmission based Precaution	Lecture Observation Exercise
	(2) Hygiene management at health care facility (Environment, Waste, Linen, Food and Medical equipment)	Lecture Observation Exercise
	(3) Surveillance & Epidemiology of HCAI	Lecture Exercise
	(4) Strategic Management of HCAI ("5S-KAIZEN-TQM" and Outbreak Management)	Lecture Exercise
To formulate a Action Plan to solve problems related to HCAI	(1) HCAI in Developing Country	Lecture Exercise
	(2) Presentation of the Facility Report, Action Plan	Workshop Consultation Presentation

<Structure of the program in Japan>

Topic outline (subject to minor changes)

(1) Lectures

- 1) Outlines and policy of HCAI in Japan
- 2) Infection Control Committee (ICC) and Infection Control Team (ICT) and their system
- 3) Roles of Infection Control Nurses (ICN) and link nurses and observation of their activities
- 4) Measures to protect health care workers from HCAI
- 5) Environmental management
- 6) Standard precaution and Transmission-based precaution
- 7) Antimicrobial Stewardship and role of Pharmaceutical department
- 8) Investigation and management of outbreak
- 9) Surveillance and Epidemiology of HCAI and role of Microbiology department
- 10) Strategic Management of HCAI "5S-KAIZEN-TQM"
- 11) Experience of HCAI control in Japan and participant countries

(2) Observation and Practice

- 1) ICT Round
- 2) Standard Precaution: Hand washing, use of Personal Protective Equipment (PPE)
- 3) Clinical department visit (OPD, ICU, operation rooms, delivery rooms, emergency department, tuberculosis wards, etc.)

- 4) Disinfection and sterilization of medical equipment
- 5) Waste management, Linen management and Food hygiene in health care facility
- (3) Site visits
 - 1) Observation of other hospitals (Middle sized and private hospitals)
 - 2) Medical waste treatment facility
- (4) Formulation of Action Plan
 - Report Presentation and Discussion
 - 1) Facility and Job Report
 - 2) Action Plan

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) For persons in charge

- 1) Current Duties:
 - be working for the selected core hospital at the national level which has an infection control committee/team (ICC/ICT) or an equivalent in their countries
 - be in charge of HCAI control in their institution, or be educators to their staff regarding HCAI control.
 - have licenses as medical doctors, nurses, midwives, or other health professionals
- 2) Experience in the relevant field:
 - have a minimum of five years of clinical experience
- 3) Educational Background:
 - be a graduate of university
- 4) Language:
 - have a competent command of spoken and written English
- 5) Health*:
 - must be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.
- 6) continue to work for the same institution after this training to strengthen HCAI control activities in their institutions.

(2) For hospital managers

- 1) Current Duties:
 - be in the position of hospital director or deputy director as of this moment.
- 2) Experience in the relevant field:

- have a minimum of five years of clinical experience
- 3) Educational Background:
 - be a graduate of university
- 4) Language:
 - have a competent command of spoken and written English
- 5) Health*:
 - must be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.
- 6) continue to work for the same institution after this training to support all the efforts and practices on this issue with active commitment.

* Note: Since the program includes hospital practices, participants are required to submit "certificate of antibody test and vaccination" ANNEX-(2) on Chickenpox, measles, rubella and mumps. This is necessary not only for protecting medical service workers from the exposure to infection but also for preventing them from being infection source. In addition, I would like to remind you that the participants who have not vaccinated might be limited the program contents.

3. Required Documents for Application

- (1) **Application Form**: The Application Form is available at **the JICA office (or the Embassy of Japan)**.
- (2) **Photocopy of passport**: to be submitted with the application form, if you already possess a 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), please attach it (or a copy) to the application form.
- (4) **Facility and Job Report**: to be submitted with the application form. Fill in the Attachment -ANNEX(1)- of this General Information.

