

GENERAL INFORMATION
ON
REGIONAL TRAINING COURSE
FOR THE PROMOTION OF SOCIAL
FORESTRY IN AFRICA

FEBRUARY 1996



KENYA FORESTRY RESEARCH INSTITUTE
(KEFRI)

IN CONJUNCTION WITH



JAPAN INTERNATIONAL COOPERATION AGENCY
(JICA)

REGIONAL TRAINING COURSE FOR THE PROMOTION OF SOCIAL FORESTRY IN AFRICA

GENERAL INFORMATION

AND

MODE OF APPLICATION

I. COURSE OUTLINE

1. Introduction

The Government of Republic of Kenya in conjunction with the Japan International Cooperation Agency (JICA) has started a training programme entitled "Regional Training Course for the Promotion of Social Forestry in Africa". This will be a five-year training programme starting from fiscal year 1995/96 and is intended to cover participants from central, eastern and southern African regions. The first training course will be mounted in February 1996 and conducted by Social Forestry Department of Kenya Forestry Research Institute (KEFRI).

2. Duration

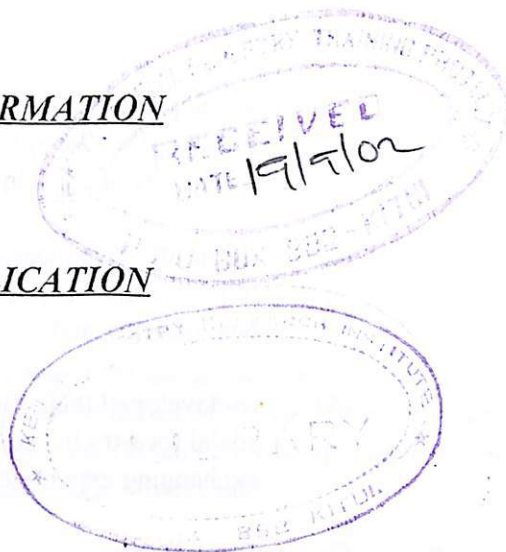
The duration of each course will be approximately five (5) weeks and the course for fiscal year 1995/96 will be held from 5th February to 8th March, 1996.

3. Participants

The total number of participants to be invited will be twenty (20) at maximum from thirteen (13) countries in the central, eastern and southern African regions.

4. Purpose

To promote social forestry in the African region, which contributes to forest conservation and mitigation of desertification, by providing the participants from African countries with an opportunity to improve their knowledge and techniques in the field of social forestry.



5. Objectives

At the end of the course, the participants are expected to have;

- (1) fully understood the concept of social forestry and its usefulness in enhancing forest conservation and mitigating desertification in the region,
- (2) developed their abilities in policy formulation to promote social forestry which enable the application of social forestry strategy to various local conditions of participating countries,
- (3) learnt effective measures to be taken to disseminate the practices and related techniques of the social forestry to farmers and other beneficiaries, and
- (4) re-developed their abilities to resolve problems in the promotion of social forestry by expanding their knowledge and techniques and by exchanging experiences among participants from other countries.

6. Course Programme

The course in fiscal year 1995/96 will consist of three-week in-house lectures and two-week study tours. The tentative course programme is attached as Annex I. The course will be conducted in English.

7. Venue

The training will be conducted at Social Forestry Training Centre of KEFRI HQs.

8. Certificate

The participants who successfully complete the course will be awarded a certificate of participation by JICA/KEFRI.

II. **CONDITIONS FOR APPLICATION**

1. Qualification of Applicants

The required qualification for the applicants are as follows;

- (1) to be nominated by their respective Governments,
- (2) to be presently engaged, and also expected to be engaged in forestry sector, as administrators, managers, trainers and senior extension officers, etc, in Governmental or Non-Governmental Organizations,

- (3) to have working experience not less than five (5) years in forestry or other related fields,
- (4) to hold BSc or Diploma or the equivalents in forestry or other related fields,
- (5) to have a good command of spoken and written English,
- (6) not to be more than forty five (45) years of age, and
- (7) to be in good health, both physically and mentally, in order to complete the Course.

2. Procedure for Application

- (1) JICA application form A2A3 (Annex II) should be filled by typing for each applicant and sent to KEFRI, on behalf of the Government of the Republic of Kenya, through diplomatic channels. The application must reach KEFRI by 15th December 1995 without fail.
- (2) In principle no more than one participant can be accepted from one institute/ organization for any one course.
- (3) Selection of the participants will be done by an internal selection committee of KEFRI which will inform the selected applicants of the result through diplomatic channels in January 1996.

