

JICA ASSISTED HEALTH SECTOR PROJECTS IN INDIA



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Message from JICA India Office

India's 75th year of independence, 2022 is equally momentous as we celebrate the 70th anniversary of the diplomatic relationship between India and Japan. Japan's Official Development Assistance (ODA) has been cooperating with India for more than 60 years, since 1958.

Over the decades, India has made extraordinary gains across sectors. The nation's development is expected to contribute significantly to the achievement of the Sustainable Development Goals (SDGs), which will have a global impact.

The COVID-19 pandemic, however, has been a tipping point for the world. We live in a time when a global public health crisis has deeply affected both developing and developed nations. Among the many lessons it has taught us, I would like to emphasize on the power of collaboration to fight an emergency. With emergency loans of JPY 80 billion (approximately INR 4,706 crore) and emergency provision of oxygen concentrators, JICA has been able to support India in a difficult time.

JICA's partnership with India to enhance the country's healthcare ecosystem goes back nearly three decades. Be it the eradication of poliomyelitis or improving the infrastructure in both urban and rural health centers, JICA has been working with various stakeholders to make a difference. JICA has cumulatively extended ODA loans of 284.6 billion JPY (approximately INR 16,341 crore) for India's healthcare sector. Since 1996, JICA has also supported the health sector through several technical cooperation projects and grant projects in states such as Tamil Nadu, Madhya Pradesh, and Odisha among others. In addition, JICA has also started several projects in the northeast area of India.

We are committed to helping India overcome any infrastructural challenge that may hinder access to healthcare for the masses. We are utilizing technical cooperation effectively for further development of India's healthcare system by way of skilling human resources. Even though India has advanced technologies in several fields, I am sure that Japanese technologies, techniques and know-how would be useful in the management and implementation of advanced healthcare treatments, , and also in solving other challenges in healthcare in India.

As we celebrate the anniversary of India-Japan diplomatic relations, I believe this collaboration will only grow stronger to tackle development challenges and contribute to a more secure and sustainable region and the world. I look forward to nurturing this deep partnership based on mutual trust during my tenure in the country.

SAITO Mitsunori
Chief Representative



Message from Ministry of Health & Family Welfare

The Union Ministry of Health & Family Welfare, Government of India regards the health of the citizenry as an important marquee of a country's progress. We believe that a just healthcare system is inclusive to the effect that it ensures universal access, is affordable, has trained providers for competence empathy and accountability, and focuses on research. Most importantly, it gives special attention to vulnerable groups such as children, women, disabled and the aged.

Our groundbreaking policies are carved to meet the basic and advanced healthcare requirements of all our people. For instance, the 'Prime Minister Ayushman Bharat Health Infrastructure Mission (PMABHIM) scheme focuses on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters. This is in addition to the National Health Mission, which envisages the achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

The ministry has been relentlessly leading the fight against the unprecedented pandemic, with the sole aim of safeguarding the health and well-being of all its citizens. Be it state-of-the-art infrastructural support for the treatment of COVID patients or running the world's largest vaccination drive – administering as many as a million vaccines per day - India is steadily combating the crisis, while remaining cautious about the evolving situation at hand. This fight, however, is not being fought in a silo. We have achieved success and have been able to scale our efforts due to the support of all concerned domestic and international stakeholders and partners

like Japan International Cooperation Agency (JICA).

JICA has been supporting India's efforts to improve urban and rural healthcare since the early 90s. From extending ODA loans and grant aids to providing technical cooperation and expertise, we are deeply thankful to JICA for their continuous commitment in rendering us the desired support. We see them as an able partner in our pursuit for building a better health landscape the expanse of the nation.

India treasures the lives and well-being of its citizens, who are the driving force of the nation's development. Fulfilling their healthcare needs through policy and infrastructure development will always remain a national priority.

Mr. Rajesh Bhushan
Secretary (Health & Family Welfare)



Message from Department of Economic Affairs, Ministry of Finance

Health is one of the most central and integral components of our existence, which plays critical role in ensuring happy and productive life as well as generating and sustaining economic prosperity. A healthy populace is the real asset of any society, which contributes in nation building, intellectual evolution and all round development. Despite the challenges of a highly diverse topography and large population, ensuring access to reliable healthcare, remains a central priority for the Government of India.

The Government of India has undertaken deep structural and sustained reforms to strengthen the healthcare sector. Several enabling and empowering policies have been rolled out, to improve the quality of health infrastructure, healthcare services and the availability of skilled professionals, while keeping the needs of individual citizens, in prime focus.

The prevailing COVID-19 pandemic, from the its beginning, presented unprecedented challenges, however, the proactive steps taken, created a strong network of reliefs and also took India ahead in creating opportunities for achieving self-reliance. The healthcare priorities for India today is to develop capacities of health systems, strengthening institutions and application of cutting edge technology across all levels viz. primary, secondary and tertiary and to develop resilience in health ecosystems to respond effectively and adequately to the current and future pandemics.

JICA has been a vital partner in supporting us in improving our healthcare Sector, while contributing to several other domains. With a gamut of loans and grant based aids, along with its deep expertise in the, through technical cooperation projects, JICA has admirably

augmented and supplemented India's efforts in the true spirit of bilateral partnership. We express our sincere appreciation for the Government of Japan and JICA for being instrumental in improving the quality and access to healthcare.

I am delighted to note that JICA has crafted a booklet that encompasses JICA's efforts in the healthcare sector in the country. I believe that this booklet will serve as an effective communication tool and ready reference with relevant information and best practices about JICA's healthcare projects in India.

We have seen a considerable strengthening of India-Japan bilateral relations in recent past, with increased cooperation, partnerships and a congruence of strategic and developmental interests. The partnership with JICA has the potential to contribute further significantly to India's developmental efforts, in various sectors, in coming years.

I hope that our partnership with JICA, will soon achieve new dimensions with synergy, in the key sectors of sustainable development in India.

Mr. Rajat Kumar Mishra
Additional Secretary (MBC), Department of Economic Affairs, Ministry of Finance



India's Health Sector Background

India has clearly stated its public health targets in line with SDGs for 2030 and has made significant progress in improving the healthcare system over the last 2 decades. While progress has been made on key health outcomes such as infant mortality rate and deaths of tuberculosis, challenges still remain to be addressed. In fact, NCDs continue to contribute more than 60% of premature mortality burden in the country. The Indian public healthcare system is defined by a three-tier structure – primary, secondary, and tertiary care services. According to the Indian Public Health Standards (IPHS) the delivery of primary healthcare is provided to the rural population through sub-center, primary health center (PHC), and community health center (CHC), while secondary care is delivered through district and sub-district hospitals. Tertiary care is extended at regional/central level institutions or super specialty hospitals.

The Healthcare Industry in India

Working towards building a healthier nation, the industry is growing at a tremendous pace owing to its strengthened coverage, services, and increasing expenditure by public as well as private players. Demand for affordable healthcare delivery systems is rising due to the increasing healthcare costs, technological advancements, the emergence of telemedicine, rapid health insurance penetration and government initiatives such as e-health.

Human Resource

There is a dearth of trained manpower in the medical stream, which includes doctors, nurses, paramedics, and primary healthcare workers. For example, there is a doctor shortage in India, with only 11 out of 28 states able to meet or exceed the WHO recommended standard of 1 doctor per 1,000 persons. With ~10% of all registered doctors working in government hospitals, the remaining 90% are heavily concentrated in urban areas within the private sector. There is also a lack of infrastructure in terms of medical colleges and institutions to hone

manpower.

