

# Human Development — Helping People the World Over to Lead Richer Lives



Of the eight Millennium Development Goals (MDGs), relevant goals are shown in color.

The international community is making concerted efforts to achieve the Millennium Development Goals (MDGs) by 2015. Yet, there are still many people who are unable to live decent lives. For instance, there are as many as 67 million out-of-school children around the world, and more than 20,000 children die under five years of age every day.

With the aim of enabling people to live healthy and creative lives each day and seek their own meaningful goals, JICA has been cooperating in the fields of education, healthcare, and social security, based on the concept of human security.

## Education

### Overview of Issue

Education is the cornerstone of all development. Acquiring knowledge and skills through education enables people to open up and improve their prospects in life. In addition, people's building of their own capacities promotes poverty reduction, economic growth, and scientific and technological development. Furthermore, the promotion of mutual understanding across all religions and ethnic groups is essential for the stability and peace of the world, and education plays an important role in this regard as well.

Developing countries, however, face many problems both in terms of the quantity and quality of their education. Although the number of children not attending school has decreased by as many as 38 million compared with 1999, more than 67 million children are still not attending school. In addition, in the least developed countries, one third of the children who enroll in elementary schools drop out before graduation. Even in countries where primary education is generally accessible, the enrollment rate of secondary education (including technical

education and other specialized courses) has remained low.

Furthermore, interest in higher education has been increasing rapidly in recent years in developing countries. There are considerable expectations for higher education institutions to play a central role in responding to the needs of creating a knowledge-based society in each country by such means as creating knowledge and innovation (research), developing human resources that drive socioeconomic development (education), and resolving development issues that are becoming increasingly complex in keeping with the steady globalization of the economy and society, as well as by returning benefits to industry and society (social contribution), with a focus on the post-MDGs period.

For Japan, the enhancement of partnerships between universities in Japan and those in Asia in particular is important from the perspective of promoting the internationalization of higher education institutions as well as of boosting economic growth in the region through fostering the highly skilled human resources required by industry, which can also lead to an increase Japan's social and economic vitality.

There is a clear need for regional collaboration. One

illustration of this need is the shift of factories and parts supply bases out of Japan following the 2011 Great East Japan Earthquake. Disruptions of Japan's supply chains caused by widespread flooding in Thailand further underscores the need for collaboration. On the other hand, in reality, many institutions of higher education in the developing countries face issues such as shortages of sufficiently qualified and skilled academic staff and of facilities and equipment for education and research, making it difficult for them to provide high-quality education and research activities. These points show that there is a significant need for aid for higher education.



Students view flowers as one part of a "research class" in which instructors open their classes to other instructors to further improve their teaching methods. (Zambia)

## JICA Activities

### 1. Basic Education

Basic education refers to education that provides basic knowledge and skills such as reading, writing and numeracy, and includes not only primary and secondary education but also early childhood development and non-formal education (including literacy education and community education).

Developing countries are facing diverse issues in the basic education sector. Among them JICA places a particular priority on the three issues of 1) enhancement of access to primary and secondary education, 2) improvement of the quality of primary and secondary education, and 3) improvement of education management (education administration and school management).

In particular, JICA is promoting cooperation with a focus on i) capacity building of teachers through the improvement of teacher training, ii) establishment of participatory school management systems that involve the community, iii) construction of school facilities by local contractors, and iv) capacity development of administrative officers of central and local governments in charge of education, which is essential for sustaining the effects produced by these other efforts.

In particular, in the Sub-Saharan African countries that are the least-developed in the area of education, JICA is providing focused and comprehensive support in accordance with the Yokohama Action Plan that was announced at the 4th Tokyo International Conference on African Development (TICAD IV) in

May 2008, for i) expansion of access (provision of educational opportunities to about 400,000 children through construction of 1,000 elementary and secondary schools with 5,500 classrooms), ii) improvement of the quality of education (provision of training for 100,000 science and mathematics teachers), and iii) improvement of school management (expansion of the School for All project, a community-participatory model for improving school management, to 10,000 schools). Due to this support, these countries are on the verge of accomplishing these goals.

It is the responsibility of the international community to provide support to enable as many people as possible in the developing countries to receive quality education. JICA is continuing to provide steady support for basic education leading up to 2015, the target year of the Education for All (EFA) and MDGs.

