



Knowledge Co-Creation Program (Group & Region Focus)

GENERAL INFORMATION ON

Quality Improvement of Health Services through KAIZEN Approach

課題別研修「カイゼンを通じた保健医療サービスの質向上」
JFY 2018

NO. J18-04201 / ID. 1884424

Course Period in Japan: From August 12th to September 1st 2018

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

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

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

I. Concept

Background

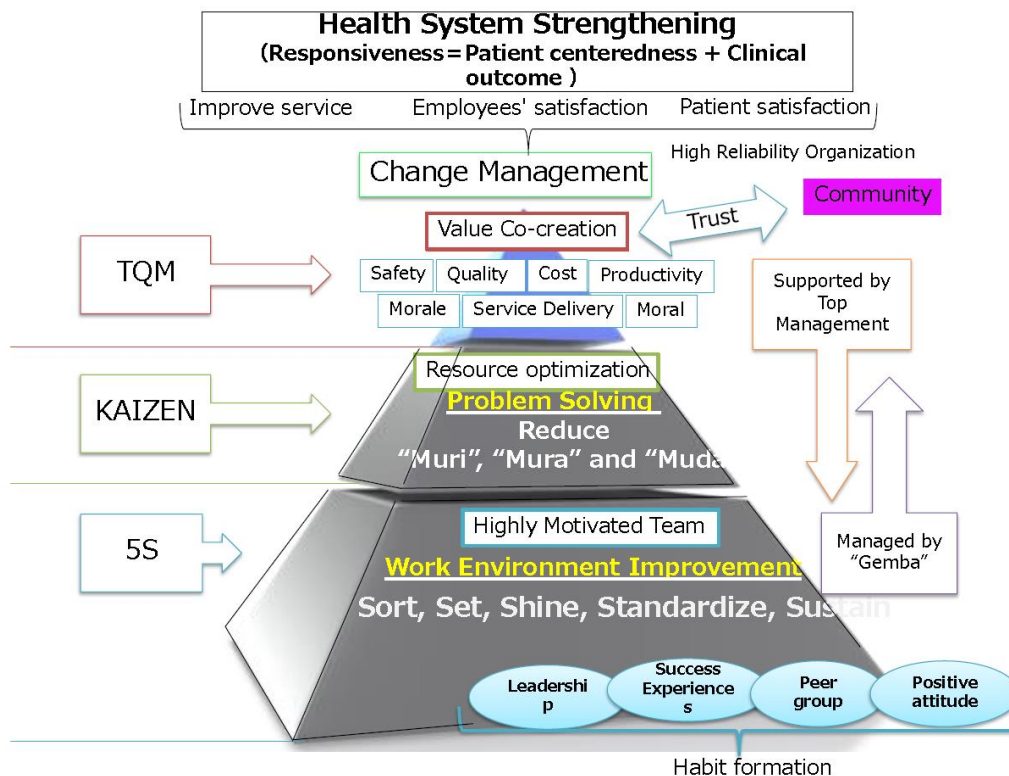
Management improvement as a breakthrough

Despite chronic shortage of resources, health facilities must provide various services to the general public in a safe, effective and efficient manner, regardless of its category, size and location.

Management is a key element for improving health services provided by health facilities. Hospital managers are always required to coordinate and efficiently utilize a variety of resources such as human resources, medical supplies, infrastructure, budget, etc. and are continuously challenged to solve managerial issues. Strong leadership is also asked of hospital managers for involvement of all hospital staffs for improvement of health services. Improvement of managerial skills can become a valuable breakthrough to overcome existing constraints in health facilities.

KAIZEN program to enhance health services

“Asia Africa Knowledge Co-Creation Program-Total Quality Management for Better Hospital Services (AAKCP-Hospital TQM)”, implemented by JICA from 2007 to 2012, addressed the important target to improve the hospital management of public sector hospitals in Africa, despite their technical and administrative problems. For this purpose, AAKCP promoted a modified version of a management framework from the Japanese manufacturing sector, known as the 5S-KAIZEN-TQM framework which is comprised of three distinctive steps. This training course has been developed in 2009 as part of the AAKCP program.