Quality of Healthcare

Since public hospitals offering free healthcare facilities are grossly understaffed, poorly equipped, and located mainly in urban areas, people are increasingly visiting to private institutions, thereby resulting in high out-of-pocket expenses in healthcare. Accelerating technological adoption including the procurement of highly advanced medical equipment is crucial to overcome these challenges. One of the most important challenge of governance in health is the distribution of responsibility and accountability between the Center and the States. As recommended in the National Health Policy, equity sensitive resource allocation, strengthening institutional mechanisms for consultative decision-making and coordinated implementation are factors for the way forward.

Covid-19 Pandemic

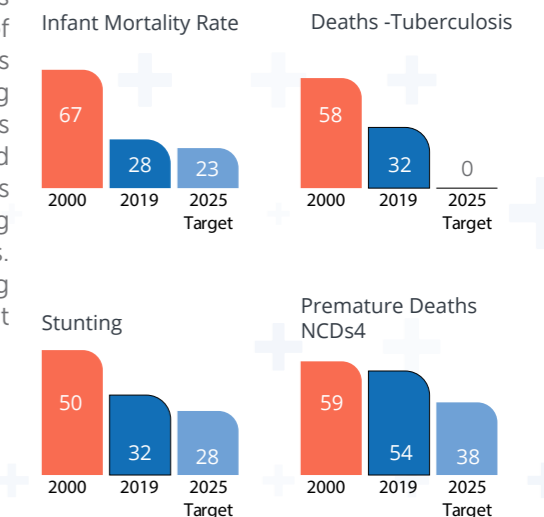
To address the spread of the highly contagious coronavirus, the Government of India announced one of the strictest lockdowns in the world. Concerted efforts were made for active surveillance of cases, managing isolation in specially built wards and COVID-19 centres to monitor the spread of the virus both at the rural and urban level. States were guided and supported in terms of providing funding for infrastructure and sharing information on the new mutating variants of the virus. With the advent of vaccinations, provisions are being made to get as much of the population vaccinated at the quickest pace possible.

Quality of Healthcare

Factors for the way forward.



India has shown improvement on several critical health outcomes.



India's Efforts for a Better Healthcare System

National Health Policy

Over the years, an array of efforts has been made to improve India's healthcare system. The National Health Policy of 1983 and the National Health Policy of 2002 have been at the forefront of ushering in systemic change. The National Health Policy, 2017 is one of the most significant. The policy was aimed at informing, clarifying, strengthening, and prioritizing the role of the Government in shaping health systems in all its dimensions. The policy seeks to attain the highest possible level of health and wellbeing for all at all ages, through a preventive and promotion health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This is being achieved through increasing access, improving quality, and lowering the cost of healthcare delivery.

Ayushman Bharat

Ayushman Bharat or "Healthy India" is a national initiative that was launched as the part of National Health Policy 2017, in order to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed on the lines as to meet SDGs and its underlining commitment, which is "leave no one behind". Ayushman Bharat seeks to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. Ayushman Bharat aims to undertake path breaking interventions to holistically address health (covering prevention, promotion, and ambulatory care), at primary, secondary and tertiary level.

National Health Mission

One of the most important interventions launched by the government is the National Health Mission (NHM). It was launched in 2013 by combining the erstwhile National Rural Health Mission and National Urban

Health Mission. The main programmatic components include Health System Strengthening in rural and urban areas for - Reproductive-Maternal- Neonatal Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

Prime Minister Ayushman Bharat Health Infrastructure Mission (PMABHIM)

Another key policy intervention is the launch of the Prime Minister Ayushman Bharat Health Infrastructure Mission (PMABHIM) scheme announced in 2021, with an outlay of about Rs 64,180 cr over six years. This is in addition to the National Health Mission. The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels – primary, secondary, and tertiary – and on preparing health systems in responding effectively to the current and future pandemics/ disasters. The PMABHIM targets to build an IT-enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in metropolitan areas & strengthening health units at the points of entry, for effectively detecting, investigating, preventing, and combating Public Health Emergencies and Disease Outbreaks.

National Family Health Survey (NFHS)

The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. So far, five NFHS surveys have been conducted in the country. As per the fifth and the latest survey NFHS-5 which was held from 2019-2020, infant mortality rate (IMR) has marginally declined across the country, dropping to 35.2 (per 1,000 live births) from 40.7 in 2015-16. Similarly, the neonatal mortality rate (NNMR) has declined from 29.5 (per 1,000 live births) to 24.9 and

under-five mortality rate (U5MR) 49.7 (per 1,000 live births) to 41.9. As in the earlier rounds, the Ministry of Health and Family Welfare, Government of India, designated the International Institute for Population Sciences, Mumbai, as the nodal agency to conduct NFHS-5. The main objective of each successive round of the NFHS has been to provide high-quality data on health and family welfare and emerging issues in this area.



JICA's Approach

JICA's Policy for India's Health Sector:

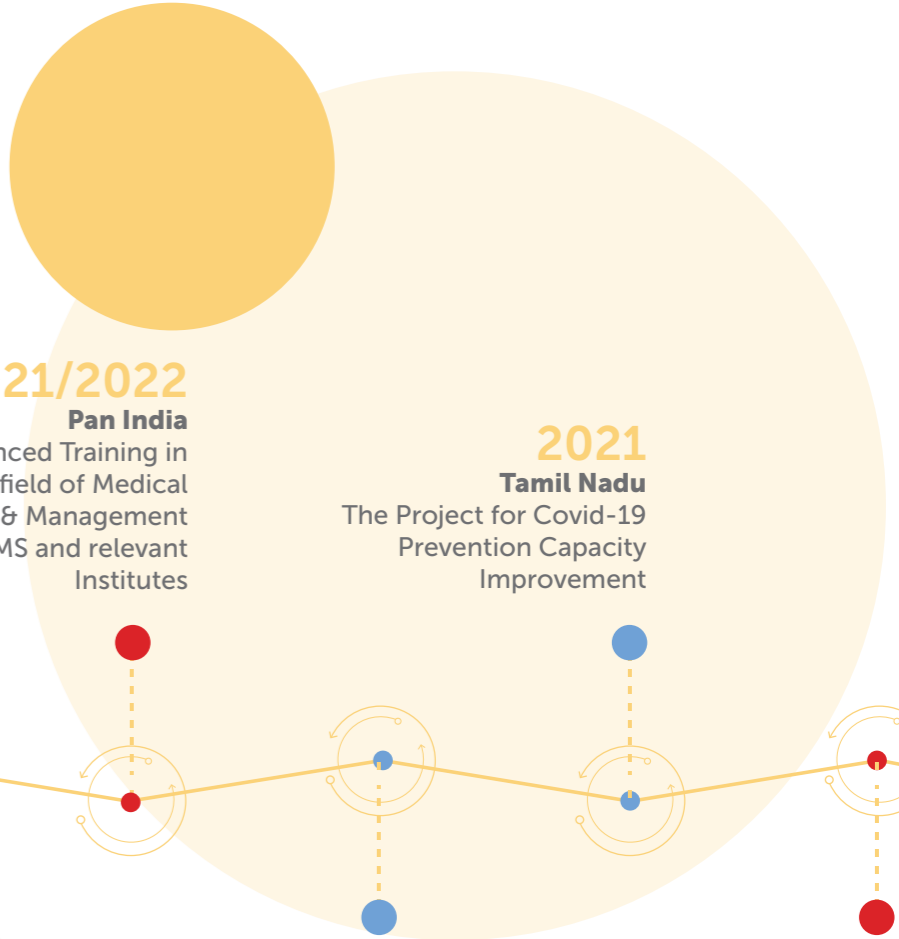
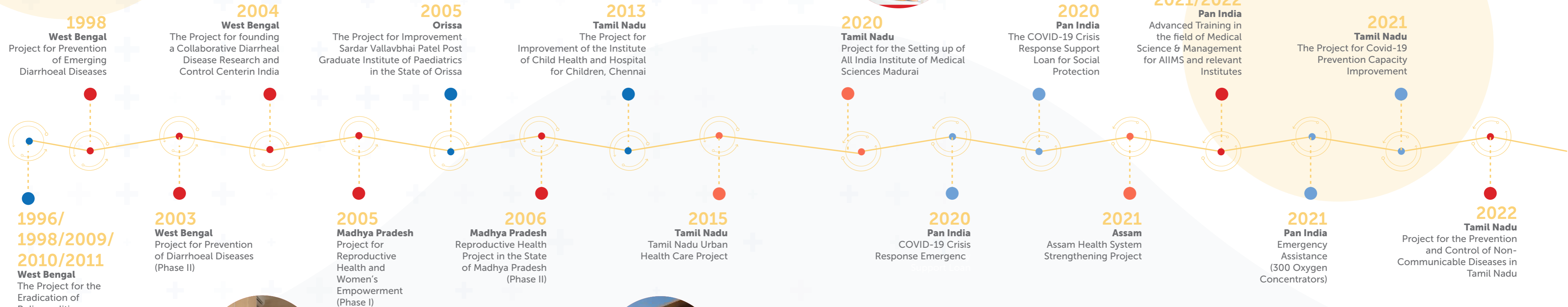
JICA has aligned its health sector policy to the Government of India's strategy and programs which is, in recent years, to build a self-reliant and healthy India. Our policy is to invest towards infrastructure development with capacity building through technical partnerships in various medical fields, which contributes to 'JICA's Initiative for Global Health and Medicine' and to strengthen the health and medical systems in developing countries to achieve 'Human Security 2.0' and 'UHC'. JICA's focus continues to remain on system strengthening for management of non-communicable diseases, control the spread of infectious diseases and improve maternal and child health. Besides the above, JICA prioritizes support to emergency response, hospital management and setting up comprehensive referral system to enhance access to quality health care services. JICA's support through Official Development Assistance, loans and technical cooperation to central and state governments is based on need-based priorities and is in line with Sustainable Development Goal 3 - 'Ensure healthy lives and promote well-being for all at all ages'. Due to the pandemic, importance of health sector in India has increased significantly and it is a prioritized sector for JICA's operation too. JICA views sustained engagement with the Government of India and state governments as a key to build a strong health sector in India with resilient and robust system and dynamic policies and programs for overall well-being. JICA also believes the collaboration with the private sector with technology and innovation will be a strong driving force to tackle the huge and diverse challenges. JICA strongly believes that good quality and improved access to health services will increase the pace of development of a country, socially and economically.

