

All Countries

**Data Collection Survey on Acceptance of  
Foreign Workers for Long-term Care  
(KAIGO)  
Final Report**

**March 2023**

**JAPAN INTERNATIONAL COOPERATION AGENCY**

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**QUNIE CORPORATION**

HM
JR
23-002

**Exchange Rate**

1USD=130.121JPY

1VND=0.005550JPY

1PHP=2.386020JPY

1IDR=0.008690JPY

1INR=1.595850JPY

1NPR=1.009650JPY

1BDT=1.246590JPY

(JICA Exchange Rate of February 2023)

## Map of the Countries Surveyed



Source : <https://n.freemap.jp/>

Map of countries surveyed (the key target countries)

## List of Abbreviations

Abbreviation	English Name
ASSC	The Global Alliance for Sustainable Supply Chain
BMWi	Federal Ministry for Economic Affairs and Energy
DOH	Department of Health
EC	European Communities
EPA	Economic Partnership Agreement
EU	European Union
GIZ	German Agency for International Cooperation GmbH
IHME	Institute for Health Metrics and Evaluation
IMF	International Monetary Fund
JETRO	The Japan External Trade Organization
JICWELS	Japan International Corporation of Welfare Services
JITCO	Japanese Trainee & Skilled Worker Cooperation Organization
JP-MIRAI	Platform for Migrant Workers towards Responsible and Inclusive Society
MoLISA	Ministry of Labour, Invalids and Social Affairs
OJT	On the Job Training
OTIT	Organization for Technical Intern Training
OWWA	Overseas Workers Welfare Administration
POEA	Philippine Overseas Employment Administration
UN	United Nations
VAMAS	Vietnam Association of Manpower Supply
ZAV	Zentrale Auslands- und Fachvermittlung

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## Chapter 1. Overview of the Survey

### 1-1 Background and purpose of the survey

The Japanese government has formulated the "Comprehensive Measures for Acceptance and Coexistence of Foreign Nationals " (decided in December 2018, the fourth and most recent revision in June 2022) in order to promote the development of an environment for accepting the increasing number of foreign nationals in Japan and is promoting related measures. The measures include six initiatives related to JICA. JICA's fifth mid-term goal<sup>1</sup> is also to contribute to the acceptance of foreign human resources and multicultural coexistence. JICA aims to promote the flow of human resources between developing regions and Japan, and to support the appropriate acceptance of foreign human resources in Japan and the establishment of a multicultural society in the region to make Japan "a country of choice" for foreign nationals.

JICA has set priority areas for cooperation based on the contribution to the development of developing regions and the degree of seriousness of the human resource shortage in Japan, and the medical and welfare (nursing care) sector is one of them. The shortage of human resources in the long-term care sector is a serious situation compared to other industries.

Against this backdrop, the Japanese government has been gradually expanding the routes for accepting foreign workers for long-term care, establishing the "nursing care" status of residence and adding the "nursing care" technical intern training program in 2017, and starting to accept specified skilled worker "nursing care" in 2019. The government is also promoting measures to make it easier to convert technical intern trainee to specified skilled worker. Despite the epidemic of the new coronavirus infection, the number of foreign workers for long-term care has been increasing year by year.

Looking at the situation in developing countries, many countries are experiencing population aging over the medium to long term, especially in Southeast Asia and Latin America, where the population is aging at a faster rate than in Japan in the past. Nevertheless, public systems for long-term care services and human resources for the sector are not yet in place in many countries, and there is a need to share Japan's experience and contribute to human resource development.

In this regard, it is imperative that JICA take the opportunity of accepting foreign workers for long-term care in Japan, which is expected to expand in the future as mentioned above, to consider future policies for JICA's response, with a view to collaborating with the private sector.

Furthermore, in its mid-to-long term sector-wise strategy "Global Agenda : Health and Medical Care<sup>2</sup>," JICA has also stated that it will consider contributing through JICA projects to the acceptance of foreign workers for long-term care in Japan and to the active and effective utilization of these human resources returning from Japan in developing countries with aging populations over the medium to long term.

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<sup>1</sup> Japan International Cooperation Agency Mid-term Objectives <https://www.mofa.go.jp/mofaj/files/000014487.pdf> (accessed 2023/2/27)

<sup>2</sup> JICA Global Agenda for No.6 Health, [https://www.jica.go.jp/activities/issues/health/ku57pq00002cy8ad-att/health\\_text.pdf](https://www.jica.go.jp/activities/issues/health/ku57pq00002cy8ad-att/health_text.pdf) (accessed 2023/2/27)

Based on the above background, the purpose of this survey was conducted to collect information and analyze and study how JICA can contribute to the development of developing countries with regard to the increasing number of foreign workers for long-term care in Japan in recent years.

## 1-2 Overview of the Survey

### 1-2-1 Contents of the Survey

Based on the above background and objectives, the following items were covered in this survey.

1. Collection and analysis of data on the acceptance of foreign workers for long-term care in Japan
2. Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan
3. Collection and analysis of data on international migration of long-term care workers
4. Research on the status of long-term care worker emigration from Vietnam, the Philippines, Indonesia, India, Nepal, and Bangladesh (hereinafter referred to as "the key target countries") to foreign countries other than Japan.
5. Research on legal systems, markets, etc. related to long-term care and long-term care human resources in the key target countries
6. Research on policies for accepting care workers in other countries and regions
7. Survey on building a cooperative framework with related institutions and organizations in Japan
8. Propose short-term interventions and plan and implement pilot activities through JICA-related projects
9. Identifying the direction of long-term support for the acceptance of foreign workers for long-term care through JICA-related projects

### 1-2-2 Target areas and method of survey

This survey was conducted by desktop research (literature survey and web-based information survey) and interviews with relevant parties, targeting all countries, without limiting the target countries on the sending side, in order to collect and organize various data on the acceptance of foreign workers for long-term care into Japan.

Regarding specific surveys of the current situation in the countries of origin, including the relevant local legal systems, field surveys were conducted in Vietnam, the Philippines, Indonesia, India, Nepal, and Bangladesh as key target countries. Vietnam, the Philippines, and Indonesia were selected as key target countries because they have accepted a large number of foreign nationals under various programs, including the Economic Partnership Agreement (EPA), and are expected to continue to do so in the future. India, Nepal, and Bangladesh were selected as priority target countries because their acceptance in the long-term care sector has been limited so far, however, there is a possibility that it will increase in the future. In addition, a seminar connecting Indonesia and Japan online was held in January 2023 to share the results of the field survey and exchange information and opinions among the parties concerned.

Regarding research on policies for accepting long-term care workers in other countries and regions, desktop research (literature survey and survey based on information available on the Web) was conducted for Germany and Taiwan.

#### 1-2-3 The Period of the Survey

February 12, 2022 to March 22, 2023



## Chapter 2. Acceptance of Foreign Workers for Long-term Care in Japan

### 2-1 Overview of Acceptance Routes for Foreign Workers for Long-term Care

At the time of conducting this survey (January 2023), there are four types of systems with different backgrounds<sup>3</sup> as a framework for accepting foreign workers for long-term care in Japan.

1. Economic Partnership Agreement (hereafter, EPA)

The EPA is designed to strengthen bilateral economic ties among the three countries of Indonesia, the Philippines, and Vietnam. The EPA allows foreign nationals to come to Japan as "candidates" to obtain national licenses as nurses and certified care workers and to work in Japan as a special exception.

2. "Nursing Care" status of residence

"Nursing Care" is one of the occupations covered by the status of residence for foreign nationals in the professional/technical field. A status of residence that allows a foreign national to obtain a national qualification of certified care worker and engage in work providing care or guidance in caring for the elderly.

3. Technical Intern Training Program

One of the job categories covered by the Technical Intern Training Program aims to contribute to "human resource development" for economic development in developing regions and others through the transfer of skills and knowledge. In addition to the requirements of Technical Intern Training Program, the requirements for the long-term care must be met.

4. Specified Skilled Worker

One of the occupations designated as "specified skilled worker" status of residence; a system that accepts foreign nationals with a certain level of expertise and skills in industrial fields where it is difficult to secure human resources in order to respond to the growing shortage of labor.

The overall picture of each acceptance route under the four systems will be summarized as shown in Figure 2-1.

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<sup>3</sup> Ministry of Health, Labor, and Welfare, "Acceptance of Foreign Long-Term Care Workers," [https://www.mhlw.go.jp/stf/newpage\\_28131.html](https://www.mhlw.go.jp/stf/newpage_28131.html) (accessed January 5, 2023).

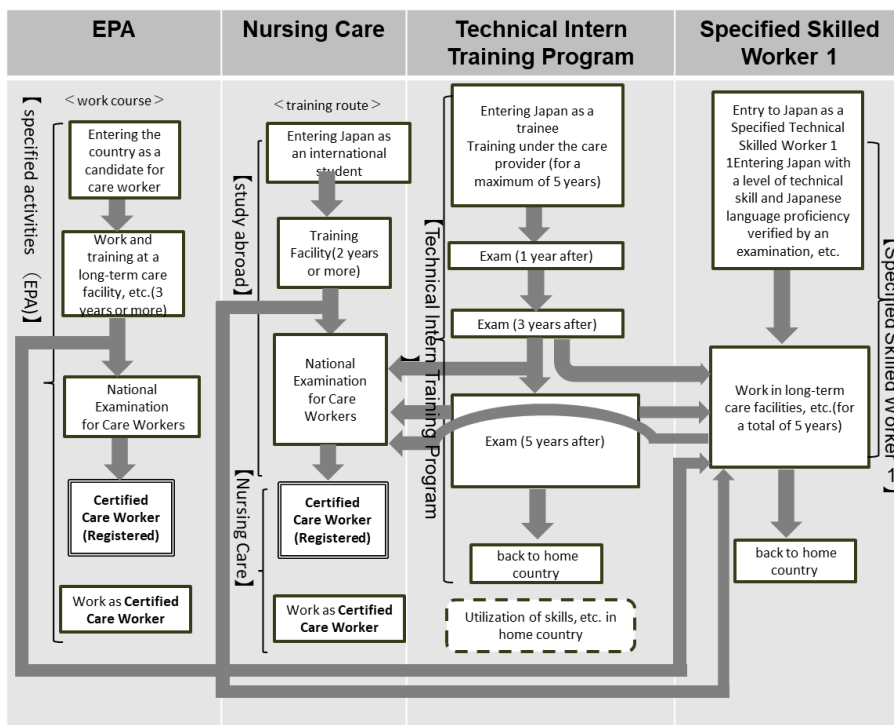


Figure 2-1 Mechanism of Acceptance of Foreign Workers for Long-Term Care

Source: Prepared by the survey team based on the information from Ministry of Health, Labour and Welfare website, "Acceptance of Foreign Workers for Long-Term Care," [https://www.mhlw.go.jp/stf/newpage\\_28131.html](https://www.mhlw.go.jp/stf/newpage_28131.html) (accessed January 5, 2023).

## 2-2 History of Acceptance of Foreign Workers for Long-term Care

The acceptance of foreign workers for long-term care in Japan began with the acceptance of nurses and certified care worker candidates from Indonesia under the EPA, which came into effect in July 2008. The EPA program was launched not as a response to the labor shortage in the nursing and long-term care fields, but as a special case under a public framework from the perspective of strengthening cooperation in bilateral economic activities, with the objective of "acquiring the knowledge and skills necessary to obtain national qualifications as a nurse or certified care worker in Japan."<sup>4</sup> Acceptance from the Philippines began in December of the same year, and approval from Vietnam started in June 2014, following the stipulation at the time the EPA took effect in October 2009 to "begin negotiations on the possibility of acceptance."<sup>5</sup>

Subsequently, in September 2017, the "Act for Partial Revision of the Immigration Control and Refugee Recognition Act" came into effect,<sup>6</sup> creating the "long-term care" residence status for international students who have obtained the national qualification of certified care workers. There

<sup>4</sup> Ministry of Foreign Affairs of Japan, "Signing of the Japan-Indonesia Economic Partnership Agreement - August 20, 2007."

<sup>5</sup> Ministry of Foreign Affairs of Japan, "Exchange of Letters between the Government of Japan and the Government of the Socialist Republic of Vietnam Concerning the Entry and Temporary Stay of Nurses and Certified Care Workers," April 18, 2012.

<sup>6</sup> Ministry of Health, Labour and Welfare, "2 Acceptance of Foreign Workers for Long-Term Care."

are two main background reasons for this. The first is the growing demand for high-quality long-term care due to the aging of Japan's population and other factors<sup>7</sup>. Since the enactment of the Long-Term Care Insurance Law in 2000, each local government has been required to formulate a long-term care insurance program plan every three years, and the "Number of Long-Term Care Workers Needed Based on the 7th Long-Term Care Insurance Program" estimates that there will be a need for more than 2 million care workers by 2020 and approximately 2.5 million by 2025<sup>8</sup>. This has raised concerns that there will be a significant shortage of long-term care workers to meet the increasing number of people requiring long-term care. The second one was to support international students in the field of long-term care. At that time, there was no system for international students at long-term care worker training facilities to work in the field of long-term care in Japan, even after obtaining the qualification as a certified care worker. Initially, it was intended for foreign nationals who studied at a training facility and received qualifications. Still, from April 2020, those who obtained a national qualification as a long-term care worker through work experience have been eligible for transition to the "Nursing Care" status of residence.

In addition, in November 2017, long-term nursing care was added to the job categories covered by the Technical Intern Training Program for Foreign Nationals. The Technical Intern Training Program was established "to transfer skills, technology, or knowledge cultivated in Japan to developing regions, etc., and to contribute to the 'human resource development' that plays a key role in the economic development of those developing regions, etc."<sup>9</sup> Therefore, there is a concern about the shortage of long-term care workers. However, the addition of long-term care positions "is not aimed at securing long-term care workers, but rather at transferring skills in line with the purpose of the system."<sup>10</sup>

Furthermore, the "specified skilled worker" status of residence was newly established in April 2019, and the long-term care sector is also included. The "specified skills" status of residence was enacted "as a system for accepting foreign nationals with a certain level of expertise and skills in industrial fields where it is difficult to secure human resources despite efforts to improve productivity and secure domestic human resources to address the growing workforce shortage."<sup>11</sup> The specified skilled worker system does not aim at obtaining a Japanese national qualification as a certified care worker like the EPA or to enable foreign nationals with a Japanese national qualification as a long-term care worker to work in Japan utilizing that qualification as the "Nursing Care" status of residence, or to transfer skills to the country of destination as under the Technical Intern Training Program. In addition to entering Japan as a "specified skilled worker," the system

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<sup>7</sup> Ministry of Health, Labour and Welfare "Establishment of "Nursing Care" status of residence". <https://www.mhlw.go.jp/file/06-Seisakujouhou-12000000-Shakaiengokyoku-Shakai/0000151592.pdf> (accessed 2023/ 2/15)

<sup>8</sup> Number of Long-Term Care Workers Needed Based on the Seventh Long-Term Care Insurance Program Plan <https://www.mhlw.go.jp/stf/houdou/0000207323.html> (accessed 2023/ 2/15)

<sup>9</sup> Organization for Technical Intern Training (OTIT) "About Technical Intern Training Program."

<sup>10</sup> Ministry of Health, Labor, and Welfare, "Regarding the Addition of Long-Term Care Occupations."

<sup>11</sup> Ministry of Health, Labour and Welfare, "Acceptance of Foreign Nationals as Specified Skilled Workers in the Nursing Care Field."

also allows for transfer from other statuses of residence, thus broadening the scope of acceptance of foreign workers for long-term care.

Table 2-1 summarizes the history of accepting foreign workers for long-term care.

Table 2-1 History of Acceptance of Foreign Workers for Long-Term Care

April 1993	Foreign Technical Intern Training Program established.
July 2008	EPA with Indonesia Enters into Force: Acceptance of Candidates for Nurses and Long-Term Care Workers Begins.
December 2008	EPA with the Philippines Enters into Force: Acceptance of Candidates for Nurses and Long-Term Care Workers Begins.
October 2009	EPA with Vietnam Enters into Force.
July 2010	Establishment of "Technical Intern Training" residence status
June 2014	EPA with Vietnam Enters into Force: Acceptance of Candidates for Nurses and Long-Term Care Workers Begins.
September 2017	Law to Partially Revise the Immigration Control and Refugee Recognition Act comes into effect, creating the "Nursing Care" status of residence for foreign students who have acquired the national qualification of a certified care worker.
November 2017	"Long-term Care" was Added to the Target Occupations of the Technical Intern Training Program for Foreign Nationals.
April 2019	"Specified Technical Skills" status of residence comes into effect.

(Source) Ministry of Foreign Affairs, "Japan's Efforts in Economic Partnership Agreements (EPAs/FTAs), etc."; Japan Technical Intern Training Organization, History of the Technical Intern Training Program, [https://www.otit.go.jp/info\\_seido/](https://www.otit.go.jp/info_seido/) (accessed 2022/7./20) ; Ministry of Health, Labour and Welfare, "Addition of Long-Term Care Workers to the Foreign Technical Intern Training Program" Ministry of Health, Labour and Welfare, "Accepting Foreign Nationals with Specified Skilled Worker in the Long-Term Care Field", [https://www.mhlw.go.jp/stf/newpage\\_000117702.html](https://www.mhlw.go.jp/stf/newpage_000117702.html) (accessed 2022/6./16)

## 2-3 Trends in the Acceptance of Foreign Workers for Long-Term Care

### 2-3-1 Trends in Foreign Residents

The number of foreigners residing in Japan, excluding more than approximately 2 million short-term residents annually, increased from about 2.05 million in 2011 to about 2.93 million in 2019. 2020 saw a slight decrease due to COVID-19 (Figure 2-2).

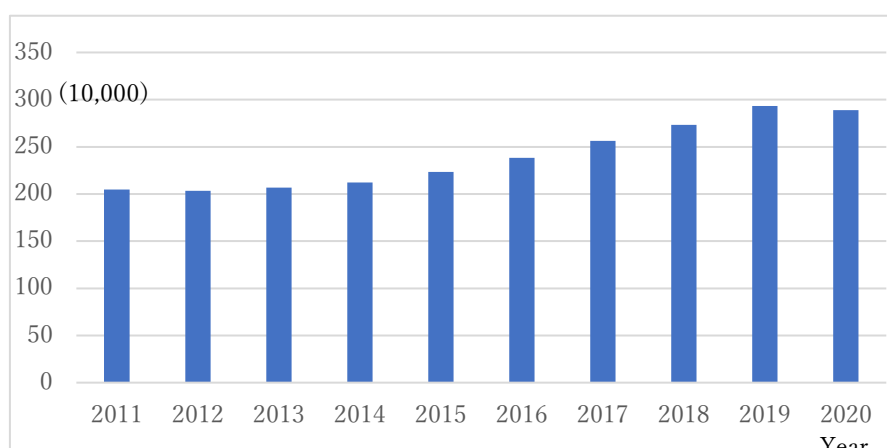


Figure 2-2 Number of foreign residents (2011 to 2020)

(Source) Immigration Services Agency of Japan, "Changes in the Number of Foreign Residents by Nationality/Region" , <https://www.moj.go.jp/isa/content/001371139.pdf> ( accessed 2023/2/15)

### 2-3-2 Trends in the Acceptance of Foreign Workers

The number of new foreign nationals entering Japan for employment<sup>12</sup> increased significantly from approximately 110,000 in 2008 to 360,000 in 2019 (Figure 2-3). By status of residence, the number of foreign workers entering the country under the "Technical Intern Training Program" status has increased significantly since establishing the "Technical Intern Training Program" status in 2010, accounting for about 65% of the total number of foreign workers in 2019. 2020 saw a significant decrease in the total number of foreign workers entering the country due to the impact of COVID-19.

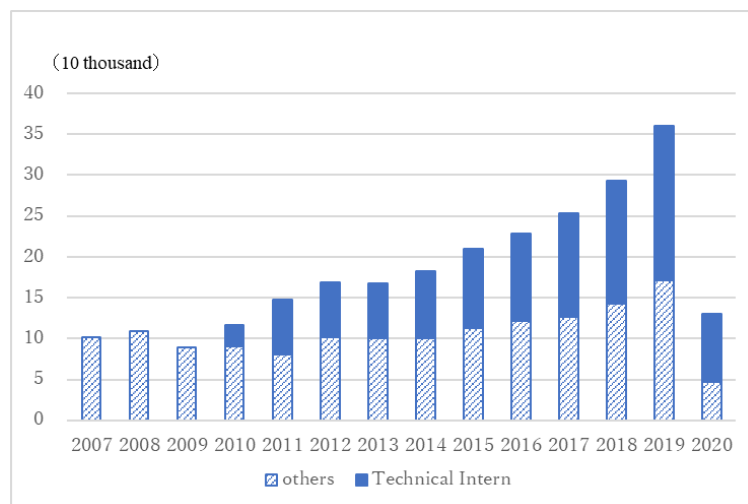


Figure 2-3 Trends in Acceptance of Foreign Nationals for Work Purposes (2007-2020)

(Source) Immigration Control Statistics, "Status of Residence of Newly Arrived Foreign Nationals by Nationality and Region," (Dec, 2020).

### 2-3-3 Trends in the Acceptance of Foreign Workers for Long-Term Care

The number of foreign workers for long-term care has been increasing rapidly since 2017, when the acceptance of technical intern trainees began. 10,113 people (annual number of new arrivals, estimated by some survey teams) entered Japan in 2020, even though the number of new foreign arrivals declined sharply due to the impact of COVID-19.

The Japanese government aims to accept 60,000 foreign workers for long-term care over the five years from 2019 to 2024<sup>13</sup>.

As shown in Figure 2-4, initially foreign workers for long-term care were only accepted under the EPA, but when long-term care was added to Technical Intern Training Program in 2017, acceptance under Technical Intern Training Program increased. By 2020, approximately 90% of the applicants were accepted under Technical Intern Training Program.

<sup>12</sup> Status of residence for the purpose of employment includes the following: Diplomacy, Official, Professorship, Arts, Religion, Journalism, High Specialty, Business Administration, Legal/Accounting, Medical, Research, Education, Technical/Humanities/International Services, Intra-company Transferee, Long-Term Care, Entertainer, Technical, Specified Skill, Technical Intern Training Program.

<sup>13</sup> Nihon Keizai Shimbun, "Up to 60,000 foreigners to be accepted for long-term care in 5 years: Ministry of Justice presents the scale," November 14, 2018, 13:26 (updated November 14, 2018, 17:42)

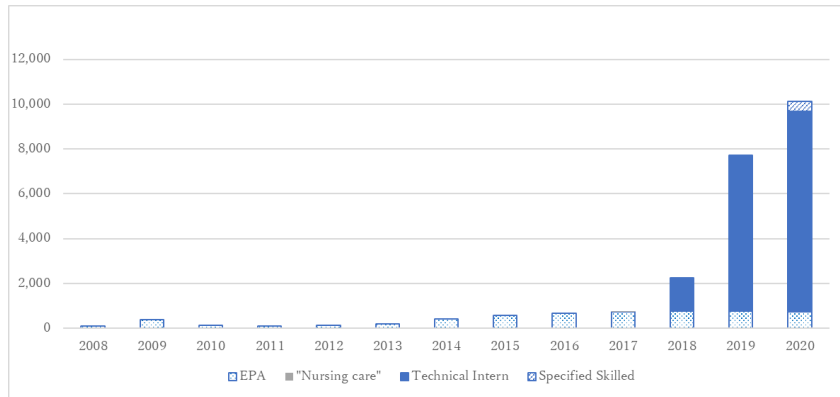


Figure 2-4 Changes in Acceptance of Foreign Workers for Long-Term Care by Route (2008-2020)

(source)The figures for technical intern training and specified skilled workers are estimates by the survey team because there are no statistics on immigration and other administrative controls for the long-term care worker quota. The estimation method is as follows. Technical Intern Training Program: Estimated after multiplying the number of skilled trainees who entered Japan under Technical Intern Training Program No. 1 in "Immigration Inspection, Screening for Status of Residence, Deportation Procedures, etc." (Immigration Statistics) by the percentage of long-term care workers in the total number of approved Technical Intern Training Program as shown in the "Statistics on Operations by Nationality and Region: Number of Approved Technical Intern Training Program by Job Category (Composition)" by the Organization for Technical Intern Training. Unless otherwise specified in this chapter, the same calculation method is used for estimates that include Technical Intern Training Program and specified skilled workers.

In the Technical Intern Training Program, which accounts for 90% of the accepted routes, a look at the ratio of Technical Intern Training Program No. 1 certifications by industry shows that in 2018, long-term care accounted for 1% of the total. Still, in 2020, it accounted for 8%. As the total number of acceptances in the Technical Intern Training Program increases, the growth in long-term care occupations is particularly significant. (Figure 2-5)

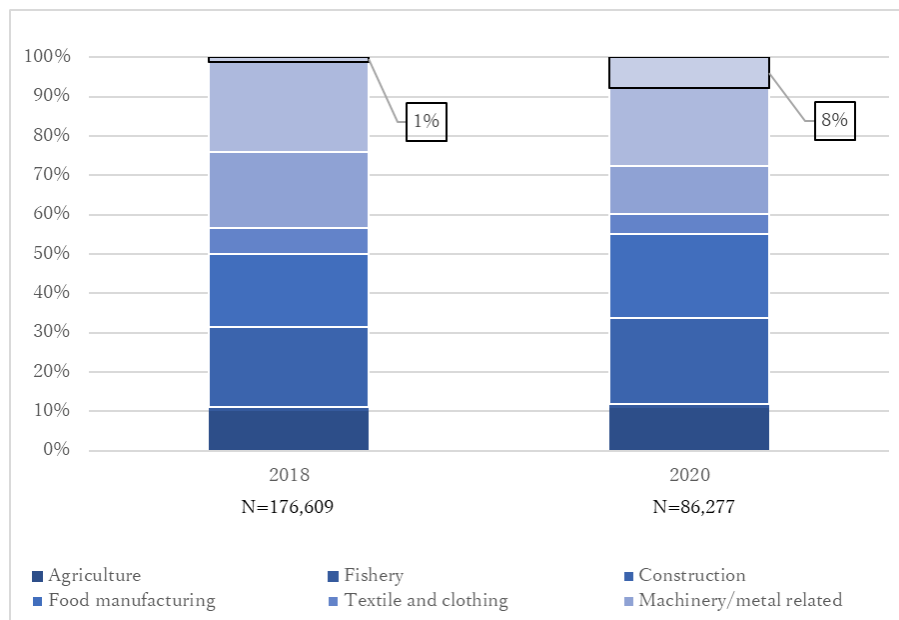


Figure 2-5 Comparison of the Ratio of the Number of Accreditations for Technical Intern Training Program No. 1 (2018 vs. 2020)

Note: Figures other than those for long-term care are a combination of multiple occupations.

(Source) Organization for Technical Intern Training, Statistics on Operations, "Number of approved Technical Intern Training Program plans by nationality and region, by job category (composition ratio)", [https://www.otit.go.jp/research\\_toukei/](https://www.otit.go.jp/research_toukei/) (accessed 2022/7/10)

Table 2-2 shows the top countries regarding the number of foreign workers for long-term care accepted (including survey team estimates). Vietnam and Indonesia initially accepted workers through EPAs, followed by Myanmar in 2020. The Philippines and China follow, indicating that the scale of the number of acceptances differs significantly between the top five countries and countries below Thailand.

Table 2-2 Acceptance of Foreign Workers for Long-Term Care by Country

	Vietnam	Indonesia	Myanmar	Philippines	China	Thailand	Cambodia	Nepal	Others	Total
2008	0	104	0	0	0	0	0	0	0	104
2009	0	189	0	190	0	0	0	0	0	379
2010	0	77	0	72	0	0	0	0	0	149
2011	0	58	0	61	0	0	0	0	0	119
2012	0	72	0	73	0	0	0	0	0	145
2013	0	108	0	87	0	0	0	0	0	195
2014	117	146	0	147	0	0	0	0	0	410
2015	138	212	0	218	0	0	0	0	0	568
2016	162	233	0	276	0	0	0	0	0	671
2017	182	295	0	276	1	0	0	0	0	754
2018	723	554	205	292	287	21	79	0	105	2,265
2019	2,912	1,366	1,207	870	861	61	59	0	375	7,712
2020	4,247	1,983	1,570	944	790	92	81	13	391	10,112

(Source) Estimated by the survey team based on EPA: Japan International Corporation of Welfare Services, "Brochure for Acceptance of Foreign Nurse and Long-Term Care Worker Candidates under the EPA for FY2023," Long-Term Care: Immigration Control Statistics, "Immigration Inspection, Screening for Resident Status, Deportation Procedures, etc.," Technical Intern Training Program: Immigration Control Statistics, "Immigration Inspection, Screening for Resident Status, Deportation Procedures, etc.," Organization for Technical Intern Training, "Statistics on Operations for Technical Intern Training Program by Nationality/Region and by Occupation (Composition)." Specified skilled workers: Estimated by the survey team based on the Immigration Services Agency of Japan, "Number of persons to whom the status of residence issued certificates of eligibility" and "Number of foreigners registered for specified skilled workers in each quarter" (as of the end of December 2021).

## 2-4 Outline of Systems and Trends by Acceptance Route

### 2-4-1 EPA

#### 2-4-1-1 Overview of the System

An overview of the acceptance of foreign long-term care workers candidates under the EPA is shown in Table 2-3. The main feature of this program is that it is not intended to address labor shortages in the nursing and long-term care fields but to strengthen cooperation in economic activities between the two countries. Therefore, considering the impact on the Japanese labor market, the maximum number of accepted workers is capped at 300 per year for Indonesia, the Philippines, and Vietnam. The status of residence is "Designated Activities." The program's purpose is to obtain a national qualification as a certified care worker in Japan, and the applicants must have a certain educational background in long-term care or nursing in their home country. In addition, they are required to have a Japanese language proficiency level of N3 or N4 (depending on the country) in

the Japanese Language Proficiency Test, and language training is required before and after they arrive in Japan. After obtaining the national qualification as a long-term care worker, family members can accompany the foreign national. The residence status can be renewed without restrictions, making it possible for foreign nationals to reside in Japan permanently.

Table 2-3 Overview of the EPA System

Purpose of the System	Acceptance of long-term care workers to obtain national certification (strengthening international cooperation). Not a response to the labor shortage in the nursing and long-term care fields.
Relevant Laws, Systems, etc.	EPA
Start	Indonesia: 2008 Philippines: 2008 Vietnam: 2014
Sending countries	Indonesia, Philippines, Vietnam
Status of residence	"Designated Activities."
Period of stay	Before obtaining national qualification as a long-term care worker: 4 years in principle (5 years if certain conditions are met) After obtaining the national qualification as a certified long-term care worker: Renewal is possible without limitation
Planned number of accepted students	Each country has 300 persons/per year (Upper limit set from the viewpoint of not adversely affecting the Japanese labor market)
Accompanying family members	After obtaining national certification as a certified care worker: family members (spouse and children) can accompany the care worker.
Japanese language ability required for foreign long-term care workers	Indonesia and the Philippines After 6 months of training locally, enter Japan with JLPT N4 level or above. After 6 months of training in Japan, they can work at a long-term care facility. Vietnam After 12 months of training in Vietnam, enter with JLPT N3 or above. After 2.5 months of training, work at a long-term care facility.
Knowledge and experience required of foreign long-term care workers	Indonesia "Graduation from an Indonesian nursing school (3 years or more)" or "Graduation from an institution of higher education (3 years or more) + certification as a caregiver by the Indonesian government." Philippines "Graduation from Nursing School (Bachelor) (4 years) in the Philippines" or "Graduation from a 4-year university + certification as a caregiver by the Philippine government." Vietnam Completion of a 3-year or 4-year nursing program.
Mandatory to take the national exam	• Mandatory to take the national examination (Maximum of twice test can be taken)



for long-term care workers	<ul style="list-style-type: none"> <li>• Even if they fail the exam, they can retake it after extending their stay in Japan for one year as long as they obtain a certain number of points (*After leaving Japan, they can re-enter Japan with "Temporary Visitor" status and retake the national exam).</li> <li>• The business office that accepts foreign nationals must provide training and a support system to help the foreign nationals obtain the national certification.</li> </ul>
Acceptance Coordinating Organization, etc.	Japan International Corporation of Welfare Services (JICWELS)
Types of services for which they can work	Only those stipulated in the Long-Term Care Insurance Law are listed below. 3 long-term care insurance facilities, dementia group homes, specified facilities, daycare, day rehabilitation, dementia day care, short stay. ※After obtaining a long-term care worker certification, home-visit-based services are also available at establishments that meet certain conditions.
Time Until Inclusion in Placement Criteria	If the applicant has JLPT N2 or higher, they will be included in the placement criteria as soon as they are hired. In other cases, they can be included after 6 months of employment.
Permitted to work at night	Before obtaining national qualification as a certified care worker: Permitted if 6 months have passed since employment or the applicant has passed the N1 or N2 Japanese Language Proficiency Test. After obtaining national qualification as a long-term care worker: Possible
Permitted to move within the same corporation	Before obtaining national qualification as a certified care worker: In principle, not permitted After obtaining the national qualification as a long-term certified care worker: Possible
Acceptability of changing careers in the long-term care profession	Before obtaining national qualification as a certified care worker: In principle, not possible. After obtaining national qualification as a certified care worker: Possible (however, permission to change the status of residence is required).
Salary	Equal to that of a Japanese national

Prepared by the survey team based on the Ministry of Health, Labour and Welfare's "Guidebook for Care Providers on Employment of Foreign Care Workers," the International Health and Welfare Organization's "Guide for Accepting Candidate Care Workers under the EPA for Acceptance in FY2023," and interviews with the organization.

#### 2-4-1-2 Acceptance Process (Before Entry into Japan)

JICWELS, an acceptance coordinating organization, is the point of contact for EPA acceptance. First, companies that wish to accept EPAs, such as long-term care facility management corporations, apply to JICWELS for job registration after preparing the necessary documents. Then JICWELS checks the requirements of the companies that wish to accept EPAs. After receiving the job registration application, the company that wishes to accept the offer enters into various contracts with JICWELS. Subsequently, JICWELS provides the job information of the company to the human resources export coordinating organizations in Indonesia, the Philippines, and Vietnam. Once the

job information is provided, the sending organizations will begin recruiting, screening, and selecting applicants for employment. The sending coordinating organization will conduct the first selection round, followed by interviews by JICWELS. If a recipient company wishes, it can participate in a local joint briefing session to explain job descriptions and working conditions to prospective employees in the overseas location. JICWELS coordinates the preferences of the sending organization and the applicants, and if a match is made, an employment contract is signed. After that, the applicant applies for and is issued a visa through the sending organization. The applicant will receive Japanese language training for approximately 6 to 12 months before entering Japan and 2.5 to 6 months (depending on the country) after entering Japan. After arrival in Japan, they will take an introductory long-term care training course provided by JICWELS and then work at the receiving facility (Figure 2-6).

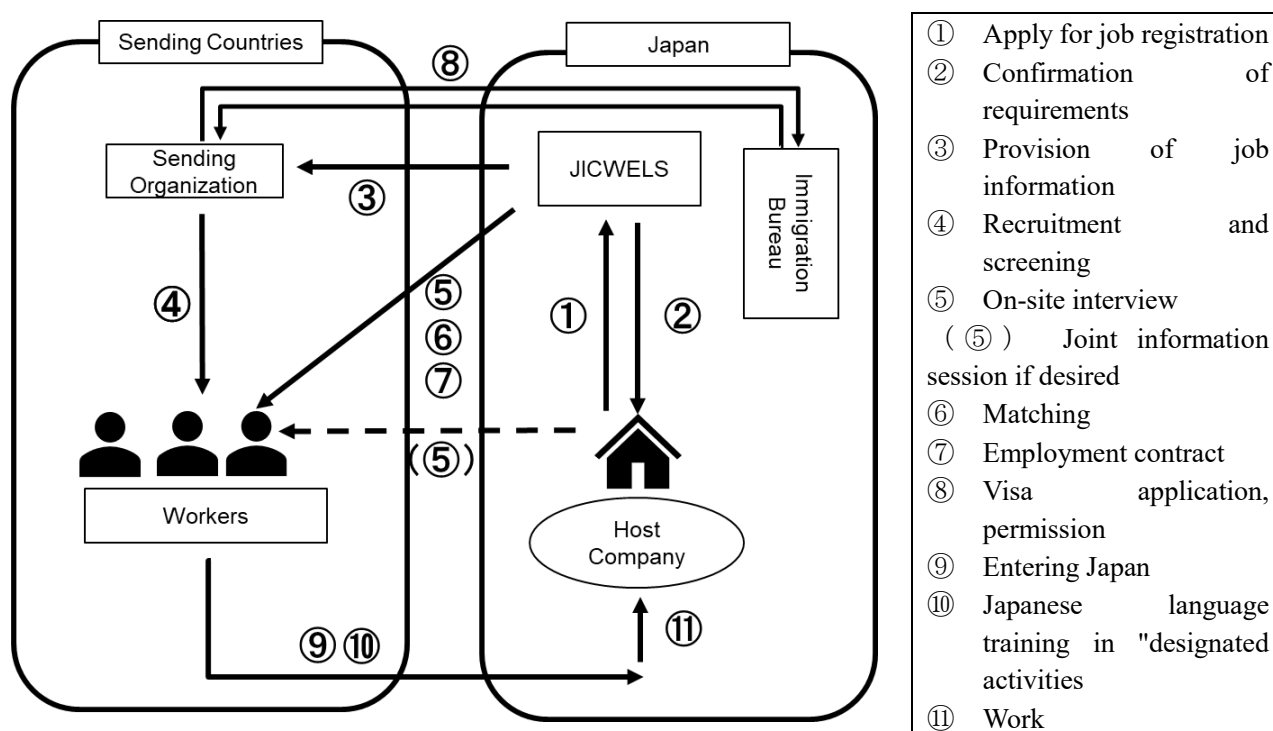


Figure 2-6 EPA Acceptance Process (Before Entry into Japan)

(Source) The Ministry of Health, Labour and Welfare, "Framework for Acceptance under Economic Partnership Agreements"; Ministry of Health, Labour and Welfare, "Framework for Acceptance under Economic Partnership Agreements: Guidance for Acceptance of EPA-based Care Worker Candidates for FY2023," prepared by the survey team.

### 2-4-1-3 Acceptance Process (After Entry)

The EPA offers both a study course and a work course. This section describes the work course for which the survey team has confirmed acceptance as of December 2022. Foreign nationals can take the national examination for certified care worker after working and training at a long-term care

facility for at least three years as a candidate for certified care worker (status of residence "designated activities"). In the case of EPA recipients, they must take the national examination.

For those who have not yet obtained the national qualification as a certified care worker, the period of stay is limited to 4 years in principle, so opportunities to take the national examination are limited to one time during the period. However, if the applicant fails to pass the examination but achieves a certain score, they can extend their stay in Japan for one year and retake the national examination (therefore, a maximum of two attempts is possible). If they fail the examination and return to their home country, they can re-enter Japan with the "Temporary Visitor" residence status and take the national examination. After passing the national examination and acquiring a long-term care worker qualification, the visa status can be renewed without restrictions as an EPA certified care worker (status of residence "designated activities"). It is also possible to bring a family member with them. (Figure 2-7)

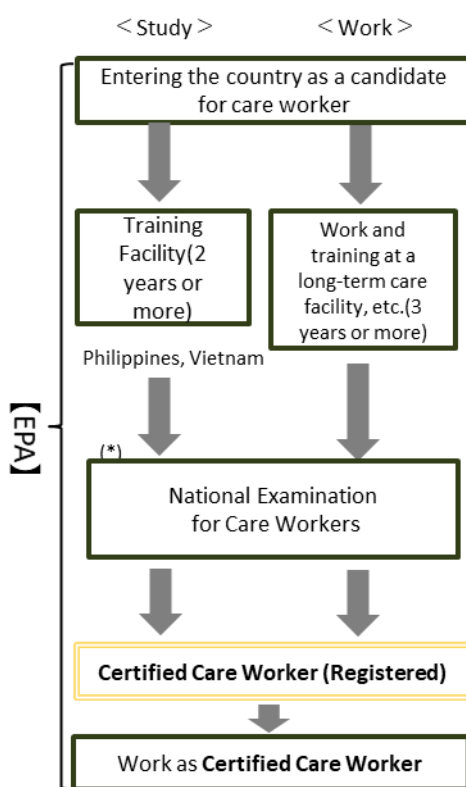


Figure 2-7 EPA Acceptance Process (After Entry)

Beginning in FY2017, graduates of training facilities are also required to pass the national examination. However, a transitional measure of 5 years after graduation has been established for graduates until FY2021.

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15)

#### 2-4-1-4 Acceptance Trends

In 2008, acceptance from Indonesia and the Philippines began, then declined for a time. However, since 2011, the number of students has been continuously increasing. From 2017 to 2019, the maximum number of students remained near the limit of 300. In Vietnam, the number of accepted students has been growing since the start of the program in 2014. In recent years, however, the number of admitted students has been hovering around 200. The number of applicants presented in the most recent recruitment effort in Vietnam is 240,<sup>14</sup> due to the capacity of sending organizations and other reasons in the country.<sup>15</sup> (Figure 2-8)

As of June 2022, there were 2,447 candidates for certified care workers (907 in Indonesia, 832 in the Philippines, and 708 in Vietnam) and 705 successful certified care workers (284 in Indonesia, 302 in the Philippines, and 119 in Vietnam).

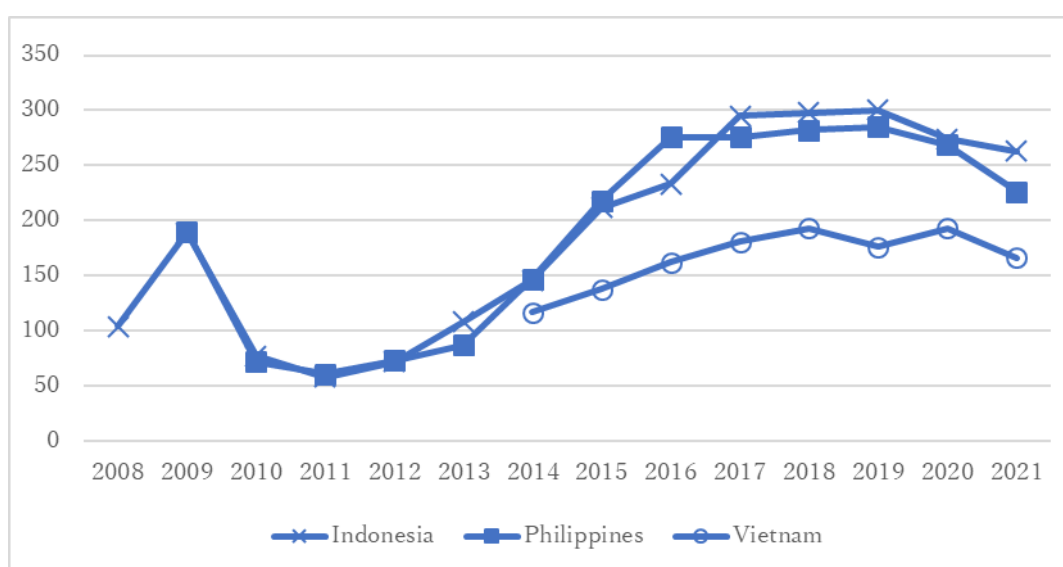


Figure 2-8 Number of EPA Long-Term Care Acceptances (Work) by Country (FY 2008-2021)

(Source) Japan International Corporation of Welfare Services, "Pamphlet for Acceptance of Foreign Nurses and Candidates for Certified Long-Term Care Workers under the EPA for Acceptance in FY2023.", <https://jicwels.or.jp/wp-content/uploads/2022/03/2023%E5%B9%B4%E5%BA%A6%E7%89%88%E5%8F%97%E5%85%A5%E3%82%8C%E3%83%91%E3%83%B3%E3%83%95%E3%83%AC%E3%83%83%E3%83%88.pdf> (accessed 2022/6/20)

#### 2-4-1-5 Number and Rate of Successful Applicants for the National Examination for Certified care workers

In Indonesia and the Philippines, the pass rate of the national examination for EPA long-term care worker candidates is about 30~40% for first-time examinees and 20~30% for retakes, which is low compared to the national average of 70% in Japan. In Vietnam, however, the pass rate for first-time examinees is very high at 80~90%. (Figure 2-9)

<sup>14</sup> VIETJO "Recruitment of EPA Vietnamese Nurse and Long-Term Care Worker Candidates Begins; Monthly Salary in Japan is 160,000-180,000 yen," article distributed July 5, 2022.

<sup>15</sup> JICWELS Hearing

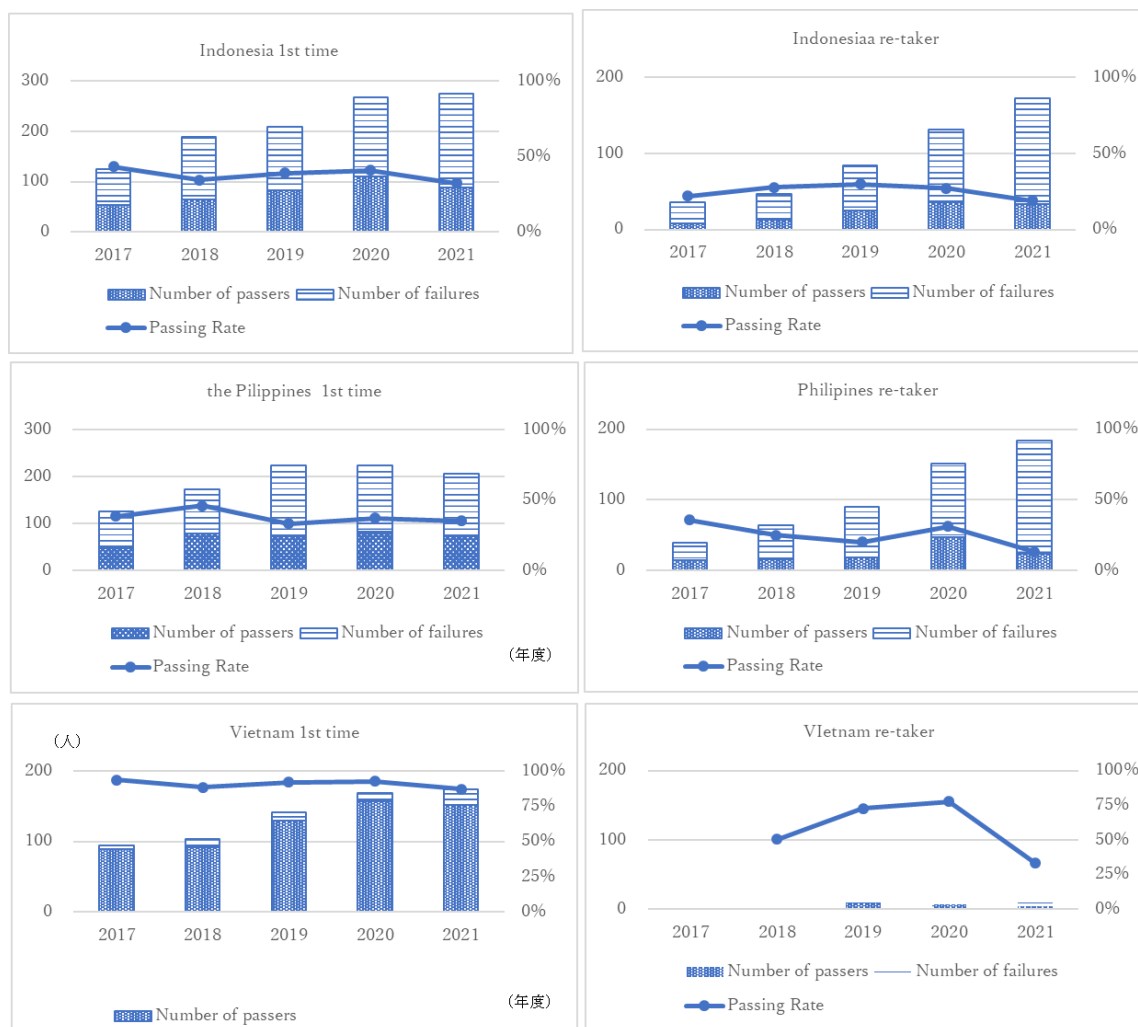


Figure 2-9 Status for Taking the National Examination for Certified EPA Care Workers (FY 2017-2021)  
 (Source) Ministry of Health, Labour and Welfare, "Results of the 34th National Examination for EPA Long-Term Care Workers Candidates," prepared by the survey team.

## 2-4-2 “Nursing Care” status of residence

### 2-4-2-1 Overview of the System

The “Nursing Care” status of residence came into effect in September 2017. As background, there was a growing demand for high-quality long-term care due to the aging of Japan's population. Also, until then, international students at long-term care worker training facilities could not work as long-term care workers in Japan even if they obtained a long-term care worker license. However, there was a move to support international students' activities by expanding their residence status and allowing them to work.<sup>16</sup> “Nursing Care” status of residence is conditional upon passing the National Examination for Certified care workers. The period of stay can be renewed without restrictions, and family members are allowed to accompany them. Working conditions are the same as those for Japanese nationals. (Table 2-4)

<sup>16</sup> Ministry of Health, Labour and Welfare, "2 Acceptance of Foreign Workers for Long-Term Care."

Table 2-4 Summary of “Nursing Care” status of residence system

Purpose of the System	Acceptance of foreign workers into professional and technical fields
Relevant Laws, Systems, etc.	Act for Partial Revision of the Immigration Control and Refugee Recognition Act
Start	September 2017
Sending country	No limitation
Status of residence	" Nursing Care "
Period of stay	No limitations, renewable
Accompanying family members	Family members (spouse/children) can accompany them.
Obligation to take the national exam for certified care workers.	Only those who have passed the national examination may apply.
Acceptance coordinating organization, etc.	None (voluntary recruitment by long-term care facilities)
Types of services that can be worked	No limitation
Time to be included in the placement criteria	To be included in the placement criteria as soon as they are hired.
Availability of night shift	Available
Ability to move within the same corporation	Yes
Availability of a new job in the nursing profession	Possible
Salary	Equal to Japanese

(Source) Ministry of Health, Labour and Welfare, "Guidebook for Care Providers on Employment of Foreign Workers for Long-term Care" <https://www.mhlw.go.jp/content/12000000/000496822.pdf> (accessed 2023/2/15)

#### 2-4-2-2 Acceptance Process

Since the “Nursing Care” status of residence is obtained by taking and passing the National Long-Term Care Worker Examination, there are various ways to get this status, including transferring from Technical Intern Training Program or specified skilled worker. One of the original purposes of this residence status was to enable international students at long-term care worker training facilities to stay as certified care workers after graduation. After obtaining the national qualification as a certified care worker, the status of residence is changed from "Overseas Study" to " Nursing Care". (Figure 2-10)

Most of them are acquired by those residing in Japan who have changed their status from studying abroad, etc. "Engaging in work in which a certified care worker provides long-term care or guidance"<sup>17</sup> is a recognized qualification and a route for those who have returned to their home countries, etc., while holding a long-term care worker qualification to enter Japan once again.

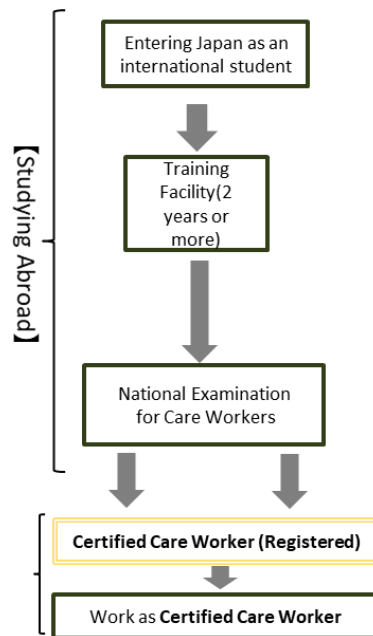


Figure 2-10 Acceptance Process for “Nursing Care” status of residence

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15)

#### 2-4-2-3 Acceptance Trends

The number of residents with “Nursing Care” status of residence increased significantly from 177 as of June 2018 to 3,064 as of June 2021. The top five countries as of June 2021 were Vietnam, China, the Philippines, Indonesia, and Nepal, as shown in Figure 2-11.

<sup>17</sup> Immigration Control and Refugee Recognition Act, "Activities Permitted under the “Nursing Care” Status of Residence in Japan."

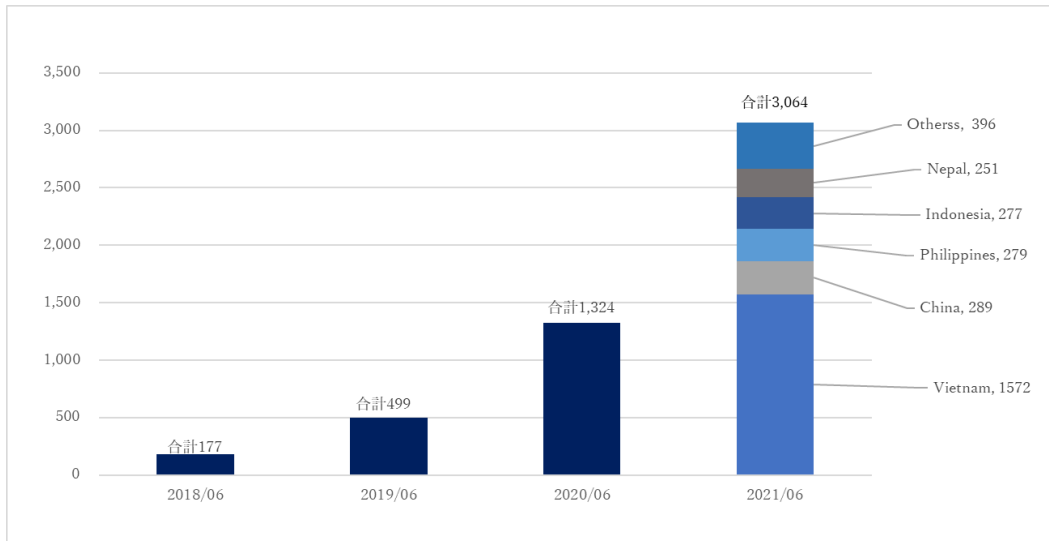


Figure 2-11 Changes in the Number of “Nursing Care” Status of Residence (June 2018 - June 2021)

(Source) Immigration Control Statistics, "Foreign Residents by Resident Status (Purpose of Residence) by Nationality/Region" (June 2021)

The number of those who entered Japan with “Nursing Care” status of residence has increased yearly. However, as of 2020, the number was as few as 32. By nationality, Vietnam and Indonesia are the most common. (Figure 2-12)

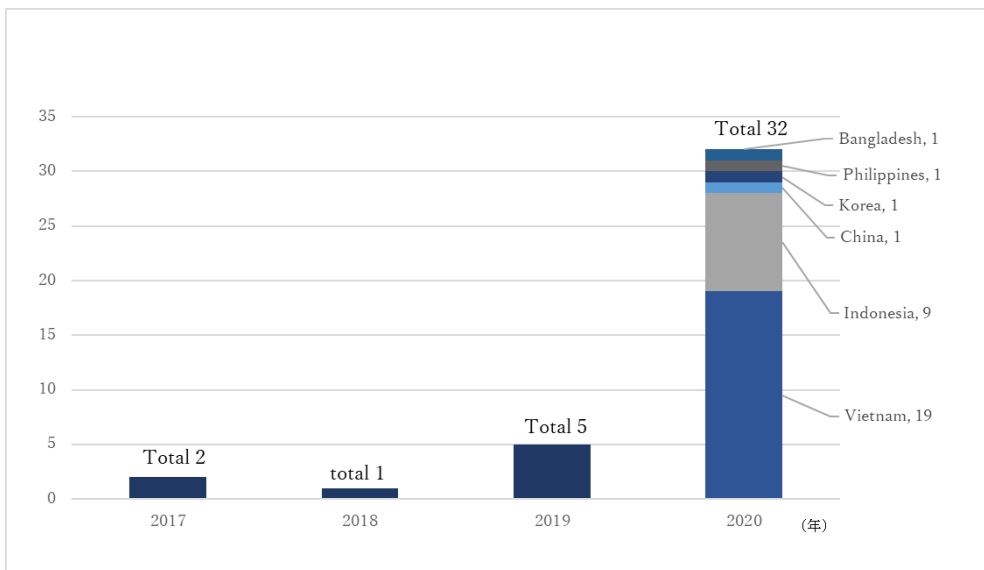


Figure 2-12 Changes in the Number of Persons Issued Certificates of Eligibility for “Nursing Care” status of residence (2017-2020)

(Source) Immigration Control Statistics, "Foreign Residents by Resident Status (Purpose of Residence) by Nationality/Region" (June 2021)



## 2-4-3 Technical Intern Training Program

### 2-4-3-1 Overview of the System

The Technical Intern Training Program for Foreign Nationals (hereafter referred to as the "Technical Intern Training Program") was initiated in 2013. The purpose of this program is to contribute to the development of the sending country by bringing back skills from Japan to the sending country.<sup>18</sup> As of April 2022, there are 158 registered trainees in 86 occupations under the Technical Intern Training Program. Most are in agriculture, fishery, construction, manufacturing, and other fields. Long-term care, which was added in conjunction with the enactment of the Technical Intern Training Program Law in 2017, is unique in that it is an interpersonal service. Before the addition of long-term care occupations, a study was conducted by the "Study Group on the Future of Accepting Foreign Long-Term Care Workers." The program was designed to meet the following three requirements as recommended by the study group.<sup>19</sup>

1. To ensure that long-term care is not perceived as "a simple job to be carried out by foreigners."
2. To ensure that foreigners are treated appropriately in the same manner as Japanese workers and that efforts to improve the treatment and working environment of Japanese workers are not undermined.
3. To ensure that the quality of long-term care services is guaranteed and that users are not made to feel insecure.

Japan and the sending country have made bilateral arrangements (memorandum of cooperation) with the following countries "to promote cooperation for the proper and smooth implementation of technical intern training":<sup>20</sup> Vietnam, Cambodia, India, the Philippines, Laos, Mongolia, Bangladesh, Sri Lanka, Myanmar, Bhutan, Uzbekistan, Pakistan, Thailand, and Indonesia. Pakistan, Thailand, and Indonesia (July 2022). There is no limit to the number of sending countries under the system, and sending is possible regardless of whether or not a memorandum of understanding is in place.

### 2-4-3-2 Acceptance Process (Before Entry to Japan)

Technical intern trainees enter Japan with the "Technical Intern Training No. 1" status of residence and undergo a two-month classroom training course at a supervisory organization or the recipient company in the case of a company-independent program. After that, the trainees begin their practical training under an employment relationship. One year after entering Japan, the trainees take the practical and academic examinations and then move on to "Technical Intern Training No. 2." After that, the trainees also take the practical skills test for a maximum of two years and then move on to

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<sup>18</sup> Law Concerning the Proper Practice of Technical Intern Training Program for Foreign Nationals and the Protection of Technical Intern Trainees (Technical Intern Training Program Law) (enacted November 2017).

<sup>19</sup> Japan International Cooperation Agency for Human Resources, "What is the Technical Internship Training Program for Foreign Nationals"

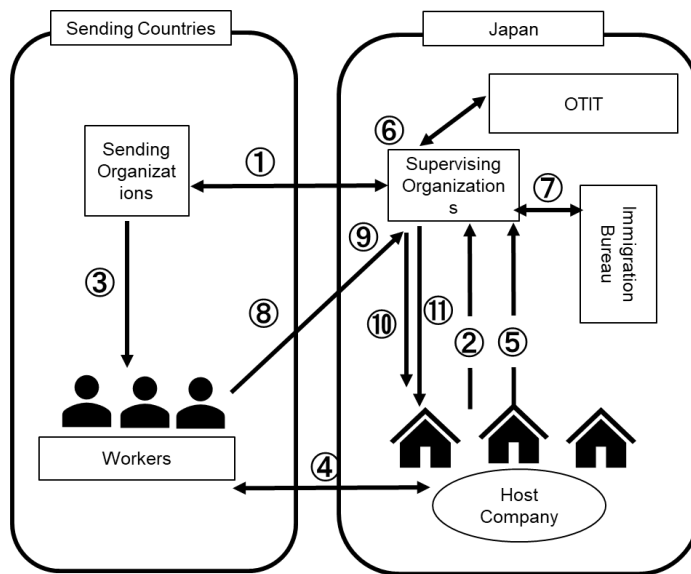
<sup>20</sup> Ministry of Health, Labour and Welfare, "Bilateral Arrangement on Technical Intern Training (Memorandum of Cooperation)."

"Technical Intern Training No. 3." The maximum stay in Japan under "Technical Intern Training No. 3" is two years, after which the trainee returns to their home country.

There are two types of procedures for accepting technical intern trainees: individual enterprise type and supervising organization type.

In the supervising organization type, a non-profit supervising organization serves as the contact point for the receiving company and handles the procedures, etc. In the individual enterprise type, the company individually contracts with an overseas subsidiary or other staff member to accept the trainees. In the supervising organization type, the supervising organization makes a request to the partner sending organization for the dispatch of interns in response to an application from the receiving company to accept interns. The sending organization selects candidates for training at the overseas site, and if a suitable candidate is selected, an employment contract is concluded between the candidate and the receiving company. The receiving company prepares a training plan and submits it to the Organization for Technical Intern Training (OTIT) through the supervising organization, and once the plan is approved, the company applies for a visa.

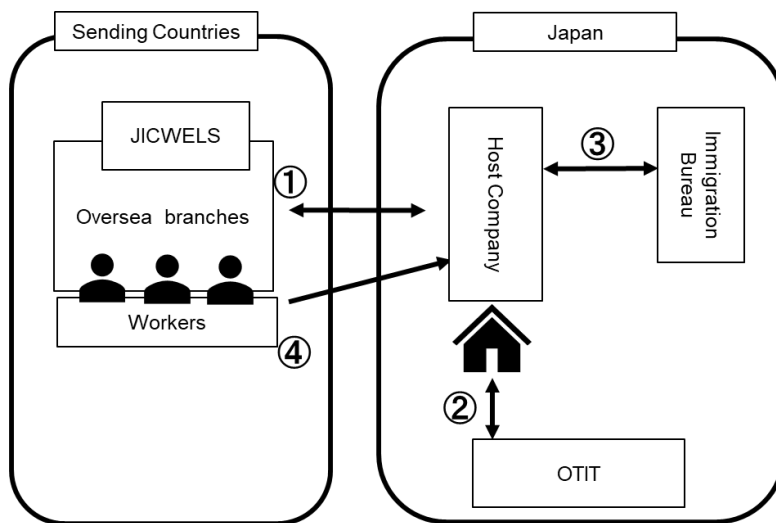
After visa approval, the trainee enters Japan and undergoes a two-month training course at the supervising organization in principle, after which the trainee begins work at the receiving company (Figure 2-13). In the individual enterprise type, there is no supervising organization, and the trainee accepts employees directly from overseas local corporations, joint ventures, or business partners. In the case of the individual enterprise type, the training after the trainee's arrival is conducted by the receiving company (Figure 2-14). An overview of Technical Intern Training Program (long-term care) system is given in Table 2-5.



- ① Contract
- ② Application for acceptance of technical intern trainees
- ③ Application, selection and decision
- ④ Employment contract
- ⑤ Preparation and application of apprenticeship plan
- ⑥ Application (group/apprenticeship plan), group permission/approval of internship plan
- ⑦ Application and entry permit
- ⑧ Entry into Japan
- ⑨ Training
- ⑩ Commencement of training
- ⑪ Guidance and support

Figure 2-13 Technical Intern Training Program No. 1 Acceptance Process (pre-entry): supervising organization type

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15)



- ① Employment contract
- ② Application and approval of practical training plan
- ③ Application and entry permit
- ④ Entry into Japan

Figure 2-14 Technical Intern Training Program No. 1 Acceptance Process (pre-entry): individual enterprise type

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15)

Table 2-5 Outline of Technical Intern Training Program (Long-Term Care)

Purpose of the program	Skills transfer from Japan to the partner country (international contribution)
Relevant law	Act on Proper Technical Intern Training and Protection of Technical Intern Trainees (Technical Intern Training Act)
Started	November 2017 (Technical Intern Training Program itself started from 2012)

Sending Country	No restrictions
Status of Residence	1st year: [Technical Intern Training No. 1] 2nd to 3rd year: [Technical internship No. 2] 4th to 5th year: [Technical Intern Training No. 3]
Period of stay	Technical Intern Training No. 1: Maximum 1 year Technical Intern Training No. 2 (transferred from Technical Intern Training No. 1 after passing the Technical Intern Training Evaluation Examination): Maximum of 2 years Technical Intern Training No. 3 (transferred from Technical Intern Training No. 2 after passing the Technical Intern Training Evaluation Examination): Maximum of 2 years Total: Maximum of 5 years (for good supervising organizations and apprenticeship providers) *Good supervising organizations are those that have not violated any laws or regulations and meet certain requirements in terms of passing rate of skill evaluation tests, guidance and consultation system, etc. <sup>21</sup>
Accompanying family members	Family members (spouses and children) cannot accompany the worker.
Japanese language ability required of foreign long-term care workers	At the time of entry into Japan: JLPT N3 level is desirable, and the N4 level is required. One year after entry (at the time of transition to No. 2) N3 level is required. ※If the level is less than N3 after one year, the foreigner may continue to stay until the third year on the condition that they learn the Japanese language necessary to acquire long-term care skills where they are employed.
Knowledge and experience required of foreign long-term care workers, etc.	In the case of supervising organization type: The applicant must have "equivalent work experience" in a foreign country or have particular circumstances that make engaging in technical intern training necessary. In the case of a individual enterprise type: The applicant must be a staff member of a foreign organization with a close relationship with the receiving office. ※"Equivalent Work Experience." is a person who meets any of the following criteria <ul style="list-style-type: none"> <li>• Those who have experience in daily care, functional training, or medical care for the elderly or disabled in nursing homes or residences for the elderly or disabled in a foreign country.</li> <li>• Persons who have completed a nursing course or have a nursing license in a foreign country.</li> <li>• Persons who have been certified as long-term care workers by a foreign government.</li> </ul>
Obligation to take the national examination for a certified care worker during the	None (optional)

<sup>21</sup> International Business Information Association <https://ibia.or.jp/about-association/excellent/> (accessed 2023/2/15)

period of the residence status	
Acceptance coordinating organization, etc.	Supervising Organization Type: Each Supervising organization Individual enterprise type: Each company
Types of services available for work	Other than home-visit services
Time Until Inclusion in Placement Criteria	If the applicant has JLPT N2 or above, they will be included in the placement criteria as soon as they are hired. In other cases, they can be included after 6 months of employment.
Night shift available	Possible with conditions. ※ In addition to requiring the simultaneous assignment of long-term care workers other than technical intern trainees, the industry guidelines also stipulate that work be performed by more than one care worker other than technical intern trainees and a technical intern trainee.
Permission to move within the same corporation	Possible However, this is limited to cases where the transfer is recognized as necessary for acquiring skills under the technical training plan.
Acceptance or rejection of career change in nursing care occupations	In principle, not possible
Salary	Equal to Japanese

(Source) Ministry of Health, Labor and Welfare, "Guidebook for Care Providers on Employment of Foreign Workers. For Long-Term Care." <https://www.mhlw.go.jp/content/12000000/000496822.pdf> (accessed 2023/2/15)

#### 2-4-3-3 Acceptance Process (After Arrival)

Technical intern trainees enter Japan with the "Technical Intern Training No. 1" status of residence and undergo a two-month classroom training course at a supervisory organization or the recipient company in the case of a company-independent program. After that, the trainees begin their practical training under an employment relationship. One year after entering Japan, the trainees take the practical and academic examinations and then move on to "Technical Intern Training No. 2."

After that, the trainees also take the practical skills test for a maximum of two years and then move on to "Technical Intern Training No. 3." The maximum stay in Japan under "Technical Intern Training No. 3" is two years, after which the trainee returns to their home country. If the "Technical Intern Training No. 2" and "Technical Intern Training No. 3" fail the examination, they are to return to their home countries immediately.

#### 2-4-3-4 Acceptance Trends

The number of technical intern trainees working in the long-term care industry is increasing, with an estimated 8,899 in 2020<sup>24</sup> (Figure 2-15). The top five countries by country of origin are Vietnam, Indonesia, Myanmar, China, and the Philippines. 2020 saw a 141% increase in Vietnam, 150% in Indonesia, and 108% in the Philippines over the previous year, despite the global spread of COVID-

19. As of 2021, the total number of residents engaged in long-term care under Technical Intern Training Programs 1, 2, and 3 was 14,034 (estimated value).<sup>22</sup>

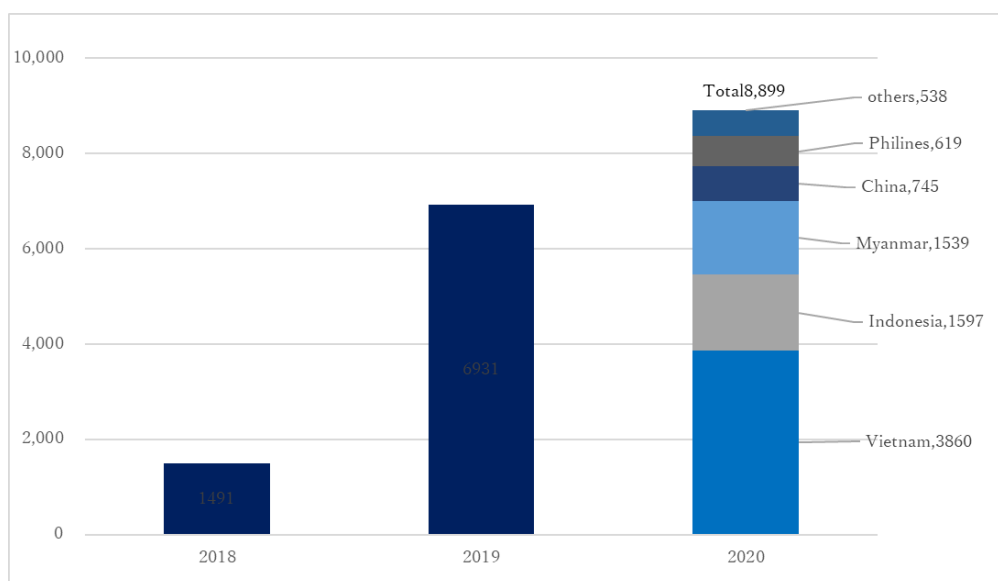


Figure 2-15 Number of Persons to Whom Certificates of Authorization for "Technical Intern Training No. 1" Residence Status (Number of long-term care workers, estimated by the survey team) by country (2018-2020)

(Source) OTIT Business Statistics by nationality and region Number of approved technical intern training programs by occupation (percentage), Immigration Statistics Immigration inspection, visa status inspection, deportation proceedings, etc., estimated by the survey team.

#### 2-4-4 Specified Skilled Worker

##### 2-4-4-1 Overview of the System

There are two types of "Specified Skilled Worker" status of residence: Specified Skilled Worker No. 1 and Specified Skilled Worker No. 2. Specified Skilled Worker 1 is for "foreign nationals engaged in work requiring a considerable degree of knowledge or experience." And Specified Skilled Worker 2 is for "foreign nationals engaged in work requiring skilled skills."<sup>23</sup> Against labor market shortages, these statuses aim to accept foreign nationals with certain expertise and skills. While the maximum period of stay for Specified Skilled Worker No. 1 is five years, and family accompaniment is not permitted. Specified Skilled Worker No. 2 has no upper limit on the period of stay, and family accompaniment is allowed. There are 14 industrial fields in which a foreign national can work under the specified technical skills, of which only two, construction and shipbuilding/marine industry, can accept the Specified Skilled Worker No. 2. Therefore, only Specified Skilled Worker No. 1 can be accepted in the long-term care sector. There are no restrictions on sending countries.

<sup>22</sup> Estimated by the survey team based on OTIT Business Statistics "Number of approved technical intern training programs by nationality/region and occupation (composition ratio)" and "Immigration Statistics: Immigration, Status of Residence, and Deportation Procedures, etc."

<sup>23</sup> Ministry of Health, Labour and Welfare, "Acceptance of Specified Skilled Foreign Nationals in the Long-Term Care Field."

In long-term care, to accept foreign nationals with a certain level of expertise and skills, a test of Japanese language proficiency and knowledge/experience of long-term care is required before entry into Japan. In this case, the applicant may be exempted from these tests following the standards. The examination for the National Qualification for Certified care worker is optional. However, once qualified, it is possible to change the status of residence to "long-term care." Regarding long-term care work, except for home-visit services, it is permitted and can potentially change the place of employment.

A bilateral memorandum of cooperation "to ensure the smooth and appropriate sending and receiving of foreign nationals under Specified Skilled Worker " has been signed by 14 countries: the Philippines, Cambodia, Nepal, Myanmar, Mongolia, Sri Lanka, Indonesia, Vietnam, Bangladesh, Uzbekistan, Pakistan, Thailand, India, and Malaysia (as of July 2022).<sup>24</sup>

Table 2-6 summarizes the Specified Skilled Worker (Long-Term Care) program.

Table 2-6 Summary of Specified Skilled Worker (Long-Term Care) Program

Purpose of the System	Acceptance of foreign nationals with specific expertise and skills to address labor shortages
Start	April 2019
Sending Country	No limitation
Status of Residence	"Specified Skilled Worker 1."
Period of stay	Up to 5 years
Accompanying family members	No family members (spouse/children) are allowed to accompany them.
Japanese Language Proficiency Requirements for Foreign Workers for Long-Term Care	The following Japanese language ability levels must be confirmed through testing or other means before entry into Japan. <ul style="list-style-type: none"> <li>• The ability to carry out daily conversation to a certain extent and to live without hindrance.</li> <li>• Japanese language ability is required to work in a long-term care facility.</li> </ul> ※Those who have completed 3 years of technical intern training programs or care worker training facilities are exempted from the examination, assuming they meet the required level of Japanese language proficiency.
Knowledge and experience etc., of long-term care required of foreign workers	The following skill levels must be confirmed by a pre-entry examination, etc. <ul style="list-style-type: none"> <li>• The following skill level is required to work in the accepted industry.</li> </ul> ※Those who have completed 3 years of technical intern training programs or long-term care worker training facilities are exempted from taking the examinations, etc., as they meet the necessary skill level.
Obligation to take the national examination for certified care	None (optional)

<sup>24</sup> Immigration Services Agency of Japan, "Bilateral Memorandum of Understanding for Cooperation on Specified Skilled Workers."

workers during the status of residence	
Acceptance Coordinating Agencies, etc.	Support by registered support organizations A registered support organization is an organization that prepares and implements support plans for specified skilled worker No. 1 during their period of stay in Japan, in order to enable them to engage in their activities stably and smoothly, on behalf of their host company. <sup>25</sup>
Types of services they can work with	Other than home-visit services
Time to be included in the placement criteria	Immediately upon hire, included in placement criteria (However, a system must be in place to ensure care safety at the receiving facility for 6 months.)
Night shift availability	Possible
Availability of transfer within the same corporation	Possible
Availability of change of workplace in long-term care occupations	Possible
Salary	Equal to Japanese

(Source) Ministry of Health, Labor and Welfare, "Guidebook for Care Providers on Employment of Foreign Workers for Long-Term Care."

#### 2-4-4-2 Acceptance Process (Before Entry into Japan)

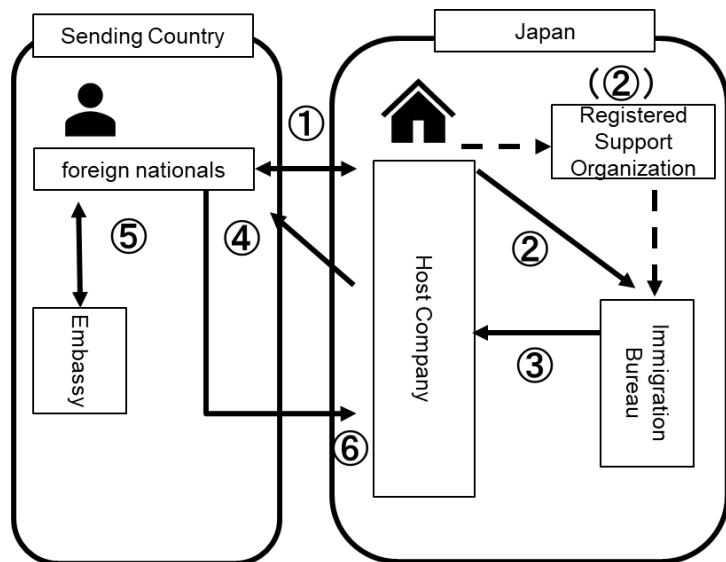
Foreign nationals eligible for the "Specified Skilled Worker" status of residence must pass a skills test and a Japanese language test administered by the Japanese government in Japan and abroad. Those who have completed the No. 2 Technical Training Intern Program in the long-term care occupation, those who have completed a long-term care worker training facility, and those whose period of stay as an EPA long-term care worker candidate has expired (4 years) are exempt from the skill test and the Japanese language test.

Acceptance begins with an employment contract between the individual foreign national who has passed (or is exempted from passing) the above examinations and the host institution. After concluding the employment contract, the host organization formulates a support plan for foreign

<sup>25</sup> Specified Skilled Worker online "What is a 'Registered Support Organization'? The role of a registered support organization in the specified skilled Worker system, how to choose one, conditions for acquisition, and cautions.<https://tokuteiginou-online.com/specials/registration-support-organization/#:~:text=%E7%99%BB%E9%8C%B2%E6%94%AF%E6%8F%B4%E6%A9%9F%E9%96%A2%E3%81%A8%E3%81%AF%E3%80%81%E7%89%B9%E5%AE%9A%E6%89%80%E5%B1%9E%E6%A9%9F%E9%96%A2%EF%BC%88%E5%8F%97%E5%85%A5%E3%82%8C%E4%BC%81%E6%A5%AD,%E6%A9%9F%E9%96%A2%E3%81%A8%E5%91%BC%E3%81%B0%E3%82%8C%E3%81%BE%E3%81%99%E3%80%82> (accessed 2023/2/15)



nationals with specified skilled workers (No. 1). It applies to issuing a certificate of eligibility and other necessary documents. The support plan should include a wide range of support measures such as securing housing, contract support for daily living, orientation for daily living, etc., provision of opportunities to learn Japanese, and cooperation with government agencies. In addition, the support plan may be entrusted to a registered support organization if desired by the receiving organization. Once the Certificate of Eligibility is issued, the receiving organization will provide the certificate to the foreign national. The foreign national will enter Japan after completing the necessary procedures with the relevant administrative agencies in their home country. The basic process is the same when a foreigner residing in Japan changes their status of residence from other statuses to a specified technical skill. (Figure 2-16)



- ① Employment contract
- ② Formulation of a support plan for foreign specified skilled workers (No.1) and application for issuance of a certificate of eligibility together with other documents.
- ( ② ) Entrustment of procedures to a registered support organization is also possible.
- ③ Receive a Certificate of Eligibility for Resident Status
- ④ Send a Certificate of Eligibility for Resident Status
- ⑤ Visa application/approval
- ⑥ Entering Japan and working

Figure 2-16 Process of Acceptance of Specified Skilled Workers  
(Before Entry into Japan)

※Those who have passed skill tests and Japanese language tests conducted in Japan or abroad, those who have completed No. 2 Technical Intern Training Program in long-term care occupations, those who have achieved long-term care worker training facilities, or those whose period of stay at EPA long-term care worker candidates has expired (4 years).

(Sources) National Council of Managers of Social Welfare Corporations, "Guidelines for Accepting Foreign Workers for Long-Term Care"; Ministry of Justice, "Q&A on the Specified Skilled Workers System," prepared by the survey team.

#### 2-4-4-3 Post-acceptance employment

Those with the "Specified Skilled Worker No. 1" status of residence will be allowed to work at long-term care facilities for a maximum of five years. If you change your status of residence from

another long-term care related status, you will also be allowed to work for up to 5 years. This makes it possible for those who entered Japan under the EPA or graduated from a care worker training facility but did not pass the national exam to use their skills in the field of long-term care in Japan for a longer period of time, or for those who stayed in Japan as technical intern trainees and wish to extend their stay to work. In order to obtain this status of residence, the applicant must have a valid visa. In order to obtain this status of residence, it is not mandatory to take the national care worker examination (Figure 2-17).

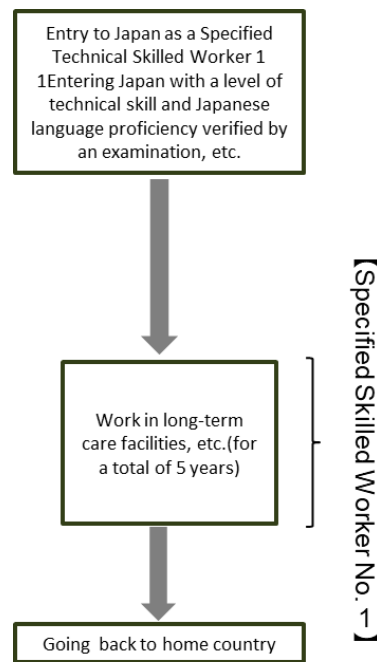


Figure 2-17 Acceptance process of Specified Skilled Workers

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15)

#### 2-4-4-4 Acceptance Trends

The number of specified skilled worker No. 1 residents in the long-term care field was first enforced in April 2019, after which preparations were made, including the implementation of local examinations. However, the start of full-scale visits to Japan is believed to have been delayed due to waterfront measures and other factors associated with the spread of COVID-19 after 2020, etc. As of March 2022, the total number of residents was 7,019.

The top five countries with the most significant residents are Vietnam, Indonesia, the Philippines, Myanmar, and Nepal, as shown in Figure 2-18. India and Bangladesh, categorized as others, have 5 and 12 residents, respectively.

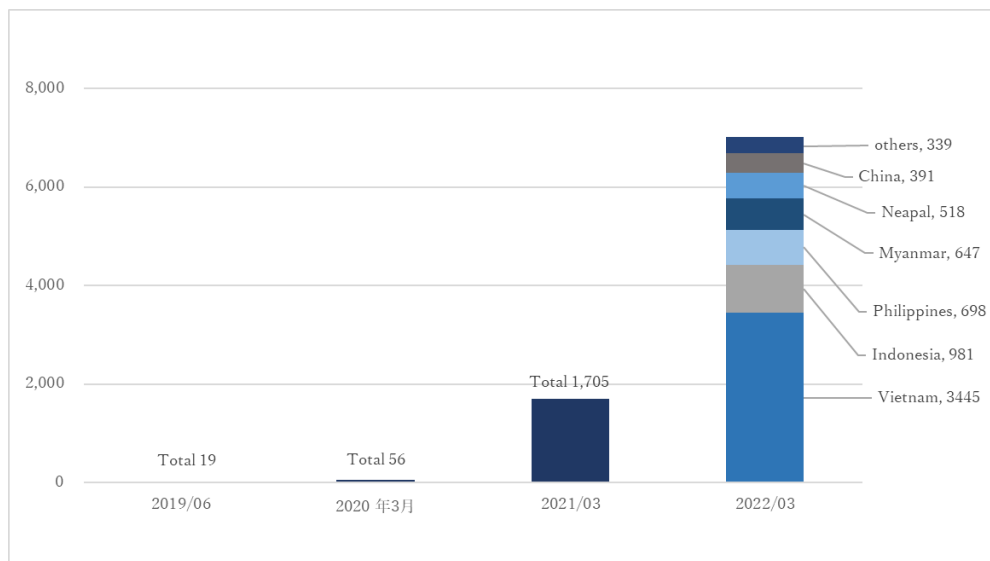


Figure 2-18 Number of Specified Skilled Worker (Long-Term Care) Residents (June 2019 - March 2022)

(Source) Immigration Control Statistics "Publication of the Number of Foreign Nationals Residing in Japan with Specified Skilled Worker"

[https://www.moj.go.jp/isa/policies/ssw/nyuukokukanri07\\_00215.html](https://www.moj.go.jp/isa/policies/ssw/nyuukokukanri07_00215.html) (accessed 2022/6/10)

#### 2-4-4-5 Proficiency Tests and Japanese Language Exams

One of the requirements for obtaining the specified skilled worker No. 1 in the long-term care field is to pass both the Long-term Care Skills Evaluation Examination and the Japanese-Language Long-term Care Evaluation Examination administered by the Japanese government in Japan and abroad. As of August 2022, local examinations are available in 10 countries: the Philippines, Cambodia, Nepal, Indonesia, Mongolia, Myanmar, Thailand, India, Sri Lanka, and Uzbekistan. The frequency of examinations varies from country to country. No local examinations are held in Vietnam, which has the most significant number of recipients under the Technical Intern Training Program. Table 2-7 shows the status of examinations in the four priority countries, excluding Vietnam and Bangladesh.

The number of people who entered the country as specified skilled workers by job category is not disclosed. Not all who pass both examinations enter Japan as specified skilled long-term care workers, as they must first sign an employment contract with a company and then apply for a visa.

Table 2-7 Number of Examinees and Successful Candidates for the Specified Skilled Long-term

		Indonesia			Philippines			Nepal			India			Total			domestic		
		test takers	passers	ratio	test takers	passers	ratio	test takers	passers	ratio	test takers	passers	ratio	test takers	passers	ratio	test takers	passers	ratio
2019 (April-December)	Skil Test	240	100	41.7%	2,225	1,194	53.7%	100	21	21.0%	0	0	0%	2,952	1,405	47.6%	485	280	57.7%
	Japanese Test	225	117	52.0%	2,212	1,140	51.5%	103	21	20.4%	0	0	0%	2,913	1,388	47.6%	458	355	77.5%
2020 (January-December)	Skil Test	1,799	1,192	66.3%	1,755	1,334	76.0%	661	383	57.9%	0	0	0%	5,401	3,765	69.7%	7,240	4,915	67.9%
	Japanese Test	1,641	1,272	77.5%	1,611	1,169	72.6%	633	371	58.6%	0	0	0%	5,004	3,727	74.5%	6,538	5,548	84.9%
2021 (Jan-Dec)	Skil Test	3,964	2,960	74.7%	1,850	1,331	71.9%	936	775	82.8%	0	0	0%	7,341	5,522	75.2%	17,123	11,214	65.5%
	Japanese Test	3,879	3,072	79.2%	1,618	1,188	73.4%	904	828	91.6%	0	0	0%	6,936	5,487	79.1%	14,599	12,182	83.4%
2022 (Jan-April)	Skil Test	1,276	948	74.3%	395	255	64.6%	475	323	68.0%	90	59	65.6%	2,610	1,861	71.3%	5,651	3,800	67.2%
	Japanese Test	1,054	880	83.5%	348	260	74.7%	417	327	78.4%	78	73	93.6%	2,243	1,791	79.8%	4,691	3,792	80.8%
Total	Skil Test	7,279	5,200	71.4%	6,225	4,114	66.1%	2,172	1,502	69.2%	90	59	65.6%	18,304	12,553	68.6%	30,499	20,209	66.3%
	Japanese Test	6,799	5,341	78.6%	5,789	3,757	64.9%	2,057	1,547	75.2%	78	73	93.6%	17,096	12,393	72.5%	26,286	21,877	83.2%

(Source) Ministry of Health, Labor and Welfare, "Results of Specified Skilled Worker Examination in the Long-Term Care Sector," [https://www.mhlw.go.jp/stf/newpage\\_000117702\\_00009.html](https://www.mhlw.go.jp/stf/newpage_000117702_00009.html) (accessed 2022/7/3) prepared by the survey team.

## 2-4-5 Studying Abroad

### 2-4-5-1 Program Overview and Acceptance Process

One of the preliminary routes to "long-term care" and "specified skilled worker No. 1" status of residence is to study at a long-term care worker training facility. Therefore, we will discuss the trend of studying at a long-term care worker training facility.

Figure 2-19 shows two main admission routes to long-term care worker training facilities: direct admission from the country of origin and entry from a Japanese language school in Japan or abroad. Most long-term care worker training facilities require N3 or higher for admission.<sup>26</sup> The high percentage of applicants from Japanese language schools in Japan (approximately 80-90%) (Table 2-8) suggests that learning Japanese only in one's home country is insufficient for admission.

The number of international students at long-term care worker training facilities as of April 2022 is 4,584 (survey team estimate).<sup>27</sup> International students can work part-time for up to 28 hours per week (up to 40 hours per week during summer vacation, etc.).

<sup>26</sup> Japan Association of Training Institutions for Long-Term Care Workers, "Report on Questionnaire Survey on Project for Establishment of System for Consultation Support, etc. for International Students who Aim to Become Long-Term Care Workers," March 2019.

<sup>27</sup> Estimated by the survey team based on the total number of international students in 2022 and 2021 from "Trends in the Number of International Students Accepted" by The Japan Association of Training Institutions for Certified Care Workers.

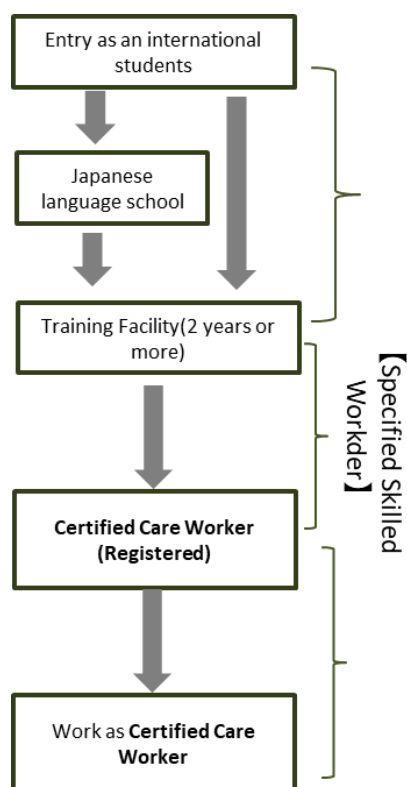


Figure 2-19 Acceptance Process for Study Abroad (Long-term Care) Students

※ Those who wish to stay in Japan to continue employment activities that they have been engaged in since graduation may stay in Japan under the "Designated Activities" category for one year after graduation.

(Source) Prepared by the survey team based on various information.

Table 2-8 Route of Origin of International Students to Long-Term Care Worker Training Facilities

(Unit: persons)

Routes	2019	2020	2021
Direct Admission from Country of Origin	152	190	164
From a Japanese language school in Japan	1,714	2,002	1,834
From other schools except Japanese language	153	187	141
Others	18	16	50
Total	2,037	2,395	2,189

(Source) Japan Association of Training Institutions for Long-Term Care Workers, "Trends and Others in the Number of International Students Accepted."

#### 2-4-5-2 Acceptance Trends

The number of international students at long-term care worker training facilities is increasing yearly. As of 2020, there were 2,395 international students, approximately 10 times the number in 2016. The top five countries of origin are Vietnam, Nepal, China, the Philippines, and Indonesia (Figure 2-20). The percentage of international students in enrollment is on the rise and reached 34% in 2020 (Table 2-9). Although the demand for long-term care personnel is increasing, the number of

people in Japan who wish to become long-term care workers is small. Therefore, care worker training facilities are actively accepting international students from overseas. According to past surveys,<sup>28</sup> more than 60% of training facilities cooperate with domestic Japanese language schools, domestic human resource agents, and domestic care facilities to accept international students.

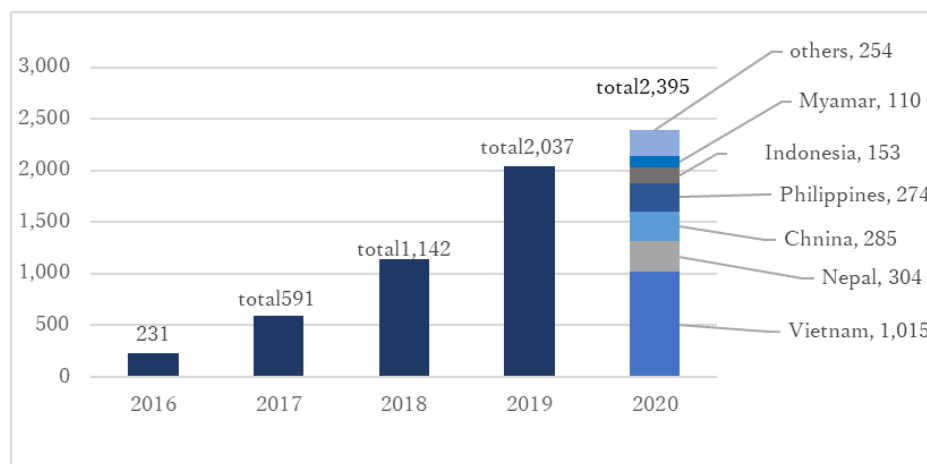


Figure 2-20 Changes in the Number of International Students Accepted into Long-Term Care Worker Training Facilities (2016-2020)

(Source) The Japan Association of Training Institutions for Certified Care Workers, "Number of Students Enrolled in Long-Term Care Worker Training Institutions and International Students Accepted to Become Long-Term Care Workers and Challenges." [https://kaiyokyo.net/news/h28-r2\\_nyuugakusha\\_ryuugakusei.pdf](https://kaiyokyo.net/news/h28-r2_nyuugakusha_ryuugakusei.pdf) (accessed 2022/7/3)

Table 2-9 Percentage of International Students in the Enrollment

	2014	2015	2016	2017	2018	2019	2020
Number of Training Institutions	406	379	401	396	386	375	347
Admission capacity (persons)	18,041	17,769	16,704	15,891	15,506	14,387	13,619
Number of students enrolled (persons)	10,392	8,884	7,752	7,258	6,856	6,982	7,042
Number of foreign students (persons)	17	94	257	591	1,142	2,037	2,395
Percentage of international students enrolled	0.2%	1.1%	3.3%	8.1%	16.7%	29.2%	34.0%

(Source) The Japan Association of Training Institutions for Certified Care Workers, Number of students enrolled in certified care worker training facilities and international students, Status of acceptance of international students who wish to become certified care workers, and issues [https://kaiyokyo.net/news/h28-r2\\_nyuugakusha\\_ryuugakusei.pdf](https://kaiyokyo.net/news/h28-r2_nyuugakusha_ryuugakusei.pdf) (accessed 2022/7/3)

<sup>28</sup> Japan Association of Training Institutions for Long-Term Care Workers, "Report on Questionnaire Survey on Project for Establishment of System for Consultation Support, etc. for International Students who Aim to Become Long-Term Care Workers," March 2019.