### 2. Higher Education

Higher education is positioned as the final stage of a country's education system. With a view to improving the quality, quantity and equality of higher education, which have been attracting particular attention in recent years, JICA is implementing efficient and effective projects with the cooperation of Japanese universities. With the main targets being the core universities that play a leading role in promoting the higher education sector of each respective country or region, JICA provides support for the improvement of their

#### Case Study

#### Myanmar Project for Strengthening of Child-Centered Approach Phase 2 (SCCA2)

### Education to Promote Skills for Creativity, Deep Thinking and Problem Solving

**Myanmar has been making steady progress in increasing access to primary education and the primary school enrollment ratio has increased to 97%. However, only about 70% of students complete all five years. One of the reasons for the low completion rate is the quality of education. The classes are mainly memorization and recitation, which fails to make students more interested in learning.**

JICA started providing cooperation in the field of basic education in 1997 and introduced Child-Centered Approach (CCA) that encourages children to improve learning skills which include critical thinking skills, creative thinking skills, inquiry learning skills and problem solving skills. JICA also recommended to Myanmar revise the primary education curriculum on Basic Science, Social Studies and General Studies.

Upon the request from the Myanmar Ministry of Education to support its introduction of CCA in the country, the Project for Strengthening of Child-Centered Approach (Phase 1) started in 2004. The support included the capacity building of counterparts at the Basic Education Resource Development Center (BERDC), training for in-service teachers, revising the curriculum of Education College, development of education

evaluation methods, and other activities.

Phase 2 started in 2008. To disseminate CCA nationwide in Myanmar, cooperation was provided to reinforce the teacher training mechanism, to establish a system for continuous training for in-service teachers, and to improve classroom teaching by teachers. By the end of the Phase 2 in March 2012, the total number of teachers who benefited from this program reached about 50,000. Technical support was also provided for CCA training for officials of the Ministry of Education, 20 instructors from Education Colleges and primary teachers from 64



Fostering children's ability to think by incorporating group work in classes

townships. Furthermore, teaching materials for this training, arithmetic teaching materials and other materials were developed.

Due to the remarkable results of these activities, the Government of Myanmar is conducting their own training programs that will extend CCA to the remaining 261 townships of all areas of the country by 2015.



An E-JUST engineering class on mechatronics and robotics

education and research capabilities through such means as improving the capabilities of academic staff, improving the campus and the education and research equipment, enhancing the university's governing structure, promoting industry-university-community links, and establishing a network between universities.

In Asia, while focusing support on the ASEAN University Network/Southeast Asia Engineering Education Development Network Project (AUN/SEED-Net), JICA is also extending cooperation to other core universities, when necessary, and endeavoring to foster highly-skilled human resources through long-term training in the formal courses at Japanese graduate schools. As for India, where there are increasingly stronger economic ties with Japan but there can be more active mutual academic interaction, a project has been started to strengthen ties among industry, the public sector and academic institutions both in Japan and in India.

In the Middle East and Africa, JICA extends its cooperation to foster the highly-skilled human resources required by industry with a focus on support for Egypt-Japan University of Science and Technology (E-JUST) that was partially opened in February 2010.

At this time of rapid advances in technology and the associated dramatic social changes, JICA will continue to support the fostering of human resources who can meet the needs of the world today, promote innovation and contribute to the progress of their home countries.

## Health

### ■ Overview of Issue

In developing countries, many people lose their lives because they are not able to receive adequate health care or medical services. In the health sector, it is generally recognized that it will be difficult to achieve health-related MDGs by 2015 despite the large contribution made by various partners including donor countries,

private funds, and international organizations such as the World Health Organization (WHO). The Government of Japan has also made a commitment to providing continuous support at TICAD IV, the MDGs meetings and other conferences. JICA is addressing issues such as the improvement of maternal and child health, infectious disease control, and strengthening health systems, in coordination with other actors involved in global health issues.

### ■ JICA Activities

#### 1. Improving Maternal and Child Health

Approximately 99% of the 360,000 pregnant women who die during pregnancy or childbirth and the 8.1 million children who die before reaching their fifth birthday every year live in developing countries. This fact indicates that the health and well-being of pregnant women and young children is one of the most serious issues facing the developing countries.

In fiscal 2011, JICA prepared a thematic guideline for maternal and child health and has been extending its cooperation for strengthening health systems that make a comprehensive "Continuum of Care for maternal and child health" more widespread and sustainable. Specific measures being taken under this framework include: developing administrative and management capacity of central and local health authorities; improving and upgrading health facilities; strengthening capabilities of midwives and other health service providers; improving community solidarity and systems; and strengthening the coordination among health centers, primary and referral health facilities.

