FEATURE

TRAINING PROGRAMME

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A group of “Rice promotion” training course (Fukushima prefecture, Japan)
Overview of JICA Training Programme

History

When Japan rejoined the mainstream international community in 1954 following the end of World War II, its first modest step in providing overseas assistance was to invite 138 foreign nationals to Japan for training programmes. In the intervening decades, that programme has blossomed into the largest training programme of its kind in the world. JICA provides training programme in Japan and in the third countries for various fields. In some fields, learning from other developing countries is more effective as learning in similar situation help understanding. Third country training is gradually taking many parts of the whole training course, as the resulted or achieved sufficient development to share the knowledge and skills in the process of development.

Training Programme


The number of Ghananian trainees in 2011

In each category, depends on the trainee level, there are four types of training programmes, e.g., ‘Leaders Training’ for Decision Makers and Specialist, ‘International Dialogue’ by seminar and conference, and ‘Training-Development’ for middle level staff. There are various training styles for these programmes; ‘Group Training’, ‘Counterpart Training’, ‘Country-focused Training’, ‘Long Term Training’, ‘Young Leaders’, and ‘Third Country Training’.

JICA hosts approximately 10,000 training programme participants every year in cooperation with its three branches and nine international domestic centers in Japan. Training programmes are undertaken in cooperation with universities, private sector enterprises, public interest organizations, NGOs and other organizations as well as the central and local governments.
The length of training programme varies from few weeks to some months generally, and one or two years for long term training. During the training course, participants learn about Japanese techniques or situation through lectures, visiting fields and so on. They even collect data through experiments or make trial equipment in some technical courses.

Through the training, the participants are required to develop ‘Action plan’ to implement in their own country, reflecting what they have learnt through the training in Japan after returning home. They make presentation about the action plan and get feedback from Japanese lecturers before they leave. The training would not be completed in Japan, but continued in their country including Ghana.

**A Success Case of JICA Training Programmes in Ghana**

“I always make reference to JICA Training in any international forum, seminar or meeting I attend. I have used Japan as a resource for policy issues, and I own my success to JICA Training”, says Mrs. Bernice Anowa Welbeck, the Acting Executive Director of National Labor Commission of the Republic of Ghana in West Africa.

As JICA Staff was ushered into the office of the Acting Executive Secretary of the National Labor Commission, little did we know that she is an ex-participant of JICA’s Training Programme. On Seeing the JICA staff, the Executive Secretary said, I just finished mentioning JICA’s name to a colleague.

“JICA’s training was very timely at the time that the Government of Ghana needed it most. I was in Japan for a six-week Intensive course on “Labour-Management Relations Development Policy Development” in 2004 at Hachioji International Center. It was the time that the Government of Ghana was establishing the National Labour Commission, I then came back to fit what I learnt into the Ghanaian context. Japan has a good industrial resolution system and having the opportunity to learn from them was very great.

I am equipped with the requisite knowledge in writing labour policy papers and the commission is benefitting tremendously from my training and I apply some of the best practices from Japan, because Japan’s law was one of the laws studied and considered by the social partners during the formulation of Ghana’s new labour law, the Labour Act 2003 (Act 651).

Before I left for Japan, I was an Officer in-charge at the National Tripartite Secretariat at the Ministry of Labour and currently, I am the Acting Executive Secretary of the National Labour Commission. I was having an Associate Degree at that time. After Japan, I now have two Master’s Program and would graduate very soon with a Doctorate Degree. JICA Training brought out the best in me. I would like to say “Arigato” to JICA, Japan and the people of Japan”.

Ex-participant receiving her certificate of participation in the training programme in Japan

Ex-participant in her office in Ghana at the National Labour Commission (NLC) as Ag. Executive Secretary
Mr. Barimah Asare Sintim attended the ‘One Village One Product (OVOP)’ training programme in Japan from 12th to 31st May, 2010. ‘One Village One Product’ Movement is about the development of community capacity and implementation of rural development project under the rural development policy. The “OVOP” approach consists of promoting community based development through local resources’ exploitation. It succeeded in rural prefecture in Japan and the idea spread all over the world.

Mr. Sintim works at the Ministry of Trade and Industry in Regional Administration Office in Cape Coast. His job is to promote Micro, Small and Medium Enterprises (MSME) programmes and projects in the region by strengthening and organizing farmers associations and assisting trade and farmers associations to acquire certification. In the area where Mr. Sintim oversees, there are several types of factories processing and producing different products such as Soap, Pineapple, Cassava Orange, Palm Oil, Salt and others.