### 2-4-5-3 National Examination Pass Rate for Certified Care Worker Training Facility Graduates

The national examination pass rate for graduates of certified care worker training facilities is 79.8%. However, for international students only, the rate is 38.0%, only about 50% of the overall passing rate of 79.8%. (Table 2-10)

Table 2-10 Status of National Examination Taken by Graduates of Certified Care Worker Training Facilities

	Number of graduates	Number of students who took national examinations	Number of students who passed national examinations	Pass rate
Total (persons)	5,561	5,273	4,209	79.8%
Foreign students (persons)	1,471	1,353	514	38.0%

(Source) The Japan Association of Training Institutions for Certified Care Workers, "Career Survey Report for Graduates in March 2021." <https://kaiyokyo.net/news/4466fd19d5f15a060276a6a08b2750b25f680dd3.pdf> (accessed 2022/7/3)

### 2-4-6 Total Number of Residents of Foreign Workers for Long-Term Care

Table 2-11 summarizes the number of residents of foreign workers for long-term care described in each section. According to estimates based on data as of 2021 and 2022, 27,269 people are currently working in the long-term care industry under the technical intern training program, specified skilled workers, EPA, and "Nursing Care" status of residence. Since the number of long-term care workers in Japan is approximately 2.11 million,<sup>29</sup> about 1.3% of the total care workers in Japan are foreign nationals. The number of international students studying at long-term care worker training facilities is 4,584 (survey team estimate).

Table 2-11 Number of Residents by Status of Residence

Status of Residence	Number of residents (long-term care field only)
Technical Intern Training Program	14,034
Specified Skilled Worker	7,019
EPA (candidate)	2,447
EPA (certified care worker)	705
Nursing Care	3,064
<b>Sub Total</b>	<b>27,269</b>
Studying Abroad	4,584
<b>Total</b>	<b>31,853</b>

(Source) Technical Intern Training Program: "Statistics on Foreign Residents by Immigration Services Agency of Japan and Certified Number of Technical Intern Training Programs estimated by The Organization for Technical Intern Training," estimated by the survey team from June 2021.

<sup>29</sup> Ministry of Health, Labour and Welfare, "The Required Number of Long-Term Care Workers Based on the Eighth Long-Term Care Insurance Business Plan."

Specified Skilled Workers: "Statistics on Foreign Residents, Immigration Services Agency of Japan," March 2022, by the survey team.

EPA (Candidate for Certified Care Worker) ( Certified Care Worker): Hearings by the survey team in May 2022 from the Japan International Corporation of Welfare Services.

Study abroad: The Japan Association of Training Institutions for Certified Care Workers, "Number of Foreign Students Enrolled," estimated by the survey team from April 2022.

Long-term care: Statistics on Foreign Residents, Immigration Services Agency of Japan, March 2022.

## 2-4-7 Attributes and qualifications

The attributes and qualifications of those who came to Japan under the EPA, which is the route for accepting foreign workers for long-term care, and under “Nursing Care” status of residence, Technical Intern Training Program, and Specified Skilled Worker are described in a comparable form.

The data is excerpted from a questionnaire survey of foreign caregivers in Chapter 3 of the "FY2021 Health Promotion Project for the Elderly," conducted by Mitsubishi UFJ Research and Consulting, in March 2021 as part of the "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care”. This survey was conducted to "quantitatively ascertain the actual conditions of foreign caregivers who entered and resided in Japan through the four routes of acceptance for foreign caregivers, including the nature of their work, their actual caregiving knowledge and skills and Japanese language proficiency, their training and support efforts, and their thoughts on their future working styles and career development. The survey was conducted at 1,057 facilities with a total of 2,472 valid responses.

The countries/regions of origin and status of residence of the 2,472 surveyed are shown in Figure 2-21.

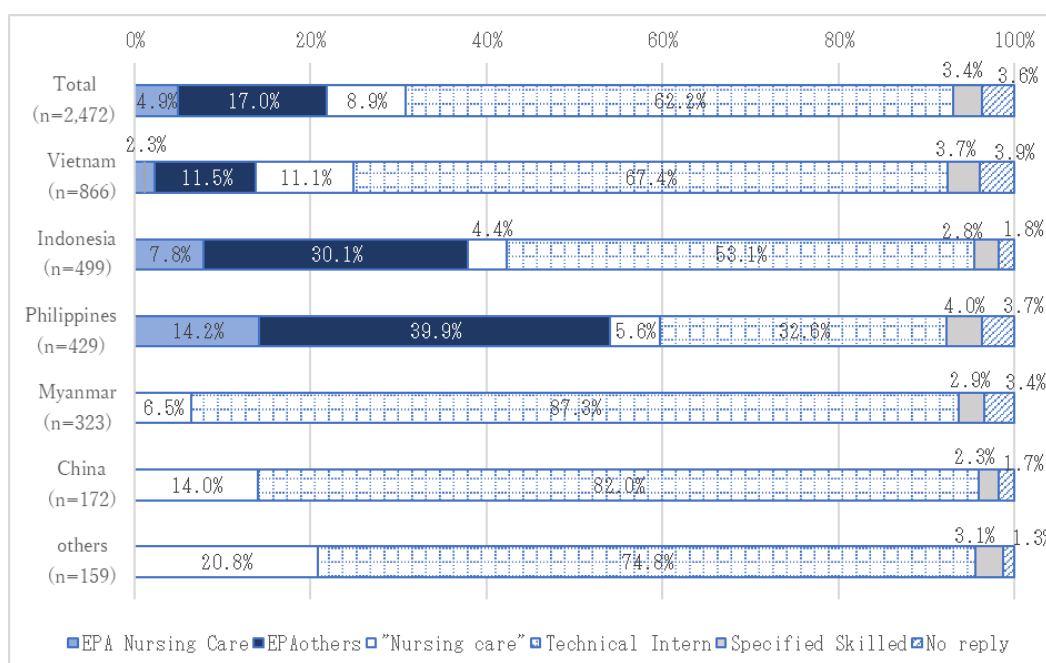


Figure 2-21 Relationship between Country/Region of Origin (Top 5 Countries) and Status of Residence

(Source) Mitsubishi UFJ Research and Consulting, "FY2020 Subsidy for Health Promotion Project for the Elderly, Health Promotion Project for the Elderly, 'Research and Study Project on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. Related to the Long-Term Care Sector [Report]," 2021.



The following is a list of the final educational background, qualifications, and work experience of EPA, the status of residence "long-term care," technical intern training program, and specified skilled worker in the home country of each visitor to Japan. The use of the term "home country" is in accordance with the items listed in the questionnaire of the source.

#### 2-4-7-1 Final education in the home country

The total shown in Figure 2-22 indicates that 50.0% of the respondents have university or graduate school degrees, meaning that many of them are highly educated. For the EPA, more than 70% of the respondents have university or graduate school degrees because of the educational requirements, such as a bachelor's degree or higher education institution graduation. The percentage of university/graduate school graduates was followed by 56.6% in the specified skilled work category, 43.2% in the technical intern training category, and 38.5% in the " long-term care" category of residence status.

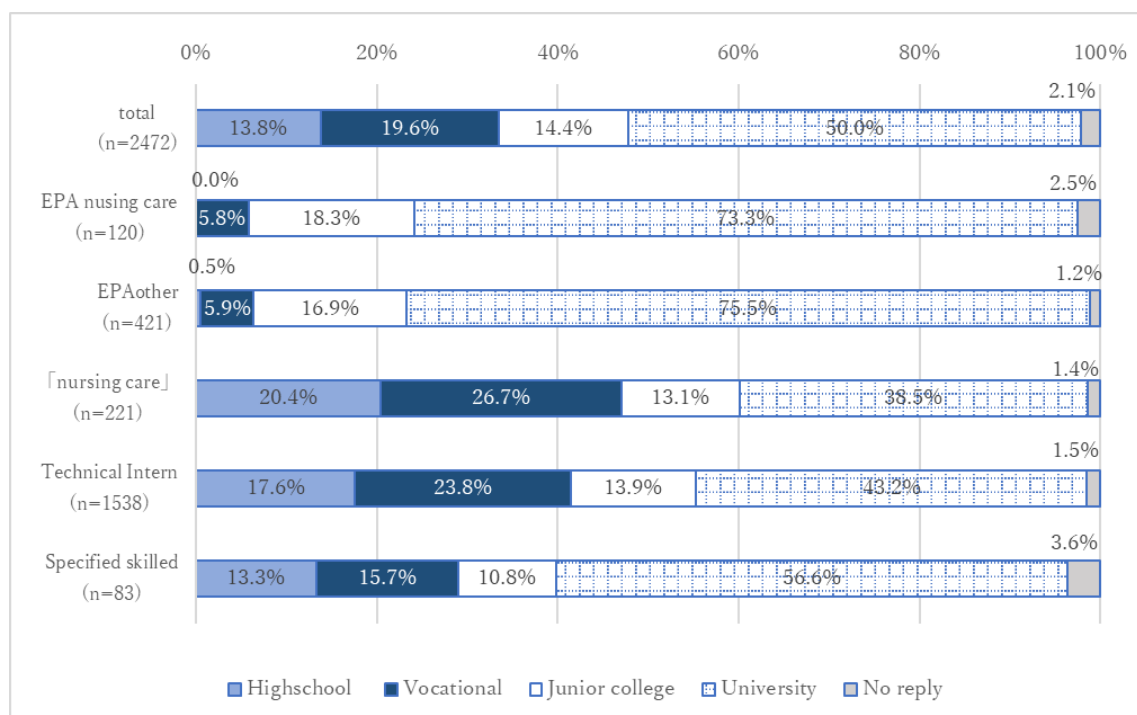


Figure 2-22 Final Education in the Home Country

(Source) Mitsubishi UFJ Research and Consulting, "FY2020 Subsidy for Health Promotion Project for the Elderly, Health Promotion Project for the Elderly, 'Research and Study Project on the Actual Conditions of Acceptance of Specified skilled Workers, etc. related to the Long-Term Care Sector [Report]," 2021.

#### 2-4-7-2 Qualifications Obtained in the Home Country

In the total shown in Figure 2-23, the percentage of those with either or both nursing or long-term care qualifications or experience is about 65%, while the rate of those with qualifications is high at 70-80%. This result is because EPA requirements include educational background and certification

by the government. In the case of technical intern training programs, the requirement for experience in equivalent work is set. In addition to qualifications acquired in the home country, work experience is also recognized. Therefore, the percentage of those with qualifications is slightly lower, but approximately 60% have reached one of the qualifications. About 60% of the respondents have received one of the qualifications in long-term care and specified skilled workers.

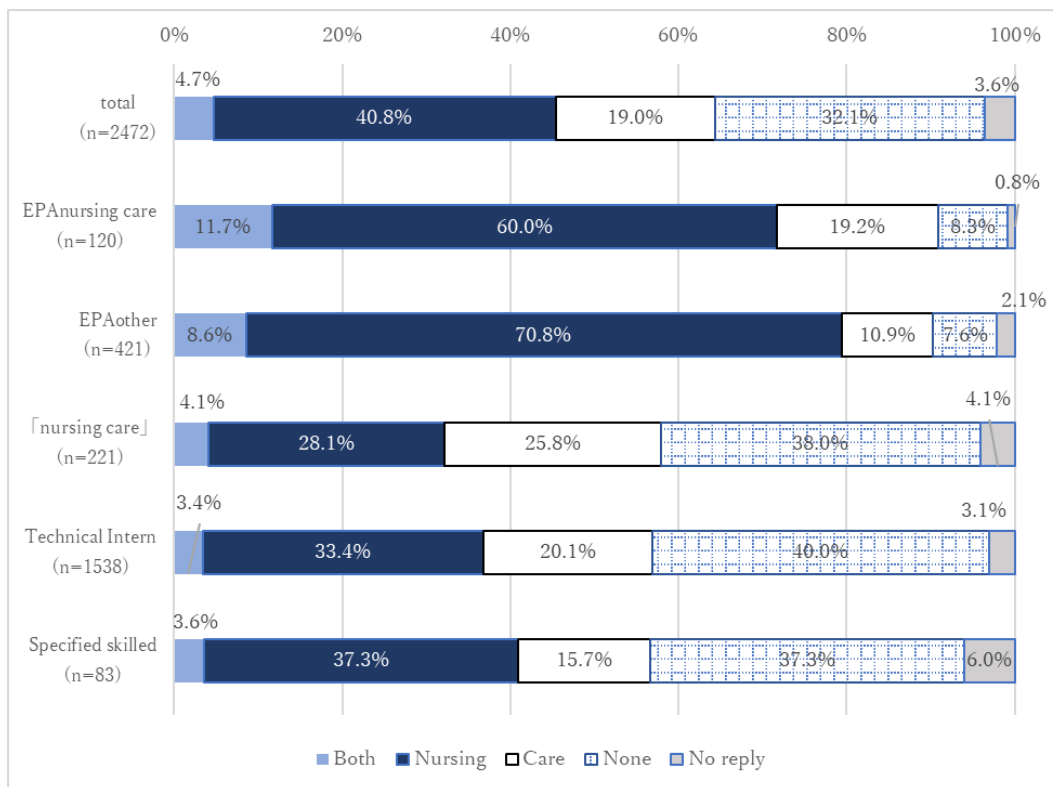


Figure 2-23 Qualifications Obtained in the Home Country

(Source) Mitsubishi UFJ Research and Consulting, "FY2020 Subsidy for Health Promotion Project for the Elderly, Health Promotion Project for the Elderly, 'Research and Study Project on the Actual Conditions of Acceptance of Specified skilled Workers, etc. related to the Long-Term Care Sector [Report]," 2021.

### 2-4-7-3 Work Experience in the Home Country

Figure 2-24 shows that approximately 70% of the respondents answered that they have worked in their home country. Although the percentage was slightly higher for EPAs, there was no significant difference in the overall results. Figure 2-25 indicates that nursing and long-term care work was the most common type of work experience, with 60% of the total and 70% to 80% of the EPA respondents.

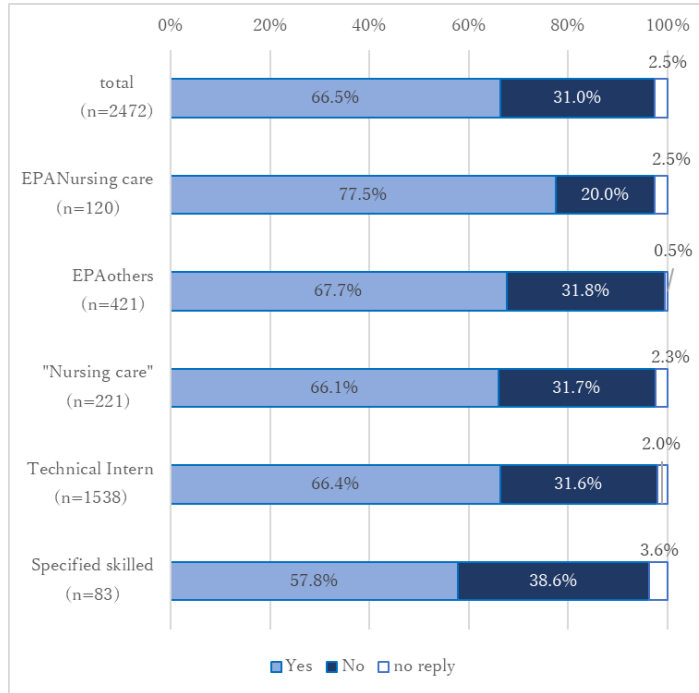


Figure 2-24 Whether or not they have worked in their home country

(Source) Mitsubishi UFJ Research and Consulting, "FY2020 Subsidy for Health Promotion Project for the Elderly, Health Promotion Project for the Elderly, 'Research and Study Project on the Actual Conditions of Acceptance of Specified skilled Workers, etc. related to the Long-Term Care Sector [Report]," 2021.

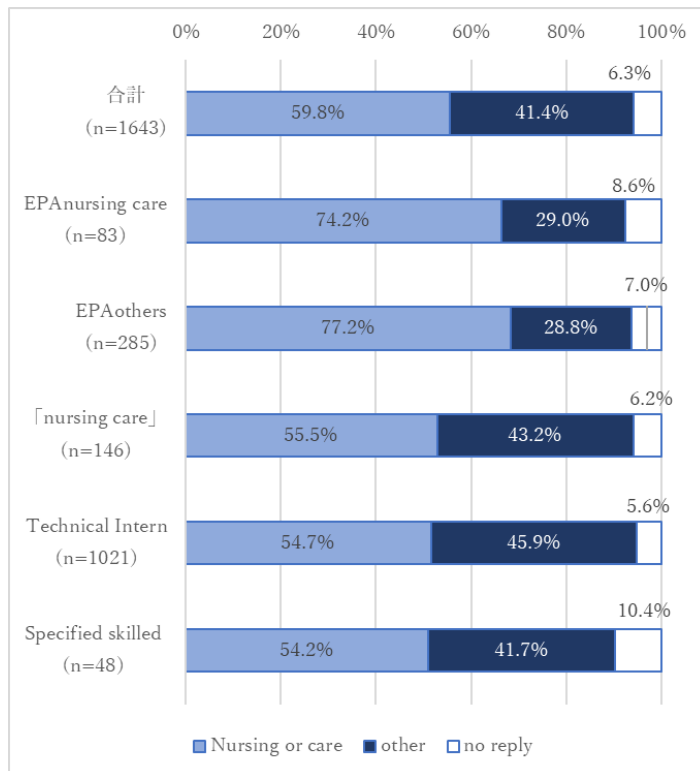
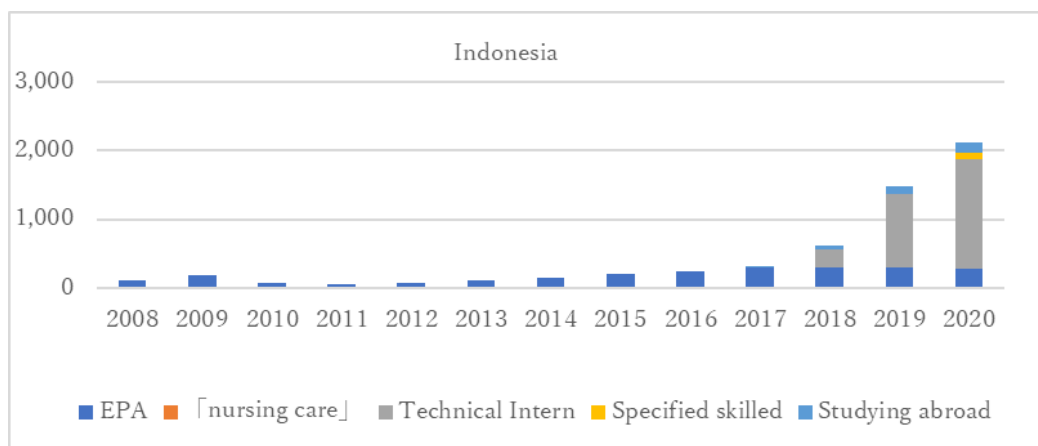


Figure 2-25 Job Description in Case They Have Experience (multiple responses)

(Source) Mitsubishi UFJ Research and Consulting, "FY2020 Subsidy for Health Promotion Project for the Elderly, Health Promotion Project for the Elderly, 'Research and Study Project on the Actual Conditions of Acceptance of Specified skilled Workers, etc. related to the Long-Term Care Sector [Report]," 2021.

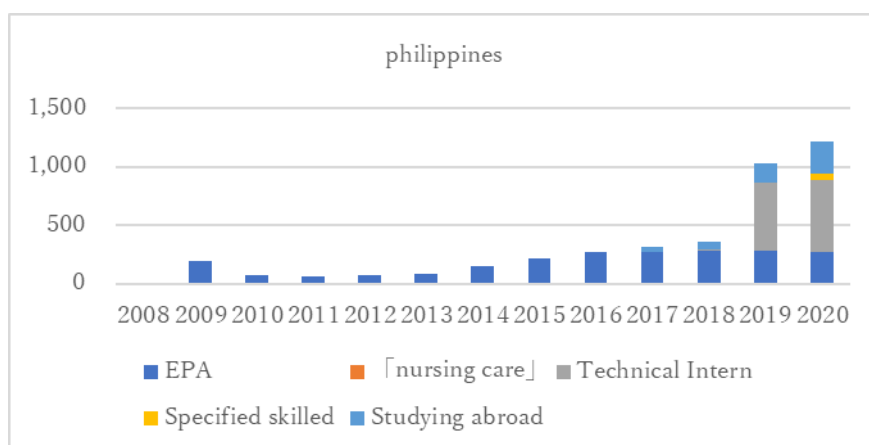
## 2-5 Trends by Country and Status of Residence

Figure 2-26 shows the number of people by entry route for each of the six key target countries in this survey. Countries covered by the EPA for long-term care, such as Vietnam, Indonesia, and the Philippines, have seen a significant increase in the number of people entering the country through the technical intern training route since the start of technical intern training programs. In Nepal, more than 90% of the people entering the country are studying at long-term care worker training facilities, indicating that the main entry route is through study abroad. The number of arrivals in India and Bangladesh is lower than in the other four countries.



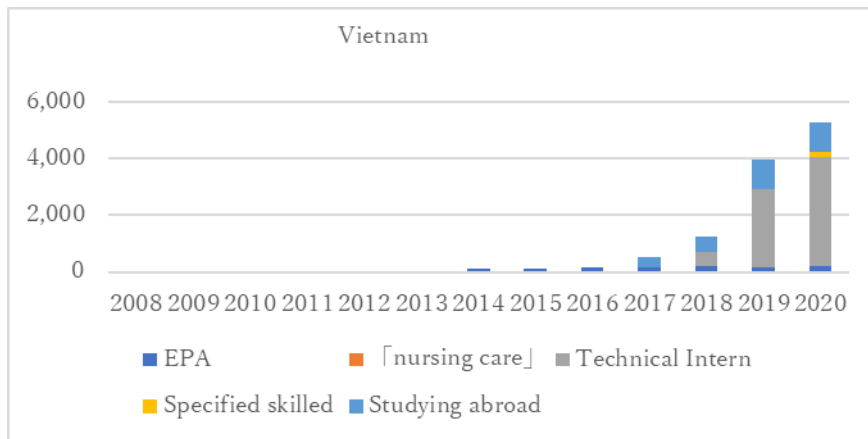
### (Breakdown of Indonesia)

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	104	189	77	58	72	108	146	212	233	295	298	300	274
Nursing Care	-	-	-	-	-	-	-	-	-	-	-	-	-
Technical Intern	-	-	-	-	-	-	-	-	-	-	256	1,064	1,597
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	2	103
Studying Abroad	-	-	-	-	-	-	-	-	-	17	70	106	153



(Breakdown of the Philippines)

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	-	190	72	61	73	87	147	218	276	276	282	285	269
Nursing Care	-	-	-	-	-	-	-	-	-	-	-	1	1
Technical Intern	-	-	-	-	-	-	-	-	-	-	10	574	619
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	10	55
Studying Abroad	-	-	-	-	-	-	-	-	-	35	68	163	274



(Breakdown of Vietnam)

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	-	-	-	-	-	-	117	138	162	181	193	176	193
Nursing Care	-	-	-	-	-	-	-	-	-	1	-	1	19
Technical Intern	-	-	-	-	-	-	-	-	-	-	530	2,734	3,860
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	1	175
Studying Abroad	-	-	-	-	-	-	-	-	-	364	542	1,047	1,015



(Breakdown of India)※The number of people entering the country under specified skilled worker cannot be estimated.

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Care	-	-	-	-	-	-	-	-	-	-	-	1	-
Technical Intern	-	-	-	-	-	-	-	-	-	-	1	7	11
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	-	-
Studying Abroad	-	-	-	-	-	-	-	-	-	4	33	1	7



(Breakdown of Nepal)

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Care	-	-	-	-	-	-	-	-	-	-	-	-	-
Technical Intern	-	-	-	-	-	-	-	-	-	-	1	9	21
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	-	14
Studying Abroad	-	-	-	-	-	-	-	-	-	40	95	203	304





(Breakdown of Bangladesh) ※The number of people entering the country under specified skilled worker cannot be estimated.

FY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
EPA	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Care	-	-	-	-	-	-	-	-	-	-	-	-	1
Technical Intern	-	-	-	-	-	-	-	-	-	-	1	5	9
Specified Skilled Worker	-	-	-	-	-	-	-	-	-	-	-	-	-
Studying Abroad	-	-	-	-	-	-	-	-	-	-	8	15	32

Figure 2-26 Trends in Entry into Japan by Status of Residence and by Country (2008-2020)

(Source) EPA: Japan International Corporation of Welfare Services, "Brochure for Acceptance of Foreign Nurse and Care Worker Candidates under EPAs for FY2023", Nursing Care: Immigration Services Agency of Japan, "Immigration Screening, Resident Status Screening, Deportation Procedures, etc.", Technical Intern Training: Organization for Technical Intern Training Business Statistics, "The number of certified technical intern training programs by nationality and region and by job category (composition ratio)," and estimates from Immigration Services Agency of Japan, "Immigration Screening, Resident Status Screening, Deportation Procedures, etc.," Specified Skilled Workers: Estimatef from Immigration Services Agency of Japan, "Number of foreign nationals with specified skilled worker in each quarter" as of December 31, 2021, "Number of foreign nationals issued certificates of eligibility by the status of residence," Study abroad: The Japan Association of Training Institutions for Certified Care Workers, "Changes in the Number of Accepted International Students, etc."

## 2-6 Transitions between Acceptance Routes

### 2-6-1 Transition Routes

EPA, the "nursing care" status of residence, "technical intern training programs," and "specified skilled workers" are acceptance routes for foreign nationals who meet the specific requirements for each of these categories when they enter Japan. Among these four types, the residence status "nursing care" and specified skilled workers can be transferred from other statuses.

The "nursing care" status of residence allows those who have obtained a national qualification as a certified care worker to transfer to this status. The program's purpose when it was established was for graduates of long-term care worker training facilities to acquire this status after passing the national qualification. In addition, those who have gained at least three years of work experience through technical intern training or specified skilled work are eligible to take the national examination and can shift to the "nursing care" status of residence after passing the examination.

A specified skilled worker is a status of residence that can be obtained by those who have passed the examination of technical level and Japanese language ability level in Japan and abroad, etc. Those who are recognized as having been appropriately engaged in employment and training as an EPA care worker candidate for four years, those who have completed the No. 2 technical intern training program for long-term care workers, and those who have completed a long-term care worker training facility are exempted from the examination. The specified skilled worker is not only a route for receiving human resources with a certain level of skills and Japanese language ability who can be immediately effective. It is also a status of residence that allows those who have developed long-term care-related skills and Japanese language ability through other routes, even if they fail the national examination for certified care worker, to try again while working in the care industry using their skills and abilities.(Figure 2-27)

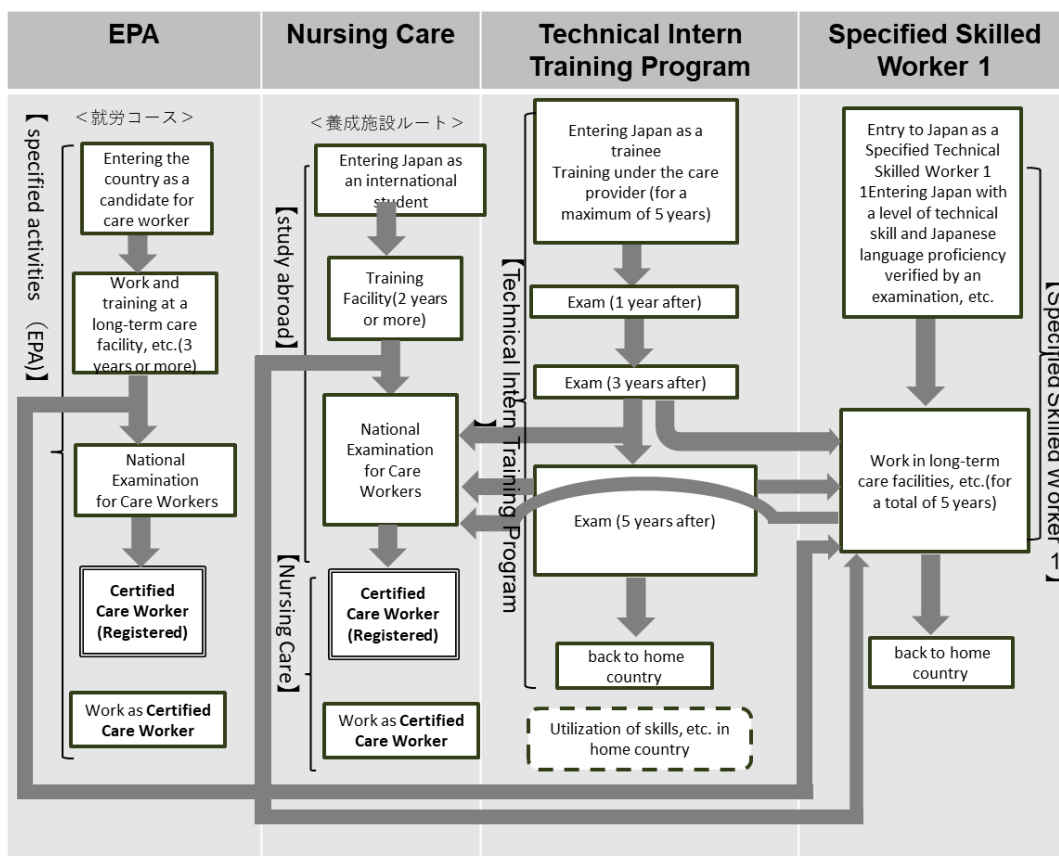


Figure 2-27 Summary of Each Acceptance Route and Transition

(Source) Ministry of Health, Labour and Welfare, "Structure for Accepting Foreign Workers for Long-Term Care.", <https://www.mhlw.go.jp/content/12000000/000994004.pdf> (accessed 2022/4/15), and other source

## 2-6-2 The Transition between Acceptance Routes

### 2-6-2-1 From Other Status to "Nursing Care" Status of Residence

According to the data concerning the number of people permitted to change their status of residence by Immigration Control Statistics, the number of people allowed to change their status of residence from other statuses to "Nursing Care" is increasing year by year, and was 1,139 as of 2020 (Figure 2-28). The top five countries of origin for the number of change of status permits are Vietnam, Indonesia, China, the Philippines, and Nepal. No information was obtained in the survey on residency status before the change.

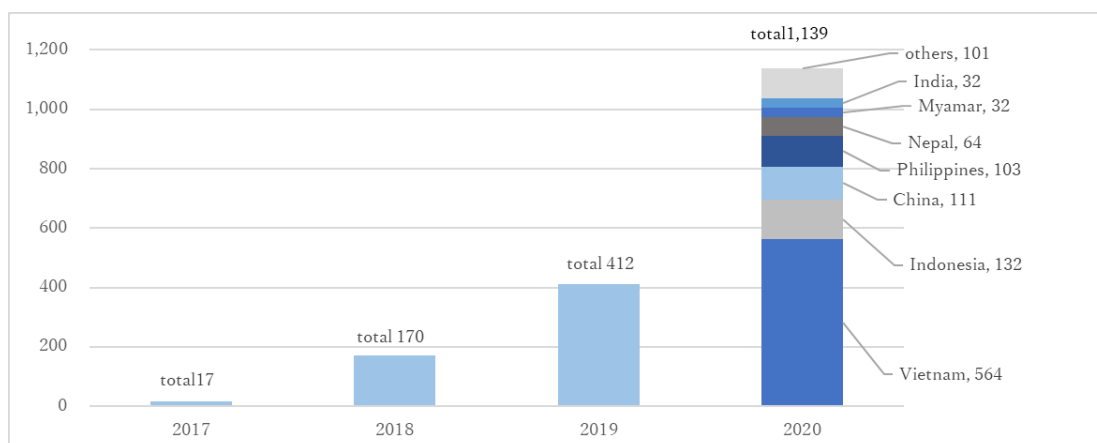


Figure 2-28 Change in the number of those permitted to change their status of residence to "long-term care " by country (2017-2020)

(Source) Statistics by Immigration Control, "Number of persons permitted to change residence status by status of residence, <https://www.e-stat.go.jp/stat-search/files?page=1&layout=datalist&toukei=00250011&tstat=000001012480&cycle=7&year=2020&month=0&tclass1=000001012482&tclass2val=0> and number of foreign nationals in specified skilled worker No. 1 by nationality and region by field of work. <https://www.moj.go.jp/isa/content/001378809.pdf> (both accessed 2022/6/23)

As shown in Figure 2-29, the number of those who enter Japan with the “nursing care” status of residence and the number of those who stay in Japan with this status is small. However, the number of those staying in Japan with this status has been growing significantly yearly. This result indicates that most of the increase in the number of those with this status is due to changes in the residence status in Japan. In the case of a change of residence status in Japan, the status before the change is not disclosed.

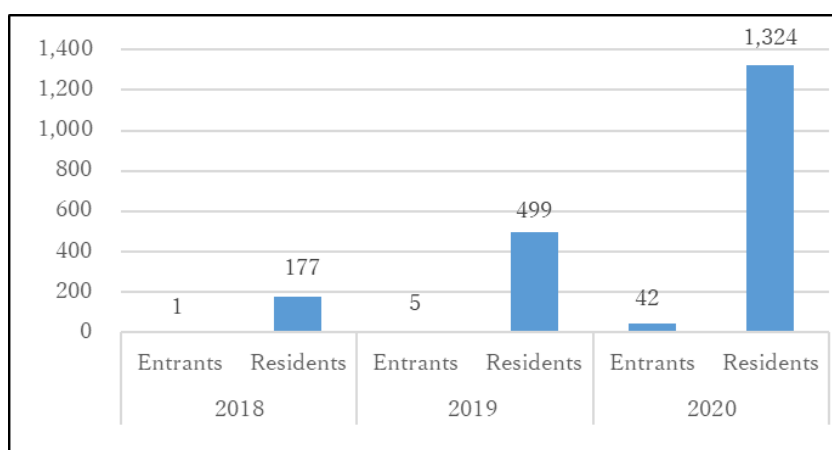


Figure 2-29 Changes in the Number of Entrants and Residents with “nursing care” status of Residence (2018-2020)

(Source) Immigration Control Statistics, " Immigration, Status of Residence Screening, Deportation Procedures, etc.," "Foreign Residents by Status of Residence (Purpose of Residence) by Nationality/Region." [https://www.moj.go.jp/isa/policies/statistics/toukei\\_ichiran\\_touroku.html](https://www.moj.go.jp/isa/policies/statistics/toukei_ichiran_touroku.html) (accessed 2022/6/23)

### 2-6-2-2 Specified Skilled Worker No. 1 (Long-Term Care Workers) from Other Statuses of Residence

Figure 2-30 shows the number of entries into Japan (estimated by the survey team) and the number of residents engaged in long-term care under the specified skilled worker No. 1 category. The number of residents was 939 in 2020, a significant increase compared to 19 in the previous year. In 2020, the number of residents was roughly twice as large as the number of immigrants. The status of residence before the change is not disclosed.

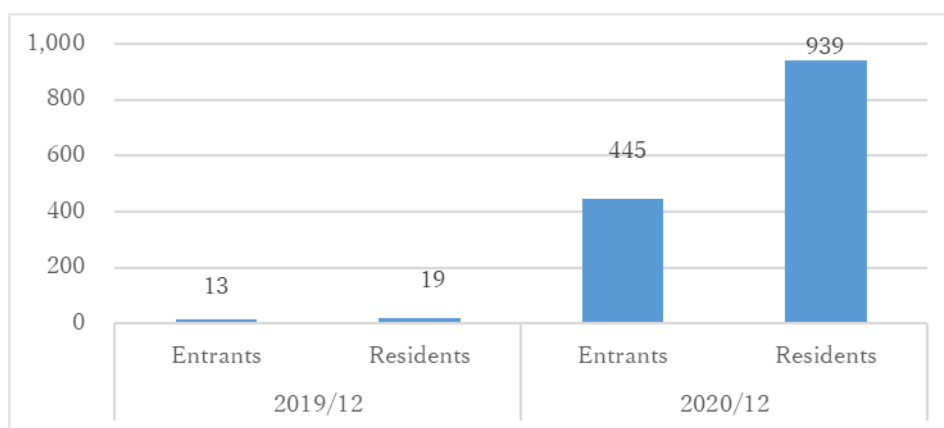
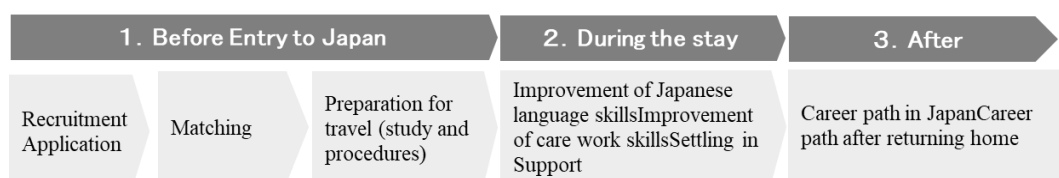


Figure 2-30 Number of specified skilled worker No. 1 Engaged in Long-term Care: Changes in the Number of Entries into Japan and the Number of residents (Dec. 2019, Dec. 2020)

(Source) Immigration Services Agency of Japan, "The number of foreign nationals qualified for specified skilled workers No.1 by nationality and region," The number of specified skilled workers No. 1: Estimated from Immigration Services Agency of Japan, "Number of foreign nationals registered for specified skilled workers in each quarter, and the number of those issued certificates of eligibility by the status of residence."

### Chapter 3. Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan

To understand the actual situation of accepting foreign workers for long-term care, it is necessary to take a long-term perspective, beginning with recruitment by long-term care providers and sending organizations and applications by foreign workers for long-term care, extending to the matching of personnel and organizations, preparation for country entry, support for retention and skill improvement after entry, and employment support after completion of training and after returning to their home countries. In this section, we categorized the actual situation of foreign workers for long-term care into three major phases, identified the current status of each phase, organized issues, and collected good practices. Several surveys have already been conducted by various organizations on the actual conditions of acceptance of foreign workers for long-term care. Therefore, in this section, the survey team conducted an additional interview survey based on previous surveys and research.



#### 3-1 Actual situation for accepting foreign workers for long-term care before they arrive in Japan

##### 3-1-1 Recruitment

##### 3-1-1-1 Current situation

###### (1) Pathways for accepting foreign workers for long-term care by long-term care providers

According to a survey conducted as part of a subsidy project by the Ministry of Health, Labor and Welfare<sup>30</sup>, the most common route for long-term care providers to accept foreign workers for long-term care from overseas is through a supervisory organization or registered support organization (64.5%), followed by the corporation's own efforts (13.4%). Long-term care providers select supervisory organizations and registered support organizations through referrals from other long-term care providers, business associations, and professional associations.

###### (2) Application channels and background of prospective foreign workers for long-term care

No specific survey has been conducted on the channels through which prospective foreign workers for long-term care learn about the various systems related to long-term care employment in Japan. According to interviews with sending organizations in each country, there is no particular difference between countries of origin, and information tends to be obtained from information sessions and posters at caregiving schools and Japanese language schools by sending organizations, or from postings by friends and acquaintances on websites and social networking services<sup>31</sup>.

<sup>30</sup> Mitsubishi UFJ Research and Consulting, "Report on Survey Research Project on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. Related to the Nursing Care Sector" (2021)

<sup>31</sup> Based on interviews conducted by the survey team with sending organizations in each country

The top reasons given by foreign workers for long-term care for choosing a caregiving job in Japan include "to learn Japanese," "to learn about Japanese long-term care," "to send money home to family," and "to obtain a Japanese long-term caregiver certification."<sup>32</sup> (Figure 3-1)

According to the Japan Association of Training Institutions for Long-term caregivers<sup>33</sup>, about 50% of foreign students attending long-term caregiver training organizations chose "to work in Japan" as their reason for enrolling. The fact that more than 60% of the foreign students answered that their reason for enrollment was "to learn Japanese caregiving skills" when they were attending Japanese language school in Japan or their home country indicates that they did not necessarily intend to acquire caregiving skills from the beginning, but rather learned about the various programs as they considered learning Japanese and gaining employment opportunities in Japan.

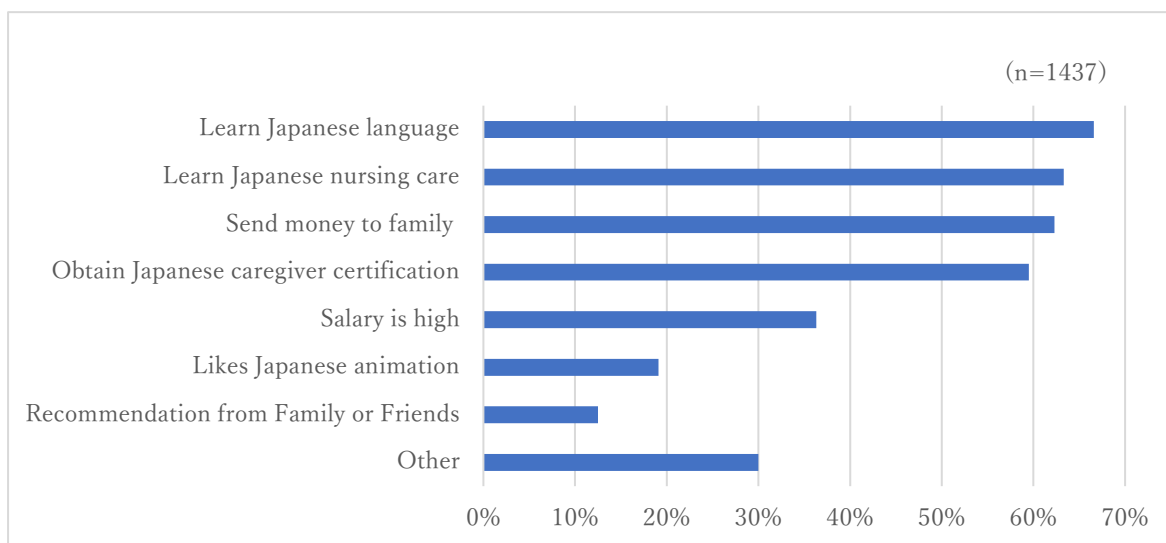


Figure 3-1 Reasons for wanting to work as a long-term caregiver in Japan

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020).

### 3-1-1-2 Organizing Issues

(1) Information is limited required for the selection of supervising organizations and registered support organizations

The information available to long-term care providers, when selecting a supervisory organization or registered support organization is extremely limited. As mentioned above, many long-term care providers select support organizations through referrals from other providers, which indicates the difficulty of selecting support organizations from a single provider. In the case of the Technical

<sup>32</sup> Mitsubishi UFJ Research and Consulting, "Report on Survey Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care" (2020)

<sup>33</sup> Japan Association of Care Worker Training Facilities, "Handbook for Care Facility Staff Accepting Foreign Care Workers" (2019).

Intern Training Program in particular, when the group-supervised<sup>34</sup> system is used, the sending organization handles the recruitment, training, and travel procedures for technical intern trainees through the supervising organization, so the quality of the sending organization also affects the understanding of the system and job description of foreign workers for long-term care and their prior acquisition of Japanese and long-term care skills. There are still sending organizations that engage in fraudulent acts, such as asking trainees to pay exorbitant fees.<sup>35</sup> Therefore, it is highly necessary for long-term care providers who accept trainees for the first time to confirm the reliability of the sending organization with which they are collaborating. In addition, the supervisory organizations that play the role of supporting the trainees' daily lives and education during their training also vary greatly in the quality of their support and follow-up services, as well as in the cost of supervision. The "excellent supervisory organization"<sup>36</sup>, which has been established as an accreditation system for supervisory organizations, is a requirement for accepting technical intern trainee No. 3 and is a criterion for selecting a supervisory organization, especially for business establishments that wish to accept long-term technical intern trainees. Even if the organization has been certified as excellent, a judgment must be made as to whether the content and implementation system of the pre- and post-acceptance support provided by the supervisory organization is in line with the wishes of the receiving facility, and whether the supervision costs are reasonable. In addition, no evaluation system for registered support organizations or sending organizations in Japan has been confirmed. As the acceptance of foreign workers for long-term care is expected to increase, Japan needs to institutionalize an evaluation system that uses objective indicators and discloses information to each organization, regardless of the system or support organization used.

(2) Factors that draw people to long-term care employment in Japan are weak compared to other countries.

In recent years, Western and East Asian countries have been actively implementing measures to accept foreign workers to secure their labor force. In Vietnam (as of 2020<sup>37</sup>), the largest producer of foreign caregiving personnel to Japan (as of 2020), businesses involved in sending out workers have

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<sup>34</sup> As of 2021, 1.4% of the recipients are company-independent and 98.6% of the recipients are group-supervised. (Website of Japan International Cooperation for Human Resources (<https://www.jitco.or.jp/>), accessed February 15, 2023)

<sup>35</sup> Nakajima, Yuko, "Foreigner Technical Internship Training Programs in the Nursing Care Field: Approaches by Supervisory Bodies," *The study of social work = The study of social work* 60 19-32, (2021), The Japan Society of Social Work, University of Social Work, Japan.

<sup>36</sup> The certification is granted by satisfying the criteria of "Requirements for a Good Supervisory Organization," which are that the organization meets the standards specified by an ordinance of the competent ministry as meeting high standards in terms of its ability to audit the implementation of technical training and to perform other duties (Article 25, Paragraph 1, Item 7 of the Law). The requirements include the following five items: auditing and other systems, passing rate of skill tests and other performance indicators, occurrence of legal violations, consultation and support systems, and coexistence with the local community.

Ministry of Justice/Ministry of Health, Labour and Welfare, "About the Foreign Technical Internship System" (<https://s3-ap-northeast-1.amazonaws.com/jitco-prd-nhp/wp-content/uploads/2022/02/15171959/seidonituite.pdf>) accessed February 18, 2023

<sup>37</sup> See Chapter 2 for number of outgoing shipments by country



reported that it is becoming increasingly difficult to acquire excellent human resources<sup>38</sup>, and how Japan can continue to acquire excellent human resources is an important issue against the background of global competition for human resources. The Cabinet Secretariat's research report<sup>39</sup> states that the factors that attract nurse immigrants are positive employment conditions in the destination country (high wages, good working environment, cutting-edge medical technology and techniques, many employment opportunities, and career advancement opportunities not available in the home country). In other countries, Middle Eastern countries have low hurdles to employment, as they do not require additional qualifications when working overseas, and Canada and Australia have relaxed visa requirements for family members, making it easier for them to stay in the country for a long period. In recent years, Japan's system for accepting foreign workers for long-term care has been revised sequentially, and the possibility of long-term work and bringing family members has been expanded. In addition, there is room for continued consideration of such issues as reviewing employment conditions and forms and relaxing entry requirements to make Japan more attractive as a work destination from the sending side's viewpoint.

### (3) Lack of information dissemination on long-term care employment in Japan

The Cabinet Secretariat's Asia Health Initiative indicates the need to make learning caregiving in Japan attractive for prospective technical intern trainees in the caregiving field.<sup>40</sup> In addition, in the interview survey conducted by this study group, many sending organizations and others in each country mentioned the need to disseminate correct information about "caregiving" and "caregiving work" in Japan.<sup>41</sup> On the other hand, as mentioned above, the purpose of foreign nationals to work as long-term caregivers in Japan is not necessarily to acquire caregiving skills. It is also apparent that the reality is that Japanese caregiving is not a factor for foreign nationals in deciding where to go.<sup>42</sup> In many of the countries that produce foreign nationals, the institutional infrastructure regarding services and human resources for long-term care has not yet been formed. In many countries, even if jobs related to care for the elderly exist, the nature of such work differs from Japanese-style care that contributes to independence support and is merely an extension of medical care or a part of caring for family members in the home. The way long-term care is perceived also influences the situation of personnel engaged in long-term care. There are many countries and regions where long-term caregivers are not positioned as professionals, or even where long-term caregivers exist, their social status is low and they have a strong negative impression. In some cases,

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<sup>38</sup> Based on interviews conducted by the survey team

<sup>39</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative," 2020.

<sup>40</sup> Basic Policy Toward the Asia Health and Human Well-Being Initiative (Revised July 25, 2008), Cabinet Secretariat ([https://www.kantei.go.jp/jp/singi/kenkouiryousuisin/ketteisiryoudai22/siryoudai22\\_1.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryousuisin/ketteisiryoudai22/siryoudai22_1.pdf)) (last viewed on : 2月15, 2023)

<sup>41</sup> By interviews of the survey team with sending and educational institutions (Vietnam and India)

<sup>42</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2020).

long-term care in overseas employment is perceived as a form of live-in domestic labor. The need to actively disseminate information on the benefits of working in Japan is evident.<sup>43</sup>

### 3-1-1-3 Good example

In Vietnam, the Vietnam Association of Manpower Supply (VAMAS), of which more than half of sending organizations are members, published a ranking of the sending organizations they belong to (May 2018)<sup>44</sup>. This ranking is solely based on the criteria set forth by VAMAS in its Code of Conduct and does not cover all sending organizations in Vietnam. Nevertheless, it has improved the situation where it was extremely difficult to judge the credibility of sending organizations due to the very limited information available from the outside and has made it possible to identify good sending organizations. The new system has made it possible for not only long-term care providers but also prospective foreign nationals who wish to work in Japan to make an important decision when selecting an educational institution to sign a contract.

### 3-1-2 Matching

#### 3-1-2-1 Current situation

An overview of the personnel matching process for each receiving route is provided in Chapter 2. In the case of the Technical Intern Training Program, candidates for the technical intern training program apply based on their salary, work location, and other conditions offered by the sending organization. The receiving organizations select candidates for technical intern trainee training through document screening and interviews. According to a survey conducted by the Ministry of Health, Labor, and Welfare in 2048<sup>45</sup>, more than 80% of caregiving long-term care providers interview candidates directly. In addition, about 60% of the long-term care providers visit the home countries of the technical intern trainees, and about 90% of the offices cited interviewing the candidates to visit their home countries. (Figure 3-2)

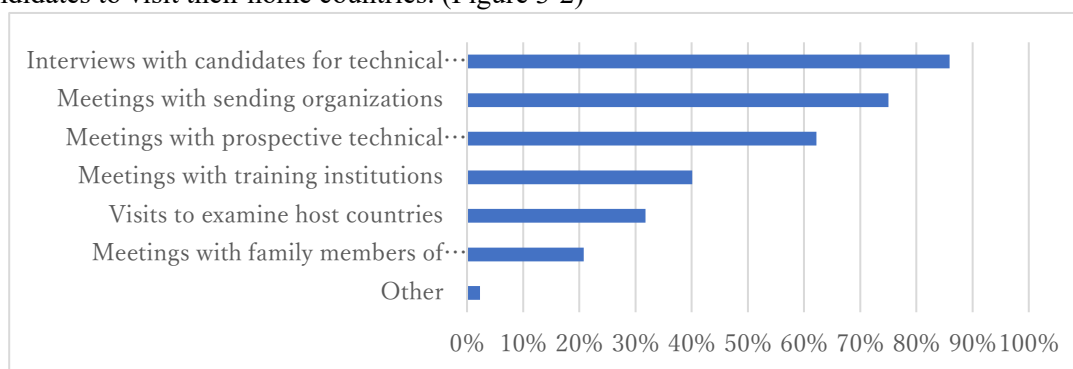


Figure 3-2 Purpose of visit to apprentice's home country (%) (n=384)

(Source: Prepared by the survey team based on "Report on the Survey Research Project on the Actual Situation of Acceptance of Foreign workers for long-term care" (2020), Mizuho Information & Research Institute, Inc.

<sup>43</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

<sup>44</sup> VAMAS website ([http://www.vamas.com.vn/the-2017-vietnamese-recruitment-agency-rank-released\\_t221c682n44481](http://www.vamas.com.vn/the-2017-vietnamese-recruitment-agency-rank-released_t221c682n44481)) accessed February 15, 2023

<sup>45</sup> Mizuho Information & Research Institute, Inc. "Report on Survey Research Project on the Actual Conditions, etc. of Acceptance of Foreign Workers for Long-term Care" (2020)

These efforts are mainly promoted by supervisory organizations, which prevent mismatches between the two sides by conducting site inspection tours and face-to-face interviews between the business and technical intern trainee candidates at the time of hiring decisions, as well as promote understanding of the culture and background of the trainees on the part of long-term care providers.<sup>46</sup>

On the other hand, the Specified Skilled Worker does not have the same system as the Technical Intern Trainee System, which involves sending out organizations, and allows direct employment between the business that wishes to accept the foreign worker and the foreign worker who wishes to work. In the Philippines, Cambodia, and Myanmar, businesses that wish to receive human resources are required to use a local sending organization to introduce them, while in other countries, such as Indonesia and India, the intervention of a sending organization is not obligatory. Even in cases where it is not mandated, the actual matching is often done through sending organizations or educational institutions because the platforms that connect human resources who have passed the specified skills test with receiving organizations in Japan are not yet sufficiently developed.<sup>47</sup>

### 3-1-2-2 Organizing Issues

(1) Foreign workers for long-term care cannot choose the facility and region where they work.

Many Foreign workers for long-term care are limited in the care organizations they can work at depending on the sending organization they belong to, and have no choice but to make their application based on the limited information provided in the application guidelines. Even if a prospective foreign long-term caregiver has a high level of interest in Japanese-style caregiving, there is currently no way or means to determine which facility can provide the skills and knowledge of Japanese-style care. The Cabinet Secretariat is conducting a "Survey on Organizing Japanese-Style Caregiving to be Introduced to Asia"<sup>48</sup>.<sup>49</sup> The survey is designed to promote a system that matches highly motivated foreign long-term caregiver candidates with Japanese providers that practice Japanese-style caregiving.

(2) Creation of matching opportunities

As a result of this field survey, several sending organizations in India and Nepal in particular, which still have a limited track record of accepting foreign workers for long-term care, expressed their concerns about a large number of candidates on the sending side but the small number of applications from Japanese long-term care providers on the demand side.<sup>50</sup> These sending organizations stated that the potential population of foreign workers for long-term care is very large

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<sup>46</sup> Mizuho Research & Technologies, Inc. "Research Report on the Actual Conditions of Acceptance of Technical Intern Trainees for Nursing Care Occupations" (2021).

<sup>47</sup> Based on interviews conducted by the survey team

<sup>48</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

<sup>49</sup> Cabinet Secretariat Introduction to Nursing Care in Japan (2022) ([https://www.kantei.go.jp/jp/singi/kenkouiryou/jp/pdf/nursing\\_care.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryou/jp/pdf/nursing_care.pdf)) (English version: [https://www.kantei.go.jp/jp/singi/kenkouiryou/en/pdf/nursing\\_care.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryou/en/pdf/nursing_care.pdf)) Accessed: 15 February 2023

<sup>50</sup> By interviews of the survey team with sending agencies and education implementing agencies in India and Nepal.

and that it is possible to send out more foreign workers for long-term care than the current number in response to demand in Japan. The Japanese government also requests that Japanese companies deepen their understanding of the human resources in each country and create many matching opportunities in cooperation with local sending organizations. Similarly, as mentioned above, there are few matching opportunities to connect human resources who have passed the specified skills test with receiving organizations in Japan. As the number of countries that conduct specific skill tests increases, it is expected that a variety of matching opportunities will be created so that recruitment activities can be developed in a more simplified manner to increase the number of acceptances based on the specified skilled workers.

### 3-1-2-3 Good example

The Ministry of Health, Labor and Welfare (MHLW) is developing the “Matching Support Project for Foreign Students and Foreign Nationals with Specified Skilled Worker No. 1<sup>51</sup>” to build a system to support the smooth acceptance of those who wish to study abroad or work with specified skills. Matching support organizations commissioned by prefectures provide support by collecting information and holding joint information sessions in sending countries. 16 prefectures have budgeted for this program in FY2020. In addition, the Ministry is also developing the “Regional Foreign Nationals Acceptance and Retention Model Project<sup>52</sup>” in five prefectures (Hokkaido, Gunma, Fukui, Gifu, and Kagoshima) over three years starting in FY2020. The project aims to match specified skilled workers with local small and medium-sized businesses and to support the retention of foreign nationals. Through this program, small and medium-sized establishments and companies with limited experience in accepting foreign nationals can recruit and match, and accumulate knowledge and know-how on how to create comfortable workplaces and livable regions so that the accepted human resources can take root. The opportunities for receiving workers with specified skilled workers are being expanded through these efforts.

### 3-1-3 Entry preparation

#### 3-1-3-1 Current situation

##### (1) Preliminary Japanese language education

In the field of long-term care, which is an interpersonal assistance service for the elderly, communication in Japanese is essential. In the case of the Technical Intern Training Program, while other industries allow entry at the N5 level of the Japanese Language Proficiency Test (JLPT)<sup>53</sup>, the

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<sup>51</sup> Ministry of Health, Labour and Welfare, Council for Specified Skilled Worker in the Nursing Care Field Steering Committee, "Overview and Utilization of the Budget Related to Foreign Workers for Long-term Care in FY2020" (March 2022) (<https://www.mhlw.go.jp/content/12000000/000931863.pdf>) Accessed: February 15, 2023 February 15, 2023

<sup>52</sup> Ministry of Health, Labour and Welfare, "Regional Foreign Talent Acceptance and Retention Model Project" (<https://wjjc.mhlw.go.jp/ja/>) Accessed: February 15, 2023

<sup>53</sup> The JLPT (Japanese-Language Proficiency Test) is a Japanese language proficiency test administered by the Japan Foundation and the Japan Educational Exchanges and Services.

"caregiving" field requires the equivalent of the N4 level, so a high level of Japanese language proficiency is required of personnel seeking employment in the caregiving sector. Naturally, a reasonable period of study is required to reach a level sufficient to meet the requirements. In the case of the EPA, which requires a level of Japanese language proficiency of N3-4, Indonesia and the Philippines require approximately six months of pre-entry training before entry, and Vietnam requires 12 months.<sup>54</sup> In addition, in the case of a technical intern training program, although the actual situation differs depending on the sending organization, there is a prior learning period of about three to six months.<sup>55</sup> On the other hand, many receiving organizations say that even if foreign personnel study that much in advance, they will not be able to acquire Japanese communication skills that can be used in the caregiving field. Therefore, a Japanese language test "JF Japanese Language Education Standard Reference (Japanese Can-do Statement for Caregiving)"<sup>56</sup> has been developed, which focuses on measuring Japanese language and communication skills suited to caregiving settings, where vocabulary and expressions that differ from everyday terms are frequently used. Development of a Japanese language test using the test is underway and is expected to lead to learning for more practical communication in the caregiving field.<sup>57</sup>

## (2) Pre-long-term care education

Except for the technical intern trainee program, long-term caregiver education for foreign nationals does not require prior learning, as is the case with Japanese language education, but the EPA requires a prerequisite of graduation from a caregiving school or certification as a long-term caregiver by the home government and a certain level of knowledge and experience in caregiving and long-term care. The technical intern training program also requires 48 hours of study after entry into Japan, but this time can be shortened by providing a pre-entry training course. To prevent mismatches due to a lack of understanding of job duties, it is highly necessary to provide training on long-term care in advance, and many sending organizations provide long-term care education before entry. In the case of Specified Skilled Worker, except those who have completed the No.2 technical intern training program in the caregiving occupation, those who have completed a long-term caregiver training facility, and those whose period of stay as an EPA long-term caregiver candidate has expired (4 years), passing a caregiving skills evaluation test is a requirement. The test itself can be taken by individuals, but the survey conducted by this study group in each country confirmed several cases in which local sending organizations provide training on long-term care.

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<sup>54</sup> Under the EPA system, the level of Japanese language proficiency differs from country to country. See Chapter 2 for details.

<sup>55</sup> Based on interviews conducted by the survey team with sending organizations in each country

<sup>56</sup> The Japanese Can-do Statements for Caregiving (KCDS), Provisional Version (May 2019) (available at: <http://nihongo.hum.tmu.ac.jp/KCDS/>) accessed 15 February 2023

<sup>57</sup> Cabinet Secretariat, "Research Report on the International Development of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

In addition, in recent years, the Japanese government has published a concise and clear summary of Japanese caregiving<sup>58</sup>, which is expected to be used to promote Japanese-style caregiving to foreign nationals.

### (3) Time and cost required for travel

In the case of technical intern trainees, the most time required to enter Japan was between 1 year and 1 year and 6 months, accounting for about 37%, followed by 35.5% for 1 year and 6 months or more, with 72% of the respondents having a preparation period of 1 year or more.<sup>59</sup> The average total amount of supervision costs per technical intern trainee up to the start of employment was approximately 340,000 yen with 23.8% of the respondents reporting "500,000 yen or more," followed by 18.9% reporting 400,000 yen to 500,000 yen, and 17.6% reporting 300,000 yen to 400,000 yen.<sup>60</sup>

Regarding the fees paid by technical intern trainees, there is a survey on the actual situation regarding fees paid by technical intern trainees by the Immigration Services Organization of Japan<sup>61</sup>. According to this survey, the average total amount of fees paid to the sending organization or intermediary in the home country before coming to Japan was 542,311 yen. In addition, about 55% of the technical intern trainees borrowed money to come to Japan, and the average amount was 547,788 yen.

### 3-1-3-2 Organizing Issues

#### (1) Long time required to leave the country and high-cost burden

In the case of technical intern trainees, a preparation period of approximately one to one and a half years occurs. According to the interviews conducted by this study group, the study period is about six months to a year, followed by about six months of procedures. This is due to the restriction that entry procedures cannot proceed until the Japanese language examination has been passed. In India, some Middle Eastern countries and Western countries have simplified immigration screening and procedures, making it possible to enter the country in about three months.<sup>62</sup> During the preparation period, trainees receive almost no income, and the longer this time is extended, the greater the burden on the trainees and the greater the managerial burden on sending organizations

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<sup>58</sup> The Ministry of Health, Labor and Welfare has created learning materials and resources for foreigners studying nursing care. See below

(1) Ministry of Health, Labor and Welfare website, "Acceptance of Foreign Workers for Long-term Care" ([https://www.mhlw.go.jp/stf/newpage\\_28131.html](https://www.mhlw.go.jp/stf/newpage_28131.html)) accessed February 15, 2023

(2) (Japan Association of Care Workers "Let's learn Japanese" (<https://aft.kaigo-nihongo.jp/rpv/>) accessed February 15, 2023

<sup>59</sup> Mizuho Information & Research Institute, Inc., Subsidy for Promotion of Health Care Services for the Elderly in 2048, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care, etc." (2020)

<sup>60</sup> Mizuho Research & Technologies, Inc. FY2020 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual Conditions of Acceptance of Technical Intern Trainees for Nursing Care Occupations" (2021)

<sup>61</sup> Immigration and Emigration Agency, "Survey on the Actual Conditions Regarding the Cost of Payment for Technical Intern Trainees" (July 2022) (<https://www.moj.go.jp/isa/content/001377366.pdf>) Accessed February 15, 2023.

<sup>62</sup> Based on interviews conducted by the survey team with sending organizations (India)

and long-term care providers. Therefore, sending organizations and other organizations are expecting improvements in the system, such as allowing trainees to take procedures while studying for the exam, without having to wait for the exam to be passed. In this survey, sending organizations and supervising organizations in India and Nepal expressed a preference for Specified Skilled Worker, which requires less preparation time and simpler procedures compared to Technical Intern Training Program.

## (2) Ensuring the quality of Japanese language education

According to the Cabinet Secretariat's survey on the state of Japanese-language education in Asian countries<sup>63</sup>, many local educational institutions have a large number of non-Japanese native language teachers. The survey by the Cabinet Secretariat points out that the study of Japanese by non-Japanese native speakers tends to be inefficient compared to that of native Japanese speakers, resulting in prolonged learning periods and an inability to acquire Japanese language skills that can be used in the caregiving field. Among the priority countries surveyed this time, Nepal in particular has a shortage of high-quality Japanese language teachers and sending organizations have expressed concern about the quality of Japanese language education in Nepal.

## (3) Promote understanding of Japanese-style caregiving

According to the survey on how to learn about Japanese caregiving in one's home country<sup>64</sup>, 52.4% of all respondents answered that they "had a teacher from Japan come and teach," 31.6% "had a non-Japanese staff member teach," 20.7% "studied by myself," and 14.7% "had no experience learning about Japanese caregiving. Currently, there is no standard program on caregiving education for foreigners set by the Japanese side, so each sending organization has its curriculum. However, since the perception of long-term care differs from country to country, it is natural that there will be differences in the way long-term caregivers view care work. Providing appropriate guidance to prospective foreign workers for long-term care on Japanese-style long-term care and the nature of long-term care in Japan in advance will help prevent mismatches in the work after they arrive in Japan. Although many sending organizations are making efforts to provide such guidance in advance, as mentioned above, the reality is that about 15% of the foreign workers for long-term care have no experience in learning Japanese caregiving.

### 3-1-3-3 Good example

Various efforts and innovations are being made by sending organizations and caregiving organizations to ensure that foreign personnel can smoothly engage in work after being assigned to Japanese caregiving organizations. In Myanmar, Japanese long-term caregivers travel to Myanmar for a month-long intensive course including classroom lectures and practical skills training. In

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<sup>63</sup> Cabinet Secretariat, "Research Report on International Expansion of Health Care Industry in Asia, including Nursing Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2019).

<sup>64</sup> Mitsubishi UFJ Research and Consulting FY2020 Subsidy for Health Promotion Project for the Elderly "Survey and Research Project Report on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. in the Nursing Care Field" (2021)

Vietnam and Indonesia, Japanese long-term care providers collaborate with local sending institutions to dispatch Japanese long-term caregivers to provide care training.<sup>65</sup> The spread of new coronavirus (COVID-19) also hampered the dispatch of Japanese staff, but measures were taken, including the creation and use of online educational materials of their own. In addition, sending institutions in Vietnam have partnered with medical junior colleges to develop Japanese language education in parallel with caregiving education. Compared to cases in which students study Japanese after graduation, this approach has many advantages, such as shortening the preparation period for travel to Japan and allowing students to travel to Japan earlier.<sup>66</sup>

3-2 Actual status of activities and support needs of foreign workers for long-term care after they arrive in Japan

3-2-1 Japanese language proficiency

3-2-1-1 Current situation

(1) Actual state of Japanese language proficiency

According to the FY2020 survey on the actual status of acceptance of specified skills in the caregiving field<sup>67</sup>, the Japanese language proficiency of foreign workers for long-term care working in Japan by the status of residence (hereby referred to as the level of the Japanese Language Proficiency Test (JLPT)) was N1 or N2, with 70% of those in the specified activities (EPA caregiving long-term caregivers) level N1 or N2, and 50% in the "caregiving" category. The percentage of Foreign workers for long-term care with N1 or N2 level Japanese language proficiency is about 70% for those in the specified activities (EPA long-term caregiver) category and about 50% for those in the "Caregiving" status of residence category. N3 is the highest level in the categories of designated activities, technical intern training programs, and specified skills. As for the level of understanding of the Japanese language in different situations related to caregiving, the percentages of "understand well" and "understand mostly" were 93% for "usual conversation," 80% for "handover and hand-off," 74% for "reading care records," and 62% for "writing care records," according to the foreign workers for long-term care' own evaluation. About 37% responded "Studying for the national long-term caregiver exam."<sup>68</sup>

(2) Support system

The most common type of support received from the facility where they work in terms of learning Japanese was "being taught by Japanese staff at the facility" at 68.3%. (Figure 3-3) In addition, "taking the Japanese Language Proficiency Test" was the most common support provided by long-

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<sup>65</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

<sup>66</sup> Based on interviews conducted by the survey team with staffing agencies (Vietnam)

<sup>67</sup> Mitsubishi UFJ Research and Consulting FY2020 Subsidy for Health Promotion Project for the Elderly "Survey and Research Project Report on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. in the Nursing Care Field" (2021)

<sup>68</sup> With regard to "studying for the National Examination for Care Workers," 23.6% of the technical intern trainees, 45.8% of the special skilled trainees, 57% of those with the "Nursing Care" status of residence, 58.4% of the EPA (candidate for care worker), and 89.2% of the EPA (care worker) by residence status answered "understand well" or "understand mostly."



term care providers to improve Japanese language skills, at 61.8%, followed by "taking training to pass the Japanese Language Proficiency Test," at 53.9%.<sup>69</sup>

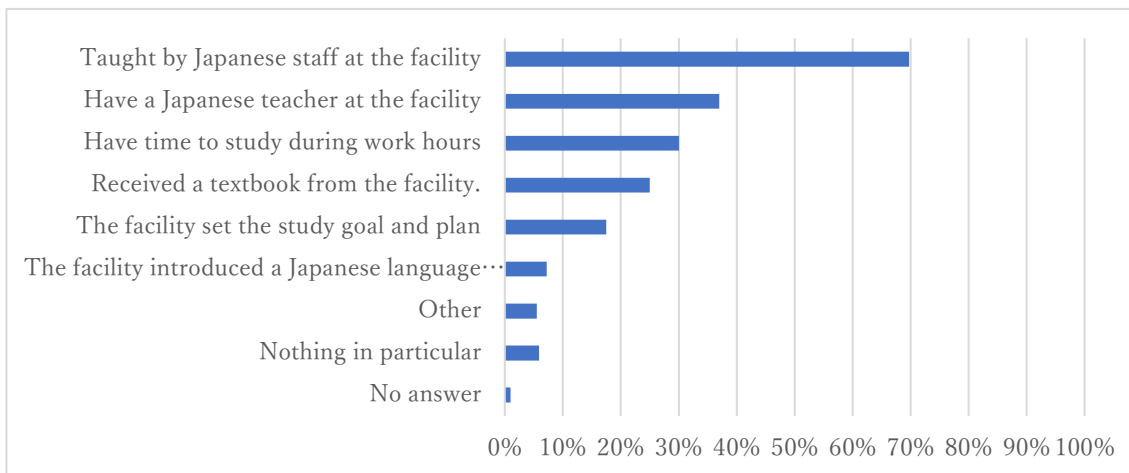


Figure 3-3 Support for Japanese language learning (support from the institution) (n=2472)

### 3-2-1-2 Organizing Issues

#### (1) Improvement of Japanese language skills suitable for performing duties

In the caregiving field, comprehensive and high-level Japanese language skills are required for interpersonal communication and reading and writing records. Although Foreign workers for long-term care have generally completed prior learning, many of them are still perplexed by the difference between the Japanese they have learned in class and the actual Japanese used in the caregiving setting. In a survey conducted by Kobe City on business establishments accepting technical intern trainees<sup>70</sup>, approximately 60% of the establishments responded that the Japanese language skills required for their work were not sufficient. In addition, about half of the business operators that do not accept foreign workers for long-term care gave the most common reason for not considering accepting them as "There will be a problem in communicating.". Many of the personnel with specified skilled workers also have experience in technical intern training programs in other industries. Since they have worked in Japan for a certain period, we expect that their Japanese language skills have already reached a certain level, but depending on the industry, there may not be much conversation on the job, and there are cases where the level of language skill are much lower than the expectations of the receiving organizations.<sup>71</sup>

<sup>69</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual Conditions, etc. of the Technical Training System in the Nursing Care Field" (2022)

<sup>70</sup> Kobe City, "Survey on Foreign Caregivers and Other Human Resources" (2019).

<sup>71</sup> International Health and Welfare Organization, FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research and Study Report on Promotion Measures of the Specified skilled worker System in the Nursing Care Field" (2022).

## (2) Maintenance and improvement of the training system

According to the 2019 Survey on the Acceptance of Foreign workers for long-term care<sup>72</sup>, "Japanese language required for the National Long-term caregiver Examination" was the most common topic of difficulty for training foreign long-term caregivers at receiving organizations, accounting for 34.6% of the total. (Figure 3-4) This is due to the difficulty in providing guidance and training within organizations and business establishments. From the same survey, some caregiving organizations have said that they cannot set aside time for learning due to insufficient staffing and that it is difficult to provide guidance and training. Similarly, the Cabinet Secretariat's survey<sup>73</sup> cites the absence of specialists and the cost of education as issues that caregiving organizations face in implementing Japanese-language education. Most caregiving organizations do not have in-house experts in Japanese language education. As a result, they are unable to present effective learning methods and are developing their own study methods in parallel with on-site work, and many organizations are concerned about the effectiveness of education when it is difficult to provide training at their organizations. They use outside educational institutions and programs, but only a portion of these are subsidized by the local government, and it is noticeable that the organizations bear the costs. Many organizations feel the need to implement learning by creating an environment within their organizations, as the increased expenditure over a long period can affect sustainability.

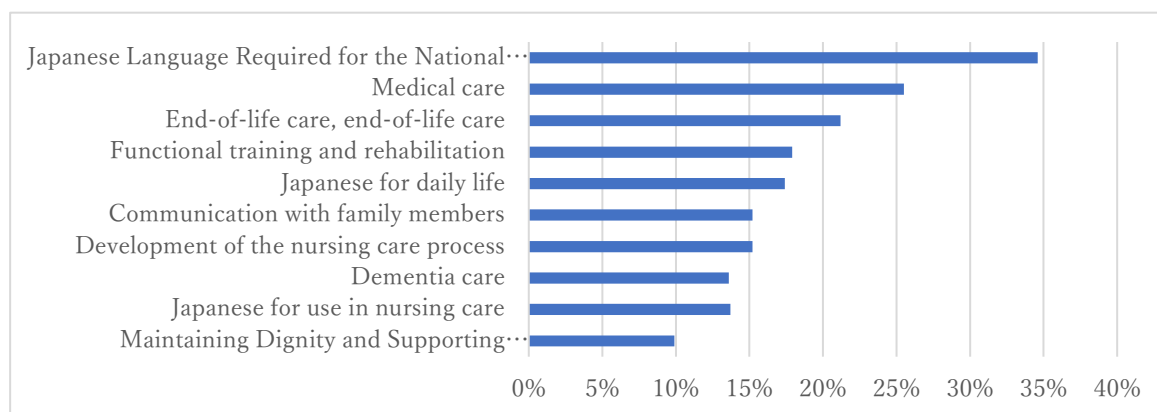


Figure 3-4 Difficulties in implementing training programs for foreign workers for long-term care at recipient organizations (n=593)

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting, "Report on Survey and Research Project on Acceptance of Foreign workers for long-term care, etc." (2020).

<sup>72</sup> Mitsubishi UFJ Research and Consulting, FY2020 Subsidy for Promotion of Health Services for the Elderly, "Report on Survey and Research Project on Acceptance of Foreign Workers for Long-term Care, etc." (2020)

<sup>73</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2020).

### 3-2-1-3 Good example

Many educational institutions are devising teaching materials, and in several cases, e-learning was used to reduce the burden on front-line staff. Some of them have produced supplementary teaching materials for caregiving occupations in collaboration with Japanese language training providers.<sup>74</sup> In addition, the Ministry of Health, Labor and Welfare has developed a project to support the acceptance of foreign workers for long-term care by prefectures, designated cities, and core cities to provide group training for technical intern trainees and specified skilled foreign workers, and 27 prefectures are implementing this project in FY2020.<sup>75</sup> The project is designed to supplement the learning support system for acquiring the Japanese language and long-term care qualifications, which are cited as difficulties in implementation by receiving organizations, and is intended to further strengthen support by local governments.

In addition, to acquire the Japanese language skills needed in the caregiving field, ongoing learning support must be provided even before the student arrives in Japan. As mentioned above, some sending organizations dispatch long-term caregivers from Japan to the sending country to guide prospective foreign workers for long-term care. At such institutions, they can become accustomed to communicating with Japanese people through lectures by Japanese instructors. In particular, when staff members are dispatched from the region or corporation where they will be assigned to work, it is possible for them to be exposed to the local dialect and the facility's unique phrases and expressions in advance, and both parties have the advantage of understanding each other's personalities.

### 3-2-2 Acquisition of long-term care skills and performance of tasks

#### 3-2-2-1 Current situation

##### (1) Engaged care giving work

In the survey<sup>76</sup> on the evaluation of care work by foreign caregivers at receiving organizations, daily living assistance and physical care tended to receive relatively high evaluations. On the other hand, the tasks of planning nursing care, speaking at meetings, and end-of-life care tended to receive low evaluations. (Figure 3-5)

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<sup>74</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

<sup>75</sup> Ministry of Health, Labour and Welfare, "Overview and Utilization of Budget Related to Foreign Care Workers (Related to Specified Skilled Work) in FY2020" (<https://www.mhlw.go.jp/content/12000000/000931863.pdf>) accessed February 15, 2023.

<sup>76</sup> Mitsubishi UFJ Research and Consulting, 2048 Subsidy for Health Promotion Project for the Elderly "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care" (2020)

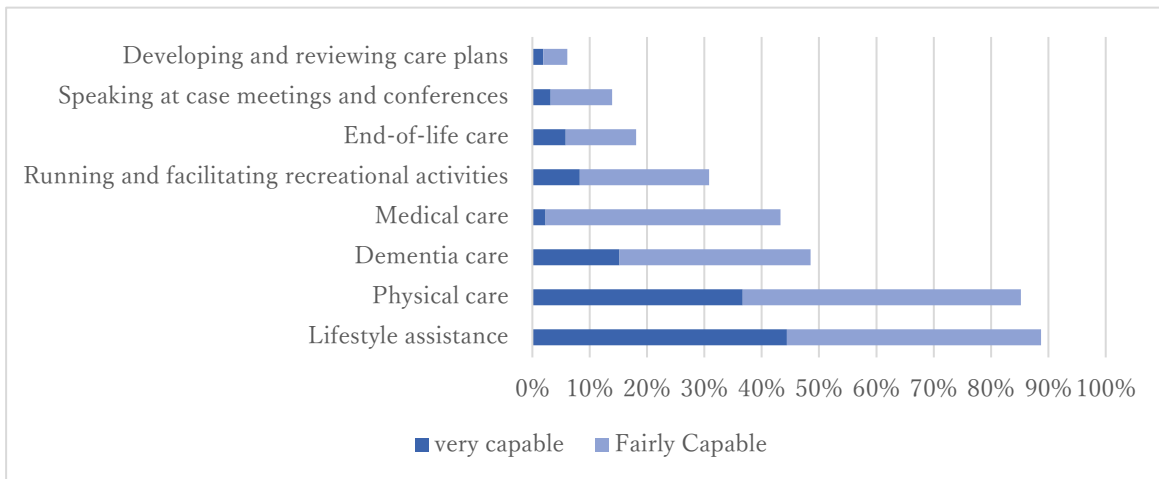


Figure 3-5 Evaluation of individual tasks of foreign workers for long-term care (n=1490)

(Source) Compiled by the Mitsubishi UFJ Research and Consulting survey team, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020).

Overall, 27.1% of the trainees can work the night shift alone, while 10.2% say can handle the night shift if accompanied by a Japanese staff member for guidance, and 13.0% are not able to work the night shift. By status of residence, more than 60% of technical intern trainees do not perform night shift duties. (Figure 3-6)

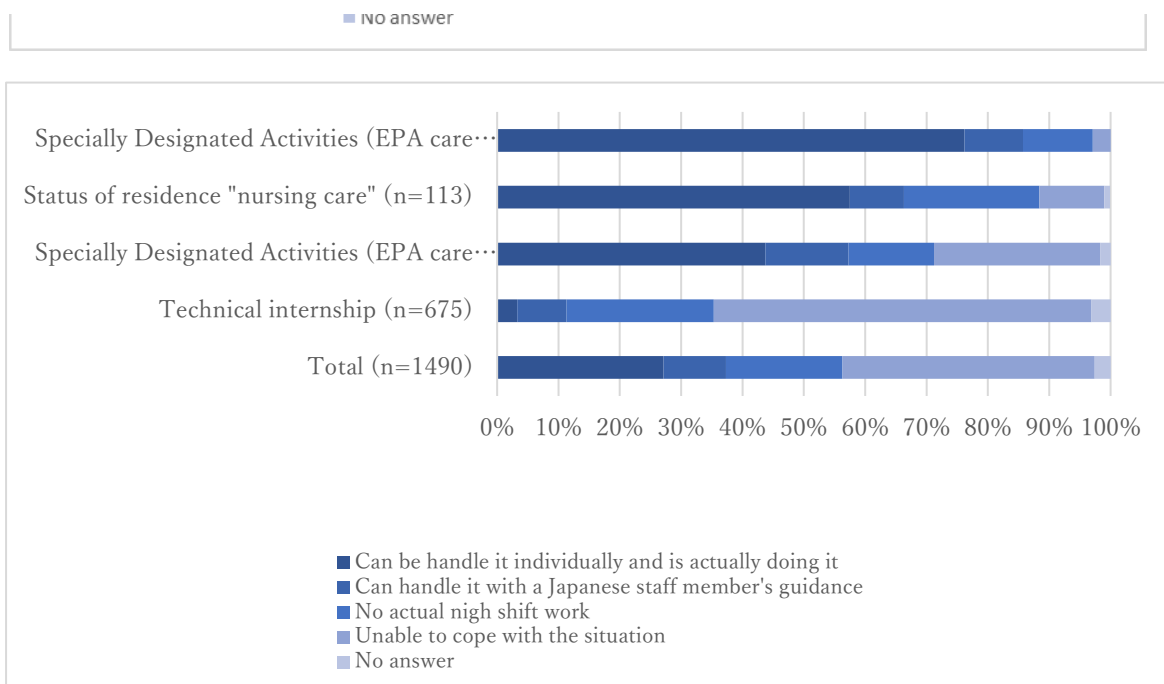


Figure 3-6 Evaluation of night shift duties

(Source) Compiled by the survey team based on Mitsubishi UFJ Research and Consulting's "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care, etc." (2020).

According to the survey<sup>77</sup> which compares the content of work performed by technical intern trainees by Japanese language ability and by period of employment, there is no difference in physical care such as "dressing," "transferring," "eating," "bathing/cleaning," and "toileting," but the proportion of trainees who have been working longer in the field of "hand-over" and "participating in meetings" is higher. However, the percentage was higher for "hand-over" and "participating in meetings" for technical intern trainees who had worked longer. In addition, the results also show that the technical intern trainees with higher Japanese language skills were more likely to engage in the tasks of "managing notices," "hand-over," and "caregiving recording," indicating that length of service and Japanese language skills also affect the content of caregiving tasks.

### (3) Support system

According to the FY2020 Acceptance Survey<sup>78</sup>, support for acquiring caregiving knowledge and skills is provided at 80% of organizations. Regarding learning methods at organizations related to long-term care knowledge and skills of foreign workers for long-term care, the largest percentage (38.1%) was taught through On the Job Training (OJT), while 36.7% were taught by Japanese staff using textbooks, and 35.8% had time to study during work hours. The percentage of respondents who had time to study during work hours was 35.8%.

### 3-2-2-2 Organizing Issues

#### (1) The limited scope of work that foreign workers for long-term care can engage in

As mentioned above, there is a difference in the content of work that can be performed depending on the length of tenure and Japanese language skills. In particular, medical care such as sputum suctioning and tube feeding, which require a high level of expertise and knowledge, and end-of-life care, as well as speaking at meetings and formulating caregiving plans, which require high Japanese language skills, are not fully supported, limiting the tasks that can be performed.

#### (2) The large on-site burden for training on the part of the receiving organizations

The Cabinet Secretariat's research report<sup>79</sup> points out that post-employment training is key because there is a gap between the level of training related to long-term care before entry into Japan and the level required in practice. In addition, as foreign workers for long-term care gain experience, their Japanese language skills improve, as well as the scope of tasks they can handle and the skills of their long-term care techniques. For this to happen, it is necessary to establish a system to maintain and improve the motivation of foreign workers for long-term care and to provide ongoing support for them at the receiving facility. However, the hurdle for any caregiving facility to maintain and

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<sup>77</sup> Mitsubishi UFJ Research and Consulting, 2048 Subsidy for Health Promotion Project for the Elderly "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care" (2020)

<sup>78</sup> Mitsubishi UFJ Research and Consulting FY2020 Subsidy for Health Promotion Project for the Elderly "Survey and Research Project Report on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. in the Nursing Care Field" (2021)

<sup>79</sup> Cabinet Secretariat, "Research Report on the International Development of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

build a system to provide continuous guidance in a field where there is not enough room is high, and the burden is particularly heavy on small organizations.

### 3-2-2-3 Good example

At one facility in Hiroshima Prefecture<sup>80</sup>, the technical intern trainees are instructed in the same manner as Japanese staff members according to a manual for training new staff members, but the facility has devised a textbook for technical intern trainees that matches their Japanese language level. For example, where the manual for Japanese employees calls for a "face," the text for technical intern trainees uses more specific terms such as "eyes, nose, and mouth," or adds furigana and inserts illustrations. While Japanese trainees complete their training within three months of joining the facility, the technical intern trainees have created their training program to acquire caregiving skills over six months. At this facility, Japanese language learning is supported by a cooperating supervisory organization, and foreign workers for long-term care use Japanese language teaching materials using an app and attend regularly scheduled Japanese language classes.<sup>81</sup>

### 3-2-3 Livelihood and Retention Support

#### 3-2-3-1 Current situation

##### (1) Status of Support for Living Environment by Receiving Organizations

As part of their support for foreign workers for long-term care to settle in, the receiving organizations provide various types of support, such as assistance in improving living conditions, helping them adjust quickly to the work environment, and setting up consultation services. In particular, a high percentage of support is provided for securing housing, administrative procedures, and housing contracts. In addition, more than 60% of the receiving organizations cooperate with supervisory organizations and registered support organizations in providing such support.<sup>82</sup> Many specific examples of support include providing dormitories close to workplaces, preparing necessary household goods such as appliances and furniture, supplying bicycles as a means of transportation, and teaching how to ride the bus. In areas where there are no nearby organizations for shopping, there are also cases where staff members take the workers shopping at the same time they go out of town, etc. (Figure 3-7)

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<sup>80</sup> The facility's case study, along with those of other facilities, are described in the "Career Support Guide 2022 for Nursing Care Technical Intern Trainees for Host Establishments" (2022) by the Study Group on the Actual Conditions, etc. of the Technical Intern Training System in the Nursing Care Field.

<sup>81</sup> Mizuho Research & Technologies, Inc., "Research Report on the Actual State of Technical Internship Programs in the Nursing Care Sector" (2022).

<sup>82</sup> Mitsubishi UFJ Research and Consulting FY2020 Subsidy for Health Promotion Project for the Elderly "Survey and Research Project Report on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. in the Nursing Care Field" (2021)

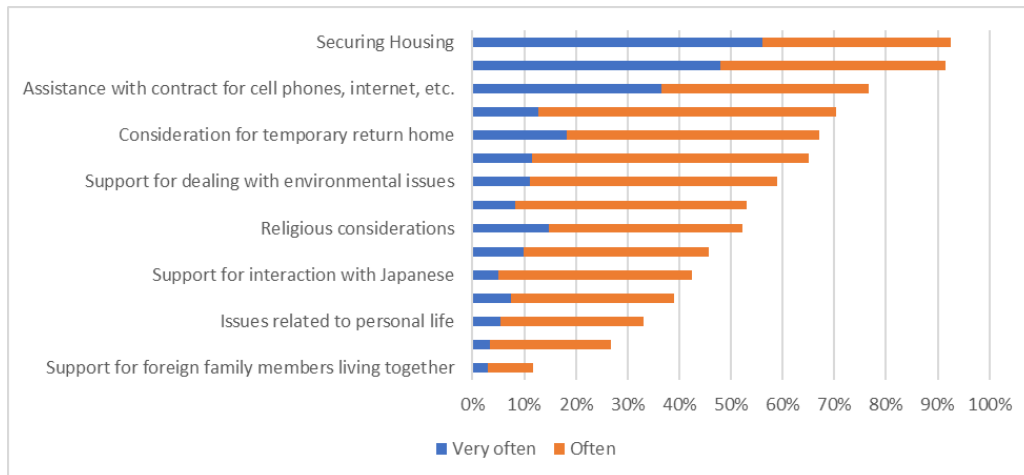


Figure 3-7 Status of support for the working environment and living conditions of foreign employees  
 (Source) Compiled by the Mitsubishi UFJ Research and Consulting survey team, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020).

## (2) Improvement of the receiving organization's environment

In settlement support, improvement of the work environment is a highly necessary item, and there is a wide range of support from supervisory organizations and receiving organizations. More than 60% of the organizations have provided training on points to keep in mind and have presented their policies and attitudes in advance (Figure 3-8). Specifically, since many of the on-site staff will be working with foreigners for the first time, the content and purpose of the system as well as cultural differences are explained, and active communication is encouraged so that work can proceed smoothly. Efforts are also being made to treat foreign workers for long-term care equally with Japanese staff and not as mere labor, to equalize the work content and languages used, and to avoid isolating them.<sup>83</sup> In some cases, large corporations collaborate with affiliated Japanese language schools to provide training on how to speak in a way that can be easily understood by non-Japanese native speakers.

<sup>83</sup> Cabinet Secretariat, "Research Report on the International Development of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

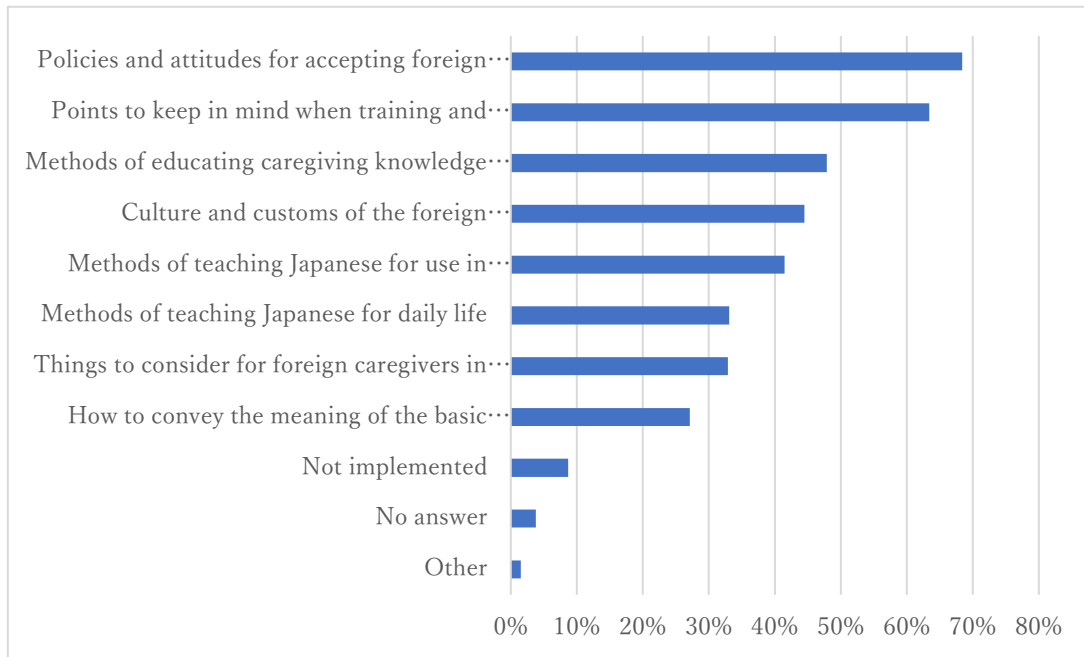


Figure 3-8 Training and other topics offered to Japanese staff (n=1252)

(Source) Compiled by the survey team based on Mitsubishi UFJ Research and Consulting's "Survey Research Project Report on the Actual Conditions of Acceptance of Specified Skills, etc. in the Caregiving Sector" (2021).