Five (5) S is a principle for improving the work environment, which can be applied to every corner of the hospital. The five steps of *Sort, Set, Shine, Standardise and Sustain* are simple; they are universally applicable processes for improving work environments including both physical and work-system set-ups in the hospital.

KAIZEN, often expressed as **Continuous Quality Improvement (CQI)** in the western world, is a participatory problem-solving process conducted by a work unit via “teamwork”. The KAIZEN process is well standardised as 7 KAIZEN steps. For this program, we use the original Japanese term, KAIZEN, to avoid confusion in using the word “Quality” in describing this process. “Quality” is a concept, which we can realise after various problem-solving processes, while KAIZEN targets cover a wide scope, from backyard / logistics issues to contents of medical / surgical service packages. Even clinical research performed by doctors is also considered as a part of KAIZEN.

Globally, ‘**Total Quality Management**’ (TQM) is a popular term among managers but sometimes difficult to define. In this JICA program, TQM is defined as top-down approach that top and executive managers can make managerial decisions based on evidence-based information provided by all work units as results of KAIZEN activities. To enable this approach, full participation of all staff is clearly mandatory; utilizing bilateral communication trucks among top management, middle managers and frontline work units. Strengthening leadership should be emphasised as a prerequisite to enhancing TQM implementation. Each level in the managerial ladder of an organisation should have appropriate leadership respecting task sharing and the delegation of power.

In the AAKCP program, pilot hospitals have been selected, which have been striving to improve the work environment using 5S principles from the very first month of the program implementation to date. Based upon the organization-wide implementation of 5S, some hospitals are now stepping up or ready to step up to KAIZEN phase.

Ministerial level involvement was also encouraged to institutionalise the uplifted management practices using the TQM framework. Health authorities intend to disseminate this approach to other parts of the health service delivery system in each country. Guidance papers and government guidelines are formulated in some countries or under preparation in others.

Although the AAKCP program has ended in 2012, attempts to apply the above three-step participatory managerial framework of 5S-KAIZEN-TQM have been underway in 29 countries to date, and the present training course aims to sustain such efforts. Discussion among participants and exchanges of information are also highly expected during and even after the program period.

For what?

Through practical case studies, this program aims to improve participants’ capacity, particularly in terms of problem analysis skills, knowledge and the sense of leadership necessary for hospital management.

For whom is the program designed?

This program is offered to

- (1) **Hospital managers or ward heads** (Quality Improvement Team or Work Improvement Team Members) in the hospitals who have introduced, or are introducing KAIZEN, or who have identified hospital’s challenges and taking measures to improve the situation continuously.

- (2) Governmental officials in charge of quality management of health services at national or regional level.

How?

In this program, participants shall be enrolled in the following opportunities to ensure program's effectiveness:

1. Lectures on hospital management and 5S-KAIZEN-TQM
2. Site visits (Hospitals in Japan)
3. Brainstorming and discussion

*AAKCP countries and its' original pilot hospitals;

<English Speaking Countries>

- Eritrea : Orotta General Hospital, Halibet Hospital
- Kenya : Mathari Hospital, Coast Province General Hospital
- Malawi : Dowa District Hospital, Mzimba District Hospital
- Nigeria : Lagos Island Maternity Hospital
- Tanzania : Mbeya Referral Hospital
- Uganda : Tororo General Hospital

<French Speaking Countries>

- Benin : Lagune Maternal and Child Hospital (HOMEL) * current CHUMEL
- Burkina Faso : Banfora Regional Hospital Center
- Burundi : Prince Regent Charles Hospital
- Democratic Republic of the Congo : Ngaliema Clinic
- Mali : Nianankoro Fomba Hospital
- Madagascar CHU Mahajanga, CHU Fianarantsoa
- Morocco : Sale District Hospital
- Niger : Lamorde National Hospital
- Senegal : Tambacounda Provincial Hospital