3. Country Report

The participants invited are requested to submit typewritten country report (Annex III) on their respective countries on arrival at KEFRI. This country report should include the following topics as far as possible;

- (1) General information on the present status of forestry and forest resources in your country.
- (2) Current programmes, projects and activities to promote social forestry in your country with particular reference to the ones in which your institute/organization is involved.
- (3) Training courses on social forestry and/or agroforestry available in your country, other than the ones mentioned in (2) above.
- (4) Constraints/problems hindering the promotion of social forestry in your country and recommendations for the solution.
- (5) Areas of particular training needs.

III. EXPENSES AND SERVICES TO BE PROVIDED BY JICA/KEFRI

1. Economy-class return air tickets to/from Nairobi to be issued through Prepaid Ticket Advice (PTA).
2. Stop-over allowance when necessary due to flight connection. This is refundable on arrival at KEFRI up to equivalent US\$ 80 per night at maximum in exchange for the hotel receipts. Note that expenses incurred by participants in their countries will not be reimbursed by JICA/KEFRI e.g. for travel and accomodation.
3. Accomodation in KEFRI HQs and other accomodations during the study tours.
4. Living allowance of approximately equivalent of \$22 per day payable in Ksh. for the duration of the course to cover daily personal expenses.
5. Medical insurance covering the period of stay in Kenya.
6. Resource persons, training facilities, equipments and materials.
7. Transportation for the study tours.
8. Other expenses in accordance with JICA's rules and regulations

IV. OTHER INFORMATION

1. KEFRI HQs is located about 25 km North-West of Nairobi at an altitude of 2,073m above sea level. Average annual rainfall is 1,540mm with major rainy season in the months of April - June and minor rains October - November. Because of relatively high altitude the participants are advised to bring some warm clothing particularly for the night.
2. The participants are requested to arrive in Nairobi on the date to be designated by KEFRI after confirmation of acceptance mentioned in section II-2-(3) above. However the exact date of arrival will be confirmed by the PTA to be sent to the participants.
3. On arrival at Jomo Kenyatta International Airport in Nairobi, the participants are requested to comply with the following arrival procedures;
 - (1) When quarantine, immigration and customs clearance procedures have been completed, the participants will be met by a KEFRI official carrying a placard with the name of the training course and KEFRI.
 - (2) Those who will be arriving on flights other than originally booked should inform KEFRI prior to their departure.

4. The participants are required to strictly observe the laws of Kenya.
5. The participants are required to strictly follow the course schedule.
6. Requests to extend the period of stay in Kenya cannot be accepted.
7. The participants are requested to follow the return trip schedule designated by JICA/KEFRI.
8. Dependants of the participants are not entitled to any provision of expenses and services mentioned above. The participants are advised therefore, not to bring any dependants.
9. For administrative purposes, the participants are requested to bring two (2) passport size photographs.
10. For further information or questions on the training course, please contact the course organizer mentioned below.

V. CONTACT

1. Mailing Address

Social Forestry Department
KEFRI
Attention : Training Manager
Re : Regional Training Course
P.O. Box 20412
Nairobi
KENYA.

2. Address for DHL or Other Courier Service

JICA Office
Attention : Mr. T. Shima
Re: Regional Training Course
Utumishi Co-op House
Mamulaka Road
P.O. Box 50572
Nairobi
KENYA.

3. Fascimile

254-154-32009

OR

254-154-32844

Attention : Mr. R. Mwendandu/T. Shima

4. Telephone

254-154-32009 (Direct: Mr. Shima)

OR

254-154-32891/2/3 or 32541

Extension	422	(Mr. Mwendandu)
	416	(Mr. Makanji/Mwamburi/Ms. Chege)
	419	(Mr. Mukolwe)
	425	(Mr. Shima/Miyagi)

REGIONAL TRAINING COURSE - TENTATIVE PROGRAMME

Date 8:30 9:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00 17:00

Week 2 (Sun.)	Free						
(Mon.)	Socio-Cultural and Economic Issues in SF Development	Tea Break	Contd.....	Woodfuel production, Consumption and Conservation Systems	Lunch	Field Visit - Karai - Kikuyu Division (Farming System in Dry area)	
(Tue.)	Gender Issues in SF Development	Tea break	Pest Management in SF Systems (plus visit to Entomology)		Lunch	Disease Management in SF System (plus visit to pathology)	Tea Break contd.....
(Wed.)	Integration of Land Use Systems for SF Development	Tea Break	Rehabilitation and Integrated Management of Degraded Areas	Lunch	Field Visit ICRAF Station - Machakos		
(Thu.)	Silvipastoral Management Strategies in Grazing Areas	Tea Break	Social Forestry Extension Strategies		Lunch	Framework for Planning and Management of Participatory SF Project	Tea Break Contd....
(Fri.)	Research-Extension-Farmer Linkage Mechanisms	Tea Break	Participatory SF Extension in Dryland Ecosystems		Lunch	Highlight on Field Tour	