Similarly, some offices are actively introducing ICT such as caregiving robots to facilitate communication between foreign workers for long-term care and Japanese staff. Examples include the introduction of recording systems to reduce the burden of reading and writing, and the use of intercommunication (intercom) to facilitate communication during work. These organizations are not only introducing equipment and software, but are also devising workplace rules such as unifying the content of reports and the language used, avoiding ambiguous expressions peculiar to Japanese that are difficult for foreign workers for long-term care to understand, and clarifying the expression of intentions such as yes/no.<sup>84</sup> Other measures to prevent foreign workers for long-term care from being isolated include assigning more than one person from the same country and providing opportunities for interaction among foreign nationals and with Japanese staff. In many cases, especially in small-scale organizations, the foreign long-term caregiver is the only foreign long-term caregiver in the workplace. When multiple technical intern trainees are accepted by the same organizations, efforts are made to ensure that technical intern trainees are not isolated, for example, by providing housing in the same apartment, and by providing opportunities for interaction among foreign staff members and between foreign and Japanese staff members.<sup>85</sup> It is also effective to assign a person in charge of counseling both inside and outside the organization. In addition, the

<sup>84</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual Conditions, etc. of the Technical Training System in the Nursing Care Field" (2022)

<sup>85</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2020).



placement of consultation staff both inside and outside the organization is also effective, with about 85% of organizations implementing this, and foreign nationals support organizations and local governments also provide various types of support, such as establishing telephone consultation services in various languages.<sup>86</sup>

( 1 ) The reality of foreign workers for long-term care's relationship with the local community

To retain foreign workers for long-term care, it is important to support them not only in the work environment but also in adapting to the community where they will be living. Having Foreign workers for long-term care experience Japanese culture and participate in local events can help them deepen their understanding of Japanese culture and provide an opportunity for residents to learn about the presence of foreign workers for long-term care and their culture.<sup>87</sup> In addition, by informing the local police station that a new foreign resident will be living in the area, or by accompanying the technical intern trainee to greet the landlord if he/she is living in a rented house, the local community can be encouraged to understand and support the smooth acceptance of the trainee.<sup>88</sup> According to the Survey of Employment Status and Attitudes of Foreign Residents Working in Japan<sup>89</sup>, the top problem foreign residents face in their daily lives is "not being able to get involved with the local community." Other problems, such as "discrimination and prejudice," "dealing with illness and injury," "dealing with major disasters," and "difficulty in understanding living rules such as garbage disposal," can be alleviated to some extent by building face-to-face relationships with local residents.

Research has also shown that involvement with the local community increases the desire to work in Japan as a long-term caregiver.<sup>90</sup> If they have contact with the local community and find it easier to live in the community, not only will foreign workers for long-term care be able to stay, but they may also be able to accept other long-term caregivers through their acquaintances and family members. (Figure 3-9)

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<sup>86</sup> The Japan International Corporation for Welfare and Workers' Welfare Services (JICWELS) offers free consultation support by phone, email, etc. ([https://jicwels.or.jp/fcw/?page\\_id=85](https://jicwels.or.jp/fcw/?page_id=85)) (accessed February 17, 2023)

<sup>87</sup> Cabinet Secretariat, "Research Report on the International Development of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

<sup>88</sup> Mizuho Information & Research Institute, Inc. 2049 Subsidy for Promotion of Health Care Services for the Elderly, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care, etc." (2020)

<sup>89</sup> Persol Research Institute, "Report on the Results of a Survey on the Employment Status and Attitudes of Foreign Nationals Working in Japan" (2020).

<sup>90</sup> Mitsubishi UFJ Research and Consulting, 2048 Subsidy for Health Promotion Project for the Elderly "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care" (2020)

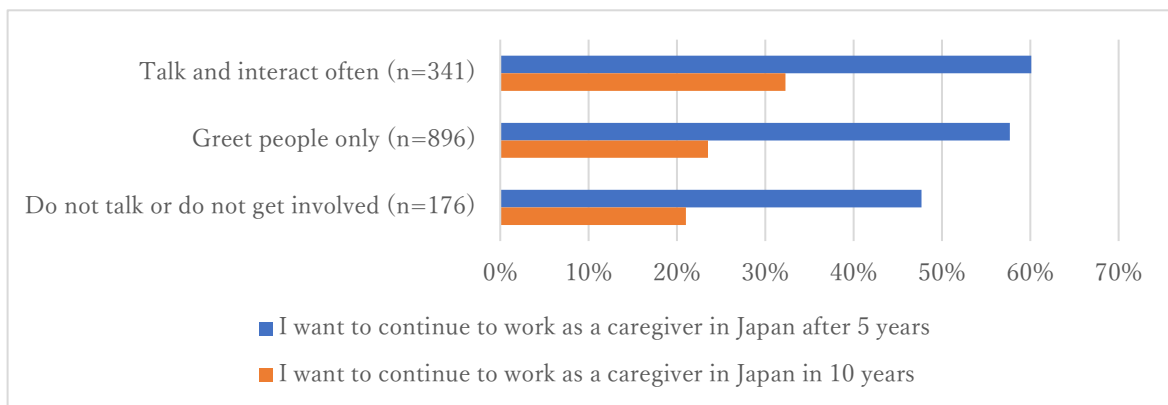


Figure 3-9 Community Involvement vs. Percentage Wanting to Work as a Long-term caregiver in Japan in the Future

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020).

### 3-2-3-2 Organizing Issues

#### (1) Lack of understanding of caregiving work and working conditions on the part of foreign workers for long-term care

According to the "Survey on the Actual Conditions of Acceptance of Foreign workers for long-term care"<sup>91</sup>, the evaluation of the acceptance of technical intern trainees on the part of receiving organizations is generally high, with nearly 90% of long-term caregivers satisfied overall. In addition, in the satisfaction survey of foreign workers for long-term care, the level of satisfaction in each category was over 80%, with both sides highly satisfied. (Figure 3-10 and 3-11)

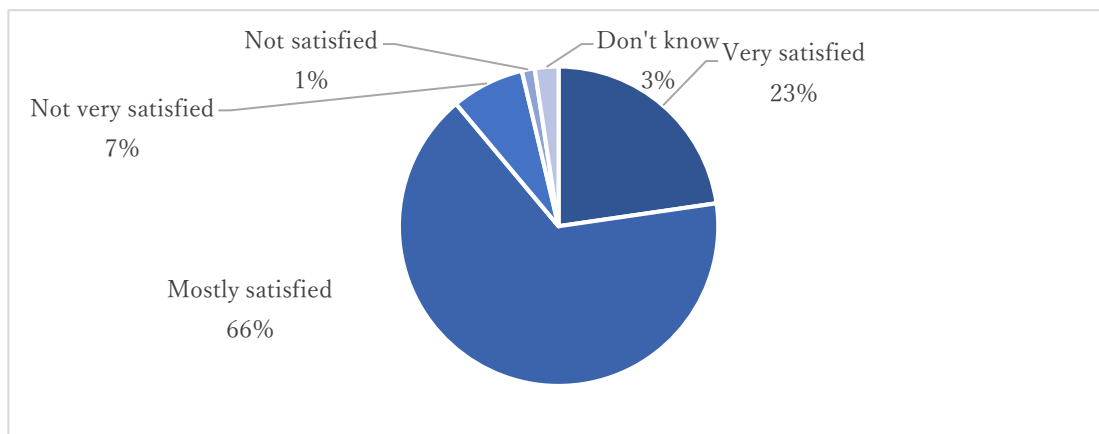


Figure 3-10 Satisfaction with the acceptance of technical intern trainees on the part of business establishments (n=538)

(Source: Prepared by the survey team based on "Report on the Survey Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020), Mizuho Information & Research Institute, Inc.

<sup>91</sup> Mizuho Information & Research Institute, Inc. "Report on Survey Research Project on the Actual Conditions of Acceptance of Foreign Workers for Long-term Care, etc." (2020)

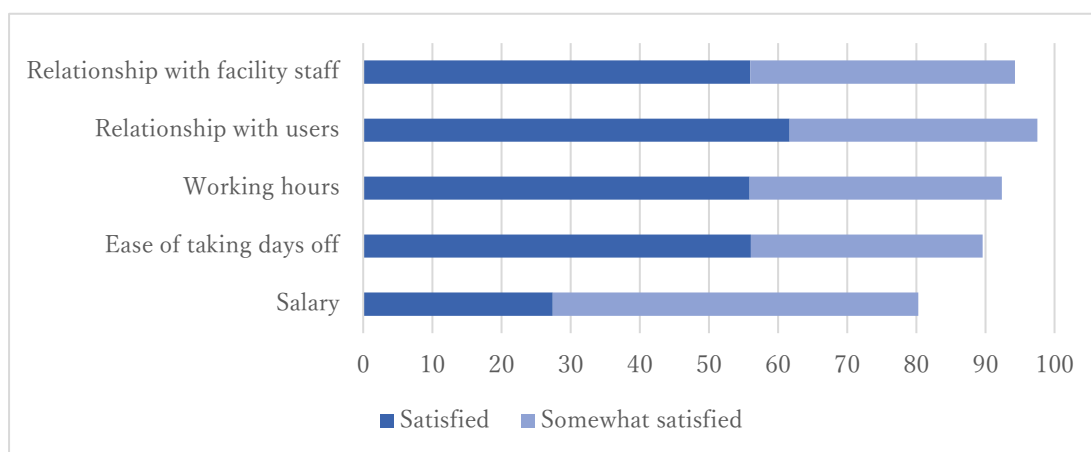


Figure 3-11 Satisfaction with the facility where they work on the part of foreign workers for long-term care (%) (n=1437)

(Source: Prepared by the survey team based on "Report on the Survey Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020), Mizuho Information & Research Institute, Inc.

While both foreign nationals and receiving organizations are highly satisfied, the following mismatch factors are also occurring. These mismatch factors induce dissatisfaction and stress during employment, which may lead to job turnovers, such as resignation or job change. (Table 3-1)

Table 3-1 Example of mismatches faced by foreign workers for long-term care

Foreigner side	<ul style="list-style-type: none"> <li>• Content of engagement (did not include caregiving or other medical care and did not think it was only caregiving)</li> <li>• Dissatisfaction with the amount of take-home pay and other employment conditions</li> <li>• Dissatisfaction with the difference in treatment from people from the same hometown who worked in other regions or at other organizations.</li> </ul>
Receiving organization side	<ul style="list-style-type: none"> <li>• Japanese language skills are lower than expected</li> <li>• (Mainly in Vietnam) In recent years, it has become difficult to attract excellent human resources</li> </ul>

(Source: Prepared by the survey team based on previous research and interviews with the survey team.

One of the main reasons for these factors is a lack of understanding on the part of human resources about the nature of the work and working conditions. In particular, in many of the countries where foreign workers for long-term care come from, the concept of long-term care is not well understood, and the status of long-term caregivers is low. Many of the foreign workers for long-term care have caregiving qualifications, and consideration should be given to give them a more concrete image of what kind of work they will be engaged in before they travel to Japan while also mentioning the differences between caregiving and long-term care work. In the previous section, we mentioned that many foreign workers for long-term care come to Japan not necessarily to acquire caregiving skills but to seek higher wages and a better working environment. According to a report on the actual

working conditions and attitudes of foreign personnel working in Japan<sup>92</sup>, the top complaints about workplaces among foreign personnel are dissatisfaction with treatment, such as "slow promotion and advancement," "no salary increase," and "low salary." The survey found that dissatisfaction with the workplace and salary, as well as dissatisfaction with work duties such as unclear career paths and uncertainty about future careers, have a negative impact on foreign workers' intention to continue working and to recommend others to do so. When accepting foreign workers for long-term care, dissatisfaction, and trouble are likely to arise from points such as "the salary and other working conditions are different from what they were told before entering Japan," or "the salary is different (depending on the region, office, or acceptance route) even though the work is the same."<sup>93</sup> In fact, according to a survey of technical intern trainees conducted by the Immigration Services Organization of Japan, about 20% of the respondents answered that the salary they received after working was "less than expected," and about 30% of them answered that they were unaware that "the method of payment (taxes and insurance) in Japan is deducted" as the reason for this. See<sup>94</sup>.

### (2) Large financial and human burden on long-term care providers to improve work and living environments

The financial and personnel burdens on the providers to set up the work and living environment to receive foreign workers for long-term care and to provide detailed follow-up services until the foreign workers for long-term care adjust to life in the community are significant. In particular, small-scale organizations have limited manpower and resources, making the burden even heavier. On the other hand, there have been many cases in which the systems put in place to accommodate foreign workers for long-term care have also been effective for Japanese long-term caregivers as a result. The simplification of information sharing through the use of intercoms and other means and the equalization of tasks such as the content of care has made the work environment easier for inexperienced Japanese to work in.<sup>95</sup> Although accepting foreign workers for long-term care requires a certain level of cost burdens and a lot of training and education time, these secondary effects can also be seen as one investment effect. In addition, foreign workers for long-term care face a wide range of issues depending on their country of origin, region, religious beliefs, and family situation, and many of the receiving organizations take these issues into consideration.

### (3) Promote collaboration with local communities

While it is important for foreign workers for long-term care to have ties to the local community, the reality is that they do not receive sufficient support. As shown in the following figure, while

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<sup>92</sup> Persil Research Institute, "Report on the Results of a Survey on the Employment Status and Attitudes of Foreign Nationals Working in Japan" (2020).

<sup>93</sup> Cabinet Secretariat, Research Report on the International Expansion of the Health Care Industry in Asia, including Long-Term Care, Toward the Realization of the "Asia Health and Human Well-Being Initiative" (2021).

<sup>94</sup> Immigration and Emigration Agency, "Survey on Actual Conditions Concerning Payment Costs for Technical Intern Trainees" (2022).

<sup>95</sup> Survey and Research Study Group on the Actual Conditions of the Technical Intern Training System in the Long-Term Care Field, "Career Support Guide for Long-Term Care Technical Intern Trainees 2022 for Host Establishments" (2022) (<https://www.mhlw.go.jp/content/12000000/000933884.pdf>) February 15, 2023. Accessed February 15, 2023

foreign workers for long-term care themselves have high intentions to participate in local activities and exchanges, only half of them do so (Figure 3-12).

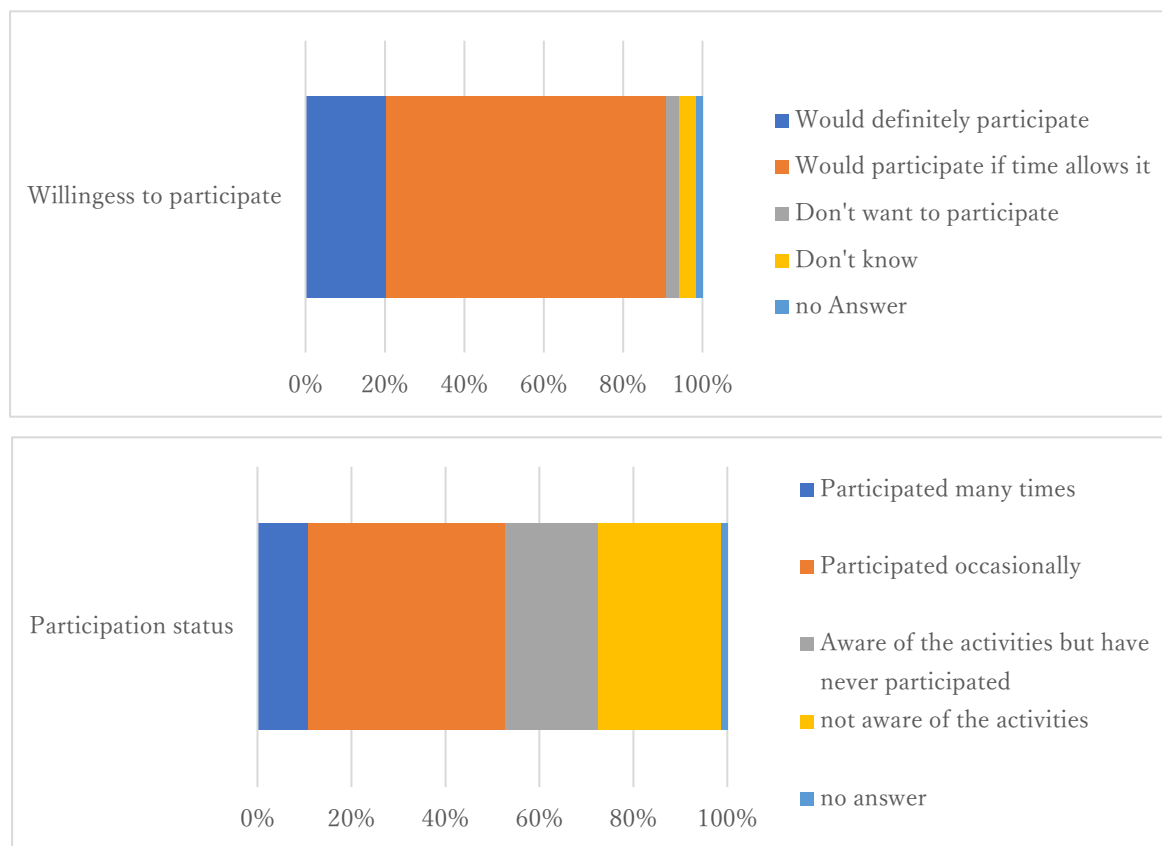


Figure 3-12 Intention to participate in community activities and events and status of participation (n=1437)

(Source) Prepared by the survey team based on Mitsubishi UFJ Research and Consulting's "Report on the Survey and Research Project on the Actual Acceptance of Foreign workers for long-term care" (2020).

Even though guidance and education on rules of living, such as how to dispose of garbage, are provided, there are only a limited number of regions, business offices, supervising organizations, and other support organizations that involve the local community in supporting the acceptance of foreign workers for long-term care and creating opportunities for local residents to learn about foreign workers for long-term care.

### 3-2-3-3 Good example

A supervisory organization in Aichi Prefecture is implementing a "buddy system" in which local residents provide support to technical intern trainees to help them live smoothly in Japan, based on the idea that caregiving is an extension of daily life.<sup>96</sup> This system was inspired by efforts to accept immigrants in Belgian cities, where local residents become buddies with foreign residents, and the local residents and foreign residents interact with each other. The buddy teaches the foreign residents

<sup>96</sup>Survey and Research Study Group on the Actual Conditions, etc. of the Technical Intern Training System in the Nursing Care Field, "Career Support Guide for Nursing Care Technical Intern Trainees 2022 for Host Establishments" (2022)

about Japanese life, culture, and rules, and the local residents learn about the culture of the foreign residents, thus building a two-way, multi-directional relationship. The way of interaction varies from person to person, such as going shopping as if they were friends, or teaching them about Japan while treating them as if they were grandparents. This initiative is also expected to enable intergenerational exchanges, such as between the elderly and children in the community, and to help revitalize the dwindling ties in the local community.<sup>97</sup> In 2020, the governing body concluded an "Agreement on Cooperation for the Promotion of a multicultural coexistence Society" with Takayama City in Aichi Prefecture, establishing a collaborative relationship for the promotion of a multicultural coexistence society.

As a good example of how to avoid problems such as mismatches, some supervisory organizations, and receiving organizations provide accurate and detailed explanations of not only the face value of the salary, but also the estimated take-home pay after taking into account taxes and social insurance premiums, overtime hours and overtime pay, salary for each visa status, and information on career advancement systems and salary increase conditions. They can also find information on the career advancement system and conditions for salary increases<sup>98</sup>. In addition, there are cases where foreign workers for long-term care become dissatisfied with their place of assignment based on information about support and treatment at other regions and providers obtained through SNS, etc. To avoid job turnover due to the accumulation of such stress and dissatisfaction, supervisory organizations and receiving organizations should hold regular interviews to understand the wishes and feelings of the person in question and remove negative elements. To avoid such stress and dissatisfaction and avoid leaving the company due to accumulated dissatisfaction, the supervisory organization and the receiving organizations are taking measures to understand the wishes and feelings of the individual and remove negative factors through regular interviews.

### 3-3 The reality of career paths for foreign workers for long-term care

#### 3-3-1 Domestic Career Paths

##### 3-3-1-1 Current situation

(1) Desired career paths for foreign workers for long-term care and expectations of long-term care providers

In the "Survey and Research Project on the Actual Conditions of Acceptance of Specified Skills, etc. in the Caregiving Sector"<sup>99</sup> in FY2049, a survey was conducted from the perspective of both the foreign workers for long-term care themselves and the long-term care providers regarding their ideas and wishes regarding careers, and the following findings were presented.

First, as for the career intentions of foreign workers for long-term care themselves, the majority of them want to continue working in Japan regardless of their status of residence. 41.5% of all

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<sup>97</sup> Ministry of Health, Labour and Welfare, Portal Site for Community Coexistence (<https://www.mhlw.go.jp/kyouseisyakaiportal/jirei/07.html>) accessed February 17, 2023

<sup>98</sup> Mizuho Information & Research Institute, Inc., "Report on Survey Research Project on the Actual Situation of Acceptance of Foreign Workers for Long-term Care" (2020)

<sup>99</sup> Mitsubishi UFJ Research and Consulting, "Report on Survey Research Project on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. Related to the Nursing Care Sector" (2021)

respondents expressed the desire to continue working exclusively as long-term caregivers in Japan after 5 years, and by the status of residence, 52.9% for “Caregiving” status of residence " 47% for "special skills." EPA (unqualified long-term caregiver) is 42.8%, while the percentages for technical intern trainees and EPA (long-term caregiver) are below 40%. (Figure 3-13)

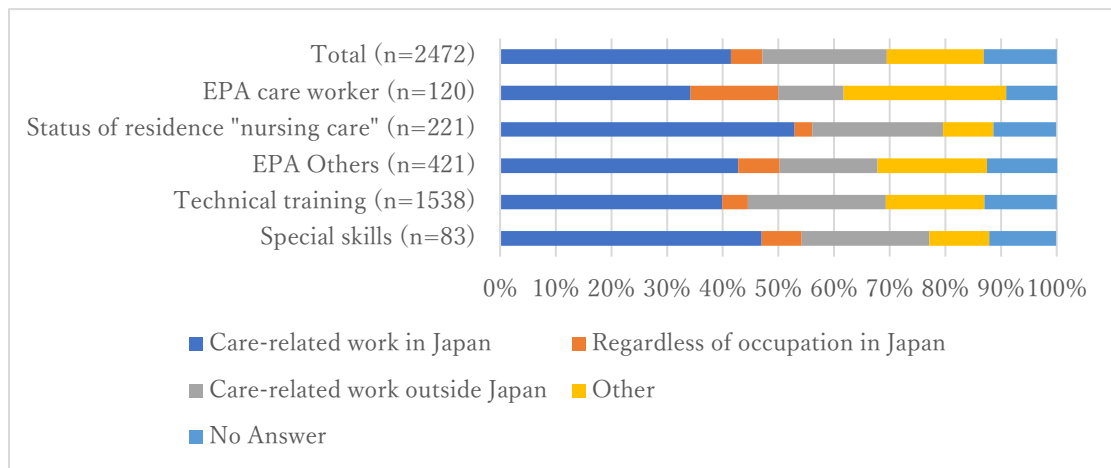


Figure 3-13 Relationship between where you live five years from now and the type of work you want to do

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting, "Report on the Survey Research Project on the Actual Conditions of Acceptance of Specified Skills, etc. in the Caregiving Sector" (2021).

In addition, about 70% of all foreign workers for long-term care have the intention of acquiring a long-term caregiver qualification, indicating that there are a certain number of foreign workers for long-term care who wish to work at a caregiving organization for a long time after acquiring a qualification. The number of foreign trainees under the Technical Intern Training Program who intend to return to their home country also exceeded 60%. (Figure 3-14)

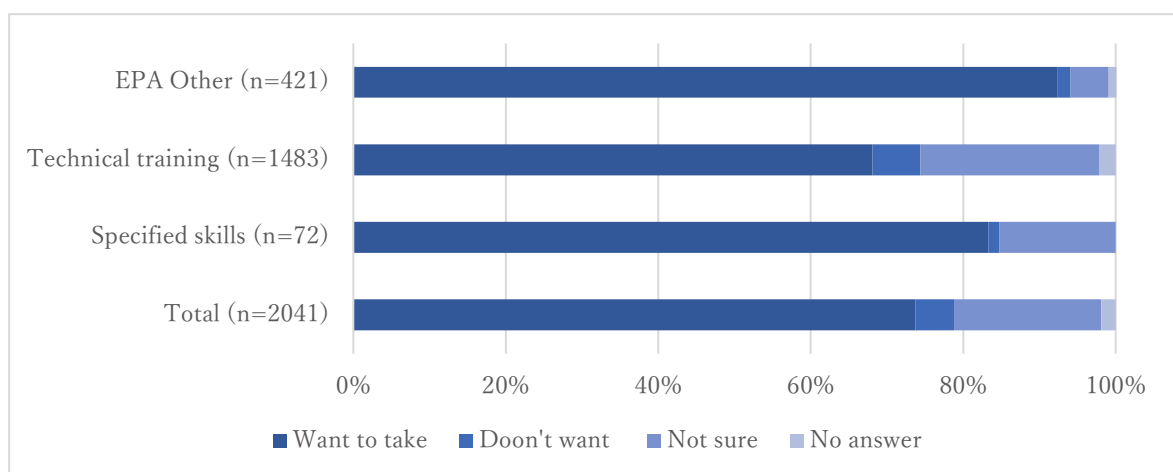


Figure 3-14 Intention to take the National Examination for Long-term caregivers in the future, by the status of residence

(Source) Compiled by the Mitsubishi UFJ Research and Consulting survey team, "Report on the Survey Research Project on the Actual Conditions of Acceptance of Specified Skills, etc. in the Caregiving Sector" (2021).

Second, long-term care providers are more likely to think that they want foreign workers for long-term care to "work as long as possible" or "work for three years or longer." As for the positions and roles, they expect foreign workers for long-term care to play in the future, the highest percentage of respondents (75.7%) said, "role of providing guidance and advice to foreign workers for long-term care," followed by "be role models for establishing themselves in organizations and businesses as foreign workers for long-term care (71.8%)" and "accumulate skills and experience as long-term caregivers (63.3%)." In contrast, few respondents expect foreign workers for long-term care to perform management tasks. (Figure 3-15)

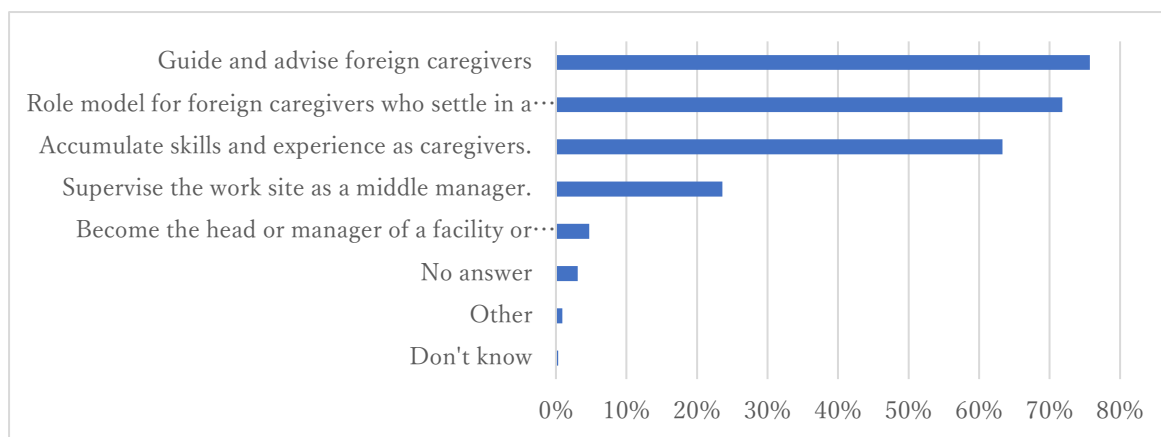


Figure 3-15 Positions and roles expected of foreign workers for long-term care in the future (n=897)

(Source) Compiled by the Mitsubishi UFJ Research and Consulting survey team, "Report on the Survey Research Project on the Actual Conditions of Acceptance of Specified Skills, etc. in the Caregiving Sector" (2021).

## (2) Status of career support initiatives

The top career support initiatives implemented by caregiving long-term care providers were: subsidizing fees for outside training and other courses (68.6%), career interviews and consultations with supervisors and managers (60%), the introduction of self-evaluation sheets (59%), and actively encouraging employees to attend outside training and conferences (56.8%)<sup>100</sup>.

In the case of technical intern trainees, more than 60% of the respondents indicated that their employers provide career development support in the form of "regular interview opportunities" and "periodic evaluation and feedback. About 20% of the business establishments also provide support with a view to acquiring a national qualification as a long-term caregiver, and in some cases, they provide an environment to acquire more specialized caregiving knowledge and skills.<sup>101</sup>

<sup>100</sup> Mitsubishi UFJ Research and Consulting, 2048 Subsidy for Health Promotion Project for the Elderly "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign Nursing Care Workers" (2020)

<sup>101</sup> Mizuho Information & Research Institute, Inc., "Report on Survey Research Project on the Actual Situation of Acceptance of Foreign Workers for Long-term Care" (2020)



### 3-3-1-2 Organizing Issues

#### (1) Failure to develop leaders

As mentioned above, many long-term care providers expect foreign workers for long-term care to serve as mentors and role models for other foreign workers for long-term care. On the other hand, very few foreign workers for long-term care have reached the level of fulfilling the expected roles. Considering the limited scope of work that foreign workers for long-term care are capable of performing, the challenge of career development within the business establishment is still great. In addition, training and guidance are necessary to develop leaders, but it appears that business establishments have not established a training system to improve the roles they expect foreign workers for long-term care to play and the skills they need to fulfill those roles. (Figure 3-16)

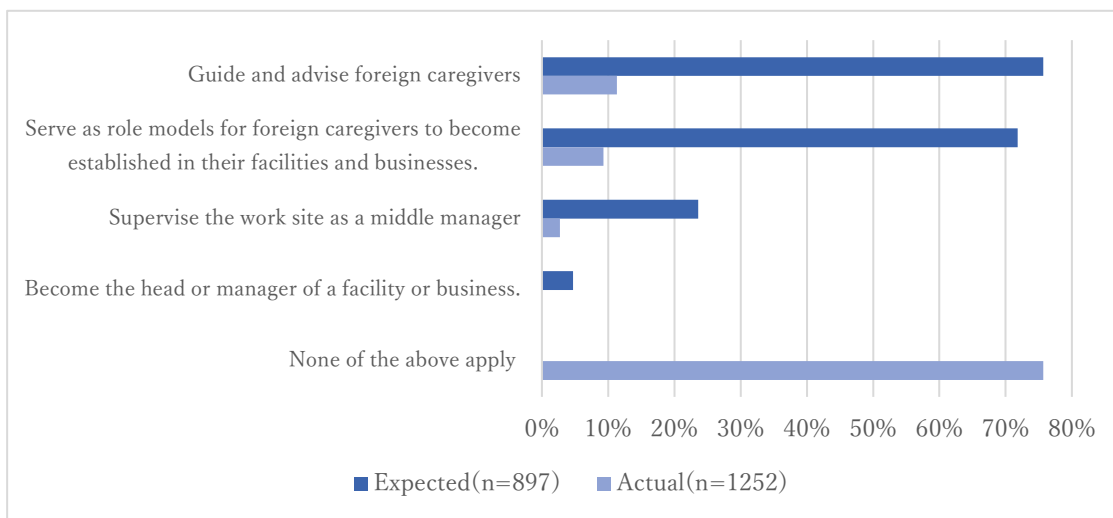


Figure 3-16 Comparison of expected and actual positions and roles of foreign workers for long-term care

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Foreign workers for long-term care" (2020).

#### (2) Low pass rate for national examinations

As shown in Chapter 2, the pass rate for the national examination is very low, at about 30~40% for EPA long-term caregiver candidates and 38% for foreign students attending long-term caregiver training schools in Japan while the overall pass rate, including Japanese, is around 80%. The percentage of EPA long-term caregiver candidates receiving study support for the national long-term caregiver exam is over 50%, but the percentage is low for the rest, especially for technical intern trainees, who receive study support at around 10%, contrary to their high motivation to take the national exam.<sup>102</sup> A caregiving provider that accepts technical intern trainees commented, "In teaching them how to prepare for the national long-term caregiver exam, it is very difficult and time-consuming to teach them technical terms related to the caregiving insurance system and medical knowledge one by one so that they can understand and remember them. When Japanese employees

<sup>102</sup> Mitsubishi UFJ Research and Consulting FY2020 Subsidy for Promotion of Health Services for the Elderly, "Report on Survey and Research Project on the Actual Conditions of Acceptance of Specified Skilled Workers, etc. in the Nursing Care Sector" (2021)

take the national long-term caregiver exam, we can provide them with intensive study support before the exam, but for technical intern trainees, we are considering whether it is possible to provide them with guidance only within the organization.<sup>103</sup>

(3) Support for career development is not provided by the receiving organizations.

With the addition of additional routes for accepting foreign workers for long-term care, and the acceptance of transfers between routes, the options for long-term care employment are expanding. Career intentions are fluid, influenced not only by the individual but also by family circumstances, and there have been cases where those who initially intended to return to their home countries have shifted toward acquiring a national long-term caregiver certification. According to a survey conducted in FY2049<sup>104</sup>, approximately 70% of organizations have a career path system in place, and 60% conduct career interviews with supervisors as part of their career support. In addition, according to the results of a questionnaire survey<sup>105</sup> on the timing of the start of career alignment with technical intern trainees, only 16.5% of the organizations have implemented the system before acceptance, 23.8% have implemented it within a year, and more than 40% of the organizations have started the system more than one year after acceptance. (Figure 3-17)

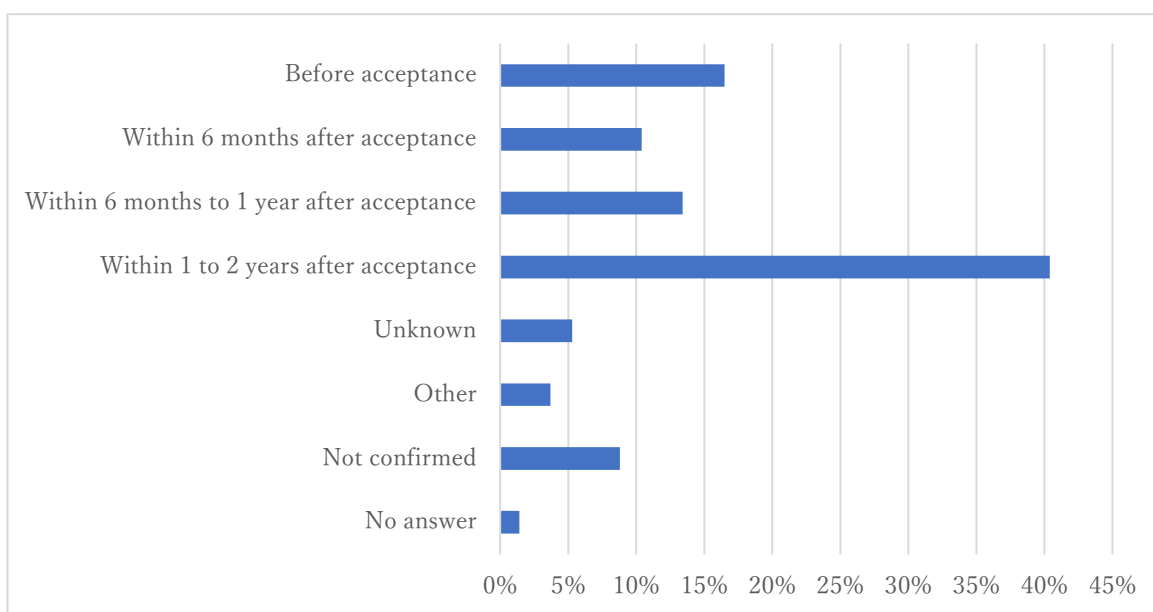


Figure 3-17 When did you start matching careers with apprentices (n=834)

(Source: Mizuho Research & Technologies Co., Ltd. "Research Report on the State of Technical intern trainee Programs in the Caregiving Sector" (2022), prepared by the survey team.

<sup>103</sup> Mizuho Research & Technologies, Inc., "Research Report on the Actual State of Technical Internship Programs in the Nursing Care Sector" (2022).

<sup>104</sup> Mitsubishi UFJ Research and Consulting, Subsidy for Promotion of Health Services for the Elderly in 2048, "Research and Study Project on the Actual Conditions of Acceptance of Foreign Nursing Care Workers" (2020)

<sup>105</sup> Mizuho Research & Technologies, Inc., "Research Report on the Actual State of Technical Internship Programs in the Nursing Care Sector" (2022).

The "Survey on the Actual Conditions of Acceptance of Foreign workers for long-term care"<sup>106</sup> reported the results of a survey showing that foreign workers for long-term care working at receiving organizations that have an understanding of their goals and wishes have a strong desire to develop their careers in Japan (Figure 3-18). Naturally, the knowledge and skills to be acquired differ between those who intend to return to their home country within a few years and start their own business and those who intend to pass the national long-term caregiver exam and work in Japan for a long period. To plan what kind of training to provide, it is highly necessary to understand the wishes of each individual in detail. Listening to the wishes of the foreign workers for long-term care and reflecting them in the career plan and instructional content in line with their intentions will directly lead to increased motivation and, in turn, to their willingness to continue working at the same facility. For this reason, it is highly important to systematically present the promotion and salary increase system, evaluation criteria, the period leading up to the promotion, and the education system at each corporation and business site.<sup>107</sup> These systems directly lead to more rewarding work by providing specific feedback to each staff member, including not only Foreign workers for long-term care but also Japanese staff members, regarding their individual goals and the degree to which they have achieved them.

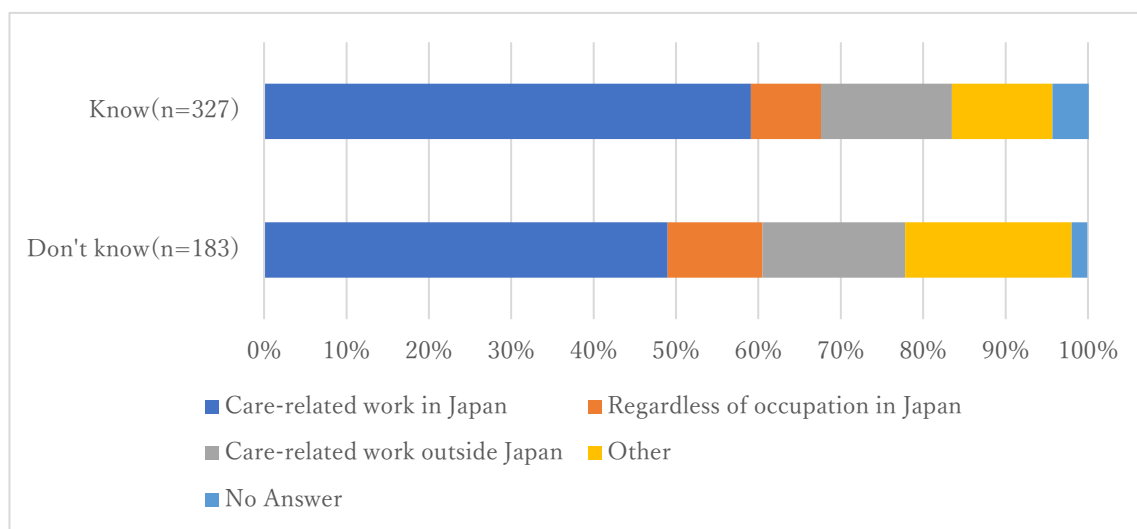


Figure 3-18 Relationship between "understanding of goals and hopes" by the receiving facility and "career development intention in Japan after 5 years" of the foreign workers for long-term care themselves

(Source) Compiled by the survey team from Mitsubishi UFJ Research and Consulting's "Report on the Survey and Research Project on the Actual Acceptance of Foreign workers for long-term care" (2020).

<sup>106</sup> Mitsubishi UFJ Research and Consulting, 2048 Subsidy for Health Promotion Project for the Elderly, "Report on the Survey and Research Project on the Actual Conditions of Acceptance of Foreign Nursing Care Workers" (2020)

<sup>107</sup> Ministry of Health, Labour and Welfare, "Guidebook on the Acceptance and Active Support of Foreign Workers for Long-term Care" (2020) (<https://www.mhlw.go.jp/content/12000000/000678250.pdf>) accessed February 18, 2023

#### (4) Fear of trouble due to lack of understanding of the system on the part of personnel

In addition to the change of status of residence from technical intern trainee to specified skilled, there have been cases of trainees who had been training in industries other than caregiving, which made it difficult for them to return home due to the spread of infection by the new type of coronavirus infection (COVID-19), shifting to the caregiving field of specified skills. Under the Technical Intern Training Program, in principle, changing jobs is not permitted, and the supervisory organization is responsible for providing support and guidance to the trainees until they complete their technical intern trainee. However, a 2021 survey on the actual state of the Technical Intern Training Program in the caregiving sector<sup>108</sup> reported that there were cases in which technical intern trainees contacted recruitment organizations themselves, searched for new jobs themselves, and then reported the results to the supervisory organization. A certificate of completion of a technical intern trainee is required for transfer to a specified technical skill, and prior consultation is necessary to ensure that the appropriate procedures are followed. Some problems have occurred because the supervising organizations do not issue certificates to technical intern trainees who wish to switch their status of residence. One of the reasons for this situation is said to be a lack of information, such as a lack of accurate understanding of the rules of the system by the foreign workers for long-term care themselves.

#### 3-3-1-3 Good example

Two cases reported in the 2021 survey on the actual status of the Technical Intern Training Program in the caregiving sector<sup>109</sup> are shown below.

At a caregiving corporation in Hiroshima Prefecture, in addition to interviewing the trainee at the beginning of his/her employment, a supervisor from the corporation is also present at the recruitment interview between the supervisory organization and the trainee to confirm the trainee's intention, and the corporation, supervisory organization, and trainee share a common understanding. Although the corporation hopes that the trainees will work for the corporation for a long period as they transition to the specified skills system or acquire long-term caregiver qualifications, the corporation respects the wishes of the technical intern trainees and provides support for them. Subsequently, in addition to providing study support for the examinations imposed by the Technical Intern Training Program, the corporation provides study and guidance to those who wish to acquire long-term caregiver qualifications with a view to taking the examinations to the extent possible by the staff.

In addition, the Nagano Prefecture Supervisory Body Association has been providing career support for both the technical intern trainees and the receiving business office from an early stage. In particular, in light of the current situation where career options after the completion of technical intern trainee training are diversifying, each receiving business office explains what options are available to them and encourages them to begin considering them even before the technical intern

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<sup>108</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual State of the Technical Training System in the Nursing Care Field" (2022)

<sup>109</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual State of the Technical Training System in the Nursing Care Field" (2022)

trainees are accepted. After acceptance, individual interviews are held with the technical intern trainees when two years have passed since they arrived in Japan, and their wishes are heard. In addition, an e-mail magazine is sent out to union members once or twice a month, actively distributing information on career options after the completion of the second internship and information necessary for transitioning to other systems.

### 3-3-2 Career development after returning home

#### 3-3-2-1 Current situation

The Career Intention Survey by the Research Study on Promotion Measures of the Specified Skills System in the Caregiving Sector<sup>110</sup> shows that although there is a strong tendency to seek long-term employment in Japan, there are also a certain number of people who wish to return to their home countries. In the survey targeting those with specified skills, 20% of the respondents wish to return to their home country after 5 years. (Figure 3-19)

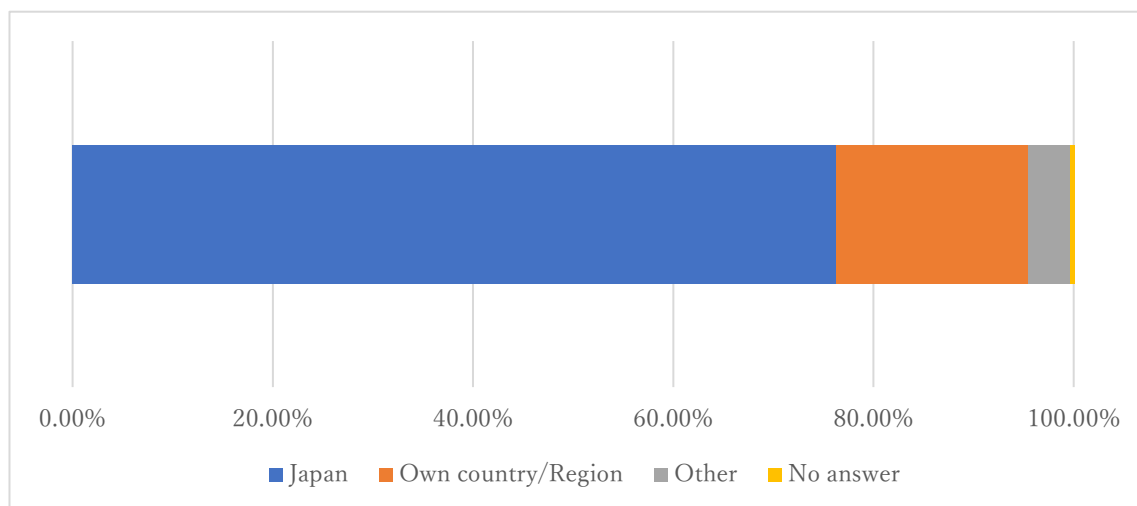


Figure 3-19 Desired location (where you live) 5 years from now (n=514)

(Source: Compiled by the survey team based on the "Survey Research Report on the Promotion of the Specified skilled worker System in the Caregiving Sector" by the International Health and Welfare Organization.

In a survey of technical intern trainees, only 20% were thinking of returning home after 5 years, and many of them intend to work for a long time.<sup>111</sup> However, no reports or surveys have been confirmed on the actual status of foreign workers for long-term care after their return to their home countries, so the actual status of what kind of careers they are pursuing is not known.

According to the FY2020 "Follow-up Survey of Returned Technical Intern Trainees"<sup>112</sup>, which targets technical intern trainees in occupations other than caregiving, approximately 33% of returned

<sup>110</sup> International Health and Welfare Organization, "Research and Study Report on Measures to Promote the Specified skilled worker System in the Nursing Care Sector" (2022).

<sup>111</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual State of the Technical Training System in the Nursing Care Field" (2022)

<sup>112</sup> Follow-up Survey of Technical Intern Trainees after Returning to Their Countries of Origin" (2021) by the Organization for Technical Intern Training of Foreigners, an authorized corporation.

This survey covers nationals of Vietnam, China, Indonesia, the Philippines, and Thailand who completed the technical internship and returned to their home countries between October 1, 2005 and January 31, 2021.

technical intern trainees are already employed or have found a job, and 18% have started their businesses. Of these, 62% are employed in the same or similar type of job as at the time of the internship. (Figure 3-20)

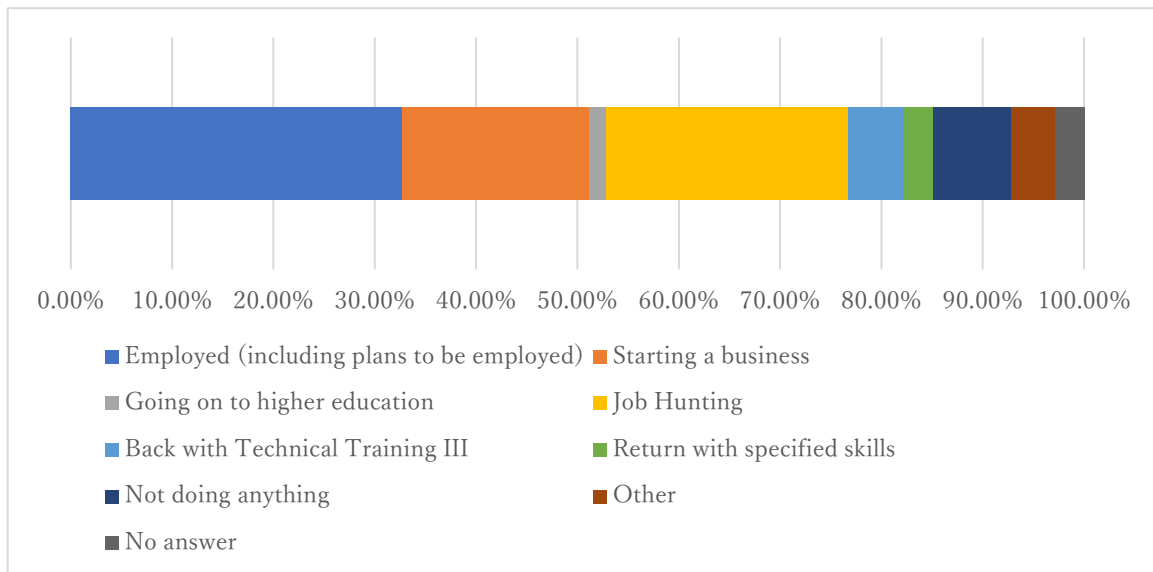


Figure 3-20 Employment status after returning home (n=1858)

(Source: Compiled by the survey team from "2020 Survey on Technical intern trainee Programs" by the Technical intern trainee Training Organization for Foreigners.

Although the same survey includes occupations other than caregiving, the Industrial Human Resource Development Sector Survey in Vietnam<sup>113</sup> shows that the employment status of trainees who have returned to their home countries varies by country. While more than 50% of the technical intern trainees in China, Thailand, and the Philippines reported that they had returned to work after returning to their home countries, the percentages were lower in Indonesia (about 39%) and Vietnam (about 27%). Furthermore, while more than 60% of the returned technical intern trainees from Thailand, China, the Philippines, and Vietnam are employed in the same occupation as when they received technical intern training, only about 51% are employed in Indonesia, indicating that the skills acquired through practical training in Japan are not necessarily utilized after returning home. (Figure 3-21)

<sup>113</sup> JICA "Information gathering and confirmation survey in the field of industrial human resources development in Vietnam" (2022)

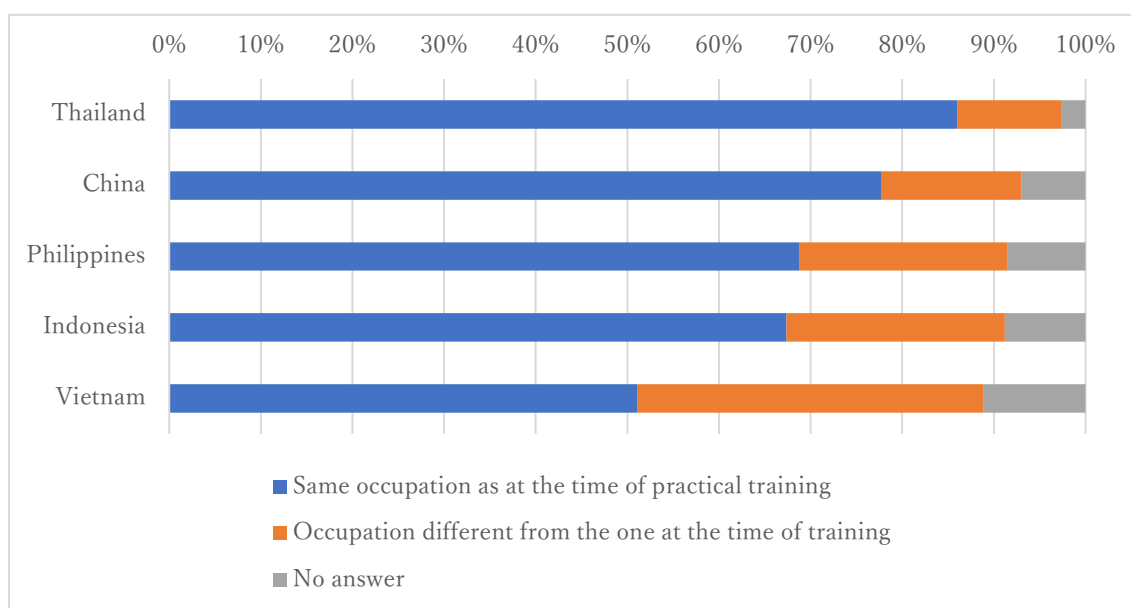


Figure 3-21 Breakdown of job placement of returned technical intern trainees (regardless of the field of training)

(Source: Prepared by the survey team based on JICA's "Information Gathering and Confirmation Survey in the Field of Industrial Human Resource Development in Vietnam" (2022).

There are no reports or other statistical summaries of the post-return status of caregiving technical intern trainees. The following is a qualitative summary of the post-return status of technical intern trainees in the caregiving field, based on previous surveys and the survey conducted by this study team.

① Get a job in a long-term care-related field.

In many Asian countries, the caregiving market is not yet formed, so the opportunities for returnees to work in the caregiving field are quite limited. In China, where the caregiving industry is growing, personnel with experience in training and working in Japan are highly valued against the backdrop of a growing shortage of caregiving long-term caregivers and are in great demand by Japanese and local caregiving long-term care providers.<sup>114</sup> However, there is also a mismatch between the expected level of skills and the skills of the individual. In Vietnam, where several Japanese companies are expanding their operations in the caregiving field, caregiving long-term care providers expect returnees from Japan to take on management roles at organizations, but there are virtually no opportunities to learn management skills during their stay in Japan, and the hurdles to obtaining a management position are very high. In contrast, general positions below the management level are not chosen as a place to work after returning to Japan because the salary level is much lower.

<sup>114</sup> Cabinet Secretariat, Research Report on the International Expansion of the Health Care Industry in Asia, including Long-Term Care, Toward the Realization of the "Asia Health and Human Well-Being Initiative" (2021).

## ② Starting own caregiving business

Many Foreign workers for long-term care want to use their experience and knowledge in Japan to start their businesses operating care organizations or selling welfare equipment and devices.<sup>115</sup> However, the field survey in this study could not confirm any cases of actual entrepreneurship in the caregiving field after returning from Japan.

## ③ Working for a medical institution

Some Foreign workers for long-term care have caregiving qualifications in their countries of origin as background. In many countries and regions, there are still few opportunities to utilize their caregiving experience, and working conditions for long-term caregivers, such as social status and wages, are poor, so many of them consider returning to work as nurses in search of better conditions. However, the survey team found a case in India where a woman who wanted to return to work as a nurse at a medical institution in her country of origin was not allowed to work as a regular nurse because her caregiving experience in Japan was not evaluated and her skills as a nurse were not sufficient. Similar cases of difficulty in returning to work as general nurses may continue to occur in the future.

## ④ Get a job that makes use of their Japanese language skills

There have been confirmed cases in which the students are mainly employed by Japanese companies or involved in the management of Japanese-language schools. In addition to the relatively high salary expectations, many Japanese companies value Japanese language skills, understanding of Japanese culture and business customs, and work experience in Japan gained from working in Japan.

Examples of returned technical intern trainees, including those other than long-term caregivers, include providing communication support to Japanese customers and engaging in clerical work such as supporting Japanese staff.<sup>116</sup> However, while technical intern trainees expect to receive a higher position and salary after returning to their home country, there are also cases of mismatches due to the skills and experience gained through the technical intern trainee period not matching the requirements of the companies, and there are also cases where, despite having Japanese language skills, low educational background and poor IT skills prevent them from obtaining employment opportunities.

## (5) Go back to work in Japan or another country

Some choose to return to Japan to work after returning home. In the survey conducted by this study group, there were cases in Vietnam and India in which foreign nationals who had completed the technical intern trainee program changed their status of residence to "specified technical skills" and entered Japan because the working conditions in their home countries were inferior to those in

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<sup>115</sup> Based on interviews with sending agencies of this study group

<sup>116</sup> JICA "Information gathering and confirmation survey in the field of industrial human resource development in Vietnam" (2022)



Japan. There were also some cases of those who changed their work destination to Europe, the U.S., South Korea, or other countries outside of Japan. The reasons for choosing a destination other than Japan include the desire to earn higher wages and a yearning for Europe and the United States.

### 3-3-2-2 Organizing Issues

#### (1) Support after returning home

At present, local support for returned human resources is limited. Although some countries in this survey provided employment support for technical intern trainees who have returned to their home countries, the survey of support organizations for specified skilled workers does not include post-return support in the content of the support being provided, and this cannot be confirmed. (Table 3-2)

Table 3-2 Support addressed in the area of care for the specified skilled worker (post-return support is not included in the support content)

① Orientation	⑩ Transportation to and from the country
② Advance Guidance	⑪ Outplacement
③ Trends in public procedures, etc.	⑫ Assistance in preparing support plans
④ Providing opportunities to learn Japanese	⑬ Livelihood support for foreign nationals
⑤ Responding to consultations and complaints	⑭ Introduction of foreign personnel
⑥ Support for contracts necessary for securing housing and living	⑮ Provide learning opportunities for caregiving knowledge and skills
⑦ Periodic interviews and reporting to government organizations	⑯ Preparation for the National Examination for Long-term caregivers
⑧ Promoting interaction with Japanese people	⑰ Other
⑨ Resident status application support	

(Source: Prepared by the survey team based on the report by the International Health and Welfare Organization, Survey Research Report on Measures to Promote the Specified skilled worker System in the Caregiving Sector (2022)).

According to a survey conducted by the Ministry of Health, Labor, and Welfare in FY2021, only 0.1% of receiving organizations provided employment support for technical intern trainees after their return to their home country. (Figure 3-22)

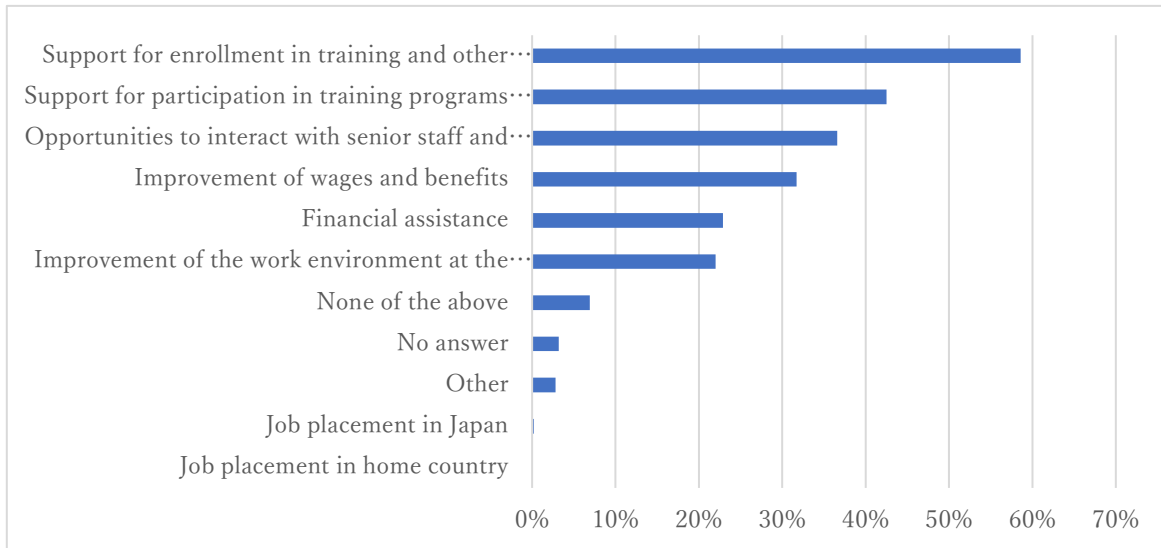


Figure 3-22 Efforts made by the corporation (technical intern trainee receiving organizations) toward career realization (n=951)

(Source: Mizuho Research & Technologies Co., Ltd. "Research Report on the State of Technical intern trainee Programs in the Caregiving Sector" (2022), prepared by the survey team.

However, this does not mean that there is no support for returnees. One supervisory organization visits caregiving homes and day service centers in Indonesia to gather information on the career paths of technical intern trainees after they return home.<sup>117</sup> In addition, in India, work placement assistance is provided by sending organizations after returning home.<sup>118</sup>

## (2) Difficulties in obtaining caregiving-related employment

It is believed that in many cases, foreign workers for long-term care do not find employment in the caregiving field after returning to their home countries. The background factors are that there are few job opportunities in the caregiving field itself, or even if there are job opportunities, the social status of caregiving long-term caregivers is low, and working conditions such as salaries are poor, so they are not chosen as job candidates. While there are hopes for improvement through the expansion of the caregiving market in sending countries, there are many countries where the market itself has not yet been formed, and there are expectations for the formation of a foundation for the welfare of the elderly through the establishment of a public caregiving system, improvement of the status of long-term caregivers through the institutionalization of qualifications for caregiving personnel, and market formation through the promotion of the caregiving industry.

In addition, the Vietnam field survey also heard of cases where local caregiving long-term care providers and others are considering hiring foreign workers for long-term care for management positions, but the foreign workers for long-term care have not reached the required skill level. In fact, even though Japanese long-term care providers are looking for foreign workers for long-term

<sup>117</sup> Mizuho Research & Technologies, Inc. FY2021 Subsidy for Promotion of Health Services for the Elderly, "Research Report on the Actual State of the Technical Training System in the Nursing Care Field" (2022)

<sup>118</sup> Based on the survey team's interviews with sending agencies in India.

care to take on leadership roles, they are not adequately developing them through training and other means. According to a Cabinet Secretariat survey <sup>119</sup>, there is also a gap in the long-term care skills of technical intern trainees, and there is consideration of establishing a unified curriculum for learning Japanese-style long-term care and a system to certify technical intern trainees who have completed that curriculum.

### 3-3-2-3 Good example

In Vietnam, there are some cases where sending organizations and local government units are matching returnees with local and Japanese companies. In Hai Duong Province, Vietnam, the Ministry of Labor, Invalids and Social Affairs works with the Job Placement Center directly under the Department of Labor, and Social Affairs to hold job fairs for returned trainees and introduce them to employment opportunities after their return home. In addition, as a solution to the mismatch between the skills required after returning to Japan and the experience and skills of the technical intern trainees, a human resource provider has developed an online learning program that allows technical intern trainees to learn PC skills, the Japanese business model, management and leadership techniques, management evaluation methods, and other skills while working in Japan.

### 3-4 Summary

So far, three phases have been examined: 1) before entry to Japan, 2) during stay in Japan, and 3) after completion of practical training and employment. The table below summarizes the current issues, possible measures to address them, and the current status of implementation. (Table 3-3)

Table 3-3 Summary of the Actual Situation of Accepting Foreign workers for long-term care in Japan

Issues	Possible measures/measures and status of implementation
<b>1. Before entering the country</b>	
<b>Recruitment and application</b>	
<p>1. lack of information on sending organizations, supervising organizations, and registered support organizations that Japanese receiving organizations and prospective foreign workers for long-term care can trust</p>	<p><b>■ Possible measures/measures</b>            &lt;National and local governments&gt;</p> <ul style="list-style-type: none"> <li>• Establishment of a certification system to evaluate sending organizations, registered support organizations, and supervising organizations.</li> <li>• Institutionalization of information disclosure to each organization</li> </ul> <p><b>■ Status of implementation [B]</b></p> <ul style="list-style-type: none"> <li>• A system for accreditation of good supervising organizations has been established.</li> </ul>

<sup>119</sup> Cabinet Secretariat, "Research Report on the International Development of the Health Care Industry, Including Long-Term Care, Toward the Realization of the Asia Health and Human Well-Being Initiative" (2021).

	There is no evaluation system for other institutions.
2. Compared to other countries, working as a long-term caregiver in Japan is not very attractive.	<p>■ <b>Possible measures/measures</b></p> <p>Revision of various systems, such as simplification of working conditions and procedures</p> <p>■ <b>Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· Although some improvements have been made by adding the new skills to the list of specified skills, there are many requests for improvement of various system contents at the local level, such as reviewing employment conditions and forms, easing entry requirements, etc.</li> </ul>
3. Lack of awareness and accurate information about working as a long-term caregiver in Japan	<p>■ <b>Possible measures/measures</b></p> <p>&lt;Improvement of PR capabilities/opportunities related to long-term care employment in Japan · Dissemination of the correct information on long-term care employment in Japan</p> <p>■ <b>Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· While other countries are conducting extensive and large-scale PR activities on a national scale, the reality is that Japan is left to the sending organizations.</li> <li>· Although materials and video tools are being produced to introduce long-term care in Japan, there is no public relations campaign using these materials and tools.</li> </ul>
<b>Matching</b>	
1. Foreign workers for long-term care have no way to determine where they can learn advanced Japanese-style care. Also, they cannot choose where they work or where they are assigned.	<p>■ <b>Possible measures/measures</b></p> <p>&lt;National and local governments&gt;</p> <ul style="list-style-type: none"> <li>· List and disseminate to the public examples of Japanese-style caregiving initiatives and providers/organizations that practice them, and use the list to match candidates with organizations.</li> </ul> <p>■ <b>Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· The Asia Health and Human Well-Being Initiative is studying the possibility of compiling a list of receiving organizations, and some of the materials have been made publicly available, but there are no confirmed examples of how the materials are being used.</li> </ul>

<p>2. Few matching opportunities between receiving organization and candidate personnel</p>	<p><b>■ Possible measures/measures</b>          &lt;Countries and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Briefing sessions for prospective long-term caregivers from each country and Japanese businesses, and creation of matching opportunities, including with local sending organizations.</li> </ul> <p><b>■ Status of implementation</b></p> <ul style="list-style-type: none"> <li>· Support programs are being developed in each prefecture and matching promotion programs are underway, but implementation is insufficient in some prefectures and sending countries.</li> </ul>
<p><b>Preparation for entry (study and procedures)</b></p>	
<p>1. The long time it takes to leave Japan and the high costs involved place a heavy burden on both the receiving organization and the foreign workers for long-term care.</p>	<p><b>■ Possible measures/measures</b>          &lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Reform of the system, including simplification of travel procedures</li> </ul> <p><b>■ Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· Although some systems have been simplified, many local people complain that the time and effort required for procedures are enormous compared to those in other countries.</li> </ul>
<p>2. Inefficient local Japanese language education, resulting in prolonged learning periods and inability to acquire Japanese that can be used in the field.</p>	<p><b>■ Possible measures/measures</b>          &lt;Local educational and sending organizations&gt;</p> <ul style="list-style-type: none"> <li>· Training of Japanese language instructors and enhancement of training</li> <li>· Acquisition of Japanese language skills suited to the caregiving field</li> </ul> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Promote training and dispatch of Japanese lecturers, train local lecturers</li> <li>· Review of the Japanese language learning curriculum for the caregiving field</li> </ul> <p><b>■ Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· The quality of teachers varies, as Japanese language schools and sending institutions are only acquiring human resources through their own efforts.</li> </ul>

	<ul style="list-style-type: none"> <li>Development of a Japanese language proficiency test for use in caregiving organizations is underway.</li> </ul>
<p>3. Insufficient understanding of Japanese-style long-term care by foreign workers for long-term care, which may lead to mismatches in work after assignment.</p>	<p><b>■ Possible measures/measures</b></p> <p>&lt;Receiving organizations/support organizations&gt;</p> <ul style="list-style-type: none"> <li>Program designed to provide a comprehensive long-term caregiver education</li> <li>Program including the dispatch of Japanese long-term caregivers.</li> </ul> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>Support for the dispatch of Japanese long-term caregivers</li> <li>Development of educational materials on Japanese long-term care</li> </ul> <p><b>■ Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>Cases of dispatch of caregiving educators to local areas and creation of original teaching materials for caregiving are observed at sending and receiving institutions.</li> <li>Some sending and receiving institutions are working to dispatch long-term caregiver educators to local areas, and some are creating their educational materials on long-term care.</li> </ul>
<p><b>2. After arriving in Japan</b></p>	
<p><b>Improvement of Japanese Language Proficiency</b></p>	
<p>1. further improvement of Japanese language skills suitable for business execution</p>	<p><b>■ Possible measures/measures</b></p> <p>&lt;Receiving organizations/support organizations&gt;</p> <ul style="list-style-type: none"> <li>Effective learning of the Japanese language in parallel with work</li> </ul>
<p>2. Maintenance and improvement of the training system</p>	<p>(Improvement of the Japanese language and reading/writing skills for work-related communication)</p> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>Curriculum development and grants</li> </ul> <p>Implementation of good practices</p> <p><b>■ Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>Various efforts are being made by various support organizations such as business offices and supervising</li> </ul>

	<p>organizations, as well as by local governments, but regional differences can be seen.</p>
<p><b>Improvement of long-term care skills</b></p>	
<p>1. Limited caregiving work that foreign workers for long-term care can engage in</p> <hr/> <p>2. Large on-site burden for training on the part of the receiving organization</p>	<p><b>■ Possible measures/measures</b></p> <p>&lt;Receiving organizations/support organizations&gt;</p> <ul style="list-style-type: none"> <li>· Planning of training programs for foreign nationals according to their skills and levels</li> <li>· Visualization of skills and promotion of the education system</li> </ul> <p>&lt;National and Local Governments&gt;</p> <p>The number of offices is expected to increase in the near future, and the number of companies that will be supported will increase.</p> <ul style="list-style-type: none"> <li>· Requests to receiving organizations and support organizations to take action and spread good practices.</li> </ul> <p><b>■ Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· Various efforts are being made at each business site.</li> </ul>
<p><b>Fixing Support</b></p>	
<p>1. Insufficient understanding of care work and working conditions on the part of foreign workers for long-term care, may induce dissatisfaction and stress due to mismatches after employment.</p>	<p><b>■ Possible measures/measures</b></p> <p>&lt;Receiving organizations/support organizations&gt;</p> <ul style="list-style-type: none"> <li>· Provide appropriate information on work content and working conditions for foreign workers for long-term care (Continuous implementation in the form of pre-visit explanations, post-visit orientations, post-work interviews, etc.)</li> </ul> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Requests for sufficient explanation to all business establishments accepting foreign workers for long-term care and horizontal deployment of good practices.</li> </ul> <p><b>■ Status of implementation 【A】</b></p> <ul style="list-style-type: none"> <li>· As a result of the advanced provision of information by receiving organization and support organizations, mismatches in operations have become less of an issue in</li> </ul>

	<p>recent years. However, there appears to be some variation in the implementation status.</p>
<p>2. Significant financial and human resource burden on long-term care providers to support retention</p>	<p>■ <b>Possible measures/measures</b>          &lt;National and local governments&gt;</p> <ul style="list-style-type: none"> <li>· The number of offices and organizations in the project, the area is expected to increase in the near future.</li> </ul> <p>■ <b>Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· Many prefectures and municipalities are providing financial support and dispatching experts. However, there appear to be regional differences.</li> </ul>
<p>3. Inadequate cooperation with the local community</p>	<p>■ <b>Possible measures/measures</b>          &lt;Receiving organizations / Supporting Organization&gt;</p> <ul style="list-style-type: none"> <li>· Promote the active participation of foreign workers for long-term care in community activities</li> </ul> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Promote opportunities for foreign workers for long-term care to participate in community activities.</li> </ul> <p>Implementation of good practices</p> <p>■ <b>Status of implementation 【B】</b></p> <ul style="list-style-type: none"> <li>· There are good examples of good practices by receiving organizations, supervising organizations, and other support organizations, but many of them are not fully implemented.</li> </ul>
<p><b>3. After completion of practical training and employment</b></p>	
<p><b>Domestic Career Paths</b></p>	
<p>1. failure to develop leaders</p>	<p>■ <b>Possible measures/measures</b>          &lt;Receiving organizations&gt;</p> <ul style="list-style-type: none"> <li>· The role expected of foreign workers for long-term care, clarification of the skills required for this role, and establishment of a training system</li> </ul> <p>&lt;National and Local Governments&gt;</p> <ul style="list-style-type: none"> <li>· Request receiving organizations to take action and horizontal deployment of good practices</li> </ul> <p>■ <b>Status of implementation 【B】</b></p>



	<p>In many cases, management personnel has not been developed.</p>
<p>2. Low pass rate for national examinations</p>	<p><b>■ Possible measures/measures</b>          &lt;Receiving organizations/support organizations&gt;          · Early confirmation of intention to take the exam and planning for the exam          · Efforts to support multiple business sites collectively          &lt;National and Local Governments&gt;          · Request for action from receiving organizations and support organizations, and horizontal development of good practices          · Establishment of an assistance system  <b>■ Status of implementation 【B】</b>          · There are some cases in which support organizations such as business offices and supervising organizations provide generous support, but they are rare.</p>
<p>3. Career path support is not being provided on the initiative of the business unit.</p>	<p><b>■ Possible measures/measures</b>          &lt;Receiving organizations/support organizations&gt;          · The business establishment should express its role expectations for foreign workers for long-term care and present a career path for them.          · Establish a career plan at an early stage and reflect it in the content of guidance, and periodically confirm their intention to work.          &lt;National and Local Governments&gt;          · Request receiving organizations and support organizations to take action and horizontal development of good practices  <b>■ Status of implementation 【B】</b>          · Implementation status differs depending on the business site, supervisory organization, and other support organizations.</p>

<p>4. Problems may occur due to a lack of understanding of the system on the part of personnel</p>	<p><b>■ Possible measures/measures</b>          &lt;Receiving organizations/support organizations&gt;          · Guidance on institutional rules and conditions for human resources          &lt;National and Local Governments&gt;          · Request action from receiving organizations and support organizations, and horizontal development of good practices</p> <p><b>■ Status of implementation 【B】</b>          · Implementation status differs for each business site and support organization such as supervising organizations.</p>
<p><b>Career path after returning home</b></p>	
<p>1. The actual situation after returning home is not seen, and post-return support is not implemented</p>	<p><b>■ Possible measures/measures</b>          &lt;Country&gt;          · Survey on the employment situation of returnees in the nursing care field and establish an implementation system to provide post-return employment support for those who wish to work after returning to their home countries.          · Formation of a network for facilitating post-return support and utilization of human resources</p> <p><b>■ Status of implementation 【C】</b>          · Some sending organizations conduct their own surveys, but there are no official surveys or data.          Some countries and institutions are providing post-return employment support, but overall, it is still insufficient.</p>
<p>2. Foreign workers for long-term care cannot work in the field of care in their home countries</p>	<p><b>■ Possible measures/measures</b>          &lt;Country&gt;          · Support for the development of skills and knowledge to prepare for local employment</p> <p><b>■ Status of implementation 【C】</b>          · In many countries, the need for caregiving is still low and the infrastructure has not yet been fostered.</p>

Note: The status of implementation is expressed in the following three levels.

A: Widely adopted and implemented, although there are still some issues to be addressed.

B: Some measures are beginning to be taken.

C: Only discussion and consideration have been made.

## **Chapter 4. Collection and analysis of data on international migration of long-term care workers**

### 4-1 Limitations on understanding global mobility of long-term care workers

Comprehensive data on global mobility of care workers worldwide could not be collected in this survey due to the following reasons.

In 2019, the ILO is releasing a working paper<sup>120</sup> on international migration of care-related workers. However, it only analyzes partial information, citing the following points as difficulties in understanding the international migration of care workers.

1. In many countries, especially in developing regions, statistical information is lacking or limited and sometimes unreliable.
2. Statistical definitions and criteria for identifying international migrants differ in the available national population and labor force surveys from which migration statistics are derived.
3. There is still no internationally agreed definition of migrant workers.
4. Irregular migrants and workers, i.e., those who enter a country without fully meeting the conditions and requirements set by the country concerned regarding entry, residence, and economic activities, may not be recorded in population census, resident registration, and household surveys.
5. Data on migrants rarely include occupations in the country of origin or in the host country.

The above applies to migrant labor in general, but in particular, in relation to understanding the international migration of care workers, the following points are also pointed out.

- Related to 4 above: informal migration is common among domestic workers, as employment within an individual's household can be easily concealed.
- Related to 5 above: Many countries track the movement of health care workers, but the information available is generally limited to doctors and nurses. Data on the migration of pharmacists, occupational therapists, and many other types of health care workers are virtually nonexistent.

Under these limitations, the working paper provides estimates of international migration of care workers limited to at-home care in the form of the percentage of those of foreign origin among the country's at-home care workers. However, even within that limitation, there are a number of limitations as follows. First, the countries covered are OECD countries only. The data for Greece, Spain, Ireland, Italy, and Portugal includes only those directly employed by the family concerned

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<sup>120</sup> ILO, "The Social Construction of Migrant Care Work", 2019 [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---migrant/documents/publication/wcms\\_674622.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_674622.pdf)

and exclude those employed by companies. The data of Canada, on the other hand, include other ancillary occupations that support health care services.

#### 4-2 Information on global mobility of long-term care workers

As mentioned above, it was not possible to collect comprehensive data on global mobility of care workers in this survey; however, what was found in this survey and related information is described below.

##### 4-2-1 Information and issues identified in this survey

The following situations were identified in the survey of the key target countries of this survey in relation to the issues described in "4.1 Limitations on understanding global mobility of long-term care workers".

Vietnam, India, and Bangladesh do not maintain occupational information on migrant workers going to work and are unable to quantify the movement of care workers. In India, Nepal, and Bangladesh, it is estimated that there are a certain number of illegal migrant workers, and there are migrant workers who are not represented in the data. In Nepal, care givers and domestic helpers are treated in the same category, and the breakdown of these workers is not known, so comparisons with other countries cannot be made. These are limited examples, but they illustrate the challenges of understanding the international migration of caregivers.

##### 4-2-2 Other related information

This section introduces reports and information related to the global mobility of long-term care workers.

The Economic Research Institute for ASEAN and East Asia (ERIA) has published several reports on the international migration of long-term care workers, especially in the Asian region. ERIA has published several reports on the international migration of foreign caregivers, which, while not comprehensive, provide some relevant information.

- ERIA, Demand and Supply of Long-term Care for Older Persons in Asia<sup>121</sup>

Abstract: This report summarizes the situation of elderly care in East and Southeast Asia from the perspectives of the demand side and the supply side. On the demand side, the report summarizes changes in the needs for elderly care (mainly the number of elderly people in need of care) in 19 countries and regions in East and Southeast Asia, and on the supply side, the status of human resources for elderly care, including nurses and domestic workers, in Japan, the Philippines, Indonesia, Korea, China, and other countries.

- Human Resources for the Health and Long-term Care of Older Persons in Asia<sup>122</sup>

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<sup>121</sup> Hayashi, Reiko, Demand and Supply for Long-term Care for Older Persons in Asia, ERIA, 2019, <https://www.eria.org/publications/demand-and-supply-of-long-term-care-for-older-persons-in-asia/>, (accessed 2023/03/01)

<sup>122</sup> Yuko Tsujita, Osuke Komazawa, Human Resources for the Health and Long-term Care of Older Persons in Asia, ERIA, 2020, <https://www.eria.org/publications/human-resources-for-the-health-and-long-term-care-of-older-persons-in-asia/>, (accessed 2023/03/01)

Abstract: This report focuses on the careers of foreign long-term care workers, focusing on the cases of Japan, Malaysia, Indonesia, and Thailand. For Japan, the report summarizes foreign nursing personnel from the perspective of the study abroad system. For Malaysia, the careers of foreign nurses coming to Malaysia are summarized. For Indonesia, the international migration of Indonesian nurses and the factors that influence their subsequent careers are summarized. For Thailand, the report summarizes the human resource needs and the supply side situation for elderly care in Thailand.

- Coping with Rapid Population Ageing in Asia -Discussions on Long-term Care Policy and Cross-border Circulation of Care Workers-<sup>123</sup>

Abstract: This report summarizes policies and systems related to long-term care and international migration of long-term care personnel in the Asian region. The policies and systems related to long-term care are discussed in the cases of China, Japan, Korea, Singapore, Thailand, and Vietnam. Regarding international migration in Asia, the report analyzes the domestic situation of caregivers in Indonesia, the Philippines, and Vietnam, as well as the policies for sending caregivers to Japan.

The WHO has issued the WHO Global Code of Practice on the International Recruitment of Health Personnel<sup>124</sup>, under which it monitors the status of response in each country. This is an international code of practice that takes into account the rights, obligations, and expectations of sending countries, receiving countries, and migrant workers themselves, in an ethical manner, as the international movement of health personnel increases. Since long-term care personnel include a certain number of qualified nurses and other medical personnel, attention must also be paid to the existence of such an international framework.

#### 4-3 Results of survey on policies for accepting long-term care workers in other countries and regions

##### 4-3-1 Basic Information of Germany and Taiwan

Germany and Taiwan are taken as targets of the survey on policies for receiving care workers from other countries/regions. For the purpose of acquiring long-term care workers from abroad, countries/regions that satisfy the following three elements were selected for the survey: (1) "major destinations" from the perspective of sending countries, (2) "acceptance as professionals" from the perspective of receiving countries/regions, and (3) "linguistic specificity" from the perspective of long-term care workers.

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<sup>123</sup> Osuke Komazawa, Yasuhiko Saito, Coping with Rapid Population Ageing in Asia, ERIA, 2021, <https://www.eria.org/research/coping-with-rapid-population-ageing-in-asia/> (2023/03/01 参照)

<sup>124</sup> WHO, WHO Global Code of Practice on the International Recruitment of Health Personnel, <https://www.who.int/publications/i/item/wha68.32>, (2023/03/01 参照)

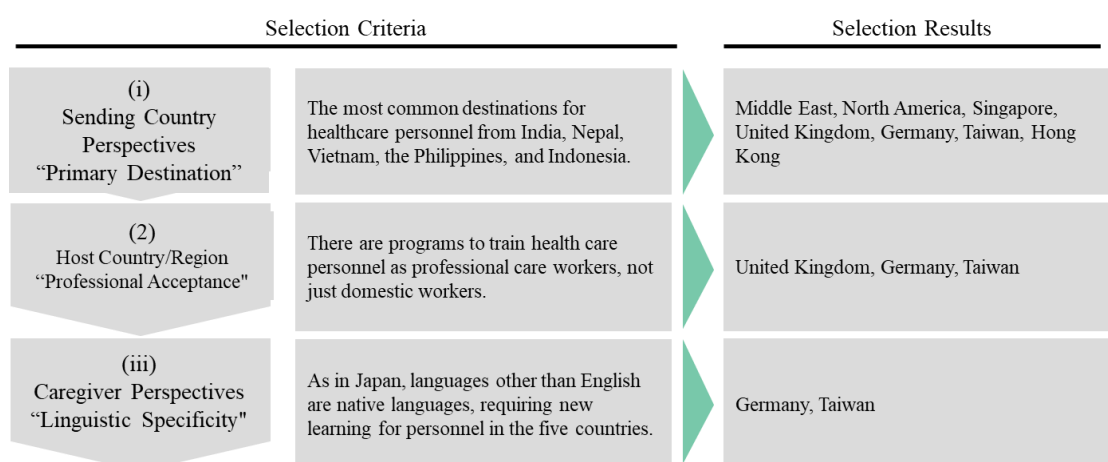


Figure 4-1 Selection Criteria and Results for Surveyed Countries and Regions

Table 4-1 Basic Information on Germany, Taiwan and Japan

Source: Prepared by the survey team based on Ministry of Foreign Affairs website, <https://www.mofa.go.jp/mofaj/area/index.html> (accessed August 29, 2022); International Monetary Fund (IMF), "World Economic Outlook Database2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/select-country-group> (accessed August 29, 2022). (accessed August 29, 2022); United Nations (UN), "Department of Economic and Social Affairs, Population Division 2022," <https://>

	Germany	Taiwan	Japanese
Capital	Berlin	Taipei	Tokyo
Language	German	Chinese, Taiwanese, Hakka, etc.	Japanese
Area (km2)	357,578	36,188	377,974
Nominal GDP (2020)	US\$ 3,843.3 billion	669.3 billion USD	5,404.1 billion US dollars
Population (thousand people) (2021)	83,408	23,860	125,585
Cut-off of population over 65 years old (%) (2020)	22.0	15.2	29.6
Number of years of multiplication (years)	40	25	24

population.un.org/wpp/publications/ (accessed September 20, 2022); National Development Commission, "Changes in the Ratio of Elderly Population," <https://pop-proj.ndc.gov.tw/chart.aspx?c=10&uid=66&pid=60> (accessed September 20, 2022), Cabinet Office, "Annual Report on the Aging Society:2018 (Summary)," Chapter 1 [https://www8.cao.go.jp/kourei/english/annualreport/2018/2018pdf\\_e.html](https://www8.cao.go.jp/kourei/english/annualreport/2018/2018pdf_e.html) (accessed September 19, 2022), National Development Commission, "Changes in the Ratio of Elderly Population." <https://pop-proj.ndc.gov.tw/chart.aspx?c=10&uid=66&pid=60> (accessed September 20, 2022).

#### 4-3-2 Demographics

Germany's population will be 83.33 million in 2020, making it the 19th most populous country in the world and the most populous in the EU. Germany was one of the first countries in the world to experience a declining birthrate and population decline, however the trends since 2000 shows that the population remained almost flat in the first 10 years and has slightly increased since 2010. It is expected to decline slowly again in the future. Taiwan's population was 23.82 million in 2020. Although Taiwan's population had been growing naturally, the fertility rate has remained at a low level, and as of 2021, the population began to decline for the first time, and is expected to continue to decline (Figure 4-2) .

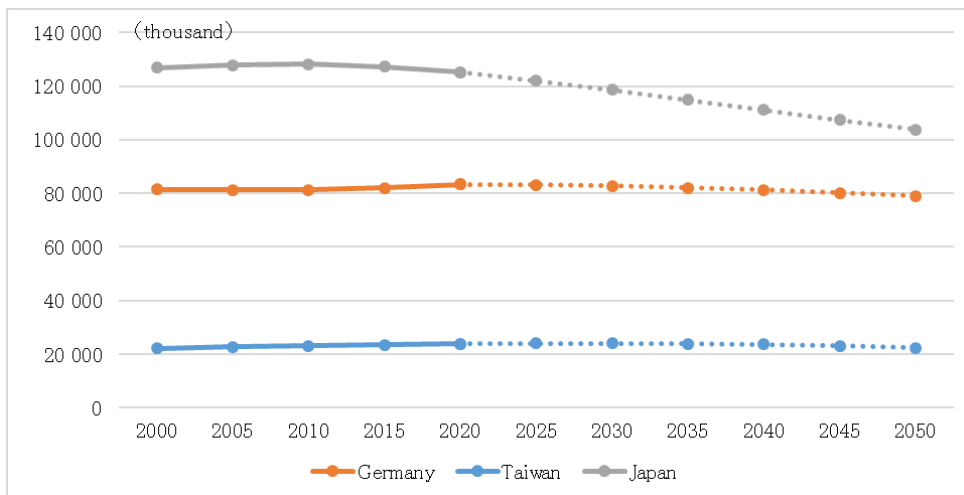


Figure 4-2 Population of the three countries 2000-2050

Source: UN, “Department of Economic and Social Affairs, Population Division 2022”  
<https://population.un.org/wpp/publications/> (accessed 2022/9/20)

Looking at the total fertility rate, Germany's rate had fallen to 1.38 in 2000, however, has recovered to 1.52 in 2020 as a result of fertility reduction measures, including a more generous childcare support system, and an increase in the birth rate due to immigrant acceptance. In Taiwan, the fertility rate has continued to decline rapidly since 2000, reaching a record low of 0.91 in 2010. It has increased slightly since then, however, will remain at 1.10 by 2020, a long-term extremely low fertility rate. (Figure 4-3)

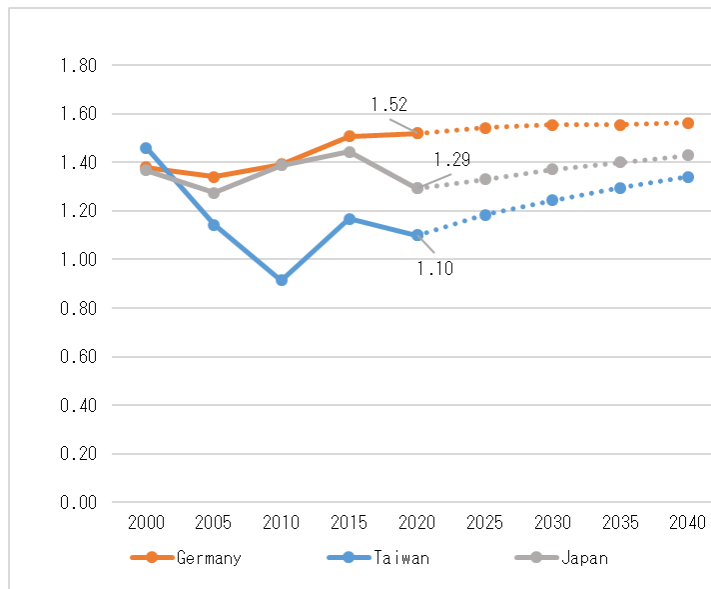


Figure 4-3 Total fertility rates for the three countries, 2000-2050

Source UN, “Department of Economic and Social Affairs, Population Division 2022”  
<https://population.un.org/wpp/publications/> accessed 2022/9/20

Germany's aging rate has increased rapidly since 2000, the share of the population aged 65 in the total population rises from 16.4% in 2000 to 20.5% in 2010 and 22% in 2020, and the elderly population reaches 18.3 million in 2022. In Taiwan, the population is aging even more rapidly than

in Germany, with the aging rate nearly doubling from 8.4% in 2000 to 15.2% in 2020, and the population now stands at approximately 23.82 million. The population is expected to continue aging rapidly, reaching 26.0% by 2030, making it a super-aged society<sup>125</sup> (Figure 4-4, Figure 4-5)

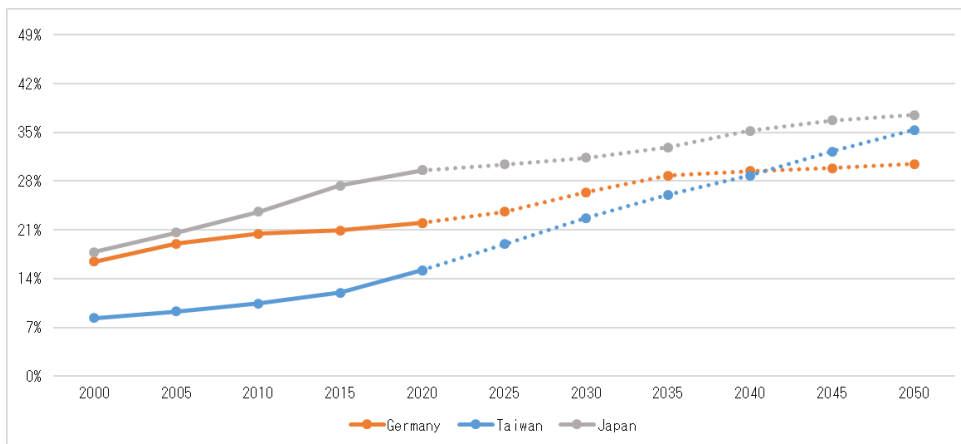


Figure 4-4 Aging Rates in the Three Countries 2000-2050

Source: UN, “Department of Economic and Social Affairs, Population Division 2022”  
<https://population.un.org/wpp/publications/> accessed 2022/9/20

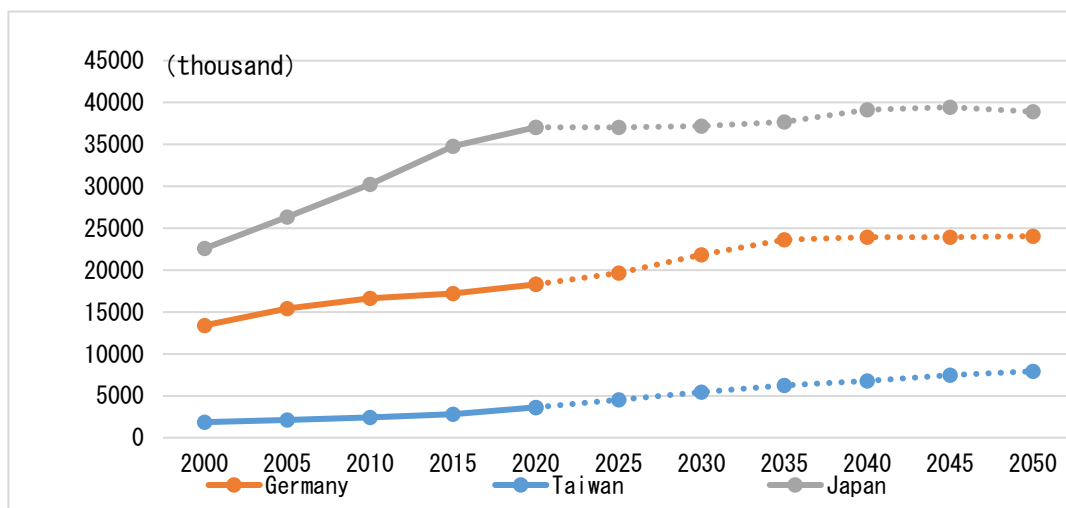


Figure 4-5 Elderly Population Trends in the Three Countries 2000-2050

Source: UN, “Department of Economic and Social Affairs, Population Division 2022”  
<https://population.un.org/wpp/publications/> accessed 2022/9/20

In Germany, the aging rate was 7% in 1932, considerably earlier than in Japan, Taiwan, and other Asian countries, and by 1972, Germany had an aging society with an aging rate of 14%. The doubling years of 40 years is shorter than that of other Western countries, indicating that the population is aging at a relatively fast pace among Western countries. Taiwan's aging rate reached 7% in 1993 and 14% in 2018, and in terms of doubling years, the population has been aging almost as fast as in Japan for 25 years. (Figure 4-6)

<sup>125</sup> UN, “Department of Economic and Social Affairs, Population Division 2022”  
<https://population.un.org/wpp/publications/> (accessed 2022/9/20)



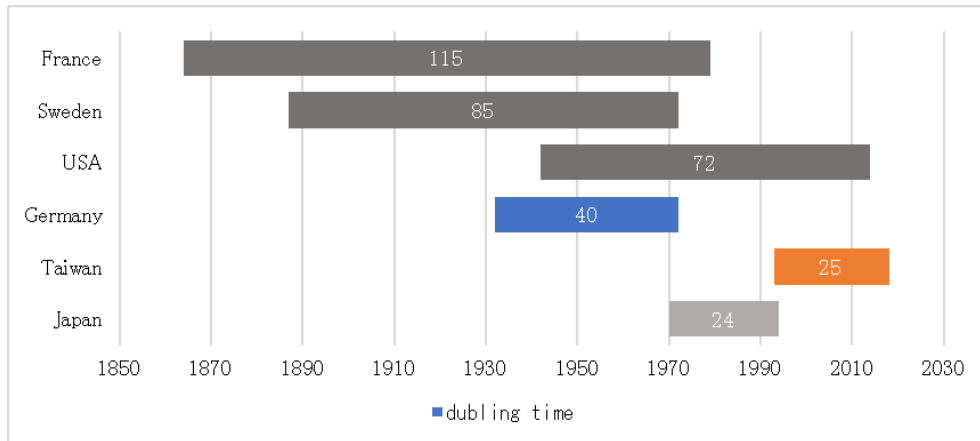


Figure 4-6 Dubbling time and its timing

Source: Cabinet Office, "Annual Report on the Aging Society:2018 (Summary)," Chapter 1 [https://www8.cao.go.jp/kourei/english/annualreport/2018/2018pdf\\_e.html](https://www8.cao.go.jp/kourei/english/annualreport/2018/2018pdf_e.html) (accessed September 19, 2022); AHWIN website, <https://www.ahwin.org/data-on-aging/> (August 1, 2022); National Development Council of Taiwan website, <https://pop-proj.ndc.gov.tw/chart.aspx?c=10&uid=66&pid=60> (accessed September 20, 2022)

Looking at the population aged 15 to 64 (elderly dependency ratio) relative to the population aged 65 and over, the elderly dependency ratio was 34.2% in Germany and 21.1% in Taiwan as of 2020. The elderly dependency ratio in Japan is the lowest in the world at 50.6%, with less than two people of working age supporting the elderly. Although the situation in Germany and Taiwan is not the same as in Japan, the burden on the working-age population is still increasing year by year. In Taiwan, in particular, the elderly dependency ratio is expected to increase rapidly due to the rapid aging of the population and declining birthrate, and is expected to surpass that of Germany by 2040. (Figure 4-7)

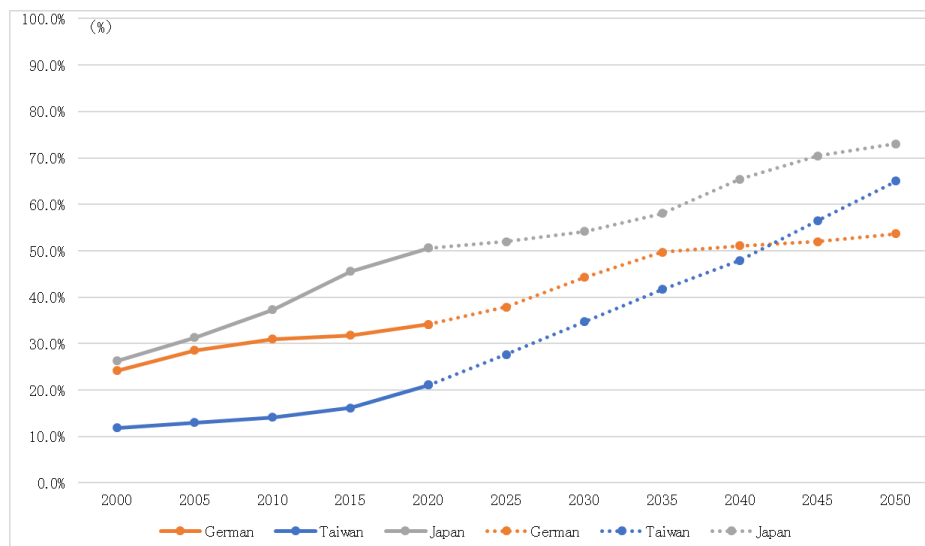


Figure 4-7 Elderly Dependency Ratio (%) 2000-2050

Source: UN, "Department of Economic and Social Affairs, Population Division 2022" <https://population.un.org/wpp/publications/> (accessed 2022/9/20)

### 4-3-3 Medical Care Levels

The following Indicators were used to compare the level of medical care in the target countries are life expectancy, healthy life expectancy, under-five mortality rate, maternal mortality rate, number of hospital beds, number of physicians, and number of nurses. (Table 4-2)

Table 4-2 Healthcare Standard Indicators for the Three Countries

	Germany	Taiwan	Japan
Life expectancy (2020)	80.9	81.3	84.6
Healthy life expectancy (2019)	70.9	72.4	74.1
x 1	4	4	2.4
Maternal mortality rate (per 100,000 live births) (2020)	7	12	5.0
Number of hospital beds (per 10,000 population) (2020)	43.1 (2022)	73 (2021)	129.8 (2022)
Number of physicians (per 10,000 population) (2020)	44.35 (2020)	22.3 (2019)	24.8 (2018)
Number of nurses (per 10,000 population)	141.9 (2019)	79.2 (2021)	119.5 (2018)

Source: WHO, "Global Health Observatory data repository," <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth> (accessed September 20, 2022); World Bank, "World Development Indicators " <https://databank.worldbank.org/reports.aspx?source=2&type=metadata&series=SP.DYN.LE00.IN> (accessed September 20, 2022); Taiwan, Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5113-45169-113.html> (accessed September 16, 2022), Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/DOS/cp-5301-62356-113.html> (accessed September 16, 2022).