The training programme includes theoretical lectures, various presentation, and study tour to visit a town to observe agriculture cooperative and town regional development bureau. Through the training, Mr. Sintim learned the concepts of rural community development, framework for planning, implementing and evaluating for rural development, mechanisms of and experiences for capacity and rural development case study under the OVOP Movement in Oita and other initiatives. The participants drew up rural development plans.

Before the training, he did monitoring in this region, but did not pay attention so much to details. He did not go to farmers directly; he only went to selected factories for visitation. After the training, he was able to identify which factory was not doing well, and create appropriate plan for the factories. When he visited a Food Company in Japan, he was impressed that workers had to remove their shoes before entering the factory and they were very punctual at work. He recounted it to farmers. The major challenge with MSMEs in his area was access to credit and the capital to work. He advised them on cost-effective practices and on other factors that affect business such as punctuality, commitment, creativity, and cleanliness.

Tropical Starch Company, Abura Dunkwa

Tropical Starch Company, one of Mr. Sintim’s project sites, is located at Abura Dunkwa in the Central region. There were two cassava factories in Central Region. The company produces starch for paper box, flour and garri from cassava. It has 20 permanent workers, 10 non-permanent workers, and 400 farmers who produce Cassava in this area.

According to Mr. Sintim, cassava farmers had transported their cassava on their heads. Mr. Sintim thought it is not efficient; he gave some advice, including about making an association and work together as a group rather than individual work. Farmers heeded his advice, and formed an association, opened a bank account, and started holding stakeholders meeting. Mr. Sintim further advised...
them to have a cassava plantation so as to have constant cassava supply to the factories; now they have a cassava plantation. In addition there is more coordination and mutual respect between farmers and factories, after Mr. Sintim advice and interventions.

Alhaji Musa, owner of the Tropical Starch Company said; 'It was a small factory, we produced using hand. In 2011, it turns to factory with machines. It took three days to dry cassava before when we used the sun, but it takes only two hours using the machine. Now, we have four acres space for the factory and I pray this factory grows larger with Mr. Sintim’s advice.'

James Co. Ltd is another project site for Mr. Sintim. James and Co. Ltd., founded in 2002, produces water pack, alcohol and fresh pineapple juice. They produce 500 boxes (each box has 24 bottles) of fresh pineapple juice per month. The number of workers is 24 and there are three farmers’ associations. The heads of the farmers’ association meet every three month.

Mr. Walter Noonoo, Production Manager said; ‘Our main challenge was lack of access to machinery and capital. We had enough farmers who supply raw materials. Mr. James Kwesi Quansah, the Managing Director, heeded Mr. Sintim’s advice and increased the production by 5% every year; ‘We started producing water packs from underground. Also, he advised to produce pineapple juice for local people. Regarding capital, MSMEs cannot be supported by most banks in the area. Mr. Sintim took us to an Italian Loan Company to access low interest (12%) credit facility without other usual bank requirements such as provision of guarantee for the loan.’

Mr. Sintim plans to replicate the ‘One Village One Product (OVOP)’ in this entire region. He said; ‘There are salt mining areas in this Ekumi district, but almost all the enterprises there, are micro or small scale industries. Their packaging and general industrial practices are not standardized. There are other companies that need my technical advice and supervision input to grow their businesses. I look forward to helping them achieve their objectives through the “One Village One Product” model.’

Mr. Walter Noonoo
Mrs. Guddy Abena Ampomah Kermah, the Shama District School Health Education Programme (SHEP) Coordinator, participated in the 6th phase of the School Health programme in Nagoya, Japan from August 22nd to October 7th, 2011. Mrs. Kermah was nominated for the training by the Ghana Education Service through SHEP Unit. The main objective of the training was to offer participants the opportunity to learn and experience the Japanese School Health System in order to adapt and improve the School Health System of various participating countries such as Fiji, Egypt, Benin, Nepal and Ghana.

Mrs. Kermah learned many things from the training course. For example, project cycle management (PCM), School Health System in Japan, Local Education Administration System, Pediatric Medical care, duties and function of School Health Teacher and Health Room, the School Health Statistics, Health examination and observation in schools, Health activities at schools including school lunch and physical education of dental care activity, etc.

Mrs. Kermah said: ‘One of the major lessons for me is the establishment of health examination in schools within the district, because there was no schedule for health examination in the Shama District (We only had HIV/AIDS screening) at the time of the training. Health examination is useful for finding out children who have hidden disability; Health examination enables us to give such children proper treatment. We learnt more new things and exchanged ideas. We discussed issues such as daily health observation, inspection of school lunch server, the need of school health room, annual health survey and health examination in schools, brushing of teeth after lunch, the use of fluoride, monitoring of school food by school health committee, proper documentation of pupils health and close collaboration among stakeholders.