Strength of JICA and Japan:

In the past 70 years, Japan's life expectancy increased by more than 30 years and, since the early 1980s, health outcomes have consistently been top ranked. These achievements are the result of the establishment of universal health insurance in 1961 and action on social determinants of health. As the world's fastest ageing society, Japan is pioneering the response to the challenge of ageing by extending healthy life expectancy while maintaining a sustainable health system, on the basis of a life-course approach for all generations. Its advanced experience is of immense value to developing countries like India especially in designing public health programs for coming decades. JICA, as a development organization, has been supporting health sector across several countries through ODA loans and technical cooperation. In the Southeast Asian region, JICA's rich experience of funding maternal and child health, immunization and non-communicable disease prevention programs provides important lessons while designing India specific programs. Further, JICA's strength lies in building strong collaborations and twinning partnerships between Japanese and Indian medical institutions and technical organizations for exchange of knowledge and building capacities in several fields like medical research and surveillance, technical training, and knowhow transfer. In recent years, JICA has also been focusing on private-sector cooperation and are concentrating on expanding cooperation in the future.



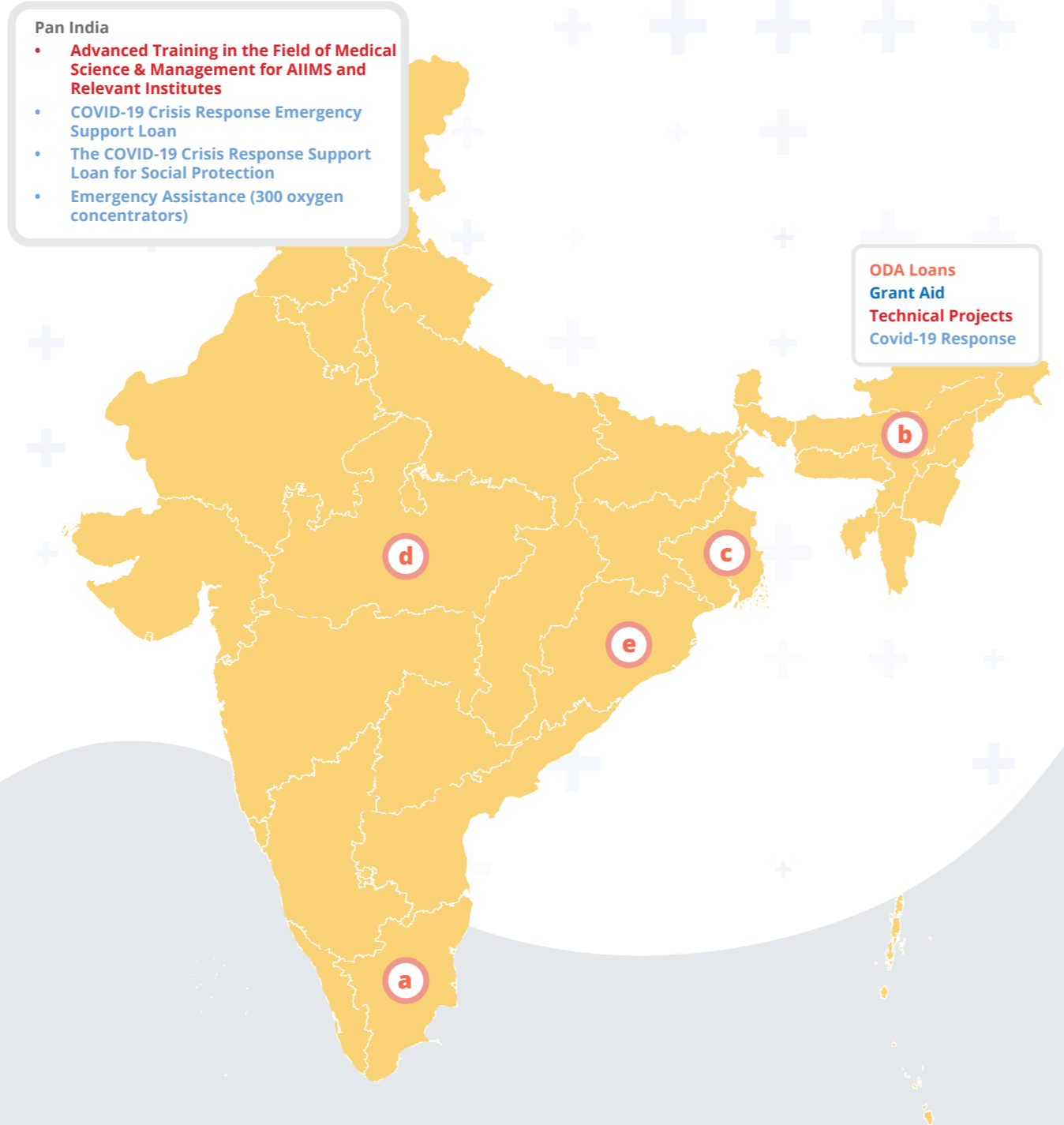
History of JICA Health Sector Projects



Project Map

State-Wise Health Sector Projects

- a** **Tamil Nadu**
 - Tamil Nadu Urban Health Care Project
 - Project for the Setting Up of All India Institute of Medical Sciences Madurai
 - The Project for Improvement of the Institute of Child Health and Hospital for Children, Chennai
 - Project for the Prevention and Control of Non-Communicable Diseases in Tamil Nadu
 - The Project for Covid-19 Prevention Capacity Improvement
- b** **Assam**
 - Assam Health System Strengthening Project
- c** **West Bengal**
 - The Project for Founding a Collaborative Diarrheal Disease Research and Control Center in India
 - The Project for the Eradication of Poliomyelitis (via UNICEF)
 - Project for Prevention of Emerging Diarrhoeal Diseases
 - Project for Prevention of Diarrhoeal Diseases (Phase II)
- d** **Madhya Pradesh**
 - Project for Reproductive Health and Women's Empowerment (Phase I)
 - Reproductive Health Project in the State of Madhya Pradesh (Phase II)
- e** **Orissa**
 - The Project for Improvement Sardar Vallabh Patel Post Graduate Institute of Paediatrics in the State of Orissa



Introduction: Health Sector Team



TANIGUCHI Hajime
Senior Representative

As overall person in charge of Health Sector at JICA India, I view the health portfolio as one of the most important especially with respect to the current impact of COVID 19 which has highlighted the need for Japan to collaborate with India to build a stronger and resilient public health system through infrastructure improvement and exchange of technical knowhow. I am grateful for India's cooperation and hope that the cooperation between India and Japan will become more solid in the future to promote the development of the health sector.



Aditi Puri
Principal Development Specialist

Health as a development sector has grown significantly within JICA India and is now one of the key areas of bilateral assistance to Government of India. We at JICA envisage that our future support to health programs in India would focus on improving health infrastructure as well as providing technical support in specific fields like non-communicable diseases, geriatric care, hospital management, etc.



TAKADA Shusaku
Representative

India was seriously affected by COVID-19 pandemic. The pandemic has brought attention to the importance of improvement in public healthcare system and strengthening of social protection architecture as critical development challenges for India. At the same time, India has been playing an important role in contributing to global society under the pandemic through vaccine manufacturing. I believe the Japan-India cooperation in the health sector will bring about great changes in both the domestic and global contexts.



OHGUCHI Rio
Representative

COVID-19 has triggered the need to dramatically accelerate the development of the health sector in India, which has been slowly improving so far. However, what I think we need to be careful about here is the disparity in access to healthcare that may come with the promotion of development. I believe that all Indians should be given equal access to healthcare. As declared in the SDGs, I'm happy to be here to support the development of healthcare where "no one is left behind".



Mahua Mukherjee
Senior Project Officer

A healthy population makes a healthy nation. Acknowledging this fact, the governments of both Japan and India are now working closely towards building a robust Indian healthcare system with universal access to affordable and good quality health care services. The recent pandemic has shown the importance of new areas like digital health and also the lessons learnt from it should guide us the to a path of better preparedness in the future. I am happy to be part of the JICA-India health team that is striving to ensure prevention of illness and promotion of wellness, building health infrastructure, and enhancing the capability of healthcare professionals and staff in different parts of India.