Looking at the trends in life expectancy in Germany, after being surpassed by Japan around 1965, life expectancy has increased by about one year every five years, with a gap of about three years. The data for Taiwan, obtained from the Department of Statistics, Ministry of Health and Welfare, covers only the period from 1995 to 2020, however, life expectancy increased by about 6 years in the 10 years from 1995 to 2015, and by 2020 it will be 81.3 years, exceeding that of Germany.<sup>126</sup> (Figure 4-8)

<sup>126</sup> Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/DOS/lp-5083-113.html> (accessed September 16, 2022)

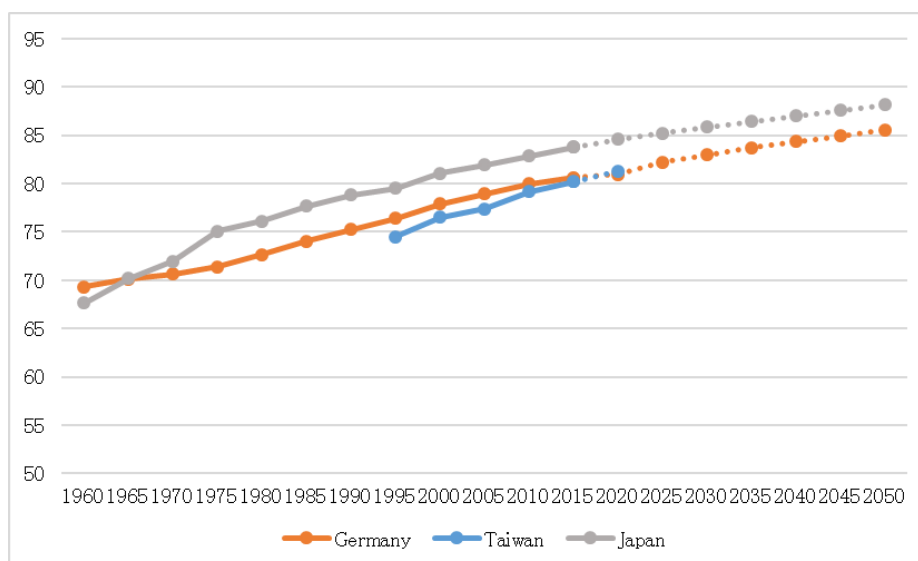


Figure 4-8 Changes in Life Expectancy

Source: World Bank, "Population Estimates And Projections," <https://databank.worldbank.org/source/population-estimates-and-projections> (accessed September 16, 2022); Taiwan Ministry of Health and Welfare website, <https://dep.mohw.gov.tw/DOS/lp-5083-113.html> (accessed September 16, 2022).

As of 2019, healthy life expectancy in Germany is 70.9 years<sup>127</sup> and 72.4<sup>128</sup> years in Taiwan, 1.5 years longer than in Germany. As life expectancy in Germany has increased, the gap between life expectancy and healthy life expectancy has also grown, reaching 10.8 years in 2019. On the other hand, the gap between life expectancy and healthy life expectancy in Taiwan is about 2 years shorter than in Japan and Germany, indicating a longer period of staying good health.

#### 4-3-4 Major Causes of Death

In Germany in year X, the proportion of people dying from infectious diseases, and accidents and other causes was significantly lower than in 1999, at 2.8% and 4.4%, respectively, and more than 90% of deaths were caused by non-communicable diseases. This situation has not changed significantly over the past 20 years. Taiwan also had 14.2% accidents and other causes as of 1999, however, by 2019 it had dropped to 6.8%, with 85% of people dying from non-communicable diseases.<sup>129</sup> (Figure 4-9)

<sup>127</sup> WHO, "Global Health Observatory data repository" <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth> accessed September 20, 2022

<sup>128</sup> Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/DOS/cp-5301-62356-113.html> (accessed September 16, 2022)

<sup>129</sup> IHME, "Global Burden of Disease Study 2019," <https://vizhub.healthdata.org/gbd-results/> (accessed September 16, 2022).

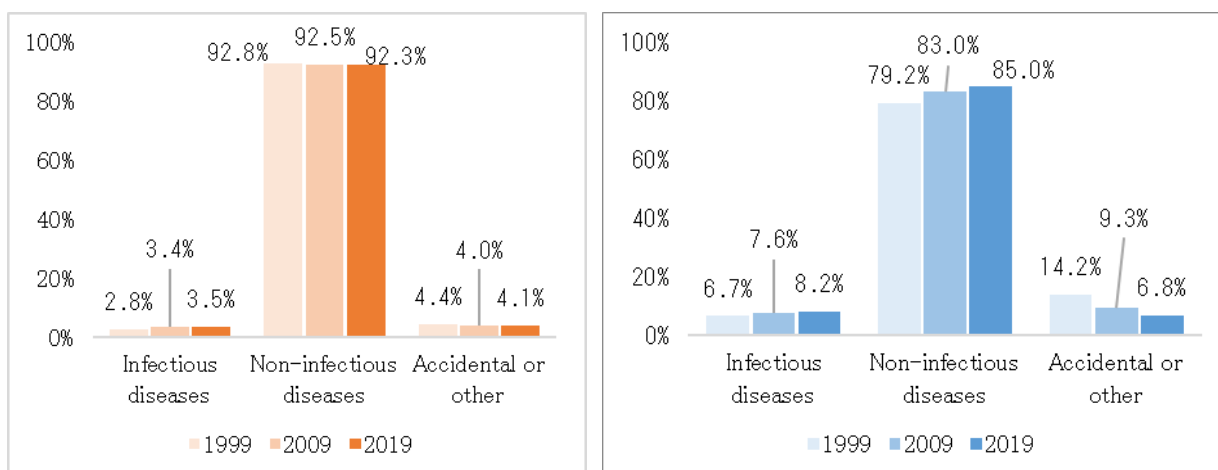


Figure 4-9 1999~2019 Causes of Death in 2 Countries (2019) (%) Germany on the left and Taiwan on the right

Source: study team based on IHME, "Global Burden of Disease Study 2019," <https://vizhub.healthdata.org/gbd-results/> (accessed September 16, 2022).

#### 4-4 Germany

##### 4-4-1 Medical and Long-term Care Overview

##### 4-4-1-1 Long-term Care System

###### (1) Background of Introduction of the Long-term Care System

In Germany, discussions on the long-term care system had been underway since the 1970s. When the population aging rate rose from 9.7% in 1950 to 15.5% in 1980, and the country entered an aging society, the existing system for providing long-term care services to people requiring long-term care was inadequate<sup>130</sup>. In addition, when they were unable to pay for their own care, they had to rely on social assistance, the equivalent of Japan's welfare system, and the number of those eligible for such assistance increased, resulting in a severe financial situation for local governments<sup>131</sup>. This background was the starting point for the establishment of the long-term care insurance system.

Germany originally had a huge organization called the Sickness Fund, which managed health insurance and was experienced in collecting insurance premiums and managing individual benefits, and a long-term care insurance system was introduced as a system of care for the elderly through a social insurance system financed by insurance premiums<sup>132</sup>.

The Long-Term Care Insurance Law (Pflegeversicherungsgesetz) was issued in May 1994, and in-home care services based on this law began in April 1995, and institutional care services in July 1996<sup>133</sup>.

<sup>130</sup> Seon Hyun Kyu, Kyohei University Research Review, No. 8, "A Comparative Study of Long-Term Care Insurance Systems in Japan, Germany, and Korea," 2010.

<sup>131</sup> Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020.

<sup>132</sup> John Clayton Campbell, "The Policy Process of Establishing Long-Term Care Insurance Systems in Japan and Germany," 2009.

<sup>133</sup> Institute for Healthcare Economics and Research, "Survey Report on the Functional Differentiation of Nursing Homes in Other Countries," March 2007.

## (2) Overview of the Long-Term Care System

Long-term care insurance is divided into public long-term care insurance and private long-term care insurance, and both are combined to form a universal healthcare system. Long-term care insurance is under the medical insurance system, and the insurer of the public medical insurance (sickness fund) doubles as the insurer of the public long-term care insurance (long-term care fund), and those insured by the private medical insurance are obliged to join the private long-term care insurance system. There are no age restrictions on the conditions for enrollment and benefits of long-term care insurance, and people can receive long-term care insurance services if they are certified at long-term care grade (Pflegegrad) through an accreditation survey. In addition, Germany's public long-term care insurance is called partial insurance and does not cover all the costs required for long-term care. The missing costs are to be borne by the person in need of long-term care and his/her family<sup>134</sup>. (Table 4-3)

Table 4-3 Overview of the German public long-term care insurance system

System	Social insurance method (medical insurance system utilization type)
Insurer	Long-term care fund
Financial resources	Insurance premium income only (no public expense sharing)
Premium level	Having children: 1.52% of gross income (1.525% of employer's contribution) No children: 1.77% of gross income (employer pays 1.525%)
Insured person	Members of public health insurance (employees and their families, agricultural workers, artists, students and public pensioners, etc.)
Beneficiaries of long-term care insurance	Persons in need of nursing care of all age groups
Classification of long-term care required	Long-term care grade 1-5
Benefits	In-home services (in-kind and cash benefits) Facility services
Out-of-pocket expenses	No fixed-rate copayment (insurance benefits are based on a fixed amount. (Insurance benefits are based on a fixed rate, and any portion in excess of this is to be paid by the customer)

(Source: Prepared by the survey team based on the Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020, and Kari Saito, "Support for Caregivers in Germany," 2013.

## (3) Long-term Care Insurance Beneficiaries

In order to receive long-term care benefits, a long-term care grade must be certified through a accreditation survey conducted by a team of doctors and others affiliated with an accreditation organization set up by insurers. In the accreditation survey, independence or impairment of ability is examined in six areas of daily living. A score is assigned to each of the six areas, and the points are calculated according to the distribution ratio for each area, resulting in an overall score. Depending on the overall score, a care grade from 1 to 5 is assigned. Care grade 1 is for those who are certified as having "minor disability in independence or ability," and the higher the number, the

<sup>134</sup> Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020.

more severe the care level. Table 4-4 shows the number of long-term care insurance beneficiaries by long-term care grade as of 2020. Among those receiving home care services, 1.57 million (45.2%) were in Grade 2, and among those receiving institutional care services, 2.18 million (35.1%) were in Grade 3. It can be seen that as the long-term care grade becomes more severe, more people requiring nursing care use institutional care services than home care services.<sup>135</sup> (Table 4-4)

Table 4-4 Number of long-term care insurance beneficiaries by service type per care needs grade in 2020 (percentage) Unit: thousands

Grade of Care Needs	In home service	Facility service
Grade 1	537.3(15.4%)	4.0(0.6%)
Grade 2	1,571.3(45.2%)	119.1(16.9%)
Grade 3	936.3(26.9%)	247.1(35.1%)
Grade 4	322.7(9.3%)	217.9(31.0%)
Grade 5	110.9(3.2%)	115.2(16.4%)
Total	3,478.5(100%)	703.3(100%)

(Source: German Federal Ministry of Health, "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)" Prepared by the survey team based on "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)," 2022

Figure 4-10 shows that the number of recipients of public long-term care insurance was 1,060,000 in 1995 when in-home services started and 385,000 in 1996 when facility services started, but by 2021 the number of recipients of in-home services increased nearly fourfold to 3.76 million, while the number of recipients of facility services doubled to 702,000. Particularly since 2017, the number of recipients of in-home services has increased sharply. This is because the 2017 amendment of the Long-Term Care Insurance Law under the Second Long-Term Care Enhancement Act made it possible to certify patients with dementia and those with slight impairments in living at home, as not only the decline in physical functions but also the decline in cognitive functions are now evaluated equally in the certification of long-term care.

<sup>135</sup> German Federal Ministry of Health "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures) ", 2022

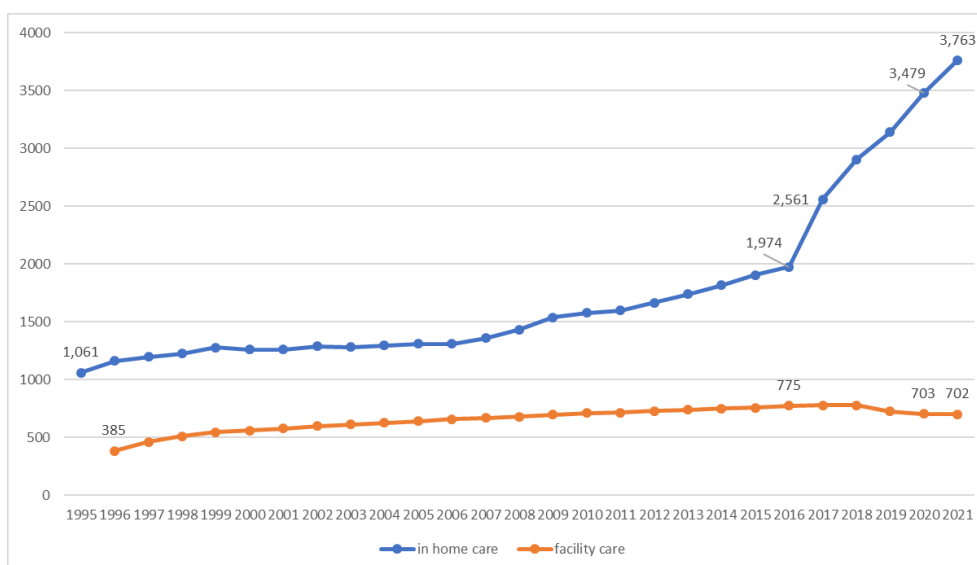


Figure 4-10 Number of German public long-term care insurance beneficiaries (1995-2021)

(Source: German Federal Ministry of Health, "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)" Prepared by the survey team based on "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)," 2022

#### (4) Long-Term Care Insurance Benefits

As in the Japanese system, the amount of care benefits provided by the German long-term care insurance system for home care is determined by the level of care required. As in Japan, the full amount of benefits is paid, rather than the 10% co-payment of the amount used. The long-term care insurance benefits include both in-home services and facility services, with the principle that the use of in-home services takes precedence over facility services. Benefits for in-home services include both in-kind and cash benefits, which can be received in combination. In addition to benefits for the person being cared for, the system also provides generous benefits to reduce the burden on caregivers, including the option of cash benefits as a care allowance for family members and other caregivers. In the case of benefits in kind, a maximum monthly amount is paid for the provision of professional nursing care services, and any amount exceeding this limit is to be paid out-of-pocket. Table 4-5 summarizes the main services, goods, and benefit amounts covered by long-term care insurance in Germany.

Table 4-5 Main services, goods, benefit amounts, etc. covered by German long-term care insurance

	Name of service	Contents and Benefit Amount
In-home services	nursing allowance (Cash benefits)	A cash benefit that a family member or other caregiver in need of care can choose in lieu of a benefit in kind. The caregiver allowance is not paid directly to the caregiver, but to the person in need of care. Monthly maximum: 316 to 901 euros
	In-home visiting care service (benefit in kind)	Services provided by an authorized in-home care provider or an individual who has entered into a contract with a care vault to visit a person's home. This includes nursing services, physical assistance, and housekeeping support. Monthly maximum: 689 to 1,995 euros

Facility Services	Day Care/Night Care (Benefits in kind)	This is a benefit in kind for temporary use of a facility, and the scope of benefits only covers the cost of nursing care services and does not include accommodation, meals, etc. Monthly maximum: 689 to 1,995 euros
	short stay (Benefits in kind)	Short-term care for patients discharged from hospitals and for family members and other caregivers to reduce the burden of caregiving. Benefits cover only the cost of nursing care services and do not include accommodation, meals, etc. Up to 8 weeks per year, up to a maximum of €1,612 per year
	respite care (Cash benefits)	Available when the usual caregiver, such as a family member, takes a leave of absence or is temporarily unable to provide care due to illness or other reasons. The benefit amount varies depending on whether the substitute caregiver is a close relative such as a parent, spouse, sibling, child, or their spouse, or a person other than a close relative (stranger). Next of kin €474-1,351.5 per month, equivalent to 1.5 times the care allowance 1,612 per month for non-nearest relatives. However, up to 6 weeks per year
	Caregiver Support Allowance (Cash benefits)	An allowance based on the Long-Term Care Insurance Law, which allows an employee who is not paid due to long-term care or other reasons to receive up to 10 days' worth of allowance in total to supplement his/her income. Equivalent to 90% of wages (subject to a cap)
	Reimbursement of home improvement expenses	Maximum of EUR 4,000 per visit (where more than one applicant lives together) (Up to 4 times, up to a total of EUR 16,000). Group Ho The target is also for the
	Benefits for the purchase of nursing care-related supplies	Maximum monthly amount: 40 euros
	Providing specialized care equipment	Purchase or rental costs if the care safe recognizes the need The maximum benefit amount is 25 euros. The maximum benefit amount is 25 euros.
	Supplemental social insurance premiums for family members and other caregivers (Cash benefits)	Equivalent to premiums for pension insurance, unemployment insurance, medical insurance, and long-term care insurance may be charged to the nursing care safe. However, at least Requirement that the caregiver also regularly provides care for at least 10 hours per week and at least 2 days per week.
	Full institutionalization (benefit in kind)	Does not include accommodation, meals, or other expenses. 125-2,005 Euro per month

Source: Prepared by the survey team based on the Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020, and Kari Saito, "Support for Caregivers in Germany," 2013.



#### 4-4-1-2 Long-Term Care Resources

##### (1) Long-term care service providers

As shown in Table 4-6, the number of providers offering in-home services as of 2019 was about 14,700 facilities, with about 66.5% of the operators being private, 32.2% non profit organizations, and 1.3% public operators such as municipalities. The number of long-term care facilities providing institutional services was about 15,400, of which about 42.7% were private, 52.7% were non-profit organizations, and 4.5% were public operators<sup>136</sup>.

Table 4-6 Number of in-home service providers and nursing homes by operator (2019)

Operator	Number of in-home service offices (%)	Number of nursing care facilities (%)
Private	9,770 (66.5%)	6,570 (42.7%)
Non-profit organization	4,730 (32.2%)	8,115 (52.8%)
Public Operator	198 (1.3%)	695 (4.5%)
Total	14,688 (100.0%)	15,380 (100.0%)

(Source: Prepared by the survey team based on German Federal Ministry of Health, "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)," 2022.

Figure below shows the number of long-term care service operators, all of which have been increasing year by year. The number of in-home service providers increased by about 20% from about 12,000 in 2009 to about 14,700 in 2019, while the number of nursing homes increased by about 30% from about 11,600 in 2009 to It can be seen that in recent years, the number of nursing care facilities has increased more than the number of in-home service providers. It can be seen that in recent years, the number of nursing care facilities has increased more than the number of in-home service providers.

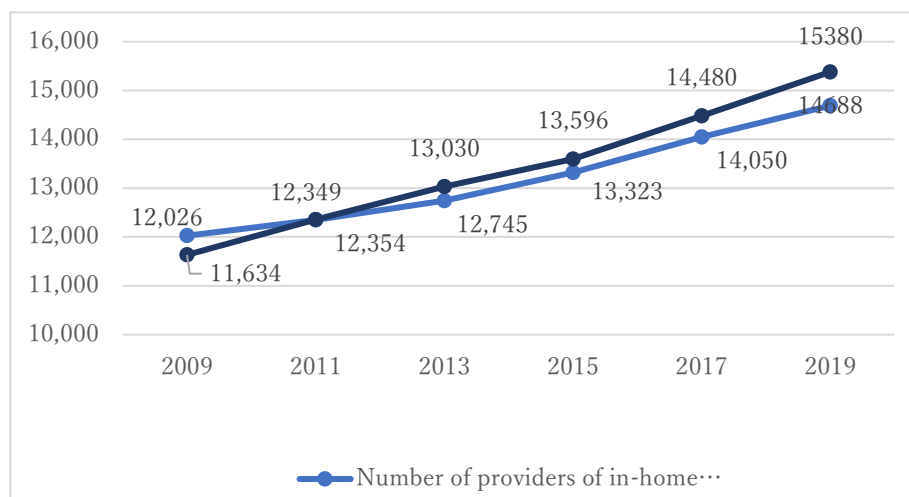


Figure 4-11 Number of long-term care service providers in Germany (2009-2019)

(Source: Prepared by the survey team based on German Federal Ministry of Health, "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)," 2022.

<sup>136</sup> German Federal Ministry of Health, "Pflegeversicherung, Zahlen und Fakten (Nursing care insurance situation and figures)," 2022

## (2) Number of caregivers

Table 4-7 shows that, as of 2019, there are 1,218,000 people working in long-term care services overall, regardless of nationality, with other professional qualification holders accounting for 40.1% of the total. The next largest group of caregivers for the elderly is about 285,000, accounting for 23.4% of the total. Approximately 129,000 nurses are also engaged. Looking at the number of workers for each service, the number of workers for in-home services is about 422,000, with elderly caregivers accounting for about 99,000, or 23.5% of the total, and nurses accounting for 78,000, or 18.5%. The number of workers in institutional services is larger than that in residential services, about 797,000, of which about 186,000, or 23.3% of the total, are certified elderly caregivers and about 50,000, or 6.6%, are nurses. The percentage of certified elder caregivers is not much different between in-home and institutional services, but the percentage of nurses is much higher in in-home services<sup>137</sup>.

Table 4-7 2019 Number of Caregivers by Occupation and Type of Service (Percentage of Occupations)  
(in thousands)

type of occupation	In-home services	Facility Services	plan
Elderly Caregiver	99.0(23.5%)	185.9(23.3%)	284.98(23.4%)
Elderly Care Assistant	21.8(5.2%)	52.5(6.6%)	74.3(6.1%)
RN	78.1(18.5%)	51.0(6.1%)	129.2(10.6%)
nursing assistant	14.8(3.5%)	17.4(2.2%)	32.2(2.6%)
Pediatric Nurse	1.3(0.3%)	3.4(0.4%)	4.7(0.4%)
Other professional qualification holders	155.5(36.9%)	333.4(41.9%)	488.9(40.1%)
Not qualified or in training	51.0(12.1%)	152.9(19.2%)	203.9(16.7%)
Plan	421.6(100%)	796.5(100%)	1,218.0(100%)

Source: survey team based on German Federal Ministry of Health, "Pflegerberichte Siebter Pflegebericht (Seventh Nursing Report) - 2016-2019"

Note: Other professional qualification holders include care professionals other than nurses and caregivers, qualified and unqualified care professionals, and workers in education.

### 4-4-1-3 Nursing and caregiving human resources

#### (1) Professional system and education

The care and nursing of the elderly is mainly provided by the federal national certification for caregivers of the elderly. This certification is a medical qualification that allows the holder to perform two functions: nursing and care for the elderly. It can be obtained after completing a three-year training course and passing a national examination.<sup>138</sup>

In Germany, nuns were responsible for the care of the elderly outside of the family in the 1950s, but in 1969, North Rhine-Westphalia became the first state in Germany to institutionalize a one-year

<sup>137</sup> German Federal Ministry of Health, "Pflegerberichte Siebter Pflegebericht (Seventh Nursing Report) - 2016-2019."

<sup>138</sup> Matsumoto, Katsuaki, "Reform of the Education System for the Training of Care Professionals in Germany" (Kenpo Rengo Kaigai Medisupport 2022, No.129)

program for elderly caregivers in response to the growing demand for nursing personnel since the 1960s. Later, in accordance with the "Law on Care for the Elderly" enacted in 2003, geriatric caregivers became a federal state qualification that requires three years of training, similar to the professional nursing qualification "nurse" and the professional nursing qualification "pediatric nurse" for the care of sick children.

In response to the further aging of the population and the shortage of care professionals, training education for care professionals, which was previously regulated separately in the Elderly Care Act and the Nursing Act, will be regulated in a unified manner in the Care Professions Act enacted in 2017. As a result, new training education will begin in 2020. The new training education aims to train professionals who can provide independent, comprehensive, and process-oriented care to people of all ages in acute or ongoing care needs in institutional or residential settings. The training and education period is basically three years and consists of theoretical and practical training (2,100 hours) and practical training (2,500 hours). The first two years are common generalist care training; in the third year, students may choose to continue generalist care training, continue training in the care of the elderly, or continue training in the care of children and adolescents. Upon completion of each training course and passing the national certification, the student will be qualified as a care specialist, a caregiver for the elderly, or a pediatric nurse.

The duties that only those with these qualifications are permitted to perform are defined as (1) investigating and determining the care needs of individuals, (2) planning, assembling, and controlling the process of care, and (3) analyzing, evaluating, ensuring, and developing the quality of care, and these duties are now limited to those with care professional qualifications. These duties are now limited to those who are qualified care professionals. They are also entrusted with certain medical procedures under the direction of a physician in home care projects and residential care facilities.<sup>139</sup>

Elderly care assistants, a complementary qualification for elderly caregivers, is based on the laws of each state, so the training institutions, number of training hours, and training education vary slightly from state to state, but generally 700 hours of theoretical education and 900 hours of practical education are required in one year. In some states, the training system for auxiliary professions has been restructured in conjunction with the federal government's efforts to integrate the nursing and care professions into the care professions. For example, the state of Lower Saxony created a qualification in 2009 that integrates nursing assistants with elderly care assistants, with a two-year training program consisting of 480 hours of liberal arts education, 1,320 hours of theoretical education, and 960 hours of practical education.<sup>140</sup> (Table 4-8 )

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<sup>139</sup>Yukiko Maekawa, "Implications from Human Resource Education for Elderly Caregivers in Germany" (University of Yamanashi, Vol. 15, 2020)

<sup>140</sup>Yoshimi Hozumi, "Training Education for Elderly Caregivers in Germany and Its Educational Training System" (Journal of Kawasaki Society of Medical Welfare, 2009 Vol.18 No.2)

Table 4-8 Professional Systems and Education of Nursing and Nursing Personnel

law	Qualifications		Training period	Study Contents	Task
federal law	Carer	care specialist	3 years (2100 hours of theoretical education and 2500 hours of practical education)	First and second year generalist care training education In the third year, students choose their career path (generalist care training education, training education related to the care of the elderly, training education related to pediatric nursing).	Individualized care planning and development Certain medical treatment based on physician's orders
		Elderly Caregiver			
		Pediatric Nurse			
laws of each state	nursing assistant		Varies from state to state Roughly 1 year (700 hours of theoretical education and 900 hours of practical education)	Varies by state	Basic care as an assistant to a nurse or elderly caregiver
	Elderly Care Assistant				
	Nursing Assistant and Elderly Care Assistant		In Lower Saxony, 2 years (480 hours of liberal arts education, 1320 hours of theoretical education, 960 hours of practical education)	German, foreign languages, mathematics, care of people, electives, practical work in elderly care facilities, hospitals, etc.	Basic nursing care such as meals, transfers, blood pressure monitoring, medication, first aid, etc.

(Sources: Yukiko Maekawa, "Implications from Human Resource Education for Elderly Caregivers in Germany" (University of Yamanashi, Vol. 15, 2020); Yoshimi Hosumi, "On the Training Education for Elderly Caregivers in Germany and its Educational Training System" (Kawasaki Journal of Medical Welfare, Vol. 18 No. 2, 2009); Takeshi Takagi, "Human Resource Training and Facility Staff Reorganization of the Training System for Auxiliary Workers (Helfer) in the Nursing Care and Nursing Field in Germany : Focusing on the Example of Lower Saxony" (Shakai University Welfare Forum 2015 Report), prepared by the research team based on the following data.

## (2) Compensation and salary level

Table 4-9 shows that the median monthly compensation for caregivers across Germany is €2,645 (as of 2018). This amount is 20% lower than the median monthly compensation of €3,304 for all

sectors.<sup>141</sup> Thus, the salary of caregivers in Germany itself is low, contributing to the poor social image of caregivers. The minimum wage for caregivers is €11.05 per hour in the West German region and €10.55 in the East German region, which is approximately 20% lower than that of nurses and 30% lower than the average for all industries. 2021, the educational programs for caregivers and nurses will be integrated, and the social status of caregivers is expected to increase. The government has announced measures to gradually increase the minimum wage for caregivers, and the hourly wage for elderly caregivers will be 18.75 euros by June 2023, with a monthly wage of 3,180 euros for a 39-hour work week, and gradual increases are also planned for elderly care assistants and nursing assistants.

Table 4-9 Monthly remuneration of full-time employees, 2018 (in euros)

business	All Levels	Assistant*.	Professional*.	Specialist*.	Expert*.
All Fields	3,304	2,259	3,052	4,321	5,425
caregiver	2,645	2,041	2,879	2,947	5,100

\*Assistant is a simple job that requires no special expertise; Professional is a level of work that requires two to three years of vocational training. Specialist has specialized knowledge and skills. Expert is engaged in advanced and complex work such as research and development, medical examinations, etc., and must have at least four years of university education.

(Source: Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020.

#### 4-4-2 Acceptance of Foreign Human Resources

##### 4-4-2-1 Overview of Foreign Talent Acceptance

###### (1) History of Acceptance of Foreign Workers

Since the 2000s, Germany has been moving toward a multi-ethnic nation in order to secure the labor force due to the declining birthrate and aging population, as well as to address the various problems caused by immigration up to that time. Table 4-10 summarizes the history of this change.<sup>142</sup>

Table 4-10 History of Foreign Worker Acceptance

<p>◆ <b>Acceptance of "guest workers" after the war (1955-)</b></p> <ul style="list-style-type: none"> <li>• Experienced labor shortages during the high-growth period associated with postwar reconstruction, and actively accepted foreign labor to meet labor demand since 1955</li> <li>• The main receiving sectors are the mining and industrial sectors: in 1970, many worked in metalworking (over 40%), construction (12%), and textiles (11%), while the service sector accounted for less than 15% of the workforce.</li> <li>• Signed treaties with emerging countries for labor recruitment because they did not have colonies</li> </ul> <p>◆ <b>Period of restraint (early 1970s)</b></p> <ul style="list-style-type: none"> <li>• The oil crisis forced a change in the policy of actively accepting foreign workers, and the acceptance of foreign workers from non-European Communities (EC) countries has been suspended since 1973.</li> <li>• At the time, 3.6 million foreigners were living in Germany, but the voluntary return of foreigners to their home countries was encouraged, especially in the 1980s.</li> </ul>
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<sup>141</sup> Federation of Health Insurance Associations, "International Comparative Survey Report on Public Long-Term Care Systems," 2020.

<sup>142</sup> Hisashi Yamada, "Chapter 7: Foreign Human Resources Policy in Germany and Sweden: Accepting Skilled Workers as Citizens" (JRI Review 2019 Vol. 10, No. 71)

- However, the effects of that policy were limited, and many of the "guest workers" became permanent immigrants, with their families joining them. The largest group was Turkish, followed by Yugoslavian and Italian
- ◆ **Period of refugee reception (late 1970s-1980s)**
- Received European refugees from Eastern European countries and the Soviet Union in the late 1970s and 1980s
- At the end of the 1980s, especially after the fall of the Berlin Wall, a new wave of immigrants from Eastern Europe and the former Soviet Union arrived
- In the early 1990s, one million foreigners, or 1% of the population, immigrated to Germany each year.
- ◆ **Shift to immigration policy (1990s)**
- The Aliens Law was enacted in 1990. Legal guarantees for immigrants are strengthened and, for the first time, clear rules and standards for naturalization are established.
- For adults over the age of 23, citizenship was conditioned on residence for at least 15 years, and for adolescents between the ages of 16 and 22, at least 8 years. In principle, prohibition of dual citizenship, economic independence, and fidelity to the democratic principles of the German Constitution were made conditional.
- No mention yet of integration policy at this time.
- ◆ **Active acceptance (2000s-)**
- In 2000, in order to ease human resource constraints during the growth phase of the ICT sector, a system was introduced to grant so-called "green cards" to foreign ICT engineers (the "Green Card Ministerial Decree").
- In 2004, the Migration Act was passed (the Aliens Act was repealed), which clarified the basic policy regarding the acceptance of foreigners residing in Germany and workers from abroad.
- The principle of promoting the social integration of immigrants is enshrined in the law (Article 43(1) of the Residency Act)

(Source: Prepared by the research team based on Hisashi Yamada, "Chapter 7: Foreign Human Resources Policies in Germany and Sweden: Accepting Skilled Workers as Citizens" (JRI Review 2019 Vol. 10, No. 71)

## (2) Policies for accepting foreign workers

Germany's immigration policy can be divided into three categories: (1) refugees, (2) EU citizens, and (3) non-EU citizens. With regard to (1), especially since the 1970s, Germany has accepted many politically persecuted people. For (2), it is in line with the agreement on free movement within the region and employment to citizens of EU member states. (iii) are cases other than (i) and (ii), which are the main categories discussed in this section.

In 2004, Germany first announced the "promotion of integration" and has since held 13 integration summits until July 2022. In its various acceptance measures, the Ministry has demanded that immigrants contribute to the German economy and society, and has taken the stance that the entire country will provide the necessary support.

Table 4-11 summarizes the main policies related to the acceptance. The Immigration Act/Zuwanderungsgesetz, enacted in January 2005, is the basis for the law on immigration and establishes the basic policy of actively accepting professional personnel from outside the EU. The EU Blue Card Act eases restrictions on work permit procedures and other regulations for highly qualified foreigners. For example, non-EU foreigners who have graduated from a German or

equivalent foreign university can be granted an EU Blue Card for up to four years if their annual income is above a certain level. In 2015, against the backdrop of the large number of refugees from Syria, anti-immigrant and anti-refugee movements gained momentum not only in Germany but in Europe as well. In January 2020, the Skilled Immigration Act will come into effect, which will broaden the scope of the Skilled Immigration Act while maintaining the existing criteria for professional human resources. It is designed to promote the immigration of a wide range of talented people from abroad.<sup>143</sup>

Table 4-11 Major Laws Related to the Acceptance of Foreign Workers

January 2005	Zuwanderungsgesetz/ Immigration Act	<ul style="list-style-type: none"> <li>• A compilation of the main laws and regulations concerning the admission of foreigners up to that time, including the Aliens Act (AufenthG), the Residency Act (AufenthV), the Work Act (BeschV), etc.</li> <li>• Clarification of rules and preferential treatment for labor immigrants. This establishes a basic policy of active acceptance of professional human resources from outside the EU (third countries).</li> <li>• The previously complex residence permits and rights have been consolidated into two categories: fixed-term "residence permits" and open-ended "residence permits".</li> <li>• Established the implementation of an integrated course of study of the German language and German legal order, culture, and history.</li> </ul>
August 2012	EU Blue Card Law (EU blue card)	<ul style="list-style-type: none"> <li>• Simplification of work permit procedures for non-EU nationals and preferential measures such as shortening the time required to obtain a residence permit.</li> <li>• (e.g.) Non-EU foreigners who have graduated from a German or equivalent foreign university will be granted an EU Blue Card for up to four years if they have an annual income of at least €49,600, which is lower than the previous annual income of at least €66,000 as of 2016, and they will not need a permit from the Federal Employment Agency to work. Permission from the Federal Employment Agency is no longer required to work.</li> <li>• Deregulation of family call-in (e.g., no requirement for age, language study history,</li> </ul>

<sup>143</sup> Lee, Hyejin, "Chapter 1: The Transformation of Foreign Experts' Acceptance and Integration Policies in Germany" (Japan Center for International Exchange Foundation), 2016.

		etc., and allowing unrestricted entry of family members into the labor market), etc.
March 2020	Qualified Immigration Law (The Skilled Immigration Act)	<ul style="list-style-type: none"> <li>In order to promote the immigration of excellent human resources from overseas, the regulations that previously assumed a degree equivalent to a university degree as a professional human resource have been relaxed to actively accept those with a professional qualification background.</li> </ul>

(Sources: Japan Center for International Exchange Foundation, "New Challenges of Germany's Migration and Refugee Policy: 2016 Field Survey Report on Germany," Hyejin Lee, "Chapter 1: Acceptance of Foreign Experts and Transformation of Integration Policy in Germany" Center), 2016; National Institute for Labour Policy and Training, "Foreign Worker Acceptance Policy Germany's Immigration Policy and New Immigration Law," November 2004; Federal Office for Migration and Refugees "Skilled Immigration Act for qualified professionals," prepared by the research team from 2021.

Except for short-term stays, foreigners residing in Germany are required to have a residence permit under the Residence Act (Aufenthaltsgesetz/Act on the Residence, Economic Activity and Integration of Foreigners in the Federal Territory Residence Act). In addition, in the case of a stay for the purpose of employment, the residence law must grant work status, and the regulations based on the Work Decree (BeschV) must be followed. The occupations are classified as shown in Table 4-12 and the applicable scheme differs accordingly. For example, a non-EU foreigner working as a caregiver in Germany is classified under the Work Order as "work requiring a permit from the Federal Employment Agency and subject to vocational education" .<sup>144</sup>

Table 4-12 Sectors of Entry into the German Labor Market According to Work Laws and Regulations

General Category	Related professions and fields
Work that does not require a Federal Employment Agencies permit	Vocational training, highly qualified personnel, managers, scientists, researchers and technicians, business executives, special occupations, journalists, volunteers, vacation workers, short-term assignments, participants in international sporting events, international transportation, shipping and aviation, service industry, special short-term activities
Employment that does not presuppose vocational education, which requires a permit from the Federal Employment Agency	Seasonal labor, exhibitor assistant, au pair employment, domestic help, domestic help accompanying dispatchers, artist, educational training
Work that requires a permit from a federal employment	Fixed-term employment of foreign language teachers and local cooks, IT specialists, social welfare workers fluent in

<sup>144</sup> National Institute for Labour Policy and Training, "Foreign Workers in the Nursing Care Sector in European Countries: A Survey of Five Countries-Germany, Italy, Sweden, the United Kingdom, and France," May 2014.



agency and is contingent upon vocational education	German working for foreigners, care workers, international personnel exchange and foreign projects
Other work permits	Ethnic Germans, certain nationality holders (Andorra, Australia, Israel, Morocco, Canada, Monaco, New Zealand, San Marino, USA, etc.), 2x4 housing assembly, long-term temporary workers, cross-border workers
Work under bilateral agreements	Contracting agreements, employment of foreign workers for training, and other bilateral agreements

(Source: Compiled by survey team based on "Foreign Workers in the Nursing Care Sector in European Countries: A Survey of Five Countries (Germany, Italy, Sweden, the United Kingdom, and France)," May 2014, National Institute for Labour Policy and Training (NILPT).

#### 4-4-2-2 Acceptance of Foreign Workers

The number of non-EU foreign nationals in education, training, and employment as of December 31, 2020 is shown in Figure 4-12. Of the total 552,869, 50.5% were employed, followed by 37.1% staying in education/training and 12.4% working as highly qualified or self-employed .<sup>145</sup>

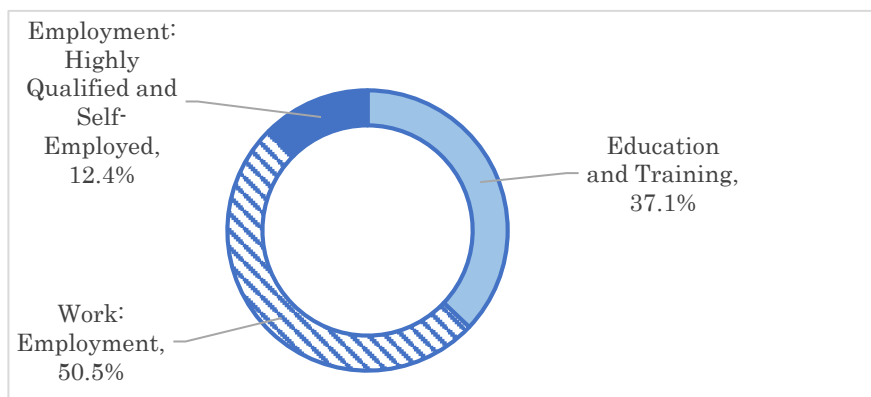


Figure 4-12 Percentage of residents by education/training and employment (2020)

(Source: Federal Office for Migration and Refugees, "Reports on Migration and Integration - Series 1 Migration Monitoring: Educational and Labour Migration to Germany, Annual Report 2020" based on Johannes Graf.

In the education and training category, the nationalities of new foreign nationals issued residence permits in March-December 2020, out of a total of 24,493, India, China, and Vietnam accounted for 15.7%, 11.1%, and 7.0%, in that order, respectively, of the total. (Table 4-13)

Table 4-13 Education and Training Percentage of New Residence Permits Issued by Nationality

order	nationality	Proportion
1	India	15.7%
2	China	11.1%
3	Vietnam	7.0%
4	Turkey	3.5%

<sup>145</sup> Federal Office for Migration and Refugees "Reports on Migration and Integration - Series 1 Migration Monitoring: Educational and Labour Migration to Germany, Annual Report 2020" Johannes Graf

5	Korea	3.3%
6	America	3.2%
7	Russia	2.9%
8	Brazil	2.8%
9	Iran	2.7%
10	Morocco	2.7%
	Other EU Foreign	45.1%
	total amount	24,493 persons

(Source: Federal Office for Migration and Refugees, "Reports on Migration and Integration - Series 1 Migration Monitoring: Educational and Labour Migration to Germany, Annual Report 2020" based on Johannes Graf.

In terms of nationalities of foreigners issued new residence permits in March~December 2020 in the work category, India, Bosnia and Herzegovina, and Serbia account for 9.6%, 9.0%, and 6.5% of the total 28,334, respectively, in that order. (Table 4-14)

Table 4-14 Work: Percentage of New Residence Permits Issued by Nationality

order	Nationality	Ratio
1	India	9.6%
2	Bosnia-Herzegovina	9.0%
3	Serbia	6.5%
4	Kosovo	6.2%
5	Albania	6.0%
6	America	5.7%
7	North Macedonia	5.6%
8	Turkey	4.4%
9	China	4.1%
10	Russia	3.2%
	Other EU Foreign	39.6%
	total amount	28,334 persons

(Source: Federal Office for Migration and Refugees, "Reports on Migration and Integration - Series 1 Migration Monitoring: Educational and Labour Migration to Germany, Annual Report 2020" based on Johannes Graf.

#### 4-4-2-3 Overview of Acceptance of Caregivers

##### (1) Background

In Germany, where the population is aging, as in Japan, there is a serious shortage of nursing care workers because the working environment and conditions for care workers are not as good as in other countries. To compensate for this shortage, the country has become an active sector in accepting foreign workers.

In Germany, there are two types of caregivers: those who provide care for the elderly in private homes as housekeepers, and those who are involved in the care of the elderly as caregivers in institutions for the elderly. The former is often regarded as a problematic informal "gray market," where the minimum wage for caregivers does not apply because the workers are employed as

housekeepers, even if they are engaged in care work at home. In addition, the employment contract is made in the worker's country of origin, such as Eastern Europe, and the worker is dispatched to a private home in Germany, making it difficult to ensure labor management and service quality. However, since these workers can move freely between countries within the EU, their contribution to the long-term labor force has been limited, as they gained experience as care workers in Germany and then moved to other countries with better conditions. In recent years, the elderly population in the EU has also been growing. In recent years, the aging of the population in EU countries has created the possibility of limiting the outflow of caregivers themselves, and since around 2010, recruitment outside the EU, mainly to Asian countries such as the Philippines and Vietnam, has become more active.

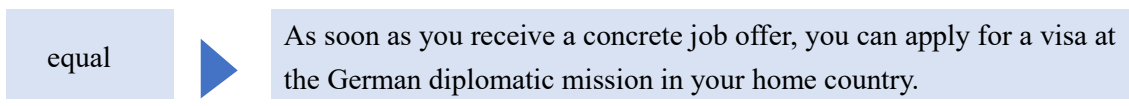
In January 2019, the "Nursing and Caregiving Staff Strengthening" law ("Nurse Staff Strengthening" law) went into effect. It includes a plan to increase the number of staff by 13,000 in nursing homes, along with the allocation of financial resources to hospitals, and is designed to encourage the active acceptance of foreign nursing care personnel into nursing homes. The following is a description of the measures for accepting caregivers from countries outside the EU, based on the assumption that facilities and companies will be able to accept them.

#### (2) Conditions and Routes for Accepting Care Workers

The requirements for non-EU foreigners applying for nursing and caregiving positions are as follows. Note that nursing and caregiving positions are not covered by the EU Blue Card because the emphasis is more on practical content than on academic content.

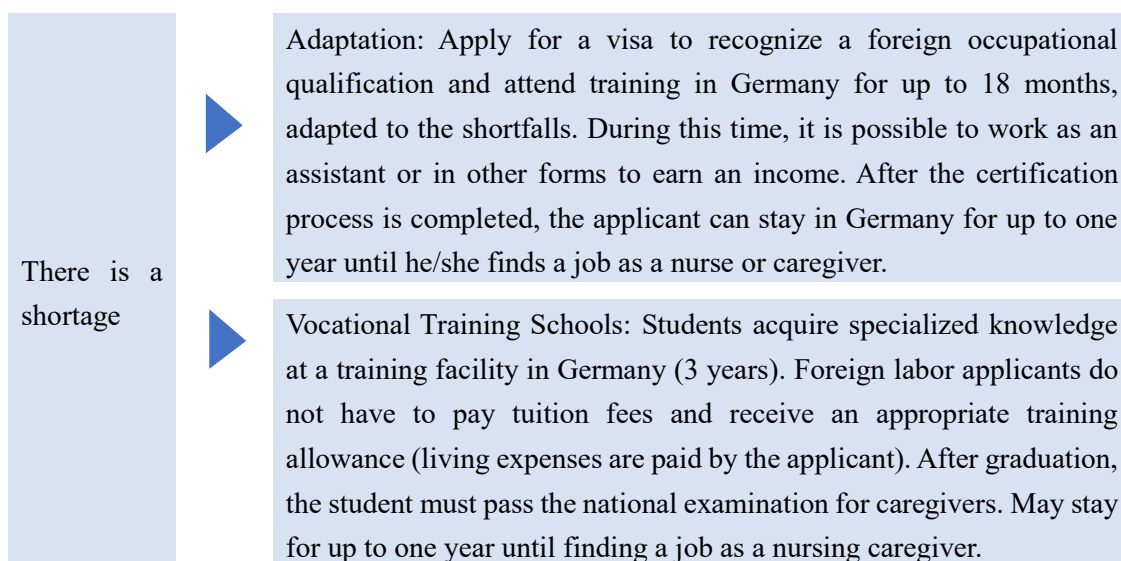
- |   |
|---|
| <ul style="list-style-type: none"> <li>✓ Verification of eligibility in home country of accreditation</li> <li>✓ German B1 or B2 level (depending on the state)</li> <li>✓ Health aptitude (health certificate from a German doctor)</li> <li>✓ Certificate of non-criminality in home country</li> </ul> |
|---|

Of these, the "Verification of Recognized Qualifications" checks the equivalence of qualifications obtained in one's home country against the level of qualifications in Germany. Assuming equivalence or lack thereof, entry is classified into three routes. Since caregivers in Germany can also perform some medical procedures, this route of admission is designed to ensure an immediate workforce and to guarantee qualification levels.<sup>146</sup> The route of admission to an educational institution also reduces the individual burden on the foreign labor applicant, since there is no tuition fee and a training allowance is provided, and this is a factor that attracts human resources to the nursing and care sector, which has a shortage of human resources.<sup>147</sup>



<sup>146</sup> Yukiko Maekawa, "Implications from Human Resource Education for Elderly Caregivers in Germany," (Bulletin of the Faculty of Human Welfare, University of Yamanashi Prefecture, Vol. 15, 2020).

<sup>147</sup> Pflege-Deutschland.de website "For foreigners: geriatric care and nursing in Germany" <https://www.pflege-deutschland.de/nursing-elderly-care-in-germany/> (accessed July 26, 2022).



### (3) Specific measures

This section describes measures and bilateral agreements to promote the employment of nursing and care workers. The Triple Win nurses project has as one of its objectives the contribution to the development of the country of origin through the transfer of know-how, and is similar in nature to the original purpose of Japan's technical internship system. The number of countries covered by the program is increasing, including the Philippines, Indonesia, and Vietnam, which have large numbers of visitors to Japan for technical training and specified skills in nursing care. One of the features of the program is that public organizations take the lead from the selection of candidates to their employment, and candidates do not have to bear the costs of support, such as tuition fees and job placement assistance. In addition, support for integration into German society continues after entry, and mid- to long-term permanent residence and family accompaniment are possible as a status of residence.<sup>148</sup> (Table 4-15)

Table 4-15 Triple Win Project Summary

Department in charge	German Agency for International Cooperation GmbH (GIZ), Federal Employment Agency International Placement Service (Zentrale Auslands- und Fachvermittlung: ZAV)
Partner Country	Bosnia and Herzegovina, Philippines, Tunisia, Indonesia, India (Kerala), Vietnam (2019-2023)
Partner Country Department in charge	Employment agencies in target countries
Period	2013-.
Objective.	<ul style="list-style-type: none"> <li>• Eliminating the shortage of nursing care workers in Germany</li> <li>• Declining unemployment in nurses' countries of origin</li> </ul>

<sup>148</sup> German International Cooperation Agency GIZ Website "Sustainable recruitment of nurses (Triple Win)" <https://www.giz.de/en/worldwide/41533.html> ( accessed August 22, 2022)

	<ul style="list-style-type: none"> <li>• Contribution to the development of the country of origin through remittances and know-how transfer</li> </ul>
procedure	<ul style="list-style-type: none"> <li>• GIZ works with staffing agencies and ZAV in partner countries to select nurses</li> <li>• GIZ is responsible for promoting German language skills among nurses, preparing them for professional employment, and facilitating their integration upon arrival in Germany; ZAV is responsible for job placement of candidates</li> <li>• After the qualification assessment in Germany, find a job that matches your qualifications.</li> <li>• Additional training, etc. to be recognized as equivalent to German qualifications while working</li> <li>• Permanent residency in the medium term, with family members</li> <li>• Partner countries are countries with a surplus of well-trained nurses and high educational standards</li> </ul>
result	<ul style="list-style-type: none"> <li>• By 2022, 4,900 nurses are assigned to clinics, geriatric care facilities, outpatient services, etc. under German employers</li> <li>• Demand is on the rise, both among nurses and on the part of employers</li> <li>• Monitoring confirms that nurses have a high level of professional qualifications</li> <li>• Employers show high satisfaction with foreign nurses</li> <li>• The experience of the first few years of the program has enabled a more targeted response to the needs of employers, nurses, and countries of origin, creating a win-win situation for all three.</li> </ul>

(Source: German International Cooperation Agency, GIZ website, "Sustainable recruitment of nurses (Triple Win)," <https://www.giz.de/en/worldwide/41533.html> (accessed August 22, 2022).

The following is the content of the notices for the Philippines, Indonesia, Vietnam, and India (Kerala) as listed by the Federal Employment Agency (BA) on its website (Table 4-16 - Table 4-18). For example, in the Philippines, Indonesia, and India (Kerala), applicants are required to have graduated from a nursing school, etc. In Vietnam, applicants can apply if they have studied for at least one year at a medical-related school, but they must complete a three-year apprenticeship in Germany (with monthly salary). In all countries, mastery of the German language is mandatory.

Table 4-16 Triple Win: Philippines

Eligibility for Application	<ul style="list-style-type: none"> <li>• Completion of a Bachelor of Science in Nursing, a four-year professional education</li> <li>• Minimum of two years' experience as a nurse in a hospital, rehabilitation center, or long-term care facility.</li> <li>• German language proficiency (terminology and daily conversation - ideally at B1 level, but not required)</li> </ul>
procedure	<u>Recruitment (at GIZ office)</u> <ul style="list-style-type: none"> <li>• Interview by project manager</li> <li>• Interview by employer</li> </ul> <u>Training and Certification</u>

	<ul style="list-style-type: none"> <li>• A1 to B1 language courses conducted in Manila, Cebu and Baguio (at training centers commissioned by GIZ).</li> <li>• Nurse Orientation (conducted by GIZ)</li> <li>• Nursing certification documentation (by GIZ)</li> </ul> <p><u>preattached (e.g. to a family)</u></p> <ul style="list-style-type: none"> <li>• Pre-departure recruitment orientation seminar at the Overseas Workers Welfare Administration (OWWA) office in the Philippines</li> <li>• Medical examination (at a Department of Health (DOH)-accredited facility)</li> <li>• Contract signing (at Philippine Overseas Employment Administration (POEA) office)</li> <li>• Visa preparation (at GIZ office)</li> <li>• Pre-departure briefing at POEA</li> </ul>
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(Source) Federal Employment Agency (BA) website, "Triple Win, Pilipinas," <https://www.arbeitsagentur.de/vor-ort/zav/triple-win/pilipinas> ( Prepared by research team based on (accessed August 22, 2022)

Table 4-17 Triple Win: Indonesia

Eligibility for Application	<ul style="list-style-type: none"> <li>• Graduated from nursing school</li> <li>• At least one year of experience as a nurse in a hospital, rehabilitation center, or nursing facility</li> <li>• German language proficiency (terminology and daily conversation - ideally at B1 level, but not required)</li> </ul>
procedure	<p><u>Training and Certification</u></p> <ul style="list-style-type: none"> <li>• West Java A1 to B1 language courses conducted in Bandung (at a training center commissioned by GIZ).</li> <li>• Nurse Orientation (conducted by GIZ)</li> <li>• Nursing certification documentation (by GIZ)</li> </ul> <p><u>matching process</u></p> <ul style="list-style-type: none"> <li>• Employer interviews and employment contracts</li> <li>• physical examination</li> <li>• Work visa issued</li> <li>• Pre-departure orientation</li> <li>• Preparation for departure</li> <li>• Approximately 12 to 14 months from screening interview to departure for Germany, depending on the candidate's German language skills</li> </ul>
remarks	<p><u>residence permit</u></p> <ul style="list-style-type: none"> <li>• Stay on a work visa is valid for one year</li> <li>• Converted to residence permit after passing professional evaluation exam and German level B2 exam in Germany</li> <li>• Permanent residence permit after 5 years</li> </ul> <p><u>Accompanying family members</u></p> <ul style="list-style-type: none"> <li>• Family members may accompany you if you have sufficient income, adequate accommodations, and other conditions are met.</li> </ul>

(Source) Federal Employment Agency (BA) website, "Triple Win, Indonesia," <https://www.arbeitsagentur.de/vor-ort/zav/triple-win/indonesia> ( Prepared by the research team based on (accessed August 22, 2022)

Table 4-18 Triple Win: Vietnam

Eligibility for Application	<ul style="list-style-type: none"> <li>• Graduated from a vocational school or college of nursing, physician, general practitioner, rehabilitation physiotherapist, midwife, or pharmacist, or studied there for at least one year.</li> <li>• High School Graduation and Excellent Grades in Vietnam</li> <li>• Age between 19 and 35 at the time of project participation</li> </ul>
procedure	<p><b>1. Preparatory language course in Vietnam</b></p> <ul style="list-style-type: none"> <li>• German language acquisition in Hanoi (12 months): attainment of B2 level, professional language and practical communication</li> <li>• Participation in cultural exchange activities</li> </ul> <p><b>2. 3-year apprenticeship in Germany</b></p> <ul style="list-style-type: none"> <li>• Theoretical and practical training at a German host institution and technical school (paid monthly)</li> <li>• Intensive orientation and assistance with residency permit procedures during the first year of apprenticeship.</li> </ul> <p><b>3. Graduation from a vocational course in Germany and the following employment opportunities</b></p> <ul style="list-style-type: none"> <li>• After graduation, students are allowed to work and live permanently in Germany</li> </ul>
treatment	<ul style="list-style-type: none"> <li>• Free accommodation and €36/day meal allowance during language study in Hanoi</li> <li>• Cost of language learning</li> <li>• Initial B1 and B2 Testing Fees</li> <li>• Pre-departure visa application and medical examination fees</li> <li>• Travel expenses for travel to Germany and vocational training locations</li> <li>• Salary during apprenticeship in Germany</li> <li>• Additional German courses for vocational training</li> </ul>

(Source) Federal Employment Agency (BA) website, "Triple Win, Vietnam," <https://www.arbeitsagentur.de/vor-ort/zav/triple-win/vietnam-deutsch> (accessed August 22).

Table 4-19 Triple Win: India (Kerala)

Eligibility for Application	<ul style="list-style-type: none"> <li>• Graduation from an accredited nursing educational institution in India with one of the following qualifications <ul style="list-style-type: none"> <li>✓ Diploma in General Nursing and Midwifery</li> <li>✓ Bachelor of Science in Nursing</li> <li>✓ Indian Nurse Registration Certificate</li> </ul> </li> <li>• Age 18 and up</li> <li>• Proof of German level B1 or higher at the time of visa application</li> </ul>
procedure	<p><u>Careers</u></p> <ul style="list-style-type: none"> <li>• Interview by program organizer</li> </ul> <p><u>Training and Certification</u></p> <ul style="list-style-type: none"> <li>• Language courses from A1 to B1 in Thiruvananthapuram, Kerala (at a training center commissioned by GIZ)</li> <li>• Professional Nurse Orientation</li> <li>• Preparation of approval documents</li> </ul> <p><u>finding employment</u></p> <ul style="list-style-type: none"> <li>• matching process</li> <li>• Employer interview, employment contract</li> </ul>

	<ul style="list-style-type: none"> <li>Physical examinations and measles vaccinations</li> <li>Work visa issued</li> </ul> <u>post-voyage</u> <ul style="list-style-type: none"> <li>Support by GIZ and check on the status of integration into the society through advisors</li> <li>Counseling with ZAV if special problems arise during the first year of employment</li> </ul>
remarks	<u>residence permit</u> <ul style="list-style-type: none"> <li>Work visa is valid for one year</li> <li>Change to a residence permit after passing the nursing certification exam and the B2 exam in Germany</li> <li>After 5 years, can be converted to a permanent residence permit</li> </ul> <u>Accompanying family members</u> <ul style="list-style-type: none"> <li>Possible if all necessary conditions, such as the existence of sufficient income and adequate housing, are met.</li> </ul> <u>Expenses, etc.</u> <ul style="list-style-type: none"> <li>Job placement, language and technical preparation, and integration assistance are free of charge.</li> <li>Vaccinations, etc. are at actual cost.</li> </ul>

(Source) Prepared by research team from Federal Employment Agency (BA) website "Triple Win, India (Kerala)"  
<https://www.arbeitsagentur.de/vor-ort/zav/triple-win/kerala>

Table 4-20 shows the "Attracting personnel from Viet Nam to train as nurses in Germany" pilot project (Attracting personnel from Viet Nam to train as nurses in Germany), which was implemented from 2016 to 2019. Since Vietnam is subject to the Triple Win project starting in 2019 (until 2023), this project is positioned as a preliminary step to the Triple Win project. Various conditions and other information are provided for reference.

Table 4-20 Summary of Pilot Project for Recruitment of Vietnamese Workers to be Trained in Nursing in Germany

Department in charge	Federal Ministry for Economic Affairs and Energy (BMWi) (lead), ZAV
Partner Country	Vietnam
Partner Country Department in charge	Ministry of Labor, Invalids and Social Affairs (MoLISA)
Period	2016-2019
Objective.	<ul style="list-style-type: none"> <li>Attract fair, sustainable and skilled Vietnamese nursing staff by medical and nursing sector companies and other institutions</li> <li>Staff, country of origin, destination, all should benefit.</li> </ul>
procedure	<ul style="list-style-type: none"> <li>Commissioned by BMWi, GIZ has been sending care trainees from Vietnam to Germany since 2013, prior to this project.</li> <li>To ensure a smooth transition to life in Germany, Vietnamese trainees participate in a 13-month training program funded by the German government in cooperation with the Goethe-Institut in Hanoi prior to departure.</li> </ul>



	<ul style="list-style-type: none"> <li>Participants learn German (including terminology), promote cross-cultural understanding, and participate in practical preparation sessions for working as a nurse in Germany</li> <li>Participants who pass the language exam will receive vocational training and assistance in integrating into Germany</li> </ul>
result	<ul style="list-style-type: none"> <li>More than 300 nurse and elder care nurse trainees from Vietnam find employment in Germany</li> <li>Measures such as preparing for life and work in Germany before leaving Vietnam and providing one-on-one support during the first year in Germany are recognized by GIZ as factors in the success of this project</li> </ul>

(Source: German International Cooperation Agency GIZ website, "Attracting personnel from Viet Nam to train as nurses," <https://www.giz.de/en/worldwide/69851.html> (accessed August 23, 2022).

In recent years, the company has been looking to hire workers from South America, and has a Nursing in Germany project with Mexico. (Table 4-21)

Table 4-21 Overview of the Nursing in Germany Project (Nursing in Germany)

Department in charge	Federal Employment Agency (BA)
Partner Country	Mexico
Partner Country Department in charge	National Labor Office
Objective.	<ul style="list-style-type: none"> <li>Recruitment of nurses from Mexico</li> </ul>
Contents	<ul style="list-style-type: none"> <li>Presentation of job offers in Mexico by German companies and organizations</li> <li>Requirements for applicants: German language proficiency within 12 months and a degree from a Mexican university.</li> <li>Financial assistance for language courses in Mexico and Germany, with support for visa applications and professional certification</li> <li>Participants who pass the language exam will receive vocational training and assistance in integrating into Germany</li> </ul>

(Source) Pflege-Deutschland.de website "For foreigners: geriatric care and nursing in Germany" <https://www.pflege-deutschland.de/nursing-elderly-care-in-germany/> (accessed July 26, 2022)

#### 4-4-2-4 Acceptance of Caregivers

##### (1) Scale of Acceptance and Countries of Origin

Since nurses as well as caregivers sometimes handle care work in Germany, we estimate the number of care-related personnel who have entered the country so far: most care-related personnel are from within the EU, especially Eastern Europe, but 25,000 have been received from outside the EU (as of 2018 for Asia, as of 2017 for the rest). Of these, the Philippines, Vietnam, and Indonesia are the main recipients in the Triple Win Project and pilot projects in the preliminary stages of the Triple Win Project. (Figure 4-13)

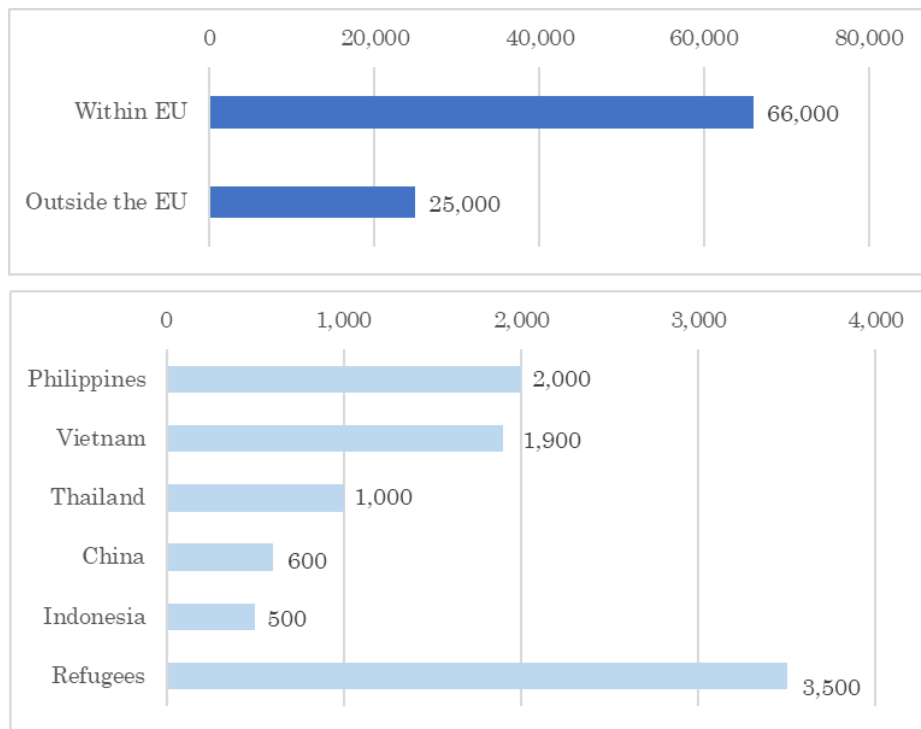


Figure 4-13 Acceptance of Care-Related Human Resources

(Source: Kyosuke Yamamoto, "Shortage of nursing care personnel, troubled Germany recruiting in Asia, competing with Japan," *Asahi Shimbun*, April 22, 2019, research team based on data from the Federal Employment Agency (BA) and the Federal Ministry of Health (BMG).

Note: Asia is calculated as the number of people paying social insurance premiums as of 2018; all others are calculated as the number of people paying social insurance premiums in 2005.

## (2) Salary, treatment, etc.

The main places of employment in the nursing care sector are residential care facilities and home care agencies. Along with the growth in demand for long-term care, the number of training facilities has increased and the active acceptance of caregivers from abroad has resulted in an increase in the number of geriatric caregivers and nurses who provide care for the elderly, but this has not kept pace with the growing demand. According to the Federal Employment Agency (BA), the number of unemployed job seekers to job openings for long-term care professionals was 100 to 19 in 2018, down from 100 to 38 in 2013, and the time it takes to hire a person after advertising a job opening is roughly six months, a longer time than for other occupations.

The various conditions of labor are the same as for Germans. Due to active measures to accept foreign caregivers, the percentage of foreign care professionals will be 12% in 2020, and in some urban facilities, immigrants and immigrant Germans make up the majority of the staff.<sup>149</sup> In some urban facilities, immigrants and immigrant Germans make up the majority of the staff.

For foreign caregivers, the ability to obtain qualifications without financial burden, support in the workplace and cross-cultural understanding, the existence of a community of people from the same

<sup>149</sup> Keiko Yoshida, "Challenges and Measures in Acquiring Care Professionals from Foreign Countries in Germany" (*Regional Caring* Vol. 22 No. 1, 2020)

country, and the possibility of career advancement are all attractive points. However, only a few facilities are recruiting from outside the EU due to the complexity of procedures and regulations and concerns about language skills.<sup>150</sup>

#### 4-5 Taiwan

##### 4-5-1 Medical and Nursing Care Overview

##### 4-5-1-1 Nursing-care system

###### (1) Background of the introduction of the long-term care system

Taiwan has entered an aging society with the aging rate reaching 14.05% in 2018. In addition, the total fertility rate was 1.1 as of 2020, lower than Japan's 1.29. This rapid aging of the population with low fertility rates has resulted in an increase in the population requiring long-term care, while the family's ability to provide care has declined. In Taiwan, the stereotypical notion that leaving one's parents in an institution is a form of filial piety persists, and the cost of moving into a nursing home is high. For this reason, in recent years, an increasing number of families have been hiring foreign care workers from Indonesia and the Philippines, known as "foreign nurse workers," to provide care for the elderly at home.

In 2006, the "Long-Term Care Plan 1.0" was formulated with the basic goal of "improving and expanding the national long-term care system and guaranteeing appropriate services so that people with physical and mental disabilities can improve their independence and quality of life and maintain their dignity and independence. The "Long-Term Care Decadal Plan 1.0" was formulated with the basic goal of "improving and expanding the national long-term care system, improving the independence and quality of life of people with mental and physical disabilities, and guaranteeing appropriate services so that they can maintain their dignity and independence," and a tax-financed long-term care system was implemented in 2007. However, in the course of providing services based on this plan, it came to be pointed out that it is difficult to cover the cost of long-term care solely through taxes. It was also pointed out that the scope of services provided needed to be expanded, that there was a shortage of nursing care personnel, and that other improvements were needed.<sup>151</sup>

In this context, the "Long-Term Care Services Law" was promulgated in 2015 with the aim of integrating the long-term care delivery system, as it was first necessary to develop a framework for long-term care services as a whole. Also in June 2015, a bill for the Long-Term Care Insurance Law was sent to the Legislative Yuan (Parliament). However, the government changed in 2016, and under the policy of DPP President Tsai Ing-wen to improve long-term care services with tax revenue, the Long-Term Care Decade Plan 2.0, which expanded the Long-Term Care Decade Plan 1.0, was formulated in 2016 and has been implemented since January 2017.<sup>152</sup>

###### (2) Overview of the long-term care system

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<sup>150</sup> Keiko Yoshida, "Challenges and Measures in Acquiring Care Professionals from Foreign Countries in Germany" (Regional Caring Vol. 22 No. 1, 2020)

<sup>151</sup> Toba, Mika, "Taiwan's Long-Term Care Decade Plan and Care Management" (Bunkyo Gakuin University, Faculty of Humanities Research Bulletin 2020, Vol. 21)

<sup>152</sup> Kojima, Katsuhisa, "The Situation Concerning Support for Caregivers in East Asia: Taiwan as an Example" (ISSN: Institute of Social Security Research, Vol. 6, 2021)

Taiwan's long-term care system for the elderly is based on the Long-Term Care Decade Plan 2.0, which is a policy plan under the Elderly Welfare Act and the Long-Term Care Services Act. The long-term care service provision and development plan is financed by tax revenue and some co-payment, and provides a variety of long-term care services to eligible persons, including young disabled persons, after certification of long-term care needs and preparation of a care plan.<sup>153</sup> (Table 4-22)

Table 4-22 Overview of Taiwan's Long-Term Care System

System	Long-Term Care Decade Plan 2.0
Resources	tax
Manager	county and city governments
target group	Persons who fall under any of the following categories and need nursing care 1. 65 years old and over 2. Aboriginal people aged 55~64 3. Disabled persons up to 64 years old 4. Dementia in 50-64 year olds, etc.
nursing care requirement category	Level 1 (Independent) to Level 8 (Most severe) (Level 2 and above are eligible for benefits)
Benefits	Facility Care In-home care Community Care Transportation services, welfare equipment, home modification
paying one's own expenses	The co-payment ratio is set at 0%~30% depending on income and services used.

(Source: Prepared by the survey team based on Katsuhisa Kojima, "Public Medical Insurance Systems and Public Long-Term Care Insurance Systems in Asian Countries (1) Public Medical and Long-Term Care Systems in Asia - Taiwan," (Kenporen Overseas Medical Assurance 2019, No. 124)

In addition, the "Long-Term Care Decade Plan 2.0" includes the "concept of a comprehensive regional care model" to increase the type and volume of long-term care services in the region (municipalities) and to strengthen coordination among long-term care service providers. Care service offices in the region are classified into Type A, Type B, and Type C according to their functions and are to cooperate with each other. Type A care offices are central care offices in the region and are responsible for multiple care service provision, including the preparation of care service utilization plans, operation of meetings for caregivers, in-home care, and community care. Type B is a Japanese long-term care insurance Type B is a type of long-term care service office equivalent to a designated long-term care insurance office in Japan, and in addition to providing long-term care services, cooperates with Type A long-term care offices and provides support to Type C long-term care offices. If they are designated as Type A, B, or C nursing care facilities, they are eligible to receive subsidies. (Table 4-23)

<sup>153</sup> Katsuhisa Kojima, "Public Medical Insurance Systems and Public Long-Term Care Insurance Systems in Asian Countries (1) Public Medical and Long-Term Care Systems in Asia - Taiwan" (Kenporen Overseas Medical Assurance 2019, No. 124)

Table 4-23 Community Comprehensive Care Model Concept

Community Comprehensive Care Model	<p>Objective: To increase the quantity and variety of care services in the community (within the municipal level) and to promote cooperation among care providers.</p> <p>Features: Designation of nursing care facilities in the region as Type A, B, and C, and establishment of a pyramid-shaped network with Type A at the top.</p> <p style="padding-left: 20px;">Type A (flagship): Care management, running meetings of caregivers, etc.</p> <p style="padding-left: 20px;">Type B (Specialty store type): Specialized nursing care services</p> <p style="padding-left: 20px;">Type C (street corner type): Familiar services such as care prevention, respite care, and meal delivery services</p> <p>*The designation of Type A, B, or C is based on the results of an examination of an application received from a business and is not obligatory.</p>
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Source: Compiled by survey team based on Katsuhisa Kojima, "Public Medical Insurance Systems and Public Long-Term Care Insurance Systems in Asian Countries (1) Public Medical and Long-Term Care Systems in Asia - Taiwan," (Kenporen Overseas Medical Assurance 2019, No. 124)

### (3) Care service details

Long-term care services provided under the Long-Term Care Decennial Plan 2.0 include institutional care (long-term residential services), in-home care (home care, home nursing, etc.), and community (day care) care (day services, respite care, meal delivery services, small-scale multifunctional services, and family caregiver support). In addition, there are subsidies for transportation services, welfare equipment (rental/purchase), and home improvements. Community care also includes support for family caregivers, including various consultations on caregiving and training on caregiving skills for family members. When using nursing care services, the patient pays a co-payment of 0~30% based on income and the type of nursing care service. (Table 4-24)

In addition, public support outside the framework of the Long-Term Care Decade Plan 2.0 includes a cash allowance of NT\$5,000 per month and a tax allowance for low-income households in which a family member living with an elderly person in need of serious nursing care is providing care. (Table 4-25)

Table 4-24 long-term care services provided under Taiwan's Long-Term Care Decadal Plan 2.0 and their costs

classification	service name	Out-of-pocket expenses
Facility Care	Long-term residential services	For severe and low-income: 0%. (For those who meet other conditions, only the amount of facility use is subsidized)
In-home care	Home-Visit Nursing Care Service	Low-income earners (equivalent to those eligible for public assistance): 0%. Low- and middle-income earners (other low-income earners): 5%. General (non-low-income earners): 16%.
	Home Nursing Service On-site Livability Services	
Community Care	nursing in the home	
	respite care	

	food delivery service	
	small-scale multifunctional	
	Family Caregiver Support	
Other	Transfer Service	Low-income earners (equivalent to those eligible for public assistance): 0%. Low- and middle-income earners (other low-income earners): 7~10 General (non-low income earners): 21~30%.
	Welfare equipment (rental/purchase) and home modification	Low-income earners (equivalent to those eligible for public assistance): 0%. Low- and middle-income earners (other low-income earners): 10%. General (non-low-income earners): 30%.

Source: Compiled by survey team based on Katsuhisa Kojima, "Public Medical Insurance Systems and Public Long-Term Care Insurance Systems in Asian Countries (1) Public Medical and Long-Term Care Systems in Asia - Taiwan," (Kenporen Overseas Medical Assurance 2019, No. 124)

Table 4-25 Other benefits provided outside of Taiwan's Long-Term Care Decadal Plan 2.0 and their costs

	service name	Contents
Other allowances	Family care allowance	Benefit of NT\$5,000 per month (approximately 20,000 yen) *Benefit conditions apply.
	Allowance for employers when employing foreign care workers	Up to 30% of the maximum amount available for certain nursing care services only
	Tax Allowance (Institutionalized in 2019)	A system to deduct NT\$120,000 (approx. ¥450,000) per year from income for meeting expenses for elderly spouses and parents.

Source: Compiled by survey team based on Katsuhisa Kojima, "Public Medical Insurance Systems and Public Long-Term Care Insurance Systems in Asian Countries (1) Public Medical and Long-Term Care Systems in Asia - Taiwan," (Kenporen Overseas Medical Assurance 2019, No. 124)

#### (4) Nursing care system recipients

Eligible persons are 1. 65 years of age or older, 2. aborigines aged 55~64, 3. disabled persons up to 64 years of age, and 4. people with dementia aged 50~64. In order to receive benefits, it is necessary to apply to the "long-term care management center" of the city or county government directly under Taipei, etc. for certification of the need for long-term care. Once an application has been submitted, a care manager at the care management center will set the level of care required, which is based on the degree of loss of ADLs and IADLs, as the criteria for certification, into eight levels, from Level 1 for independence to Level 8 for the most severe level of care. When certifying the level of care, a care plan is created, which defines the type and amount of care services available. In addition, a specific schedule for the use of long-term care services is prepared according to that care plan at the Type A long-term care facility.

Looking at changes in the provision of long-term care services since 2017, when the Long-Term Care Decennial Plan 2.0 began, Figure 4-14 shows that the number of users of in-home care has increased nearly fivefold, from approximately 56,000 in 2017 to 260,000 in 2021. Dyservice and meal delivery services also saw a nearly twofold increase in the number of users from 2017 to 2021, although not as much as in-home care. Looking at transportation services, the number of users increased dramatically in one year, from about 30,000 in 2020 to 144,000 in 2021. On the other hand, looking at the status of institutional care users, the number of users increased from about 48,000 in 2017 to 52,000 in 2021, an increase of only 8%. From the above, it can be seen that the Long-Term Care Decadal Plan 2.0 emphasized the spread of in-home and community care, which has been realized.<sup>154</sup> (Figure 4-14)

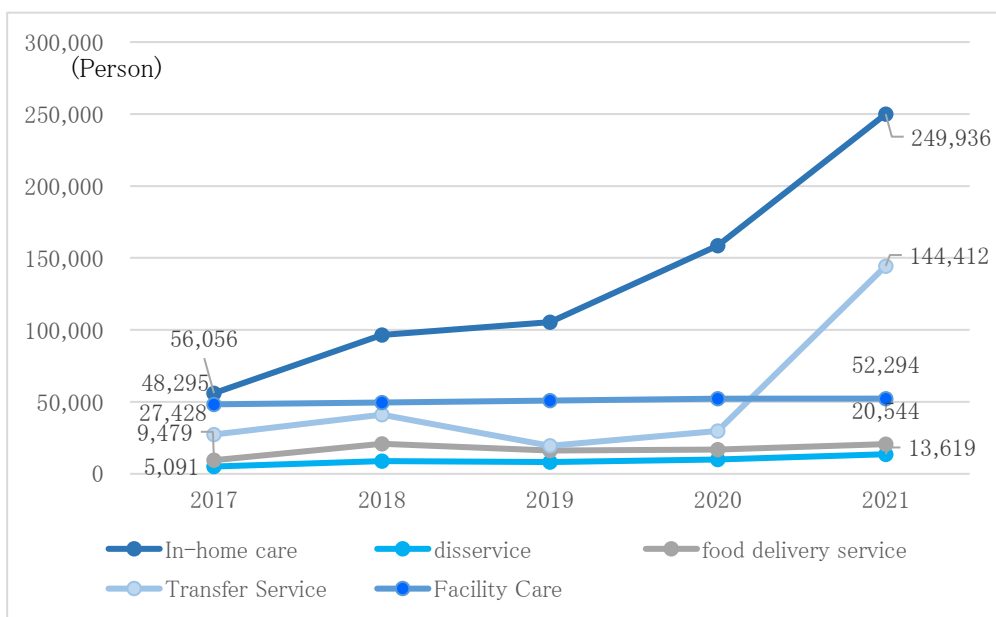


Figure 4-14 Number of Users of Each Care Service (2021)

(Source: Prepared by the survey team based on the Taiwan Ministry of Health and Welfare website, <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022).

Looking at the number of users of home-visit care, meal delivery service, meal delivery service, and transportation service by level of care, the largest number of users of home-visit care are in Level 4, followed by Level 3 and Level 2, indicating that users with relatively light levels of care tend to use these services. Looking at the number of users of the meal service, the largest number of users of the Level 4 service, followed by the Level 5 and Level 6 services, indicates that users with a medium level of nursing care tend to use this service. (Table 4-26)

<sup>154</sup> Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022)

Table 4-26 Number of persons per level of care and per service used, 2021

	home nursing care	disservice	food delivery service	pick-up and drop-off service
second class	42,662(17.1%)	2,199(9.6%)	5,709(27.8%)	3,288(2.3%)
third class	44,567(17.8%)	3,635(15.8%)	3,886(18.9%)	4,248(2.9%)
4th class	49,978(20.0%)	5,132(22.4%)	4,570(22.2%)	33,852(23.4%)
Fifth class	39,113(15.6%)	4,793(20.9%)	2,733(13.3%)	28,711(19.9%)
6th class	25,189(10.1%)	4,926(21.5%)	1,437(7.0%)	20,468(14.2%)
Seventh class	23,673(9.5%)	1,577(6.9%)	1,275(6.2%)	24,230(16.8%)
8th grade	24,754(9.9%)	697(3.0%)	934(4.5%)	29,615(20.5%)
total amount	249,936	22,959	20,544	144,412

(Source: Prepared by research team based on Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022).

In addition, as of 2021, there were only 7,640 recipients of the family care allowance, and the total amount paid was 38.23 million yuan (about 170 million yen).<sup>155</sup>

Taiwan's Ministry of Health and Welfare estimates that there were approximately 906,000 elderly people in need of long-term care in Taiwan in 2017. Although the long-term care system and care resources are being built, many families with long-term care needs are not certified as needing care and are being met by family members or by hiring live-in foreign care workers. The situation is<sup>156</sup>

#### 4-5-1-2 Care Resources

##### (1) Care service providers

Taiwan's long-term care resources include institutional care, in-home care, and community care. Table 4-27 shows that facilities providing institutional care include long-term care facilities (long-term care facilities), nursing homes (nursing homes), dementia care facilities (dementia care facilities), and fee-based nursing homes (fee-based nursing homes), but looking at the number of facilities and capacity, nursing homes account for about 90% of the total. Figure 4-15 shows the overall number of facilities and capacity as of 2021, with 1,081 facilities and 61,532 capacity as of 2021, and the transition from 2015 shows that the number of facilities peaked in 2017 and the capacity peaked in 2018, increasing slightly, but then declining slightly.

Table 4-27 Types of Long-Term Care Facilities in Taiwan and Number and Capacity of Facilities

Types of Elderly Care Facilities	Number of facilities	capacity (of boat, hall, aeroplane, airplane, etc.)
Long-term care facilities	43 (4.0%)	2,355 (3.8%)
nursing home	1,017 (94.1%)	54,958 (89.3%)
Dementia Care Facility	2 (0.2%)	138 (0.2%)

<sup>155</sup> Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022)

<sup>156</sup> Chung, An-Kun, "Background of the Increase of Foreign Workers in Taiwan," (Research Review, Faculty of International Studies, Utsunomiya University, No. 46, 2018).



toll facility	19 (1.8%)	4,081 (6.6%)
plan	1,081	61,532

(Source: Prepared by research team based on Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022))

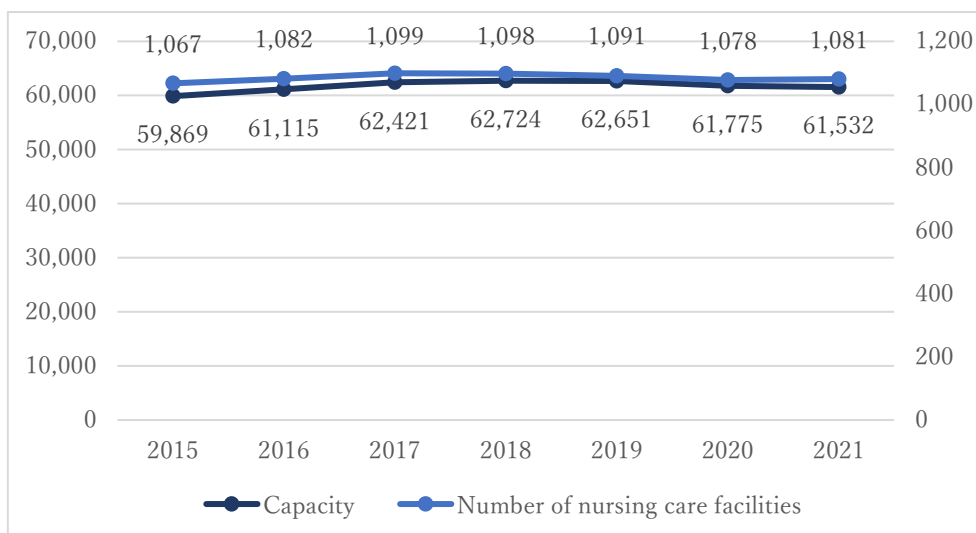


Figure 4-15 Number and Capacity of Elderly Facilities from 2015 to 2021

(Source: Prepared by research team based on Taiwan Ministry of Health and Welfare website <https://dep.mohw.gov.tw/dos/cp-5223-62358-113.html> (accessed August 22, 2022))

Among in-home care, there were 238 operating organizations providing home care services as of 2017, and among community care, there were 259 operating organizations providing di-services as of 2017. the "concept of a comprehensive community care model" included in the "Long-Term Care Decade Plan 2.0" implemented from 2017, the nursing care service offices are now classified into Type A, Type B, and Type C according to function. As shown in Table 4-28, as of 2018, 212 Type A, 731 Type B, and 597 Type C care facilities have been established, and the government and private companies have set a target number of these care facilities to be established by 2026. In principle, one A-type nursing care center is to be set up in each township, 469 in principle; one B-type nursing care center is to be set up in each middle school attendance area, 829 in principle; and one C-month nursing care center is to be set up in each of the three village-ri areas, 2,529 in principle.<sup>157</sup>

Table 4-28 Number of care establishments and target number of establishments (2018)

Type of care office	2018 (number of installations)	2026 (target number of installations)
Type A (flagship store type)	212	469
Type B (specialty store type)	731	829
C type (street corner type)	597	2,529

Source: Chung An-kun, "Background of the Increase in Foreign Workers in Taiwan," (Research Review, Faculty of International Studies, Utsunomiya University, No. 46, 2018), prepared by the research team based on "Nursing Care Statistics," statistics from the Ministry of Health and Welfare, Taiwan.

<sup>157</sup> H. Chuang, "Analysis of Issues Toward the Establishment of a Regional Comprehensive Care System in Taiwan," Annual Report of the Western Japan Sociological Association, 2018, No. 16.

( 1 ) Number of caregivers

The number of caregivers and caregiver C-level licensees in Taiwan has totaled 40,706 from 2004 to the end of 2017, and the number of caregiver course graduates has totaled nearly 120,000 from 2003 to the end of 2017, but it is estimated that about 42,000 Taiwanese are actually working in the nursing market.<sup>158</sup> In addition, the total number of qualified nurses as of 2022 is about 310,000, of which only 180,000, or 60%, are employed.<sup>159</sup>

The number of caregivers in in-home care was approximately 21,000 as of 2019. Of these, personnel equivalent to in-home care supervisors, called in-home service supervisors, accounted for 10% of the total.<sup>160</sup> (Table 4-29)

Table 4-29 Care providers in in-home care

In-home care supervisor	home care worker		plan
	full time	part time (esp. female part time employees)	
2,175 (10.2%)	11,270 (52.8%)	7,861 (36.8%)	21,306

(Source: Prepared by the survey team based on Taiwan's Ministry of Health and Welfare Statistics, "Nursing Care Statistics" (2019).

Table 4-30 shows that the number of long-term care personnel in facilities that provide care for the elderly, such as long-term care homes, nursing homes, and fee-based nursing homes, was 9,420, or 38.1% of the total, followed by 6,042 foreign caregivers, or 24.4% of the total. This was followed by approximately 5,000 nurses, 2,500 other professionals, and 1,300 social workers, for a total of a approximately 25,000.

Table 4-30 Care providers in the facility

RN	social worker (Social Work Personnel)	Caregiver	Foreign caregiver (Foreign Registered Nursing Workers)	Other professionals (Service-related professional personnel)	plan
5,559 (22.4%)	1,273 (5.1%)	9,420 (38.1%)	6,042 (24.4%)	2,438 (10%)	24,732

(Source: Prepared by the survey team based on Taiwan's Ministry of Health and Welfare Statistics, "Nursing Care Statistics" (2019).

<sup>158</sup> Chung, An-Kun, "Background of the Increase in Foreign Care Workers in Taiwan," Utsunomiya University, Research Review of the Faculty of International Studies, 2018, No. 46.

<sup>159</sup> Taiwan Union of Nurses Association Web site <https://www.nurse.org.tw/publicUI/H/H102.aspx> (accessed August 24, 2022)

<sup>160</sup> Taiwan Ministry of Health and Welfare Statistics, "Long-Term Care Statistics" (2019).

Looking at the main caregivers of the elderly aged 65 and over in Taiwan who are not family members, foreign care workers in facilities and at home accounted for 17.06% of the total, care workers in facilities accounted for 5.8%, home helpers 1.02%, and Taiwanese national care workers (Service worker) was 0.45%.<sup>161</sup> As can be seen from these percentages, Taiwan's long-term care workforce relies heavily on home-employed foreign care workers, a situation that has increased nearly 1.5-fold from approximately 164,000 in 2009 to 241,000 in 2018. There are no concrete plans for how to increase the number of nursing care workers in accordance with the expansion of the population eligible for nursing care services as a result of the implementation of the Long-Term Care Decadal Plan 2.0, and further nursing personnel shortages are expected in the future.

#### 4-5-1-3 Nursing and caregiving human resources

##### (1) Professional System and Education

In 1967, the government began issuing official licenses for nurses in Taiwan, along with qualification examinations for "Protector" (nursing school degree) and "Protector" (university degree), establishing their status as professionals. The "goshi" are those who have graduated from a two-year nursing school after high school, or from a five-year nursing school after junior high school. The "Gorishi" certification exam is also available upon graduation from a university's nursing department or a four-year nursing course at a technical institute. Graduates of nursing schools may also take the qualification examination for "self-defense nurse" by attending a two-year technical institute after graduation. (Table 4-31) There are 12 colleges of nursing and 30 colleges of nursing<sup>162</sup>. In addition, to renew a nursing license, a nurse must take a course for continuation every six years<sup>163</sup>.