Participants had the opportunity to solve critical issues on school health through the formulation of an Action Plan to be implemented in their various countries. The Action Plan was prepared based on the knowledge and information acquired from Japan and other participating countries.

Success Story......

As a part of her Action Plan for Shama District, Mrs. Kermah recounts some of her success story two years after her training in Japan: ‘Immediately after I returned from Japan, I briefed all stakeholders including Directors of Education, District Education Director, District Chief Executive, Regional SHEP Coordinator, and leaders in the community. We selected schools for pilot school health room and health examination to share the knowledge and skills that I learnt in Japan. I conducted a sensitization workshop for three schools selected to establish school health room. In addition, we selected two out of five schools to practise teeth brushing after lunch with local chewing sticks and chewing sponge. As a result, 10 kindergarten schools out of 39 in Shama District now practice brushing after lunch. I started health examination for pupils in the selected primary schools and got the Ghana Health Service and Ghana Education Service in the district to start a route march for sensitization on the importance of health examination. I invited eye specialist and ear specialist to three selected schools as pilot project. I am planning to start screening food vendors in schools to certify them.’
1. **Shama Model Kindergarten/Primary School**

Mrs. Kermah introduced children’s health examination and teeth brushing for the Shama Model Kindergarten/Primary School, which has 500 pupils; 144 in kindergarten and 355 in primary school. Aidou Isaac, the Head of the Primary School said: ‘Now we have Health Lecture Time every Wednesday for 45 minutes. In the class, for example, we invite nurses to talk about health issues. Our next topic is the importance of fruits. It also has demonstration and role play. In addition, we have School Action Plan Book to record our health activities such as environmental sanitation.’

2. **Atta Ne Atta kindergarten and Primary School**

Mrs. Kermah introduced Health Notice Board which she adapted from the Japanese training course to Atta Ne Atta Kindergarten/Primary School. The number of primary school pupils is 163 and the number for kindergarten is 98; while the number of teachers is 10. The school is the first place to start the health screening of children and it is supported by the Parents and Teachers Association (PTA). The school started to change the health notice on notice.
Ms. Hannah Dako Donkoh, the Head Teacher of Inchaban Methodist Primary School, which is a cluster school consisting four schools, said; ‘When children fell sick, we just told them to go home but the problem was that they did not come back to school or started recording poor academic performance. PTA (Parents and Teachers Association) and SMC (School Management Committee) worked together to build the room for supporting sick children for all four cluster schools. We also started the Washing Day for hand-washing three years ago. Now, most children know how to wash their hands.’

5. **Eye Screening in schools**

Ms. Evelyn Ansah is the only eye specialist for children’s eyes at schools in the district. She started visiting schools. Between 2012 and 2013, she visited Atta Ne Atta kindergarten and Primary School, Inchaban Methodist Primary School and Shama Model Kindergarten/Primary School and found four students who have retina errors. She invited the children to come to her clinic for full evaluation and treatment.

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**The voice from teacher**

Before the health examination, we did not know the cause of some students’ problems such as ear impairment. After adopting the health examination scheme, pupils who get sick are decreasing and children are always in school. We adopted oral hygiene such as teeth brushing and children are practice it at home. Mouth odour among children has also reduced significantly.
At Princess Marie Louise Children's Hospital, about 15 to 20 tests are conducted on a daily basis and they range from full blood count to check the haemoglobin and CD4/CD3 to check CDR. These are usually done on Tuesdays and Thursdays. From Monday to Saturday, they conduct an average of 30 daily tests, exclusive of HIV tests.

Ex-trainee Mr. Agbazo improved the diagnosis and monitoring of HIV infection at the Princess Marie Louise Children's Hospital in Accra is yielding good results.

Mr. Agbazo explained that some of the challenges he faced before attending the training included usual equipment breakdown, late supplies and lack of smooth procedure for the transfer of samples from the laboratory to the clinic or end-user.
"I learnt a lot in Japan. When I returned to Ghana, I decided to implement the Action Plan which I developed in the training. I adopted the Q&A strategy to trace root causes of our problems. Sometimes, the solution is a change of attitude to those challenges. With the collaboration of stakeholders such as the Laboratory Manager, Head of Clinical Services, Head of Antiretroviral Treatment Clinic, Medical Superintendent, National AIDS Control Programme"

Voice from staff for PMTCT Project

Dr. Abban, one of the doctors working on the Prevention of Mother-to-Child Transmission, Project for Strengthening Operational Capacity of Prevention of Mother-to-Child Transmission of HIV (PMTCT) project (one of JICA's health projects) attested to Mr. Agbazo's new skills: ‘After he returned from Japan, he briefed us on what he learnt and now we have started seeing improvements in the ways things are done in the laboratory. In the past, it took time to get result from the laboratory, but that has improved tremendously now.”
Mr. Frederick Aduagyei was selected as the participant of the “Trunk Road Management and Maintenance” Training programme in Japan which held from 10th September to 20th October in 2012.