Free

REGIONAL TRAINING COURSE - TENTATIVE PROGRAMME

DATE	PLACE	ACTIVITIES	ACCOMODATION
Week 3 (Sun.)	Muguga - Kitui	- Travel to SFTP Kitui	Kitui
(Mon.)	Kitui	- Training and Pilot Forest activities	Kitui
(Tue.)	Kitui-Embu	- KENGO and Ministry of Energy (Kitui) - Travel to Embu	Embu
(Wed.)	Embu-Muguga	- KARI/KEFR/ICRAF on-farm and on-station AF activities (Embu) - Travel to Muguga	Muguga
(Thu.)	Muguga-Mombasa	- Travel to Mombasa	Mombasa
(Fri.)	Mombasa	- Bamburi Farm Forestry Project - Other nearby afforestation projects (3)	Mombasa
(Sat.)	Mombasa	- Free	Mombasa

REGIONAL TRAINING COURSE - TENTATIVE PROGRAMME

Date 8:30 9:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00 17:00

Week 4 (Sun.)		Travel from Mombasa - Muguga					
(Mon.)	SF Extension Surveys and Appraisal Methods - SF Projects	Tea Break	contd.....	Lunch	Planning and Designing of Trainings in SF Projects	Tea Break	contd.....
	Providing Leadership Skills for SF Development	Tea Break				Contd.....	
(Tue.)	Psychology of Adult Learning & Development	Tea Break	Monitoring & Evaluation of Community-Oriented Projects	Lunch	Field Visit - Bellerive Foundation and Jamuhuri Centres - NBI	Tea Break	contd.....
(Thu.)	Presentations/Summary of Group Work	Tea Break	contd.....	Lunch	Visit ICRAF HQ (Gigiri)	Tea Break	contd.....
(Fri.)							

FREE

REGIONAL TRAINING COURSE - TENTATIVE PROGRAMME

DATE	PLACE	ACTIVITIES	ACCOMODATION
Week 5 (Sun.)	Muguga	- Free	Muguga
(Mon.)	Muguga-Nakuru-Eldoret	- Travel to Nakuru - Miti Mingi Mashambani Project (Nakuru) - Travel to Eldoret via Marigat and Kabarnet - Small-scale farm woodlots for fuelwood and other products	Eldoret
(Tue.)	Eldoret-Maseno	- Travel to Kisumu/Maseno via Kapsabet - KEFRI/KARI/ICRAF on-farm and on-station AF activities	Maseno or Kisumu
(Wed.)	Maseno-Kisumu-Muguga	- Travel to Muguga via Londiani and Nakuru - In-service programme on AF and SF at Forestry College - Silvipastora/range management (Delarine Farm near Rongai)	Muguga
(Thu.)	Muguga	- Field - report writing - Presentations/summary	Muguga
(Fri.)	Muguga	- Course summary - Course Evaluation - Closing ceremony/dinner	Muguga
(Sat.)		Departure	

Form A2A3

Technical Cooperation by The Government of Japan

Training Award of Japan International Cooperation Agency (JICA)

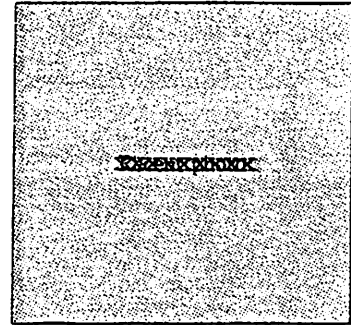
Application by the Government of

.....
 for a training course in the field of Regional Training Course
 for the Promotion of Social Forestry in Africa

Please provide one original
~~XXXXXX~~
 Please print or type.

(FOR JAPANESE OFFICIAL USE)

- Ordinary Group Course(集団コース) Course No.
- Special Group Course(一般特設) Course No.
- Country-focused Group Course(国別特設)
- Counterpart(カウンターパート) 専門家名
- プロジェクト名
- Ordinary Individual Course(個別一般)
- Others(C.S. 特別案件等)

**PART A** To be completed by the nominee.

1 FULL NAME (as in Passport, underline Family Name)				
2 ADDRESS FOR CORRESPONDENCE	4 DATE OF BIRTH			5 AGE
	Month	Date	Year	
Telephone :				
3 NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
	7 MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED			
	8 NATIONALITY			
	9 RELIGION			
Relationship to you: Telephone:				

10 EDUCATIONAL RECORD

Institution	City/Country	Years Attended		Qualification Obtained	Subject
		From	To		

11 TRAINING OR STUDY IN FOREIGN COUNTRIES (in relation to professional interests.)

Institution	City/Country	Period		Certificate/ Degree Awarded	Field of Study
		From	To		

13 LANGUAGE PROFICIENCY

1. English				
Listening	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Speaking	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Writing/Reading	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
2. Mother Tongue				
3. Other Language				
	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

14 NOMINEE'S DECLARATION To be signed by the nominee.

I certify that the statements made by me in this form are true and correct to the best of my knowledge.