Table 4-31 Overview of the Nursing Education System in Taiwan

Graduate School Doctoral Program		
Master's Program		
University School of Nursing (department) or Technical Institute (4th year) Nursing Course	Technical Institute (2 Years) Nursing Course	
	Nursing school (2-year program)	Nursing School (5-year program)
high school		
junior high school		

Source: Prepared by the survey team based on Seiko Miyazaki, "Nursing Education and Nurses in Taiwan under Globalization" (International Journal of Gender Studies, 2010).

The professional system and education system for caregivers in Taiwan is as follows. According to the "Qualification and Training Regulations for Elderly Welfare Service Workers" issued in 2007,

<sup>161</sup> Taiwan Ministry of Health and Welfare, "Report on the Status of the Elderly in 106 Years," 2017

<sup>162</sup> Seiko Miyazaki, "Nursing Education and Nurses in Taiwan under Globalization" (International Journal of Gender Studies 2010)

<sup>163</sup> National Federation of the Republic of China Protectorate and Protectorate Public Association (2022)

Taiwanese caregivers who are engaged in caregiving must: 1) have a certificate of completion of caregiver training course, 2) have the "Caregiver (3) Graduated from high school or above with a degree in nursing or caregiving, and (4) If working in a facility for the elderly with dementia, must have a certificate of training in dementia.

In addition, those who are eligible to sit for the Caregiver C-level license are (1) 16 years of age or older, (2) hold a certificate of completion of a caregiver training course, or belong to a related department and obtain credits for a caregiver-related course and participate in 40 hours of caregiver practice. Those who pass the Teru Koo Service Technician Certificate examination are said to be able to improve their careers and treatment.

Long-term care management centers (long-term care management centers) established in 2007 in prefectures and cities are staffed by long-term care management specialists (care managers) who certify the level of care required. To become a care manager, a person must hold a social worker, nurse, physical therapist, occupational therapist, physician, pharmacist, nutritionist, or other certification or have at least two years of work experience in a long-term care-related field after completing a master's degree in public health.<sup>164</sup> This also applies to those who have completed a university program related to elderly care and have at least four years of work experience.<sup>165</sup>

## (2) Compensation and salary level

Taiwanese caregivers who work 24 hours a day at home or in the hospital (live-in caregivers) are paid NT\$63,000~84,000 (about ¥280,000~380,000), while those who work 8~12 hours at nursing homes are paid NT\$25,000~35,000 (about ¥110,000~160,000) depending on their working hours, qualifications, and length of service. The wage of Taiwanese caregivers is NT\$25,000~35,000 (about ¥110,000~160,000). Compared to other occupations, the wages of Taiwanese caregivers are considerably lower, and the social status of caregivers is often seen as low. This is due to the fact that foreign caregivers are widely spread in Taiwanese society, and caregiving labor is strongly perceived by society as a job for low-paid foreign workers, and the professionalism of caregivers is also viewed as low.

In 2018, the Taiwanese government changed the cost of home care, which was originally calculated by the hour, to an itemized calculation in order to improve the professionalism of home caregivers and increase their wages. The minimum wage for home caregivers is NT\$32,000 or more (approximately ¥140,000) per month, NT\$200 or more (approximately ¥900) per hour for hourly wages, and NT\$140 or more (approximately ¥600) per hour for travel time between homes of those requiring care, calculated as working hours.

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<sup>164</sup> Akitoshi Nishishita, "The Development of Two Long-Term Care Plans in Taiwan: In Relation to the Severe Work of Foreign Care Workers and Elder Abuse" (Gendai Hougyaku = Tokyo Keizai Law Review 36, February 2019).

<sup>165</sup> Taiwan Ministry of Health and Welfare, "List of Qualification Conditions for Managers of County Governments" (2022)

## 4-5-2 Acceptance of Foreign Human Resources

### 4-5-2-1 Overview of Foreign Talent Acceptance

#### (1) History of Acceptance of Foreign Workers

The acceptance of foreigners in Taiwan began at the end of the 1980s when the labor problems of foreigners working in the construction and manufacturing industries became apparent due to the increase in the number of illegal foreigners working in these industries. In 1992, the Employment Service Law was enacted, and the acceptance of foreign workers was institutionalized in earnest. Although the Employment Service Act has undergone some revisions, such as extending the maximum period of stay to 12 years, the recruitment system and "acceptance without the intention of settling down or permanently residing in Taiwan" have been maintained to this day, forming the foundation of Taiwan's foreign worker acceptance system. (Table 4-32)

Table 4-32 History of Foreign Worker Acceptance

<ul style="list-style-type: none"><li>◆ <b>Late 1970s to 1980s</b><ul style="list-style-type: none"><li>• During the period of rapid economic growth, foreign workers in non-professional and unskilled labor fields were staying in the country, but were not allowed to be formally employed.</li><li>• In the mid-1980s, the problem of foreign workers became apparent in the form of an increase in the number of foreigners illegally working in Japan, with more than 100,000 people said to have stayed in Japan illegally. Most of them came from Southeast Asian countries such as Indonesia, the Philippines, Thailand, and Malaysia on "tourist visas" and were employed mainly in the construction and manufacturing industries, where labor shortages were becoming more serious.</li></ul></li><li>◆ <b>Late 1980s to 1990s</b><ul style="list-style-type: none"><li>• In October 1989, the Council of Labor Affairs of the Executive Yuan authorized foreign workers to work in the construction labor field in 14 public works projects due to the growing shortage of construction workers in the public works industry.</li><li>• In 1991, the fields of employment of foreign workers subject to approval were expanded to include manufacturing industries such as the textile and electrical machinery industries.</li><li>• In May 1992, the Employment Service Act (ESA) went into effect, setting forth regulations for the employment of foreign workers and the procedures for such employment. The acceptance of foreign workers in Taiwan is fully institutionalized.</li></ul></li></ul>
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(Source: Masataka Nakagawa, "Trends and Impacts of Accepting Foreigners in Taiwan," prepared by the survey team from 2020.

#### (2) Policies for accepting foreign workers

A summary of the Employment and Service Law, which institutionalizes the work of foreigners, is shown in the following table. Table 4-33 shows a summary of the Employment and Service Law that regulates foreign labor. Care work is a field subject to employment authorization. Employment of foreign workers is permitted only when there is a serious labor shortage, and if it is determined that there is a negative impact on the Taiwanese economy, the acceptance of foreign workers will be immediately suspended. Changes in employers and work duties are not permitted, and family members are not allowed to accompany the foreign worker.

Table 4-33 Summary of Employment Service Laws

<p><b>Employment Authorization Target Areas</b></p> <p>(1) Those engaged in professional and technical work</p> <p>(2) Managers of businesses invested in or established by overseas Chinese or foreigners under the approval of the Taiwanese authorities</p> <p>(iii) Faculty members of universities, etc.</p> <p>4) Foreign Language Teachers</p> <p>(5) Sports coach, athlete</p> <p>(6) Persons engaged in religion, arts and entertainment</p> <p>(vii) Seafarers of merchant vessels, service vessels and other vessels authorized by the Ministry of Transport of the Executive Yuan</p> <p>(viii) Persons engaged in marine fisheries (crew members of fishing vessels)</p> <p>(9) Housekeeper (domestic service worker)</p> <p>(10) Those engaged in important construction projects of the Taiwanese authorities or work designated by the central competent authority (Labor Relations Commission, Executive Yuan) in consideration of economic development needs.</p> <p>*Currently, manufacturing, construction, and <u>nursing care operations</u> are specifically designated.</p> <p>(11) Other cases where there is a shortage of human resources in the region due to the special nature of the work, where it is recognized that foreign workers are definitely needed for the work, and where the central government is in charge of the work.</p> <p><b>Conditions of employment</b></p> <ul style="list-style-type: none"> <li>• Foreign workers will be accepted only for the purpose of supplementing the domestic labor supply, and to ensure this principle, the maximum number of foreign workers to be assigned to each work sector and job category will be strictly defined, and individual entities will be authorized to employ foreign workers to the extent that they do not exceed 30% of the total number of employees.</li> <li>• Employers seeking authorization to hire foreign workers must make clear to the authorities that a labor shortage in the sector and occupation in question is a serious impediment to maintaining, expanding, and improving the efficiency of their operations.</li> <li>• Minimum wage levels for foreign workers are determined and monitored by the authorities</li> <li>• If it is determined that the employment of foreign workers is delaying or hindering the upgrading of the industrial structure of Taiwan's economy, the acceptance of foreign workers will be immediately suspended.</li> </ul> <p><b>Conditions of stay</b></p> <ul style="list-style-type: none"> <li>• As a general rule, changes in employers and work duties are not permitted.</li> <li>• Foreign workers can work in Taiwan for up to 12 years in total</li> <li>• Foreign workers cannot bring family members from their home country.</li> </ul>
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(Source: Masataka Nakagawa, National Institute of Population and Social Security Research, Trends and Impact of Accepting Foreign Nationals in Taiwan, Japan Institute for Labour Policy and Training (JILPT), "Post-Acceptance Management Mechanisms and Practices of Foreign Workers", Report of International Workshop "Human Mobility and Labor Market in Asia (2007)", Workforce Development Agency, Ministry of Labor "Work Qualifications and Rules for Foreign Workers," etc., prepared by the study team.

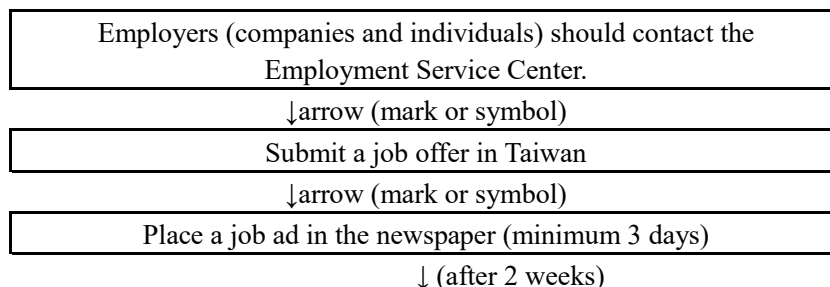
The period of stay for foreign workers is limited to a total of 12 years, but the 2022 "Transferring and Retaining Foreign Workers for a Long Time Plan" has eliminated the restriction on the period of stay for foreign personnel who meet the conditions. The background to this is the shortage of

human resources in Taiwan, the declining retention rate, and competition for human resources with Japan, Singapore, and other countries.<sup>166</sup>

Table 4-34 Summary of the method of using shifting and retaining materials for a long time

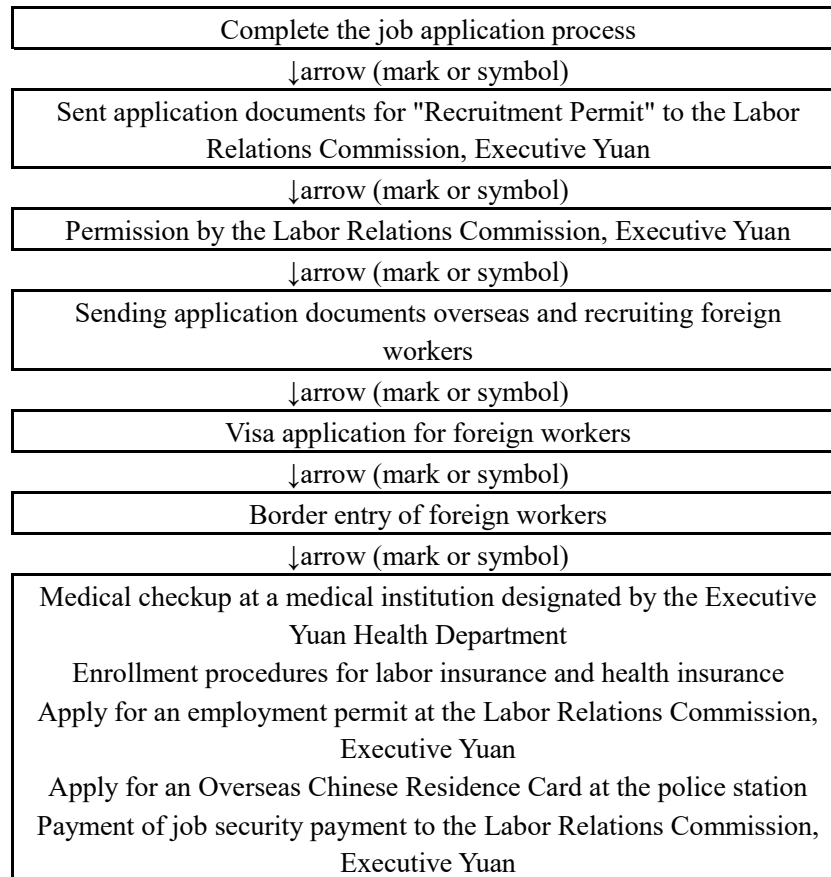
<ul style="list-style-type: none"> <li>● Age at acceptance: 16 years and older; 20 years and older for in-home care, etc.</li> <li>● Period of stay: 12 years or less.</li> <li>● According to the "Long-term Employment Plan for Transferring and Retaining Workers" to be promulgated in 2022, foreign personnel who meet the following requirements will no longer be subject to restrictions on their period of stay in Taiwan <ul style="list-style-type: none"> <li>Applicable to: Those who have been working in Taiwan for more than 6 years or those who have received higher education in Taiwan and have a bachelor's degree or higher. <ul style="list-style-type: none"> <li>Persons obtaining a degree above</li> <li>Scope of industry: industrial occupations, nursing care, etc.</li> <li>Employer Status: Same as current employer status</li> <li>Employer Qualifications: Same as current employer qualifications</li> <li>Salary requirements <ul style="list-style-type: none"> <li>Industrial jobs: monthly basic salary of 33,000 yuan or annual salary of 500,000 yuan or more</li> <li>Nursing and caregiving jobs: Basic salary of 29,000 yuan/month or more for facility work, or 2.4 yuan/month for in-home work. <ul style="list-style-type: none"> <li>More than 10,000 yuan/month</li> </ul> </li> </ul> </li> </ul> </li> <li>② Technical requirements:. <ul style="list-style-type: none"> <li>Industry Occupations: Any Department of Labor-approved professional licenses, training programs, or technical certifications.</li> </ul> </li> </ul> </li> </ul> <p>Those who are qualified for the following</p> <ul style="list-style-type: none"> <li>Nursing and caregivers: Those who have obtained the Basic Conversation Level of TOCFL and 20 hours of caregiver training program designated by the Taiwanese government.</li> </ul>
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The first step in the hiring process is to recruit in Taiwan. If Taiwanese nationals cannot be hired, the company applies to the Labor and Public Affairs Commission of the Executive Yuan for a "Recruitment Permit" and only after the permit is granted is the company allowed to recruit foreign workers.<sup>167</sup>



<sup>166</sup> Neisei Eifuku Labor Office, "Transferring workers to another location for a long period of time

<sup>167</sup> Employment Management Laws and Regulations for Foreign Workers, Vocational Training Bureau, Council of Labor Affairs, Executive Yuan



Hiring is generally handled by private intermediaries, but the Taiwan Ministry of Labor has also set up a department called the Direct Employment United Service Center to assist with hiring.<sup>168</sup>

**intermediary**

- Licensing. License must be issued by the Department of Labor to operate.
- Licenses are renewed for two years and audited annually by the Department of Labor for legal compliance.
- The service includes confirming the laws to be complied with for the employer, and carrying out the application procedures for foreign care workers to enter Japan on behalf of the employer. Provide post-entry support for foreign workers.
- The Ministry of Labor also stipulates the following fees for employers: (1) an introduction fee (not exceeding one month's salary of the foreign talent) and (2) a service fee (up to RMB 2,000 per year) for foreign talents.

**Direct Employment Union Service Center**

- Direct recruitment of foreign personnel without the use of an intermediary
- Guidance and support for application procedures and matching with foreign human resources

(3) Status of acceptance of foreign workers

<sup>168</sup> Japan Institute for Labour Policy and Training, "Foreign Worker Acceptance System and Actual Conditions in Asia," 2007.



The number of incoming foreign workers has increased significantly since 2000, reaching 709,123 in 2020, before the impact of COVID-19. 669,992 were received in 2021, including 237,168 in Indonesia, 234,054 in Vietnam, 141,808 in the Philippines, and 56,954 in Thailand. These four countries account for more than 99% of the total.<sup>169</sup> (Figure 4-16)

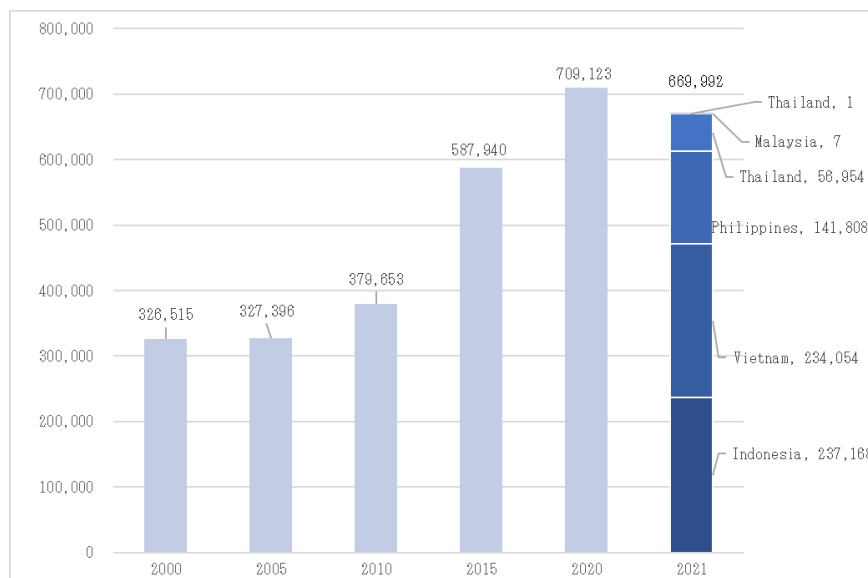


Figure 4-16 Number of Foreign Nationals Accepted (2000-2021)

(Source: Prepared by the survey team based on Taiwan Labor Statistics Search website [https://statfy.mol.gov.tw/statistic\\_DB.aspx](https://statfy.mol.gov.tw/statistic_DB.aspx) (accessed July 14, 2022).

#### 4-5-2-2 System Overview of Acceptance of Nursing Care Workers

##### (1) Background

One of the reasons for the acceptance of caregivers in Taiwan is that women are entering the workforce, and the Employment Service Act enacted in 1992 includes a direct approach to recruiting foreign workers in sectors where there is a shortage of workers in order to revitalize industries, and an indirect approach to introducing foreign domestic and care workers to reduce the burden on women who are responsible for overall household work such as childcare and nursing care, and to promote their employment. It includes an indirect approach of introducing foreign domestic and care workers to promote employment, which is why housekeepers and care workers are designated as occupations eligible for employment permits.<sup>170</sup>

In terms of the acceptance of human resources, agreements have been concluded with countries such as Thailand, the Philippines, Indonesia, and Vietnam, which have a large amount of direct investment from Taiwan, and many housekeepers and caregivers are also accepted from these countries. In addition to the agreements with these countries, historical backgrounds are also considered. The Indonesian community is one of the largest in Taiwan, and international marriages are relatively common in Taiwan, especially among Chinese Indonesian women who immigrated

<sup>169</sup> Taiwan Labor Statistics Search Website [https://statfy.mol.gov.tw/statistic\\_DB.aspx](https://statfy.mol.gov.tw/statistic_DB.aspx) (accessed July 14, 2022)

<sup>170</sup> Japan Institute for Labour Policy and Training (JILPT), "Mechanisms and Practices of Management after Acceptance of Foreign Workers," Report of the International Workshop "Human Mobility and Labour Market in Asia (2007)

through marriage to Taiwanese men. It is assumed that one of the reasons for the large number of labor immigrants from Indonesia today is that there were many women with Indonesian roots in their households or in the local community in the tasks that women are mainly responsible for, such as housework, childcare, and caregiving.<sup>171</sup>

## (2) Conditions and Routes for Accepting Care Workers

There are three types of acceptance of foreign personnel engaged in nursing care: "live-in household," "nursing home," and "home-visit care."

Type	employment (long term)	Duties
Family nursing	Private employment by each family	Worked as a housekeeper and caregiver in the home.
Nursing Institutional nursing	corporate employment	Operations in nursing homes
Outreach nursing	corporate employment	Home visitation care to homes with persons requiring nursing care

The requirements on the part of the recipient are as follows:<sup>172</sup>

### **Individual employment**

- The employer's income level must be above a certain level
- One foreign worker may be employed for each homebound person.

### **Corporate Employment**

- The following three facilities are eligible to employ foreign workers
  - (i) Long-term care facilities, nursing homes, or convalescent homes for persons requiring "moderate" or higher level of care or for mentally ill patients.
  - (ii) Foundations dealing with vegetative states, dementia, or intellectual disabilities
  - (iii) Elderly care facilities, general hospitals with chronic wards, hospitals, or specialty clinics
- Long-term care facilities and long-term nursing homes for the moderately or severely disabled may employ one foreign worker for every three inmates, and hospitals for the chronically ill may employ one foreign worker for every five beds. The total number of foreign workers must not exceed the number of Taiwanese workers engaged in care-related work (1:1 rule).

The entry requirement for foreign caregivers is the completion of a medical examination and 100 hours of training in general caregiving, including daily living care.<sup>173</sup> The government recommends an additional 90 hours of training in Taiwan to ensure the quality of caregivers. However, due to the language and cultural differences, training in Taiwan is not mandatory.

<sup>171</sup> Japan Institute for Labour Policy and Training (JILPT), "Mechanism and Practice of Management after Acceptance of Foreign Workers," Report of International Workshop, "Human Mobility and Labour Market in Asia (2007)," Makoto Koike and Young-Eun Hsu, "An Anthropological Study on Marriage and Acting Subjectivity of Indonesian Women who chose to Marry Taiwanese Men,"

<sup>172</sup> Workforce Development Agency, Ministry of Labor website <https://www.wda.gov.tw/en/> (accessed July 18, 2022)

<sup>173</sup> Shiomoto, Rumi, "Employment of Foreign Care Workers in Taiwan," in *Humanities and Social Sciences. Social Sciences*. 24,) 2010

For language, there is no passing standard in the test for learning achievement, only the number of hours of education prior to entry into the country. According to the TOCFL, the study time for an entry level student with basic grammar and 500-1000 basic vocabulary is 240-720 hours; for Indonesia 24 hours, for the Philippines 50 hours, and for Vietnam 164 hours. This shows that language proficiency before entering a country is not considered important.

Labor and health insurance coverage is mandatory for workers who have been selected for employment. Basically, foreign workers have the same rights as Taiwanese workers with regard to insurance and are required to join the Labor Insurance Program (Labor Insurance) of the Bureau of Labor Insurance.<sup>174</sup>

There are three routes for the acceptance of foreign simple laborers, which includes nursing care workers. The most common is (1), which is a partnership between domestic and overseas intermediaries. In Taiwan, foreign simple laborers are only "subject to management" and are not subject to the same active promotion of acceptance as white-collar workers.<sup>175</sup>

- ① **Acceptance channels through collaboration between domestic and international brokers**  
An evaluation system has been in place since 2007 for domestic brokers, and legal problems may result in the revocation of licenses and permits.
- ② **Route where the company's overseas branch serves as the acceptance window**  
In this case, it is said that problems with intermediaries are relatively easy to avoid. Fewer in number.
- ③ **Route of contact with the Bureau of Vocational Training of the Labor Relations Commission**  
Started in January 2008. Employers can hire directly without using an intermediary. This is a new system created in response to problems with intermediaries, but it is not well known by employers and the procedures are complicated, so it has not taken root.

#### 4-5-2-3 Acceptance of Nursing Care Workers

##### (1) Status of care providers

As of 2018, 70% of the care provided to persons 65 years and older in need of care is provided by family members. For non-family members, 62.7% of these caregivers are foreign in-home caregivers, indicating that foreign in-home caregivers are the primary caregivers when family members are unable to provide care.

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<sup>174</sup> Rumi Shiomoto, Hirosaki University Faculty of Humanities, "Employment of Foreign Care Workers in Taiwan," 2010.

<sup>175</sup> Shiomoto, Rumi, "Employment of Foreign Care Workers in Taiwan," in Humanities and Social Sciences. Social Sciences. 24) 2010

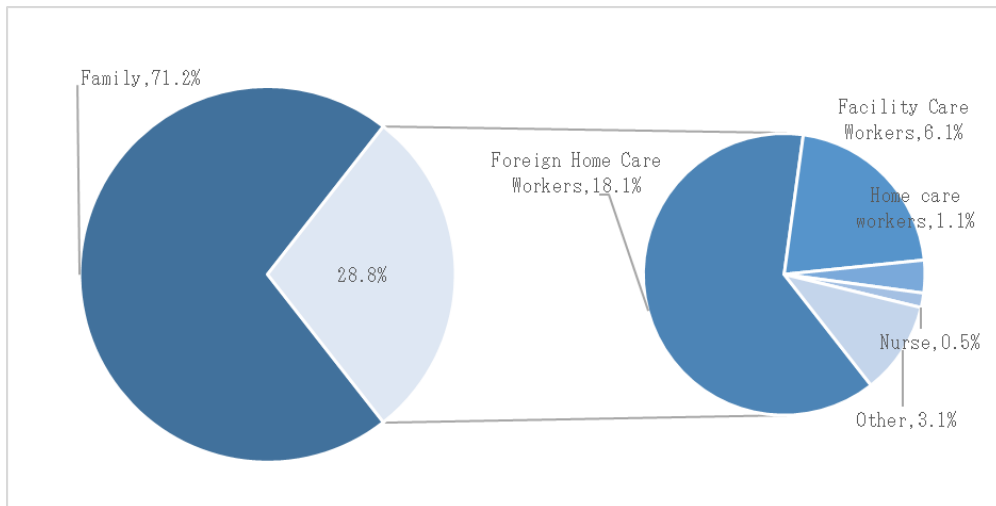


Figure 4-17 Percentage of Care Providers by Type of Care Provider

(Source: Prepared by the survey team based on the Ministry of Public Welfare and Health's "Survey Report on the Situation of the Elderly," 2017.

The following table shows the utilization of foreign human resources at the facilities. Table 4-35 shows that there is almost no utilization of foreign human resources in the nursing profession. As shown in Figure 4-18, 40% of the nursing staff are non-Japanese. Although the number of foreign personnel in facilities is not supposed to exceed 50% of the total number of staff, the percentage of foreign personnel in the staff is increasing.

Table 4-35 Number of Nursing Professionals Engaged in Institutional Care by Taiwanese Nationality and Foreign Nationality (2014-2020)

	2014	2015	2016	2017	2018	2019	2020
Taiwanese nationality (persons)	4,532	4,638	4,976	5,209	5,285	5,398	5,399
Foreign nationals (persons)	1	7	1	1	1	1	1

(Source: Compiled by the survey team from the Executive Yuan Statistical Archive, Institutional Care Workforce (2020))

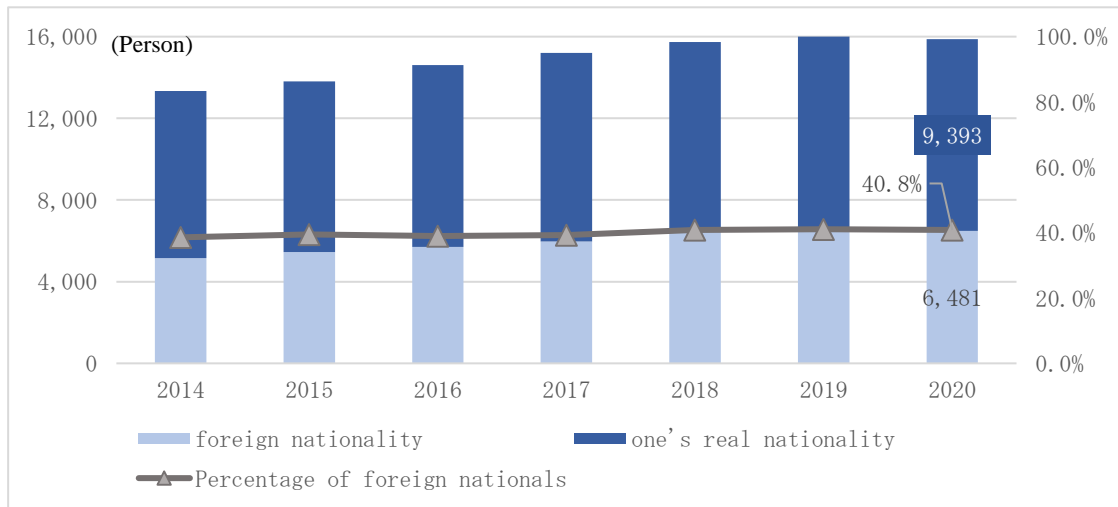


Figure 4-18 Number and Percentage Trends of Caregivers Engaged in Institutional Care by Nationality of Origin (2014-2020)

(Source: Prepared by the survey team based on "Institutional Care Workforce" 2020, Executive Yuan Statistical Archive.

#### (2) Acceptance

The number of foreign workers received in the industrial and welfare sectors is 457,267 and 251,856, respectively, in 2020, with the welfare sector accounting for 35.5% of the total<sup>176</sup>. (Figure 4-19)

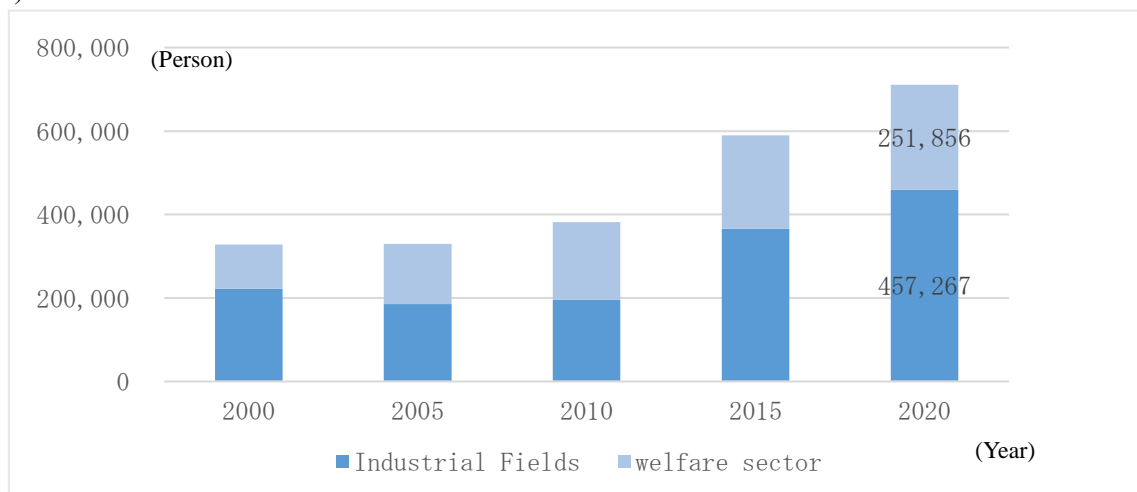


Figure 4-19 Number of Foreign Workers Engaged by Industry

(Source: Prepared by the survey team based on Taiwan Labor Statistics website <https://www.mol.gov.tw/1607/2458/normalnodelist> (accessed July 20, 2022).

The figure below shows the number of workers in the industrial and welfare sectors in Indonesia, the Philippines, Thailand, and Vietnam, the countries with the largest number of recipients in Taiwan. In the welfare sector, the number of recipients from Indonesia will be 192,217 by 2020, which is remarkably large. Vietnam also has a large number of recipients, but mainly in the industrial field.

<sup>176</sup> Taiwan Labor Statistics website <https://www.mol.gov.tw/1607/2458/normalnodelist> (accessed July 20, 2022)

The number of recipients from the Philippines as a whole is on the increase, while the number of recipients in the welfare sector has remained almost unchanged. (Figure 4-20)

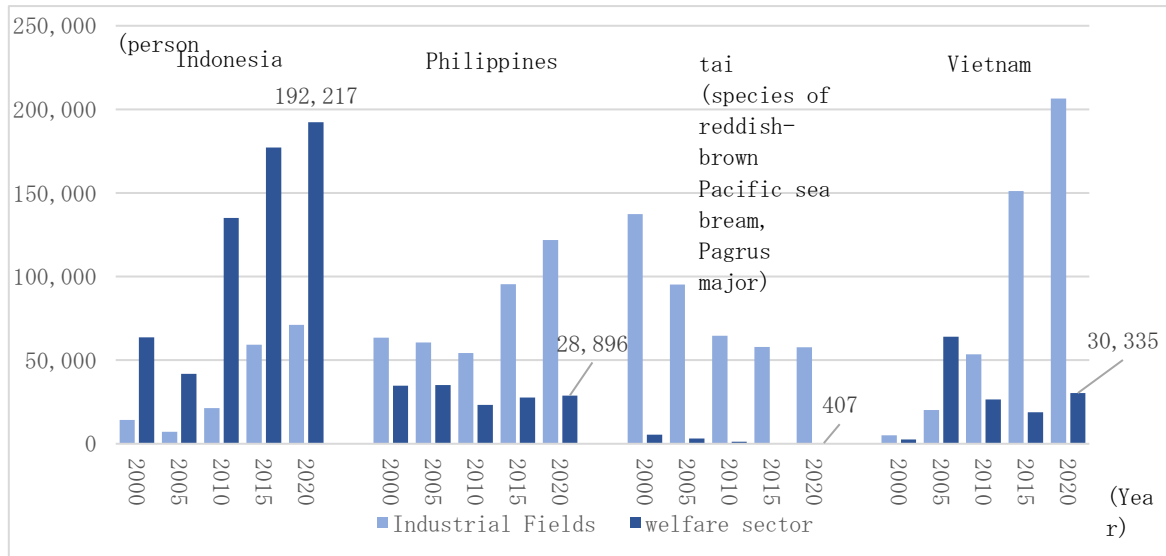


Figure 4-20 Foreign Worker Acceptance Status\_by Industry and Nationality

(Source: Prepared by the survey team based on Taiwan Labor Statistics website <https://www.mol.gov.tw/1607/2458/normalnodelist> (accessed July 20, 2022).

As for the breakdown of the welfare field, it is classified into two categories: domestic only and those with nursing care, with those with nursing care predominating. The place of work is mostly home-based, with facilities accounting for less than 10% of the total. (Figure 4-21 and 4-22)

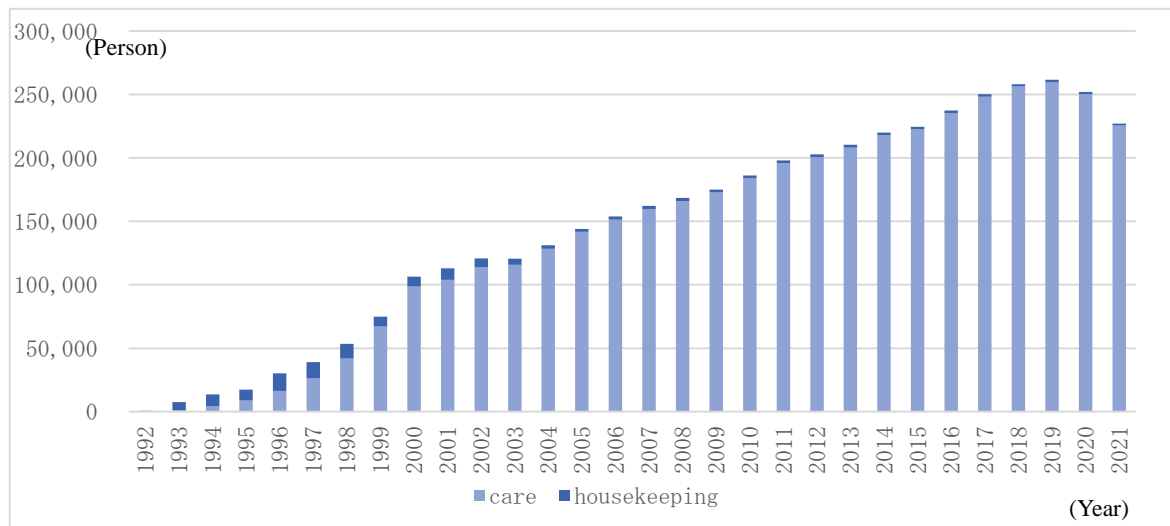


Figure 4-21 Welfare Sector Acceptance Status

(Source: Prepared by the survey team based on Taiwan Labor Statistics website <https://www.mol.gov.tw/1607/2458/normalnodelist> (accessed July 20, 2022).

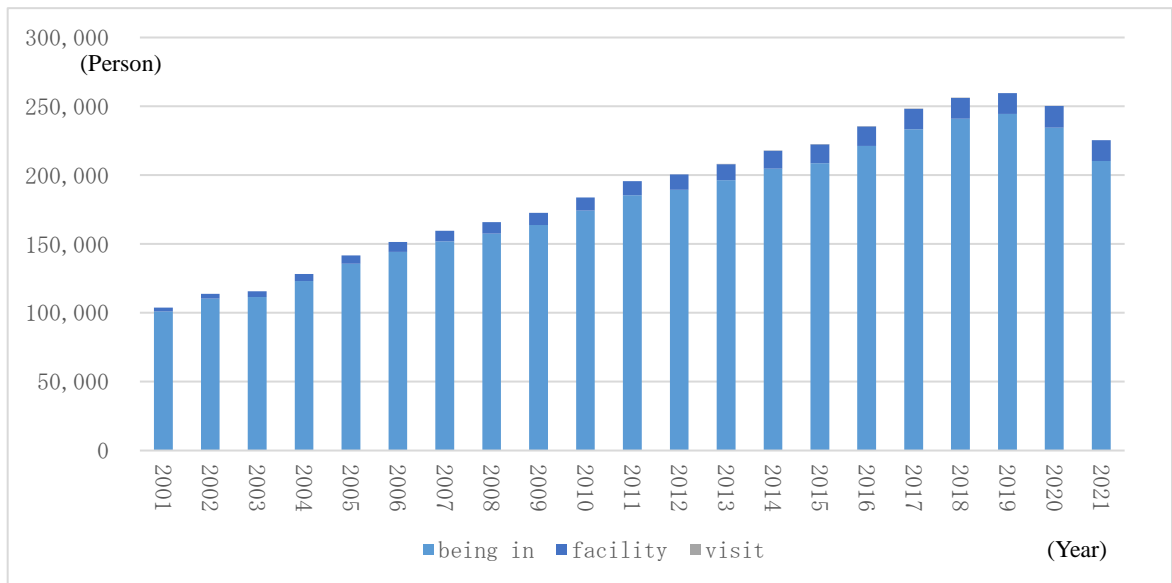


Figure 4-22 Location of Work of Foreign Workers in the Welfare Sector

(Source: Prepared by the survey team based on Taiwan Labor Statistics website <https://www.mol.gov.tw/1607/2458/normalnodelist> (accessed July 20, 2022).

### (3) Treatment of foreign resident caregivers

According to Taiwan's Ministry of Labor, the minimum wage for foreign domestic caregivers is NT\$17,000/month, which is to be determined upon consultation between the employer and the worker, and is not within the scope of the Labor Standards Act, which applies to the manufacturing industry. The minimum wage under the Labor Standards Law will be 25,250 yuan/month in 2021. The average salary of Taiwanese caregivers is NT\$32,000/month, even for the same type of domestic caregiver, making the difference in treatment an issue.

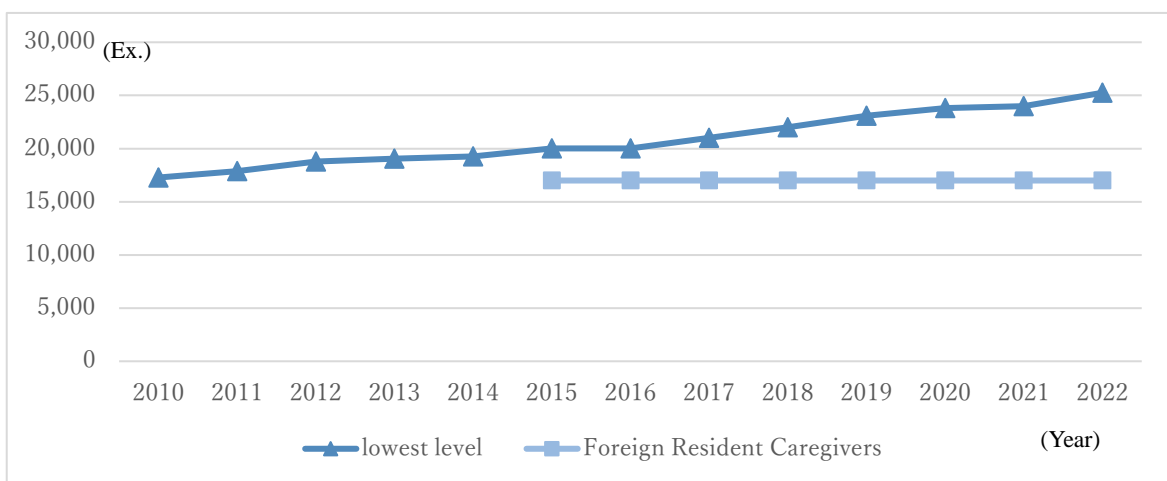


Figure 4-23 Minimum Wage Trends (2010-2022)

(Source: Prepared by research team based on Taiwan Ministry of Labor web page <https://www.mol.gov.tw/1607/28162/28166/28180/28182/28184/29016/post> (accessed July 19, 2022) (2022)

In addition to salary, another issue is communication. The loose language requirements at the time of entry into Japan have led to problems with employers' instructions being poorly communicated. (Table 4-36)

Table 4-36 Employers' Challenges with Foreign Residential Care Workers (%)

item name	June 2018	June 2019	June 2020
total amount	100	100	100
I'm not in trouble.	70.2	64.7	66.8
I am in trouble (multiple choice)	29.8 (100)	35.3 (100)	33.2 (100)
I don't speak the language.	(71.4)	(72.1)	(71.9)
Surfing and chatting on smartphones	(40)	(49.5)	(47.6)
Poor work attitude.	(-)	(22.2)	(20.8)
Poor nursing and caregiving skills	(18.3)	(17.9)	(17.9)
Poor hygiene habits	(16)	(18.3)	(14.5)
Difficulty adjusting to living environment	(7.4)	(7.4)	(6.2)
There was theft.	(3.8)	(6.3)	(5.2)
Difficulty adjusting to work environment	(3.6)	(3.3)	(1.8)
Other	(12.7)	(1.5)	(1)
Supplement: 1, "Poor work attitude" item was added in 2019.			
2, "Phone, Chat" was changed to "Smartphone Surfing, Chat" in 2019.			

(Source: Prepared by the survey team from the Ministry of Labor Transit Management and Operations Survey (2020).)

In terms of technology, training to improve caregiving skills and other skills after entry into the country is at the discretion of the employer. Although 52.6% of employers are willing to send their workers to training, it is clear that they are willing to use their workers' vacation time and 5 to 9 hours per year in their working hours to participate in the training. (Table 4-37)

Table 4-37 Willingness to allow foreign resident care workers to participate in training (%)

item name	June 2018	June 2019	June 2020
total amount	100	100	100
strong-willed	45.5	45.6	47.4
having a will	54.5	54.4	52.6
Preferred training time	(100)	(100)	(100)
Use business hours	(17.5)	(17.3)	(16.6)
Use holiday hours	(73.9)	(75.5)	(72.8)
Either.	(-)	(-)	(7.2)
Other	(8.6)	(7.2)	(3.4)
Number of training hours desired	(100)	(100)	(100)
Less than 5 hours annually	(30.4)	(22.6)	(24)
5-9 hours each year	(44)	(56.6)	(53.7)



10-19 hours each year	(17.1)	(13.3)	(13.6)
More than 20 hours each year	(8.4)	(7.5)	(8.7)
Amount of money that can be borne	(100)	(100)	(100)
Less than NT\$1,500 per year	(81.6)	(58.2)	(51.5)
1500-4500 NTD per year	(17.2)	(16.9)	(22.3)
More than NT\$4,500 per year	(1.2)	(1.2)	(1.3)
No burden desired	(-)	(23.8)	(24.9)
Desired training content (multiple selections possible)			
nursing art	(68.5)	(74.7)	(78)
With Employers and Cared-for Persons	(56.3)	(60.3)	(64.4)
Communication skills			
Emergency and disaster response	(60.2)	(60.3)	(63.2)
Response to disease attacks	(56.2)	(54.7)	(59)
Assistance to the daily activities of the person in care	(56.4)	(55.2)	(58.4)
Chinese (language)	(53.1)	(54.7)	(57.1)
Assisting in the cleanliness of the patient	(56.1)	(51.1)	(54)
Other	(0.9)	(0.7)	(0.5)
Supplement: 1. Add "either" option in 2020 for desired training hours. 2, Possible Burden Amount is an additional item added in 2018; the option "No Burden Desired" was added in 2019.			

(Source: Prepared by the survey team based on Taiwan Ministry of Labor, "Transfer Management and Operation Survey," 2020.

The percentage of foreign domestic caregivers in Taiwan who disappeared or were unreachable within one year of employment was 2.4% (5,045 workers). The top reason given for this was the invitation from other foreign workers. (Table 4-38)

Table 4-38 Disappearances of Foreign Resident Care Workers in the Last One Year (%)

item name	June 2018	June 2019	June 2020
total amount	100	100	100
He's not missing.	97.9	97.5	97.6
Missing (multiple choice)	2.1 (100)	2.5 (100)	2.4 (100)
Seduction of other foreign workers	(59.6)	(53.6)	(46.7)
lack of communication	(24.2)	(26.3)	(36.9)
Through an intermediary	(9.2)	(11.2)	(22.7)
Employment is about to expire.	(12.8)	(16.8)	(21.2)
Not suitable for living and living environment	(18)	(13.8)	(19.1)
homesick	(11.1)	(10.1)	(13.4)
Brokerage fees are too high.	(6.1)	(15.2)	(10.4)

I want better treatment.	(4.8)	(11.9)	(10)
Via foreign spouse	(1.5)	(7.7)	(9)
Gambling debts, criminal escapes	(-)	(6.9)	(2.5)
Payroll Troubles	(-)	(-)	(-)
Other	(2.3)	(2.1)	(1.2)
Supplemental: "Gambling Debt, Criminal Fugitive" was added in 2019.			

(Source: Prepared by the survey team based on Taiwan Ministry of Labor, "Transfer Management and Operation Survey," 2020.

Domestic work is closed, and the working hours are difficult for both the employer and the worker to manage. The difference in compensation and the reasons for disappearance, which are not publicly known, have led to a growing movement to protect the rights of foreign domestic caregivers, as represented by the Taiwan International Workers Association (TIWA), which was established in October 1999 as the first NGO in Taiwan to provide care for migrant workers and integrate them with Taiwanese citizens. It was established in October 1999. It aims to address and improve the human rights issues of migrant workers, such as (1) paying high commissions to intermediaries, (2) not having the right to change employers, and (3) unequal pay for equal work.<sup>177</sup>

In Taiwan, the Indonesian community is particularly large, and many human resources decide to travel to Taiwan after seeing and hearing the success stories of their relatives and neighbors in the past. However, on the other hand, since many of them live in the country, there are problems such as stress caused by living with family members, low salary, and communication problems caused by low language requirements at the time of entry, and some have expressed a desire to travel to other countries, including Japan, where management is institutionalized.

#### 4-6 Comparison of Acceptance of Caregivers from Japan, Germany, and Taiwan

Finally, the status of acceptance of foreign caregivers in Japan, Germany, and Taiwan. Table 1.5.1 summarizes the status of acceptance of foreign nursing care workers in Japan, Germany, and Taiwan. For Japan, the table shows the number of caregivers accepted under the "specified skills" status of residence, along with the number of those accepted under the "technical internship" status, which has the largest number of residents. For Germany, the Triple Win Project, which covers Southeast Asian countries such as Vietnam, Indonesia, and the Philippines, is listed. In Taiwan, the main human resources are those accepted through agreements with Thailand, the Philippines, Indonesia, Vietnam, and other countries under the Employment Service Act, so they are listed in the table.

In Germany, the cost of education required to pass the German professional evaluation/nursing certification exam and the German language level B2 exam is not covered by the employer, and allowances are also provided during training, making it possible to improve skills with little financial burden. The median monthly compensation for caregivers is 2,645 euros (about 380,000 yen), which

<sup>177</sup> Yuichi Murakami, "Defending the Rights of Migrant Workers in Taiwan,"

is high compared to Japan and Taiwan. On the other hand, there are many requirements, such as knowledge and experience in nursing care and the need to pass a German language exam along with a professional exam.

Taiwan has no language test requirement for entry, shorter language and nursing care training hours than Germany and Japan, and the ability to stay in Taiwan for more than 12 years if the number of years of work and salary requirements are met. On the other hand, the number of people who live and work in the home is much larger than in Japan and Germany. On the other hand, since most of the caregivers live in the home, problems such as stress caused by living in the home, low salary, and communication problems caused by low language requirements at the time of entry have arisen.

In Japan, the national qualification of caregivers allows them to stay for a long period of time and creates a comfortable working environment for caregivers. In the field surveys in Indonesia, Vietnam, and the Philippines, the factors for choosing Japan were safety of life, physical distance from home country, and interest in Japanese culture, as These factors were voiced by the candidates.

In light of the above, it is the opinion of the survey team that it is important to carefully explain to potential candidates the appeal of working as a caregiver in Japan, and that in order for Japan to continue to attract excellent human resources in the midst of the global competition for human resources, it is essential to make prompt improvements to the issues raised, such as the time required to leave Japan, excessive cost burdens on the individual, and lack of Japanese language and caregiver education before and after entry into Japan. In order for Japan to continue to attract talented people in the midst of global competition for human resources, it is essential to make prompt improvements to address the issues listed above, such as the time it takes to leave the country, the excessive cost burden on the individual, and the lack of Japanese language and nursing education before and after entry.

Table 4-39 Acceptance of Caregivers from Japan, Germany, and Taiwan

	Japan		Germany	Taiwan
Laws and Institutions	technical internship	Resident status "Specified Technical Skills".	Triple Win Project	Employment Service Laws and Agreements with Other Countries
sending country	unlimited	unlimited	Bosnia and Herzegovina, Philippines, Tunisia, Indonesia, India (Kerala), Vietnam	Agreements with other countries include Thailand, the Philippines, Indonesia, and Vietnam.

period of stay	1st year: [technical internship No. 1] 2nd to 3rd year: [technical internship No. 2] 4th to 5th year: [technical internship No. 3]	Up to 5 years	Stay on work visa valid for 1 year, converted to residence permit after passing professional evaluation/nursing certification exam and German level B2 exam in Germany After 5 years, permanent residence permit	May work in Taiwan for up to 12 years total *Limitations on the period of stay have been abolished for foreign human resources who meet the conditions from 2022 onward.
Accompanying family members	not allowed	not allowed	possible	not allowed
Language Proficiency Requirements at Entry	Preferable level of JLPT N3, N4 is required.	Passing the Nursing Japanese Language Assessment Test	Philippines, Indonesia: German language proficiency (technical terminology and daily conversation - B1 level is ideal) Vietnam: B2 level	No criteria (only language teaching hours requirement)
Knowledge, experience, etc. of care required of foreign caregivers	In the case of group management type: "Experience in equivalent work" in a foreign country, or special circumstances that require the applicant to engage in technical internship.	Passing the Caregiver Skills Assessment Test	Philippines, Indonesia: Graduation from nursing school + clinical experience Vietnam: at least one year of study in a medical-related school India (Kerala): nursing school graduation and nursing-related certifications	nashi (Pyrus pyrifolia, esp. var. culta)

Language training before and after entry into Japan	Depending on the sending institution, 3 to 6 months of prior Japanese language study in the home country	long vowel mark (usually only used in katakana)	Philippines, Indonesia, India: A1 to B1 language courses in home country Vietnam: acquisition of B2 level German in home country (12 months)	24 hours of language training in Indonesia, 50 hours in the Philippines, and 164 hours in Vietnam
Training on pre- and post-entry care	48 hours of caregiver education in Japan (pre-entry training is also acceptable) and 2 months of training by a management organization	-	Philippines, Indonesia, India: Nurse orientation in home country Vietnam: 3 years of theoretical and practical training at a German host institution and technical school with monthly stipend	Completion of 100 hours of training in general nursing care, including how to care for daily living in the home country + 90 hours in Taiwan
Obligation to take a national examination	None (optional)	None (optional)	Specialty evaluation exam or nursing certification exam in Germany required.	nashi (Pyrus pyrifolia, esp. var. culta)
Acceptance coordinating organization/route	Group Supervisory Type: Each supervisory organization Company independent type: Each company	Support by Registered Assistance Agencies	GIZ, ZAV	The most common route of acceptance is through collaboration between domestic and overseas intermediaries.
Principal Place of Employment	Other than home-visit services	Other than home-visit services	Residential care facilities and home care agencies	More than 90% of care provided at home (live-in care in the home through private employment)

Cost burden of foreign human resources for acceptance	Varies depending on the sending country and sending organization, and the Japanese government has no cost regulations or other restrictions.	Varies depending on the sending country and sending organization, and the Japanese government has no cost regulations or other restrictions.	Job placement, language and technical preparation, and integration assistance are free of charge.	Service fee for hiring an intermediary is set at RMB 1,800/month for the first year, RMB 1,700/month for the second year, and RMB 1,500/month for the third year.
Number of foreign caregivers	Number of residents engaged in nursing care under Technical Training 1, 2, and 3: 14,034 (estimate)	Number of residents: 7,019	Number of care-related personnel from outside the EU to date: 25,000 (estimate)	Number of recipients in the welfare sector: 251,856
Major countries of origin and number of people	Number of people entering the country Vietnam: 3,860; Indonesia: 1,597; Myanmar: 1,539; China: 745; Philippines: 619	Number of Residents Vietnam: 3,445, Indonesia: 981, Philippines: 698, Myanmar: 647, Nepal: 518	Number of care-related personnel from outside the EU to date (approximate estimate) Philippines: 2,000 Vietnam: 1,900 Thailand: 1,000 China: 600 Indonesia: 500 persons	Number of recipients in the welfare sector Indonesia: 19,2217 Vietnam: 30,335 Philippines: 28,896
salary	Equal to Japanese	Equal to Japanese	Conditions of labor are equal to those of Germans	In-home residential care personnel: minimum wage 17,000 yuan/month

## **Chapter 5. Research and analysis on legal systems, markets, etc. related to long-term care and long-term care human resources in the key target countries**

This chapter summarizes the legal systems, markets, and conditions related to long-term care and long-term care personnel production in the focus countries (Indonesia, Vietnam, the Philippines, India, Nepal, and Bangladesh).

The following is a summary only. The content of this section is a summary of the attached document "1. Research and analysis on legal systems, markets, etc. related to long-term care and long-term care human resources in the key target countries ".

For data sources of the following items, please refer to Appendix "1-1 Basic Information on Priority Countries".

Aging rate, number of doubling years, ratio of elderly dependents, average life expectancy, healthy life expectancy, percentage of elderly living in urban areas, percentage of elderly living in rural areas, percentage of elderly living alone, and percentage of pensioners.
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For other items, please refer to Appendix "1-2 Indonesia" to "1-7 Bangladesh".

## 5-1 Situation of Indonesia

	Classification.	Item		Indonesia		
1. identify the social and economic situation surrounding the elderly in the country and understand their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	6.7% (2020)	
		2	How fast is the aging of the population?	doubling time	22 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 9.9%(2020) 22.8%(2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy,., healthy life expectancy	Average life expectancy 72 years (2020) Healthy life expectancy 63 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly:.. Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban area: 52 Rural areas: 48 (60+ years old, 2015) 10.4% (65+, 2017)	
	2. achievement of aging society measures, support for the elderly, active aging, and healthy ageing	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	Yes
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	Yes
3			Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes	
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage NA	
(4) Pension and Social Security Sector		1	Pension plan availability,., Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage 14.1% (2020)	
		2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes	
5) Active Aging (Healthy Aging)		1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	Over 60 years old Males: 63%. Women: 29%. (2015)	
3. seeking multi-sectoral and multi-professional		1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes





## 5-2 Situation of Vietnam

	Classification.	(data) item		Vietnam		
1. Identify the social and economic situation surrounding the elderly in the country and their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	8.4% (2020)	
		2	How fast is the aging of the population?	doubling time	17 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 12.2%(2020) 31.8%(2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy, healthy life expectancy	Average life expectancy 75 years (2020) Healthy life expectancy 65 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly: Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban areas: 32 Rural areas: 68%. (60+ years old, 2015) 11.2% (65+, 2020)	
	2. achievement of aging society measures, support for the elderly, active aging, and healthy aging	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	NA
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	NA
3			Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes	
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage NA	
(4) Pension and Social Security Sector		1	Pension plan availability, Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage: 40.9% (2020)	
		2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes	
5) Active Aging (Healthy Aging)		1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	35% (2019)	
3. seeking multi-sectoral and multi-professional		1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes

### 5-3 Situation of Philippines

	Classification.	(data) item		Philippines		
1. identify the social and economic conditions surrounding the elderly in the country and their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	5.2% (2020)	
		2	How fast is the aging of the population?	doubling time	30 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 8.2%(2020) 16.3% (2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy,., healthy life expectancy	Average life expectancy 71 years (2020) Healthy life expectancy 62 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly:.. Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban area: 42 Rural areas: 58 (60+ years old, 2015) 9.8% (65+, 2017)	
	2. achievement of aging society measures, support for the elderly, active aging, and healthy and multi-professional	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	Yes
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	Yes
			3	Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage: 100%.	
(4) Pension and Social Security Sector		1	Pension plan availability,., Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage 20.5% (2020)	
		2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes	
5) Active Aging (Healthy Aging)		1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	NA	
3. seeking multi-sectoral and multi-professional		1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes

5-4 Situation of India

	Classification.	(data) item		India		
1. identify the social and economic conditions surrounding the elderly in the country and their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	6.7% (2020)	
		2	How fast is the aging of the population?	doubling time	28 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 10% (2020) 22% (2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy, healthy life expectancy	Average life expectancy 70 years (2020) Healthy life expectancy 60 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly? Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban areas: 29.2 Rural areas: 70.8%. (2015) 5.1% (65+, 2020)	
	2. achievement of aging society measures, support for the elderly, active aging and healthy and multi-professional	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	Yes
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	Yes
3			Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes	
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage NA	
(4) Pension and Social Security Sector		1	Pension plan availability, Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage 42.5% (2020)	
	2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes		
5) Active Aging (Healthy Aging)	1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	NA		
3. seeking multi-sectoral and multi-professional	1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes	

## 5-5 Situation of Nepal

	Classification.	(data) item		Nepal		
1. identify the social and economic conditions surrounding the elderly in the country and their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	6.0% (2020)	
		2	How fast is the aging of the population?	doubling time	26 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 9%(2020) 15%(2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy,., healthy life expectancy	Average life expectancy 71 years (2020) Healthy life expectancy 61 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly:.. Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban areas: 15.5 Rural: 84.5% ( 2015) 4.0% (65+, 2019)	
	2. achievement of aging society measures, support for the elderly, active aging, and healthy ageing	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	nil
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	Yes
3			Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes	
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage NA	
(4) Pension and Social Security Sector		1	Pension plan availability,., Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage 84.2% (2020)	
		2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes	
5) Active Aging (Healthy Aging)		1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	47.1% (65 years and older, 2010)	
3. seeking multi-sectoral and multi-professional		1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes

## 5-6 Situation of Bangladesh

	Classification.	(data) item		Bangladesh		
1. identify the social and economic conditions surrounding the elderly in the country and their needs	(1) Stages and speed of aging	1	At what stage of aging is this country?	Population aging rate (% of elderly)	5.6% (2020)	
		2	How fast is the aging of the population?	doubling time	20 years	
		3	Is the economic risk significant?	Working-age population, the potential dependency ratio	dependency ratio 8.4%(2020) 23.1% (2050)	
	(2) Health and care needs and economic needs of the elderly	1	How long is a person in this country likely to need health and long-term care?	Average life expectancy,., healthy life expectancy	Average life expectancy 73 years (2020) Healthy life expectancy 64 years (2019)	
		2	Is it common for family members to provide support and care for the elderly?		Yes	
		3	What is the living environment like for the elderly:.. Do most people live in urban or rural areas? Do they have a roommate?	Percentage of elderly people living in urban areas, the Percentage of elderly living in rural areas, the Percentage living alone	Urban area: 30 Rural areas: 70 (60+ years old, 2015) 3.8% (65+, 2019)	
	2. achievement of aging society measures, support for the elderly, active aging, and healthy and multi-professional	(1) Overall	1	Are there any policies, plans, strategies, etc. to address aging and support for the elderly?	Various national policies, plans, and strategy documents on aging and support for the elderly	Yes
		(2) Long-term care and welfare field	1	Is there a system for long-term care human resource development, certification, etc.?	National policies, plans, and strategy documents on human resource development for long-term care	Yes
			2	How many long-term care workers are available (public and private)	Number of long-term care workers, national policies, plans, and strategy documents on long-term care worker training	Yes
			3	Is there support for older adults with problems such as dementia, visual impairment, hearing impairment, etc., as well as for their families?		Yes
(3) Health care field		1	Are there any policies, systems, guidelines, etc. regarding health and medical care for the elderly (geriatrics, chronic diseases, dementia measures, etc.)?	Institutional and guideline documents on health and medical care of the elderly in the state	Yes	
		2	availability of public health care legislation, coverage of public health care coverage in the elderly, and	Policy, institutional and strategic documents on public health care systems, coverage of public health care coverage systems in the elderly	Yes Coverage NA	
(4) Pension and Social Security Sector		1	Pension plan availability,., Coverage	State documents on pension policy and systems Percentage of pensioners, etc.	Yes Percentage 39.0% (2020)	
		2	Existence of other public or private social security programs that cover the elderly (e.g., disability pensions, long-term care insurance, etc.)		Yes	
5) Active Aging (Healthy Aging)		1	To what extent do the elderly participate in society?	Employment Rate of the Elderly	NA	
3. seeking multi-sectoral and multi-professional		1) Identification of stakeholders (actors) in the field of support for the elderly	1	Are there any focal points related to aging measures and support for the elderly (healthcare, pensions, long-term care, social welfare, etc.)?		Yes

## **Chapter 6. Data collection and analysis of the possibility of collaboration with related institutions and organizations in Japan**

Japan faces a rapid increase in the number of foreign nationals working. Competition for human resources is intensifying internationally. Under these circumstances, Japan needs to become a country of choice. JICA intends to promote efforts based on the following four pillars: 1. contributing to the economic development of developing countries and regional revitalization in Japan, 2. supporting more appropriate acceptance of foreign workers, 3. supporting the building of a convivial multicultural society in Japan, and 4. supporting the activities and contributions of foreign workers in their home countries after they return to their home countries.<sup>178</sup>

Regarding foreign workers for long-term care, several organizations and groups in Japan are involved in each stage of the human resource development process: before coming to Japan, during their stay in Japan, and after their return to their home country. Based on an overview of these actors, examining the possibility of JICA's cooperation in this field is appropriate.

The purpose of this chapter is to summarize the activities and support provided by existing significant institutions and organizations for foreign workers for long-term care. They came to Japan, mainly under the Technical Intern Training Program and the Specified Skilled Worker. This study aims to examine how JICA can appropriately share the responsibilities and establish an appropriate framework for cooperation.

### **6-1 Positioning of Major Relevant Organizations**

First, an overview of Japan's significantly related organizations and their roles in accepting foreign workers for long-term care will be presented.

#### **(1) Health and Medical Care Strategy Promotion Headquarters**

To promote the Asian Health Initiative. In the foreign workers for long-term care, it cooperates with the "Council for International and Asian Health Initiative," a public-private partnership platform. It disseminates information in the field of long-term care and provides support for an efficient Japanese language education environment.

#### **(2) Ministry of Health, Labor, and Welfare**

It oversees policies and systems related to securing workers for long-term care, including certified care workers. It is also in charge of the Technical Intern Training Program. Accepting foreign workers for long-term care informs administrative organizations that support long-term and nursing care facilities through surveys and research projects.

#### **(3) Ministry of Economy, Trade and Industry**

It supports Japanese long-term care-related businesses for international expansion by providing information through survey projects and direct assistance for overseas expansion through subsidized projects.

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(4) Japanese International Cooperation of Welfare Services: JICWELS

In charge of recruiting, matching, and post-arrival consultation regarding accepting candidates for nurses and long-term care workers through the EPA. It is responsible for providing consultation services for foreign workers for long-term care, developing the system for Specified Skilled Worker, and operating the Specified Skilled Worker Council, etc.

(5) Japanese Trainee & Skilled Worker Cooperation Organization: JITCO

JITCO provides Japanese language education programs for foreigners who come to Japan under the Technical Intern Training Program and the Specified Skilled Worker Program. JITCO also provides support and advice to companies that accept foreign workers to improve their workplace environment.

(6) Organization for Technical Intern Training: OTIT

It provides guidance and support to companies that accept technical intern trainees. It manages the safety of technical intern trainees through advice and support for improving the working environment and demanding compliance with working hours and working conditions. The program also supports the trainees' daily lives, assisting with housing, meals, medical expenses, insurance, etc.

(7) The Japan Foundation: JF

It is the only specialized organization in Japan that implements comprehensive international cultural exchange in all world regions. In Japanese language education activities, JF promotes the development of learning environments in each country and provides adequate support tailored to local needs in cooperation with governments and educational institutions in each country and region. In long-term care, the EPA offers Japanese-language education for prospective long-term care workers under the EPA.

(8) The Japan External Trade Organization: JETRO

JETRO supports long-term care-related businesses for overseas expansion by disseminating information and matching them with local companies by creating directories and holding business meetings and other events.

## 6-2 Before coming to Japan

### 6-2-1 Status of efforts before coming to Japan

Activities before coming to Japan include the following processes: information dissemination in the sending country, acquisition of candidates, training for candidates, matching between the local sending organization or the candidate and a Japanese business, and travel procedures.

JITCO and the Cabinet Secretariat's Health and Medical Care Strategy Office are responsible for information dissemination. JITCO disseminates information and provides materials on the program to sending countries and sending organizations. Furthermore, JITCO conducts various seminars and provides consultation services to Japanese providers to promote the acceptance of new candidates. The Health and Medical Care Strategic Promotion Headquarters, through the activities of the International-Asia Health Initiative Council, disseminates information on the long-term care sector



to prospective long-term care technical intern trainees and organizations involved in sending technical intern trainees to Japan. In this initiative, Japan's long-term care characteristics are being organized for overseas countries, and dissemination of this information has begun, mainly to governments of Asian countries.

The above two organizations are also involved in educating candidate workers. JITCO is providing Japanese language learning materials to local sending organizations. The Health and Medical Care Strategic Headquarters is working on the creation of a new Japanese language test, the "Japanese Language Test for Workers for Long-Term Care." Establishing a Japanese language test to measure Japanese language skills useful for activities in long-term care facilities will enable efficient learning before coming to Japan. It will also lead to practical learning of Japanese language skills.

In addition, JITCO provides opportunities for matching local sending organizations with Japanese businesses and offers consultation and seminars on various documentation procedures. In addition, the information above dissemination<sup>179</sup> through the activities of the Council for International and Asian Health Initiatives also includes examples of initiatives by individual nursing care providers in Japan.

#### 6-2-2 Recommendations regarding appropriate sharing of responsibilities and possible collaboration before arrival in Japan

When recruiting workers locally, the local sending agencies play a significant role in practical terms. There is an effort to disseminate information on systems and unique Japanese long-term care in the inter-governmental arena. However, this study found that this information did not often reach the local sending agencies. One of the reasons for this is that the details of agreements between governments are not always shared with local sending agencies. Even when they are shared, the system's complexity makes it challenging to understand the whole picture.

Although it is possible to obtain detailed and specific information in Japanese, not all sending agencies have staff who can understand Japanese. Preparing and distributing explanatory materials in the local language would be effective for Japan, with details of the various systems and intergovernmental agreements reworked.

As of December 2022, no local organization systematically disseminates information and conducts ongoing follow-ups with sending organizations, educational institutions, and other related parties responsible for practical operations. JICA is familiar with the local situation. Regarding the content and methods of information dissemination, JICA could support information dissemination by the International Asian Health Initiative/Consortium, which lacks a local base and experience in local activities.

In countries with few cases of sending out workers to Japan, it is necessary to first inform candidates of the option of working in Japan. In such countries, however, there are only a few

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agencies that send out workers to Japan. To acquire human resources from new countries in the future, it is necessary to explain the system to sending organizations with no experience in Japan. It is also essential to provide information to potential candidates themselves. However, at present, only private companies exist to acquire human resources. Private companies are expected to conduct their activities on the premise that they can be established as a business. Therefore, it is challenging to expect private companies to take the initiative in countries where the market is still undeveloped. Yet, it is worthwhile for relevant public organizations to cooperate in sending information to government agencies and related organizations in the sending country at an early stage.

As mentioned above, support is provided through teaching materials in Japanese language education. However, aid in the form of human resources, such as local native Japanese language teachers or Japanese language teachers with specialized training, is almost nonexistent. In addition to private sector organizations, there are high expectations for Japanese language education support from various organizations involved in sending out human resources. In the case of Bangladesh, Japanese language education was provided at a government-affiliated sending organization. In Indonesia, Japanese language education was provided at a national educational institution. JF is mainly responsible for the development of Japanese-language education environments overseas. However, JICA also dispatches Japanese-language teachers to countries worldwide through its overseas cooperation corps. JF could contribute through collaboration to developing local education systems based on the premise of sending students to other countries. In addition to Japanese language education, a deepening understanding of Japanese cultural backgrounds is necessary to start working and living in Japan smoothly. Training opportunities and support to improve the quality of such training may also be considered.

### 6-3 During their stay in Japan

#### 6-3-1 Status of efforts during the stay in Japan

Activities after arrival in Japan include efforts to improve learning and skills, such as improving Japanese language skills and long-term care work skills. Efforts are also made to enhance foreign residents' living and working environment and realize a society in harmony with the local community.

Regarding improving Japanese-language skills, JITCO provides Japanese-language education support to foreign nationals and their host companies. In addition, the Japan Association of Certified Care Workers operates the website "Nihongo wo Manabo (Let's Learn Japanese)"<sup>180</sup> for foreigners working in the field of nursing care in Japan.

To improve the skills of long-term care workers, on-the-job training and training at facilities are provided in many cases by their host companies. JICWELS supports host employers by conducting skill improvement training and introducing textbooks. The Japan Association of Certified Care Workers includes support for training technical internship instructors at long-term care facilities. It

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Let's learn Japanese website <https://aft.kaigo-nihongo.jp/rpv/> (accessed December 15, 2022).

also provides texts and tips on teaching methods as preparation for the national care worker examination and the specified skill evaluation examination.

To improve the living and working environment for foreigners working in Japan, JITCO and OTIT have established consultation services in various languages for foreigners and provide protection for trainees. These services are designed to protect the rights of foreign workers and prevent them from working under illegal conditions or in an unfair environment. The Japan Platform for Migrant Workers towards Responsible and Inclusive Society (JP-MIRAI) is an organization for which JICA serves as the secretariat. 360 organizations that support JP-MIRAI's principles of action are members of JP-MIRAI (as of November 2022). By establishing a platform for accepting companies, JP-MIRAI is working to systematically create a system for taking foreign nationals that meets international standards. Current members include nursing care-related businesses.

Efforts are underway to provide a wide range of support for realizing a society where foreign human resources can coexist harmoniously with local communities. For example, local governments utilize people with JICA Overseas Cooperation Volunteers experience. There are efforts to promote an understanding of multicultural co-existence by dispatching trainees to communities with a high concentration of Japanese descent. In addition, collaboration with stakeholders through JP-MIRAI and support for local governments and NPOs in their efforts to build a multicultural society are also underway. In nursing care, many long-term care facilities operated by social welfare corporations accept foreign residents. Due to the characteristics of these corporations, many businesses initially place importance on co-existence with the local community. As a result, there have been many reported cases of foreign workers for long-term care participating in the community activities of the corporations.<sup>181</sup>

### 6-3-2 Recommendations regarding appropriate sharing of responsibilities and possible collaboration during their stay in Japan

There is less experience accepting foreign nationals in the long-term care sector than in other sectors. In addition, many businesses in this sector are negligible. Therefore, by utilizing a platform such as JP-MIRAI, it is expected that companies will be able to obtain information and understand their current situation. At the same time, foreign nationals in the long-term care sector can work in a healthy environment.

In the area of Japanese language education, it is reported that opportunities for Japanese language education vary significantly from region to region.<sup>182</sup> Of the 1,896 local governments, 877 municipalities do not provide local Japanese language education. Among them, there are approximately 10% that have a higher ratio of foreign residents than the national average. This indicates that some areas do not provide Japanese-language education opportunities for foreign

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<sup>181</sup> Cabinet Secretariat, "Research Report on the International Expansion of the Health Care Industry in Asia, including Long-Term Care, Toward the Realization of the Asia Health Initiative," 2021.

<sup>182</sup> Agency for Cultural Affairs, "Japanese Language Education Fact-Finding Survey Report," 2021.

residents in response to their needs. The reasons for this may include the absence of Japanese-language educators and a lack of awareness of local governments' issues and support systems. Even if there is a Japanese language education institution in the region, there are cases where foreign residents do not use it due to cost burdens. Another issue that needs to be discussed is who should bear the cost of Japanese language education. As mentioned earlier, in countries with a long history of receiving immigrants, such as Germany, local language education is available free of charge or at a meager cost. JICA is not expected to provide Japanese language education directly in Japan. However, people with experience teaching Japanese through JICA's overseas cooperation corps could be part of the teaching resources. There is a possibility that they could play an active role as part of the teaching resources.

#### 6-4 After returning home

##### 6-4-1 Status of Efforts After Returning Home

As of December 2022, only a few cases of workers with experience in the long-term care field in Japan are active in long-term care-related areas after returning to their home countries. To create opportunities for people with long-term care experience in Japan, it is crucial to establish a business market in the long-term care field in the local market. However, in many developing countries, such markets are still underdeveloped.

For Japanese long-term care-related businesses to expand overseas, the Council for International and Asian Health Initiatives has created a platform for public-private partnerships. It has also organized country-specific study groups and other forums for collaboration to advance overseas.

The Ministry of Economy, Trade and Industry (METI) provides a wide range of outbound support for the international expansion of healthcare-related equipment and services. This includes surveys and empirical studies of healthcare markets in various countries. It also sends public-private sector missions to different countries to raise awareness and hold research meetings. Through JETRO, it also supports the overseas development of products and services related to elderly care. It creates directories and holds local business meetings and events to disseminate information and matchmaking with local companies.

JICA, through its Dissemination, Demonstration, and Business Development Project, supports formulating business plans for commercializing businesses. This involves the verification of business models, including demonstration activities of technologies, products, and know-how, the promotion of understanding of proposed products, and the examination of their potential for use in ODA projects, to contribute to solving problems in developing countries.

To enable returned workers to make the most of their experience, it is necessary not only to create a market for long-term care. Conducting activities to match returned workers with local companies is also essential. Still, there are few opportunities to do so.

There are examples of local job placement support for returned workers where sending organizations introduce them to companies. Local administrative agencies provide matching

opportunities with local companies, including Japanese-affiliated companies. Some sending organizations in Vietnam, India, and other countries have medical or long-term care businesses of their own or in partnership with other companies. There have been cases in which local people have worked there after returning to their home countries. However, in the interviews conducted for this study, there were few cases of sending organizations or governments actively supporting local employment. There was almost no support for human resources returning to their home countries.

#### 6-4-2 Recommendations regarding appropriate sharing of responsibilities and possible collaboration after returning home

There are few cases in which Japanese businesses or organizations directly support returned workers from Japan. Japan should be a country of choice in the future. Japan must create an environment where returned workers can be active in their home countries. They need to be able to work based on their experiences in Japan and the content and conditions of their activities during their stay in Japan.

It is necessary to create a market in the nursing care field for returnees to play an active role. However, this will take time, given the aging population, family values, economic growth, and other factors in the sending country. Some countries (e.g., Nepal and Vietnam) have begun to offer long-term care services for the wealthy. However, salaries for long-term care workers there are low. Returning workers from Japan with long-term care experience rarely work in the long-term care field in their home countries. In addition to the immaturity of the long-term care market, this is probably because the skills and knowledge acquired in Japan are not highly valued by service providers and service recipients in the home country. Returned workers from Japan need to receive recognition locally. Local people must realize the difference between Japanese-style long-term care and local care, as well as the benefits of such care. It is being considered to disseminate explanatory materials summarizing the characteristics of Japanese-style long-term care. However, it is vital to distribute such materials and to spread the techniques locally. Efforts to communicate the value of Japanese-style long-term care more tangibly are considered adequate. These efforts include dispatching long-term care specialists to local hospitals and elderly care facilities for feasibility studies and providing technical cooperation and equipment through grassroots technical cooperation projects. It is desirable to spread the value of Japanese long-term care locally in collaboration with the overseas expansion of Japanese long-term care providers.

The survey team also heard about issues related to the skills they learned in Japan. Japanese long-term care providers operating overseas expect their employees to manage local services after returning to their home country. However, many foreign workers for long-term care leave Japan after only a few years. Given the burden of training in a short period, foreign workers are rarely given positions of responsibility. Therefore, opportunities to learn leadership and management skills are limited. There is a mismatch between the expectations of host companies and the workers' skills. For example, JICA could consider collaborating with Japanese centers in Vietnam, Uzbekistan, and other countries that provide business courses and management cram schools for managers and

business personnel. It could also consider utilizing the know-how of such centers to offer management training and follow-up services for (prospective) returnees. It would also be a good idea to consider collaboration in management training and follow-up for (future) returned human resources.

As of December 2022, the main issue is that a care-related market has not yet been formed. However, challenges in matching human resources with the market could also arise. After returning to their home countries, workers are not listed. Unless the sending organization follows up with them, there is no way to contact them, either from the local government or the Japanese side. In the future, they are expected to expand their activities. Establishing a system to continuously connect human resources with long-term care skills in Japan would be helpful. This could include creating a list of human resources who have returned to their home countries. It could also include providing opportunities for continuous skill improvement. It could also include disseminating information on working in Japan and the system.

## **Chapter 7. Recommendation on Direction of JICA's Support related to the Acceptance of Foreign Workers for Long-term Care**

Based on the current situation and issues identified in this survey, this chapter will summarize the possible direction of support for foreign workers for long-term care through JICA-related projects and other form of collaboration.

### **7-1 Issues, challenges, and proposed measures related to foreign workers for long-term care**

This section summarizes the problems identified through this survey, the issues analyzed as being behind them, and the proposed measures to address them. Since there are many stakeholders on both the sending and receiving sides and the interests of all stakeholders do not necessarily coincide, the problems and issues differ depending on their positions. Here, we list the main issues that need to be addressed if the foreign workers for long-term care from developing countries in Japan are to be realized as a win-win situation for both parties and if the return of human resources is to be promoted in a way that contributes to the development of developing countries over the medium to long term.

While issues naturally differ from one target country to another, and measures and possibilities for cooperation on these issues also differ, common points that were found to a certain extent in multiple target countries were extracted, and the direction of the measures was summarized. (Figure 7-1).

	<u>Problems identified in the survey</u>	<u>Issues considered as background</u>	<u>Major candidate measures</u>
Before coming	<ul style="list-style-type: none"> <li>• Potential candidates are not fully aware of the opportunities in Japan.</li> <li>• Japan is not selected because the requirements are higher than those of other countries</li> <li>• difficult for Japanese to evaluate human resources in the country of origin.</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer jobs offered from Japan</li> <li>• Insufficient Japanese language training skills</li> <li>• Japan's systems are complicated</li> <li>• Curricula at care training institutions in the sending country are inconsistent</li> <li>• Caregiving is not understood as an attractive career</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for mutual information dissemination and matching</li> <li>• Enhancement of Japanese language education</li> <li>• Improvement of systems for accepting foreign human resources</li> <li>• Improvement of long-term care qualification system</li> </ul>
during stay in Japan	<ul style="list-style-type: none"> <li>• Many wish to stay in Japan for a long period of time, but few are able to do so</li> <li>• Leadership and management level is not developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient Japanese language skills to pass the long-term care worker exam</li> <li>• Difficult to draw career paths</li> <li>• Insufficient incentive for receiving facilities to train foreign personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Enhancement of Japanese language education</li> <li>• Foster career awareness</li> <li>• Strengthening of leadership and managerial skills</li> </ul>
After returning to home country	<ul style="list-style-type: none"> <li>• Not getting a job in their country that uses the skills acquired in Japan</li> <li>• Do not choose long-term care jobs, even if available</li> <li>• Government agencies are not aware of the movement of returned human resources</li> <li>• Lack of access to human resources after returning home</li> </ul>	<ul style="list-style-type: none"> <li>• Purpose is to earn money</li> <li>• Lack of well-paid jobs of caregiving, and low social recognition of caregivers in their country</li> <li>• Difficulty in drawing up a career path in caregiving</li> <li>• Experience in Japan is not sufficiently valued</li> <li>• Information is not managed</li> </ul>	<ul style="list-style-type: none"> <li>• Development of the care industry and market</li> <li>• Development of caregiver qualification system</li> <li>• Evaluation system for experience in Japan</li> <li>• Promotion of Japanese companies</li> <li>• Development of information on human resources</li> </ul>

Figure 7-1 Issues, Challenges, Background, and Candidate measures

The candidate measures were then categorized from the perspectives of A to C, and the potential for JICA's cooperation in A and the potential for assistance in B was examined (Figure 7-2).

Candidate measures	<ul style="list-style-type: none"> <li>• Creation of opportunities for mutual information dissemination and matching between Japan and sending countries</li> <li>• Enhancement of Japanese language education</li> <li>• Improve Japan's system for accepting foreign human resources</li> <li>• Foster career awareness among caregivers themselves</li> <li>• Strengthen the abilities of caregivers as leaders and managers</li> <li>• Develop the long-term care-related industry and market in the country of origin</li> <li>• Improvement of caregiver qualification system in the country of origin</li> <li>• Establish a system to evaluate experience in Japan in the country of origin</li> <li>• Promote the entry of Japanese long-term care-related companies into the country of origin</li> <li>• Improvement of information on returned human resources in the sending country</li> </ul>
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- A) Measures to which JICA could contribute directly through related projects
- B) Measures in which JICA is not the main organization, but could contribute through collaboration with other organizations or by complementing the efforts of other organizations.
- C) Measures that should basically be undertaken by other organizations, or items that are considered to be part of the external environment (not subject to consideration).

A) JICA's assistance	<ul style="list-style-type: none"> <li>• Establishment of public long-term care system in the country of origin</li> <li>• Establishment of caregiver qualification and education systems in the country of origin</li> <li>• Information management of overseas employment and internship</li> </ul>
B) Cooperation and collaboration with other organizations	<ul style="list-style-type: none"> <li>• Mutual information dissemination and sharing between Japan and sending countries</li> <li>• Improvement of Japanese language skills of foreign long-term care workers</li> <li>• Strengthen management skills of foreign long-term care workers</li> </ul>

Figure 7-2 Candidate measures to address the challenges of accepting foreign workers for long-term care



## 7-2 Organizing the direction of support through JICA-related projects

The direction of JICA's support was examined with regard to the following three issues that were identified above: 1) the establishment of a public long-term care system in the sending country, 2) the development of a caregiver qualification and education system in the sending country, and 3) information management for overseas work and practical training. Although the system for human resources for long-term care (2) is one of the components of the long-term care system, the qualification and education system for caregivers is an especially important theme in this study, so it is treated as an independent theme rather than as a sub-topic of 1).

### 7-2-1 Building a public long-term care system in the sending country

In this survey, a few cases were identified of career paths in which foreign workers for long-term care utilize their experience in care work in Japan to find related jobs after returning to their home countries. The reason for this is that the wages earned for care work in their home countries are low compared to the wages earned in Japan, and it is not considered an attractive career.

On the other hand, the medium- to long-term aging of the population in each of the priority survey countries will make it difficult for families alone to provide care for their elderly, and demand for long-term care services is likely to increase. In the future, the development of strategies and policies for long-term care in each country and the establishment of systems for providing long-term care services based on these strategies and policies will contribute to the welfare of the elderly in that country, as well as expand the market for long-term care services and improve the status and treatment of long-term care personnel. In Japan, it is well known that the introduction of the long-term care insurance system has led to a significant expansion of the long-term care service market.

Supporting the establishment of such a public long-term care system will indirectly increase the likelihood that foreign workers for long-term care who have worked in Japan will find long-term care-related jobs in their home countries as a career path after returning to their home countries, and may contribute to creating a virtuous cycle of incentives to work at long-term care facilities in Japan and the success of returning personnel.

In light of the above, we examined the direction of JICA support in terms of policy formulation and the establishment of a system for providing long-term care services as part of the establishment of a public long-term care system in the sending country.

#### 7-2-1-1 Policy Development Support

##### (1) Issues

In the focus countries in this study, we found cases where comprehensive strategies and policies for long-term care are not well developed, or where, even if they are developed, the actual mechanisms for their work, including coordination among relevant ministries and agencies, are not in place.

In some cases, ministries in charge of health care have formulated policies for medical care for the elderly, and in other cases, ministries in charge of social welfare have stipulated welfare services for some needy elderly persons, such as the poor who have no relatives, but there are no comprehensive strategies and policies for elderly care that can withstand the expected demographic transition. However, it was confirmed that comprehensive strategies and policies for the care of the elderly are not sufficiently in place to withstand the projected demographic transition.

(2) Direction of JICA assistance

The following are possible directions of support for the above issues.

Outline of Support	<ul style="list-style-type: none"> <li>● Assistance in collecting, organizing, and analyzing basic information (e.g., situations, issues, and needs of the elderly and their families) for policy formulation.</li> <li>● Support for the formulation of strategies and policies through dialogue and sharing of Japan's experiences and lessons learned: For example, the following is envisioned. <ul style="list-style-type: none"> <li>➢ Basic approach and vision regarding the welfare of the elderly and the development of the long-term care system</li> <li>➢ Related Organizations and their roles</li> <li>➢ Policies and Strategies for Developing Caregivers</li> <li>➢ Policy on Assurance of Quality of Care Services</li> <li>➢ Organize guidelines and other information to be prepared in the future.</li> </ul> </li> <li>● Support for designing a mechanism to secure financial resources</li> <li>● Support for building a system of cooperation among related organizations</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Data collection Survey</li> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> <li>● Subject-specific training</li> </ul>
Implementing Agency	Ministries in charge of health care, social welfare, finance, etc.
Expected Results	<ul style="list-style-type: none"> <li>● To understand the situation, challenges, and needs of the elderly and their families.</li> <li>● Strategies and policies related to long-term care are in place.</li> <li>● Policies and guidelines are developed based on strategies and policies</li> <li>● It will take to secure financial resources for the above, and preparations will be made for the establishment of the mechanism, including the design of the mechanism.</li> <li>● The roles of the agencies involved are defined and a system of cooperation is in place.</li> </ul>

Expected Impact	<ul style="list-style-type: none"> <li>● Financial resources for implementing measures will be secured, and the development of long-term care-related systems and implementation of measures will be promoted in the country.</li> <li>● A system for the promotion and coordination of cross-agency measures will be established.</li> </ul>
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#### 7-2-1-2 Support for the development of a long-term care service delivery system

##### (1) Issues

In the focus countries of this study, there are cases where the definition of long-term care and long-term care-related systems (registration or licensing systems for long-term care service providers, service standards, various guidelines, etc.) are not sufficiently developed. It is assumed that the lack of these systems poses a risk of the following events.

1. In the absence of a registration or licensing system, the government is unable to ascertain the basic reality of the number of long-term care service providers and the services they offer.
2. In the absence of a licensing system, service standards (facility standards, staffing standards, etc.), etc., and a mechanism to check and monitor these standards, there may be service providers of poor quality.
3. As a result of 2 above, it leads to distrust of the quality of long-term care by users, their families, and society in general.
4. Due to the 3 above, the demand for long-term care services in the country concerned is not sufficiently stimulated and the market for long-term care services is not sufficiently large.
5. 3 above will result in lower salaries for workers in the long-term care services industry.
6. If the definition of long-term care services (e.g., the distinction between long-term care and long-term care, services that can be provided by long-term care, etc.) is not developed, uniform decisions regarding business licensing and suspension of operations will not be implemented.

As a result, it is assumed that the long-term care service market in the country in question is not attractive not only to users but also to workers, and this is one of the reasons why people do not choose the long-term care industry in their home country as a career after returning to their home country.

##### (2) Direction of JICA assistance

The following are possible directions of support for the above issues.

Outline of Support	<ul style="list-style-type: none"> <li>● Support for formulating policies for the development of long-term care services (organization of service types, planning of necessary service volume, policies for promoting development including the division of roles between the public and private sectors, and financial measures)</li> </ul>
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	<ul style="list-style-type: none"> <li>● Support for measures to ensure the quality of care services (development of registration and licensing systems, standards for staffing and facilities, and other guidelines)</li> <li>● Support to improve capacity to administer the system</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> </ul>
Implementing agency	Ministries in charge of health care, social welfare, and local government
Expected Results	<ul style="list-style-type: none"> <li>● A system for providing long-term care services in line with the situation in the country concerned will be considered.</li> <li>● Related systems necessary for the provision of long-term care services are in place.</li> <li>● Improvement of the institutional management capacity of relevant government agencies, etc.</li> </ul>
Expected Impact	<ul style="list-style-type: none"> <li>● Improving the quality of long-term caregivers.</li> <li>● Improvement of the social reputation of the long-term care service industry</li> <li>● Improve the attractiveness of the long-term care services industry to workers (e.g., increase the size of the industry, improve compensation, etc.)</li> <li>● Promote the entry of Japanese long-term care companies into the country and, together with that, improve career options for foreign nationals after their return to their home country.</li> </ul>

## 7-2-2 Improvement of caregiver qualifications and education systems in sending countries

An important aspect of promoting foreign workers for long-term care in a way that is win-win for both Japan and the sending country is the development of caregivers in the sending country (that meet the requirements of various acceptance systems and the needs of the receiving organization). Through the survey, it was confirmed that some countries have established uniform national competency standards for the training of caregivers and that some countries are training caregivers under a qualification system based on these standards, while others are not. We will examine the challenges posed by the status of the development of these qualification systems and the direction of corresponding support. In addition to the development of the system, we will also examine the establishment of a system for the implementation of education and training programs or implementation support.

### 7-2-2-1 Support for the development of a qualification system for caregivers

#### (1) Issues

The study identified the following issues due to the underdeveloped qualification system.

1. If a unified qualification system is not in place and each training organization develops caregivers based on its curriculum that is not based on unified competency standards, it is difficult for Japanese care providers and others to understand the curriculum of each training organization and evaluate the quality of each organization's caregivers.
2. The quality of human resources involved in long-term care services cannot be guaranteed with uniform standards in the country concerned.
3. This will also lead to a lack of organization of their positioning as caregivers in the country, making it difficult for them to chart their career paths within the country.
4. Caregivers are not recognized as professionals in the country concerned, resulting in low social status and salaries.
5. The above 4 will result in fewer people seeking caregivers in the country and fewer people coming to Japan to work as caregivers. This is also one of the reasons why people do not choose the long-term care industry in their home country as a career option after returning to their home country.
6. 2 and 5 above may lead to the possibility of not being able to secure enough high-quality long-term care personnel in the country. If this is the case, it could be a disincentive for businesses that are considering entering the long-term care business in the country, as it could lead to high human resource development costs.

On the other hand, surveys in countries where qualification systems are already in place or will be developed have confirmed the possibility that experience in Japan will be more meaningful for the career path of the individual after returning to his/her home country if his/her experience in Japan can be evaluated within the framework of the qualifications of the country concerned. In the next section, we will discuss how to address this issue.

## (2) Direction of JICA support 1: Development of qualification system

The following are possible directions of support for issues in countries with underdeveloped qualification systems.

Outline of Support	<ul style="list-style-type: none"> <li>● Support for the study of policies to develop a qualification system for long-term care personnel (e.g., consolidation of positions and tasks requiring qualifications in long-term care care-related services, positioning of long-term caregivers in long-term care and other qualifications, etc.)</li> <li>● Assistance in setting standards of competency for caregivers</li> <li>● Support for the development of a qualification system</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> </ul>

Implementing agency	Ministries in charge of health care, education, labor, and vocational training
Expected Results	<ul style="list-style-type: none"> <li>● A framework for care qualification is set in the country concerned.</li> <li>● Competency standards and certification mechanisms will be developed.</li> <li>● Personnel will be trained based on the above qualification system.</li> </ul>
Expected Impact	<ul style="list-style-type: none"> <li>● Increase interest and appreciation of caregivers from the country in Japan, and increase the number of caregivers accepted.</li> <li>● Standardization of the quality of caregiver personnel in the country concerned. Improvement of the quality of caregiving services.</li> <li>● Development of caregiver training programs in the country concerned (and consequently, possible career paths as trainers in the caregiver training industry)</li> <li>● Improvement of the social reputation of the long-term care profession in the country concerned</li> <li>● Enhancement of career paths for caregivers in the country concerned</li> <li>● Promote the entry of Japanese long-term care care-related businesses into the country</li> </ul>

When establishing a framework for caregiver qualifications, it would be desirable to consider the benefits of a certain qualification level on the career path of those who obtain that level of qualification, and whether it is possible to create an environment<sup>183</sup> in which such benefits can be obtained.