ODA Loans

Tamil Nadu Urban Health Care Project

Project Site: 17 cities in the state of Tamil Nadu (Chennai, Coimbatore, Madurai, Kanyakumari, Pudukottai, Salem, Thanjavur, Tirunelveli, Trichy, Vellore, Thoothukudi, Cuddalore, Dindigul, Erode, Krishnagiri, Periyakulam, Tiruppur)

Date of Loan Agreement: 31.03.2016

Loan Amount: 25,537 million JPY

Executing Agency: Department of Health and Family Welfare, Government of Tamil Nadu

Project Status: Ongoing

Objective of the Project:

The objective of the project is to improve the quality of health services in urban areas through (i) strengthening the capacity of key hospitals with up-gradation of facility and equipment, and (ii) strengthening the capacity of human resources with the focus on non-communicable diseases, thereby improving the health of people in Tamil Nadu. The project aims to upgrade three tertiary care hospitals with additional buildings in Madurai, Chennai, and Coimbatore. The objective is also to strengthen four secondary care hospitals with new buildings in Avadi, Velampalayam, Ammapet, and Kandiyaperi.

Summary of the project:

The Project has five components with different implementation sites across the 17 cities;

- Component 1: Upgrading tertiary hospitals (Facilities and Equipment)
- Component 2: Strengthening referral hospitals (Equipment)
- Component 3: Strengthening secondary care hospitals (Facilities and Equipment)
- Component 4: Strengthening hospital management

- Component 5: Strengthening Primary Health Care in managing NCDs (Capacity Building and Equipment)

In order to provide advanced treatment for cardiovascular diseases, cancer, etc., the medical facilities and equipment of international standard will be introduced under this project. Also, capacity development and advanced equipment for training will also be provided in order to improve the skills of health personnel.

Key Features:

The outcomes envisaged include increased number of catheter-based and highly advanced surgeries, high end tests and procedures. Increased bed occupancy to accommodate more patients, quality certification for all hospitals. This project is multipronged effort to upgrade medical treatment in the government hospitals in Tamil Nadu by providing planned buildings, use of advanced world class equipment, highly trained medical personnel and monitoring of performance that would be at par with international standards.



7,676
expected
number of beds



580
expected number of
surgeries in the hybrid
operating room



ODA Loans

Project for the Setting Up of All India Institute of Medical Sciences Madurai

Project Site: Madurai

Date of Loan Agreement: 26.03.2021

Loan Amount: 22,788 million JPY

Executing Agency: Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), Ministry of Health and Family Welfare (MoHFW)

Project Status: Ongoing

Objective of the Project:

The objective of the project is to establish All India Institute of Medical Sciences (AIIMS) in Madurai Tamil Nadu as a signature medical institution in South India including both health care and medical education (i) to improve high quality medical services (ii) develop health care professionals and researchers of high standards, thereby augmenting human resource in the region as well as across the country to contribute to Universal Health Coverage in India.

Project Summary:

The Project will support the establishment of AIIMS at Madurai contributing to the improvement of medical and educational system in Tamil Nadu as well as to provide measures against infectious diseases such as COVID 19, improvement of quality medical services including non-communicable diseases. The project will also contribute to strengthen the tertiary medical function and regional medical network in Tamil Nadu through the setting up of AIIMS at Madurai, which is a super specialty public medical education and facilitate the establishment of a regional medical system.

Key Features:

This project is the first ODA support to AIIMS. With this project, quality tertiary care hospital with 900 beds will

be established and it will provide additional capacity of 5,000 outpatient and more than 100 inpatients in the city of Madurai. The project not only aims to improve access to high quality medical services, but also to develop academic facility for 1,500 healthcare professionals and researchers of high standards, who will contribute to universal health coverage in India.



900
expected number of beds



150
expected number of
medical students (MBBS)
enrolled (persons/year)



150
expected number of
nursing college students
enrolled (person/year)

ODA Loans

Assam Health System Strengthening Project

Project Site: Assam

Date of Loan Agreement: 31.03.2022

Loan Amount: 45,605 million JPY

Executing Agency: Department of Health and Family Welfare, Government of Assam

Project Status: Ongoing

Objective of the Project:

The objective of the Project is to improve the quality of medical services for the residents of the target areas in the state of Assam by comprehensively promoting the development of public medical institutions, mainly secondary and tertiary medical facilities that will serve as core medical centers, the capacity development of medical personnel, and improvement of the management of medical services, thereby contributing to achieve UHC in the state.