II. Description

1. Title (J-No.): Quality Improvement of Health Services through KAIZEN approach (J1804201)

2. Course Period in JAPAN

August 12 to September 1, 2018

3. Target Regions or Countries

Bangladesh, Benin, Burundi, Democratic Republic of the Congo, Egypt, Fiji, Kenya, Liberia, Madagascar, Malawi, Nigeria, Sierra Leone, Senegal, Tanzania, Uganda, Uzbekistan and Zambia

4. Eligible / Target Organization

(1) Hospital:

(a) Hospitals which have introduced, or are introducing KAIZEN or

(b) Hospitals which have identified its' challenges, and taking measures to improve the situation continuously.

(2) Government:

Division in charge of quality management of health services at the ministry or provincial level.

5. Course Capacity (Upper limit of Participants)

17 participants

6. Language to be used in this program:

English

(NOTE: There is no translation and interpretation support from English to French)

7. Course Objective:

The participant will obtain practical knowledge, skills to analyse problem and sense of leadership necessary to improve hospitals' service, and formulate a strategy plan aiming to establish the structure to promote KAIZEN (continuous improvement of hospital service)

8. Overall Goal:

Quality of health services is improved in participants' hospitals by utilising 5S-KAIZEN-TQM.

9. Expected Module Output and Contents:

This program consists of the following components.

Expected Module Output	Subjects/Agendas *details are subject to be changed	Methodology
(1) To review policy and measures, and good practices in each country regarding service quality improvement and analyse their hospitals' challenges.	<p>【Work】</p> <ul style="list-style-type: none"> - Pre-assessment - Presentation of an Inception Report <p>【Lecture】</p> <ul style="list-style-type: none"> - Health systems in Japan and its development and transition -Quality Improvement of healthcare services in Japan - Overview of KAIZEN in Japan - JICA's cooperation in 5S-KAIZEN-TQM -Leadership and teamwork for quality improvement -Positive attitude 	Lecture Field visit and Exercise
(2) To broaden knowledge about KAIZEN.	<ul style="list-style-type: none"> - Basic concept of 5S-KAIZEN-TQM - Factors that will influence 5S activities - How to introduce 5S, introduction of 5S tools - Introduction of KAIZEN steps - Application of KAIZEN in Tanzania - How to monitor 5S-KAIZEN-TQM - Lean Management - Analysis of work process and standardization -Field visit to public hospital in Japan 	
(3) To equip knowledge about popular KAIZEN theme such as patient safety and infectious control.	<ul style="list-style-type: none"> -Example of application of KAIZEN to patient safety by Japanese medical doctor - Incident reporting system - Team STEPPS - Hazard Prediction Training 	
(4) To formulate a strategy plan aiming to establish the structure to promote continuous service improvement in their hospitals.	<ul style="list-style-type: none"> - Vision planning - Formulation/revision of strategy plan - Post assessment 	Workshop

Please note that the contents of the program are subject to change.

III. Conditions and Procedures for Application

1. Expectations from the Participating Organizations:

- (1) This program is designed primarily for organizations that intend to address specific issues or challenges identified in their operation. Participating organizations are expected to use the program for those specific purposes.
- (2) This program is enriched with contents and facilitation schemes specially developed in collaboration with relevant prominent organizations in Japan. These special features enable the program to meet specific requirements of applying organizations and effectively facilitate them toward solutions for the issues and problems.

2. Nominee Qualifications:

Applying Organizations are expected to select nominees who meet the following qualifications.

(1) Essential Qualifications

1) Current Duties:

The participants should fulfil either (a) or (b). All participants need to have strong interest in KAIZEN, and commitment to introduce it in their work place.

(a) Hospital manager:

- ✓ Managers who are the members of Quality Improvement Team (QIT) or Work Improvement Team (WIT) in hospitals which have introduced, or are introducing KAIZEN, or
- ✓ Managers in hospitals which have identified its' challenges, and taking measures to improve the situation continuously.