In fiscal 2011, JICA started the Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services in the Philippines and the Project for Improving Maternal and Child Health Care System in Khatron Oblast in Pakistan. Both projects are aimed at enhancing the implementation system for enabling safe deliveries for expectant mothers and providing adequate care for newborn babies. In Bangladesh, JICA conducted the Safe Motherhood Promotion Project (SMPP) under the government's health care program and the approach for improving health services for expectant mothers and newborn babies taken by this project was recognized by the Government of Bangladesh as a package worthy for replication. In order to incorporate the approach in health policies and strategies for maternal and child health in Bangladesh and to extend this approach to all areas of Bangladesh, JICA has been extending its cooperation through the Safe Motherhood Promotion Project (Phase 2), the dispatch of a policy adviser for the Ministry of Health and an ODA Loan for training people, supplying equipment and building facilities in order to improve maternal and child health care.

## Priorities are Fighting Major Infectious Diseases and Strengthening the Capacity of Basic Health Staff

Bilateral aid organizations around the world have long been unable to extend aid to Myanmar because of the prolonged period of political instability. From the standpoint of human security, JICA has been providing continuous aid in humanitarian sectors like health and education that support human rights.

In the health sector, the Major Infectious Diseases Control Project (MIDCP) started in 2005 and the Project for Strengthening Capacity of Training Teams for Basic Health Staff started in 2009. Both are Technical Cooperation projects.

This aid of the MIDCP is helping to prevent HIV/AIDS, tuberculosis and malaria and promote treatments for these diseases.

In Myanmar, the number of people who are afflicted with three major diseases (HIV/AIDS, tuberculosis and malaria) and deaths from these diseases are high. Fighting these three diseases, which pose a serious threat to the people of Myanmar, is the highest priority of the country's national health plan. Based on this situation, JICA started the Major Infectious Diseases Control Project in 2005.

To combat HIV/AIDS, the blood donor selection system was upgraded, HIV tests strengthened and skills of the staff enhanced in order to improve the national AIDS Control program. One result was a drop in the HIV prevalence of blood donors nationwide from 0.7% in 2005 to 0.4% in 2008. Furthermore, the HIV prevalence of blood donors at seven major hospitals fell from an average of 1.27% to an average of 0.26% in 2010.

To combat tuberculosis, the Project has been conducted in two administrative regions, Yangon and Mandalay, to strengthen the national tuberculosis control program. Improving tuberculosis laboratory service, strengthening private/public-sector partnership and health education on tuberculosis were the main activities. As a result, the case detection rate (CDR) rose from 70% and 65% in Yangon and Mandalay, respectively, in 2006 to 82% and 67% in 2009. Furthermore, the treatment success rate improved from 78% and 75% in Yangon and Mandalay, respectively, to 86% and 83% in 2010.

To combat malaria, a community-based malaria program has been implemented in the 16 townships in the east and west Bago Division (the Magway Division and Rakhine State were added for the extension phase). A package was developed to be able to adopt the extension of implementation to other areas of Myanmar. Reinforcing the national malaria program lowered malaria deaths in east and west Bago from 106 in 2004 to 38 in 2010. In Magway and Rakhine, the average number of malaria deaths decreased from 146 and 67 (average from 2006 to 2009), respectively, to 57 and 23 in 2010.

MIDCP Phase 2 started in March 2012 with the goals of further strengthening measures to

fight these diseases, covering larger areas and improving the quality of activities.

"By conducting activities with deep local roots and working with the Ministry of Health, JICA is the only organization that is providing direct technical assistance to the ministry," says Project Formulation Advisor Kayo Yokomori of the JICA Myanmar Office. We will use the relationships of trust we have established with the government and people of Myanmar as the base for taking Phase 1 to the next step. Due to Myanmar's political stability, The Global Fund to Fight AIDS, Tuberculosis and Malaria and other international aid agencies and NGOs have started providing aid to the country. JICA will work and cooperate with these organizations to fight these diseases on a nationwide level. We want to contribute to containing and eradicating these three major diseases."

### Training the Basic Health Staff Who Protect the Public

Myanmar has an infant mortality rate of 54 per 1,000 births (2009), and under 5 mortality rate of 71 per 1,000, and a maternal mortality rate of 240 per 100,000 births (2008). These figures are generally high even in comparison with the averages for Southeast Asia (infant mortality rate of 45, under 5 mortality rate of 71 and maternal mortality rate of 240) (*WHO, World Health Statistics 2011*). One cause is the inability to provide appropriate health care services. Basic health staff who provide basic health care and are at the forefront of health care services, are so busy that they have few opportunities to upgrade their skills.

In May 2009, JICA started the

Project for Strengthening Capacity of Training Teams for Basic Health Staff (BHS). The project supported strengthening the capacities of the central training team established by the Ministry of Health, and training teams in states, divisions and townships. The project supported continuous medical education for BHS through the development of systems and tools for effective training, such as methods for teaching, training management and training evaluation.