He works as a Maintenance Manager at the Road Maintenance Department of the Ghana Highway Authority. Road maintenance in Ghana is crucial to Ghana’s development as it facilitates the smoothness and ease of movement for people, goods and services from one location to another.

Mr. Aduagyei learned in the training about the storage of data on works and unstable slopes, amendment of routine maintenance contracts, Japanese ‘Do-nou Bag’ Technology, and addition of Slope Protection to periodic maintenance.

According to Mr. Aduagyei; ‘I really learnt a lot of techniques suitable for improved road maintenance from the training. One of the most critical lessons for me was the road maintenance management system in Japan. I learnt how they manage unpaved roads and how asphalt pavement is constructed and maintained. Prior to the training, routine maintenance had been the most difficult challenge for my department, but thankfully, the eye-opening training has helped me to identify more ingenious ways to meet our challenges.’

Mr. Aduagyei states; ‘Initially, we faced issues such as contractors’ non-adherence to timelines, slow response time to fix defects on roads and the level of effectiveness of maintenance intervention. For example, gravel and bitumen was used for patching instead of cold mix asphalt.’ His knowledge was shared to other members in his department. In order to ensure that on-site contractors are on time, he made sure his department came up with longer term contract for routine maintenance. A clause, containing embankment protection works, was added to their contracts. Though, contractors were required to report more often to work sites, it is still very profitable to them. One of remarkable changes after training in Japan was the slope and embankment protection.

Due to the lack of slope protection such as stone pitching or grassing on road edges, erosion often set in and leads to gradual depletion of roads. But now, embankment and slope protection against washouts and landslides is reported into the road maintenance system and roads are better protected.

Mr. Aduagyei stated that; ‘The Do-Nou Technology is also useful lesson from Japan. I disseminated the process and procedure of the technology to Mobile Maintenance Unit and made them understood its usefulness.’ ‘Do-Nou’ is a Japanese word which means wrapping soil in a gunny bag. The technology involves the gunny bags filled appropriately with sand, soil or gravel. The bag openings are properly closed or sealed. Materials for Do-Nou are usually available locally and it does not require heavy equipment or machinery to produce. It can be used to raise embankments, prevent floods, and protect roads or reinforcing buildings.

Mr. Aduagyei intimated that he would soon become the Maintenance Manager for the Greater Accra Region and his focus would be to strengthen management skills for staff while he continues other routine activities such as road maintenance, human resource management and organization.
In July 2013, one of the ex-participants of JICA’s Training and Dialogue Programmes, Dr. Afisah Zakariah, was deservedly awarded by the Government of Ghana. The award was for her outstanding contribution to nation building. Dr. Afisah Zakariah was a part of the group who participated in the JICA course on ‘Strengthening the Monitoring and Evaluation (M&E) Capacity of the Ministry of Finance’ between Fiscal Year 2010-2011 at the Tokyo International Center (TIC) of JICA. Apart from the award by the Government of Ghana, the Ministry of Health has also elevated her to the position of a Director of Policy, Planning Monitoring and Evaluation Division. Her elevation to the Director level was as a result of the institutional capacity on Monitoring and Evaluation she had in Japan.

The Government of Ghana represented by the Minister of Gender, Children and Social Protection presented her with the Award for “Outstanding Female Doctor of the Year”, for her selfless service in her field.

She gave much credit to JICA for not only the training, but also building her confidence. She said: “My visit to Japan improved my attitude towards work, built my confidence and sense of devotion towards one’s country and modesty”. She was grateful to JICA and mentioned that, being the Director of the Policy Planning Monitoring and Evaluation, the issue of M&E in her ministry would be more focused. Dr. Afisah is a good friend of Japan and JICA.

JICA Alumni Association of Ghana (JAAGHA)

There are more than 2,500 ex-participants of JICA Training and Dialogue Programme in Ghana. To maintain, expand and spread the effectiveness of JICA’s technical cooperation in Ghana after training, the alumni association of ex-participants was established in 1991. The association has been re-established in 2012 after the temporary suspension of the activity for some years.

The association has just re-started its activities in 2012 and is going to organize activities such as seminars, issuing magazine etc. to build the network and promote social interactions between past participants.

It’s always open and welcome ex-participants who are yet to become the member of the association. Please contact JICA Ghana office for more information.