(b) Policy-maker: officials responsible for the introduction and facilitation of KAIZEN as a quality management tool in the central and provincial level.

2) Experience in the relevant field: **more than 3 years' management experience in the Ministry of Health/secondary or tertiary level hospital.**

3) Language: have a competent command of spoken and written **English**

4) Health: must be in good health, both physically and mentally, to participate in the Program in Japan. Pregnant applicants are not recommended to apply due to the potential risk of health and life issues of mother and fetus.

(2) Recommendable Qualifications

- 1) Those who are counterpart of JICA's projects may have higher priority than the others. **Please describe your relationship and responsibility related to JICA's project in Application Form.**
- 2) Qualified female candidates are especially encouraged to apply.

3. Required Documents for Application

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

(2) Photocopy of passport: to be submitted with the application form, if you possess your passport which you will carry when entering Japan for this program. If not, you are requested to submit its photocopy as soon as you obtain it.

*Photocopy should include the followings:

Name, Date of birth, Nationality, Sex, Passport number and Expire date.

(3) Nominee's English Score Sheet: to be submitted with the application form. If you have any official documentation of English ability. (e.g., TOEFL, TOEIC, IELTS)

4. Procedures for Application and Selection :

(1) Submission of the Application Documents:

Closing date for applications: **Please inquire to the JICA office (or the Embassy of Japan)**.

(After receiving applications, the JICA office (or the Embassy of Japan) will send them to **the JICA Center in JAPAN** by **May 9, 2018**)

Note: Application Form must be filled in English

(2) Selection:

After receiving the documents through proper channels from your government, the JICA office (or the embassy of Japan) will conduct screenings, and then forward the documents to the JICA Center in Japan. Selection will be made by the JICA Center in consultation with concerned organizations in Japan.

The applying organization with the best intention to utilize the opportunity of this program will be highly valued in the selection.

Qualifications of applicants who belong to the military or other military-related organizations and/or who are enlisted in the military will be examined by the Government of Japan on a case-by-case basis, consistent with the Development Cooperation Charter of Japan, taking into consideration their duties, positions in the organization, and other relevant information in a comprehensive manner.

(3) Notice of Acceptance

Notification of results will be made by the JICA office (or the Embassy of Japan) **no later than June 8, 2018**.

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

Inception Report -- to be submitted by **July 12, 2018**:

Before coming to Japan, **only accepted candidates** are required to prepare an Inception Report (detailed information is provided in the ANNEX "Inception Report".) The Inception Report should be sent to JICA (ticthd@jica.go.jp) by e-mail.

6. Conditions for Attendance:

- (1) to strictly adhere to the program schedule.
- (2) not to change the program topics.
- (3) not to extend the period of stay in Japan.
- (4) not to be accompanied by family members during the program.
- (5) to return to home countries at the end of the program in accordance with the travel schedule designated by JICA.
- (6) to refrain from engaging in any political activities, or any form of employment for profit or gain.
- (7) to observe Japanese laws and ordinances. If there is any violation of said laws and ordinances, participants may be required to return part or all of the training expenditure depending on the severity of said violation.
- (8) to observe the rules and regulations of the accommodation and not to change the accommodation designated by JICA.

IV. Administrative Arrangements

1. Organizer: JICA TOKYO

(1) **Name:** Megumi KATO and Noriko SUGA, Human Development Team

(2) **Contact:** ticthd@jica.go.jp ※Team address

2. Implementing Partner: Fujita Planning Co., Ltd., Overseas Dept.

(1) **Name:** Dr. Hisahiro ISHIJIMA, Mr. Takahiko MINASE, Ms. Sayumi NISHIKAWA

(2) **Contact:** hisahiro.ishijima@gmail.com, t.minase@fujita-plan.com,
s.nishikawa@fujita-plan.com

3. Travel to Japan:

(1) **Air Ticket:** The cost of a round-trip ticket between an international airport designated by JICA and Japan will be borne by JICA.

(2) **Travel Insurance:** Coverage is from time of arrival up to departure in Japan. Thus traveling time outside Japan will not be covered.