If accepted for a training award, I agree:

- (a) not to bring any member of my family.
- (b) to carry out such instructions and abide by such conditions as may be stipulated by ~~both~~ the nominating Government, ^{Kenyan Government} and the Japanese Government in respect of this course of training.
- (c) to follow the course of study or training, and abide by the rules of the institution or establishments with which I undertake to study or train.
- (d) to refrain from engaging in political activities, or any form of employment for profit or gain.
- (e) to submit any progress report or evaluation questionnaires which may be prescribed.
- (f) to return to my home country at the end of my course of study or training.

I also fully understand that if granted a training award it may be subsequently withdrawn if I fail to make adequate progress, or for other sufficient cause including physical conditions determined by the Government of Japan.

Date: Signature:

PART B To be completed by nominee's Director or Head of Department.

OBSERVATIONS OF NOMINATING ORGANIZATION

1 Describe what work the nominee will be expected to do on his return.

.....

.....

.....

2 Explain how the proposed training will be of benefit to the work of your organization.

.....

.....

.....

13 LANGUAGE PROFICIENCY

1. English				
Listening	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Speaking	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
Writing/Reading	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
2. Mother Tongue				
3. Other Language				
	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

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Date: Signature:

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OBSERVATIONS OF NOMINATING ORGANIZATION

1 Describe what work the nominee will be expected to do on his return.

.....

.....

.....

2 Explain how the proposed training will be of benefit to the work of your organization.

.....

.....

.....

3 (For Non-Group Training only)

Describe:

1) Subject area of the training required.

N/A

2) Special subjects which are particularly important and should be included in the training program (continue on an additional sheet if necessary).

N/A

3) Period of training required (from/to).

N/A

4) Notice required before nominee can be released from present post.

N/A

PART C To be completed and signed by a responsible government official.
OFFICIAL NOMINATION

I certify that:

I have examined the documents in this form and I am satisfied that they are authentic and relate to the nominee.

I accordingly nominate this person on behalf of the
Government of

Date: Signature:

Position: Name:.....

Organization:

Official
stamp

MEDICAL HISTORY AND EXAMINATION FOR JICA TRAINING AWARD

MEDICAL HISTORY TO BE COMPLETED BY NOMINEE			
1 NAME OF NOMINEE(last name, first name, middle name)			
2 DATE OF BIRTH (mo/day/yr)	3 NATIONALITY	4 SEX _____ male _____ female	5 ADDRESS FOR CONTACT
6 NAME OF TRAINING COURSE/SEMINAR REGIONAL TRAINING COURSE FOR THE PROMOTION OF SOCIAL FORESTRY IN AFRICA			
7 LENGTH OF TRAINING COURSE/SEMINAR (weeks, months) FIVE WEEKS			

8 IMPORTANT NOTICE

Before you complete the Medical History Questionnaire, you are hereby notified that:

A medical condition resulting from an undisclosed pre-existing condition may not be financially compensated for by JICA and may result in termination of your training program.

I understand and accept the terms of this notice. _____ Yes _____ No

9 NOMINEE WILL CHECK "YES" OR "NO" AND EXPLAIN

	YES	NO		EXPLANATION
a.			Have you had any significant or serious illness or injury? (If hospitalized, give place & dates.)	
b.			Have you had any operations or advised by a physician to have an operation? (Give place & dates.)	
c.			Do you currently use any drugs for treatment of a medial condition? (Give name & dose.)	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (Give place & dates.)	

10 NOMINEE WILL INDICATE "YES" OR "NO" TO EACH ITEM

DO YOU NOW HAVE OR HAVE YOU EVER HAD THE CONDITIONS LISTED BELOW?

(Check each item, if yes, enclose the relevant condition with a circle.)

	YES	NO	CONDITION
a.			Asthma, emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gall bladder disease
e.			Kidney or bladder disease, stone or blood in urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abnormal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

I CERTIFY THAT I HAVE READ THE ABOVE INSTRUCTIONS AND ANSWERED ALL QUESTIONS TRULY AND COMPLETELY TO THE BEST OF MY KNOWLEDGE.

11 PRINTED NAME OF NOMINEE	12 DATE	13 SIGNATURE OF NOMINEE

**REGIONAL TRAINING COURSE FOR THE
PROMOTION OF SOCIAL FORESTRY IN AFRICA**

February 1996

COUNTRY REPORT

(NAME OF COUNTRY)

(NAME OF ORGANIZATION)

(NAME OF PARTICIPANT)

- NOTE:
- 1) Use this page as covering page and attach your report
 - 2) Report should be typed on A4 size papers
 - 3) Minimum number of pages required are 3 pages but not exceeding 10 pages
 - 4) Refer to para II - 3 of General Information in preparing the report