4. Procedures for Application and Selection:

- (1) **Submission of 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 Center in JAPAN by August 26, 2016**)
- (2) **Selection**:
 - After receiving the documents through proper channels from your government, the JICA office (or the embassy of Japan) will conduct screenings, and then forward the documents to the JICA Center in Japan. Selection will be made by the JICA 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 8, 2016**.

5. Document(s) to be submitted by accepted candidates:

Accepted candidates are requested to send the following documents(1)(2) by e-mail to JICA Tokyo (ticthd@jica.go.jp).

(1) Certificate of Antibody Test and Vaccination: ANNEX(2)

Accepted candidates are required to take antibody test after Notice of Acceptance. If you can get results of antibody test, please send ANNEX(2) to JICA Tokyo **by September 27, 2016**. In case if it is difficult to have antibody test and vaccination depending on the situation of medical institutions in participants' countries, participants are required to take vaccinations after arrival in Japan. JICA will bear the expense only when participants bring the receipt for issuing the certificate.

(2) Inception Report(by October 28, 2016):

Before coming to Japan, only accepted candidates are required to prepare an Inception Report (detailed information is provided with "Notice of Acceptance") .

6. 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 TOKYO

(2) Contact: Ms. TAKAHASHI Yoriko (ticthd@jica.go.jp)

2. Implementing Partner:

(1) Name: National Center for Global Health and Medicine (NCGM)

(2) URL: <http://www.ncgm.go.jp/kyokuhp/eng/info/index.html>

(3) Remark: National Center for Global Health and Medicine contributes to health care in developing countries by dispatching and training experts, such as doctors and nurses, receiving trainees from target countries, and by conducting surveys and research on international medical cooperation.

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: Coverage is from time of arrival up to departure in Japan. Thus traveling time outside Japan will 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>

<Service Guide>

http://www.jica.go.jp/english/about/organization/domestic/c8h0vm0000023sgf-att/tokyo_service.pdf

<Facility Guide>

http://www.jica.go.jp/english/about/organization/domestic/c8h0vm0000023sgf-att/tokyo_facilities.pdf

5. Expenses:

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.

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) As this program includes medical institute visits, please note that you will have an x-ray examination of chest for tuberculosis screening in Japan. Your participation in the program may be discontinued, depending upon result.
- 2) Since the number of personal computers (PC) at JICA Tokyo and NCGM available for the program participants is limited, participants are recommended to bring their own PC for their convenience.
- 3) Participants are required to wear flat shoes during hospital visit. Flip-flop and high-heeled shoes are not allowed.
- 4) Requirements:
Bring these materials below if available. You may share them at the first session on this course.
 - Guidelines for the Use of Antibiotics in your Hospital or Country.
 - Guidelines of Standard Precaution in Your Hospital or Country.
 - Photo pictures of your workplace which show achieved activities or further challenges in the HCAI Control and Prevention.

ANNEX-1 Format of the Facility and Job Report -For All the Applicants

ANNEX-2 Certificate of Antibody Test and Vaccination- For only accepted candidates

VI. ANNEX: (1)

For All the Applicants

Program for the Specialist of Healthcare-Associated Infection Control and Prevention -For Hospital Manager and Person in charge of Infection Control- (J1604296)

Facility and Job Report

Applicants are required to submit Facility and Job Report with the application form. Please tick in the box and Typewrite in English for each question. As applicants' Facility and Job Report will be used for the screening of applicants, application not accompanied by a completed Facility and Job Report will not be considered as qualified.

Name of Applicant (Country) : _____ (_____)

- Name of your hospital:
 - Number of beds:
 - Which specialties does your hospital have?
 - Internal medicine Surgery Obstetrics Pediatrics Tuberculosis
 - Infectious Disease Control Emergency Medicine Intensive Care
 - Other (_____)
 - Number of Doctors:
 - Number of Nurses:
 - Number of Co-medical personnel:
- Does your hospital provide training for
 - MEDICAL DOCTORS NURSES HOSPITAL STAFF
 - OTHERS (_____) ?

Please list 3 points to be further strengthened as you think.