(3) Direction of JICA support 2: Evaluation of practical training and work experience in long-term care in Japan

This support proposal could be part of JICA's support direction 1 "Development of Qualification System," or could be provided at the same time as part of the support for education and training systems described below. In addition, since some of the personnel who come to Japan as caregivers have long-term care qualifications, and since long-term care personnel plays an important role in the care of the elderly, there is room for consideration of reflecting not only long-term care qualifications but also long-term care qualifications in the system.

Outline of Support	<ul style="list-style-type: none"> <li>● Organize the positioning of long-term care work and practical training experience in Japan within the framework of the country's long-term care and long-term care qualifications and education and training systems.</li> </ul>
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<sup>183</sup> For example, if a higher level of qualification is established, such as a manager position, specific roles should be defined, and the importance of these roles should be promoted to nursing service industry associations, etc., so that those with such qualifications are placed in positions with more appropriate roles.

	<ul style="list-style-type: none"> <li>● Support for the development<sup>184</sup> of a system for evaluating work and practical training experience in long-term care in Japan based on the above, within the framework of qualifications and education/training in the country concerned.</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> </ul>
implementing agency	Ministries in charge of health care, social welfare, education, labor and vocational training, and agencies with jurisdiction over granting long-term care and caregiver qualifications
Expected Results	<ul style="list-style-type: none"> <li>● Work and training experience in long-term care in Japan will be organized as part of the career path of long-term care and long-term care personnel in the country concerned.</li> <li>● Developing a system whereby work and training experience in long-term care in Japan will be evaluated within the framework of the country concerned with long-term care and long-term care qualifications.</li> </ul>
Expected Impact	<ul style="list-style-type: none"> <li>● The career path benefits of choosing Japanese long-term care will be improved by organizing the work and practical experience of caregivers in Japan in the career path of caregivers from the country concerned, leading to the acquisition of new qualifications.</li> <li>● The above will increase the number of long-term care and long-term care personnel who choose Japanese care.</li> <li>● The content of training and work assignments at the Japanese host institution can be considered with careers after returning to their home country in mind.</li> </ul>

#### 7-2-2-2 Support for the development and implementation of education and training programs for long-term care personnel

##### (1) Issues

To produce high-quality caregivers, it is necessary not only to develop a qualification system but also an education/training system, and for education/training institutions to be able to provide training of a certain quality. However, in countries that do not have a policy or system in place for the development of caregivers, education and training are provided separately by each institution, and there are issues in terms of the quality of trainers, training materials, equipment, and so on. In countries that already have a certification system, in addition to general caregivers, there is a

<sup>184</sup> One possible mechanism here is the Recognition of Prior Learning (RPL). This is a system whereby learning outside of formal education and training institutions (work experience, internship experience, etc.) is formally recognized by the

It is intended to evaluate them within a qualification framework and to increase their subsequent employability.

movement to introduce a caregiver certification specialized for the care of the elderly, but the same issues were identified in terms of the training delivery system.

Furthermore, when providing support to education and training institutions directly related to sending students to Japan, combining support for Japanese language education is also an effective way to address the issue.

(2) Direction of JICA assistance

Outline of Support	<ul style="list-style-type: none"> <li>● Support for the development of curricula and training programs based on qualification systems and competencies for caregivers</li> <li>● Training of trainers and support for the development of teaching materials for long-term care skills and Japanese language education at educational and training institutions</li> <li>● Provision of facilities and equipment, as needed (e.g., equipment that may contribute to improving the quality of care services and productivity)</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> <li>● Overseas Cooperation Corps Dispatch</li> <li>● Grassroots technical cooperation projects</li> </ul>
Examples of related organizations	Ministries in charge of health care, social welfare, education, labor and vocational training, education and training institutions, industry associations
Expected Results	<ul style="list-style-type: none"> <li>● Establishment of a unified education and training system for caregivers</li> <li>● Strengthening the capacity of care education and training institutions</li> </ul>
Expected Impact	<ul style="list-style-type: none"> <li>● High-quality caregivers are produced.</li> <li>● Improvement of Japanese language skills of personnel coming to Japan</li> <li>● Increased appreciation and demand for human resources returning from Japan</li> <li>● The above will increase the number of people seeking to work and practice in the long-term care field in Japan.</li> <li>● Improvement of the quality of care services in the country concerned</li> </ul>

Here is a case study of technical cooperation with a local caregiver training institute, combined with inbound training in Japan, that successfully led to human resource development and employment upon return to their home country (Box 8.1).

Box 8.1: Examples of Grassroots Technical Cooperation Projects (Grassroots Cooperation Support Type)

Project name: Support for Training of Long-term Care Workers in Shaanxi Province



Organization: Non-profit organization, Japan-China Long-term Care Business Exchange Association

Main Activities

- Dispatch a caregiver education specialist to Shaanxi Transportation College (counterpart institution) to provide operational guidance and hands-on training to the instructors and students of the caregiver department of Shaanxi Transportation College and the instructors of the long-term care home.
- Develop curriculum and textbooks for the long-term care faculty at the Shaanxi University of Transportation.
- Conduct seminars in cooperation and partnership with long-term care facilities within the Ministry.
- A three-month in-Japan training program is offered to selected undergraduate students to qualify for long-term care worker training for beginners and practical training at long-term care facilities.

Impact:

- After returning to Japan, trainees are active as facility directors and managers at long-term care facilities in Beijing, Shanghai, and other major cities.

7-2-3 Other

In this section, we will examine the potential contribution of supporting the overseas expansion of Japanese long-term care care-related businesses to the above issues, which are also related to the "establishment of a public long-term care system" and the "development of long-term care personnel qualification and education systems" mentioned above.

7-2-3-1 Support for overseas expansion of Japanese long-term care care-related businesses

(1) Direction of JICA support: Support for overseas expansion of Japanese long-term care care-related businesses

Outline of Support	● Support for overseas expansion of Japanese long-term care care-related businesses
Example of Support Scheme	● Private Sector Cooperation Projects ● Grassroots technical cooperation projects
Examples of related organizations	Japanese Long-term care Organizations
Expected Results	● Facilitates overseas expansion of Japanese long-term care care-related businesses

Expected Impact	<ul style="list-style-type: none"> <li>● Improving the quality of local care services</li> <li>● Enhancement of post-return career options for returnees through the entry of Japanese businesses</li> </ul>
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#### 7-2-4 Information management for overseas work and practical training

##### 7-2-4-1 Information management for overseas work and practical training

###### (1) Issues

In some cases, it was found that the situation could not be fully grasped due to a lack of data on caregivers sent from Japan and other countries, which serves as basic information in understanding the current situation and issues related to foreign workers for long-term care. For example, it was common to find that information on the educational backgrounds and qualifications of those who work overseas was not available, and that information on their return to their home countries was not available. The lack of sufficient information makes it difficult for the sending country to understand the current situation and analyze issues and makes it difficult to consider measures and check the effects of such measures.

Note that this issue applies not only to long-term care but also to other occupations. In many countries, information management regarding overseas workers is limited, and the actual situation cannot be fully grasped. As a result, it is not possible to plan related measures, communicate with the overseas workers themselves, or ascertain the effectiveness of the measures.

###### (2) Direction of JICA assistance

Outline of Support	<ul style="list-style-type: none"> <li>● Support for the development of information related to overseas employment and practical training</li> <li>● Technology transfer related to information utilization and pilot activities for information utilization (identification of issues, the study of proposed measures, verification of the effectiveness of measures in progress, etc.)</li> </ul>
Example of Support Scheme	<ul style="list-style-type: none"> <li>● Technical Cooperation Projects</li> <li>● Technical Cooperation Projects (Dispatch of Experts)</li> </ul>
Examples of related organizations	Ministries and agencies with jurisdiction over the management of information on overseas employment and practical training, and organizations that utilize information
Expected Results	<ul style="list-style-type: none"> <li>● Information to be managed regarding overseas work and practical training will be organized.</li> <li>● Based on the above arrangement, methods for collecting and managing information will be organized and a data management system will be established.</li> <li>● Improve the reliability of data on overseas work and practical training.</li> </ul>

	<ul style="list-style-type: none"> <li>● The skills of the ministries in charge of information users will be improved.</li> </ul>
Expected Impact	<ul style="list-style-type: none"> <li>● Issues related to overseas labor can be quantitatively identified.</li> <li>● Through the use of information, draft measures for issues related to overseas employment and practical training will be considered and prepared.</li> <li>● Utilization of information will enable verification of the effectiveness of measures.</li> <li>● Contribute to solving issues related to overseas employment and practical training through the above</li> </ul>

Note that this issue applies not only to long-term care but also to other occupations, and is not expected to be done solely for the purpose of information management of long-term care personnel. Therefore, it is basically assumed that this issue will be handled within the context of cooperative projects that work to improve the systems, etc. for overseas work and practical training in sending countries across occupational categories.

### 7-3 Possibility of cooperation by JICA in collaboration with other organizations

In addition to the support proposals that are expected to be implemented as JICA projects as detailed above, the possibility of cooperation in collaboration with other organizations is discussed here.

Although Chapter 6 has already summarized the organization of related organizations in Japan and the possibilities for cooperation, including some overlapping content, this section summarizes the following three points that were organized in 1.1: 1) mutual information dissemination and sharing, 2) improvement of Japanese language skills of foreign workers for long-term care, 3) improvement of management skills of foreign workers for long-term care. The following is a summary of the possibilities for cooperation by JICA in the following three areas.

#### 7-3-1 Mutual information dissemination and sharing

##### 7-3-1-1 Mutual information dissemination and sharing

###### (1) Issues

Through the survey, it was confirmed that in some cases, information on the Technical Intern Training Program, Specified Skilled Worker, and other systems, as well as information on the nature of care work in Japan, was not sufficiently communicated to the relevant parties in the sending country. For example, as mentioned above, the concept and necessity of long-term care itself are not recognized in many countries, and "caregivers" tend to be understood as live-in domestic workers. Some sending countries have expressed the opinion that the number of people who wish to work in Japan will increase if they understand how to work in Japanese long-term care homes.

On the other hand, it was confirmed that Japanese counterparts have limited opportunities and mean to obtain information on human resources from the sending country ( ), especially for countries that have not received many in Japan in the long-term care field. Some of the sending countries expressed interest in sending caregivers to Japan and said that they would be able to send more people to Japan if only they received inquiries from Japan. In addition, it is assumed that Japanese officials do not necessarily have a deep understanding of the education, training, and qualification systems in developing countries and the interests and expectations of local personnel who come to Japan.

## (2) Possibility of cooperation by JICA

JICA has field offices in many developing countries and, including the results of this survey, has a certain amount of information on the relevant policies, systems, and realities in the sending country, as well as the systems of related organizations, and may also have a network of local stakeholders, especially government agencies.

At the same time, we have a certain network with related organizations, local governments, and businesses in Japan that we have established through past private-sector partnership projects and other JICA-related projects, and we also have access to platforms such as the Council for International and Asia Health and Human Well-Being Initiative, for example, through cooperation with related public organizations.

By leveraging these strengths, there is potential to contribute to the promotion of mutual understanding between Japan and the sending country by mutually disseminating policies, systems, directions to be pursued, and good practices, as well as by creating opportunities for dialogue. It is effective for Japan to disseminate and share information based on an understanding of the local context, and here, too, it is possible to take advantage of the strengths of having a local presence. One idea is to serve as a bridge for the transmission of information that has already been prepared in Japan, such as the previously mentioned "Care for the elderly in Japan" document on the Asia Health and Human Well-Being Initiative (<sup>185</sup>).

Another way for the sending country to provide information to the Japanese side would be to cooperate in providing information obtained through various surveys and technical cooperation projects conducted by JICA or through daily communication with the sending country's officials.

### 7-3-1-2 Online seminars (pilot activities)

In relation to the above "mutual information dissemination and sharing," the following online seminar was conducted for Indonesia as a pilot activity as part of this study.

#### Main questions in the QA session

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<sup>185</sup> AHWIN Website [https://www.kantei.go.jp/jp/singi/kenkouiryou/jp/pdf/nursing\\_care.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryou/jp/pdf/nursing_care.pdf) (accessed December 15, 2022)

questioner	Questions
Indonesia Sending Agency	What employment opportunities are available in Japan as a caregiver and what skills are expected of caregivers?
Indonesia Sending Agency	I know that you have received Indonesian people in your careers, but what are some of the challenges that Indonesians are facing?
Indonesia Sending Agency	Can you tell me whom to contact if I want to know about the procedures and rules for sending out caregivers?
Indonesia Sending Agency	We have heard that the Technical Intern Training Program program will probably be revised in the fall of 2023. Also, could you tell us how the framework for accepting the labor force in Japan will change?
Japanese participants	Do you think the number of people coming to Japan from Indonesia under the EPA system will increase in the future?
Japanese participants	What do you expect from Japanese receiving businesses?
Participants on the Indonesian side	What are the salaries and benefits of working as a caregiver in Japan?
Seminar participants from Japan	While the number of technical intern trainees has been decreasing in Vietnam and other countries in recent years, do you expect the number of technical intern trainees from Indonesia to increase in the future?

### 7-3-2 Improvement of Japanese language skills of foreign workers for long-term care (1) issue

Compared to other occupations, Japanese language ability is a particularly important factor in the long-term care field, which is an interpersonal service, and needs to be strengthened at each stage of the process, including meeting the Japanese language proficiency requirements for coming to Japan, playing an active role in the long-term care field while in Japan, and the high Japanese proficiency required to pass the care worker examination.

The Japanese language proficiency required before coming to Japan is one of the disincentives for foreign candidates to choose Japanese long-term care due to the length of time required to achieve it. In addition, the Japanese language required for the exam is a hurdle for foreign workers for long-term care who wish to stay in Japan for a long period and work as caregivers.

#### (2) Possibility of cooperation by JICA

As mentioned in 7-2-2, when cooperating with an education/training institution that is expected to be sent to Japan, it is possible to develop human resources by incorporating a Japanese language education program in advance. In other cases, however, JICA itself can provide only a limited number of direct support for Japanese language education, such as through the dispatch of teachers by the JICA Overseas Cooperation Volunteers.

### 7-3-3 Improve management skills of foreign workers for long-term care

#### (1) Issues

Care providers in the sending country as well as Japanese care providers operating care businesses overseas have expressed their expectations that the human resources will serve as leaders and managers after returning to their home countries. However, opportunities to acquire leadership and management skills are currently limited in their activities in Japan.

#### (2) Possibility of cooperation by JICA

Although the target countries are limited, there is a possibility of cooperation in management training and follow-up for (prospective) returnees in collaboration with related organizations, utilizing the JICA-supported Japan Center, which offers business courses for managers, in cooperation with the Japan Center or by utilizing its know-how.

## Annex

### **1. Research and analysis on legal systems, markets, etc. related long term care and long term care human resources in the key target countries**

*1.1. Basic Information on Priority Countries*

*1.2. Indonesia*

*1.3. Vietnam*

*1.4. Philippines*

*1.5. India*

*1.6. Nepal*

*1.7. Bangladesh*

## 1. Research and analysis on legal systems, markets, etc. related long term care and long term care human resources in the key target countries

### List of Abbreviations

GDP	Gross Domestic Product
GNI	Gross National Income
IHME	Institute for Health Metrics and Evaluation
IMF	International Monetary Fund
UN	United Nations
WHO	World Health Organization

### 1.1. Basic Information on Priority Countries

#### 1.1.1. Overview of the six focus countries and Japan

Table 1.1.1 Basic Information on the Six Priority Countries and Japan

	Vietnam	the Philippines	Indonesia	India	Nepal	Bangladesh	Japan
Capital City	Hanoi	Manila	Jakarta	New Delhi	Kathmandu	Dhaka	Tokyo
Language	Vietnamese	Filipino, English	Indonesian Language	Hindi, 21 other languages	Nepali	Bengali	Japanese
Area (km <sup>2</sup> )	331,212	299,764	1,904,569	3,287,263	147,181	147,570	377,974
Nominal GDP (2020)	342.9 billion U.S. dollars	US\$361.5 billion	US\$1,059.9 billion	US\$2,667.6 billion	US\$34 billion	US\$323.1 billion	5,404.1 billion US dollars
Population (thousand) (2022)	98,954	112,509	1,406,632	1,406,632	30,226	171,186	125,585
Percentage of population 65 years and older (%) (2020)	8.4	5.2	6.7	6.7	6.0	5.6	29.6
Doubling years (years)	17	30	28	28	26	20	24

Source: Ministry of Foreign Affairs website, <https://www.mofa.go.jp/mofaj/area/index.html> (accessed June 24, 2022); International Monetary Fund (IMF), "World Economic Outlook Database2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/select-country-group> (accessed August 9, 2022); United Nations (UN), UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (accessed September 21, 2022); AHWIN website, <https://www.ahwin.org/data-on-aging/> (accessed August 1, 2022); National Planning Commission, prepared by the study team based on UNICEF, "Demographic Changes of Nepal Trends and Policy Implications."

#### 1.1.2. Medical resources

According to the World Bank's definition of income groups, among the focus countries, Nepal belongs to low-income countries (Gross National Income (GNI) per capita below US\$1,045), while Bangladesh, India, Vietnam, the Philippines, and Indonesia belong to low- and middle-income countries (GNI per



capita between US\$1,046-4,095). Bangladesh, India, Vietnam, the Philippines, and Indonesia belong to low- and middle-income countries (GNI per capita of US\$1,046-US\$4,095).<sup>1</sup> (Figure 1.1.1)

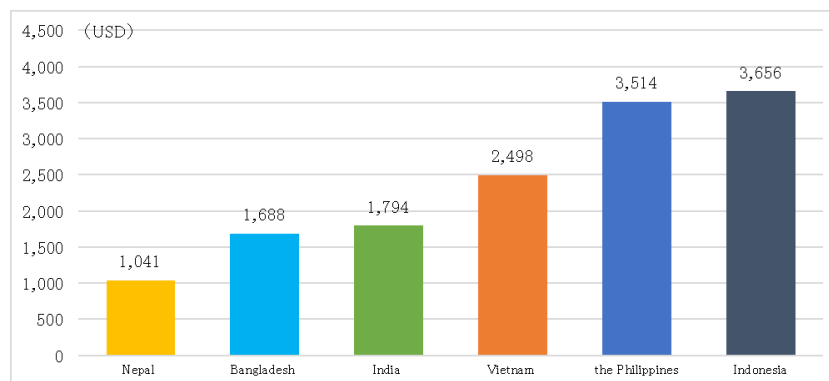


Figure 1.1.1 Income Groups for Six Countries (2020) (US\$)

Source: World Bank, "World Development Indicators," <https://databank.worldbank.org/source/world-development-indicators> (2022 Prepared by the research team based on the World Bank, "World Development Indicators," (accessed August 8, 2022).

Looking at the real economic growth rates of each country, Vietnam, the Philippines, Indonesia, India, and Bangladesh are showing higher economic growth compared to Japan, around 5-8% before 2020, when COVID19 is prevalent. Nepal was also affected by the 2015 earthquake and dropped to 0.4% in 2016, but has shown a recovery to around 7% since 2017. (Figure 1.1.2)

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<sup>1</sup> World Bank, "World Development Indicators," <https://databank.worldbank.org/source/world-development-indicators> (August 2022 (accessed August 8, 2022)

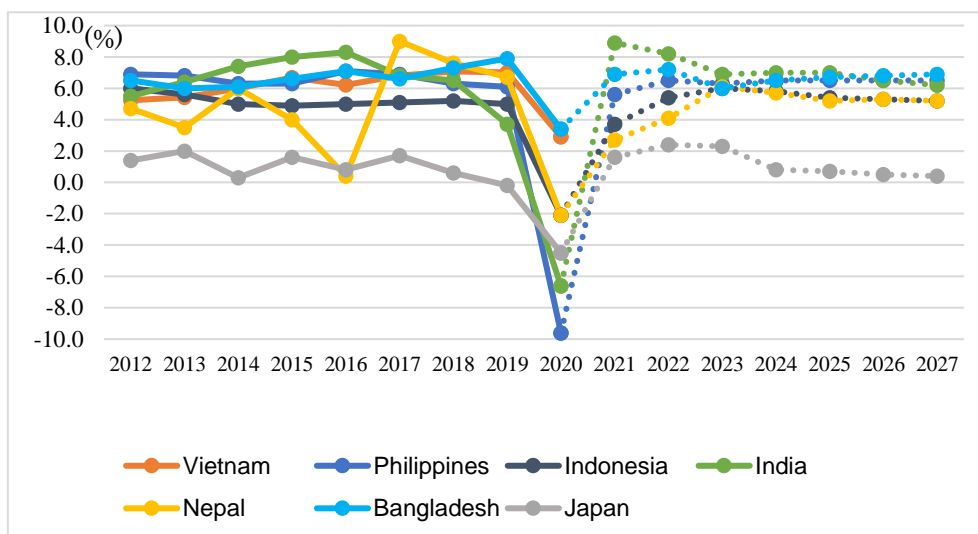


Figure 1.1.2 Real Economic Growth Rates for Seven Countries, 2012-2027 (2020) (%)

Source: IMF, "World Economic Outlook Database 2022," [https://www.imf.org/external/datamapper/NGDP\\_RPCH@WEO/OEMDC/ADVEC/WEO WORLD](https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEO WORLD) (accessed August 8, 2022); World Bank, "World Development Indicators," <https://databank.worldbank.org/source/world-development-> Prepared by the research team based on the World Bank, "World Development Indicators," @WEO/OEMDC/ADVEC/WEO WORLD (accessed August 7, 2022).

Note: Values for Vietnam are through 2020.

Next, looking at nominal Gross Domestic Product (GDP), all six target countries have been increasing steadily and are expected to continue to do so. In terms of value, the differences among the six countries are large: Nepal at US\$34 billion, Bangladesh at US\$323.1 billion, Vietnam at US\$342.9 billion, the Philippines at US\$361.5 billion, Indonesia at about US\$1.06 trillion, and India at US\$2.67 trillion as of 2020. (Figure 1.1.3)

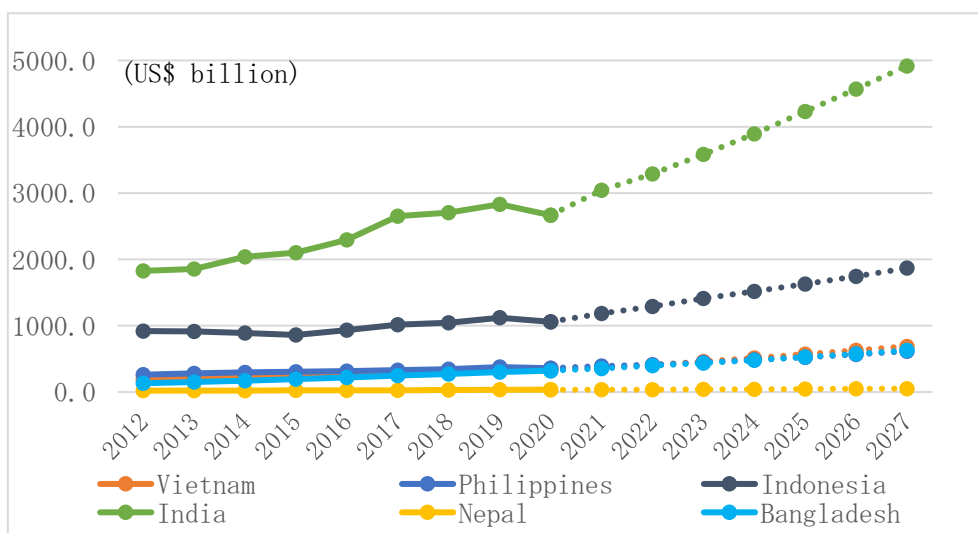


Figure 1.1.3 Nominal GDP (2020) for Six Countries (US\$ billion)

Source: IMF, "World Economic Outlook Database 2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/> Prepared by the survey team based on select-country-group (accessed August 9, 2022).

In terms of nominal GDP (gross domestic product) per capita, Japan, which belongs to the high-income group, is about 34 times higher than Nepal, which belongs to the low-income group, and about 20 to 10 times higher than Bangladesh, India, the Philippines, Vietnam, and Indonesia, which belong to the low and middle income group. (Figure 1.1.4)

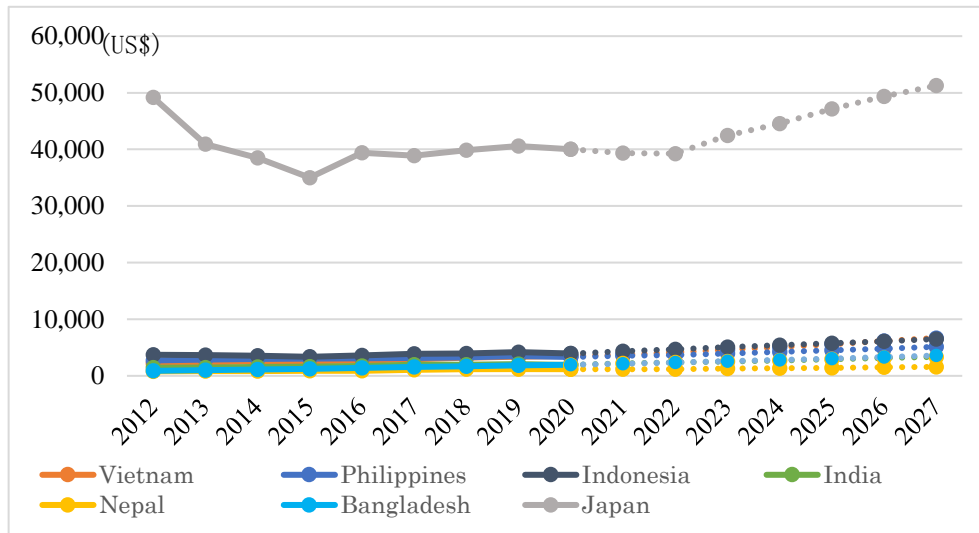


Figure 1.1.4 Nominal GDP per capita (2020) for seven countries (US\$)

Source: IMF, "World Economic Outlook Database2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/> Prepared by the research team based on select-country-group (accessed August 8, 2022).

Looking at nominal GDP (gross domestic product) per capita outside of Japan, all six countries have been increasing and are expected to continue to do so in the future. 2020 amounts show that Indonesia 3,923USD, Vietnam 3,521USD, Philippines 3,323USD, India 1,935USD, and Bangladesh 1,962USD, and Nepal 1,166USD, in that order. In addition, after 2020, Vietnam is expected to have the highest rate of increase among the six countries, reaching 6,682USD in 2027, about 1.9 times the 2020 level.<sup>2</sup> (Figure 1.1.5)

<sup>2</sup> IMF, "World Economic Outlook Database2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/select-country-group> (accessed August 8, 2022)

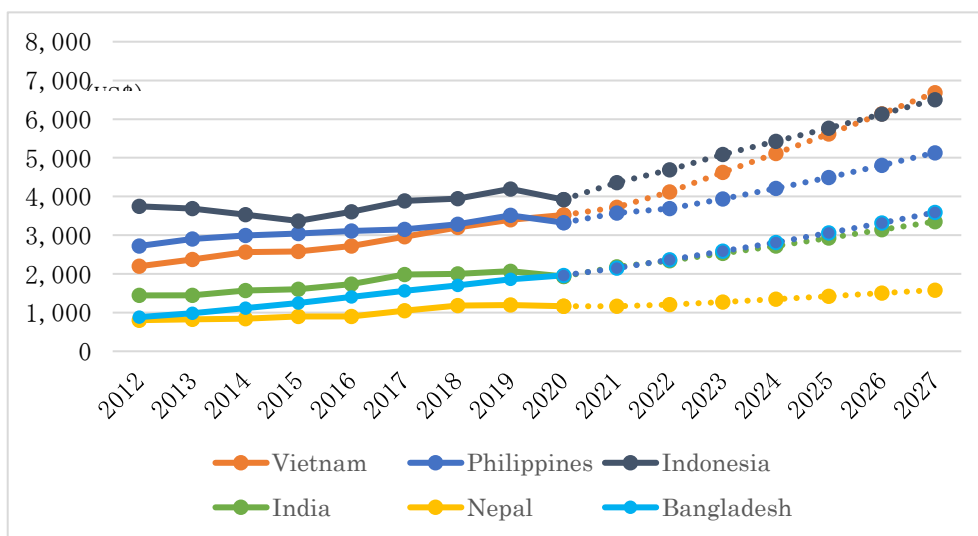


Figure 1.1.5 Nominal GDP per capita (2020) for six countries (US\$)

Source: IMF, "World Economic Outlook Database2022," <https://www.imf.org/en/Publications/WEO/weo-database/2022/April/> Prepared by the research team based on select-country-group (accessed August 8, 2022).

### 1.1.3. Population movements

Of the six countries, India's population will be the second largest in the world at 1.39 billion in 2020, and is expected to continue to grow. Looking at the population outside of India, Indonesia's 270 million, Bangladesh's 160 million, the Philippines' 110 million, Vietnam's 96 million, and Nepal's 30 million are the most populous, in that order. The population of Indonesia, Bangladesh, and the Philippines is expected to increase at a high rate, while that of Vietnam and Nepal is expected to increase slightly. (Figure 1-1-6) (Figure 1-1-7)

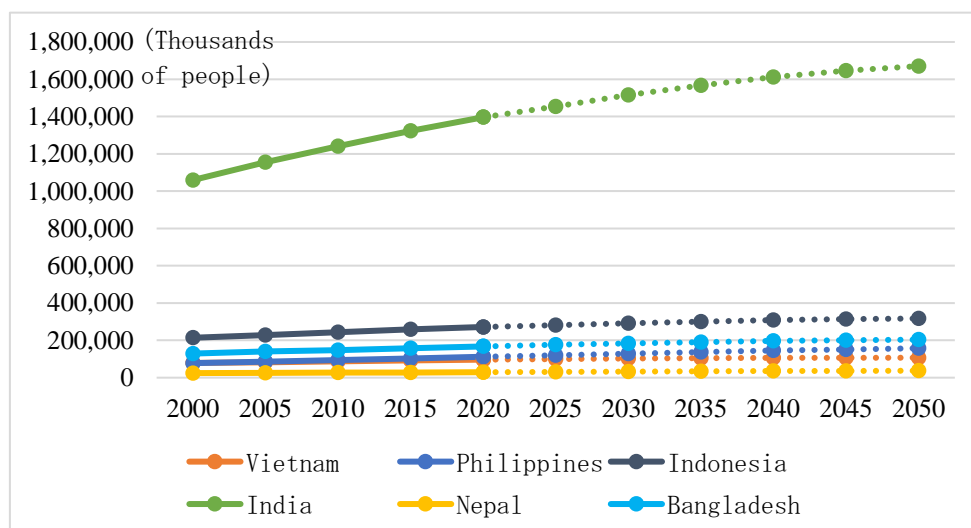


Figure 1-1-6 Population Change in Six Countries, 2000-2050 (2022) (in thousands)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/> Prepared by the study team based on publications/ (accessed August 21, 2022).

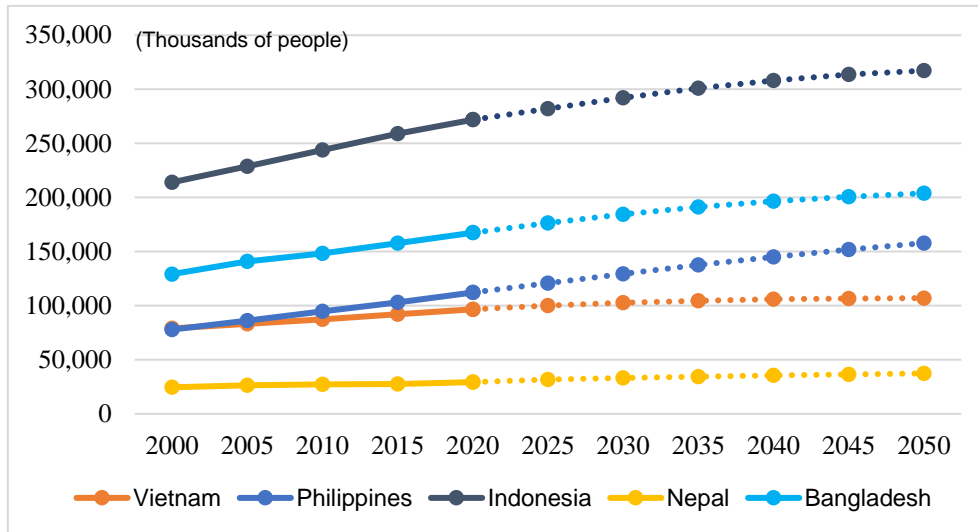


Figure 1-1-7 Population Change in Five Countries (Except India), 2000-2050 (2022) (in thousands)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/> Prepared by the study team based on publications/ (accessed August 21, 2022).

Looking at the total fertility rates for each country, the Philippines at 2.77 and Indonesia at 2.19 are above the population replacement level (2.07) as of 2020, while India at 2.05, Nepal at 2.05, Bangladesh at 2.0, and Vietnam at 1.95 are below the population replacement level. In the future, all six countries are expected to gradually decline, and by 2025, Bangladesh, Nepal, and India are expected to be below the population replacement level. (Figure 1-1-8)

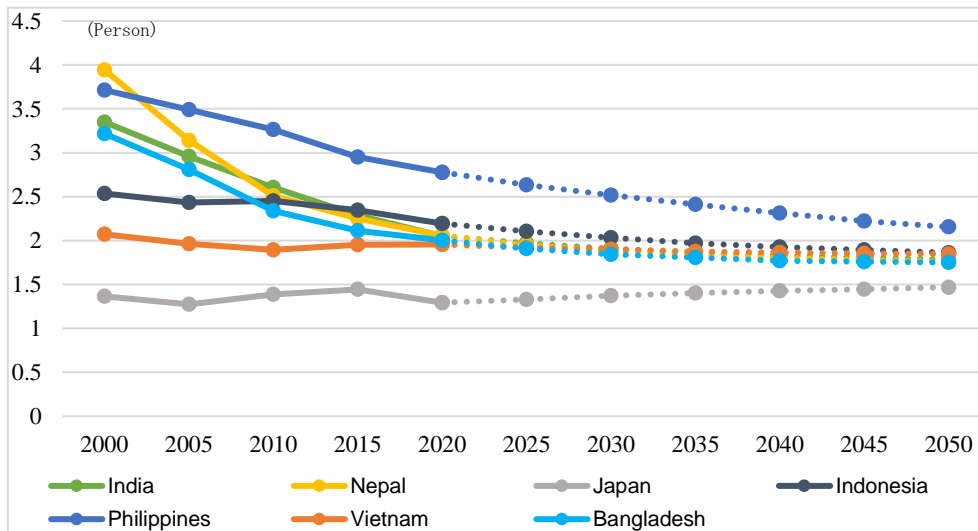


Figure 1-1-8 Total Fertility Rates for Seven Countries, 2000-2050 (2022)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (accessed August 21, 2022).

Next, we look at trends in the elderly population (population aged 65 and over). The elderly population is increasing in all six countries, and although India's aging rate as of 2020 is 6.7% and the country has not yet reached the stage of an aging society, the actual number of elderly population is about 93.17 million, which is about 2.5 times larger than that of Japan at about 37.05 million. Looking at other countries, as of 2020, Nepal had 1,773,000, the Philippines 5,859,000, Vietnam 8,145,000, Bangladesh 9,431,000, and Indonesia 18,240,000, but by 2050 Nepal will have 3,994,000, the Philippines 17,020,000, and Vietnam 21.4 million, Bangladesh 31.41 million, and Indonesia 47.47 million, an increase of about 2~3 times. (Figure 1-1-9)

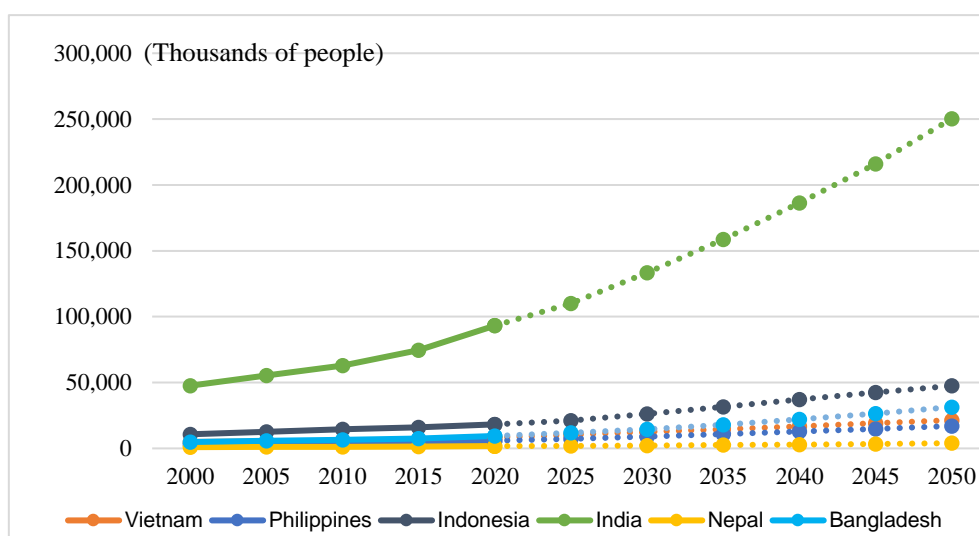


Figure 1-1-9 Elderly Population Trends in Six Countries, 2000-2050 (2022) (in thousands)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (accessed August 21, 2022). (accessed August 21, 2022).

The aging rate shows an increasing trend in all six countries. The timing of entry into the aged society is varied, with Vietnam expected to enter the super-aged society the earliest among the six countries.<sup>3</sup> (Figure 1-1-10)

<sup>3</sup> UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (August 21, 2022) (Accessed)

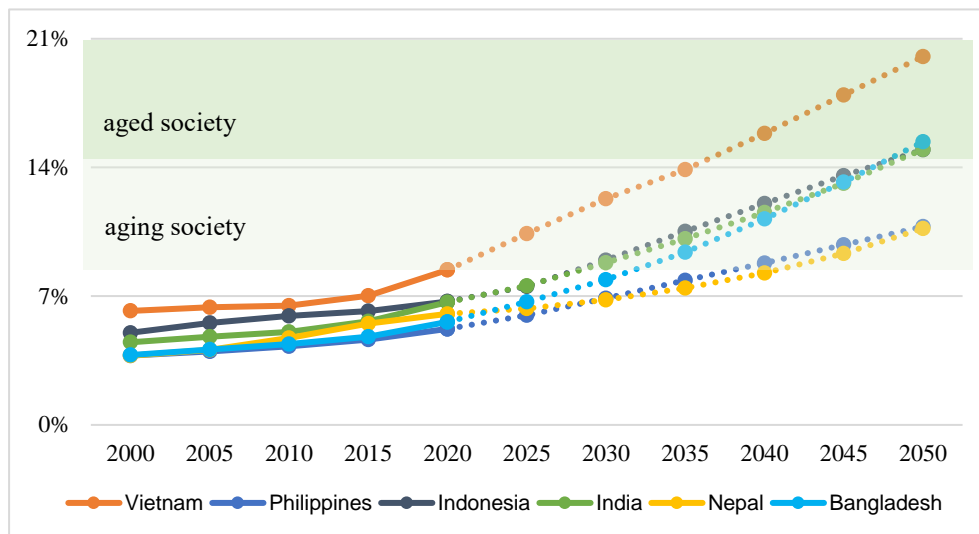


Figure 1-1-10 Aging Rates for Six Countries, 2000-2050 (2022) (%)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (accessed August 21, 2022). (accessed August 21, 2022).

Comparing the aging rate by the number of years required from the time the aging rate exceeds 7% to the time it doubles to 14% (doubling years), the six countries are expected to age at a rate equivalent to or faster than Japan's 24 years, compared to 115 years in France, 85 years in Sweden, and 72 years in the U.S. Vietnam, in particular, is expected to double its population at a faster rate than Japan. Vietnam's projected doubling rate is particularly short at 17 years.<sup>4</sup> (Figure 1-1-11)

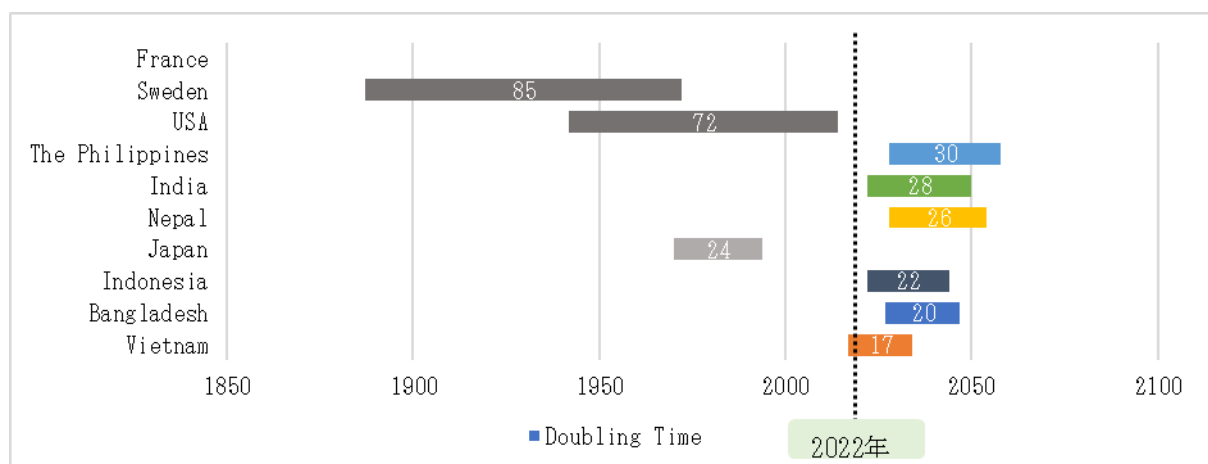


Figure 1-1-11 Doubling years and timing

Sources: UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (accessed August 21, 2022); AHWIN website, <https://population.un.org/wpp/publications/> (August 1, 2022). accessed 21 August 2022); AHWIN website, <https://www.ahwin.org/data-on-aging/> (1 August 2022); National Planning Commission, UNICEF, "Demographic Changes of Nepal Trends and Policy Implications," 2017, p. 6-7.

<sup>4</sup> AHWIN Website <https://www.ahwin.org/data-on-aging/> (August 1, 2022)

The elderly dependency ratio, which is the ratio of the population aged 65 and over to the working-age population (15-64), is increasing in all countries as the elderly population grows. In particular, the ratio in Vietnam is 12.2% in 2020 and will be approximately 25% in 2040, which is expected to be a higher percentage than in the other five countries.<sup>5</sup> (Figure 1-1-12)

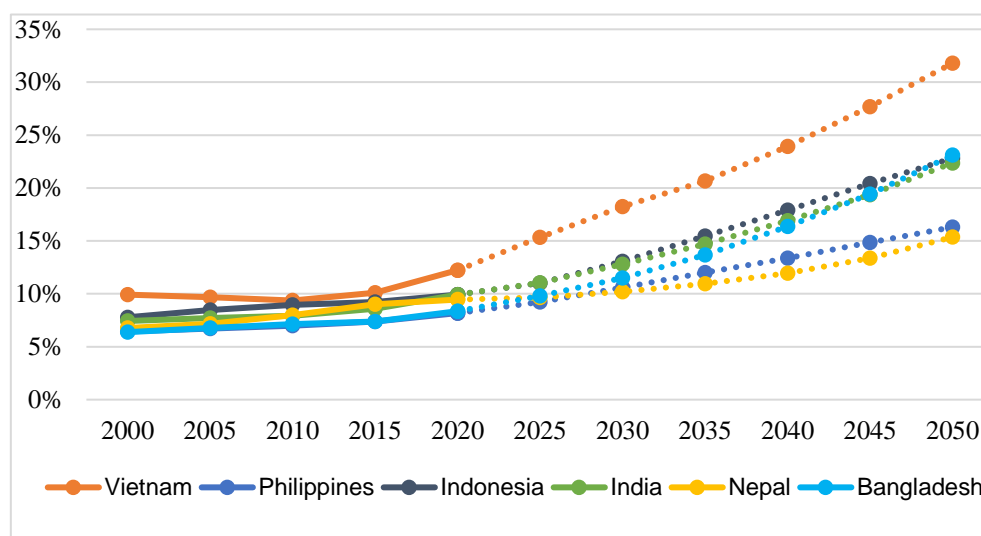


Figure 1-1-12 Change in the Percentage of Elderly Dependents in Six Countries, 2000-2050 (2022) (%)

Source: UN, "Department of Economic and Social Affairs, Population Division 2022,"

<https://population.un.org/wpp/publications/> (accessed August 21, 2022). (accessed August 21, 2022).

The percentage of elderly (65 years and older) living in single-person households was higher in the Philippines 9.77%, Indonesia 10.39%, and Vietnam 11.16%, compared to Bangladesh 3.77%, Nepal 4.03%, and India 5.11%.<sup>6</sup> The percentage of elderly living in rural areas was 84.47% in Nepal, 29.2% in India, 69.8% in Bangladesh, 68.41% in Vietnam, and 57.51% in the Philippines, showing that more than half of the elderly live in rural areas, with only Indonesia having less than half (47.96%). Both figures are higher than the 7.39% of the elderly living in rural areas in Japan.<sup>7</sup> In terms of the percentage of people above retirement age receiving pensions, Nepal stands out with 84.2%, followed by India at 42.5%, Vietnam at 40.9%, and Bangladesh at 39%. The percentage of recipients in the Philippines and Indonesia is 20.5% and 14.08%, respectively, which is lower than in other countries.<sup>8</sup> (Table 1-1-2)

<sup>5</sup> UN, "Department of Economic and Social Affairs, Population Division 2022," <https://population.un.org/wpp/publications/> (August 21, 2022) (Accessed)

<sup>6</sup> UN, "Living Arrangements of Older Persons," <https://www.un.org/development/desa/pd/data/living-arrangements-older-persons> (accessed March 2, 2023)

<sup>7</sup> WHO, "Percentage of older people aged 60 or over living in rural and urban areas" <https://platform.who.int/data/maternal-newborn-child-adolescent-aging/indicator-explorer-new/mca/percentage-of-older-people-aged-60-or-over-living-in-rural-and-urban-areas> (accessed March 2, 2023)

<sup>8</sup> WHO, "Proportion of persons above retirement age receiving a pension" [https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/MCA/proportion-of-persons-above-retirement-age-receiving-a-pension-\(sdg-1.3.1\)](https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/MCA/proportion-of-persons-above-retirement-age-receiving-a-pension-(sdg-1.3.1)) (accessed March 2, 2023)



Table 1-1-2 Situation of the Elderly in the Six Focused Countries and Japan

	Vietnam	the Philippines	Indonesia	India	Nepal	Bangladesh	Japan
Percentage of elderly (65+) living alone in households (%)	11.16 (2020)	9.77 (2017)	10.39 (2017)	5.11 (2020)	4.03 (2019)	3.77 (2019)	18.05 (2015)
Percentage of elderly (60+) living in rural areas (%) (2015)	68.41	57.51	47.96	70.8	84.47	69.8	7.39
Percentage of elderly (60+) living in urban areas (%) (2015)	31.59%	42.49	52.04	29.2	15.53	30.2	92.61
Percentage of people above retirement age receiving pensions (%) (2020)	40.90%	20.5	14.08	42.5	84.2	39	100

Source: UN, "Living Arrangements of Older Persons," <https://www.un.org/development/desa/pd/data/living-arrangements-older-persons> (March 2, 2023 Accessed), WHO, "Percentage of older people aged 60 or over living in rural and urban areas" <https://platform.who.int/data/maternal-newborn-child-adolescent-aging/indicator-explorer-new/mca/percentage-of-older-people-aged-60-or-over-living-in-rural-and-urban-areas> (March 2, 2023 (accessed), WHO, "Proportion of persons above retirement age receiving a pension," [https://platform.who.int/data/maternal-newborn-child-adolescent- Research team based on aging/indicator-explorer-new/MCA/proportion-of-persons-above-retirement-age-receiving-a-pension-\(sdg-1.3.1\)](https://platform.who.int/data/maternal-newborn-child-adolescent-Research%20team%20based%20on%20aging/indicator-explorer-new/MCA/proportion-of-persons-above-retirement-age-receiving-a-pension-(sdg-1.3.1)) (accessed March 2, 2023) Prepared by.

#### 1.1.4. Medical standards

Indicators to compare the level of medical care in the target countries are: average life expectancy, healthy life expectancy, under-five mortality rate, maternal mortality rate, number of hospital beds, number of physicians, and number of nurses. (Table 1-1-3)

	Vietnam	the Philippines	Indonesia	India	Nepal	Bangladesh	Japan
Life expectancy (2020)	75	71	72	70	71	73	84.6
Healthy life expectancy (2019)	65	62	63	60	61	64	74.1
Under-five mortality rate (per 1,000 live births) (2020)	21	26	23	33	28	29	2.3
Maternal mortality rate (per 100,000 live births) (2017)	43	121	177	145	186	173	5.0
Number of hospital beds. (per 10,000 population) (2022)	31.3	9.9	10.4	5.3	3	8	8.0
Number of physicians (per 10,000 population) (2022)	8.2 (2019)	7.7 (2016)	6.2 (2020)	7.4 (2020)	8.5 (2020)	6.7 (2020)	6.7 (2020)
Number of nurses (per 10,000 population) (2022)	14.5 (2019)	54.4 (2016)	39.5 (2020)	17.5 (2020)	33.4 (2020)	4.9 (2020)	4.9 (2020)

Source: World Health Organization (WHO), "Global Health Observatory data repository," <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth> (accessed July 3, 2022), World Bank, "World Development Indicators," <https://databank.worldbank.org/reports.aspx?source=2&type=metadata&series=SP.DYN.LE00.IN> (accessed July 3, 2022), prepared by the study team.

Life expectancy trends show an increasing trend in all six countries. Nepal, in particular, has seen an increase from only 35.6 years in 1960 to 71 years in 2020. The increasing trend is expected to continue, and by 2050, the average life expectancy in all five countries will be in the late 70s.<sup>9</sup> (Figure 1-1-13)

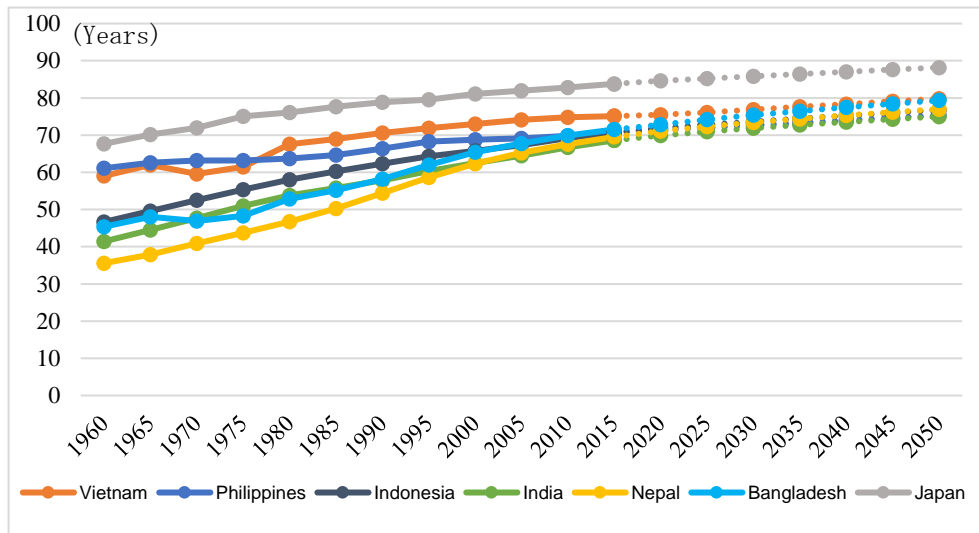


Figure 1-1-13 1960-2050 Changes in Life Expectancy (2020) for Seven Countries (in years)

Source: World Bank, "Population Estimates And Projections," <https://databank.worldbank.org/source/population-estimates-and-projections> Prepared by the study team based on projections (accessed June 17, 2022).

Among the five countries covered, Vietnam has the highest healthy life expectancy as of 2019 at 65.3 years, while India, Nepal, the Philippines, and Indonesia are in their early 60s. (Figure 1-1-14)

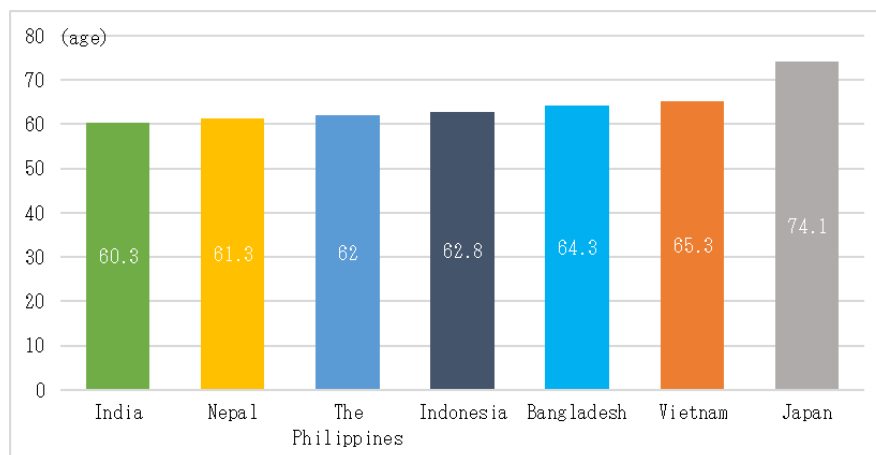


Figure 1-1-14 Healthy Life Expectancy (2019) in Seven Countries (years)

(Source ) WHO, "Global Health Observatory data repository 2019," <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale> Prepared by the research team based on healthy-life-expectancy-at-birth (accessed June 20, 2022).

<sup>9</sup> World Bank, "Population Estimates And Projections," <https://databank.worldbank.org/source/population-estimates-and-projections> (accessed June 17, 2022).

The gap between healthy life expectancy and average life expectancy shows that India had the largest gap among the five countries at 10.5 years as of 2019, and the gap has widened over the years. Nepal and Bangladesh were around 10 years old as of 2019, while Vietnam, the Philippines, and Indonesia were around 8.5 years old as of 2019.<sup>10</sup> (Figure 1-1-15)

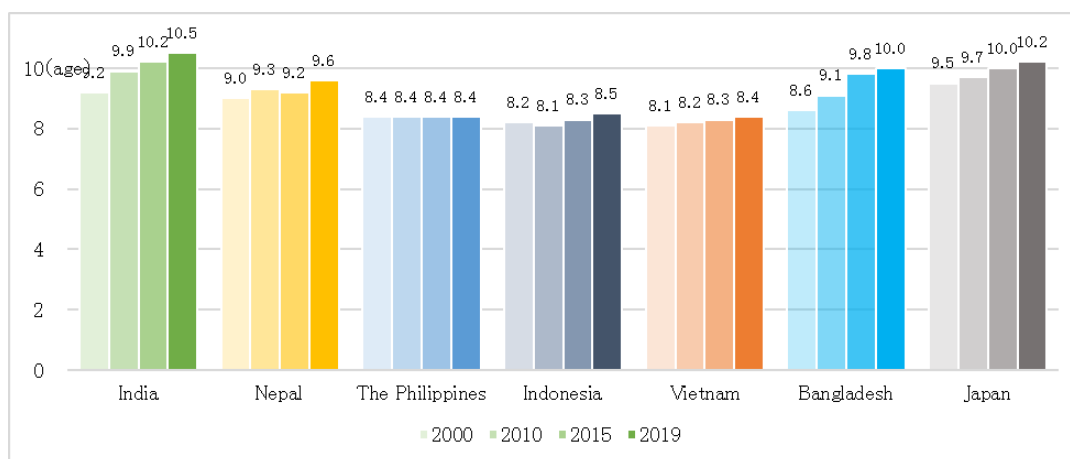


Figure 1-1-15 Difference Between Life Expectancy and Healthy Life Expectancy (2019) in Seven Countries, 2000~2019 (Years)

Source: WHO, "Global Health Observatory data repository 2019," <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth> (accessed June 20, 2022).

#### 1.1.5. Leading causes of death

Looking at the causes of death in the six target countries, all showed a change in disease structure over the past 20 years, with a decline in the proportion of infectious diseases and an increase in non-communicable diseases. In Vietnam, in particular, the proportion of non-communicable diseases has declined to a level similar to that in Japan. On the other hand, the proportion of infectious diseases in the Philippines, India, Nepal, and Bangladesh remains high at more than 20%.<sup>11</sup> (Figure 1-1-16)

<sup>10</sup> WHO, "Global Health Observatory data repository 2019," <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-birth> (accessed June 20, 2022).

<sup>11</sup> Institute for Health Metrics and Evaluation (IHME=Institute for Health Metrics and Evaluation), University of Washington, "Global Burden of Disease Study 2019," <https://vizhub.healthdata.org/gbd-results/> (accessed June 20, 2022).



Figure 1-1-16 Causes of Death in Seven Countries, 1999-2019 (%)

Source: Institute for Health Metrics and Evaluation (IHME=Institute for Health Metrics and Evaluation), University of Washington, "Global Burden of Disease Study 2019," <https://vizhub.healthdata.org/gbd> Prepared by the study team based on -results/ (accessed June 20, 2022).

### 1.1.6. Medical resources

#### 1.1.6.1. Number of beds occupied (hospital)

The number of hospital beds per 10,000 population is 3 in Nepal and 5.3 in India, compared to 129.8 in Japan and 31.3 in Vietnam, indicating that the number of hospital beds is significantly low relative to the population. Japan is unique in having the highest number of beds in the world, but when compared

to the average of 46 beds in OECD countries and the average of 27 beds in low-income Asia-Pacific countries<sup>12</sup>, Nepal and India are particularly low<sup>13</sup>. (Figure 1-1-17)

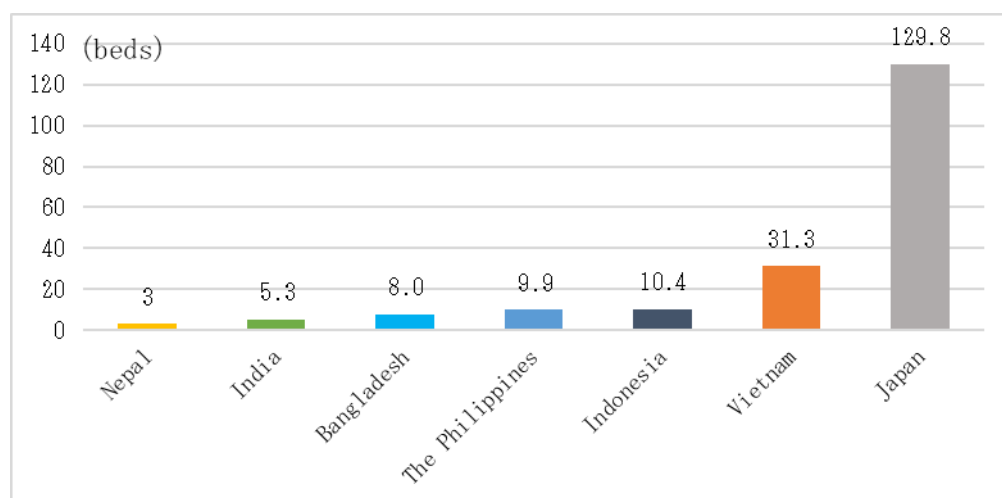


Figure 1-1-17 Number of hospital beds per 10,000 population in seven countries (2022) (beds)

Source: WHO, "Global Health Observatory data repository 2022," [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)) Prepared by the survey team based on [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)) (accessed June 24, 2022)

#### 1.1.6.2. Number of qualified physicians and nursing professionals

The number of physicians per 10,000 population is 6.2 in Indonesia, 6.7 in Bangladesh, 7.4 in India, 7.7 in the Philippines, 8.3 in Vietnam, and 8.5 in Nepal, which is less than 9 in all five countries, about 1/3 of the 24.8 in Japan.<sup>14</sup> These numbers do not reach the WHO recommended ratio of 1:1000<sup>15</sup> of doctors to patients to effectively address the medical needs of the population, indicating that there are not enough doctors in place. (Figure 1-1-18)

Looking at the number of nurses and midwives per 10,000 population, among the six countries, Bangladesh is particularly low at 4.9, which is less than the number of doctors in the country. The numbers of 14.5 in Vietnam and 17.5 in India are also low compared to the Southeast Asian average of

<sup>12</sup> OECD and World Health Organization, "Health at a Glance: Asia/Pacific 2018," [https://www.oecd-ilibrary.org/sites/health\\_glance\\_ap-2018-33-en/index.html?itemId=/content/component/health\\_glance\\_ap-2018-33-en](https://www.oecd-ilibrary.org/sites/health_glance_ap-2018-33-en/index.html?itemId=/content/component/health_glance_ap-2018-33-en) (accessed September 29, 2022)

<sup>13</sup> WHO, "Global Health Observatory data repository 2022," [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/hospital-beds-(per-10-000-population)) (accessed June 24, 2022)

<sup>14</sup> WHO, "Global Health Observatory data repository 2022," [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)) (accessed June 24, 2022).

<sup>15</sup> Raman Kumar and Ranabir Pal, "India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse !", J Family Med Prim Care. 2018

20.4, while 33.4 in Nepal, 39.5 in Indonesia, and 54.4 in the Philippines are less than half the 119.5 in Japan, indicating that not enough qualified personnel are being trained.<sup>16</sup> (Figure 1-1-19)

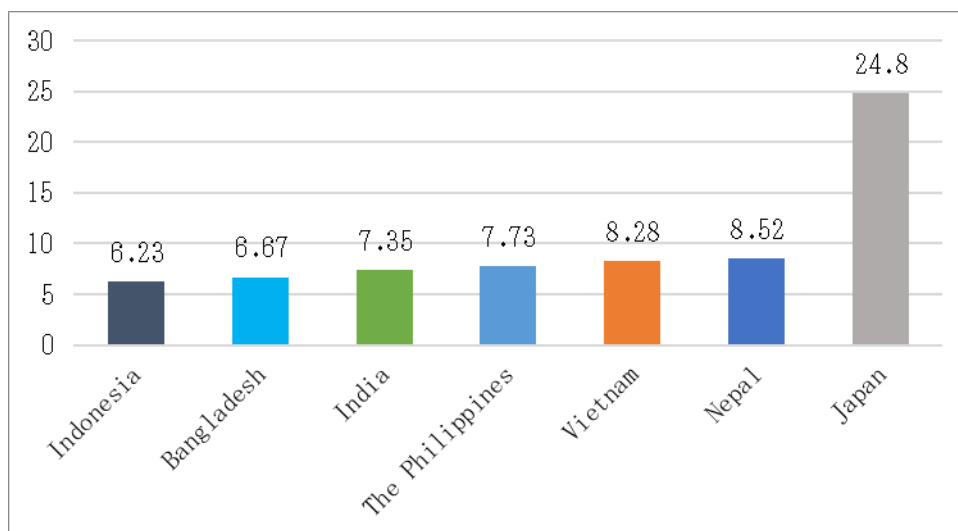


Figure 1-1-18 Number of physicians per 10,000 population in 7 countries (2022) (persons)

Source: WHO, "Global Health Observatory data repository 2022,"

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)) Prepared by the survey team based on (accessed June 24, 2022).

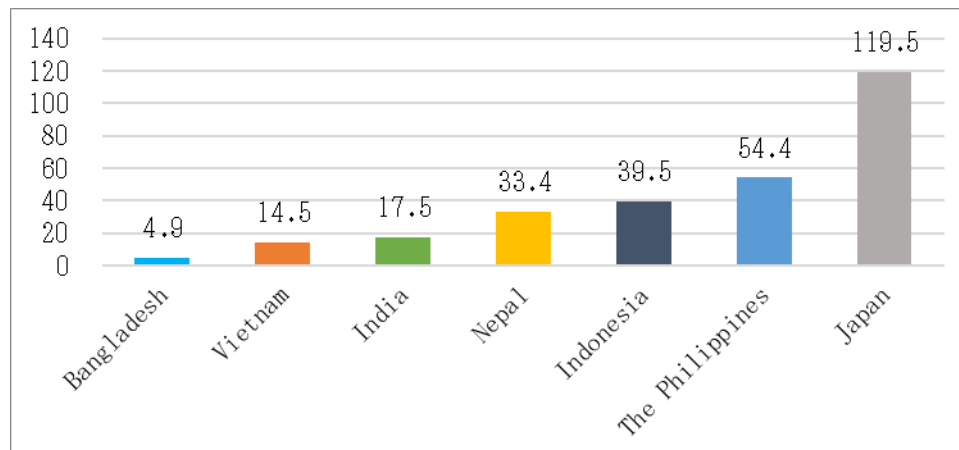


Figure 1-1-19 Number of nurses and midwives per 10,000 population in seven countries (2022) (persons)

Source: WHO, "Global Health Observatory data repository 2022,"

[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-(per-10-000-population)) Prepared by the survey team based on (accessed June 24, 2022)

<sup>16</sup> WHO, "Global Health Observatory data repository 2022," [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-(per-10-000-population)) (accessed June 24, 2022)

## 1.2. Indonesia

### List of Abbreviations

BKKBN	The National Population and Family Planning Board
BNSP	Badan Nasional Sertifikasi Profesi
CS	Competency Standard
KKNI	Kerangka Kualifikasi Nasional Indonesia
LPK	Vocational Training Institution ( Lembaga Pelatihan Kerja)
LSP	Lembaga Sertifikasi Profesi
SKKNI	Standard Kompetensi Kerja Nasional Indonesia
SMK	Vocational high school
TVET	Technical and Vocational Education and Training

1.2.1. Legal systems, markets, etc. related to long-term care and long-term care human resources in priority target countries

#### 1.2.1.1. Situation of the elderly

An overview of the situation of the elderly in Indonesia is given at<sup>17</sup>.

Indonesia defines the elderly as those aged 60 and over (Law No. 13/1998 on Elderly Welfare); as of 2020, the aging rate is 6.7%, with an average life expectancy of 66.75 years for men and 70.98 years for women.<sup>18</sup>

In terms of place of residence, 50.2% of the total population lives in rural areas, while 57.4% of those aged 60 and older live in rural areas. 57.7% of men and 57.2% of women aged 60 and older live in rural areas.<sup>19</sup>

In terms of economic status, the sources of income for those aged 60 and older differ between men and women, with men earning two to three times more from work than women in the 60-69, 70-79, and 80 and older age groups. Women are more dependent on remittances from family members (e.g., adult children and grandchildren) than men at all ages; for women over 80, these family remittances account for more than 80% of their income. According to 2015 data<sup>20</sup>, about 63% of men and 29% of women over 60 are working. Although labor participation declines with age, 27% of men over 80 are working. This is higher than in countries such as Thailand (49% of men and 28% of women, 2013) and Vietnam

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<sup>17</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021

<sup>18</sup> The World Bank Data, <https://data.worldbank.org/>, (see 2/24/2023)

<sup>19</sup> UN Data, <https://data.un.org/>, (see 2/24/2023)

<sup>20</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021 (Original source: Statistics Indonesia (BPS). 2016. SUPAS, 2015. <https://microdata.bps.go.id/mikrodata/index.php/catalog/715>)

(45% of men and 32% of women, 2014)<sup>21</sup> , which have universal pension coverage for the entire population.

Looking at living conditions, with regard to marital status, 82.8% of elderly men are married, of which 16.4% are divorced or bereaved, while 39.8% of elderly women are married, of which 58.8% are divorced or bereaved. In addition, 67.2% of men and 64.8% of women live with their children or grandchildren, while 16.2% of women and 4.8% of men live alone, indicating a higher percentage of women living alone.

In terms of health status, hypertension, stroke, and arthritis are the most common health problems faced by the elderly in Indonesia (Table 1.2 .1 ). The number and percentage of elderly people with daily living problems are higher among women in all age groups (Figure 1.2.1).

Table 1.2 .1 : health problems faced by the elderly, by age group (2013)

health problem	Prevalence of disease by age group (%)		
	55-64 years old	65-74 years old	Over 75 years old
chronic obstructive pulmonary disease	5.6	8.6	9.4
cancer	3.2	3.9	5.0
diabetes mellitus	5.5	4.8	3.5
hypertension	45.9	57.6	63.8
circulatory disease	2.8	3.6	3.2
heart failure	2.8	3.6	3.2
stroke	33.0	46.5	67.0
renal failure	0.5	0.5	0.6
kidney stone	1.3	1.2	1.1
arthritis	45.0	51.9	54.8
Mouth and dental problems	28.3	19.2	19.2

(Source: ADB, "Country diagnostic study on long-term care in Indonesia", 2021)

<sup>21</sup> HelpAge International, Work, Family and Social Protection: Old Age Income Security in Bangladesh, Nepal, the Philippines, Thailand and Vietnam, 2017



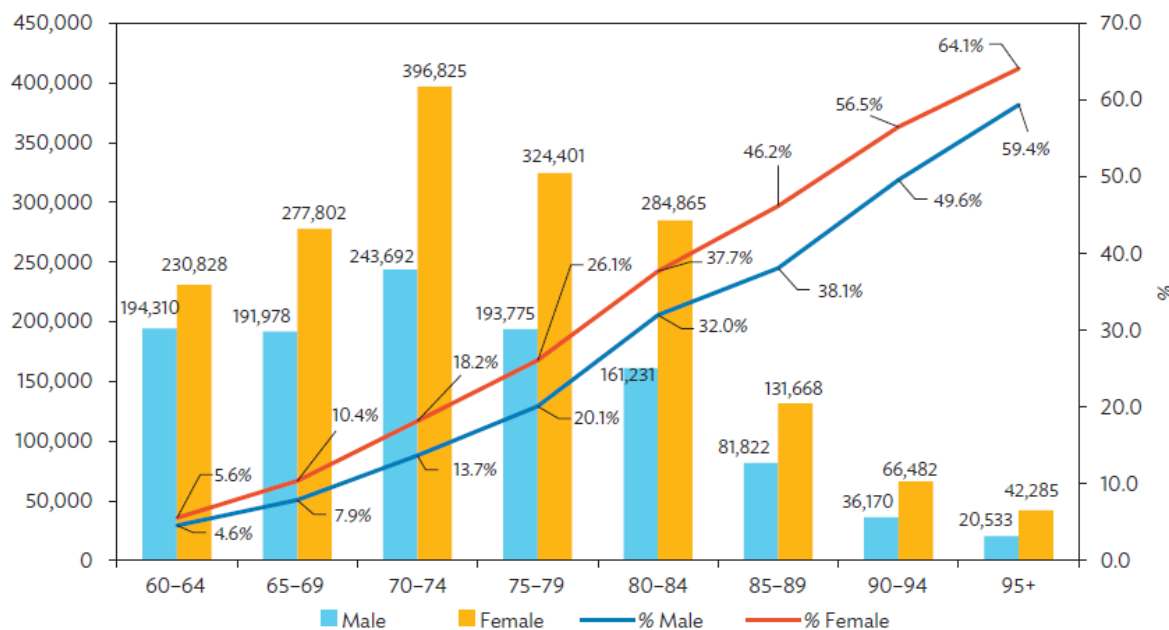


Figure. 1.2 .1 Percentage with limitations in activities of daily living, by age and sex. (Source: ADB, "Country diagnostic study on long-term care in Indonesia", 2021)

Thus, women are in a more difficult situation than men in terms of income and health, and a higher percentage of women live alone than men, so special attention is considered necessary.

#### 1.2.1.2. Related Laws and Policies

The first major law on the elderly in Indonesia was Law No. 13/1998 on Elderly Welfare of 1998, which emphasized the role of the community in assisting the elderly. However, more than 20 years after its enactment, the law needed to be updated to reflect the changing circumstances of the social, economic, and health needs of the elderly, including issues such as the rapid increase in life expectancy, the number of people over 80 years old, and the growing demand for care. The Ministry of Social Affairs has established the National Population and Family Planning The Ministry of Social Affairs, together with relevant government departments such as The National Population and Family Planning Board (BKKBN), the Ministry of Health, the Ministry of Law and Human Rights, the Ministry of Public Works and Housing, the Ministry of Transportation, and the Ministry of Women Empowerment and Child Protection are working on new laws and their enactment.

Other laws and policies related to the elderly in Indonesia include

Table 1.2 .2 : List of Laws and Policies Relevant to the Elderly

Name	Contents
Law No. 13/1998 on Elderly Welfare	It divides the elderly aged 60 years and over into two categories: "workable elderly" and "non-workable elderly. The workable elderly are entitled to employment opportunities and education and training services, while the non-workable elderly are entitled to social protection. The purpose is to

Name	Contents
	improve the welfare of the elderly, and its implementation is coordinated through the National Commission for Older Persons.
Regulation No. 43/2004 on Efforts to Improve Older Persons' Welfare	It states that social welfare services for the elderly should be implemented and coordinated by the government in cooperation with the community.
Law No. 52/2009 on Population Dynamics and Family Development	It stipulates that the quality of life of the elderly must be improved by providing opportunities for them to play a role in family life so that they remain useful to their families and society.
Regulation No. 79/2014 on Geriatric Services in Hospitals	Of the 1,659 hospitals, only 78 in 12 provinces provide geriatric services, mostly in large cities: 9 hospitals (one each in Bandung, Denpasar, Jakarta, Makassar, Medan, Semarang, Solo, Surabaya, Yogyakarta) provide integrated geriatric services.
National Strategy toward Healthy and Productive Brains in Old Age (2015)	The strategy, developed by the Department of Health, states that maintaining brain health is part of a lifestyle approach to healthy aging. It aims to improve dementia services and develop the capacity of those managing dementia care.
Regulation No. 25/2016 on National Plan of Action for Elderly Health, 2016-2019	<p>It was developed by the central and local governments to develop and implement policies and programs related to the health of the elderly with the goal of promoting their health and helping them lead richer and healthier lives. The plan has six strategies.</p> <ol style="list-style-type: none"> <li>1. Strengthening the legal infrastructure for the provision of services related to the health of the elderly</li> <li>2. Improve the number and quality of primary level medical facilities and higher (secondary and tertiary level) medical facilities, including long-term care services</li> <li>3. Establishment and development of partnership networks for the implementation of health services to the elderly, including inter-programmatic, inter-sectoral, professional, educational, and research institutions, civil society organizations, businesses, mass media, and other stakeholders</li> <li>4. Improved availability of data on the health of the elderly</li> <li>5. Improved participation and empowerment of families, communities, and older adults in improving the health of older adults</li> <li>6. Increased role of older adults in promoting family and community health</li> </ol>
New (or Revised) Law on Older People (2017)	The Ministry of Social Affairs and related departments are discussing a new law on the elderly to cover developing issues such as demographic changes and the need for long-term care. If the old law is revised by more than 50%, the new law will be the new law, not the revised one.
National Strategy on Aging (2021)	<p>Approved in September 2021. It includes the following five strategies.</p> <ol style="list-style-type: none"> <li>1. Social Protection Social protection of the elderly, lifelong education, empowerment of the elderly, etc.</li> </ol>

Name	Contents
	<ol style="list-style-type: none"> <li>2. Improved health status Nutritional status, healthy lifestyles, reduced morbidity, and long-term care.</li> <li>3. Increased social awareness Improved understanding of the elderly, senior-friendly facilities and infrastructure, etc.</li> <li>4. Institutions and caregivers Improve quality standards and facility accreditation for older adults, and develop educational systems and caregiver certification.</li> <li>5. Realization of the rights of the elderly Strengthening laws regarding the elderly, increasing the active role of the elderly, and protecting them from acts of violence.</li> </ol>

(Source: Prepared by the study team from ADB, "Country diagnostic study on long-term care in Indonesia", 2021)

### 1.2.1.3. Long-term care system and social security system

Social security systems relevant to the elderly in Indonesia include medical security, pension security, and old-age security systems.

#### (1) Medical security

In 2014, a medical insurance implementation agency (hereinafter referred to as BPJS Health) was established and a medical insurance system (hereinafter referred to as SJSN Health) was launched, led by this agency. Under this system, all citizens are eligible for medical care, which is free of charge in principle. The goal is to create a universal health insurance system, but as of 2020, the coverage rate is 83%.<sup>22</sup> On the other hand, among the elderly, about 34% are not covered by any medical insurance, including SJSN Health.

Table 1.2 .3 Summary of Health Insurance Programs

Name	SJSN Health (Sistem Jaminan Sosial Nasional Program Jaminnan Kesehatan)
Operating entity	Medical insurance implementation organization (BPJS Health)
Qualification of insured person	All citizens and foreigners working in Indonesia for more than 6 months
Benefit recipients	the person themselves, the person's spouse, or the person's family members under 21 years of age (or under 25 years of age if you are in public education)
Ratio of out-of-pocket payments	In principle, free of charge, but the difference over the stipulated contents is to be borne by the customer.
Insurance premium	<ul style="list-style-type: none"> <li>● Civil servants, military personnel, police officers, etc.: Employer and insured pay premiums equal to 5% of monthly salary (employer: 3%, insured: 2%)</li> <li>● Other wage earners: employer and insured pay premiums equal to 5% of monthly wages (employer: 4%, insured: 1%)</li> <li>● Pensioners: Premiums equal to 5% of the basic pension and family allowance received are paid by the government and the pensioner (government: 3%, pensioner: 2%)</li> </ul>

<sup>22</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021

(Source: Compiled from the Ministry of Health, Labor and Welfare Overseas Situation Report 2019)

( 2 ) nursing-care insurance system

There is no public long-term care insurance system in Indonesia (as of July 2022).

( 3 ) Pension Security and Old Age Security Schemes

In Indonesia, the income security system for the elderly is the pension security system (Table 1.2.4) and a lump-sum old-age security scheme (Table 1.2.5). Civil servants, military personnel, police officers, and private workers are covered by both systems (qualification of insured status), while non-wage earners (self-employed, etc.) are covered only by the old-age security system, which is a lump-sum payment.

Table 1.2 .4 Summary of Pension Security Plans

Name	Labor Social Security System (Ketenagakerjaan)
Operating entity	BPJS Employment
Qualification of insured person	Civil servants, military personnel, police officers, etc., and civilian workers are eligible.
Benefit recipients	Old-age maturity age (57 years old) *After 2019, maturity age will be 57 years old, with one additional year added every three years thereafter until reaching age 65
Requirements	Paid to those who have reached old-age maturity age and have been a member for at least 15 years, which is equivalent to 180 months
Pension Benefit Limit	From a minimum of 300,000 Indonesian Rupiah per month to a maximum of 3.6 million Indonesian Rupiah per month
Insurance premium	3% of one month's wages (2% for the employer, 1% for the employee)

(Source: Compiled from the Ministry of Health, Labor, and Welfare Overseas Situation Report 2019)

Table 1.2 .5 Old-Age Security Program Summary

Name	Labor Social Security System (Ketenagakerjaan)
Operating entity	BPJS Employment
Qualification of insured person	Civil servants and military personnel, police officers, etc., as well as civilian workers and non-wage earners (self-employed, etc.) are covered.
Benefit recipients	Paid at old age maturity age (57), permanent total disability, and death.
Requirements	Accumulation system; workers become entitled to benefits when they reach age 57, etc.
Allowance	The accumulated amount and its investment profit are paid as a lump-sum payment.

(Source: Prepared by the survey team from the Ministry of Health, Labor, and Welfare's Overseas Situation Report 2019)

( 4 ) Other welfare and wellness programs for the elderly

Other welfare programs related to the elderly include

Table 1.2 .6 : list of social services for the elderly

service name	summary
PKH (Program Keluarga	<ul style="list-style-type: none"> <li>● Target: Poor and vulnerable households</li> <li>● Service Provider: Ministry of Social Affairs</li> <li>● Services: Cash payment</li> </ul>

service name	summary
Harapan (Family Hope Program ))	<ul style="list-style-type: none"> <li>● Status of service provision: In 2019, the cumulative number of beneficiaries reached 1.1 million and the amount of support reached approximately 2.4 million Indonesian Rupiah per year.</li> </ul>
BANTU LU (Bantuan BerTujuan Lanjut Usia)	<ul style="list-style-type: none"> <li>● Target: Poor elderly people who are not PKH beneficiaries</li> <li>● Service provider: operated by the Ministry of Health</li> <li>● Services: Assistance provided in the form of non-cash social assistance.</li> <li>● Status of services provided: as of March 31, 2020, there were 30,000 seniors assisted by this service.</li> </ul>
Posyandu Lansia (health-care post for older people)	<ul style="list-style-type: none"> <li>● Target: Elderly people</li> <li>● Service providers: Supervised by health centers operated by prefectures and cities under the jurisdiction of the Ministry of Health, and implemented in collaboration with communities, volunteers, civil society organizations, cross-sectoral private and social groups.</li> <li>● Services include: health promotion advice, exercise groups, simple health management services, and opportunities for socializing.</li> <li>● Service availability: Launched in 1994, Posyandu Lansia are located in all provinces; as of 2018, a total of 83,422 Posyandu Lansia have been established, serving 2.5 million elderly people.</li> </ul>
Puskesmas santun lansia (age-friendly health center) Puskesmas is pusat kesehatan masyarakat (primary health-care center)	<ul style="list-style-type: none"> <li>● Target: Elderly people</li> <li>● Service Provider: Concept developed by the Ministry of Health, maintained in Puskesmas, and services provided through Posyandu Lansia</li> <li>● Services: Comprehensive, integrated, and sustainable health guidance activities to achieve healthy, active, independent, and productive older adults. Three categories: (1) independent or mildly dependent, (2) moderately dependent, and (3) severely and completely dependent. Elderly people in (1) participate in Puskesmas santun lansia activities organized by posyandu lansia and other community groups, while those in (2) and (3) are cared for by home care services or referred to the hospital.</li> <li>● Status of service provision: maintenance of Puskesmas santun lansia is not as advanced as expected, with only 4,348<sup>23</sup> units (48.4%) of the total 9,993 Puskesmas listed as of 2018.</li> </ul>
PUSAKA	<ul style="list-style-type: none"> <li>● Target: Elderly people in need</li> <li>● Service Providers: Program members who received grants from the Ministry of Social Affairs work with civil society organizations to provide services.</li> <li>● Services: home care. Often takes the form of delivery of supplies and meals, such as urine absorbing pads and mattresses. Frequency of activities is 2~3 times a week and includes religious activities, health checkups, and exercise.</li> </ul>

<sup>23</sup> However, ADB, "Country diagnostic study on long-term care in Indonesia," 2021, gives two different figures for this number: 4,835 (p. 35) and 4,348 (p. 36). The survey has not been able to confirm which is the correct figure.

service name	summary
	<ul style="list-style-type: none"> <li>● Service delivery status: There are 100<sup>24</sup> pusaka programs in Jakarta providing community-based care, but assistance with activities of daily living such as bathing and eating is provided by family members.</li> </ul>
BKL (Bina Keluarga Lansia (Elderly Family Development Program))	<ul style="list-style-type: none"> <li>● Target: Families of the elderly</li> <li>● Service provider: under the jurisdiction of the Ministry of Social Affairs, in cooperation with Puskesmas and district-level social officers.</li> <li>● Services: group activities aimed at increasing knowledge and skills for families with elderly parents and relatives. Emphasis is on how to care for and empower the elderly to improve their welfare.</li> </ul>

(Source: ADB, "Country diagnostic study on long-term care in Indonesia", 2021, Survey and research project on the actual conditions of long-term care services, etc. overseas that contribute to the appropriate acceptance of foreign caregivers. (Prepared by Intelligence Value Corporation, 2018)

#### 1.2.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) Caregiver

As of the time of this study (July 2022), a unified national certification system for caregiver personnel involved in elder care has not been established.

In Indonesia, caregivers are classified into two categories: informal caregivers and formal caregivers. The former refers to a person when the caregiver is related to a family member, friend, or neighbor, and usually receives no remuneration. The latter refers to a person who provides assistance to an elderly person who is partially or completely unable to perform basic activities due to either physical or mental limitations, or both, and is compensated for his/her services. The caregiver certification described in this section is intended for formal caregivers.<sup>25</sup>

Here, for convenience, a national certification is defined as "certification by a government agency or agency certified by a government agency that an individual has met prescribed standards or requirements in a particular field of knowledge or skill."

A national certification system shall be the system that enables the above certification. More specifically, the system shall be one in which standards or requirements for knowledge or skills in a particular field are established by a government agency or an agency certified by a government agency, and the system shall certify whether individuals meet those standards or requirements (certification examinations and testing organizations).

The definition by the Indonesian government was not confirmed in this study.

<sup>24</sup> However, regarding this number, different numbers between 100 and 120 were reported in interviews with staff of the Department of Social Rehabilitation of the Ministry of Social Affairs. (ADB, "Country diagnostic study on long-term care in Indonesia", 2021, p21)

<sup>25</sup> From Ministry of Health and Ministry of Education Hearing

Public and private educational institutions and private care providers each offer training for caregivers. No national standard curriculum has been established. In educational institutions, caregiver training is provided at Vocational High Schools (SMK) under the Ministry of Education and Culture and other institutions. Upon completion of the course, each educational institution issues an institutional certificate. As of July 2022, there is no national certification system for caregivers.<sup>26</sup>

However, in light of the growing need for elderly caregivers in overseas markets and the increasing number of elderly and disabled people in Indonesia, the Ministry of Health, in cooperation with the Ministry of Manpower and other related ministries and agencies, has been preparing caregiver education level standards, curriculum development, and certification exams, in order to ensure the quality of caregivers and develop their career paths. The Ministry of Health, in cooperation with the Ministry of Manpower and other relevant ministries and agencies, is preparing the education level of caregivers, curriculum development, and certification examinations.

In Indonesia, the Kerangka Kualifikasi Nasional Indonesia (KKNI) has been established as the framework for national qualifications, and the qualification levels are divided into nine levels, KKNI Levels 1-9. There is no need to have nine levels in a particular field, and in the case of caregivers, only five levels of qualification were considered as shown in Table 1.2.7 and draft guidelines were developed in 2017.

Table 1.2.7 : Education Levels and Competencies of Caregivers

Educational Level	Certification	KKNI	Place of work
Diploma (3 years)	Caregiver Certification Level 5 (National)	5	Home, hospital, senior living, respite care, hospice
Diploma (2 years)	Caregiver Certification Level 4 (National)	4	Home, hospital, senior living, respite care, hospice
Caregiver, High School (3 years) <sup>27</sup>	Caregiver Certification Level 3 (National)	3	Home, hospital, senior living
Three years of experience as a caregiver	Caregiver Certification Level 2 (National)	2	Home, hospital, senior living

<sup>26</sup> However, from the perspective of the requirement for sending them out as technical interns (certification of caregivers by foreign governments), those who have completed the care giver course offered by LKP, SMK, and other organizations are certified as caregivers. In this study, it was not possible to confirm which government agency provides the certification. In addition, there are no specific skill requirements set by Indonesia for specific skills other than being healthy, etc.

<sup>27</sup> At the time this table was reviewed, upper secondary school in Indonesia was a four-year system, and therefore the original document refers to upper secondary school (four years). However, since the high school system has since been changed to a three-year system, it was explained that this section should be interpreted as high school (three years), not high school (four years) (from the Ministry of Health hearing).

Caregiver, 600 hours of training	Caregiver Certification Level 1 (National)	1	Community, Home
Informal caregivers (volunteers), 50 hours of training	Training participation certification/entry level (Local)	0	Community, Home

(Source: ADB, "Country diagnostic study on long-term care in Indonesia", 2021 (Original source: Kemenkes. 2017. Guidelines for Caregivers Jakarta. Draft.)

Based on this qualification level, the Standard Kompetensi Kerja Nasional Indonesia (SKKNI) will be developed to indicate the competencies required for occupations in that field as national standards.

In the caregiver, Minister of Labor Decree No. 28 and 2021 on the establishment of the SKKNI was formulated and Table 1.2 .7 of KKNi Level 3 and 4 competency standards (Competency Standard: CS) were specified. Relevant progress is as follows.

- KKNi 3: The curriculum has already been drafted by the Ministry of Health in 2019, but due to challenges within the Ministry of Health, it has not been approved by the Ministry<sup>28</sup> and has not been implemented. In the opinion of the Ministry of Health officials interviewed during the field survey for this study, KKNi 3 will provide SMK graduates with approximately 6 months of training and approximately 1 year of internship.<sup>29</sup> The process required for the qualification of KKNi 3 will be led by the Supervision and Control Department of the MOH and will be implemented by the Ministry of Health. The Ministry of Health's Supervision and Control Department is leading the process for the KKNi 3 certification and has been consulting with stakeholders, and a draft of the certification exam has been prepared as of July 2022. After approval by the MOH, the draft will be submitted to the Lembaga Sertifikasi Profesi (LSP)<sup>30</sup> for approval. Upon successful completion, they will be awarded the KKNi3 Certificate of Competence.
- KKNi 4: No major progress has been made other than the establishment of competency standards, and the following are ideas from the Ministry of Health as of July 2022: Regarding KKNi4, they are considering making it a national certification by examination after a certain period of work experience (time period to be determined) or after completion of Diploma 2 level training, in addition to obtaining KKNi3.

The Ministry of Health, for example, would like to have a career path for returnees to obtain KKNi 4 after having experienced caregiving in Japan or to become a trainer for caregivers.

<sup>28</sup> According to the Ministry of Health hearing in this study, the Caregiver KKNi3 curriculum requires only the approval of the Ministry of Health.

<sup>29</sup> In Indonesia, vocational training institutions are among the candidates as authorized sending organizations for technical interns, and in many cases LPK is the sending organization.

<sup>30</sup> The LSP is an agency that performs tasks related to the certification of qualifications (recruiting candidates, conducting and scoring/accrediting examinations, etc.) and requires a license. The BNSP is a government agency that ensures the quality of Indonesian workers through the competency accreditation process, and does not directly perform the accreditation work. Its main task is to license the bodies (LSPs) that perform the accreditation work. Even licensed LSPs need to be assessed by the BNSP when adding new qualification accreditation schemes.



- KKNi 5 and above: The MOH would like to define a competency standard for higher levels of KKNi, such as KKNi 5, in order to develop a career path for caregivers. The MOH has proposed to the Ministry of Education and Culture to provide Diploma 3 training as KKNi 5, but the proposal was rejected because the proposed curriculum is not clearly organized with the curriculum for nurses. The Ministry of Health also wants to consider career paths for caregivers through bachelor courses as well as Diploma 3.

Thus, the standards for KKNi3 and KKNi4 competencies were stipulated by Minister of Manpower Decree No. 28.2021, and the Ministry of Health is now working to draw an overall picture of the types of caregivers in Indonesia, the scope of work of each occupation, and career paths, as well as the corresponding competency standards and examinations for certification of qualifications. It intends to make the necessary preparations.

For reference, the position of Technical and Vocational Education and Training (TVET) in the Indonesian education system is shown in Figure 1.2.2. The orange-colored area in the figure is related to the certification system for caregivers being considered by the Ministry of Health as of July 2022.

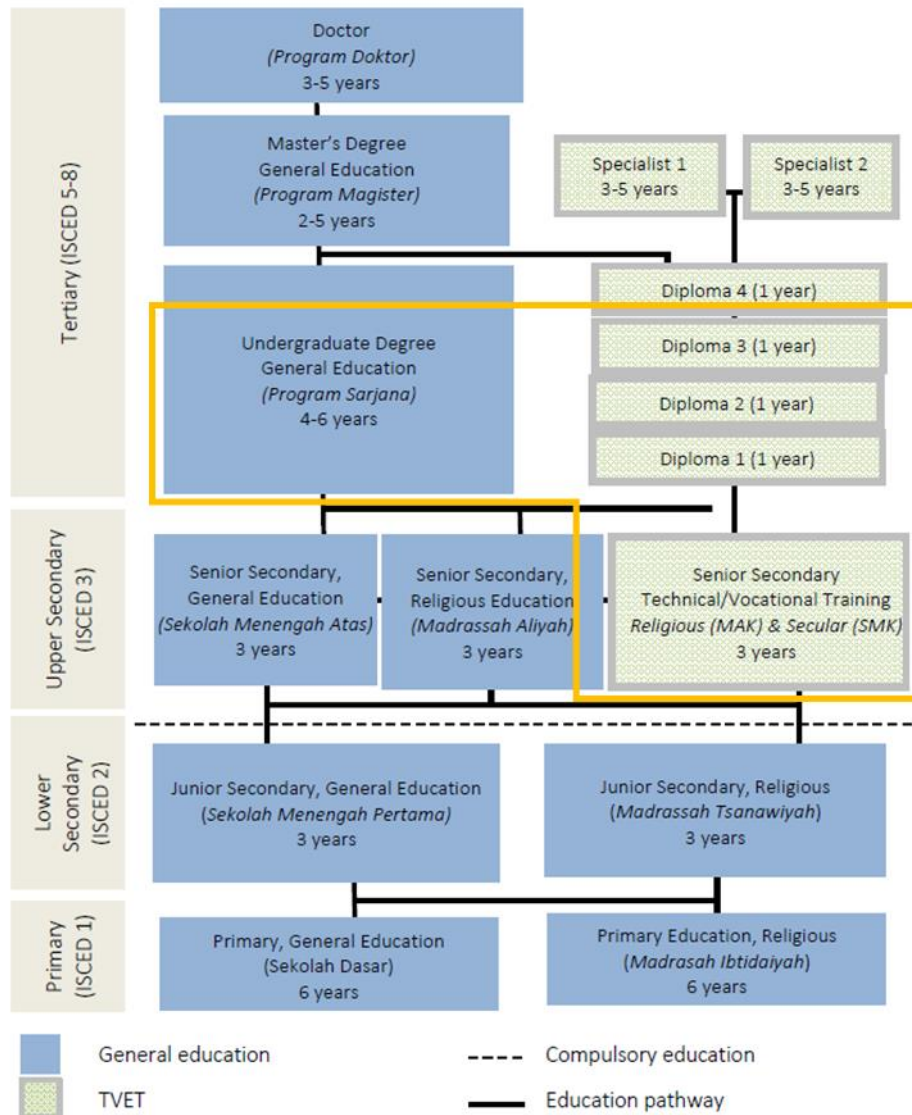


Figure. 1.2 .2Figure 1.2 : Technical Education and Vocational Training in the Indonesian Education System  
(Source: UNESCO-UNEVOC, "TVET Country Profiles: Indonesia", 2021)

### Other developments in caregiver training

The Association of Senior Living Indonesia (ASLI), a caregiver industry association, has aligned its existing caregiver course curriculum with Japanese standards<sup>31</sup>. ASLI has applied to the National Board

<sup>31</sup> However, the hearing from ASLI did not confirm specifically which Japanese standards were being aligned.

for Professional Certification (Badan Nasional Sertifikasi Profesi (BNSP) to obtain a license as an LSP.