4. Accommodation in Japan:

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

JICA Tokyo International Center (JICA TOKYO)

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

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

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

If there is no vacancy at JICA TOKYO, JICA will arrange alternative accommodations for the participants.

Please refer to facility guide of TIC at its URL:

https://www.jica.go.jp/tokyo/english/office/c8h0vm00009uld4m-att/facilities_service_guide.pdf

※Cable LAN is available at your room. You can also use Wi-Fi services in JICA Tokyo.

5. Expenses:

The following expenses will be provided for the participants by JICA:

(1) Allowances for accommodation, meals, living expenses, outfit, and shipping

(2) Expenses for study tours (basically in the form of train tickets.)

(3) Free medical care for participants who become ill after arriving in Japan (costs related to pre-existing illness, pregnancy, or dental treatment are not included)

(4) Expenses for program implementation, including materials

For more details, please see “III. ALLOWANCES” of the brochure for participants titled “KENSU-IN GUIDE BOOK,” which will be given before departure for Japan. Please note that you can withdraw allowance 2 working days after your arrival.

5. Pre-departure Orientation:

A pre-departure orientation will be held at the respective country's JICA office (or Japanese Embassy), to provide participants with details on travel to Japan, conditions of the workshop, and other matters.



< Closing Ceremony in 2016 >

V. Other Information

1. Related trainings offered by JICA

There are other trainings offered by JICA related to hospital management and quality improvement in hospital setting. They are:

- 1) “Hospital Management” 2016-2018 (1months) provided by JICA Kyushu (in Japan)

This program is designed to equip hospital managers of regional core hospitals with management and financial administration skills. All countries are invited to apply.

- 2) “Management for Health Care Facilities” 2016-2018 (3 weeks) provided by JICA Egypt

This program is designed to equip frontline health managers with widely applicable management tools and techniques to assist them in identifying and solving health care problems and enforcing the concept of continuous improvement. Countries including members COMESA and Nile Basin Initiative, namely Burundi, Comoros, Democratic Republic of the Congo, Djibouti, Ethiopia, Eritrea, Ghana, Kenya, Malawi, Mauritius, Namibia, Rwanda, Somalia, South Sudan, Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe are invited to apply.

JICA expects individual countries to utilize these trainings in a mutually complimentary manner for improvement of health services in their respective countries.

2. Reference Materials

You may check the text book and reference materials from the web.

【KAIZEN】

- (1) Case Study “Quality Improvement of Health Service through 5S-KAIZEN-TQM Approach”

https://www.jica.go.jp/english/our_work/thematic_issues/health/case.html

<Achievements>

https://www.jica.go.jp/english/our_work/thematic_issues/health/case_achievements.html

<Materials>

https://www.jica.go.jp/english/our_work/thematic_issues/health/case_materials.html

*You can get various materials from the URL above including;

●Textbook “Change Management for Hospitals through stepwise approach, 5S-KAIZEN-TQM” in English, French and Arabic.

●Video “Improvement hospital management with TQM: Total Quality Management” (English/French)

●Video “What is KAIZEN? Improving Quality of Healthcare” (English/French/Arabic/Spanish)

(2) Brochure “KAIZEN - Japan’s approach towards improved quality and productivity, the driving force of Japan’s rapid growth -”

https://www.jica.go.jp/english/publications/brochures/c8h0vm0000avs7w2-att/japan_brand_02.pdf

(3) Press Release “Hospital Performance Improvement through 5S-KAIZEN and Lessons Study in Zambia among DAC Prize Finalists: Innovative approach and potential to further scale up are recognized”

https://www.jica.go.jp/english/news/press/2015/160322_01.html

【Health Situation in Japan】

(1) Japan’s Global Health Policy 2011-2015

http://www.mofa.go.jp/policy/oda/mdg/pdfs/hea_pol_ful_en.pdf

(2) Japan’s strategy on Global Health Diplomacy (2013 May)