In addition, a training information system is built to collect and analyze the training information from each township covered by the project. This system can assist to improve the training plan.

### From Our Expert

#### Strengthening of Basic Health Staff Project Chiyoko Hashimoto, Chief Advisor

The project has been implemented for three years. We prepared "Handbook for Training Teams" for training management, evaluation and information systems. The project has covered a half of Myanmar and training management is becoming well established at the township level. Training methods have changed from the one-way provision of information from instructors to an interactive format for instructors and basic health staffs. Furthermore, a basic health staff has told us that the establishment of training targets and objectives clearly shows them what they need to learn. We are producing consistent benefits and I want to continue these activities to make the project even better and more widely utilized.



Mosquito nets are distributed in Myanmar

## 2. Infectious Disease Control

With three major infectious diseases, namely HIV/AIDS, tuberculosis and malaria, alone claiming the lives of over 4 million people each year, infectious diseases pose a direct threat to the people in developing countries and they are also a factor in hindering economic and social development. Infectious disease control is an issue that needs to be addressed not only by specific countries or regions, but also by the entire world, as those diseases spread on a global scale through economic activities and as a result of the development of transportation.

In the field of infectious disease control, JICA mainly provides support for the improvement of access to and the quality of testing, the collection and analysis of health information, and strengthening service providers' capacities to provide necessary treatment and care services. Moreover, JICA supports policy making at the national level, and enhancing service delivery at health facilities at the sub-regional level. In fiscal 2010, JICA launched a project entitled "Health Systems Strengthening for HIV and AIDS Services Project in Tanzania", which provides support to strengthen monitoring and evaluation systems with supervision in order to improve the quality of HIV and AIDS responses implemented at health and medical facilities. In addition, JICA is implementing various projects under the Science and Technology Research Partnership for Sustainable Development (SATREPS) in Asia and Africa, utilizing Japan's knowledge in the field of research and development on infectious diseases, and is also promoting joint research on tropical diseases.

## 3. Health System Strengthening

"Health systems" refer to the frameworks that form bases for the provision of health care and medical services to people (improving governance, improving medical facilities, managing proper medical products, identifying and effectively utilizing accurate health information, and securing and managing financial resources) as well as to the fostering and managing human resources for health. While it is necessary to take a balanced approach to addressing the issues of specific diseases and strengthening of entire health systems a number of partnerships have been established by various organizations that specialize in strengthening key components of health systems. In light of this situation, JICA is expected to play a role in supporting developing countries, in harmony with international initiatives and these existing partnerships.

JICA actively contributes to the formulation of national health plans and budgets, and supports the smooth implementation of these plans. A preparatory survey was conducted concerning the provision of an ODA Loan to support the improvement of the health system in Iraq through the construction of core regional hospitals. In Kenya, JICA strengthens management capacity of local health administration and community-level strategies that support community activities to promote good health based on the policies of the Ministry of Health. In Tanzania and South Sudan, JICA provides support to establish databases for health service providers to support the management of these

individuals and for increasing the use of these databases. In addition, to deal with issues throughout Africa, JICA implements programs to promote the creation and sharing of knowledge within Africa and to reinforce self-reliant health systems. One activity is a health system management personnel training program. This is a joint program with the Government of Kenya and the African Health Leadership and Management Network, which consists of African higher education institutions in the field of health care. JICA also provides cooperation for the management of human resources for health in French-speaking areas of Africa. Another program aims to utilize a Japanese management method called 5S-KAIZEN to improve the management of hospitals and other health facilities.

## Social Security

### ■ Overview of Issue

In recent years, widening economic disparities among the countries and regions of the world, including both developing and developed countries, have become an issue and social unrest associated with these disparities is becoming increasingly widespread. There are countries as well as larger regions that have achieved remarkable economic growth in recent years. On the other hand, many vulnerable people are being left behind in receiving benefits from economic growth.

In order to establish a stable society while maintaining economic growth, it is essential to enhance health care and income security. It is also important to build a safe and sound society in which society as a whole is prepared to deal with various risks. Furthermore, providing support for the independence of socially vulnerable people promotes participation in social and economic activities, which also has the potential to contribute to successful nation-building.

JICA is extending comprehensive cooperation in the area of social security from the perspective of promoting inclusive cooperation.

### ■ JICA Activities

Based on Japan's knowledge and experience in social security systems, JICA is undertaking projects aimed at improving the social security systems of developing countries, focusing on the three areas of social insurance and social welfare, assistance for persons with disabilities, and labor and employment.