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There is also a movement to offer caregiver courses at SMK. The following is an example, although not a unified movement at this time.

Case 1: SMKN 8 Semarang (public SMK)

SMK, a Central Java state school offering five courses, including a social worker course and a software engineering course, with 71 teachers and 1,356 students as of November 2022.

Considering the high demand for long-term care in Japan and the needs of students, the school's policy is to open a caregiver course (3-year course) in 2019, which is designed to prepare students for employment in Japan. In parallel with caregiver education, Japanese language education is also provided from the first year. The school also offers a social worker course (3-year program), and the total number of students in the three grades is 288 in the caregiver course, compared to 216 in the social worker course. As mentioned above, the school explains before recruiting that the Caregiver course is for the Japanese market, and only students who wish to work in the caregiver field in Japan apply for the course. As of this July 2022 survey, there have been no graduates yet, and there are no results of employment. It should be noted that many graduates of the social worker course wish to work in Japan, but due to hurdles such as the Japanese language exam, they give up and end up working in Japan, with about 70% of them working in nursing homes in Japan.

The school cited a lack of instructors and equipment (e.g., beds) to teach the course and difficulties in securing practical training opportunities as challenges.

Other examples of training for personnel involved in elder care are listed below. The timing of the implementation of each of these trainings has not been confirmed.

Table 1.2 .8 Examples of Human Resource Training in Elderly Care

responsible organization	Summary
Department of Health	Provides week-long training to Puskesmas (primary health care center) staff in the health of the elderly, including a one-day on-site practicum. The training includes policies and units on integrated geriatric assessment, management of geriatric syndromes, degenerative diseases, late menopause, dental and oral, mental health and intelligence, nutrition, medical rehabilitation, physical exercise, home care services,

<sup>32</sup> Licensing of LSPs allows ASLI itself to conduct examinations, certify qualifications, etc. The agency that grants licenses to LSPs is the BNSP. It is a government agency that ensures the quality of Indonesian workers through the competency certification process, but it does not directly perform certification work; its main task is to grant licenses to the agencies that perform certification work (LSPs).

	<p>communication and reporting, learning initiatives and building follow-up plans. Orientation includes.</p> <p>At the community level, Posyandu lansia volunteers receive two days of training on elder care by the Primary Health Care Center staff and training team. The content includes measuring vital signs, calculating obesity, providing health education, determining referrals, explaining the importance of the elderly in society, recording and reporting, activity planning and budgeting, etc.</p>
Ministry of Social Affairs	Training is provided for PUSAKA members, volunteers, and others on dealing with difficult or neglected elderly people who have difficulty participating in society, their role as companions, teaching techniques and assistance processes, home care, and day care.
Alzheimer's Disease International (International Federation on Alzheimer's Disease and Dementia)	Since 2016, it provides 30 hours of training to dementia care skills trainers; 100 caregivers have been trained by these trainers in 2017, and the plan is to continue to increase the number of caregivers trained in dementia care in Indonesia through this training.

(Source: ADB, "Country diagnostic study on long-term care in Indonesia", 2021)

## (2) Nurse

Although not long-term care personnel, there are many cases of nurses being sent out from Indonesia as trainees and workers in the long-term care profession.

Nurses in Indonesia are divided into two main categories: registered nurses (professional nurses) and licensed practical nurses (vocational nurses), as summarized in Table 1.2.9 below. The main difference is that a registered nurse can perform medical treatment at her own discretion without a doctor's order, whereas a licensed practical nurse can always perform medical treatment under the direction of a doctor or registered nurse.

Table 1.2 .9 : Comparison of Registered Nurses and Licensed Practical Nurses in Indonesia

	registered nurse	practical nurse
Authority in medical practice	Able to perform certain medical procedures at his/her own discretion without a physician's order	It is always necessary to perform specific medical procedures under the direction of a physician or registered nurse.
course (route, trail, course of action,	After completing the Upper secondary	After completing the Upper secondary D3 (3 years)

course of study, plan)	D4 (4 years) or S1 (Bachelor 4 years) followed by Professional Nurse course (1 year)	
With or without on-the-job training	Yes (for approximately one year after completion of the above course)	No
With or without nursing examinations	Yes (completion of the above course and OJT are requirements for the examination)	Yes (completion of the above course is a requirement for the examination)
Is overseas experience acceptable as on-the-job training?	Experience in nursing or caregiving work may be accepted as credit for the above OJT (whether or not it is accepted, or the number of credits accepted, will be determined by arrangement between the school offering the course and the receiving institution, and may also include experience in Japan).  Example, STIKES IMC Bintaro allows the transfer of 10 of the 36 credits required for OJT.	be accepted
Renewal Requirements	Must earn a certain number of credit points every 5 years. Evaluation is based on the nature and duration of service, etc.	No need to renew
Other	If a nurse goes to Japan as a caregiver, the person may not get the points needed for renewal in 5 years, since the credit points allowed are only partial of his/her work during that period.	

(Source: Prepared by the survey team based on interviews with the Ministry of Health and STIKES IMC Bintaro.

It is also common for nurses to end their careers as practical nurses without pursuing registered nursing careers.

Note that as of the July 2022 survey, the demand for nurses in Indonesia is very high, and it is very easy for graduates to find employment in the country if they wish. According to an interview with a nursing school (STIKES IMC Bintaro), in addition to the 100% employment rate, the school also states

that domestic hospitals will hire graduates who have not yet taken the national exam or who have failed the exam.

The Ministry of Health considers it undesirable for registered nurses to travel to Japan as caregivers. Some travel to Japan without understanding the difference between geriatric nursing and caregiving, and become discouraged. Nurses themselves need to understand that long-term care is a different job from nursing care.

The number of nursing school graduates in 2018 was 138,206<sup>33</sup> when looking at the number of nursing human resources produced. However, Indonesia does not have a human resource information system and accurate data on the total number of nursing school graduates does not exist<sup>34</sup>. It should be noted that data accuracy is a chronic issue<sup>35</sup>, for example, there is a difference of about 50,000 nursing graduates between the Ministry of Health data and the Higher Education Database data for 2019.

#### 1.2.1.5. Legal system and overview of long-term care services, etc.

##### ( 1 ) Legal System for Long-Term Care Services

In Indonesia, the legal system for long-term care services includes the following

Table 1.2 .10 : list of legal systems related to long-term care services

name	Contents, etc.
Law No. 13/1998 on Elderly Welfare	It divides the elderly aged 60 years and over into two categories: "workable elderly" and "non-workable elderly. Workable elderly persons are entitled to employment opportunities and education and training services, while non-workable elderly persons are entitled to social protection.
Regulation No. 4/2017 on Age-Friendly Areas (Kawasan)	Guidance for national and local governments, society and the private sector to make cities more friendly to the elderly. Responsibility for implementing this regulation lies with the Directorate of Social Rehabilitation for Older Persons of the Ministry of Social Affairs.
Presidential Decree No. 88/2021	It describes the vision, mission, and strategies on how to achieve an independent, thriving, and dignified elderly population. It also describes the duties and responsibilities of each ministry and agency to achieve the goals.
Regulation No. 7/2021 of the Minister of Social Affairs	Regulations on social reintegration support for the elderly, which provide rules on how to implement residential, community, and family-based support and services for the elderly.
Regulation No. 5/2021 of the Director General of Social Rehabilitation	Guidelines for the implementation of social reintegration support for the elderly. It contains information on service standards, personnel standards, and facility standards.

(Source: Ministry of Social Affairs' response to the survey team's questions in July 2022; prepared by the survey team from ADB, "Country diagnostic study on long-term care in Indonesia," 2021.

<sup>33</sup> See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8976521/>, 12/01/2022

<sup>34</sup> ERIA, Raharto, A. and M. Noveria, "Nurse Migration and Career Development: The Indonesian in Tsujita, Y. and O. Komazawa (ed s .) . ), Human Resources for the Health and Long-term Care of Older Persons in Asia Jakarta", 2020

<sup>35</sup> See <https://stratsea.com/the-surplus-shortage-paradox-of-nurses-in-indonesia/>, 12/01/2022

In addition to the above, in 2018 the Ministry of Health has drafted guidelines that specify how services for the elderly in their homes and institutions should be provided (Draft Long-term care guidelines, hereafter referred to as "LTC guidelines")<sup>36</sup>. According to the draft LTC Guidelines, medical services for the elderly should be provided by Posyandu Lansia, clinics, puskesmas, and hospitals. If the proposed LTC guidelines are approved, Puskesmas will operate home nursing care programs. Services for patients with multiple conditions will be provided in 2,432 Puskesmas santun lansia, 68 integrated clinics, and 10 geriatric hospitals. Health care providers will need to supervise the patient's post-discharge care until the patient's condition can be managed by a family member. If the family is unable to care for the patient, support will be provided by caregivers (for a fee), neighbors, the community, and religious organizations.

## (2) Overview of Long-term Care Services<sup>37</sup>

### [Facility type service]

There are approximately 277 facilities for the elderly (Panti) throughout Indonesia with a capacity of 18,100 beds, of which 3 are operated by the central government, 71 by local governments, and 189 by the private sector. The purpose of these facilities is to provide housing rather than long-term care support, but as the residents age, some require long-term care support, and many of them are assigned specific rooms for those who need such support. The exact number of people receiving long-term care assistance is unknown, but it is estimated that there are approximately 3,620 elderly residents, or 20% of the 18,100 beds.

Eligibility to enter a publicly managed Panti is not determined by care needs, but by circumstances such as being neglected, etc. Services for residents in Panti include at least three meals a day, clothing, shared rooms, health care, and health maintenance activities to enhance quality of life.

Private Panti are usually operated by non-profit religious organizations and charge no or low fees. A small number of private Panti offer services to higher-income individuals.

### [Home care]

Home care services are provided through a variety of agencies, including government programs and private services. Government services include the provision of food and other supplies. At the time of the survey (July 2022), there were 1,041 home care services, 31 operated by public services and 1,100 operated by private services.<sup>38</sup>

### [Day Care]

Although not common in Indonesia, day care services are provided through various community, government, and private institutions. At the time of the survey (July 2022), there were 105 facilities

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<sup>36</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021

<sup>37</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021 (Original source: Government of Indonesia, Ministry of Social Affairs. 2016. data of Panti/Yayasan. Jakarta. and Government of Indonesia, Ministry of Health. 2018. Pedomannya LTC Kemenkes. Jakarta.)

<sup>38</sup> From the July 2022 question and answer to the Ministry of Social Affairs.

operated by public services and 150 facilities operated by private services, for a total of 255 day care centers<sup>38</sup>

Examples of private day care services include those that provide physical and cognitive stimulation, arts and crafts activities, social activities, and bathing for elderly persons with mild to moderate dementia and depression.

[Facilities providing medical care for the elderly].

There are 88 hospitals providing health care services for the elderly, most of which are located in urban areas. Of these, only 10 hospitals offer integrated geriatric services. Types of services include general hospitals, outpatient facilities, day care clinics, acute inpatient facilities, chronic inpatient facilities, geriatric psychiatric inpatient facilities, day care centers, home care services, and hospice. The staff includes internal medicine specialists, specialists in geriatric conditions, general practitioners trained in geriatric psychiatry, nurses trained in geriatrics, pharmaceutical personnel, nutritionists, and those who provide brief rehabilitation services.

[Issues recognized by the Ministry of Social Affairs regarding long-term care services].

The Ministry of Social Affairs recognizes that the issue of how to expand services to elderly people living alone without family members who have difficulties with bathing, eating, and other daily activities, as well as the financial resources for such services, is an issue that needs to be considered. It states that senior citizen facilities owned by local governments and communities are difficult to operate and depend on donations from local residents<sup>38</sup>.

### (3) Overview of the market for long-term care products and welfare equipment

In Indonesia, as Table 1.2 .11 shows, some people do not have access to the welfare equipment they need<sup>39</sup>.

Table 1.2 .11 : Percentage of people who do not have access to needed assistive devices

health hazard	Necessary welfare equipment	of those who do not have access to it
The sense of sight	glasses	80%.
	cane	28%
The sense of hearing	hearing aid	91%
Use of arms and fingers	artificial arm (hand)	60%
Use of feet (walking)	artificial leg	75%
	wheelchair	24%
	walker	28%
physical deformity	Prosthetic limbs	90%.
	wheelchair	25%.

<sup>39</sup> Required welfare equipment depends on the person's response.



	walker	33%.
Paralysis	wheelchair	11%.
	walker	63%.

(Source: Monash University, "Disability in Indonesia: What Can We Learn from the Data?", 2017 (Original source: Kemenkes. 2017. Guidelines for Caregivers for Older People. Jakarta. Draft.)

Systems are in place to provide easier access to these assistive devices for low-income populations.

Under the medical coverage program, some assistive devices are available under certain conditions, including a maximum price. For example, eyeglasses are eligible for assistance up to Rp 150,000 or Rp 300,000 every two years, hearing aids up to Rp 1 million every five years, and wheelchairs and canes up to Rp 2.5 million every five years<sup>40</sup>.

On the other hand, according to care providers, inexpensive wheelchairs and beds made in China are being procured and used. Although there is a certain level of need for welfare equipment in Indonesia, it is assumed that inexpensive products are in demand.

## 1.2.2. Status of long-term care workers being sent to Japan and other countries

### 1.2.2.1. Destination and production of caregivers

#### (1) Producing Human Resources Abroad

Looking at the number of workers sent from Indonesia<sup>41</sup> (2018) by destination country/region, Malaysia has the largest number, accounting for 32.0% of the total number of traveling workers, despite a slight downward trend. Indonesia and Malaysia are historically very close in terms of religion, language, and culture. It is because of this relationship that working in Malaysia has been encouraged and promoted by both countries.<sup>42</sup>

Hong Kong and Saudi Arabia are the two countries with the most notable changes. Travel to Hong Kong has more than doubled from 2014 to 2018. As discussed below, this is likely due to an increase in travel as maids. On the other hand, the number of people traveling to Saudi Arabia in 2018 showed a significant decrease, down about 87% from 2014. This is due to the fact that the Indonesian government banned the dispatch of maids to mainly Middle Eastern countries, including Saudi Arabia, in 2015, following the murder in Saudi Arabia of two Indonesians who had been dispatched as maids. The government plans to sign a bilateral agreement with Saudi Arabia in July 2022 to resume the dispatch of maids.<sup>43</sup>

<sup>40</sup> ADB, "Country diagnostic study on long-term care in Indonesia", 2021, p39

<sup>41</sup> BNP2TKI Migrant Worker Data, [http://portal.bnp2tki.go.id/uploads/data/data\\_12-03-2019\\_094615\\_Laporan\\_Pengolahan\\_Data\\_BNP2TKI\\_2018.pdf](http://portal.bnp2tki.go.id/uploads/data/data_12-03-2019_094615_Laporan_Pengolahan_Data_BNP2TKI_2018.pdf),(2022/11/ See 1)

<sup>42</sup> ILO, Labour Administration in Indonesia, 2006, p69

<sup>43</sup> Ministry of Manpower Hearing

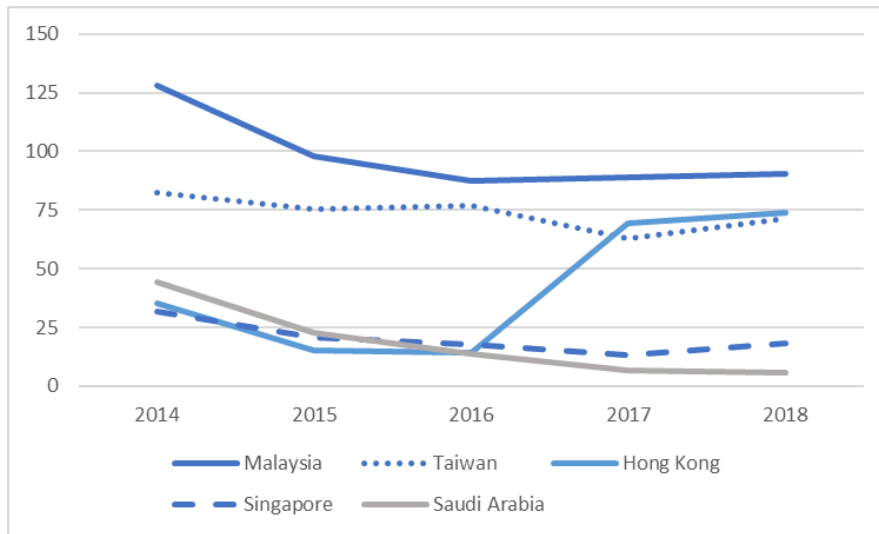


Figure. 1.2 .3 : Number of Indonesian Migrant Workers by Destination Country/Region, 2014-2018

Source: Prepared by the survey team from BNP2TKI Migrant Worker Data,  
[http://portal.bn timer 2tki.go.id/uploads/data/data\\_12-03-2019\\_094615\\_Laporan\\_Pengolahan\\_Data\\_BNP2TKI\\_2018.pdf](http://portal.bn timer 2tki.go.id/uploads/data/data_12-03-2019_094615_Laporan_Pengolahan_Data_BNP2TKI_2018.pdf)

On the other hand, looking at the situation of migrant workers by occupation, the occupation with the largest number of people is maid, accounting for 32.8% of the total in 2018, and the second largest is caregiver, accounting for 18.1% of the total (Figure. 1.2 .4).

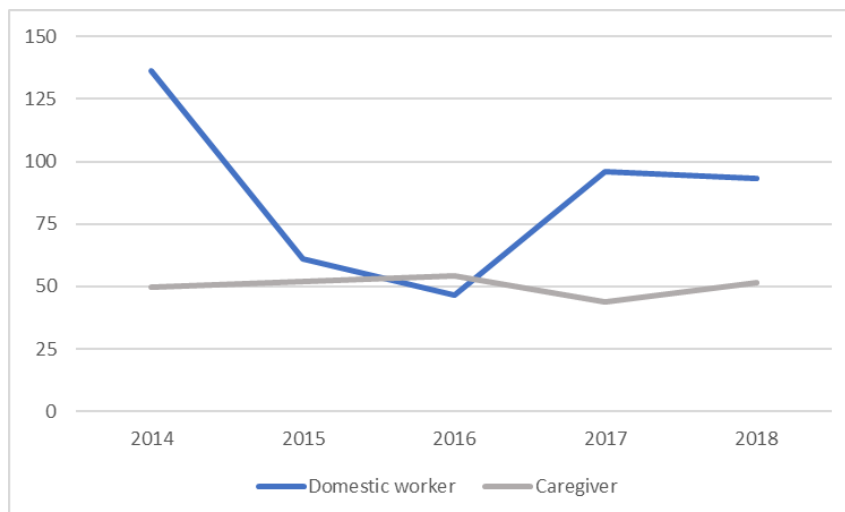


Figure. 1.2 .4 : Number of Indonesian Migrant Workers (Maids and Caregivers), 2014-2018

Source: Prepared by the survey team from BNP2TKI Migrant Worker Data,  
[http://portal.bn timer 2tki.go.id/uploads/data/data\\_12-03-2019\\_094615\\_Laporan\\_Pengolahan\\_Data\\_BNP2TKI\\_2018.pdf](http://portal.bn timer 2tki.go.id/uploads/data/data_12-03-2019_094615_Laporan_Pengolahan_Data_BNP2TKI_2018.pdf)

Next, we will look at the number of caregivers and maids by country of dispatch, respectively.

Taiwan is by far the most common destination for care givers from Indonesia, as Table 1.2.12 shows. For example, in 2017, about 42,000 people traveled to Taiwan, while even the second largest destination, Hong Kong, had less than 1% of that number, about 300 people.

Table 1.2 .12 : top countries/regions sending caregivers and headcount, 2017-2021 (unit: persons)

	2017	2018	2019	2020	2021
Taiwan	42,363	50,200	54,787	23,309	5,309
Hong Kong	316	269	151	84	60
Singapore	132	122	107	36	33
Malaysia	63	60	68	15	-

(Source: Prepared by the survey team from the BP2MI database)

The largest number of maids are sent to Hong Kong, followed by Malaysia and Singapore. Official data show that many Indonesians travel to Middle Eastern countries as maids, although fewer than in these countries.

Table 1.2 .13 Top Countries/Regions for Maid Dispatch and Number of Maids Dispatched, 2017-2021

(Unit: persons)

	2017	2018	2019	2020	2021
Hong Kong	68,282	73,418	71,401	53,006	104,410
Malaysia	7,273	7,649	7,404	1,584	-
Singapore	8,811	4,080	2,036	444	227
Saudi Arabia	1,390	567	302	33	50

(Source: Prepared by the survey team from the BP2MI database)

According to the Ministry of Manpower, although it banned people from traveling to Middle Eastern countries as maids, the challenge is that many people travel to these countries illegally.<sup>44</sup>

As for the reason why there is no end to the number of people who go to the Middle East despite government bans and despite knowing the risks involved, the Ministry of Manpower officials interviewed for this survey pointed out that they have a generally low level of education and have no option but to go to other countries.

The educational backgrounds of those who traveled to Saudi Arabia as maids are, as shown in Table 1.2 .14, that the majority, 90.7%, were primary and secondary school graduates. A similar trend is observed in Kuwait, Oman, the United Arab Emirates, and Qatar, all of which have more than 90% of their maid travelers with primary and secondary school educations (from Table 1.2.15 to Table 1.2 .18).

<sup>44</sup> In Table 1.3.12, there are a certain number of maids sent to Saudi Arabia. (We have not been able to confirm whether these numbers are legitimate or illegitimate travelers in this study.)

Although there is no educational background requirement for sending students to Japan, except for the EPA, according to sending organizations, bachelor's degree, diploma, and high school graduates are actually sent out in many cases<sup>45</sup>. That indicates that there is a marked difference in educational background.

Table 1.2 .14 : Educational background of maids sent from Indonesia to Saudi Arabia, 2017-2021  
(persons)

academic background	2017	2018	2019	Total for 3 years	
				the number of people	Percentage (%)
university graduate	2	0	0	2	0.1
diploma	1	0	1	2	0.1
high school	131	39	29	199	8.8
junior high school	360	152	64	576	25.5
elementary education	895	370	207	1,472	65.2
Other	0	5	0	5	0.2
without academic background	1	1	1	3	0.1
total amount	1,390	567	302	2,259	100.0

(Source: Prepared by the survey team from the BP2MI database)

Table 1.2 .15 : Educational background of maids sent from Indonesia to Kuwait, 2017-2021 (persons)

academic background	2017	2018	2019	Total for 3 years	
				the number of people	Percentage (%)
university graduate	1	0	0	1	0.0
diploma	1	0	0	1	0.0
high school	22	5	14	41	1.9
junior high school	157	265	218	640	29.7
elementary education	779	566	126	1,471	68.2
Other	0	0	0	0	0.0
without academic background	2	0	0	2	0.1
total amount	962	836	358	2,156	100.0

(Source: Prepared by the survey team from the BP2MI database)

Table 1.2 .16 : Educational background of maids sent from Indonesia to Oman, 2017-2021 (persons)

academic background	2017	2018	2019	Total for 3 years
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<sup>45</sup> Although there is no academic background requirement under the technical internship system, this survey interview confirmed that there are some cases where academic background is a requirement, not as a system, but as a reality, because the supervising organization or receiving organization requires nursing school graduates, or the sending organization voluntarily recruits nursing school graduates with the idea of sending high quality human resources. In some cases, educational backgrounds are actually a requirement. In addition, some respondents said that they do not want to send people whose final educational background is primary education or junior high school because they want to send high quality human resources to Japan, regardless of their nursing background.

				the number of people	Percentage (%)
university graduate	0	4	0	4	0.3
diploma	0	1	0	1	0.1
high school	49	36	20	105	7.0
junior high school	160	101	78	339	22.7
elementary education	478	361	205	1,044	69.9
Other	0	0	1	1	0.1
without academic background	0	0	0	0	0.0
total amount	687	503	304	1,494	100.0

(Source: Prepared by the survey team from the BP2MI database)

Table 1.2 .17 : educational background of maids sent from Indonesia to the United Arab Emirates, 2017-2021 (persons)

academic background	2017	2018	2019	Total for 3 years	
				the number of people	Percentage (%)
university graduate	0	4	0	4	0.5
diploma	2	0	0	2	0.2
high school	28	11	4	43	5.1
junior high school	146	30	19	195	23.1
elementary education	396	125	78	599	71.0
Other	0	0	0	0	0.0
without academic background	0	1	0	1	0.1
total amount	572	171	101	844	100.0

(Source: Prepared by the survey team from the BP2MI database)

Table 1.2 .18 : Educational background of maids sent from Indonesia to Qatar, 2017-2021 (persons)

academic background	2017	2018	2019	Total for 3 years	
				the number of people	Percentage (%)
university graduate	0	0	0	0	0.0
diploma	0	0	0	0	0.0
high school	6	6	2	14	4.8
junior high school	50	17	10	77	26.5
elementary education	111	56	32	199	68.4
Other	1	0	0	1	0.3
without academic background	0	0	0	0	0.0
total amount	168	79	44	291	100.0

(Source: Prepared by the survey team from the BP2MI database)

( 2 ) Indonesia's system and Japan-Indonesia arrangements for sending workers to Japan under specified skilled worker

This section describes the Indonesian system and the arrangements between the Japanese and Indonesian governments regarding specified skilled worker that may affect the sending of specified skilled workers to Japan, not limited to the long-term care sector.

As of July 2022, Indonesia has been sending workers to Japan as specified skilled workers, but dispatching workers to Japan as specified skilled workers through intermediaries is not permitted. According to the Ministry of Manpower, Indonesia and the Japanese government are currently discussing arrangements for sending workers to Japan via intermediary service providers, and it is possible that dispatching specified skilled workers via intermediary service providers will be permitted in the future.

Here, Indonesia's system and current situation regarding the dispatch of trainees and workers overseas, which may affect the sending of specified skilled workers to Japan is explained.

In Indonesia, sending out trainees and sending out workers are treated as two different operations, and sending organizations need to obtain the respective licenses and permits. In other words, a sending organization licensed to send out trainees can send out technical intern trainees, but not specified skilled workers. However, in order to obtain a license to send out workers, a deposit of 1.5 billion rupiah into a government bank account in addition to 5 billion rupiah in capital is required.<sup>46</sup> The Ministry states that this measure is necessary because sending workers involves risks such as lawsuits.<sup>47</sup> This measure (a total deposit of 6.5 billion Indonesian rupiah) amounts to approximately 56.49 million Japanese yen<sup>48</sup>. It is speculated that even if a sending organization with a license to send trainees is interested in sending out specified skilled workers, it may have to give up due to its financial situation.<sup>49</sup>

### ( 3 ) sending organizations

The status of response and issues of sending organizations, which play an important role in sending, will be looked at here.

The human resource needs of the supervising organization or the receiving facility to the sending organization vary from case to case, such as the need for nursing school graduates or the need for people with high Japanese language skills. When recruiting candidates for technical intern trainees in long-term care, some sending organizations recruit nursing school graduates, vocational training high school graduates, or Japanese language school graduates, depending on their needs. Reasons for the latter include the desire to send higher quality personnel, a better response from the Japanese side when we actually show them our resume even if they do not directly express a need, and the possibility of recruiting personnel who are interested in long-term care from the beginning. On the other hand, the common point was that there are difficulties in recruiting nursing school graduates, especially those in the bachelor's nursing course.

Currently, all sending organizations face difficulties in finding candidates with sufficient Japanese language skills to meet the needs from Japan, but there is no difficulty in preparing a sufficient number of Indonesian personnel. The reason for this is that there are few job offers from Japan, and the current challenge is rather to increase the need from Japan.

### ( 4 ) information management system

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<sup>46</sup> Regulation of the Minister of Manpower Number 10 of 2019 on procedures for issuance of license of Indonesian migrant workers placement agency

<sup>47</sup> From the Ministry of Manpower Hearing

<sup>48</sup> Calculated as 1 IDR = 0.008690 JPY (as of February 2023)

<sup>49</sup> In fact, the sending agencies with licenses to send apprentices that were interviewed for this study said that they do not have a choice but to apply for licenses to send workers from a financial perspective.

The Indonesian government has established an information system to manage information on migrant workers. This has made it possible to ascertain basic information about the workers. On the other hand, it is not yet possible to ascertain the qualifications held by the workers, their status after returning home, and so on. In addition, no institutions were found in this survey to be actively using this information, and there are still issues to be addressed in its utilization.

#### 1.2.2.2. Background and Reasons for Selecting Destination

As mentioned in the previous section, the most common destinations for caregiver-related jobs from Indonesia are Taiwan, Hong Kong, Malaysia, and Middle Eastern countries.

This section provides an overview of how these countries/regions are compared and considered by candidates (Table 1.2 .19 ). The main reasons for choosing Japan are a satisfactory level of salary, trust in Japan, and familiarity with the culture. On the other hand, the high requirement for Japanese language proficiency is a hurdle. Taiwan is a good comparison for caregivers. While the low language requirement was cited as an advantage, the fact that most caregivers live in the home and the working environment is not good was cited as a disadvantage. This is in comparison to the dispatch of maids to Hong Kong, Malaysia, and Middle Eastern countries. They stated that language requirements and work skills are not required, but in return, salaries are low and there are concerns about abuse and other human rights violations.

Table 1.2 .19 : Comparison of Japan and Other Countries in Travel Considerations (Major Items)

	advantage	disadvantage
Japan (Long-term care)	<ul style="list-style-type: none"> <li>● Satisfactory salary level.</li> <li>● Trust and familiarity with Japan.</li> <li>● Work in a facility and have a better working environment compared to live-in</li> <li>● The conditions offered are trustworthy.</li> </ul>	<ul style="list-style-type: none"> <li>● High hurdle for Japanese language requirements (about 6 months of study required)</li> </ul>
Taiwan (Long-term care)	<ul style="list-style-type: none"> <li>● Low language requirements (only 24 hours of prior learning)</li> </ul>	<ul style="list-style-type: none"> <li>● Mainly in-home live-in care and poor working environment</li> <li>● Salaries are not high compared to Japan.</li> </ul>
Hong Kong, Malaysia, Middle Eastern countries (Made)	<ul style="list-style-type: none"> <li>● No specific language ability or skills required</li> </ul>	<ul style="list-style-type: none"> <li>● In-home live-in, abuse is a concern.</li> <li>● Salary is low</li> </ul>

(Source: Prepared by the survey team based on interviews with sending organizations.)



In the following, we will look at the above in more detail and at some of the main but not exclusive factors that may influence the choice of country/region.

What are the reasons for Indonesians choosing Japan and long-term care? According to the sending organizations, the reasons include satisfactory salary levels, familiarity with the country and Japanese people, and trust in the system, as shown below.

- Salary and take-home pay are at a satisfactory level for the amount of money.
- The high salary is pointed out as a reason for choosing long-term care, which has high Japanese language requirements, for practical training and employment in Japan. For example, while 120,000 yen/month take-home pay is common for other occupations, long-term care is about 130,000 yen/month, or about 10,000 yen higher. The difference of 10,000 yen per month is significant for Indonesians, and could be a reason for choosing long-term care.
- In Taiwan, where compared as caregivers, the main focus is on live-in care in the home, which is strict as a work environment, and the Japanese work environment where caregivers work in facilities is better.
- The conditions presented by the Japanese side can be trusted (e.g., if the terms of employment state 950 yen per hour, you will be paid accordingly.) In contrast, in Hong Kong, Taiwan, and other countries, the actual amount of take-home pay often differs from the amount stated in the employment conditions because brokerage fees and other fees are sometimes deducted from the amount stated in the employment conditions.
- There is trust in Japan (safety) and familiarity (culture such as anime, TV dramas, Japanese people, etc.).
- There is a perception that Technical Intern Training Program has some aspects that are excellent as a system. For example, there is a 3-year follow-up system by the supervising organization, which helps trainees when they have problems.

Another potential incentive to apply for the program is that the technical training period in Japan can be transferred as 10 credits of on-the-job training after completion of the bachelor's course in nursing. Only one institution in the survey (STIKES IMC Bintaro) actually utilizes this system, and awareness of it is low. Those institutions that do not use the program expressed the view that the program is not enough to make them choose Japan, but that it could be an incentive factor.

However, there are concerns about whether this advantage can be used to recruit more Indonesian nursing graduates in the following ways

- On-the-job training is necessary for those who wish to become registered nurses. On the other hand, among nurses, registered nurses are more likely to avoid long-term care, which is a non-medical occupation, and it is uncertain whether this system will work as an incentive for Indonesians who want to become registered nurses.

On the other hand, challenges to encourage more people to choose to work in the Japanese long-term care field were also identified.

One is the low visibility of Japanese long-term care intern and employment opportunities among Indonesians who are considering working overseas and the lack of inquiries from Japan. Compared to Middle Eastern countries, Taiwan, and other countries, Japan is not well known. The sending organization estimates that many people would choose Japan if they were made aware of the program. On the other hand, it is also pointed out that the lack of inquiries from Japan means that Japan is not prominent among the candidates, and the incentive for sending agencies to put more effort into the program is smaller.

The high hurdle of the Japanese language requirement has also been noted in Indonesia. In the case of Taiwanese caregivers, the only language requirement is 24 hours of prior study. Many cases of problems with communication issues after traveling to the country are reported. Lowering the language hurdle is a significant disadvantage, but at the time of application, the high language requirement in Japan is seen as a hurdle when compared to countries and regions with low language requirements. Other significant disadvantages for nurses are that the experience will be in long-term care, which is positioned as a non-medical profession with less expertise than nursing in Indonesia, and the related interruption of the nursing career. According to sending organizations, there have also been some complaints about the Japanese language proficiency requirement mentioned above, and whether they have to pay for additional Japanese language study when they have already spent a great deal of money on tuition to graduate from nursing school. In addition, the fact that the need for nurses in Indonesia has been extremely high in recent years has also led to a situation where nursing school graduates have no reason to choose Japanese long-term care careers.

In Hong Kong and Malaysia, where many maids are sent to work as maids, as in Middle Eastern countries, abuse of Indonesian maids is a major problem. The reason for selecting maids from these countries is that there are no language or specific skill requirements for acceptance.

Taiwanese work as caregivers, but the work environment is not favorable and salaries are not as high as in Japan, as most caregivers are live-in caregivers in their own homes. However, as mentioned above, some people choose Taiwan because the language requirement is only 24 hours of prior learning.

#### 1.2.2.3. Post-return career status

Although there is no quantitative data available, the main objective of Indonesians seeking employment in the Japanese long-term care sector is the wages they can earn in Japan, and many do not intend to work in long-term care-related jobs after returning to their home countries. This is due to the large difference between wages in Japan and wages in Indonesia. Therefore, interviews with sending organizations confirmed that in many cases, the Indonesians wish to continue working in Japan, including as permanent residents, start their own businesses (in fields other than long-term care) using the funds they have accumulated in Japan, become Japanese language teachers, or not work after returning to their home countries.

On the other hand, there are cases in which Indonesians return from Japan and find employment in long-term care facilities or hospitals. According to the sending organizations interviewed for this survey, the reason for this may be that a certain number of Indonesians wish to live in their home country even if the salary level is lower than in Japan, and yet they need to work to make a living. In particular, they said that in rural areas, not only caregivers are not paid well, so caregivers are not inferior in terms of salary. The nursing industry organizations interviewed for this study were not aware of any cases in which they have accepted returned personnel and were unable to ask about specific cases. The Ministry of Manpower also does not have information on the employment status of returnees after their return.

One of the issues raised by Indonesian participants regarding career paths after returning home is when nurses travel to Indonesia as caregivers and wish to pursue a career path as nurses after returning home. For example, they may not be able to find a satisfying job as a nurse after returning to their home country, or even if they do find a job, they may need to relearn the necessary skills as nurses, especially in medical procedures such as injections and infusions, as there is a blank in their nursing skills. In Indonesia, nursing qualifications must be renewed every five years, but practical training and work experience in the long-term care field in Japan may result in failure to meet the requirements for renewal eligibility and expiration of the qualification.<sup>50</sup> According to the Ministry of Health, once a nurse's license has lapsed, many nurses end up working in other jobs instead of nursing after returning to their home country. The problem is that in some cases, nurses themselves do not understand the possibility of having their nursing license lapsed before they travel to Japan.

In addition, there is no system for the government to keep track of returnees' information after their return.

Next, we present the views of those involved regarding future expectations for careers after returning to their home countries. A comment was made by a long-term care industry organization that the level of the long-term care industry in Indonesia could be raised if the experience gained working in Japan could be utilized in the Indonesian long-term care business. Some also said that they do not necessarily expect the participants to have acquired management skills when they return to their home countries, but they would like to see them return their skills and experience in Japan as leaders and management personnel. On top of this, the care providers commented that they would like to welcome returning personnel from Japan with high expectations. Similar expectations in a leadership role were also heard from BAPPENAS. Although the long-term care business in Indonesia is currently immature, BAPPENAS and the Ministry of Manpower expect that the need for human resources will increase along with the need for long-term care in the future, given the aging of the population in Indonesia.

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<sup>50</sup> This study has not been able to confirm whether Indonesian nurses who work in the nursing field may not be able to meet the requirements for renewal eligibility, resulting in revocation of their certification. According to interviews with Ministry of Health officials in the field survey for this study, the possibility of revocation occurs when working in the nursing field because they do not perform medical treatment, so it is inferred that there is no or low possibility of revocation in the case of working in the nursing field.

For Indonesian caregiver certification holders<sup>51</sup> and nurses, the Ministry of Education and Culture has raised expectations for harmonization of Indonesian and Japanese qualifications in order to reduce career interruptions and to lead to better career paths, such as skills and qualifications acquired in Indonesia being evaluated in some way in Japan, as well as skills and qualifications acquired in Japan being evaluated in some way in Indonesia. The Ministry of Education and Culture raised the expectation of harmonization of qualifications between Japan and Indonesia in order to reduce career interruptions. The Indonesian government has indicated that it has just started discussions with the Australian government on the harmonization of academic qualifications, and that discussions can be initiated on the harmonization of Japanese and Indonesian nursing qualifications. In that case, it is necessary to consult with the BNSP.<sup>52</sup>

### 1.2.3. Summary of the legal system, market, and the status of caregiver production related to caregiving and caregiver human resources.

It was found that the intern and employment opportunities (technical intern training program and specified skilled worker) for long-term care workers in Japan are not fully recognized in Indonesia. In fact, looking at the results of sending out workers to other countries, we found that in the long-term care field, tens of thousands of workers are sent to Taiwan annually, and tens of thousands to Hong Kong as maids, and from the perspective of Indonesia, Japan's presence is still small, with no more than 2,000 workers per year (in 2000, long-term care personnel). In our research in Indonesia, we interviewed sending organizations from the viewpoint of how to increase the number of caregivers sent out from Indonesia, and confirmed that one of the challenges is the small number of job inquiries from Japan.

In addition, while nurses are sent out in many cases, we confirmed that there are many negative reactions, mainly from medical professionals, regarding the sending out of nurses, and that there are also disadvantages for the nurses themselves. We also confirmed that both the government and private sectors are working on human resource development for caregivers.

Many organizations working on human resource development for caregivers in Indonesia expressed their desire for Japan to share its knowledge and experience and to be involved in human resource development efforts. In Indonesia, both the public and private sectors recognize the need for human resource development efforts, but external support is still needed to move these efforts in the right direction. Although some of the competency standards that lead to national certification of caregivers have already been defined, this is only part of the Ministry of Health's vision for the entire caregiver workforce, the creation of more comprehensive career paths for each occupation, and the certification system that will realize these goals. The institutions that actually provide the training also face challenges in terms of trainers and equipment needed for the training.

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<sup>51</sup> Holders of such qualifications under the assumption that the care giver qualifications currently being worked on by the Ministry of Health and others mentioned above are in place.

<sup>52</sup> From the Department of Education Hearing

Regarding the sending of caregivers to Japan, we found that the hurdle of learning Japanese is a major issue in Indonesia as well. One reason is that the acquisition of Japanese-language skills is a requirement for employment in the long-term care field in Japan, and this leads to people giving up on the idea of working in Japan in the long-term care field. Third, learning Japanese is a burden for both the applicants and the sending organizations.

Indonesia has a human rights abuse problem, including the mistreatment of maid migrant workers in the countries where they work. The dispatch of maids to Middle Eastern countries and other countries has been banned since 2015 in the wake of the incident in Saudi Arabia, but on the other hand, travel in ways that the government is unaware of is increasing. We considered the possibility that if Japan wanted to accept, say, 10,000 caregivers, those who are currently traveling abroad as maids would choose to work as caregivers in Japan.

The number of maids who will become migrant workers is large, number of maids is basically female, and the Indonesian government is recommending a shift from jobs that do not require skills such as maids to jobs where skills can be acquired. If realized, it will have a large impact on the Indonesian side and benefit both Indonesia and Japan.

However, most of those who choose to become maids have less than a junior high school education, and there are significant hurdles to overcome in order to be able to send them to Japan as caregivers. In addition, although quantitative data is not available, many of them are in a difficult economic environment, making it difficult for them to choose Japanese caregiving, which requires costly training. On the other hand, even if only 10% of those who choose maids can be directed to Japanese long-term care, this would have a sufficient impact on the Japanese long-term care industry, and it is worth exploring this possibility in the future.

Attachment: Survey Schedule

Date		Program
1	2022/7/17	Narita→Jakarta
2	2022/7/18	ASLI Indonesia : caregiver assosiation
		STIKES IMC Bintaro: Educational Insitution
		LPK Asta Karya : SO
3	2022/7/19	PT Japan Indonesian Economic Center (JIEC) : SO
		Ministry of Manpower: Government Agency
		LPK Bangkit Indonesia : SO
		Smkn8 semarang: Educational Insitution
4	2022/7/20	MOH(Productive and Elderly Age Health): Government Agency
		Yayasan Emong Lansia (Helpage Indonesia) : NGO
		Association for eldelry care
5	2022/7/21	PCRtest (9:00~)
		MOH Health Workforce): Government Agency
		BAPPENAS: Government Agency
		MoEd: Government Agency
6	2022/7/22	BP2MI: Government Agency
		Nursing University of Indonesia : Educational Insitution
		Jakarta(7/22)→NTR(7/23)
7	2022/7/23	

Attachment: List of interviewees

category	Organization	unit	Name (Omitting honorific titles)	Title
Government	Ministry of Manpower		Setiawan	Director for Placement and Protection of Indonesian Migrant Workers
			Iwan	Sub-coordinator of international cooperation
		Indonesian Migrant Workers Protection Agency (BP2MI)	Nafisa Arlia	Cooperation Analyst
Government	MOH	Productive and Elderly Age Health	Konhnir	Director
Government	MoECRT	Vocational Education	Sugiyanta	Director
Government	MOH	Health Workforce	Sugianto	Officer
Government	BAPPENAS		MUHAMMD IQBAL ABBAS	Expert Planner of the the Directorate of Manpower
Sending organization	LPK Asta Karya		Muhammad	Manager
Sending organization	PT Japan Indonesian Economic Center		Kawabata	Operation Firector
Sending organization	LPK Bnagkit Indonesia		Yani Sisuwandari	President
Educational Institu	STIKES IMC Bintaro		Melinda	Representative
Educational Institution	University of Indonesia	Nursing Faculty	Susanh	Manager
Educational Institution	Smkn8 semarang		Harti	Principal
other	Assosication for elderly care		Shinta Silaswati	President of IPEGERI
Educational Institution	ASLI member	PT GLOBAL ICHSAN MANDIRI	MELINDA ARISTYA KRISTIANTO	Director
		JABABEKA HOSPITALITY	MAMAT HIDAYAT	General Manager
		INDO CARE	LENNY WIDJAJA	Executive Director

### 1.3. Vietnam

#### List of Abbreviations

ASEAN	Association of Southeast Asian Nations
VNCA	Vietnam National Committee on Aging
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
VAE	Vietnam Association of the Elderly
DOLISA	Department of Labour, Invalids and Social Affairs
NGO	Non Governmental Organization
EPA	Economic Partnership Agreement
DOLAB	Department of Overseas Labour
MOU	Memorandum of Understanding

#### 1.3.1. Legal systems, markets, etc. related to long-term care and long-term care human resources

##### 1.3.1.1. Situation of the elderly

Vietnam is expected to enter an aging society (7% of the population aged 65 and over) in 2017 and to become an aged society (14% of the population aged 65 and over) by 2036.<sup>53</sup> The population growth rate has been declining, falling below 2.00% in 1990, 1.50% in 1999, and 1.06% in 2012. The morphology of the population pyramid is also changing, shifting from a high fertility/death population type to a low fertility/death population type.<sup>1</sup> The elderly population is projected to decline after 2059 for those aged 60-74, while the elderly population aged 75 and over is projected to increase continuously after 2059.<sup>54</sup>

About 70% of the elderly live in rural areas and about 30% in urban areas; the majority are married or widowed, with a small share in other status (separated, divorced, or single). About 70% of the elderly live with their children and a small percentage live alone or with only their spouse, although the percentage living alone or with only their spouse has increased from about 18% (2009) to about 28% (2019) over the past decade.<sup>2</sup>

Almost 100% of households with elderly people use the national electricity grid, about 50% use tap water as their main source of drinking water, and about 90% use flush toilets (inside or outside the house). However, there are significant differences in terms of residential area and ethnicity, with rural and ethnic minority elderly living in households with poorer living conditions than those in urban areas and the Kinh (the Kinh are the most populous ethnic group in Vietnam). About 35% of the elderly are employed, of

<sup>53</sup> Miki, Hirofumi and Nagai, Keiko, "Current Situation of Aging Population in Vietnam and Possibility of Japanese Assistance," Koei Forum No. 23 / 2015.3

<sup>54</sup> General Statistics Office, THE POPULATION AND HOUSING CENSUS 2019: Population Ageing and Older Persons in Viet Nam, Hanoi July 2019



which about 80% are vulnerable workers (self-employed or family workers), and there are large differences in employment rates by gender, age group, and area of residence. As people get older, they have difficulties in their daily lives: about 22% of those in their 60s, 44% of those in their 70s, and 70% of those over 80 years old have difficulties, which tend to be related to walking, vision, and memory and thinking.<sup>55</sup>

Vietnam's aging population is particularly prevalent in rural areas. The decline in physical functions associated with aging, the increase in prevalence, and the decline in economic strength have become challenges, and various security systems have been established to provide social support for the elderly.

#### 1.3.1.2. Related Laws and Policies

Vietnam's aging population is expected to progress at a rate second only to that of Brunei among the Association of Southeast Asian Nations (ASEAN) countries.<sup>56</sup> With the aging of the population, there will be an increase in chronic diseases and the need for advanced medical care for cardiovascular diseases, cancer, and other diseases that require prolonged treatment, so the government is required to improve the medical and social security systems. In addition, although family members generally provide care for the elderly in Vietnam, the shift to nuclear families and the exodus of workers to urban areas have made it difficult to care for the elderly, and this has become a social issue.<sup>57</sup>

In 2004, the government established the Vietnam National Committee on Aging (VNCA), which is chaired by the Deputy Prime Minister and consists of several relevant ministries and central organizations, to address aging as a cross-sectoral issue. It is a body that assists the Prime Minister in formulating policies such as guidelines and plans regarding the rights and obligations of the elderly, as well as care for the elderly. It regularly visits ministries and counties to monitor the implementation of the Law on the Elderly and related policies, compiles the results and reports them to the Prime Minister, and holds an annual seminar to promote cooperation among the parties concerned. The main organizational structure for measures for the elderly is shown in Figure 1-3-1, and consists of the Ministry of Health (MOH), the Ministry of Labour, Invalids and Social Affairs (MOLISA), the Ministry of Health and Welfare (MOH), the Ministry of Health and Welfare (MOH), the Ministry of Labour, Invalids and Social Affairs (MOLISA), and the Ministry of Health and Welfare (MOH). The main institutions that implement these policies are the Ministry of Health (MOH), the Ministry of Manpower, Invalids and Social Affairs (MOLISA), and the Vietnam Association of the Elderly (VAE). The main roles of each agency are listed in the table (Table 1-3-1).<sup>58</sup>

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<sup>55</sup> General Statistics Office, *supra* note (2).

<sup>56</sup> Hirofumi Miki, Keiko Nagai, *above* note (1)

<sup>57</sup> JICA Vietnam Office *Aging in Vietnam From a Social Security Perspective* No. 129 (June 2019) p1-2

<sup>58</sup> JICA "Final Report on the Information Collection and Verification Survey in the Social Security Sector, Vietnam" (Japanese only)

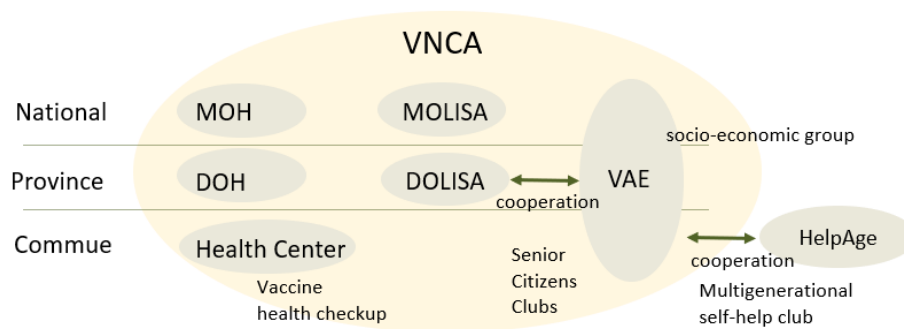


Figure 1-3-1 Organizational Structure of Major Agencies Related to Measures for the Elderly  
 (Source: Prepared by the survey team)

Table 1-3-1 Roles of Major Agencies Related to Measures for the Elderly

Name	Roles
National Commission on Aging (VNCA)	It is an advisory body to the Prime Minister (established in 2004) regarding the rights and obligations of the elderly and the formulation of policies such as guidelines and plans related to elderly care and other issues. It regularly visits ministries and counties to monitor the implementation of the Law on the Elderly and related policies, compiles the results and reports them to the Prime Minister, and holds an annual seminar to promote cooperation among all parties concerned.
Ministry of Health (MOH)	Responsible for health care for the elderly. Develops, oversees implementation, and promotes policies related to disease prevention, medical services, etc.
Ministry of Manpower, Sick and wounded soldiers and Social Affairs (MOLISA)	It is responsible for the social security sector, including pensions and protection of the elderly. It formulates related policies and legislation, and works with related ministries, local agencies, and VAE to monitor and coordinate policy implementation.
Vietnam Association for the Elderly (VAE)	A socioeconomic organization (established in 1995) that conducts activities to improve the role of the elderly in society, as well as surveys on the actual situation of the elderly and support for elderly care. It exists in all administrative organizations from the central government to the national communes, and it is estimated that about 90% of the nation's elderly population is a member. Local VAEs play an important role at the field level in cooperation with the Department of Labor, Invalids and Social Affairs (DOLISA) of provinces and municipalities, compiling directories of the elderly, distributing longevity gifts, and running senior citizen clubs (about 60,000). The company plays an important role at the field level.

(Source: Compiled by survey team from JICA "Final Report on Information Collection and Verification Survey in the Social Security Sector in Vietnam)

Laws and policies concerning the elderly are summarized in Table 1-3-2 below. Policies related to aging-related issues have been developed over time, indicating the government's recognition of the challenges of aging. However, in many cases, progress has been slow in spreading these policies to local areas, and specific implementation methods have not yet been provided. At the policy level, the MOH, which is in charge of insurance, and MOLISA, which is in charge of welfare, are divided, and it is difficult to say that smooth coordination in cross-sectoral efforts is being implemented.

Table 1-3-2: Major Laws and Policies Related to the Elderly

name	Contents
Older Americans Act (2009)	The law comprehensively regulates measures to combat aging and is composed of 6 chapters and 31 articles. It stipulates the rights and obligations of the elderly, the responsibilities of the family, the state, and society regarding the care of the elderly, social participation of the elderly, and the role of VAEs.
Prime Minister's Decision on the National Action Plan on Aging 2012-2020 (2012)	Government ordinances and guidelines for the implementation of the Law on the Elderly have been established, with the goals of promoting the participation of the elderly in cultural, social, educational, economic, and political activities, implementing their duties and rights, ensuring their physical and mental health, and improving their quality of life. The roles of relevant ministries and agencies are stipulated, and specific aging-related measures are implemented based on ministerial ordinances issued by ministries and agencies in response to the stipulations.
Government Resolution (137/NQ-CP) (2017)	Clarified the responsibility of each ministry and agency for aging-related issues and directed them to formulate an action plan (from 2021) to address the aging population. The decision was made to develop nationwide "Intergenerational Self-help Clubs," community activities developed by HelpAge, an international non-governmental organization (NGO), together with VAE.
Draft Amendment to the Labor Code (2019)	MOLISA submitted to the National Assembly a draft amendment to the Labor Code that includes an increase in the retirement age. The age will be set at 62 for men and 60 for women, with an increase of 4 months each year for women and 3 months each year for men, to be raised in stages, with the design to reach 62 for men in 2028 and 60 for women in 2035, which was voted on and went into effect on January 1, 2021.
Prime Minister's Decision (1579/QD-TTg) (2020)	Approval of the Health Support Plan for the Elderly through 2030. The first phase is 2021-2025, and the second phase is 2026-2030. In each phase, targets are set for the rate of health checkups, the number of senior citizens' clubs nationwide, the diffusion of long-term care services, and the rate of aging-in-place in each hospital. It also mentions the role of relevant ministries and agencies.
-	MOH's policy of repealing the two-child policy and the revision of the Health Insurance Law currently in the works. Promoting the establishment of a geriatrics department in each medical institution.

(Sources: JICA "Final Report on Information Collection and Verification Survey in the Social Security Sector in Vietnam," JICA Vietnam Office, Vietnam Aging from the Perspective of Social Security No. 129 (June 2019), Government Resolution (137/NQ-CP, Prime Minister Decision (1579/QĐ-TTg)), prepared by the survey team.

### 1.3.1.3. Long-term care system and social security system<sup>59</sup>

The social security systems relevant to the elderly in Vietnam include the medical insurance, pension, and old-age welfare allowance systems. The following are excerpts from each of these systems as they relate to the elderly.

#### (1) medical-care insurance

With the goal of universal health insurance coverage, the government has worked to subsidize premiums for low-income individuals, introduce household-based enrollment, and ensure that employers are enrolled. As of 2022, the enrollment rate is approximately 92.6%.<sup>60</sup> The elderly over 80 years old and single elderly people who are poor and have no relatives can purchase medical insurance for free, and basically receive medical services for free or with very little co-payment. In addition, according to the Law for the Elderly, elderly patients over 80 years old are given priority in receiving medical treatment. As for preventive services, the elderly are required to receive medical checkups at least once a year at village-level clinics.

#### (2) long-term care insurance

As of February 2023, Vietnam does not have a long-term care insurance system. Although the government sometimes mentions the importance of long-term care insurance, there are no prospects for the introduction of such a system, as the actual implementation of long-term care insurance would require significant financial resources.

#### (3) Pension and old-age welfare benefits

Old-age pensions are integrated into the social insurance system. Social insurance in Vietnam is divided into compulsory and voluntary membership. Compulsory enrollment includes workers with employment contracts of one month or more, civil servants, military and public security personnel, and overseas workers under employment contracts. Voluntary enrollees include self-employed persons and agricultural workers. The coverage rate for those eligible for voluntary enrollment is low at 0.12%, and the Social Insurance Law has been revised to ensure sustainable financial resources and stable management. The age of eligibility for old-age pension benefits is the same as the retirement age, and those who have paid social insurance premiums for 20 years or more are eligible to receive benefits.

In March 2000, an old-age welfare system was established for elderly persons aged 90 and over who are not receiving old-age pensions, and the payment of old-age welfare allowances based on this system

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<sup>59</sup> Ministry of Health, Labour and Welfare, "2020 Overseas Situation Report, Chapter 2: Overview and Recent Trends of Social Security Policies in East and Southeast Asia, Section 5: Socialist Republic of Vietnam.

<sup>60</sup> PM Decision 546/QĐ-TTg (2022)

began in 2002. Eligible persons are those aged 80 and over who are not receiving a social security retirement pension, and those aged 60 and over who are in difficult personal circumstances. Depending on the individual's situation, VND270,000-1,080,000/month will be paid.

More than half of all elderly people receive some form of assistance, such as old-age pensions and old-age welfare allowances. However, due to the lack of a system for resident registration and ID management, localities are unable to accurately identify those eligible for assistance, or there is insufficient coordination among localities and agencies, resulting in duplicate payments. In addition, there is a lack of public information on eligibility for services and other issues. In addition, there are cases where eligible persons are not aware of their own eligibility and do not receive benefits due to lack of publicity and awareness raising regarding eligibility for services. In order to address these issues in subscriber management, the government is considering starting centralized management through the use of IT for subscriber management.<sup>61</sup>

#### 1.3.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) Public systems for caregiver personnel

Vietnam does not have a professional qualification system for caregiving. When an elderly person is hospitalized, it is common for family members to provide non-medical care, and even at home, family members, especially women, often take on the role of caregiver. Caregivers sometimes quit their jobs to devote themselves to the care of their parents or spouses, and families that were poor to begin with may fall further into poverty when a person in need of care is added to the family.

In nursing and welfare facilities, intermediate-level nurses provide long-term care and care, while Ho Ly provide assistance in daily living. Ho Ly are not professionally qualified, many have completed secondary education, and many have received no specialized training other than on-the-job training after employment. Their main duties include assisting with personal hygiene, disposal of waste materials, and personal care.

Nurses are classified according to the length of education as shown in Table 1-3-3. However, the two-year school is scheduled to be abolished in 2025 in order to promote advanced education for nurses. In addition, there are also three-year medical junior colleges and four-year nursing colleges, but most of them are engaged in nursing work at medical institutions.

Table 1-3-3 The Vietnamese Nursing System

Title.	period of education	summary
Intermediate Nurse	2 years	Study at intermediate medical schools (administered by provincial people's committees)

<sup>61</sup> Hirofumi Miki, Keiko Nagai, above note (1)

		Equivalent to an assistant nurse Scheduled to be discontinued in 2025 for advanced education.
Tertiary Nurse	3 years	Study at a medical junior college (under the jurisdiction of the provincial People's Committee or MOH) Gerontological nursing is also included in the curriculum.
Bachelor Nurse	4 years	Studied at a nursing college (under the jurisdiction of the MOH) Gerontological nursing is also included in the curriculum. In addition to general clinical work, he has also had a career in nursing administration and school teaching.

(Source: Compiled by the survey team from data from the Vietnam Nurses Association.

## ( 2 ) Private qualifications related to caregiver personnel

There is no private certification for caregivers in Vietnam. The aforementioned Ho Ly personnel are engaged in hospitals and nursing homes, where they provide care and personal care to the elderly. The idea that it is necessary to develop human resources with specialized skills is gradually spreading, as evidenced by the establishment of training guidelines by medical institutions for Ho Ly to acquire the knowledge and skills necessary for them to care for the elderly on behalf of their families, and the implementation of pilot projects by NGOs to develop and utilize human resources to support caregivers. The idea that it is necessary to develop human resources with specialized knowledge and skills is gradually spreading.<sup>62</sup>

## ( 3 ) Overview of Training Institutions Related to Long-term care personnel

Training institutions specializing in nursing personnel do not exist as of February 2023. An overview of training institutions for nurses, who play a part in the care of the elderly, is provided below. As mentioned earlier, nursing training schools are promoting advanced education, with the number of students recruited from 2-year schools declining and the number of 3- and 4-year schools on the rise (Figure 1-3-2). The number of nursing students is also on the rise (Figure 1-3-3). A characteristic of Vietnamese training programs is that there is no unified standard for all schools, and the content and level of difficulty varies among training institutions and facilities. While the overall framework of educational content at training institutions is set by the central Ministry of Health and the Ministry of Technical Education, the specific curriculum and content of graduation examinations are determined by each training institution. Although gerontological nursing is included in the nursing curriculum and education on care for the elderly is provided, it does not coincide with the content of long-term care. In addition, the main educators at training institutions are physicians, and there is a shortage of nurses who have studied geriatrics and have clinical experience. There is no nationally standardized national nursing qualification, as in Japan, and students can obtain a nursing qualification through nine months of practical

<sup>62</sup> Hirofumi Miki, Keiko Nagai, above note (1)

training at a medical institution after graduation. However, the content of this practical training varies from institution to institution.

The number of nurses in Vietnam is 14 per 10,000 population in 2019 data<sup>63</sup>. This figure is about half of the Asia-Pacific level of 30<sup>64</sup>, indicating a significant shortage of nurses, and the number of nurses in Vietnam is increasing as the country focuses on training nurses. Although accurate information on the number of graduates and their career paths after graduation is not available, the nursing colleges interviewed during the field survey indicated that more than 90% of graduates from four-year colleges are employed by medical institutions. Hospitals and nursing educational institutions were of the opinion that nurses are professionals, and there was some resistance to nurses providing long-term care, even if they are highly paid. The number of care worker candidates sent to Japan under the Economic Partnership Agreement (EPA) system, in which a nursing qualification is one of the requirements, has not reached the maximum number every year, and it appears that it is not easy to recruit nurses as care workers.

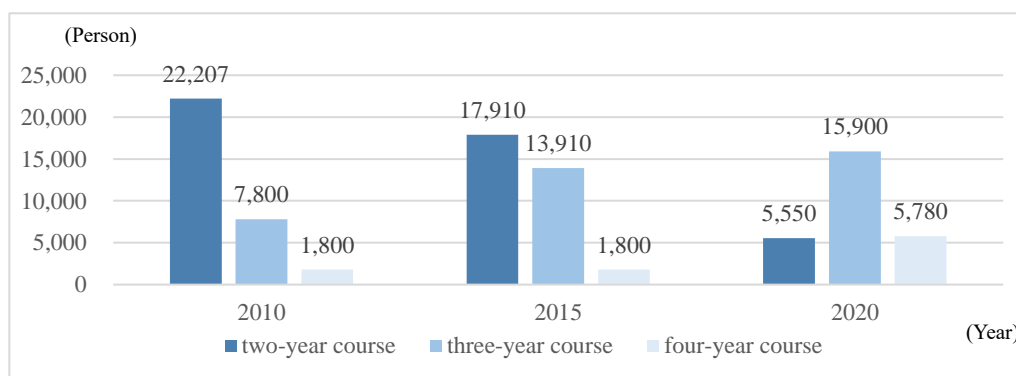


Figure 1-3-2 Number of students recruited from nursing training schools

(Source: Compiled by the survey team from data from the Vietnam Nurses Association.

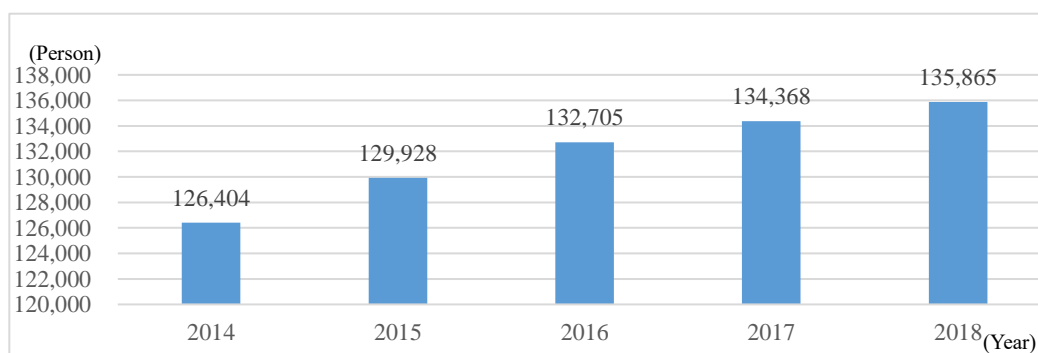


Figure 1-3-3 Number of nursing students

(Source: Compiled by the survey team from data from the Vietnam Nurses Association.

<sup>63</sup> Fitch Solutions, "Worldwide Medical Devices Market Factbook 2019."

<sup>64</sup> Ministry of Economy, Trade and Industry, "Basic Information on the Healthcare Market Environment in Emerging Countries, etc. Basic Information on the Healthcare Market Environment in Emerging Countries, etc. Vietnam Edition".

#### 1.3.1.5. Legal system and overview of long-term care services, etc.

##### ( 4 ) Legal System for Long-Term Care Services

The concept of long-term care is not widespread in Vietnam, and there is no systematic care service at home, in institutions, or in the community, other than at medical institutions. Generally, care for the elderly is provided at home by family members. Medical personnel may visit the home to provide care when necessary, but since there is no system of home medical care, the medical insurance system is not available, and all costs are borne by the patient.

Institutional care is provided in social shelters and private fee-based nursing homes, with social shelters under the jurisdiction of the provincial DOLISA. The number of operators of these facilities is still small, and clear standards for their establishment and operation have not yet been established. This is a hurdle for care providers from Japan and other countries who are considering entering the Vietnamese market to support the country's aging population.

Intergenerational self-help clubs, promoted in national programs, play a role in community care. This is being implemented nationwide by HelpAge, an international NGO, with support from the World Bank, the Japanese government, and other organizations.

##### ( 5 ) Overview of Long-term care Services

As mentioned above, there is a strong culture that family members are supposed to provide lifestyle support and long-term care. Because of the limitations of family care, in many cases, the doctor or nurse who treated the patient during the hospitalization period, or a healthcare professional they know, personally visits the patient's home to provide medical care.

For those who, for whatever reason, have difficulty living at home, there is a growing number of nursing and welfare facilities, of which social protection facilities and private pay nursing homes are the most representative. There are 432 social protection facilities established nationwide, basically for people with disabilities, orphans, and others in need of social protection. Some of these facilities are exclusively for the elderly. Elderly persons without relatives, war veterans, and their families may move in free of charge, while others who wish to move in pay a fee. If there is a medical wing, some medical treatment is available and medical services are provided, but in the case of serious illness, the patient is transported to a hospital for treatment. There are about 10 private fee-based nursing homes established mainly in the suburbs of Hanoi for relatively affluent elderly people. Fees range from \$250 to \$650 per month, and medical care is generally not provided; if necessary, the patient is transported to a hospital. The facilities are staffed by mid-level nurses and HoLy. Mid-level nurses provide nursing and care services, while HoLy provide assistance in daily living.<sup>65</sup>

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<sup>65</sup> Hirofumi Miki, Keiko Nagai, above note (1)



Since there is no unified standard of care for the elderly, the quality of care varies from facility to facility, and there is no system in place to manage the quality of care. In addition, the number of facilities is absolutely limited, and the target population is either the poor elderly or the wealthy who use private nursing homes, and middle class elderly are not able to use them. Tables 1-3-4 and 1-3-5 below provide a brief overview of the private nursing homes and medical institutions specializing in care for the elderly that the survey team visited, as well as the state of care for the elderly. New developments in the care of the elderly are beginning to be seen in private nursing homes, such as the opening of Vietnam's first day care center for the elderly.

Table 1-3-4: Summary of Hearing Results from Private Nursing Home Providers

Niai International Corporation Niai Nursing Home (Private)	
Establishment History	Established in 2016, the company, which used to be an organization that sent caregivers to Taiwan, now operates nursing homes, dispatches technical trainees, and provides caregiver education. Vietnamese who studied long-term care in Taiwan are in the management team. As of February 2023, there is also one Japanese caregiver on staff. Vietnam's first day care opened in October 2021.
Capacity (number of beds)	100 beds: 60 beds for light care, 40 beds for heavy care
Charge	10.000.000VND/month or so Wealthy people are the main target
Living Conditions of Residents	<ul style="list-style-type: none"> <li>• 60 beds in the daily living care area: for elderly people with a high degree of independence who are environmentally unable to live at home regardless of their need for long-term care, or who are chronically ill but healthy and stable.</li> <li>• Special Care Area: 40 beds: The Special Care Area is for elderly people who are physically or mentally disabled and need constant care in order to recover or live longer.</li> <li>• Rehabilitation area: Three rehabilitation specialists are available. There is a large element of traditional medicine rather than Japanese rehabilitation.</li> <li>• Residents in their 70s make up 31% of the residents and 39% in their 80s. 55% are partially assisted, 26% are fully assisted, 13% are independent, and 6% are disabled.</li> <li>• Japanese caregivers hold study sessions, teach skills, and purchase supplies with the goal of providing independence support (Japanese-style care) that fully utilizes the functions of each resident, and strive to provide care suited to each individual.</li> <li>• They are actively involved in cultural events, picnics, sightseeing, and other activities to provide spiritual care.</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Doctors and nurses on staff</li> <li>• Caregivers are hired from nursing school graduates and trained in long-term care after they join the company.</li> </ul>
remarks	<ul style="list-style-type: none"> <li>• We also dispatch personnel to Japan, Taiwan, and other countries as a sending organization.</li> <li>• To gain a better understanding of caregiving prior to travel to Japan, the student will initially spend two weeks in a nursing home to experience actual</li> </ul>

	caregiving and to determine with the student whether or not he/she is suited for a caregiving position, which can be mentally and physically demanding.
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(Source: Prepared by the survey team from interviews at Jinai International Corporation, Jinai Nursing Home for the Elderly.

Table 1-3-5 Summary of Hearing Results from Specialized Hospitals for the Elderly

National Geriatric Hospital	
summary	<ul style="list-style-type: none"> <li>• Number of beds: Approximately 300</li> <li>• Department: Providing a wide range of services from general practice to specialty services.</li> <li>• Focused on people in their 60's, but targeting people in their 50-80's.</li> </ul>
Elderly Care Situation	<ul style="list-style-type: none"> <li>• The patient population is often comprised of people with multiple illnesses. Chronic conditions are the main focus, including chronic obstructive pulmonary disease, Parkinson's disease, diabetes mellitus, and psychiatric disorders.</li> <li>• Nurses instruct family members on non-treatment care during hospitalization, and family members provide</li> <li>• Patients who are difficult to care for by family members are cared for by freelance helpers employed by the family.</li> <li>• Post-discharge care is left to family members and the hospital is not involved. Use of care personnel referral providers and day service offices.</li> <li>• In some cases, the treating physician or the nurse is personally connected with the patient and family to provide support.</li> <li>• Short-term and long-term courses are offered at the hospital to train elderly care personnel, with short-term courses for families and long-term courses for those seeking to work in nursing homes.</li> </ul>
Role and challenges as a hospital specializing in the elderly	<ul style="list-style-type: none"> <li>• Serving in an educational capacity to provincial hospitals across the country</li> <li>• 50-60 doctors and nurses from each province receive education and training each year, but there are issues that only some interested provinces</li> <li>• The number of hospitals and educational institutions with courses to train elder care personnel is increasing, but the curriculum is disparate and there is a sense of challenge, and the hospital feels that standardized educational materials are needed.</li> </ul>

(Source: Prepared by the survey team from interviews at the National Central Hospital for the Elderly.

The national program of intergenerational self-help clubs for the elderly, known as "senior citizen clubs," has been established and operated by the NGO HelpAge as an activity to maintain the health of the elderly in the community, and has been widely spreading. All activities are conducted on a voluntary basis, with 50 to 70 people forming a club, with the elderly and younger people participating and sharing various roles to help each other. The clubs are also operated at the local village level, making it easier for the elderly to participate. All clubs have at least five volunteers, including retired doctors and nurses. Activities include visiting the elderly at home, providing spiritual care through conversation with the elderly, self-care to promote health, health checks, disease and care prevention, and meals and home improvements. As of February 2023, there were approximately 3,500 clubs nationwide, and the mid- to long-term plan of the national health support plan for the elderly is to double the number of clubs by

2035, covering approximately 80% of the country. The plan is to double the number of clubs by 2035, covering about 80% of the country's regions. However, the development of human resources to support the activities of the clubs and the lives of the elderly, as well as the development of a presence similar to that of care managers in Japan who can examine care from a comprehensive perspective, is recognized as a challenge.<sup>66</sup>

#### ( 6 ) Overview of the market for long-term care products and welfare equipment

Demand for welfare equipment for long-term care is increasing as the population grows and ages. Most of the welfare equipment distributed in the markets of medical institutions, long-term care facilities, and homes are inexpensive products, manufactured in China, Korea, and other countries. Wheelchairs, nursing care beds, and canes are widely distributed. These products can be purchased at pharmacies near medical institutions or through mail-order websites, making them easily accessible. Welfare equipment is provided free of charge to the poor in rural areas with support from the World Bank and other organizations. Products from Japan, Europe, and the United States are also distributed, but they are expensive and are mainly purchased by high-end medical institutions; the market for individual purchases is still small.<sup>67</sup>

#### 1.3.2. Status of long-term care workers being sent to other countries, including Japan

##### 1.3.2.1. Destination and production of caregivers

The number of Vietnamese traveling overseas is increasing. North America accounts for about half of all destinations, followed by Asia at 21%, Europe at 18%, and Oceania at 10%. The share of Asia has almost doubled from 2000 to 2019, from 12% to 21%. By country, the U.S. is by far the largest market, followed by Australia and Japan, and the number of Vietnamese coming to Japan has been increasing rapidly since 2010.<sup>68</sup>

As for labor migration, it also decreased in 2020 and 2021 due to COVID-19, but had been increasing until then (Figure 1-3-4). The Department of Overseas Labour (DOLAB) of MOLISA plays a central role in sending Vietnamese overseas workers. According to DOLAB, the objectives of the outbound labor policy are, first, to improve the domestic unemployment rate, second, to increase national income, and third, to develop human resources for the development of Vietnam into a modern industrial nation. The policy of sending overseas workers has also been given an important status as a poverty countermeasure: after the introduction of the Doi Moi policy in 1986, Vietnam achieved significant economic development, but the widening of disparities between regions became a problem. Therefore, projects have been implemented to support overseas labor in areas with high poverty rates and to reduce poverty.

As for the destination of workers, more than half of the workers in the 2019 data were from Japan, followed by Taiwan and South Korea (Figure 1-3-5). Details on the breakdown of the number of people

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<sup>66</sup> From the survey team's interviews with local NGO groups

<sup>67</sup> From the survey team's interviews with local Japanese companies

<sup>68</sup> United Nations Population Division, "International Migrant Stock 2019."

by occupation are not available, but interviews and past literature indicate that the overwhelming majority are engaged in manufacturing, construction, and agriculture.

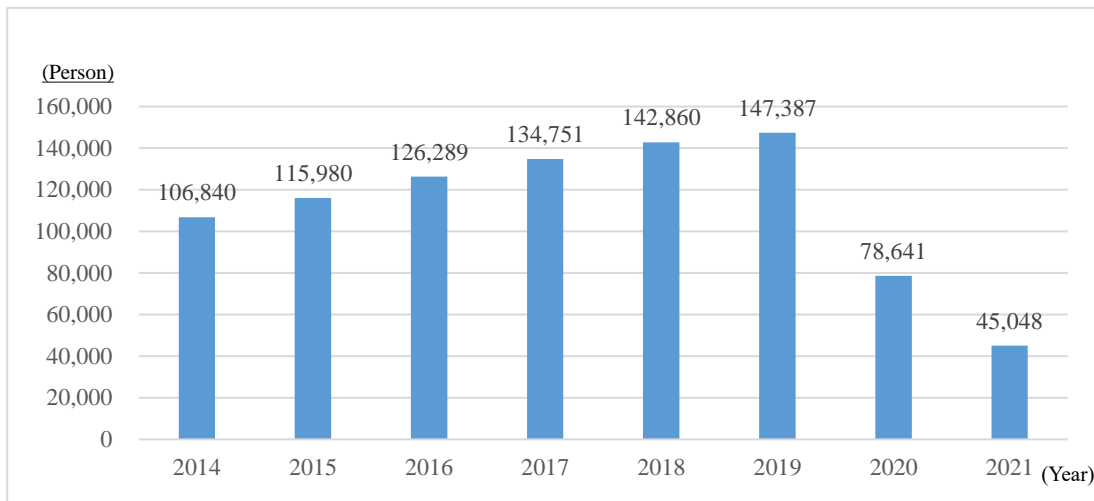


Figure 1-3-4 Number of Vietnamese Overseas Workers

(Source: Prepared by the survey team from MOLISA reporting materials)

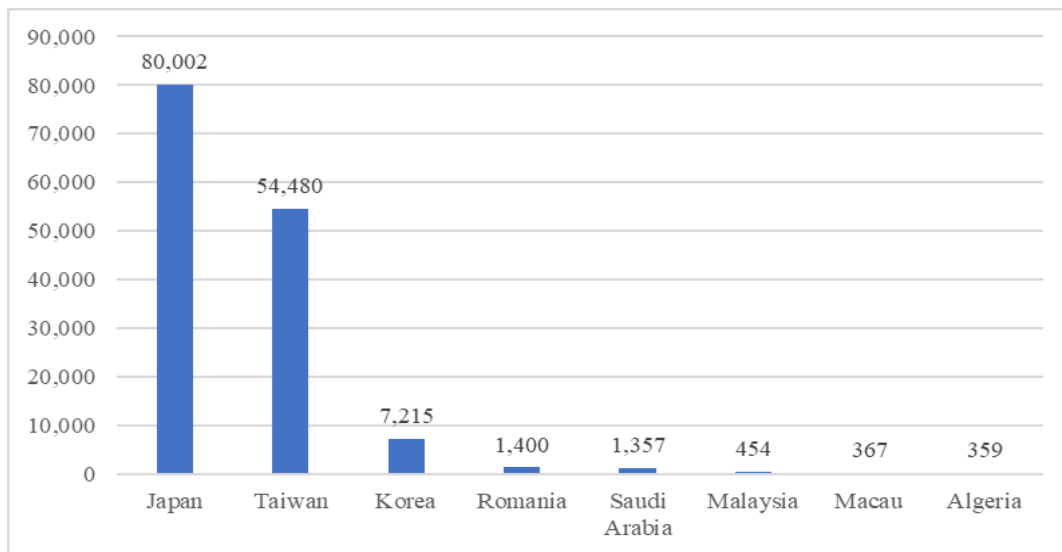


Figure 1-3-5: 2019 Overseas Workers by Destination Country

(Source: Prepared by the survey team from MOLISA reporting materials)

With regard to long-term care personnel, the majority of workers go to Japan, Taiwan, and Germany, with about 4,000 workers reported traveling to Japan annually (2020), about 2,000 to Taiwan (2019), and about 100 to Germany annually, with Japan being by far the largest source.<sup>69</sup> The number of foreign caregivers in Japan has been increasing especially since 2017. Vietnamese nationals account for the largest proportion of foreign caregivers in Japan as of February 2023, and many more are expected to be dispatched in the future. However, there is still a problem in terms of the system, as no one has entered

<sup>69</sup> From a survey team interview with MOLISA, a local government agency

Japan under the Specified Skilled Worker, which started in 2019, and no skill test or Japanese language test has been conducted on the Vietnamese side.

#### 1.3.2.2. Background and Reasons for Selecting Destination

The main purpose of Vietnamese overseas workers' travel is to earn higher wages than in the country and thereby remit money to their families. The amount of remittances sent home by overseas Vietnamese to their home countries was USD 1.668 trillion in 2019, accounting for 6.4% of Vietnam's GDP, making it one of the pillars supporting Vietnam's economy. However, the number of workers going to these countries has decreased in terms of salaries, and instead Japan, Taiwan, and South Korea have been on the rise. Japan, in particular, has become attractive due to its good work and living environment, and as of June 2022, Japan will have the largest number of workers, including those in the long-term care sector.<sup>70</sup>

However, in recent years, with Vietnam's economic development, there are more job options in urban areas, incomes have improved, and the number of those wishing to work abroad is on the decline. In addition, the increase in the number of overseas workers does not correlate with the increase in the number of human resources who choose to work in the long-term care sector, and interviews with local sending agencies indicated that they are struggling to recruit human resources in the long-term care sector. The background to this is that Japanese salary levels have become relatively unattractive due to the increase in domestic salary levels, and that the long-term care field is shunned because of the physical hardship of the job and the time required for Japanese language education in the long-term care field.

In fact, only a small number of candidates in the long-term care field have nursing qualifications, and in recent years, the most common type of long-term care worker is a high school graduate. Although long-term care careers are compatible and appealing to those with nursing qualifications and medical knowledge, they are less popular among young high school graduates.<sup>71</sup> Recruitment is done by sending agencies, which hold information sessions at local schools and advertise in various ways, as well as through SNS and acquaintances, and the option of working in Japan is widely known. In the past, the Ministry of Health, Labor and Welfare (MHLW) has created a website and videos as tools to introduce the attractiveness of long-term care. However, some local sending organizations said that they were not actually being used and were not effectively communicated. Now that the popularity of the long-term care field is slowing down from the recruitment stage, local sending agencies are demanding that these information distribution tools, including operation methods and maintenance systems, be used to lead to effective distribution. Currently, each sending organization is conducting its own sales activities, and some sending agencies have asked for support from the recruitment stage. In addition, Japanese local governments, Vietnamese sending organizations, and educational institutions have recently signed a Memorandum of Understanding (MOU) directly with Japanese local governments to strengthen the sending of various occupations, including long-term care. However, some of the local institutions were

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<sup>70</sup> From a survey team interview with MOLISA, a local government agency

<sup>71</sup> From the survey team's hearing to the local sending period

unclear about the requests from Japan, and it was apparent that there were some communication errors between the two sides.

Taiwan, which has the second highest number of worker travelers after Japan, is attractive because the fees for travel are low and there are no language requirements, making it easy to go there and work for a period of 12 years. However, the lack of language requirements has also led to problems after traveling to the country, and there are many challenges. In terms of salary, some say that although salaries are lower than in Japan, there is not much difference in terms of take-home pay. In terms of occupations, manufacturing and food-related industries are popular, and labor dispatch in the long-term care sector is not so-called "facility care," but live-in caregivers in the home. Therefore, it is difficult to consider them as the same caregivers in general, as they do not acquire standardized caregiving skills as in Japan.<sup>72</sup>

Germany is one of the countries that accepts personnel similar to Japanese caregivers. Germany has high language requirements and is perceived as a study abroad program. The program targets graduates of medical schools, including nursing schools (students who have studied for at least one year even before graduation are eligible), who, after one year of language training in Vietnam, continue their education and work in Germany for three years after entering the country. Salary conditions in Germany are higher than in Japan, and travel and training expenses are covered by the host institution.<sup>73</sup>

As of May 2022, Japan is the first choice for healthcare human resources in Vietnam.<sup>74</sup> However, because there are many options for travel to Japan, including the EPA, "Nursing Care" status of residence, technical intern training program, and specified skilled worker, there are many requirements that sending organizations and candidates must consider, such as the differences between each system, requirements, Japanese language skills, training period, costs, and documentation, etc. It is not clear that properly organized information is reaching the candidates. In fact, as various media reports indicate, there is a lack of information on the skills required for the program. In fact, as reported in various media, although there is a ceiling set by the Vietnamese government on the amount of money that sending organizations can receive from candidates under Technical Interns Training Program, there are still problems, such as candidates paying more than this amount in Japan. If a host country like Germany, which has an extensive assistance system and good local working conditions, expands its acceptance of health care workers in the future, there is a possibility that health care human resources will flow to such countries.

#### 1.3.2.3. Post-return career status

Many of the EPA participants have not yet returned to Vietnam because they have obtained care worker qualifications and intend to work in Japan for a long period of time. The majority of those who came to

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<sup>72</sup> From the survey team's interviews with local government agencies

<sup>73</sup> From the survey team's interviews with local government agencies

<sup>74</sup> From a survey team interview with MOLISA, a local government agency

Vietnam under the technical internship program have not yet returned to their home countries, and there is no data on their re-employment after returning to their home countries, so the government is not fully aware of their career paths.<sup>75</sup>

The issue of care for the elderly is becoming more apparent in Vietnam, and although long-term care service providers are gradually emerging, they have not yet become commonplace. Although some sending organizations themselves are operating long-term care businesses or have plans to do so in the future, the current number is small, and the low salaries and working conditions make the working environment unattractive for human resources after returning home, and there are few who continue to build careers in the long-term care field. In fact, even at facilities that have trained and sent over 2,000 people to Japan in the past, no one has returned to the same facility to find work after returning to their home country.<sup>76</sup> In addition, Vietnamese long-term care providers hire people after returning to Vietnam with the expectation that they will become managers, but after working in Japan for about three years, they are not given leadership roles, and there is a mismatch between the skills they seek and the skills they can acquire in Japan.<sup>77</sup>

In Vietnam, where the culture of home care by family members is deeply rooted, it would be more compatible for a system such as community-based comprehensive care to spread and provide care for the elderly rather than institutionalized care.<sup>78</sup> Although there is potential to utilize the skills of those who have studied long-term care in Japan as a social function, it is difficult for them to find employment after returning to their home countries because the market has not yet become a business market.

For post-returned human resources in all fields, sending agencies and government agencies provide opportunities to match them with companies in Japan and offer career counseling. However, given the current situation where it is difficult to build a career that makes use of the long-term care skills acquired in Japan and offers good salary and working conditions, many of these workers find jobs in fields completely unrelated to long-term care or in jobs with good conditions that make use of their Japanese language skills. It is also difficult to present career options after returning to their home countries when there are no specialized qualifications or systems for long-term care and the market is not mature. The government and JICA hold seminars and other events related to long-term care and health care, but some participants expressed hope for not only the provision of such opportunities, but also for standardization of long-term care personnel education and technical support for the long-term care field.<sup>79</sup>

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<sup>75</sup> From the survey team's interviews with local government agencies

<sup>76</sup> From the survey team's interviews with local sending agencies

<sup>77</sup> From the survey team's interviews with local sending agencies

<sup>78</sup> From the survey team's interviews with local international NGO groups

<sup>79</sup> From the survey team's interviews with local government agencies

### 1.3.3. Summary of the legal system, market, and caregiver emigration status related to caregiving and caregiver personnel.

As of 2019, Japan is the largest donor in terms of economic cooperation with Vietnam.<sup>80</sup> Due to this historical background and cultural similarities, Vietnamese people have a good impression of Japan and regard Japan as one of the most pro-Japanese countries in the world. The high level of Japanese technology, the standard of pay, and the good working environment, including the social security system and welfare system, also make Japan attractive to many Vietnamese, and the country has surpassed China in the number of foreign workers by nationality, with Vietnamese accounting for about 30% of the total. Looking at Vietnamese workers by status of residence, technical internship accounts for about half of the total, followed by foreign students and those with professional/technical field of residence status. After the start of the technical internship program, the number of travelers to Japan increased rapidly, reaching approximately 220,000 as of 2019, prior to COVID-19.<sup>81</sup>

Vietnam is rapidly aging as its economy grows and medical technology develops. However, the country has not developed a long-term care system and has few policies to support the lives of the elderly, which has brought to light many issues in support for the elderly. In order to address these issues, the government has established the VNCA, a system that oversees related ministries and agencies across the board, and each ministry and agency is taking action ranging from central-level policies such as expansion of the social security system to commune-level policies such as home support by volunteers and implementation of regular health checkups. However, due to budget and personnel shortages, progress in policy implementation has not been smooth. In this situation, dispatching caregivers to Japan will enable them to learn about the care system and care technology in Japan, an advanced aging society, and to become leaders in Vietnam's aging policy when they return to Vietnam in the future.

Although the number of Vietnamese caregivers has been increasing year after year, except for the impact of COVID-19, caregivers are less popular than other occupations, and recruiting has been a challenge. The current system, however, faces challenges in recruiting, sending out workers, and career opportunities after returning to Vietnam. At the stage of recruitment and sending out procedures, necessary information such as requirements for travel and work, estimated costs, treatment and qualifications in Japan, etc. are not sufficiently provided to the persons concerned. In addition, the Cabinet Secretariat and other organizations have prepared explanatory materials on Japanese-style long-term care and information to promote the attractiveness of long-term care, but local sending organizations have voiced their desire for a follow-up system to disseminate the prepared tools and to update them based on local reactions.

Regarding post-return career opportunities, several government agencies requested that a database of post-return personnel be created. Another issue is the lack of employment opportunities that offer favorable conditions and allow them to utilize the skills they have learned. Local long-term care providers

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<sup>80</sup> Official Development Assistance (ODA) Country Data Collection 2021  
<https://www.mofa.go.jp/mofaj/gaiko/oda/files/100384974.pdf> p26

<sup>81</sup> Immigration and Immigration Management Agency, "Number of Foreign Residents by Nationality and Region,"  
<https://www.moj.go.jp/isa/content/001371139.pdf> (accessed February 15, 2023).



have high expectations for the returnees from Japan as local management personnel. However, few of them have taken on leadership roles or gained management experience while working in Japan, creating a mismatch between their acquired skills and local needs.

Attachment: Survey Schedule

Date		Program
1	2022/5/15	Flight
2	2022/5/16	Thien Duc Aged Care Centre for The Elderly (care service provider)
3	2022/5/17	Department of Social Assistance, and Directorate of Vocational Education, Ministry of Labour, Invalids and Social Affairs (Gov Agency)
4	2022/5/18	Hoangron HR agency (Sending organization)
		HelpAge International (care service provider)
		General Office for Population and Family Planning, Ministry of Health (Gov Agency)
		Viet Nam Association of Manpower Supply (Sending
		Nyanai (care service provider & Sending organization)
5	2022/5/19	Center of Overseas Labour (Sending organization)
		Department of Overseas Labour, Ministry of Labour, Invalids and Social Affairs (Gov Agency)
6	2022/5/20	Department of Labour - Invalids and Social Affairs in Hai Duong Province (Gov Agency)
		Hai Duong Medical Technical University (education institution)
7	2022/5/21	Flight

Attachment: List of interviewees

Category	Organization	Name (Omitting honorific titles)	Title	
care service provider	Thien Duc Aged Care Centre for The Elderly	Nguyen Tuan Ngoc	Director	
		Tran Thi Thanh Hien	Staff	
government agency	Department of Social Assistance, and Directorate of Vocational Education, Ministry of Labour, Invalids and Social Affairs	Nauyen Ngoc Toan	Deputy Director	
		Tran Thi Lan	Deputy Manager	
care service provider	HelpAge International	Chu Viet Nga	Project Manager	
government agency	General Office for Population and Family Planning, Ministry of Health	Nguyen Xuan Truong	Director	
		Luong Quang Dang	Director	
		Do Thi Quynh Huong	Deputy Director	
sending organization	Viet Nam Association of Manpower Supply	Nguyen Ngoc Quynh	Vice Chairman	
		Nguyen Tien San	Head of Association Office	
care service provider & sending	Nyanai	Ghuen	Vice president	
		Tsushihasi		
		Chan tu fon		
sending organization	Center of Overseas Labour	Pham Ngoc Lan	Deputy Director	
		Can Van Long	Recruit Labour Department Deputy Manager	
		Nguyen Van Anh	Recruit Labour Department Staff	
government agency	Department of Overseas Labour, Ministry of Labour, Invalids and Social Affairs	Pham Viet Huong	Deputy Director - General	
		Nguyen Thi Anh Hang	Deputy Head of Japan and Southeast Asia Division	
government agency	Department of Labour - Invalids and Social Affairs in Hai Duong Province	Career Training Department	Bui Quoc Trinh	Career Training Department
		Vocational training Dept	Nguyen Duc Thai	Manager
		Social security Dept	Nguyen Thi Thu Thuy	Social Assistant Department Manager
Education Institution	Hai Duong Medical Technical University	Dinh Thi Dieu Hang	principal	
		Pham Thi Cam Hung	deputy principal	
		Le Duc Thuan	training management department, manager	
		Do Thi Thu Hien	nursing dept, manager	
		Dinh Thi Xuyen	Technical management & international corporation dept, manager	
		Pham Thi Hanh	nursing dept, teacher	

## 1.4. Philippines

### List of Abbreviations

CS	Competency Standard
DMW	Department of Migrant Workers
DSWD	Department of Social Welfare and Development
GSIS	Government Service Insurance System
JETRO	Japan External Trade Organization
OFW	Overseas Filipino Workers
OJT	On-the-Job Training
SSS	Social Security System
TESDA	Technical Education And Skills Development Authority
TR	Training Regulation
TVET	Technical and Vocational Education and Training

1.4.1. Legal systems, markets, etc. related to long-term care and long-term care human resources in priority target countries

#### 1.4.1.1. Situation of the elderly

In the Philippines, the elderly are defined as those aged 60 years or older.<sup>82</sup> This section provides an overview of the situation of the elderly in the Philippines from the economic, living, and health perspectives.