Project Summary:

This project focuses on comprehensively improving the quality of medical services in Assam. The project will mainly target upgrading the 6 secondary and 6 tertiary health care facilities and plans to strengthen primary health care facilities through community level awareness and capacity building activities. The project also aims to build a vertical referral model from primary care to tertiary care by strengthening Health Management Information System. An integrated administrative and training hub in Guwahati called "Swasthya Bhawan" will be established through the ODA loan. This facility will house and connect all the three directorates of the HFWD in a same place having a centrally administrative unit for operation, central management information system (MIS) and monitoring unit for the entire health system of Assam. Besides

the above, the project will also focus on building capacity for strengthening Health Management Information System (HMIS), community engagement for improving referral system, and preventing diseases.

Key Features:

This project is the first ODA loan to support a comprehensive health system improvement project in the North Eastern Region of India. By establishing a new advanced specialized ward and introducing advanced medical equipment (MRI, CT, angiography equipment, etc.), it can be expected to strengthen the system for providing advanced medical services and human resource development.



1,380
expected
number of beds



2,721,000
expected number of
outpatients (person/year)

Grant Aid

The Project for Founding a Collaborative Diarrheal Disease Research and Control Center in India

Project Site: Kolkata, West Bengal

Fiscal Year of Grant Agreement: 2004

Loan Amount: 2,134.4 million JPY

Executing Agency: Indian Council of Medical Research (ICMR) and National Institute of Cholera and Enteric Diseases (NICED)

Project Status: Completed

Objective of the Project:

The Project aimed at providing a facility for information network by enabling information linking between NICED and domestic research centers.

Project Summary:

The facilities of NICED, which were constructed decades ago, had only 6.5 sqm per each researcher, which was much smaller than the area of 20 to 25 sqm, required as per international standards. The existing facilities did not provide a suitable environment for molecular-biological research activities requiring high degrees of accuracy. Therefore, the Government of India (GOI) requested grant assistance from Government of Japan (GoJ) for construction of new research facilities and procurement of equipment for the planned activities. The project also focused on improving the technology for infectious disease researchers throughout India in order to increase the number of trainees coming from neighbouring countries. This helped to enable further promotion of control measures for infectious diseases in South Asia and Southeast Asia through promulgation of disease control measures developed at the project facilities. It further aimed at enabling a shortening of time required to prescribe appropriate medicine according to prompt identification and diagnosis.

Key Features:

The project reduced infant mortality due to diarrheal diseases in India through the improvement of the diarrheal disease diagnostic capabilities of NICED, the sole dedicated research institute for diarrheal diseases in India and established a surveillance network between NICED and other hospitals.



Grant Aid

The Project for Improvement Sardar Vallabhbhai Patel Post Graduate Institute of Paediatrics in the State of Orissa

Project Site: Odisha

Fiscal Year of Grant Agreement: 2005

Grant Amount: 830 million JPY

Executing Agency: Department of Health and Family Welfare, Government of Odisha

Project Status: Completed

Objective of the Project:

This project aimed to improve the medical services of the institute through the construction of a new hospital building in which the principal hospital functions are integrated, ensuring the provision of necessary equipment, transferring technology to establish an effective management and maintenance system of equipment, and thus achieving a better educational environment for the postgraduate students.

Project Summary:

The project focused on construction of a new hospital building, partial repairs of existing buildings and renovation of medical equipment to strengthening the functioning of the Institute. The new hospital building accommodated the outpatient department, central diagnosis department, operation section, ICU, new-born ward, a part of the medical ward and the doctors' rooms. Equipment necessary for these departments were also installed. A training program to establish the equipment operation and maintenance system (soft component program) was also carried out.

Key Features:

Through the implementation of this project, medical services of the institute as the referral hospital were improved, following which practical training in this improved medical environment that allowed education for postgraduate students, thus, contributing to improvement of pediatric care throughout the state.



Grant Aid

The Project for Improvement of the Institute of Child Health and Hospital for Children, Chennai

Project Site: Chennai

Fiscal Year of Grant Agreement: 2013

Grant Amount: Grant-aid of up to 1,495 million JPY (approx. Rs 88.20 crore)

Executing Agency: Department of Health and Family Welfare, Government of Tamil Nadu

Project Status: Completed

Objective of the Project:

Under the JICA grant aid, a new user-friendly OPD building to be constructed with an aim to minimize movement of patients and medical personnel, enhancement of emergency department and procurement of latest medical equipment.

Project Summary:

Under the project an OPD building was constructed in order to minimize the movement of patients and medical personnel by housing and accommodating all related clinical departments under one roof. The emergency department was located on the ground floor of the new OPD building, ensuring direct access by ambulances and securing a large receiving area. The equipment for basic management of emergency cases such as X-ray unit and portable ultrasound was also provided through grant assistance. In addition to the equipment required for the new OPD building, equipment which will benefit the outpatients, was also provided. These include various clinical testing equipment (biochemistry, pathology, microbiology) that are intrinsic to the outpatient department, and others such as Electroencephalograph (EEG) and Electromyography (EMG) used in the ward building, as well as a hemodialysis machine.

Key Features:

In 2016, the project completion year, the number of in-hospital deaths within 48 hours was 650 cases, showed a consistently declining trend to 570 cases in 2019. By the same token, the number of deaths from sepsis was 315 cases in 2016, it dropped markedly to 44 cases in 2019. The ICH thus contributed to the survival and recovery of pediatric patients and it was deemed that with concerted efforts, the medical personnel of the ICH had made it possible to upgrade the quality of the hospital.



Grant Aid

The Project for the Eradication of Poliomyelitis (via UNICEF)

Project Site: West Bengal

Fiscal Year of Grant Agreement:

1996/1998/2009/2010/2011

Grant Amount: 1996: 768 million /1998: 392 million /2009: 205 million / 2010: 192 million / 2011: 120 million

Executing Agency: UNICEF India

Project Status: Completed

Objective of the Project:

The objectives of this project are: (i) smooth, effective and 100% coverage of polio vaccination campaign for under 5 children in West Bengal, (ii) contributed to no WPV case (WPV: Wild Poliovirus) from Northeast States during 2012 and, (iii) to take part in polio eradication from India (contribute to zero polio case for 2012), as a result reduction of under-5 mortality rate in India.

Project Summary:

The Government of Japan had extended to the United Nations Children's Fund (UNICEF) a grant assistance of US\$1,461,600 for the 'Maintaining a Polio Free India Project' to eradicate poliomyelitis from India. Of this grant, US\$163,249 was used for the supervision of the West Bengal Emergency Response, and mainly utilized to procure approximately 8 million doses of Polio Vaccine (25% of 3 round Sub-National Immunisation Days scheduled in the state) and its vaccine campaigns. The funds were also utilized for essential Emergency Response Information, Education and Communication (IEC) materials (posters and FAQs), and tools for Interpersonal Communication (IPC), including flipbooks and training materials. The remaining funds were used for the procurement of Oral Polio Vaccine (OPV) and vaccine carriers. Following a strong request from the

Government of India to provide additional vaccine carriers, JICA allocated \$1,241,806 to purchase both OPV and vaccine carriers.

Key Features:

The Government of Japan is part of the Global Polio Eradication Coalition and is supporting the Global Polio Eradication Initiative since the launch of Global Polio Eradication Initiative (GPEI) at the World Health Assembly in 1988. The Government of Japan is one the major donors for polio eradication, along with Bill and Melinda Gates Foundation, CDC, CIDA, KfW, Rotary and the World Bank. JICA has supported several initiatives of the Government of India in its fight against Polio and essential issues around Polio, such as improvement of water and sanitation conditions in major Indian cities.