#### 1. Social Insurance and Social Welfare

JICA supports the development of social insurance systems such as health care security and income security (including pensions), as well as strengthening social welfare policies for the elderly and the others. There is a great need for people to study Japanese know-how in Japan so this knowledge can be used when creating social insurance systems that reflect the economic and social characteristics of their home countries. JICA continues to provide cooperation by inviting key personnel

at government ministries associated with social insurance systems to visit Japan to attend a training courses and exchange opinions with people involved with social insurance.

## 2. Support for Persons with Disabilities

Even though support for persons with disabilities is generally considered as a part of social welfare services, JICA views persons with disabilities not simply as recipients of welfare services but also as important actors of development. JICA's ultimate goal is to build a society that is comfortable to live in for all people, regardless of disabilities.

JICA aims at realizing the “full participation and equality” of people with disabilities in developing countries, with emphasis on support that ensures active participation of persons with disabilities in society. JICA is working to empower persons with disabilities through leadership trainings and strengthening capacities of disabled people's organizations, as well as creating barrier-free environments [🔗 See the Case Study on page 91].

## 3. Labor and Employment

In addition to support for the development of policies for labor and employment, JICA provides support in such fields as occupational health and safety and job placement services.

In developing countries, in contrast to the achievement of economic development, legal frameworks and enforcement of such legislation in the field of occupational health and safety tend to be underdeveloped, resulting in a significant increase in labor accidents. When workers who have been injured at work cannot receive adequate compensation, they lose their source of income and face the risk of immediately falling into extreme poverty. Labor accidents also pose a great risk not only to laborers and their families, but also to employers and to society. As a result, employment problems have become a serious issue worldwide in recent years.

JICA is providing support primarily in Asia for the improvement of occupational health and safety and job placement services.

### Case Study

### Costa Rica Reinforcement of the Integral System of Rehabilitation with Community Participation

#### “We All are from the Same Earth” – Promoting Community Participation of People with Disabilities in Costa Rica

**The Republic of Costa Rica, in Central America has a population of 4.57 million and the disability ratio is approximately 5% (2000 Costa Rica National Census). JICA has been supporting persons with disabilities in Costa Rica since the mid-1980s by dispatching Japan Overseas Cooperation Volunteers (JOCV). To take the next step, a Technical Cooperation project called “the Reinforcement of the Integral System of Rehabilitation with Community Participation in Brunca Region of Republic of Costa Rica, with Focus on Human Security” (known as the Kaloie Project, which means “We All are from the Same Earth” in Spanish ), started five years ago in 2007. The goal was to establish a model mechanism to promote participation of people with disabilities in Costa Rica. The Government of Costa Rica plans to use the model in the Brunca region in order to expand it throughout Costa Rica.**

Costa Rica enacted the Equal Opportunity Act for Persons with Disabilities in 1996. However, there was little progress on cooperation among health and medical care, education, labor, and other agencies. There was also a shortage of technologies for medical rehabilitation, difficulties with having communities gain an understanding of people

with disabilities and other problems. The result was inadequate social services, making it difficult for them to become members of the community.

To deal with this issue, Costa Rica formed a National Council for Rehabilitation and Special Education of Costa Rica (CNREE) made up of people from related government ministries and agencies. The plan was to create a model in a pilot site and the mechanism would then be used nationwide. Costa Rica asked for Japan's cooperation to support these activities.

In 2006, JICA conducted a preparatory survey in the Brunca region, the potential pilot site to the southeast of the capital city of San Jose. The region has a high poverty rate as well as a large number of people with disabilities.

Then the Kaloie Project

started in 2007. The first step was establishing a framework to enable many sectors to be involved under the theme of community participation of people with disabilities. For networking these sectors, a committee that consists of national and local government officials, health care professionals, people with disabilities and others was formed. Upgrading medical rehabilitation services was another step. This involved the provision of rehabilitation equipment and training for physical therapists and other specialists. Furthermore, JICA experts with disabilities were sent to Costa Rica and people with disabilities from Costa Rica came to Japan for Independent Living Training and other training. These activities were all aimed to empower people with disabilities in Costa Rica.

As a result, empowered people with disabilities in Costa Rica who learned their rights and responsibilities started to participate in community activities. Then agencies and medical institutions can accurately identify their needs, which leads to improvements in social and medical services for people with disabilities.

The Government of Costa Rica has incorporated the concept of “inclusive development” in its National Development Plan and is currently extending this model to all areas of the country.



People with disabilities who have joined JICA training on empowerment became empowered instructors to pass their experience to others.