Please list 3 points to be improved as you think.

Is there ICC (Infection Control Committee) or ICT (Infection Control Team) in your hospital?

ICC (Number of members _____)
 Dr____Ns____Microbiologist____Pharmacist____Administrator____
 Others_____

ICT (Number of members _____)
 Dr____Ns____Microbiologist____Pharmacist____Administrator____
 Others_____

None

● Are you a member of

ICC (Infection Control committee) / ICT (Infection control team) ?
 Other (Please specify) _____

● What is your task to control healthcare-associated infections in your hospital?

Is there ICN (Infection Control Nurse) in your hospital?

Yes No
 (If Yes, describe briefly about the role of ICN)

Is there own infection control manual in your hospital?

Yes No

● Is there any infection control training program for your hospital personnel?
 Yes No

● For whom?
 Dr Ns Assistant Nurse Pharmacist Microbiologist Cleaner
 Administrator Other (_____) ?

Is there any surveillance system for healthcare-associated infections in your hospital?

Yes No
 (If Yes, describe briefly about the surveillance system of your hospital)

Is there any post exposure management policy (e.g. for needle stick injuries) for hospital personnel in your hospital?

Yes No

VII. ANNEX: (2)

For only accepted candidates

Certificate of Antibody Test and Vaccination
**Program for the Specialist of Healthcare-Associated
 Infection Control and Prevention**
**-For Hospital Manager and Person in charge of Infection Control-
 (J1604296)**

Request for taking measures against infection for participating the program

Name _____ (male/female)

Birth day ____ / ____ / ____ (Age: ____)

Record of Antibody testing

	Results	Antibody titers
Measles	Negative/Positive /Unknown	Date [] Method [] Result []
Varicella	Negative/Positive /Unknown	Date [] Method [] Result []
Rubella	Negative/Positive /Unknown	Date [] Method [] Result []
Mumps	Negative/Positive /Unknown	Date [] Method [] Result []

Record of Vaccination

	1 st Vaccination	2 nd vaccination
Measles	Date [] Lot number[]	Date [] Lot number[]
Varicella	Date [] Lot number[]	Date [] Lot number[]
Rubella	Date [] Lot number[]	Date [] Lot number[]
Mumps	Date [] Lot number[]	Date [] Lot number[]

I certify that these data above come from our medical record.

Date / / /

Examining medical practitioner name _____

Name of facility _____

Address of facility _____

Many hospitals oblige their health professionals and trainees regardless of their nationalities to take countermeasures against 4 kinds of infectious diseases (Chickenpox, Measles, Rubella and Mumps). This is necessary not only for protecting medical service workers from the exposure to infection but also for preventing them from being infection source.

Since this program includes hospital practices, you are kindly requested to fill out the following list and submit it to JICA.

1. Information about Certificate of Immunization Status Annex(2) Vaccinations against Four Types of Infectious Diseases: Measles, Varicella, Rubella, and Mumps

① If you can get results of antibody test:

- Please take antibody testing against all four infectious diseases listed below.
- Antibody testing will be done in use of EIA method and the standard ranges set for the test (Table 1).

(Table 1)

	Standard Ranges for Positive Results
Measles	EIA Method: Over 16.0 (720mIU/ml) (PA Method: Over 1:256)
Varicella	EIA Method: Over 4.0 (200mIU/ml) (IAHA Method: Over 1:8)
Rubella	EIA Method: Over 8.0 (18.4IU/ml) (HI Method: Over 32)
Mumps	EIA Method: Over 2.1

<Positive Results> → No vaccinations necessary.

<Negative Results> → Please take vaccinations twice against negative results.
(The interval between the first set of vaccinations and second one need to be 4 weeks, you will not need to take antibody testing after the second set of vaccinations.)