Based on these concerned efforts of Gol and other stakeholders, in 2014, WHO South-East Asia Region including India was certified polio-free by an independent commission under the WHO certification process.



Technical Cooperation Projects

Project for Prevention of Emerging Diarrhoeal Diseases (Phase I)/ (Phase II)

Project Site: Kolkata, West Bengal

Duration (Fiscal Year): 1998-2003 (Phase1) / 2003-2008 (Phase2)

Loan Amount: Grant-aid of up to 1,495 million JPY (approx. Rs 88.20 crore)

Executing Agency: Indian Council of Medical Research (ICMR) / National Institute of Cholera and Enteric Diseases (NICED)

Project Status: Completed

Objective of the Project:

The purpose of the project was to improve the capacities of medical institutions in India to prevent diarrheal diseases, along with strengthening the capacities and augment capabilities at NICED and to disseminate the same (improvement) throughout the country for prevention and control of diarrheal diseases.

Project Summary:

The project implemented research on diarrheal diseases by molecular biological techniques at NICED so that it could identify more kinds of diarrheal pathogens and produce more research outcomes. At the same time, NICED-trained Indian and foreign doctors/scientists and established a constant surveillance network under this project.

Phase 1 of this project was implemented with the aim of establishing countermeasures for diarrheal diseases including a fostering plan for human resources necessary for molecular biology/epidemiology, developing research facilities and promoting collaborative research, making NICED the implementing organization. As a result of the 5-year implementation of Phase 1, the foundation was mostly established for the Government of India to implement vaccine trials for cholera. In Phase 2, the project introduced to NICED new molecular biological techniques for analyzing pathogens such as polymerase chain reaction, analysis of DNA base sequence, pulse-field gel electrophoresis (PFGE), gene cloning

and ribotyping, with the new laboratory facilities constructed under the grant aid project.

Key Features:

This project was a good example of the greater effects of technical cooperation and grant aid (facility development). The establishment of the new laboratory facilities of grant aid and the introduction of new molecular biological techniques by this technical cooperation resulted in strengthening capabilities of NICED. As an outcome, the scale and variety of laboratory and research activities, including the number of cases examined/identified, the number of publications, the number of antisera produced, etc. were expanded. The dissemination of molecular biological techniques to other organizations was enhanced with the number of research institutions capable of identifying diarrheal pathogens at the molecular level drastically increased during the project implementation period. The overall goal of improving capacity of medical institutions in India was achieved with the enhanced technical capabilities of laboratories in molecular biology, which was shown in the fact that many of them are enrolled in the External Quality Assurance System (EQAS).



Technical Cooperation Projects

Project for the Prevention and Control of Non-Communicable Diseases in Tamil Nadu

Project Site: Tamil Nadu

Duration (Fiscal Year): 2022-2025

Executing Agency: Department of Health and Family Welfare, Government of Tamil Nadu

Project Status: Ongoing

Objective of the Project:

The project aims to improve and strengthen the administration and control of evidence-based non-communicable diseases (NCDs) prevention, especially cancer prevention. At the same time, it aims to help advance the skills of medical professionals engaged in the care of NCDs including diagnosis and treatment and device novel approaches for evidence based NCDs prevention.

Project Summary:

This project will align itself with the "Tamil Nadu Urban Health Care Project" (ODA Loan) and will implement several activities to strengthen NCDs management in Tamil Nadu. Besides assessment of current methodologies for managing non-communicable diseases through surveys and studies, trainings will also be organized and conducted for technique, skill development enhancement, and strengthening capacities of health personnel working on non-communicable diseases. JICA experts will be jointly working with the state government to provide technical guidance, advice, and recommendations during the course of the project. Through the project, it is expected to strengthen the administration for evidence-based NCDs prevention (especially for secondary prevention) and control, train the medical professionals engaged in the medical care of NCDs to acquire advanced skills and techniques for NCDs management including diagnoses and treatment,

and verify the novel approaches for evidence-based NCDs prevention and control in the pilot districts.

Key Features:

Cancer incidence in Tamil Nadu has been increasing for both men and women and is expected to do so in the coming years. Common cancers among men in 2017 were stomach, lung, mouth, large bowel and tongue in ascending order, whereas among women were breast, cervix, ovary, large bowel and corpus uteri. The Project interventions were designed based on those findings to address the current challenges in cancer prevention and control.



Technical Cooperation Projects

Project for Reproductive Health and Women's Empowerment (Phase I)/ (Phase II)

Project Site: Bhopal, Madhya Pradesh

Duration (Fiscal Year): 2005-2006 (Phase I) / 2006-2010 (Phase 2)

Executing Agency: Department of Health and Family Welfare, Government of Madhya Pradesh

Project Status: Completed

Objective of the Project:

The purpose of the project was to provide technical cooperation to the Department of Health and Family Welfare, Government of Madhya Pradesh for strengthening the reproductive, maternal and newborn health services delivery, focusing first on maternal and newborn health, so that the overall goal of reducing the Maternal Mortality Ratio (MMR) and neonatal mortality rate (NMR) in the district is achieved.

Summary of the project:

In Phase 1 of the project, MNCH services were improved with the following expected outputs:

- Improved number of cases of skilled birth attendance at work
- Improvement of quality of the emergency obstetric care (EmOC) services at EmOC facilities
- Improved community demand for quality of RCH services

The scope of Phase II remained the same as with Phase 1 but it covered a wider geographical area. The project activities revolved around Human Resource Management (HRM), Total Quality Management (TQM), Health Management Information System (HMIS), and Information, education, communication/behavior change communication (IEC/BCC) to facilitate the creation of a service environment that can aspire to meet the Indian Public Health Standards (IPHS). The basic

strategy was to start small and scale up subsequently. It can be summarized as operationalization of National Rural Health Mission (NRHM)/ Reproductive Child Health (RCH)-II through pilot activities for quality services followed by scaling up.

Key Features:

The key inputs from the project made a tangible difference in the quality of reproductive and MNCH services in pilot areas. Enhancement of midwifery skills of health providers and improved conditions of facilities scaled the numbers of institutional deliveries, in pilot areas from 24% to 87% in Tikamgarh and from 13% to 71% in Damoh. The Janani Suraksha Yojana (JSY), NRHM and JICA project, all of which began during the same time, have acted in synergy to bring about this encouraging trend in institutional deliveries in Madhya Pradesh.



Technical Cooperation Projects

Advanced Training in the Field of Medical Science & Management for AIIMS and Relevant Institutes

The Government of India has been setting up new AIIMS across several states to provide major thrust towards creation of advanced tertiary healthcare infrastructure, medical education, and research facilities in different parts of the country. JICA is assisting the Government of India with the capacity building of these institutes through training of healthcare providers and administrators.

Improve Hospital management and cancer response capabilities (FY 2021)

This program aims to improve hospital management and cancer response capabilities in AIIMS. Also effective utilization of tele medicine has been covered.



Medical Device Development and Social Implementation (FY2022)

This program aims to develop human resources to engage the Research and Development (R&D) of India made medical devices based on unmet clinical needs, for the promotion of social implementation of medical devices adapting to the local context.



COVID-19 Response COVID-19 Crisis Response Emergency Support Loan

Project Site: India

Date of Loan Agreement: 31.08.2020

Loan Amount: 50,000 million JPY

Executing Agency: Ministry of Health and Family Welfare (MoHFW)

Project Status: Ongoing

Objective of the Project:

The objective of the Project is to strengthen public healthcare system, by extending budget support to Government of India implementing emergency response programme for health sector as countermeasures against the COVID-19, thereby contributing to promoting the social and economic stabilization and development efforts of India.