<http://www.mofa.go.jp/mofaj/files/000005946.pdf>

(3) Japan’s strategy for global health diplomacy: why it matters (Lancet, vol382, September 13, 2013)

(4) Annual Health, Labour and Welfare Report

<http://www.mhlw.go.jp/english/wp/index.html>

(5) Public Health of Japan 2013

<http://www.jpha.or.jp/sub/pdf/phj2013.pdf>

(6)(JICA DVD)

“History of Public Health and Medical System in Japan”

https://jica-net-library.jica.go.jp/jica-net/user/lib/contentDetail.php?item_id=41

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4. Short trip

Short trip is scheduled in the course, so please bring a small bag to separate your belongings. You can leave your suitcase in JICA Tokyo while you are out of Tokyo.

If you have a folding umbrella, we recommend bringing it with you.



VI. ANNEX: Inception Report

Only for those accepted

To share the situation regarding quality improvement program in your organisation, you are requested to prepare an Inception Report.

During the program, each country will be given **10 minutes to present the report, and 5 minutes for questions and answers** at the beginning of the course.

Please send **presentation data (PowerPoint or equivalent data)** to ticthd@jica.go.jp, hisahiro.ishijima@gmail.com, t.minase@fujita-plan.com, and s.nishikawa@fujita-plan.com by **July 12, 2018**. When you send the data via e-mail, **please include course number (J1804201) and the course title (KAIZEN) in the e-mail title.**

【Notes】

- **The presentation data should be typed in English.**
- The **presentation** should be a maximum of **10 to 16 slides** including photos.
- Please refer to the format attached for the items that should be covered in the report.

For Your Reference

JICA and Capacity Development

The key concept underpinning JICA operations since its establishment in 1974 has been the conviction that “capacity development” is central to the socioeconomic development of any country, regardless of the specific operational scheme one may be undertaking, i.e. expert assignments, development projects, development study projects, training programs, JOCV programs, etc.

Within this wide range of programs, Training Programs have long occupied an important place in JICA operations. Conducted in Japan, they provide partner countries with opportunities to acquire practical knowledge accumulated in Japanese society. Participants dispatched by partner countries might find useful knowledge and re-create their own knowledge for enhancement of their own capacity or that of the organization and society to which they belong.

About 460 pre-organized programs cover a wide range of professional fields, ranging from education, health, infrastructure, energy, trade and finance, to agriculture, rural development, gender mainstreaming, and environmental protection. A variety of programs are being customized to address the specific needs of different target organizations, such as policy-making organizations, service provision organizations, as well as research and academic institutions. Some programs are organized to target a certain group of countries with similar developmental challenges.

Japanese Development Experience

Japan was the first non-Western country to successfully modernize its society and industrialize its economy. At the core of this process, which started more than 140 years ago, was the “*adopt and adapt*” concept by which a wide range of appropriate skills and knowledge have been imported from developed countries; these skills and knowledge have been adapted and/or improved using local skills, knowledge and initiatives. They finally became internalized in Japanese society to suit its local needs and conditions.

From engineering technology to production management methods, most of the know-how that has enabled Japan to become what it is today has emanated from this “*adoption and adaptation*” process, which, of course, has been accompanied by countless failures and errors behind the success stories. We presume that such experiences, both successful and unsuccessful, will be useful to our partners who are trying to address the challenges currently faced by developing countries.

However, it is rather challenging to share with our partners this whole body of Japan’s developmental experience. This difficulty has to do, in part, with the challenge of explaining a body of “tacit knowledge,” a type of knowledge that cannot fully be expressed in words or numbers. Adding to this difficulty are the social and cultural systems of Japan that vastly differ from those of other Western industrialized countries, and hence still remain unfamiliar to many partner countries. Simply stated, coming to Japan might be one way of overcoming such a cultural gap.

JICA, therefore, would like to invite as many leaders of partner countries as possible to come and visit us, to mingle with the Japanese people, and witness the advantages as well as the disadvantages of Japanese systems, so that integration of their findings might help them reach their developmental objectives.



CORRESPONDENCE

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

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