*Please take the antibody testing at 6 weeks before the first day of training at the latest.
(In case of negative results, you must take the vaccinations twice and the interval

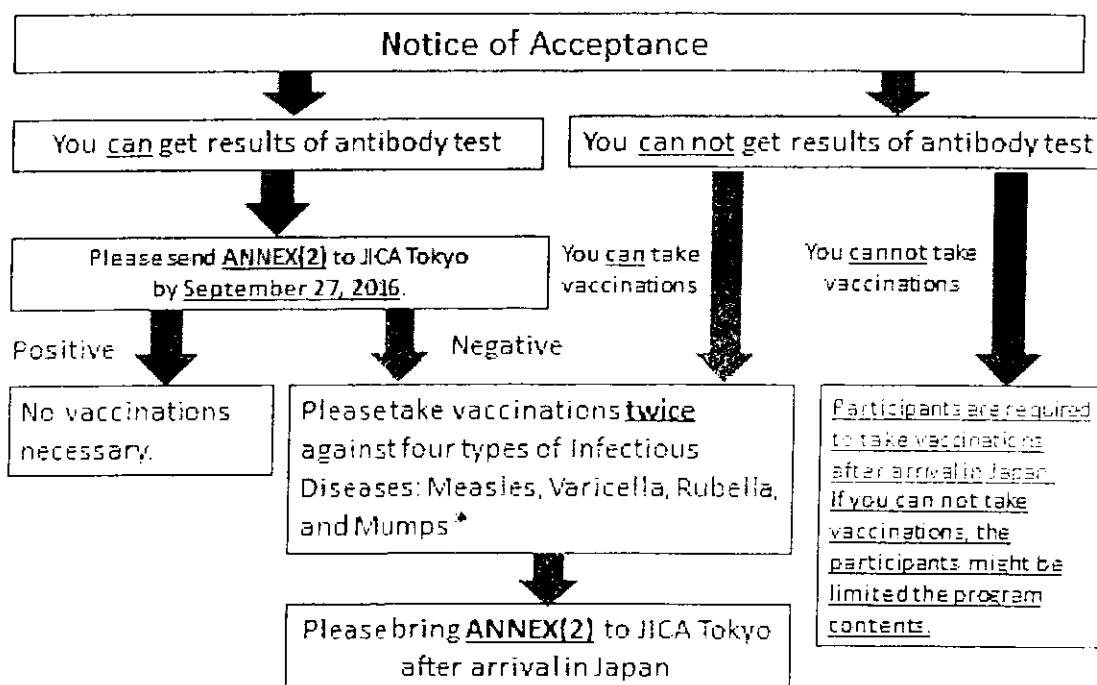
between the first set of vaccinations and second one need to be 4 weeks. After second set of vaccination you need to be 2weeks more for participate training.)

- * In case you cannot take antibody test against all four types of infectious diseases, please take vaccinations twice without taking antibody test.
- * Please ask your physician to fill in the form, Certificate of Immunization Status. Put the method of the antibody testing in the "Method" section, and value (number) in the "Result" section.

② **If you cannot get results of antibody test:**

- Please take vaccinations twice against all four infectious diseases (The interval between the first set of vaccinations and second one need to be 4 weeks. You will not need to take antibody testing after the second set of vaccinations).
- * Method of reporting Certificate of Immunization Status: Self-assessment is not permitted (Only the medical record showing the proof of you have infected with MMR + Varicella is effective).
- * Record of vaccinations: Vaccination record with date of receiving vaccinations and the signature of a vaccinator (medical practitioner) is effective.
- * Receiving vaccinations all at once: You may take all four vaccinations at once (MMR + Varicella). In case you do not take one set of the vaccinations all at once, please be aware that it may take more than 6 weeks to complete all two sets of vaccinations since the intervals between two sets of vaccinations need to be 4 weeks. After second set of vaccination you need to be 2weeks more for participate training.

Flow: Certificate of Immunization



* Please take the antibody testing at 6weeks before the first day of training at the latest. You must take the vaccinations twice and the interval between the first set of vaccinations and second one need to be 4 weeks. After second set of vaccination you need to be 2 weeks more for participate training.

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