Project Summary:



The Government of India launched on October 26, 2021 the largest pan-India Health Infrastructure Scheme that aims to provide a much-needed fillip to India's capacity to address emergent Public Health issues. Through implementation of this PM Ayushman Bharat Health Infrastructure Mission (PMABHIM), government of India will produce robust outcomes in Public Health leapfrogging India to one of the most advanced countries in the world in terms of management of Public Health outbreaks. JICA and Government of India signed the loan Agreement, worth 50 billion Japanese Yen (approximately INR 3,500 crore) on August 31 2020, in order to support India in its emergency response against COVID-19. JICA's policy-based lending has been utilized to strengthen the public healthcare system and JICA is closely monitoring the critical activities such as development of critical care hospital blocks, IT-enabled disease surveillance

system and implementation of emergency response to COVID-19 pandemic. It is expected that PMABHIM will improve accessibility, affordability, availability, awareness, and quality of healthcare services pan India. Under the Development of Critical Care Hospital Blocks in 602 districts as proposed under the scheme, the mission shall make such districts self-sufficient, to a large extent, in providing comprehensive treatment for infectious diseases without disruption to the other essential health services and augment the critical care capacities in the public health facilities. Initiatives such as strengthening of Points of Entry will ring fence India's borders against the import of new infectious diseases and pathogens. Health Emergency Operation Centres and the container-based mobile hospitals shall further build capacities for effective emergency response during such times. This is the first large scale Japanese ODA to support Government of India's fight against the pandemic.

Key Features:

JICA is the first donor agency to commit the support PMABHIM. The special arrangement was made for this loan that loan was formulated in fast track and signed in August 2020, which is less than half year from the detection of first COVID-19 case in India, and that its interest rate is almost zero (0.01 %).

Multi-Dimensional and Multi-Modal Interventions

-  Focus on critical and primary care
-  Network of 29,000 Health and Wellness Centers
-  Specialized Critical Care Hospital Blocks in all districts with 37,000 beds with ICUs, ventilators and oxygen support
-  Over 4,000 Block & District level Public Health Units & Labs
-  Full range of diagnostic services in all districts
-  IT-enabled disease surveillance system

Institutional Approach to Holistic Healthcare

-  National Institution for One Health
-  4 New National Institutes for Virology
-  Regional Research Platform for WHO South East Asia Region
-  15 Biosafety Level 3 Labs
-  5 New Regional National Centre for Disease Control
-  Public health units at 50 international entry points preventing public health emergencies and disease outbreaks

COVID-19 Response

The COVID-19 Crisis Response Support Loan for Social Protection

Project Site: India

Date of Loan Agreement: 08.01.2021

Loan Amount: 30,000 million JPY

Executing Agency: Department of Economic Affairs, Ministry of Finance

Project Status: Ongoing

Objective of the Project:

The objective of the project is to contain COVID-19 and mitigate adverse socioeconomic impacts in India, by extending budget support to the Government of India implementing emergency response programs and policy reforms for social protection as countermeasures against the COVID-19, thereby contributing to promoting the social and economic stability and development efforts of India.

Project Summary:

The project has a multi-pronged approach to provide economic support, accelerate social protection, improve existing infrastructure of social protection aimed at households and workers and strengthen integrated policy initiatives in the country. The project aims to strengthen the capability of state and national governments in India to provide coordinated and adequate social protection to the poor and vulnerable from the impacts of the COVID-19 pandemic and from its future crisis. This loan aligns with loans provided by other multilateral and bilateral donor agencies such as the World Bank (WB), Asian Development Bank (ADB), Agence Française de Développement (AFD) and Kreditanstalt für Wiederaufbau (KfW). DEA is the executing agency of the project.

Key Features:

This is JICA's first parallel finance to support India in coping with the emergency situation; this was formulated in rapid succession to the previous 50 billion JPY support provided toward PMABHIM. The project aims at supporting the government in its endeavor of Pradhan Mantri Garib Kalyan Yojana (PMGKY) to empower disadvantaged groups, whose lives have been hampered by the pandemic.



COVID-19 Response

Emergency Assistance (300 Oxygen Concentrators)

Project Site: India

Announcement date: May 2021

Executing Agency: Ministry of Health and Family Welfare (MoHFW)

Project Status: Completed

Objective of the Project:

This Emergency Assistance is part of Japan's support to India in its efforts to fight against the second wave of COVID-19 infections.

Project Summary:

India faced a rapid spike in infected cases starting from February 2021 and healthcare system in India was experiencing unprecedented distress caused by the Delta variant of COVID-19. In particular, it caused scarcity of oxygen-related facilities that resulted in a tragic loss of lives in many parts of the country. Based on the discussion that took place on April 2, 2022 during a tele-meeting between the Prime Ministers of the two countries, the Government of Japan decided to proceed with provision of 300 oxygen concentrators to India in response to the surge of COVID-19 infections in India. All 300 oxygen concentrators were delivered by JICA to its Indian counterpart in the beginning of May 2021 and were deployed in the hospitals with high degree of emergency across several states including Tamil Nadu, Kerala, and Andhra Pradesh.

Key Features:

Special arrangement of JICA Emergency Relief Supplies scheme in India, through which the Government of Japan provided 300 oxygen concentrators to India to help India fight back the 2nd wave of COVID-19 infections that brought on heart-rending tragedies from different parts of the country due to scarcity of oxygen related facilities.



COVID-19 Response

The Project for Covid-19 Prevention Capacity Improvement

Project Site: Tamil Nadu
R/D Signing: August 2021
Executing Agency: Government of Tamil Nadu
Project Status: Completed

Objective of the Project:

The project aims to strengthen the COVID-19 prevention and diagnostic capability of Government of Tamil Nadu by providing RT-PCR test equipment and online seminars/workshops to improve the management of COVID-19 patients in medical facilities.

Project Summary:

Through the project, JICA provided necessary equipment for PCR tests to State/District public health laboratory and government hospitals across Tamil Nadu. This will enable the facilitation of PCR tests in a timely manner. The equipment installed in 10 public health facilities will contribute not only to COVID-19 diagnostic capacity improvement, but also to other communicable diseases epidemic in the regions in order to reduce morbidity and mortality in the communities. Online seminar/workshops to improve the management of COVID-19 patient in medical facilities in collaboration with other JICA Technical Cooperation projects will also be held. With the implementation of this technical cooperation project for COVID-19 prevention capacity improvement, the healthcare system in Tamil Nadu will be strengthened and will support the reduction in the prevalence of COVID-19, as well as other infectious diseases.

Key Features:

Brand new JICA's scheme of equipment provision to the developing countries fighting against surge of Covid-19 was applied through this project. The equipment was delivered to the Government of Tamil Nadu successfully thanks to the long and close relationship between JICA and the State. The equipment contributes not only to COVID-19 diagnostic capacity improvement, but also to other communicable diseases epidemic in the regions so as to reduce morbidity and mortality in the communities.



Other Support

Survey on Integrating Technological Innovations for Primary Health Care Services in Alignment with Covid-19 Emergency Response Support Program (CERP) in India

Key Points



The cumulative number of patient visits to the 12 Centers was approx. **31,000**.



The total number of teleconsultations done was over **27,200**.

JICA conducted a pilot intervention on "Integrating technology innovations for primary healthcare services in alignment with COVID-19 Emergency Response Support Program (CERP) in India. JICA wanted to implement a Teleconsultation Model in Khunti District, Jharkhand, to address immediate healthcare challenges due to disruption caused by COVID-19 pandemic, strengthen the primary healthcare delivery infrastructure, and demonstrate a sustainable and scalable model that can be rolled out in other districts as an integral part of the public health infrastructure of the Government of India.

Child Labor Protection Program under Covid-19 Pandemic in India

Key Points



Out of 158 child labour who is identified in the survey, **75 Children** were enrolled in Non Residential Bridge Course (NRBC) center. Out of 75 children, **15 Children** joined in mainstreamed regular school.

JICA conducted this study to respond to Covid-19 impact on child labour in Jogulamba Gadwal, Telangana by implementing countermeasures against child labour, enhancing community capability and forming a network to fight child labour, thereby contributing to socio-economic stability through prevention and mitigation of child labour.



Study on the Impact of COVID-19 on Persons with Disabilities in India

Key Points



A total of around **650 Persons** with Disabilities, caregivers, thought-leaders, representatives from enabling agencies, Organizations and Governments were covered under the study.



People with disabilities depend majorly on caregiving support, **64.8%** of the respondents reported facing severe challenges in accessing caregiving services due to fear of infection and limited transport.

JICA undertook a pan-India study to comprehend the "Impact of COVID-19 on people with disabilities" in India in the year 2021. The focus of the study was to determine and assess the medium to long term effects of COVID-19 on the lives of Persons with Disabilities. The pandemic has put an immense burden on the government delivery system, as Governments, DPOs, and NGOs have encountered significant challenges to provide aid, relief materials, and assistance to persons with disabilities across India. These impediments were most prominent in areas pertaining to education, training, jobs, and daily living. Through the inputs from this research, JICA aimed to establish appropriate development plans in response to emergency circumstances such as the COVID-19 pandemic. The study focused on three key points, (i) Impact of COVID-19 pandemic on Persons with Disabilities (PWDs), (ii) Response to the pandemic for PWDs by Government (Central and State) and, (iii) Recommendations for JICA's COVID-19 response support programs specifically targeting PWDs.

Survey on Covid Care and Economic Support and Services for Vulnerable Migrant Households in Rural Communities in India

Key Points



In the project target areas in Bihar, around **23,000** poor and migrant households were mobilized by the project.



Around **10,283** people (20% of the mobilized people) could either received an entitlement or were connected with a government welfare program/scheme within 3-month project intervention period.

Other Support

JICA, through this study, looked to understand the issues, problems, and vulnerabilities of the migrant population in the context of COVID-19 pandemic, thereby identifying gaps to be filled in promoting evidence-based and targeted social protection policies and programmes for enhancing their wellbeing. As a part of the survey, we also reviewed the current social safeguards implemented at JICA financed projects and examined how to integrate social protection measures for the migrant workers at project sites.



the physical and psychological impact of the COVID-19 pandemic on healthcare workers. This included the physical well-being, impact on mental health, socio-economic burden on MHWs, as well as the various efforts undertaken to address these problems. The study examined to deconstruct the effect of COVID-19 and subsequent turn of events on physiological, psychological, and mental health and related aspects of MHWs in India and studied the effect of COVID-19 on the health system and the provision, availability and utilization of essential health services, resources, and equipment.

Survey on Information Collection of Water Supply and Sanitation in Urban Slum Areas



Key Points

- Water supply: Household connection water supply rate was **77%** for authorized slums and **83%** for unauthorized slums, but the supply time is irregular. Water quality is poor with turbidity, foul odor, and E. coli contamination (**58%**).
- Sewerage: Individual connection rate is **17%** for authorized slums and **12%** for unauthorized slums. Community toilets are poorly lit, far from home, have limited opening hours, and are unsafe.

Study on the impact of COVID-19 Pandemic on Medical Healthcare Workers (MHWs) in Mumbai, India

Key Points

- Research has shown that there is a psychological impact. The major mental health impact were caused by the extra workload & extra learnings due to the pandemic such as psychological support provision to patients in isolation from family members also added to the workload, etc.

Despite relentless effort to contain the spread of the COVID-19 virus, health care systems have been heavily burdened – and in many cases overwhelmed. MHWs are expected to work long hours under tremendous pressure. The World Health Organisation (WHO) has highlighted the immense burden on healthcare workers and emphasized on addressing immediate needs and measures to prevent adverse impacts on the physical and mental health of Medical Health Workers (MHW).

JICA performed a comprehensive research study on

JICA's survey on Collection of the Information on Water Supply and Sanitation in Urban Slum Areas seeks to analyze the achievements and lessons learnt in water supply and sanitation in urban slum areas through reviewing of the related policies, activities by others including the development partners, and analyzing the same with respect to JICA's approaches adopted in representative projects in the sector. The survey also aimed to grasp the current status, issues identification, analysis of the factors responsible for better living conditions including water supply and sanitation facilities in urban slum areas in NCT of Delhi by conducting field surveys. Taking the outcomes of the study in view, JICA would work on the policy/implementation plan and required facilities/activities for the prevention of novel coronavirus, water-borne diseases, other infectious diseases in order to improve the overall public health through future project formulation in water & sanitation sector.



Study to understand the impact of Coronavirus Pandemic on Women: An intervention Research on Women Frontline Health Workers (FHWs) in the National Capital Territory of Delhi.

Key Points

- The findings from the intervention study indicate a clear need for continuation of provision of training to improve FHWs' self-efficacy and necessary skills to undertake their roles with the support of family, community, and department.

JICA conducted the research on Women FHWs in Delhi NCT to facilitate gender responsive solutions to strengthen public service delivery and generate learning supported by evidence to bridge the gender gap and reduce the vulnerabilities of the FHWs, by



empowering them, especially post COVID-19. The assignment on the study was aimed at generating critical insights for practitioners, policy makers and program implementers on the needs, options, and ways to ensure gender equity and justice in program delivery in a post COVID-19 development context. In the current situation, the public health and nutrition services have not only enhanced the critical role played by the FHWs in protecting the community and the nation but have enhanced their vulnerabilities, widening the gender gap. The learning generated through the assignment provided actionable solutions to create a protected and equitable environment for the large number of human resources working on the frontline to help the citizens.

Achhi Aadat (Good Habit) Campaign (AAC)

In January 2021, JICA India Office launched Achhi Aadat Campaign (Good Habit in Hindi, "AAC") aiming at raising awareness among 10 crore people about the importance of hygiene practices for preventing the spread of COVID-19 and other infectious diseases.

AAC introduces an easy and practical approach to the hygiene and sanitation issues by promoting handwashing, nail cleaning and other hygiene practices such as wearing mask in a correct way. JICA India Office rolled out AAC in partnership with partner companies, government agencies, non-governmental



English ver.

Hindi ver.



organizations (NGOs) and local entities such as hospitals, in 23 states and union territories during the

fiscal year 2021. JICA India Office and its partners focused on handwashing, nail cleaning, wearing masks, and maintaining social distance as the key components of the campaign, given the situation with COVID-19 during the year. The campaign reached out to 6.5 crore people, either directly through physical and online educational sessions, indirectly by word of mouth, and through media outreach including conventional mass media and social media. The campaign received donations in kind and Corporate Social Responsibility (CSR) funds from 11 Japanese partner companies. The donated collaterals, including 400,000 masks, 50,000 nail clippers, and 10,000 portable washing stations SATO taps, were utilized to promote simple and practical hygiene practices among the population. In collaboration with the partner companies, the campaign has created Information, Education and Communication (IEC) materials such as posters, leaflets, manga comics and videos translated to local languages for promoting awareness on good practices.





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