Looking at the sources of income for the elderly Filipinos (Table 1-4-1), the most common source is children in the country (58.4%), followed by pensions (42.5%). In addition, 14.8% of the remittances come from children abroad, showing the influence of migrant labor. On the other hand, work income comes from farm work, indicating that it is becoming more difficult to work as people age. Women are more likely to receive pensions, and the percentage of women receiving pensions increases with age. The pension includes a pension program (Table 1-4-1) that provides 500 pesos per month to needy elderly who are screened by the DSWD based on several criteria to meet the payment requirements. It indicates that in some cases, women are living longer than men and are receiving this pension program for the needy because they are more financially demanding once they become widowed. The most important source of income (Table 1-4-2) is work (28.9%). The percentage declines with age, but a certain percentage (7.3%) of the elderly who are over 80 years old still have work as their main source of income.

Table 1-4-1: Sources of Income for the Elderly (Multiple Responses), by Sex and Age

Source of income (%)	Sex		Age			Total
	male	female	60-69	70-79	80+	
Work (farm work)	44.9	27.0	45.6	18.4	7.1	34.2
pension	40.6	43.9	35.9	50.8	60.5	42.5

<sup>82</sup> Expanded Senior Citizens Act of 2010

family business	7.7	14.0	13.8	8.4	5.3	11.5
children in the country	54.8	60.7	54.7	62.7	68.5	58.4
children abroad	11.8	16.8	15.1	15.2	11.9	14.8

(Source) ERIA, "Ageing and Health in The Philippines," 2019

Table 1-4-2: Most Important Sources of Income for the Elderly (Multiple Responses), by Sex and Age

source of income	Sex		Age			total
	Male	female	60-69	70-79	80+	
Work (farm work)	37.2	23.3	36.6	15.9	7.3	28.9
pension	20.1	20.3	15.7	27.4	34.4	20.2
family business	4.0	5.4	5.7	3.6	1.9	4.8
children in the country	16.1	25.9	18.4	27.0	34.7	21.9
children abroad	2.9	9.5	6.7	7.9	5.0	6.9

(Source) ERIA, "Ageing and Health in The Philippines," 2019

Looking at living conditions, there were significant gender differences in marital status, with men being married (63.4%) and having a common-law partner (6.3%), compared to 31.3% and 3.0% for women, respectively. Most of the women were widows (55.9%), with a higher percentage (87%) among women over 80 years of age.<sup>83</sup>

While 63.7% of males and 57.9% of females live with at least one child, a higher percentage of females live alone: 11.3% of males and 15.0% of females. Overall, 13.5% of the elderly live alone, but 61.5% of the elderly living alone have children living in the same barangay<sup>84</sup>. This means that approximately 5.2% of the elderly who live alone have no children living in the same barangay.

Finally, in terms of health, the elderly in the Philippines have the highest prevalence of hypertension (45.5%). While there is no trend by age, there is a difference between men and women, with women (50.3%) being more prevalent (Table 1-4-3).

Table 1-4-3: Prevalence among the Elderly, 2018

disease name	Sex		By Age Group			Elderly Total
	Male	female	60-69	70-79	80+	
high blood pressure	38.4	50.3	43.4	49.5	47.7	45.5
Arthritis, neuralgia, rheumatism	13.9	20.3	16.6	20.1	18.8	17.7
cataract	12.8	19.5	12.4	24.7	23.2	16.8

<sup>83</sup> ERIA, "Ageing and Health in The Philippines," 2019

<sup>84</sup> The smallest unit of local government in the Philippines

diabetes mellitus	11.9	13.1	12.7	14.0	9.1	12.6
Angina pectoris, myocardial infarction, etc.	8.8	14.4	11.6	13.9	11.3	12.2
Kidney and Urinary Tract Diseases / Kidney	9.4	13.4	12.4	10.6	11.0	11.8
respiratory illness	10.0	7.5	6.2	12.4	12.4	8.5
cerebrovascular disease	7.3	6.4	6.2	7.2	8.7	6.8

(Source) ERIA, "Ageing and Health in The Philippines," 2019

Regarding difficulties in daily activities such as bathing, showering, dressing, eating, getting up from bed or a chair, walking around the house, going out, and using the toilet, 21.7% of the elderly as a whole reported difficulty in performing at least one of these activities, and by gender, the percentage of women (23.2%) was higher than men (19.5%). The percentage was higher for women (23.2%) than for men (19.5%).<sup>83</sup> The percentage of women (23.2%) was higher than that of men (19.5%).

#### 1.4.1.2. Related Laws and Policies

An important law concerning the elderly in the Philippines is the Senior Citizen Act (promulgated in 1992), which positioned the elderly as an important part of society. Subsequently, related laws and action plans have been enacted to promote the rights of the elderly. To implement measures based on these related laws, the National Commission for the Elderly Act was promulgated in 2019 and the National Commission for the Elderly was established in 2022. However, as of September 2022, only about half of the planned staffing has been completed.<sup>85</sup>

The National Commission on Elderly Persons is focusing its efforts on collecting and compiling a database of basic information on the elderly. This information will be used as basic information for formulating and implementing policies and measures related to the elderly (data format: Figure 1-4-1).

Table 1-4-4: List of Laws and Policies Relevant to the Elderly

name	Contents, etc.
Constitution of the Republic of the Philippines (Philippine Constitution)	<p>Promulgated in 1987</p> <ul style="list-style-type: none"> <li>● It states that governments must take an integrated and comprehensive approach to health promotion. In particular, it stipulates that priority shall be given to the poor, the sick, the elderly, the physically challenged, women, and children.</li> <li>● The government shall design social security programs for the elderly, while stipulating that families are obligated to take care of the elderly.</li> </ul>
Older Americans Act	Promulgated in 1992

<sup>85</sup> National Commission on Aging Hearing

name	Contents, etc.
The Senior Citizens Act (Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes, RA no. 7432)	<ul style="list-style-type: none"> <li>● It stipulates that a mechanism be established to encourage the elderly to contribute to the state.</li> <li>● It provides for subsidies and other benefits for the elderly and their families. For example, the elderly are entitled to a 20% discount on domestic transportation, recreational facilities, and medicines.</li> </ul>
Expanded Senior Citizen's Act of 2010 (An Act Granting Additional Benefits and Privileges to Senior Citizens, further amending RA no. 7432, as amended)	<p>Promulgated in 2010</p> <ul style="list-style-type: none"> <li>● Amendments to the Older Americans Act to clarify the rights of older adults and the role of family, community, and government in helping them live a more meaningful retirement and to expand the scope of government support for older adults in areas such as employment, education, health, social services, public transportation, and incentives.</li> <li>● This law adds the following rights; (a) social pension for the needy elderly of 500 pesos per month, (b) mandatory PhilHealth coverage, and (c) social security in the form of food, medicine, and financial assistance to mitigate the effects of economic crisis and disaster.</li> </ul>
Action Plan for Seniors Philippines Plan of Action for Senior Citizens	<p>DSWD 2012 Formulation</p> <ul style="list-style-type: none"> <li>● Provide guidelines for central government, local governments, civil society organizations, and other stakeholders in planning, policy-making, and case-making to protect the rights and interests of the elderly.</li> </ul>
An Act Making All Senior Citizens Eligible for Philippine Health Insurance Coverage Act Providing for the Mandatory PhilHealth Coverage for All Senior Citizens	<p>Promulgated in 2014</p> <ul style="list-style-type: none"> <li>● The Expanded Senior Citizen's Act of 2010 stipulated that the coverage of the National Health Insurance Medical Plan (PhilHealth), which had excluded some seniors, would now include all seniors.</li> </ul>
Centennial Act the Centenarian Act of 2016	<p>Promulgated in 2016</p> <ul style="list-style-type: none"> <li>● It provides for one congratulatory letter from the President and a gift worth 100,000 pesos to Filipinos residing in the Philippines or abroad who have reached the age of 100 years before the effective date (July 15, 2016) or after the effective date.</li> </ul>
National Commission of Senior Citizens Act	<p>Promulgated in 2019</p> <ul style="list-style-type: none"> <li>● It provides for the establishment of the National Commission on Senior Citizens (NCSC) under the Office of the President. The Commission is mandated to implement government laws, policies, and programs related to the elderly; conduct related research; and recommend policies to Congress and the President.</li> </ul>

(Source: ESCAP, Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific, 2021, National Prepared by the survey team based on interviews with the Commission on Aging and other sources.

Figure 1-4-1: Data Format for Collecting Basic Information on the Elderly

### 1.4.1.3. Long-term care system and social security system

The social security systems relevant to the elderly in the Philippines include medical security, pension security, and old-age security systems.

#### (1) medical security

The public health insurance system is administered by the Philippine Health Insurance Corporation, which runs a centralized national health insurance program. The Universal Health Care Act (Republic Act No. 11223), passed in February 2019, provides that all citizens are automatically covered by the public health care system, with coverage at 100%.<sup>86</sup>

Table 1-4-5: Summary of Medical Insurance System

Name	Philhealth
Operating entity	Philippine Health Insurance Corporation (PHIC)
Qualification of insured person	the whole nation
Benefit recipients	The individual and his/her dependents (spouse, children under age 21 who are not employed and unmarried, and parents over age 60 who are not insured)
Ratio of out-of-pocket payments	For diseases for which comprehensive payment is provided, the portion in excess of the specified amount is to be borne by the patient. In cases where comprehensive payment is not covered, the portion exceeding the stipulated amount for each medical procedure is to be borne by the patient.

<sup>86</sup> Philhealth, Stats and Chart 2022 (First Semester)



insurance premium	<ul style="list-style-type: none"> <li>● The premium is 2.75% of income (labor and management split). (as of January 2019)</li> <li>● The government pays the premiums for the indigenous population, while local governments and other entities pay the premiums for low-income individuals.</li> <li>● The government pays the premiums for those over 60 who are not dependents with no regular income.</li> </ul>
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(Source: Ministry of Health, Labour and Welfare Overseas Situation Report 2019, <https://www.philhealth.gov.ph/members/senior/> (see 2023/02/15), <https://www.philhealth.gov.ph/circulars/2014/circ> Prepared by the survey team from 33\_2014.pdf (see 2023/02/15)

(2) nursing-care insurance system

There is no public long-term care insurance system in the Philippines (as of September 2022).

(3) Pension System: Social Insurance and Programs for the Elderly in Need

In the Philippines, there are two income security systems for the elderly: the Social Security System (SSS), which is mainly a social insurance system for those working in the private sector, and the Government Service Insurance System (GSIS), which is a pension system for government employees. Service Insurance System) (Table 1-4-6 and Table 1-4-7)<sup>87</sup>. In addition, there is a pension system (Table 1-4-8) that provides a certain amount of salary to needy elderly people who have no pension or other source of income.

Note that 15.9% (2017) of Filipinos aged 60 and above received pensions from the SSS and 3.8% (2017) from the GSIS. Their average monthly pension was P5,123 for SSS and P18,525 for GSIS.<sup>88</sup>

In addition, pensions for the impoverished elderly have a total annual budget of 19.3 billion pesos (about 0.5% of the national budget) for benefits for about 3 million elderly people (2018).<sup>89</sup>

Table 1-4-6: Summary of Pension Plans for Private Sector

Name	strategic information system (SSS)
Operating entity	strategic information system (SSS)
Qualification of insured person	Membership is mandatory for all civilian workers under 60 years of age and their employers, domestic servants earning at least 2,000 pesos per month, and self-employed persons. Filipinos working abroad are also required to join. Membership is optional for (1) former employees and (2) spouses of former employees.
Benefit recipients	Payment begins at age 50 for miners and at age 60 for all others. However, they must be retired and not working. (If you are 65 or older, it does not matter whether or not you are employed.)
Requirements	The minimum enrollment period is 120 months. However, for retirees who have not paid for more than 120 months, a lump-sum benefit equal to the sum of the premiums paid by the employer and the insured himself/herself and interest thereon will be paid.

<sup>87</sup> Other programs include a military insurance program for military personnel.

<sup>88</sup> Philippine Statistics Authority, Labstat Updates Vol. 23 No. 1, 2019

<sup>89</sup> Department of Budget and Management, People's Budget 2018

Pension Benefits	The monthly benefit amount is the greater of (1) or (2) below, depending on the premium payment period and the average monthly compensation for the 60 months prior to retirement. (1) 300 pesos + average monthly compensation x (0.2 + 0.02 x (years of payment - 10 years)) (2) Average monthly compensation x 0.4
Insurance premium	12.0% (8.0% for the employer and 4.0% for the employee) of the monthly standard remuneration (maximum 20,000 pesos)

(Source: Compiled from the Ministry of Health, Labor and Welfare Overseas Situation Report 2019)

Table 1-4-7: Summary of Pension Plans for Public Employees

Name	GSIS
Operating entity	GSIS
Qualification of insured person	All public officials (national and local)
Benefit recipients	When a subscriber who has worked for the government for 15 years or more reaches the age of 60
Requirements	Minimum subscription period is 15 years
Pension Benefits	Monthly benefit amount: $0.025 \times (\text{average monthly compensation} + 700 \text{ pesos}) \times \text{premium payment period}$ (However, if the amount based on this calculation exceeds 90% of the average monthly compensation, 90% of the average monthly compensation shall be the monthly benefit amount. The average monthly compensation is calculated for the 36 months prior to retirement.) Retirees shall choose one of the following two methods of payment. (1) Pension 5 Lump-sum payment for 5 years, monthly payment starts after 5 years (2) Cash payment of 18 months' pension, with monthly payments beginning immediately after.
Insurance premium	21% of the monthly standard remuneration (12% for the employer, 9% for the employee)

(Source: Compiled from the Ministry of Health, Labor and Welfare Overseas Situation Report 2019)

Table 1-4-8: Summary of Pension Programs for the Elderly in Need

Name	Social Pension
Operating entity	DSWD
Qualification of insured person	the elderly in need
Payment Requirements	Aged 60 years or older who are frail, infirm, or disabled and do not have a pension or permanent source of income, compensation, or financial assistance from relatives to support basic needs, as determined by DSWD.
Pension Benefits	500 pesos per month

(Source: Prepared by research team from Expanded Senior Citizens Act of 2010)

#### (4) Other welfare services for the elderly

Other major welfare services for the elderly include

Table 1-4-9: Major Welfare Services Related to the Elderly

<ul style="list-style-type: none"> <li>Exemption from Value Added Tax on medical services and discounts on public and private services: Exemption from VAT on public transportation, recreational facilities such as hotels and restaurants, recreational facilities such as swimming pools and fitness centers, certain medical services (such as vaccinations), and purchase of medical equipment. Exemption from value-</li> </ul>
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added tax and a 20% discount on certain medical services (vaccinations, etc.) and purchases of medical equipment, etc.

- Discount on utility bills: 5% discount on usage charges only if the monthly usage limit (electricity 100 kWh, water 30 m<sup>3</sup>) is not exceeded. The discount is not applied if the usage exceeds the maximum limit.
- For low-income and unaccompanied senior citizens, free medical services and vaccinations are available at government-run hospitals.
- In addition, the government provides necessary assistance to the elderly for employment, education, social services, housing, foster care, and public transportation.

(Source: Japan External Trade Organization (JETRO), Survey of Healthcare Systems and Policies in ASEAN, 2018.

#### 1.4.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) caregiver

The Philippines defines caregiver as one of the National Certificates (NC) in the Philippine Qualifications Framework (PQF). The Caregiver Training Course is not specific to the care of the elderly, but aims at acquiring competencies to provide care and support to infants, children, the elderly, and people with special needs. This caregiver certification was developed not to cover the caregiver needs in the Philippines but to send them overseas, but it was created with the cooperation of Canada, which at that time (around 2000) was the main destination for caregivers, based on Canadian regulations<sup>90</sup>. Note that the PQF consists of 8 levels of qualifications, covering 5 levels from NC I to DIPLOMA in the technical education and skills development category, and 3 levels from level BACCALAUREATE to DOCTORAL AND POST DOCTORAL in the Higher Education Commission category. Caregivers fall under NC II of these categories (Figure 1-4-2). The PQF also positions high school (Grade 12) as the basis for these eight levels, and presents high school graduates with the possibility of obtaining qualifications up to Level 5.

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<sup>90</sup> From TESDA (Technical Education And Skills Development Authority) Hearing

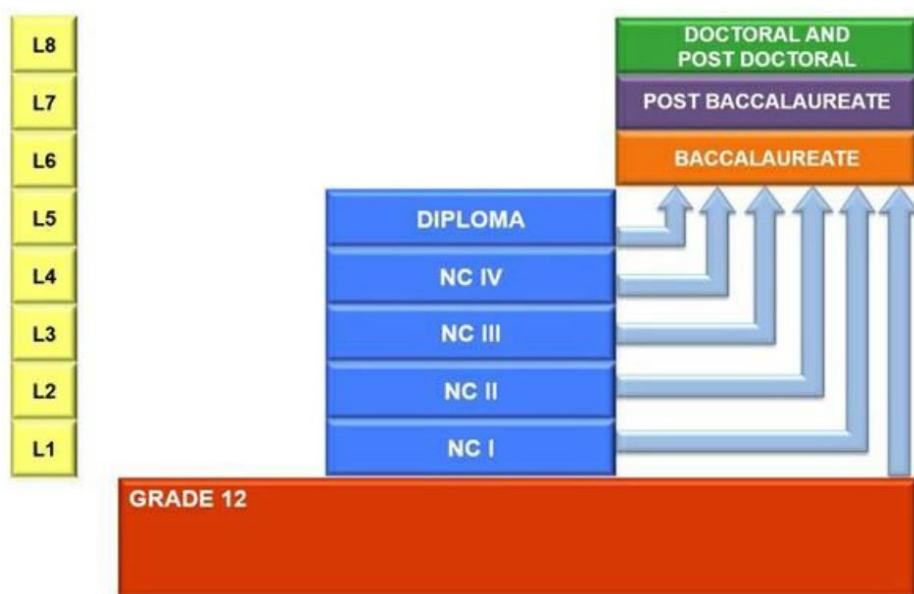


Figure 1-4-2: Philippine National Qualifications Framework

(Source: UNESCO-UNEVOC, TVET Country Profile: Philippines, 2022)

The Caregiver Course is offered under the management and supervision of TESDA, the government agency responsible for the management and supervision of technical education and skills development in the Philippines. TESDA does not have information on post-completion career paths, and the educational backgrounds of participants could not be confirmed during this study.

Table 1-4-10: Number of Training Institutions Offering Caregiver Courses, Number of Participants, and Number of Completers, by Region, 2021

local name	Number of training institutions	Number of Participants	Number of students who completed the course
National Capital Region (NCR)	76	1,589	1,065
Cordillera Administrative Region (CAR)	12	913	647
Region I - Ilocos	36	2,160	1,173
Region II - Cagayan Valley	12	820	299
Region III - Central Luzon	36	1,981	1,050
Region IVA - CALABARZON	54	2,139	784
Region IVB - MIMAROPA	4	269	98
Region V - Bicol	15	355	198
Region VI - Western Visayas	18	701	246
Region VII - Central Visayas	10	1,701	864
Region VIII - Eastern Visayas	14	635	545
Region IX - Zamboanga Peninsula	11	200	198
Region X - Northern Mindanao	22	789	676
Region XI - Davao	16	424	273
Region XII - SOCCSKSARGEN	14	243	233
Region XIII - CARAGA	6	208	96

total amount	356	15,127	8,845
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(Source: Prepared by survey team from data provided by TESDA)

In this study, the survey team interviewed two training institutions that offer caregiver courses and summarized the status of training provided by each institution. Although the caregiver training regulations (TR) stipulate only a minimum number of hours (756 hours), both institutions provide approximately 6 months of theoretical and practical training and on-the-job training (OJT: On-the-Job Training). On-the-job training (OJT) is provided by both institutions. The TR is a TESDA document that serves as the basis for the development of competency-based curricula, teaching materials, and competency assessment tools. The document represents a specific national certification and specifies the competency standards for the certification and how the certification is to be obtained, evaluated, and recognized.

The requirement to take the prescribed courses is a high school graduation level, but in both cases, about 30% of the participants had an undergraduate degree, and the reason for this is that the participants recognize that caregivers can be a means to work abroad (Table 1-4-11, Table 1-4-12).

Table 1-4-11 Summary of Interview Results from Caregiver Training Organizations (1)

name of corporate body	Global Care Training Center
Training Content and Duration	Approximately 6 months of theoretical and practical training. This is followed by approximately 1-2 months (250 hours) of on-the-job training in home care.
course fees	28,000 pesos for 6 months. The OJT is unpaid. The Company pays the home care facility where the OJT takes place to accept the OJT, which is included in the tuition fee of 28,000 pesos.
participant	About 100 people per year (4 batches of 25 people/batch) High school graduates: approx. 70%, degree holders: approx. 30% (some hold nursing certificates) The reason for those with higher education than the course requirements to take the course is so that they can work abroad afterwards.
Reason for Attending	The most common reason for taking the course is to work abroad. No data available, but probably about 70% want to work overseas and the remaining 30% want to work in the Philippines The most popular overseas countries are Japan, Qatar, and Kuwait.
Course	The organization does not know, but probably about half are working abroad. Destinations are unknown. In Japan, half are employed either as caregivers in hospitals or in home care.
Other	Trainers hire caregivers who have worked abroad as much as possible because they can share the knowledge they have gained abroad.

(Source: Compiled by survey team from Global Care Training Center interviews)

Table 1-4-12 Summary of Interview Results from Caregiver Training Organizations (2)

name of corporate body	Fine International Training Center
Training Content and Duration	Approximately 6 months of theoretical and practical training. Training also provided online.

	Then, he will provide on-the-job training in a Red Cross facility and private home care.
course fees	Approximately 20,000 pesos (same rate online) However, some scholarships are available
participant	About 200 people per year (8 batches of 25 people/batch) About 50 of them have scholarships. High school graduates: approx. 70%; medical undergraduates (nursing, midwifery, etc.): approx. 30%.
Reason for Attending	To work abroad
Course	Most go to work abroad. Japan, Canada, the U.K., and Israel are the most popular. The U.K. and Japan are equally represented.
Other	Provides training in massage for the elderly in addition to the curriculum of the TESDA Caregiver course. This is an added value for caregivers.

(Source: Prepared by the survey team from Fine International Training Center interviews.

In September 2020, the Philippines established the following four new TRs, all of which are NC II, in order to make the training content more in line with the current demand for caregivers from various countries in Asia, the Middle East, Europe, and the United States.<sup>91</sup> In preparing these TRs, TESDA worked with the Caregivers of the Philippines Association, Inc. (CPAI) and the Philippine Association of Service Exporters, Inc. (PASEI). The existing Caregiver Course will not be replaced by the new Caregiver Course, but will exist alongside new ones.

- Caregivers (newborn to preschool)
- Caregivers (elementary school students to adolescents: up to 19 years old)
- Caregiver (elderly)
- Caregivers (clients with special needs)

The TR for caregivers (elderly) stipulates that caregivers (elderly) should acquire the ability to understand the aging process, participate in the implementation and monitoring of care plans, perform caregiving skills, implement professional caregiving procedures, and assist with medication management.

As of September 2022, training has not been provided in accordance with these TRs. In order for training institutions to provide training in line with the new TRs, they will need to meet the various requirements described in the TRs, such as on-the-job training, equipment to be used, trainer staffing? requirements, etc., TESDA is concerned that some training institutions are expected to be resistant to the new TR due to the cost and complexity involved. In fact, one training institute that offers caregiver courses hopes to open a caregiver course in 2023, but expressed concern that there are no government subsidies for upfront investment related to the costs required to prepare new materials, equipment, and space, and that it is unclear how many participants the new course will attract. The institute also expressed concern that it was unclear how many students would be attracted to the new course.

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<sup>91</sup> From TESDA Hearing

(2) Nurse

Although not long-term care personnel, there are many cases where nurses are sent from the Philippines as interns and workers in the long-term care fields, and the Philippine nursing system is summarized here (Table 1-4-13).

In the Philippines, there is no distinction between registered nurses and licensed practical nurses as in Japan. The requirement for nurses is to obtain a bachelor's degree in nursing and pass the national examination.

Table 1-4-13: Overview of the Philippine Nursing System

On-the-job training in the Bachelor of Nursing course	On-the-job training, called the Related Learning Experience, is in the curriculum and is implemented in years 2-4.
Is overseas experience allowed for OJT credits?	In order to be recognized as credits, the program must be in line with the Philippine nursing curriculum and an MOU must be signed between the host company and the university sending the students. While government-affiliated public hospitals allow overseas caregivers and nursing assistants to transfer their experience to nursing course credits, private hospitals often do not. Even if they operate based on the same curriculum, there are differences in the acceptability of credits depending on management's view and affiliation status.
Nurse Requirements	Bachelor's degree in nursing from a university (university or college) and passing the national nursing examination.
Nurse Certification Renewal Requirements	Yes: Every 3 years 15 continuing professional development credits must be earned in three years. Credits can be earned by attending related trainings, workshops, and seminars, but work experience cannot be converted to credits. In addition, caregiver-related training does not convert to credits.

(Source: Prepared by research team from Philippine Nurses Association hearings, Philippine Nursing Act of 2002 , Continuing Professional Development Act of 2016)

Caregiver work experience and caregiver-related training do not translate into credits, but it is possible to earn credits and renew one's nurse certification by attending webinars and other activities while abroad. For example, 2.5 credits can be earned for attending a 4-hour webinar.<sup>92</sup>

As of 2022, 301 institutions offer Bachelor Nursing courses<sup>93</sup>. Data on enrollment and graduation numbers could not be verified in the survey. The National Nursing Examination is given twice a year, and the number of examinees and passers for the first exam in 2022 were 9,729 and 6,616, respectively, for a pass rate of 68.0%.<sup>94</sup>

In addition, when working in the country after graduation, most graduates are employed in private hospitals, as the majority of hospitals in the Philippines are private, but the salaries in public hospitals are much higher. In the Philippines, non-licensed nurses also work in medical institutions as nursing

<sup>92</sup> Nurses Association Hearing

<sup>93</sup> Nurses Association Hearing

<sup>94</sup> Testing was not conducted in 2020 and 2021 due to the new Corona

assistants, nursing aides, nurse associates, and underboard nurses. Their salaries are lower than those of licensed nurses.<sup>95</sup>

#### 1.4.1.5. Legal system and overview of long-term care services, etc.

##### (1) Legal System for Long-Term Care Services

In the Philippines, long-term care-related service implementing agencies are called SWDAs (Social Welfare and Development Agencies), which are classified into public and private SWDAs under the jurisdiction of DSWD. The care-related services described here refer to public and private social welfare services for vulnerable groups such as children, women, and persons with disabilities, as well as the elderly.

DSWD has established the following system of registration assessment, licensing, and certification to ensure the quality of services provided by SWDAs.

Organizations wishing to operate as a SWDA must go through a registration and licensing process. During the registration process, the organization's objectives are assessed to determine whether they are within the scope of the organization's objectives as a SWDA. After the registration assessment, the organization's qualifications to operate as a SWDA are evaluated in the licensing process, and the organization is granted a license to operate. After the registration assessment and licensing process, the organization is allowed to operate as a SWDA.

Certification refers to the process of evaluating whether a SWDA's programs and services meet the standards set by DSWD. This certification is an official acknowledgement that the SWDA is providing quality services.

Note that public SWDAs are exempt from the registration review and licensing process.

There are two main legal systems for services (Table 1-4-14), including service standards, staffing standards, and facility and equipment standards for facility-based services, as well as standards for community-based services.

Table 1-4-14: List of Legislation Related to Long-Term Care Services (SWDA)

Administrative Order No. 11, s.2007 Revised Standards on Residential Care Service	Published by the Department of Social Welfare and Development (DSWD), 2007 Target: All institutional care facilities operated by DSWD, local governments, private social service organizations, and NGOs Purpose: To protect and promote the interests and welfare of institutionalized residents. Ensure that the facility's programs and services contribute to the recovery and reintegration of the residents, etc.
Amended Administrative Order No. 11, s.2007 Entitled Revised Standards on Residential Care Service	2012, published by DSWD Target: All SWDAs providing institutional-type services for children, youth, women, elderly, disabled, etc. operated by DSWD, local governments, and NGOs

<sup>95</sup> Philippine Nurses Assosiation Hearing



	<p>Objectives: to protect and promote the interests and welfare of the users of the services provided by the SWDA; to improve the efficiency, effectiveness, and accountability of programs and services in the SWDA; to ensure that the SWDA is empowered and capable of providing programs and services in accordance with standards; etc.</p> <p>Regulations: service standards, staffing standards, facility and equipment standards, regulations on medical care, etc.</p>
<p>Revisions on Administrative Order No. 1 s.2010 (Amended Standards for Community Based Services)</p>	<p>2012, published by DSWD</p> <p>Target: Local government and DSWD community-based services and preventive, rehabilitative, and capacity-building programs and initiatives that utilize families and communities to address the issues, needs, challenges, and concerns of needy children, youth, women, persons with disabilities, the elderly, and families, including</p> <p>Purpose: Set standards for community-based services to achieve an organized support process for individuals, groups, families, and communities to become self-reliant</p> <p>Regulations: Standards related to operation and organization, e.g., organizational and management structure, human resource management and development, etc. Standards related to program management, e.g., program management structure, program management process, etc.</p>

(Source: Prepared by the survey team based on responses from DSWD and other sources)

It should be noted that the services that are eligible for registration as private SWDAs are basically non-profit services such as NGOs, and it was unclear even at DSWD whether for-profit elderly care service providers would be under the jurisdiction of DSWD as SWDAs.<sup>96</sup> Interviews with private care providers in this study also indicated that the lack of registration of care providers and regulations regarding their services is an issue.

## (2) Overview of Long-term care Services

SWDAs are categorized as Public SWDAs and Private SWDAs. Public SWDAs are further classified into Residential and Non-Residential. Residential facilities operate 24 hours a day and are either operated by DSWD or by local governments. Non-residential facilities are day care centers called senior citizen centers, and as of September 2022, only those operated by local governments are available.

<sup>96</sup> Department of Social Welfare and Development Hearing and <https://fo1.dswd.gov.ph/registration-licensing-and-accreditation-of-swdas/> (last accessed 12/13/2022)

Private SWDAs are classified as either Social Welfare Agencies (SWAs), which provide social welfare services, or Auxiliary SWDAs, which provide ancillary services such as networking and capacity building. In this classification, home care is classified as Residential type.

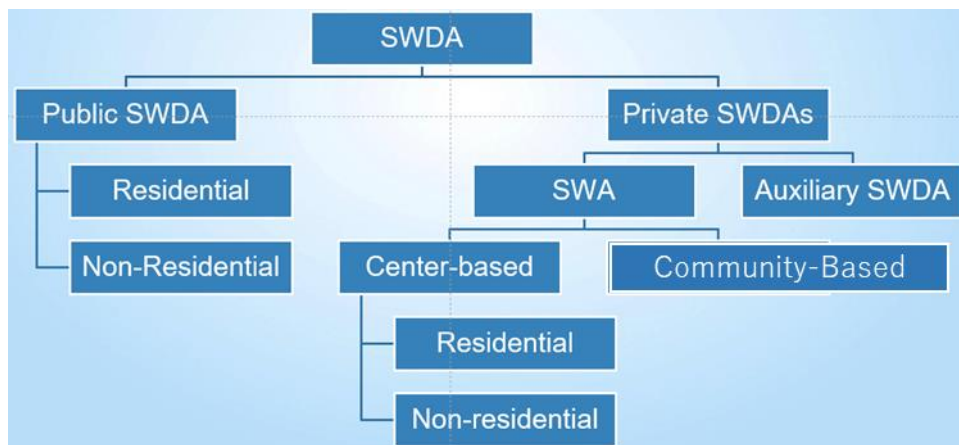


Figure 1-4-3: Classification of long-term care service implementing agencies (SWDAs)

(Source: DSWD)

As of October 3, 2022, the number of public SWDAs is shown in Table 1-4-15.

Table 1-4-15: Number of Public SWDAs, by Category and Operating Entity, October 2022

Classification.	operating entity			total amount
	central government ministries and agencies	local government	Senior Citizen Center	
facility-based	3	3	0	6
non-facility type	0	0	42	42
total amount	3	3	42	48

(Source: Prepared by the survey team from data provided by DSWD)

In addition, the registration, licensing, and accreditation status of private SWDAs is as follows

Table 1-4-16: Number of Private SWDAs Registered, Licensed, and Certified, October 2022

Registration and Licensing	42
Certification	10

(Source: Prepared by the survey team from data provided by DSWD)

As mentioned above, there is no official data on the number of private providers of elder care services, except for NGOs, because they are not included in the SWDA and there is no registration system, but according to a care industry organization, there are approximately 100 elder care service providers.

In this survey, interviews were conducted with two parties, a long-term care industry organization and a caregiver. Both parties cited the lack of regulations and standards in the long-term care industry as an issue, and were concerned that the lack of regulations and standards set in the industry would lead to a decline in the quality of services and low external evaluation of the long-term care industry. A Japanese

long-term care provider, Infic Inc. (located in Shizuoka City, Shizuoka Prefecture, Japan) considering entering the Philippines for long-term care services and caregiver human resource development projects conducted JICA private-sector partnership project surveys<sup>97</sup>. In the surveys, the company pointed out that in the Philippines, there is no ministry with jurisdiction over long-term care services, and that the lack of a related system, such as the absence of regulations on service content, could be a risk for businesses, so it is important that a related system be put in place.

Table 1-4-17: Summary of Hearing Results from Elder Care Service Industry Organizations

Nursing Home Federation of the Philippines (nursing care industry association)	
Summary	<ul style="list-style-type: none"> <li>• Care industry associations, but not government sanctioned</li> <li>• Share knowledge about caregiving, exchange personnel, address the corona disaster in the caregiving business, and share information about health care services, including caregivers.</li> <li>• No official data on membership numbers.</li> </ul>
Status of Care Providers	<ul style="list-style-type: none"> <li>• There are more than 100 long-term care providers in the Philippines, but only about five of them are day care providers. Apart from these providers, there are likely to be more than institutional-type services that provide home care.</li> <li>• Reason why there are few day care providers: operations were suspended due to the Corona disaster. (If the market price is 1,500-2,000 pesos/day per person, the sales may not even reach 35,000 pesos/month.) The main reason is that it is difficult to pick up and drop off users.</li> <li>• Care providers are mostly located in large cities such as Metro Manila, Cebu, and Davao.</li> </ul>
Needs	<ul style="list-style-type: none"> <li>• As life expectancy increases, the number of diseases such as dementia is increasing. Specialized care services for these diseases are needed.</li> <li>• With more and more people going out of the country to work, families are unable to take care of their elderly, and an increasing number of people are seeking to move into facilities.</li> </ul>
Charge	<ul style="list-style-type: none"> <li>• 25,000 -100,000 pesos/month is the typical price range</li> <li>• 18,000 pesos / month is the cheapest I've heard of, higher levels have over 100,000 pesos / month</li> <li>• If you are bedridden, you need more care, so the price will go up.</li> <li>• Long-term care is not covered by the Philippine National Insurance. If admitted to a hospital, it is covered at 20%.</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Larger providers (more than 60 beds) often have a requirement for state certification holders and also consider long-term care experience.</li> <li>• Small and medium-sized businesses (with less than 60 beds) may not make national certification a requirement, but may train their staff through on-the-job training conducted by their own company.</li> </ul>
Staff Salaries	<ul style="list-style-type: none"> <li>• The minimum wage level set in the country starts at about 611 pesos/day (about 15,000 pesos/month), plus overtime and other costs.</li> </ul>

<sup>97</sup> Completion Report on the Basic Study for the Introduction of Japanese-Style Nursing Care System in the Philippines (March 2017) and Completion Report on the Project Formulation Study for the Introduction of Japanese-Style Nursing Care System in the Philippines (November 2018)

	<ul style="list-style-type: none"> <li>If you have a national certification or related degree as a nurse or caregiver, a trainer, or expertise in a specific disease, your salary may increase.</li> </ul>
Challenges in the Care Industry	<ul style="list-style-type: none"> <li>The long-term care industry is not regulated and operators operate under their own policies. Without regulation, care providers can operate as they wish, leading to a decline in the quality and image of the care industry. For the welfare and safety of the elderly, we advocate for the government to license operators and establish appropriate operating guidelines.</li> <li>I would appreciate the sharing of guidelines and other knowledge about the long-term care business in Japan.</li> <li>As for facilities and equipment, there are no regulations in the Philippines, so we try to buy products that comply with international standards.</li> <li>Beds, wheelchairs, lifters, suction machines, monitoring equipment, and vital sign meters are necessary for the care of the elderly. Some of these items can be purchased in the Philippines, but others, such as lifters, are difficult to obtain. Some of them are purchased from Taiwan, where there is a partner organization, and from Europe.</li> </ul>

(Source: Compiled by survey team from Nursing Home Federation of the Philippines hearings)

Table 1-4-18 Summary of Hearing Results from Elderly Care Service Providers

Blessed Home Adult Daycare Assisted Living (private)	
Summary	Opened in 2018, provided institutional care and day care, but day care has been suspended after the new coronavirus outbreak.
tenant eligibility (e.g. housing, etc.)	No restrictions on eligibility, but basically people who can no longer be cared for by family members.
Inhabitant	Residents 22 <ul style="list-style-type: none"> <li>Need more assistance such as dementia or Parkinson's disease: 13 people</li> <li>Not needing much assistance: 9</li> </ul>
Charge	<ul style="list-style-type: none"> <li>Facility-based services: 35,000-50,000 pesos/month</li> <li>Day service: 850-1,000 pesos/day However, day service is suspended</li> </ul>
Staff	<ul style="list-style-type: none"> <li>The facility has two wings, with one nurse assigned to each wing.</li> <li>Caregiver:patient ratio of 1:1-2 for those who need more assistance and 1:3 for those who need less assistance.</li> <li>All caregivers hold state certification.</li> <li>Other collaborations with physicians (internists and psychiatrists)</li> </ul>
Staff Recruitment	<ul style="list-style-type: none"> <li>It is not difficult to recruit caregivers.</li> <li>Recruitment of nurses is a bit difficult because many nurses want to work abroad or in hospitals and not many want to work in nursing homes.</li> <li>Experience is important in hiring (e.g., have handled residents with dementia).</li> </ul>
Salary	Caregiver: 600 pesos / day Nurse: 800 pesos / day Other benefits include meals, dormitory accommodations, overtime pay, etc.
Challenges in the Care Industry	<ul style="list-style-type: none"> <li>No national standards (e.g., facility standards) in elder care facilities</li> <li>No government permits required to operate elder care facility facilities</li> <li>The above results in many low-quality elder care services.</li> </ul>

(Source: Prepared by the survey team from Blessed Home Adult Daycare Assisted Living hearings.)

### (3) Overview of the market for long-term care products and welfare equipment

In the Philippines, long-term care services are still in their infancy, and the long-term care products and equipment in use are often inexpensive and of poor quality. Even in many nursing homes, for example, wheelchairs and nursing beds are partially used, but there are no motorized beds, only a few manual beds, and mobility equipment to assist the elderly in moving around, such as mobility lifts, are not used.<sup>98</sup>

In the interviews with care providers in this survey, among the long-term care products such as beds, wheelchairs, suction machines, monitoring equipment, and vital sign measuring devices, mobility equipment was difficult to obtain in the Philippines, and was purchased from Taiwan and Europe. Although the price range could not be ascertained in this survey, it can be inferred that the equipment is highly necessary for the operators because they purchase it from Taiwan and Europe, rather than from China, where many inexpensive products are available.

In interviews with care providers in this study, it was noted that dementia is increasing in the Philippines as well, and that care services for dementia are needed. For example, sensors including IoT (Internet of Things) could be used to respond to wandering.

In addition, Philippine care providers commented that they receive many complaints from families. In particular, many of the complaints concern the health status of the elderly, such as weight loss of the residents, and communication with the families is important in dealing with these complaints. Tools that can monitor and report on the health status of the elderly could be applied.

#### 1.4.2. Status of long-term care workers being sent to Japan and other countries

##### 1.4.2.1. Destination and production of caregivers

###### (1) Producing Human Resources Abroad

Since the 1970s, the Philippines has actively promoted overseas employment, and in the 1990s, the issue of protecting the rights of overseas workers began to surface against the backdrop of the rise of women among overseas workers, etc. In 1995, the Migrant Workers and Overseas Filipinos Act of 1995 was enacted. In 1995, the Migrant Workers and Overseas Filipinos Act of 1995 was enacted, and based on the Act, policies on sending out workers were formulated and functions to support Filipino migrant workers were strengthened. Since then, many Filipinos have been working in various countries, and the government estimates that as of 2019, about half of all overseas Filipino workers (OFWs) are in West Asian countries. For women, the trend is even more pronounced, with 60.0% located in the Middle East region (Table 1-4-19). In Hong Kong, the difference between male and female OFWs is significant, with 12.5% of female OFWs and 1.0% of male OFWs.

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<sup>98</sup> JICA, Report on the Completion of the Basic Survey Project for the Introduction of a Japanese-Style Care System in the Philippines, 2017

Table 1-4-19: Estimated Distribution of OFW by Region, Country and Gender, 2019

Region/Country	Sum	Male	Female
	persons (thousand)		
	2,177.08	970.62	1,206.47
	ratio (%)		
Africa	1.0	1.9	0.3
Asia	81.0	68.6	90.9
East Asia	21.7	21.2	22.2
Hong Kong	7.4	1.0	12.5
Japan	3.9	5.9	2.3
Taiwan	6.8	8.3	5.6
Other Countries in East Asia (including China,	3.7	6.0	1.8
Southeast and South Central Asia	8.0	7.0	8.8
Malaysia	2.1	1.7	2.3
Singapore	4.1	3.0	5.0
Other Countries in Southeast	1.8	2.3	1.4
Western Asia	51.2	40.4	60.0
Kuwait	6.1	2.0	9.4
Qatar	5.6	5.6	5.7
Saudi Arabia	22.3	22.0	22.6
United Arab Emirates	13.3	9.3	16.5
Other Countries in Western Asia	3.9	1.5	5.8
Australia	2.1	3.6	1.0
Europe	7.7	12.7	3.6
North and South America	8.2	13.1	4.2

(Source: Philippine Statistics Authority, 2020 Overseas Filipino Workers (Final Results).

A look at dispatches for care-related positions shows that maids dominate in terms of numbers, with 264,714 people dispatched as maids in the year of 2019. Many of them were dispatched to Middle Eastern countries, led by Saudi Arabia, and most of them are female (Table 1-4-20).

Table 1-4-20: Dispatches as Maids, by Destination Country (2019)

	Male	Female	total amount	Percentage (%)
whole	3,721	260,993	264,714	
Saudi Arabia	2,526	110,799	113,325	42.8
Kuwait	220	50,591	50,811	19.2
Hong Kong	622	43,460	44,082	16.7
Qatar	57	22,432	22,489	8.5%
Singapore	5	12,591	12,596	4.8%

(Source: Compiled by the research team from Department of Migrant Workers, Philippine Overseas Employment Administration OFW Deployment per Skill, Destination and Sex.

16,711 were sent as nurses, more than half of them to Saudi Arabia, followed by the United Kingdom, which accounted for about 20% of the total (Table 1-4-21).

Table 1-4-21: Dispatches as Nurses, by Destination Country (2019)

	male	Female	total amount	Percentage (%)
Whole	3,077	13,634	16,711	
Saudi Arabia	1,209	8,279	9,488	56.8
United Kingdom	958	2,457	3,415	20.4
Qatar	179	587	766	4.6
United Arab Emirates	108	599	707	4.2
Singapore	140	424	564	3.4

(Source: Compiled by the research team from Department of Migrant Workers, Philippine Overseas Employment Administration OFW Deployment per Skill, Destination and Sex.

As for home-based personal care workers, their numbers are smaller, totaling only 4,397, and also 98.0% of the total number of home-based personal care workers are in Taiwan alone.

Table 1-4-22: Dispatches as Home Care Workers, by Destination Country, 2019

	Male	Female	total amount	Percentage (%)
Whole	109	4,288	4,397	
Taiwan	90	4,221	4,311	98.0

(Source: Compiled by the research team from Department of Migrant Workers, Philippine Overseas Employment Administration OFW Deployment per Skill, Destination and Sex.

## (2) Status of institutional arrangements for sending out to Japan

In the Philippines, not only technical intern training program but also specified skilled worker are required to be introduced to and recruited through local sending organizations accredited by the Philippine government (200 organizations as of November 17, 2022<sup>99</sup>). In addition, for both the technical intern training program and the specified skilled worker, the Philippine government (POEA) will check whether the contract with the receiving organization and Filipinos is appropriate. The POLO (Philippine Overseas Labor Office), which is the POEA's overseas branch office, will conduct the actual screening and procedures, and as of September 2022, it will be located in Tokyo and Osaka. The background of this system is to promote the protection of the rights of Filipino overseas workers.<sup>100</sup>

From the perspective of protecting the rights of Filipinos, the intervention of brokers other than accredited sending agencies and the collection of fees (including Japanese language training fees) from travelers for travel are prohibited. However, there are sending organizations and brokers who illegally collect fees from the travelers themselves.<sup>101</sup> The DMW points out that Japan's multiple and complicated

<sup>99</sup> See <https://www.moj.go.jp/isa/content/930004710.pdf>, 12/10/2022

<sup>100</sup> Department of Migrant Workers (DMW) Hearing

<sup>101</sup> Sending agency, DWM hearing

sending systems create room for brokers. It also questions the fact that similar employment conditions are offered under the technical intern training program and the specified skilled worker.

Under Technical Interns Training Program, foreign nationals are basically unable to change jobs after arriving in Japan, whereas under Specified Skilled Worker, they are able to change jobs. According to the sending organization, this is why there have been cases of foreign nationals who, after working for a certain period of time at their first receiving organization, change jobs in search of better employment conditions under Specified Skilled Worker. For this reason, some of the initial host organizations in particular say that they spend a lot of money on recruitment and training, and that it is undesirable from a business management standpoint for foreign nationals to change jobs in a short period of time. Some receiving organizations consider this to be an undesirable aspect of Specified Skilled Worker. However, it was pointed out that the possibility of an increase in the percentage of receiving organizations choosing technical intern training program in the future was also pointed out, as the ability to change jobs makes a big difference for receiving organizations.

### (3) Japanese Language Education as a Sending Assistance by the Philippine Government

TESDA offers a basic Japanese language course for Filipino workers traveling to Japan<sup>102</sup>.

- Course Title: Basic Japanese language and culture
- Training time: 150 hours
- Description: Japanese for daily life related to hospitals, commuting, etc. necessary to live in Japan for workers traveling to Japan.
- Trainer: Filipino
- Cost: Not ascertained in this study. Scholarships may be obtained, in which case there is no charge.

On the other hand, as mentioned above, this course is only at the basic level, which is insufficient for the level of Japanese language proficiency required for technical training and specific skills in long-term care.

### (4) sending organization

According to the sending organization, there are significant problems with the procedures involved in sending them out. In particular, the procedures with POLO are time-consuming.

POLO strictly checks the salary conditions and requires that the salary be set equal to or higher than that of a Japanese national, but the criteria differ depending on whether the applicant is from POLO Tokyo or POLO Osaka. The required forms also differ between POLO Tokyo and POLO Osaka, and the criteria for document screening are not clear. Since signatures are required, the documents must be sent by international mail for each revision, which is time-consuming and costly.

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<sup>102</sup> From TESDA Hearing



It points out that the recruitment of Filipinos has become a high cost for the host institution because the Philippine government requires good salary conditions and the cost of sending them out cannot be collected from the individual, which increases the burden on the host institution.

In addition, the Philippines is not able to switch from other statuses of residence to specified skills in Japan, so it is necessary to return to the Philippines, reapply to the POEA, and go through the sending organization.

#### (4) information management system

Information on overseas workers, including name, age, date of birth, address, social security number, contact information for recruitment agencies, position at the client company, and years of employment, is obtained and compiled into a database. The information in the database is collected by the Ministry of Migration and Labor and submitted to the Bureau of Statistics, and some of the information, excluding personal information, is available on the Bureau of Statistics website.

#### 1.4.2.2. Background and Reasons for Selecting Destination

As noted above, overall migrant labor from the Philippines is more likely to travel to the Middle East, Hong Kong, and Taiwan. In addition to those countries/regions, there is also more travel to Singapore for maids related to caregivers, and to the UK and Singapore for nurses.

On the other hand, what are the countries/regions that are popular among Filipinos, not just as an achievement? Also, what are the reasons for those who choose Japan, and what hurdles do they face? Since quantitative data is not available, this report is based on the results of interviews at sending organizations and caregiver training institutions in this survey.

First, Canada, the Middle East, and Japan were cited by many institutions as popular countries. Others were Singapore, Germany, Australia, and the United Kingdom.

Salary was cited as the most important criterion for selection. It was also noted that many Filipinos wish to live permanently, and that Canada, Australia, Europe, and the United States are easier to obtain permanent residency. Another point that Canada is good for Filipinos is that the national caregiver certification in the Philippines is considered the same as the caregiver certification in Canada. On the other hand, the Middle East is popular even though the salaries are not as high as other countries because the application process is easy, fluency in English is not required, training in the local language is not required, and there is a high demand from the local population. Other reasons given for choosing a country included having family or relatives in the country.

Reasons for choosing Japan included salary, physical proximity between the Philippines and Japan, familiarity with Japanese culture such as anime, advanced technology, and safety. Another positive aspect of Japan compared to other countries is that there is less racial discrimination against Asians in Japan, which is seen in Europe and the United States. The physical proximity of Japan is a concrete advantage in terms of low airfares, which in turn leads to mental proximity.

Among the reasons for choosing long-term care as a path to Japan were the fact that the salary is about 10,000 yen higher than other occupations. In addition, as mentioned above, for Filipinos seeking to obtain permanent residency, long-term care, which offers a path to national certification as a care worker, may be a reason for selection.

On the other hand, one hurdle for Filipinos who do not choose Japan or who are interested in Japan is the Japanese language requirement. This is especially true for Filipinos with high English proficiency, who often view the compensation (salary in Japan) as inadequate considering the cost and effort required to acquire Japanese language skills. It was also pointed out that it is difficult for Filipinos who are already working, such as nurses, to devote the time necessary for Japanese language training. One sending organization noted that the number of applicants may decrease in the future because the Japanese language requirements for long-term care are too high for Filipinos.

In addition, while most of the Japanese host institutions require women under 30 years of age, many of the Filipino suppliers pointed out that there is a mismatch among many women in their 30s and older as a major issue. One caregiver training organization noted that half of their participants are over 35 years old and that they would recommend Middle Eastern countries such as Qatar, where the age limit is as low as 45 years old.

In addition, the national qualification of caregivers in the Philippines was also raised as an issue. In Technical Interns Training Program, it is a requirement to obtain a national qualification as a caregiver.<sup>103</sup> However, unlike Canada, where this qualification is recognized as equivalent to the caregiver qualification of the country concerned, in Japan it is not recognized as equivalent to any qualification, and it is not considered important in the recruitment process by the host institution. Some complain that the qualification is not valued in Japan because it is not recognized as equivalent to any other qualification in Japan, unlike Canada, where it is recognized as equivalent to a caregiver's qualification in that country.

#### 1.4.2.3. Post-return career status

According to interviews with sending organizations and other concerned parties, the details of the post-return trends of the returned personnel are not known. While many returnees from the Middle East want to work abroad again after returning to their home countries, those from Japan are satisfied with the salary, skills, culture, and distance, and many would like to go back to Japan, according to the interviews.

The main reason for seeking practical training and employment in Japanese long-term care is the wage they will earn during their stay, and finding a low-paying nursing job in the Philippines after returning home is not what most Filipinos are aiming for.

While many returnees hope to continue working abroad, including in Japan, trainers were mentioned as a possible career option in the Philippines. As previously mentioned, the Philippines has a national certification system for caregivers, and as of September 2022, there are 356 training institutions

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<sup>103</sup> The Philippine side has established a requirement of at least one year of experience in caregiver-related work, a national care giver certification, or a four-year bachelor's degree in a health care-related field.

nationwide. In addition, many countries have aging populations, and the demand for caregivers from those countries is expected to increase in the future. Under these circumstances, a new national certification for caregivers for the elderly has been established, and training courses for this certification will be offered in the future, and trainers for these courses will be needed. Looking at trainer salaries, public TESDA institutions pay around 20,000-30,000 pesos per month<sup>104</sup>. Compared to caregiver salaries, which start at around 600 pesos per day or 15,000 pesos per month, trainers at public TESDA institutions are a career option for returning personnel. The potential is high. In the case of private training institutions, the interviews in this study showed a wide range from around 40,000-60,000 pesos per year<sup>105</sup> to around 1,000-1,500 pesos per day<sup>106</sup>. However, the daily salary of around 1,000-1,500 pesos is higher than the daily salary of around 600 pesos for a caregiver, suggesting that trainers at private training institutions are likely to be a career option for returnees. This is considered to be a potential career option for returning workers.

Note that the qualification requirements for caregiver trainers are as follows: according to TESDA, 22 days of training in the trainer's methodology, plus an examination must be passed.

- Must have NC II<sup>107</sup>.
- Must be trained in Training Methodology II
- Be in good physical and mental health
- At least 2-3 years of supervisory/managerial level work/industry experience (not required, but only if requested by the hiring agency)

(Source: Training Regulation, Caregiving NC II)

In addition, the trainer qualification requirements for caregivers (older adults) are as follows. Regarding the second requirement, the Caregiver NCII falls under health-related courses.<sup>108</sup>

- Must be a Level 1 holder of the National TVET Trainer Certification in Caregiver (Elderly) NCII
- Completion of health-related courses or a bachelor's degree
- Good communication skills.
- At least 2 years of industry experience within the past 5 years

(Source: Training Regulation, Caregiving (Elderly) NC II)

Some also expected to contribute to higher positions, such as managers in caregiver facilities. According to one caregiver training institute, the salary for the same manager position varies by educational background, although it depends on the facility, ranging from 35,000-40,000 pesos per month for a bachelor's degree to about 40,000-45,000 pesos per month for a master's degree.

<sup>104</sup> TESDA Hearing

<sup>105</sup> TESDA Training Institute (Fine International Training Center) Hearing

<sup>106</sup> TESDA Training Institute (Global Care Training Center) Hearing

<sup>107</sup> Training Regulation Caregiving NCII states NC III; I checked with TESDA and they responded that since Caregiver is only available up to NC II, NCII possession is fine.

<sup>108</sup> TESDA Hearing

A national medical institution specializing in elder care commented that they believe that experience in elder care would be useful in a hospital specializing in elder care. However, they said that a suitable qualification would be necessary and that it would be necessary to study at a two-year junior college. Even in this case, the salary is approximately 16,000 pesos per month, which is almost the same level as the salary of a caregiver.

Let us look at the case of nurses traveling to Japan as caregivers. As already mentioned, there are no major issues in terms of renewal of nursing certification, even for those traveling to Japan as caregivers. First of all, the credits required for renewal of certification are based on training, not on work experience. This is because although it may not be possible to receive relevant training at nursing homes, it is possible to obtain sufficient credits through participation in webinars and other activities. On the other hand, in the case of public hospitals in the Philippines, a major disadvantage noted was that if a person reenters the workforce after working as a caregiver or nurse abroad, he or she would have to start over from the minimum wage level. In private hospitals, while this rule does not exist, it is not an attractive career path because of the low salaries for nursing positions in private hospitals in the Philippines in the first place.

[Career support after returning home by the government]

The Philippine government, which promotes overseas employment, also provides reintegration programs for those who have returned to their home countries.

The National Reintegration Center for OFWs (NCRO) under the Ministry of Migrant Workers mainly implements the following programs (Table 1-4-23)

Table 1-4-23: Major reintegration support programs for returnees

program-name	summary
Balik Pinay, Balik Hanapbuhay	A program for returning <sup>109</sup> and needy returning women in the middle of their term of service. The assistance package includes a grant of 10,000 pesos and training.
Livelihood Development Assistance Program	Livelihood enhancement program worth 10,000 pesos for returning irregular OFWs <sup>110</sup>
Small Business Management Training	Pre-orientation on small business management (half to full day)

(Source: Prepared by survey team from NCRO hearings)

Of these, the Balik Pinay, Balik Hanapbuhay and Livelihood Development Assistance Programs are particularly central, but a summary of program beneficiaries (Table 1-4-24) shows that women, travelers to the Middle East, and maids program users. This is due to the following points.

- The Philippines sends out many maids.
- Many of those who go as maids come from poor families, earn relatively little in the destination country, and return home without the skills to support themselves. In addition, since they are originally from poor families, they need to reintegrate into society immediately after returning to their home countries because they have to support their families and relatives.




<sup>109</sup> Local mistreatment, unfair dismissal, etc.

<sup>110</sup> People who have traveled to Japan illegally without following the proper documentation procedures.

- In the Middle East, we often face labor problems.

Note that although 214 returnees from Japan (0.6% of the total beneficiaries) were also included, although only a small number (0.6%), most of them were people who had stayed in Japan illegally and were not expected to be covered by these programs if they traveled under regular programs such as the technical internship program or the specified skills program. The number of people who were not covered by these programs was not very high.

Table 1-4-24: Summary of Balik Pinay, Balik Hanapbuhay and Livelihood Development Assistance Program Beneficiaries, September 2011-2022

Number of program beneficiaries distinction of sex	Total: 33,729 Women: 26,349 (78%) Males: 7,380 (22%)
Number of program beneficiaries Top 3 Destination Countries	UAE (23%), Saudi Arabia (20%), Kuwait (9%) Japan had 214 respondents (165 females and 49 males), about 0.6% of the total.
Number of program beneficiaries Top 3 occupations	Maids, agriculture and other services, construction
Livelihood Improvement Activities	Of the 6,198 livelihood improvement activities supported by the program, 768 (12%) indicated that they are ongoing.
Examples of Livelihood Improvement Activities Supported by the Program	
	
<small>Jeverlyn Pelongo, Home Service Salon Davao</small>	<small>Raquel Rosal, Carinderia Camiguin</small>
	
<small>Gemma Delvo, Digital Marketing Cebu</small>	

(Source: Prepared by survey team based on NCRO interviews and data provided.)

In addition, the Overseas Workers Welfare Administration (OWWA), also under the Ministry of Migration and Labor, offers the following training programs to assist in finding employment after returning home.

- Program name: The Skills for Employment Scholarship Program
- Program Summary: Receive up to 14,500 pesos in subsidies (up to 7,250 pesos for the 6-month course) for attending training in the following eligible courses
- Eligibility: OWWA members<sup>111</sup> and their dependents, and diploma or high school graduates.

<sup>111</sup> All Filipinos working abroad are required to join OWWA. The membership fee is US\$25 and is valid for two years, with optional renewal after two years.

- Eligible Training: Technical and vocational training courses at schools accredited by TESDA, the Philippine Maritime Industry Authority, and other government training agencies

Prior to travel, the OWWA membership status will not be available in the destination country or upon return to the home country.<sup>112</sup> In relation to caregivers, TESDA is included in the target training, which includes training to become a caregiver or a trainer of caregivers. For example, a caregiver may be sent to Japan as a caregiver and upon returning home, take a training course to become a trainer. A case could be that a caregiver is dispatched to the Middle East as a maid, and after returning, the caregiver takes a caregiver training course. The number of users of this program is shown in Table 1-4-25, which indicates that about 7,000 people were utilizing this program annually before the new Corona. Detailed data on the type of training courses in which the program is used was not available in this survey.

Table 1-4-25: Number of Students Utilizing the Employment Assistance Scholarship Program (2016-2022)

	2016	2017	2018	2019	2020	2021	2022
Number of users	5,659	6,531	7,186	7,464	1,861	1,873	2,089

\* 2022 is data from January to September.

(Source: Prepared by survey team from OWWA hearings)

#### 1.4.3. Summary of the legal system, market, and the status of caregiver production related to caregiving and caregiver human resources.

In the Philippines, the hurdle of learning Japanese has become a major issue in sending caregivers to Japan. In the Philippines, the cost of Japanese language education cannot be collected from the Filipinos to be sent to Japan, so the cost is borne by the receiving institution. This directly increases the burden on the Japanese receiving institution.<sup>113</sup> On the other hand, in most cases, Japanese language training takes about 6 months, and the inability to work during the 6 months is a big burden for the dispatched Filipinos.

In the Philippines, nurses are also being dispatched to Japan as caregivers, but disadvantages for them have been pointed out. For one thing, the Philippines offers only a four-year bachelor's degree course to become a nurse, which is more education than is required in countries where there is an option to become a nurse with a three-year education. In addition, not only for nursing personnel, but also for those who work abroad and return to the Philippines to work again, starting over at the minimum wage level is a major career disadvantage. This disadvantage is only in the case of public hospitals, but it is a significant disadvantage in public hospitals because private hospitals generally pay lower salaries.

<sup>112</sup> OWWA Hearing

<sup>113</sup> The study also identified instances in which the sending organization paid a portion of the Japanese language training costs.

There is already a national certification system for caregivers in the Philippines, and there are many institutions conducting the training, making it a popular course in the Philippines. In addition, a national certification system for caregivers that specializes in the care of the elderly is also in place. On the other hand, there are issues from the following two perspectives.

There are no caregiver courses offered specifically for elder care yet, and as the interviews in this study revealed, each training institution needs to invest in its own facilities and equipment necessary for this purpose. Training of trainers is also necessary, and it may be a challenge to determine how many institutions can provide training and at what quality in the future.

As pointed out in interviews with sending agencies and training organizations, the caregiver is a national qualification in the Philippines, and while it is recognized in Canada as equivalent to the caregiver's qualification in the Philippines, in Japan it is not recognized as equivalent to any qualification, and there are complaints that it is not evaluated properly because it is not considered important when hiring. In Canada, caregiver qualifications are recognized as equivalent to national qualifications in Canada, while in Japan, caregiver qualifications are not recognized as equivalent to any other qualifications and are not considered important in recruitment. In addition, as of September 2022, there is only one qualification level for caregivers (NC II), which corresponds to level 2 on the PQF qualification scale. This means that even if a Caregiver NC II holder returns to Japan after several years of caregiving experience in Japan, his/her experience will not be recognized as a qualification in the Philippines. INFIC Corporation also believes that a mutual recognition of qualifications between Japan and the Philippines, such as the recognition of Philippine caregiver qualifications in Japan, will facilitate the smooth flow of human resources from the Philippines to Japan and the return of such human resources to Japan.

As seen in the section on the legal system for long-term care services, the Philippines has a particularly underdeveloped system for private long-term care services. As pointed out by local care service providers and Japanese care service providers considering expansion into the Philippines, there are several concerns due to the underdeveloped system: (1) registration is not mandatory and the government is unable to grasp the actual situation; (2) the lack of a licensing system, service standards, etc. may result in poor quality services; (3) As a result of (2), users, their families, and society in general will develop a bad reputation and a sense of distrust toward Philippine long-term care services as a whole; (4) The definition of long-term care services (services that can be provided) is not well-developed, so there is a risk for service providers that the government will arbitrarily make decisions regarding business licensing and suspension of operations.

The National Commission on Aging, established in 2022, may have jurisdiction over these private long-term care service systems, but the establishment process is still in the middle of the road and is not yet fully functional. In addition, the Commission hopes for knowledge sharing from Japan, as the Philippines lacks sufficient knowledge of long-term care services and systems.

Attachment: Survey Schedule

Date		Program
1	2022/9/11	Haneda Manila
2	2022/9/12	Blessed Home Adult Daycare Assisted Living (Caregiving provider)
		Global Care Training Center (TESDA Care giver training institute)
		JP-Talk.Inc (sending organization)
3	2022/9/13	TESDA (Goc Agency)
		National Center for Geriatric Health (health institute)
		sending organization)
4	2022/9/14	National Commission of Senior Citizens (Goc Agency)
		Nursing Home Federation of the Philippines (care service provider)
		Prodenial employment agency (sending organization)
5	2022/9/15	Fine International Training Center (TESDA Care giver Institute)
		Program Management Bureau (DSWD) (Goc Agency)
		Goat Philippin office (sending organization)
		Japan Embassy
		PCR test
6	2022/9/16	National Reintegration Centre for Overseas Filipino Workers (NRCO) (Goc Agency)
		Department of Migrant Workers (DMW) (Goc Agency)
		Overseas Workers Welfare Administration (OWWA) (Goc Agency)
7	2022/9/17	PHILIPPINE NURSES ASSOCIATION, INC
		Manila Haneda



Attachment: List of interviewees

## 1.5. India

### List of Abbreviations

APY	Atal Pension Yojana
BSc	Bachelor of Science in Nursing
EDLI	Employees Deposit Linked Insurance Scheme
EPF	Employee Provident Fund
EPS	Employees' Pension Scheme
GCC	Gulf Cooperation Council
GDA	General Duty Assistant
GNM	General Nursing and Midwifery
IPOP	Integrated Programme for Older Persons
MOHFW	Ministry of Health and Family Welfare
MOSJE	Ministry of Social Justice and Empowerment
MSc	Master of Science in Nursing
MWP	Maintenance and Welfare of Parents and Senior Citizens
NAPSrC	National Action Plan for the Welfare of Senior Citizens
NISD	The National Institute of Social Defense
NPHCE	National Programme for Health Care of the Elderly
NPOP	National Policy for Older Persons
NPS	National Pension System
NSDC	National Skill Development Corporation
OBC	Other Backward Classes
RGC	Regional Geriatric Centres
RRTC	Regional Resource & Training Centre
SC	Scheduled Tribes

### 1.5.1. Legal systems, markets, etc. related to long-term care and long-term care human resources

#### 1.5.1.1. Situation of the elderly

In India, the elderly are defined as those over the age of 60<sup>114</sup>. According to a report by the United Nations Population Fund, the percentage of the population aged 60 and over was 8% in 2015, and the percentage of the elderly is projected to accelerate in the coming decades, reaching 19% (about 240 million people) by 2050.<sup>115</sup> The situation of the elderly is greatly influenced by their families, as the view that the elderly are mainly looked after by their children is deeply rooted. In terms of population ratios by region, the aging of the population is progressing faster in the southern region of India (Figure 1-5-1).

<sup>114</sup> Hitoshi Ota, Institute of Developing Economies, "Research Report on Social Security Systems for the Elderly in Emerging Countries, Chapter 5: The Elderly and Livelihood Security Systems in India: Focusing on Government Initiatives and Public Pensions" (2009)

<sup>115</sup> United Nations Population Fund, India Ageing Report (2017) (<https://india.unfpa.org/sites/default/files/pub-pdf/India%20Ageing%20Report%20-%202017%20%28Final%20Version%29.pdf>) accessed February 20, 2023)

Another characteristic of the elderly in India is the large population living in rural areas: according to the 2011 census<sup>116</sup>, about 71% of the elderly live in rural areas. According to a report by the United Nations Population Fund<sup>117</sup>, the number of one-person or elderly-only households has been on the rise in recent years as child generations have been migrating to urban areas and overseas for work, leaving the elderly behind in rural areas. As a result, social isolation and poverty among the elderly have become major issues. In particular, the elderly living in rural areas, where resources such as medical institutions and long-term care facilities are scarce, are said to be in great need of support. The same report by the United Nations Population Fund also mentions the need for policies for elderly women, taking into account the situation where women tend to live longer than men. Women are likely to suffer social and economic disadvantages in many areas, the effects of which may be exacerbated by the loss of a spouse in old age.

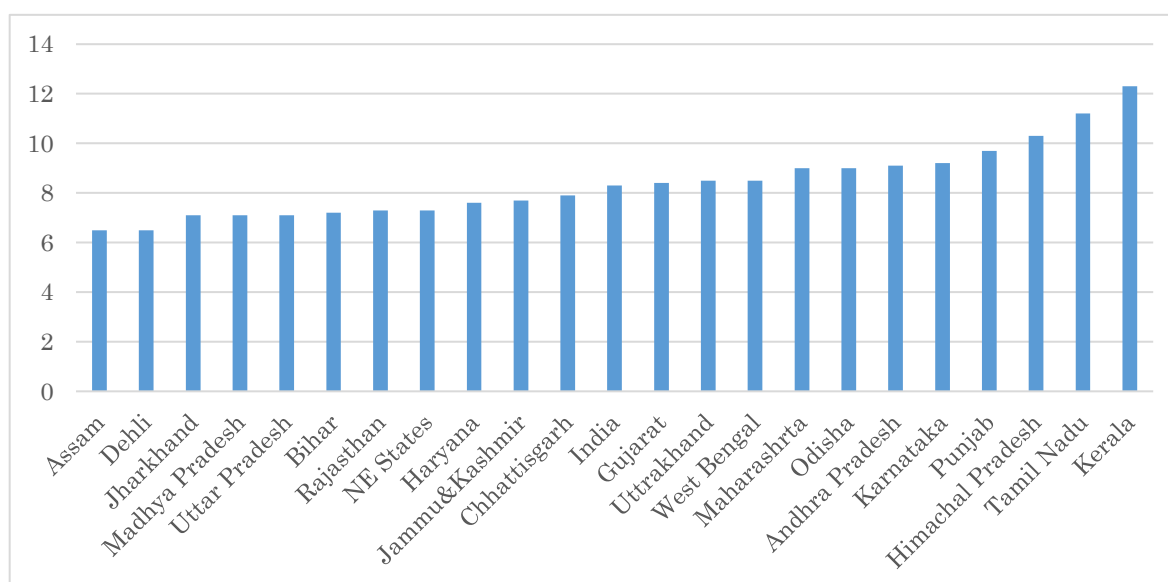


Figure 1-5-1 Percentage of India's population aged 60+ by state (%) (2011)

(Source: Prepared by the research team from the United Nations Population Fund's "India Ageing Report 2017.")

In India, long-term care services for the elderly at home have not been institutionalized as of 2022. Although the state government has been establishing residential facilities for the elderly, it is expected that family members will be responsible for the care of the elderly, and eligibility is limited to the elderly who are single or whose families cannot take care of them due to poverty or other reasons. Most elderly people tend to live at home, as they themselves prefer to live in their own familiar homes and communities. Within the home, which tends to be closed, abuse and neglect by family members is often a problem.<sup>118</sup>

<sup>116</sup> India Country Data Resource (<https://censusindia.gov.in/census.website/>) accessed February 20, 2023

<sup>117</sup> See United Nations Population Fund, India Ageing Report (2017), footnote 2.

<sup>118</sup> United Nations Population Fund, India Ageing Report (2017) See footnote 2 for details.

### 1.5.1.2. Related Laws and Policies

In India, the idea that the elderly should be looked after by family members has been strong for a long time, and it has been expected that care for the elderly would be provided in the home. It was not until the 1980s that the elderly came up for discussion as a national policy, and it was not until 1999 that the National Policy for Older Persons (NPOP) was formulated. NPOP, which was formulated at that time, provides basic guidelines for government measures for the elderly with the aim of improving the quality of life of the elderly, including financial, nutritional, medical, housing, and support, including avoidance of abuse and exploitation. The government's basic guidelines for measures for the elderly are also provided. In addition, the government has also launched policies to encourage the elderly to be more aware of their own preparedness for old age, to promote family care for the elderly, and to support the activities of volunteer groups and NGOs to complement this.<sup>119</sup> The trend that families should be responsible for the support of the elderly has not changed since 2000, and in 2007, the "Parents and the Elderly" Act was enacted. In 2007, the "Maintenance and Welfare of Parents and Senior Citizens (MWP) Law" established a legal framework for the support of the elderly and emphasized the family's responsibility for the care of the elderly, requiring children and relatives to provide support for parents and the elderly.

The National Programme for Health Care of the Elderly (NPHCE), which embodied the commitments stipulated in the NPOP and MWP, aimed to provide appropriate medical care to the elderly under the leadership of the state government, and at primary to tertiary level medical facilities. The program included wards and medical facilities to provide care for the elderly, home visits, preventive medicine, and promotion of medical coordination. In addition, attention has been paid to human resource development to realize appropriate medical care provision, and measures have been taken such as establishing geriatrics departments in eight Regional Geriatric Centers (RGCs) nationwide, and adding geriatrics to the curriculum for training medical personnel, including nurses. As of 2021, this plan will continue to be implemented, and in 2020, a new National Action Plan for the Welfare of Senior Citizens (NAPSrC) will be formulated with implementation goals to improve the well-being of the elderly. ), with implementation goals aimed at improving the well-being of the elderly (Table 1-5-1).

The Ministry of Social Justice and Empowerment (MOSJE), which is primarily responsible for the elderly, aims to promote the welfare, social justice and empowerment of disadvantaged citizens, such as Scheduled Tribes (SC), Other Backward Classes (OBC), the disabled, the elderly, the transgender, drug users and beggars. Backward Classes (OBC), disabled, elderly, transgender, drug users and those who make a living by begging. The priority of each group is indicated in the report, but the elderly are ranked lower than SCs and OBCs, indicating that the reality is that the response to the elderly has taken a back seat.

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<sup>119</sup> Hitoshi Ota, Institute of Developing Economies, "Research Report on Social Security Systems for the Elderly in Emerging Countries, Chapter 5: The Elderly and Livelihood Security Systems in India: Focusing on Government Initiatives and Public Pensions" (2009)

Table 1-5-1 Laws and Policies Related to the Welfare of the Elderly

name	Contents
National Policy for Older Persons (NPOP)	<ul style="list-style-type: none"> <li>• Formulated by the Ministry of Social Justice and Empowerment</li> <li>• The government's basic guidelines for measures for the elderly regarding economic and lifestyle support in order to improve the quality of life of the elderly. 19 government ministries and agencies are constituted as implementing agencies, among which 4 ministries and agencies play important roles in services for the elderly.               <ul style="list-style-type: none"> <li>-Ministry of Social Justice and Empowerment (Ministry of Social Justice and Empowerment): responsible for interagency coordination and implementation of IPOPOP to improve the quality of life of the elderly.</li> <li>-Ministry of Health and Family Welfare: responsible for developing primary to tertiary health care services for the elderly and implementing health and welfare plans for the elderly.</li> <li>-Ministry of Rural Development to administer the National Social Assistance Program and provide old-age pensions and family allowances to households below the poverty line.</li> <li>-Ministry of Panchayati Raj (Ministry of Panchayati Raj)<sup>120</sup> : responsible for implementation to support the elderly in rural areas</li> </ul> </li> </ul>
Integrated Programme for Older Persons (IPOP)	<ul style="list-style-type: none"> <li>• Formulated by the Ministry of Social Justice and Empowerment</li> <li>• The plan aims to improve the quality of life of the elderly, providing senior citizen facilities, mobile clinics, day care, etc. It describes a plan to provide at least 150 nursing homes for the elderly in each district. The plan also provides financial assistance to local governments, NGOs, educational institutions, charitable hospitals/nursing homes, etc., and eight Regional Resource &amp; Training Centers (RRTCs) (NGOs to provide caregiver training, self-care for the elderly and caregivers, preventive health care, etc.) with the aim of</li> </ul>

<sup>120</sup> It is responsible for matters related to rural municipalities (panchayats) in the local system below the state level, and was established in 2004.

	<p>developing community capacities. (NGOs that provide caregiver training, self-care for the elderly and caregivers, preventive health care, etc.).</p>
<p>Maintenance and Welfare of Parents and Senior Citizens 2007 (MWP)</p>	<ul style="list-style-type: none"> <li>• Social Justice and Empowerment Ministry enacted</li> <li>• Established a legal framework for support of the elderly. It mandates the care of parents and the elderly by children and relatives, and legally authorizes the revocation of property transfers if relatives neglect the elderly. Other provisions include penalties for abandonment of the elderly, the establishment of nursing homes for the indigent elderly, and adequate medical facilities and security for the elderly. Implementation of the law is left to state governments, and the actual situation varies from state to state</li> </ul>
<p>National Programme for Health Care of the Elderly (NPHCE)</p>	<ul style="list-style-type: none"> <li>• Developed by the Ministry of Health and Family Welfare during 2010-2011</li> <li>• Embodies the commitments stipulated in the UN Convention on the Rights of Persons with Disabilities, the NPOP, and the MWP</li> <li>• In order to provide appropriate medical treatment and care to the elderly, healthcare provision to the elderly and human resource development, etc. are being implemented on a nationwide scale through primary to tertiary healthcare systems, aiming at cooperation with local resources such as medical institutions, ministries, and local governments.</li> <li>• The results as of 2020 are as follows <ul style="list-style-type: none"> <li>• Expansion plans for primary and secondary geriatric services were approved for 100 districts in the 11th medical plan (2007-2012), 421 districts in the 12th plan (2012-17), and services in all 713 districts by 2020.</li> <li>• The tertiary care service was renamed "Rashtriya Varisth Jan Swasthya Yojana" in 2016, and RGCs have been established in 19 medical colleges in 18 states.</li> </ul> </li> </ul>
<p>National Action Plan for the Welfare of Senior Citizens</p>	<ul style="list-style-type: none"> <li>• Formulated by the Ministry of Social Justice and Empowerment</li> </ul>

(NAPSrC) (2020-)	<ul style="list-style-type: none"> <li>• It outlines the Indian government's vision and action plan to improve the well-being of the elderly, and sets 10 development goals (economic security, health and nutrition, housing, etc.). The policy also includes the promotion of the revitalization of the elderly industry through start-up companies, etc.</li> <li>• This plan calls for each state to develop an action plan (5-year plan and annual plan) and to promote implementation and coordination by ministries, state and local governments, and related agencies related to the welfare of the elderly.</li> </ul>
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(Source: Prepared by the survey team based on the following references

United Nations Population Fund, India Ageing Report (2017) (see footnote 2)

Indian Ministry of Health and Family Welfare website, "Detailed Breif of NPHCE"

(<https://main.mohfw.gov.in/sites/default/files/Detailed%20Breif%20of%20NPHCE.pdf>) accessed February 20, 2023.

Indian Ministry of Social Justice and Empowerment, "An Umbrella Scheme for Senior Citizens. National Action Plan for the Welfare of Senior Citizens (NAPSrC )" (<https://grants-msje.gov.in/display-napsrc>) accessed February 20, 2023

### 1.5.1.3. Long-term care system and social security system

Social security programs covering the elderly are as follows

#### ( 1 ) medical-care insurance

The medical insurance system in India is not universal, with less than 20% of the population having medical insurance coverage. Although the constitution guarantees medical care to all citizens and allows free treatment at public medical institutions, about 80% of outpatient visits and 60% of hospital admissions are provided by private medical institutions,<sup>121</sup> and the majority of medical costs are covered by co-payments. In 2018, the Ayushman Bharat (India for Longevity) plan was announced, which aims to provide access to quality healthcare services to all citizens. While the National Institution for Transforming India Aayog believes that 70% of India's entire population has access to some form of medical protection due to the progress of Ayushman Bharat, the remaining 30% of the country's population of over 400 million people The Institution suggests the need to build momentum for the middle class, which is not covered by public insurance, to purchase medical insurance, and to expand coverage to private insurance companies, which mainly offer products for high-income earners, as measures for the remaining 30% of the population, which exceeds 400 million.<sup>122</sup>

#### ( 2 ) long-term care insurance

<sup>121</sup> Research Report on International Expansion of Health Care Industry in Asia, including Nursing Care, Toward the Realization of the Asia Health Initiative, Cabinet Secretariat (2019).

<sup>122</sup> Ministry of Health, Labour and Welfare, "2021 Overseas Situation Report," (<https://www.mhlw.go.jp/wp/hakusyo/kaigai/22/>) accessed February 20, 2023

India does not have a long-term care insurance system at this time.

( 3 ) Pension, public assistance

The social security systems relevant to the elderly are the pension system and the public assistance system. An overview of each system is shown in the tables below (Tables 1-5-2 and 1-5-3). In India, Article 41 of the Constitution mandates state governments to take measures to ensure the right to public assistance for poverty due to unemployment, old age, and illness. The central government introduced the National Social Assistance Program in 1995 and a new scheme for poor elderly persons not receiving old age pensions in 2000. <sup>123</sup>

In India, social security is a matter under the common jurisdiction of the central and state governments, and states can develop their own measures and initiatives. In particular, the state of Kerala, located in the southern part of India, is said to have a significantly better social security program than other states. <sup>124</sup>

Table 1-5-2 Public Pension System

<p>Employee Provident Fund (EPF) Employees' Pension Scheme (EPS) Employees Deposit Linked Insurance Scheme (EDLI)</p>	<p>(Eligibility) Businesses with 20 or more workers in a specific industry, with employees earning less than 15,000 RPs per month in wages are enrolled compulsorily, while employees earning more than 15,000 RPs per month are enrolled voluntarily.</p> <p>(Contribution) Workers receive 12% of their wages (base salary + various allowances)</p> <p>(Benefits) EPF can be withdrawn from age 55 and EPS from age 58; EDLI provides a lump-sum payment to the family upon the death of the insured; EPF provides a lump-sum payment; EPS provides a monthly annuity payment</p>
<p>National Pension System: NPS</p>	<p>(Eligible) Voluntary enrollment for workers (mandatory for public sector <sup>125</sup>). Managed through a defined contribution personal account.</p> <p>(Contribution) For civil servants, workers contribute 10% of their wages plus various benefits for the first floor. Non-government employees are fully responsible for their own contributions. minimum contribution per contribution is 500 RPs <sup>126</sup> (minimum contribution per year is 1000 RPs). minimum contribution at the opening of the second floor is 1000 RPs.</p>

<sup>123</sup> Ministry of Health, Labour and Welfare, "2019 Overseas Situation Report," (<https://www.mhlw.go.jp/wp/hakusyo/kaigai/20/>) accessed 20 February 2023

<sup>124</sup> Hitoshi Ota, Institute of Developing Economics, "Research Report on Social Security Systems for the Elderly in Emerging Countries, Chapter 5: The Elderly and Livelihood Security Systems in India: Focusing on Government Initiatives and Public Pensions" (2009)

<sup>125</sup> Indian citizens outside the public sector between the ages of 18 and 65 can join voluntarily; those who open a first-floor account can open a second-floor account.

<sup>126</sup> The number of contributions per year is optional, but at least one is required.



	(Benefits) 1st floor is withdrawn as a lump sum at age 60; 2nd floor can be withdrawn at will
Atal Pension Yojana: APY	(Eligible) For workers; introduced in 2015; voluntary membership available to those aged 18 to 40 with a bank account. (Benefit) An amount determined by the insured person, either 1,000 to 5,000 RPs per month, after age 60 for 20 or more years of coverage.
Pension Plan for Unorganized Workers (PM-SYM)	(Eligible) for unorganized workers who are not members of EFPs, etc. <sup>127</sup> , introduced from 2019 (Contribution) Varies depending on age. The amount of the individual's contribution is from 55 RPs per month for 18 year old subscriptions and from 200 RPs per month for 40 year old subscriptions. (Benefits) 3,000 RPs per month for 20 years or more of membership.

(Source: Compiled by the survey team from the Ministry of Health, Labour and Welfare's Overseas Situation Report 2019 and Overseas Situation Report 2016 (<https://www.mhlw.go.jp/wp/hakusyo/kaigai/17/>))

Table 1-5-3 Public Assistance Programs

Indira Gandhi. State Old Age Pension Scheme	<ul style="list-style-type: none"> <li>• Poverty Line<sup>128</sup> Elderly persons 60 years and older in households below the poverty line</li> <li>• 200 RPs per month, 500 RPs for those over 80 years old</li> <li>• The number of recipients is 24.96 million (2019)</li> </ul>
Indira Gandhi. State Widow's Pension Scheme	<ul style="list-style-type: none"> <li>• Widows over 40 years of age in households below the poverty line</li> <li>• 300 RPs per month; 500 RPs per month for those over 80 years old</li> <li>• 6.99 million beneficiaries (2019)</li> </ul>
Indira Gandhi. National Disability Pension Scheme	<ul style="list-style-type: none"> <li>• Severe or multiple disability holders between the ages of 18 and 79 in households below the poverty line</li> <li>• 300 RPs per month; 500 RPs per month for those over 80 years old</li> <li>• 29,000 beneficiaries (2019)</li> </ul>

<sup>127</sup> Voluntary membership is available to those aged between 18 and 40 years, belonging to the unorganized sector who are not members of EPF, etc., and whose monthly income is less than 15,000 RPs and who are exempt from income tax.

<sup>128</sup> The poverty line defined by the Government of India is based on per capita consumption expenditure per month and is calculated after reflecting the price index of each state; as of 2014, the Rangrajan Committee defined consumption expenditure per month as 972 RPs for rural areas and 1407 RPs for urban areas ( Ministry of Rural Development, India "POVERTY MEASUREMENT IN INDIA: A STATUS UPDATE" Working Paper No. 1/2020 ([https://rural.nic.in/sites/default/files/WorkingPaper\\_Poverty\\_DoRD\\_Sept\\_2020.pdf](https://rural.nic.in/sites/default/files/WorkingPaper_Poverty_DoRD_Sept_2020.pdf)) accessed February 20, 2023 )

Anaburna Scheme	<ul style="list-style-type: none"> <li>• Indira Gandhi National Old Age Pension Scheme Elderly persons aged 60 years and above who qualify for the scheme but are not receiving it.</li> <li>• 10Kg of grain (rice and wheat) provided free of charge every month</li> </ul>
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(Source: Prepared by the survey team from the Ministry of Health, Labor, and Welfare's Overseas Situation Report 2019)

#### 1.5.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) Public systems for caregiver personnel

The primary caregivers are family members, and other occupations include nurses as an extension of medical care, caregivers (caregivers), or housekeepers. Caregivers as a profession are not common, and no national certification has been established, such as that of caregivers in Japan. However, in recent years, a system to develop human resources for caregiving has been initiated under the Ministry of Health and Family Welfare, and several caregiving education programs exist as vocational training for overseas employment and community care personnel. Listed below are educational programs developed in accordance with the standards set forth in the National Skills Qualification Framework (NSQF) by the Ministry of Skills Development and Entrepreneurship (Table 1-5-4). The implementing institutions for each program vary, and while some curricula have been developed with reference to caregiver requirements in Western countries and Japan with the expectation of working overseas, there is no attempt at uniformity. Of the six long-term care facilities visited by the study team, only one actively employed personnel certified by such programs, and this is not a common practice even in India.

Table 1-5-4 Examples of vocational training programs

Domestic Workers-Elderly Caretaker (Non-Clinical)	<p>(Accreditation and Certification Body/Implementing Agency) Domestic Workers Sector Skill Council</p> <p>(Summary) Established under the Ministry of Skill Development and Entrepreneurship and the National Skill Development Corporation (NSDC<sup>129</sup>) with support from the ILO and the Ministry of Labor and Employment. Courses specific to care for the elderly as part of a program aimed at improving and certifying skills in domestic work. Students learn daily care of the elderly (walking assistance, feeding, dressing, toileting, etc.) and general household chores such as cooking, etc.</p> <p>(Eligibility) Persons capable of basic reading, writing, and calculating skills.</p>
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<sup>129</sup> A non-profit organization established to promote vocational training and skills development, and is the government's liaison to India for the Technical Apprenticeship Scheme.

Geriatric Care Aide	<p>(Accreditation Agency/Implementing Agency)Accredited by the National Accreditation Board for Hospitals and Healthcare (NABH) or the National Accreditation Board for Certification Bodies (NABCB) Hospitals, National Board of Examination (NBE) member hospitals</p> <p>(Certification Body)Indira Gandhi National Open University (Summary) Provides support to elderly patients and assistance to healthcare professionals, primarily in homes, nursing homes, rehabilitation facilities and hospitals.</p> <p>1000 hours of study (including 360 hours of practical training and 475 hours of internship)</p> <p>(Eligible) 18 years of age or older who have completed secondary education<sup>130</sup></p>
Geriatric Care Assistants	<p>(Accreditation Agency/Implementing Agency)National Skill Development Corporation (NSDC) and Healthcare Sector Skill Council</p> <p>(Healthcare Sector Skill Council</p> <p>(Summary) Assumes employment in general homes, hospitals, nursing homes, etc. Under the coordination and supervision of physicians, nurses, and other health care professionals, the student will be responsible for the care of the elderly. Minimum 700 hours of study (including 360 hours of practical training and 175 hours of internship).</p> <p>(Subjects) Completion of advanced secondary education and nursing midwife assistants</p> <p>(Auxiliary Nursing Midwifery,ANM) certification holder or Home Health Aide or General Duty Assistant certification with 1-2 years of work experience.</p>

(Source: Prepared by the survey team based on National Qualifications Register "Qualifications Listing" (<https://www.nqr.gov.in/>) (accessed August 30, 2022).

( 2 ) nursing personnel

<sup>130</sup> Education in India is jointly provided by the central and state governments, and the number of years of schooling varies from state to state. Basically, it consists of 5 years (primary school), 3 years (advanced primary school), 2 years (secondary school), and 2 years (advanced secondary school), of which compulsory education is 8 years.

See: Ministry of Education, Culture, Sports, Science and Technology document, "Country Subcommittee Document India" (2016) ([https://www.eduport.mext.go.jp/epsite/wp-content/uploads/2021/03/subcommittee-2016\\_india.pdf](https://www.eduport.mext.go.jp/epsite/wp-content/uploads/2021/03/subcommittee-2016_india.pdf)) February 2023 Accessed on 20

There are four types of nursing systems in India. A summary of the nursing qualifications is provided in the table below (Table 1-5-5). In India, registration as a registered nurse allows a person to work as a nurse. Registered nurses are registered as General Nursing and Midwifery (GNM), Bachelor of Science in Nursing (BSc), and Master of Science in Nursing (MSc). The three types of nursing midwifery assistants (ANAs) are Auxiliary Nursing Midwifery (ANM) is an assistant and works as an assistant to a nurse. Nurses may also take on the work of caregivers, but many nurses are unwilling to engage in caregiving work because it is perceived as a lower social status job.<sup>131</sup>

Table 1-5-5 Nursing Qualifications in India

Title.	period of education	summary
registered nurse 1) Master of Science in Nursing M. Sc. Nursing(Master of Science in Nursing)	2 years	(Admission requirements) <ul style="list-style-type: none"> <li>• Registered as a nurse/midwife with the State Board of Nursing Registration</li> <li>• BSc with good grades</li> <li>• At least one year of work experience after obtaining a BSc.</li> </ul> (Qualifications and career paths) <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Public and private sector education positions, etc.</li> </ul> (Other) <ul style="list-style-type: none"> <li>• Gerontological nursing is studied as part of nursing science (common to all states)</li> </ul>
2) Bachelor of Science in Nursing B. Sc. Nursing (Bachelor of Science in Nursing)	4 years	(Admission requirements) <ul style="list-style-type: none"> <li>• 17 years and older</li> <li>• Completion of advanced secondary education with good grades</li> </ul> (Qualifications and career paths) <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Private sector health care providers, etc. (with a greater tendency to migrate abroad)</li> </ul> (Other) Gerontological nursing is studied as part of nursing science (common to all states)
Clinical Nurse Specialist GNM (General Nursing and Midwifery)	3 years	(Admission requirements) <ul style="list-style-type: none"> <li>• Between 17 and 35 years old or ANM qualified</li> <li>• Completion of advanced secondary education or ANM with good grades</li> </ul>

<sup>131</sup> Based on interviews conducted by this study team

		(Qualifications and career paths) • Registered Nurse • Public sector medical institutions, etc.  (Other) Gerontological nursing is studied as part of nursing science (common to all states)
Nursing Midwife Assistant ANM (Auxiliary Nursing Midwifery)	2 years	(Admission requirements) • 17 to 35 years old • Completion of advanced secondary education.  (Qualifications) • nursing assistant

(Source: Prepared by the research team based on Indian Nursing Council website, <https://indiannursingcouncil.org/> (accessed August 30, 2022))

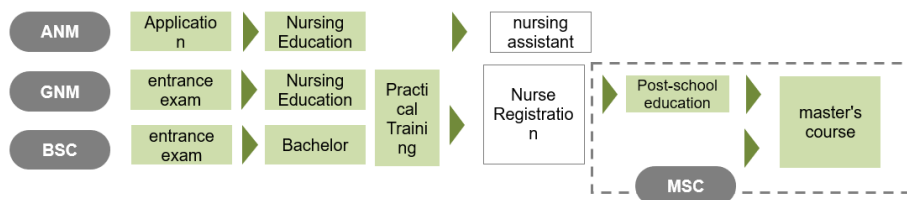


Figure 1-5-2 Process of obtaining nursing-related qualifications in India

(Source: Prepared by research team based on Indian Nursing Council website, <https://indiannursingcouncil.org/> (accessed August 30, 2022).)

In addition, there is a nursing assistant-like position called General Duty Assistant (GDA)<sup>132</sup>, which is responsible for taking care of patients. GDAs are certified through a three-month basic vocational training course and work as nursing assistants in nursing homes and hospitals. GDAs are said to be mainly from the poor. The need for GDA positions is also well recognized in Japanese hospitals in southern India, where 120 GDAs were working at the time of the survey, with plans to increase the number of GDAs in the future. ANMs are similarly regarded as nursing assistants, but tend to avoid caregiving duties in the hospital because of their position as assistant nurses rather than patient caretakers.<sup>133</sup>

### (3) Private qualifications related to caregiver personnel

There are several examples of businesses, particularly those that provide home healthcare and home care services, recruiting and training caregivers on their own. These businesses are concentrated in urban areas, and the number of applications is so large that the businesses say they have no trouble at all in recruiting<sup>134</sup>. However, these establishments do not award any kind of certification, but merely provide a few days of training and on-the-job training based on training plans developed independently by each

<sup>132</sup> National Skill Development Corporation (NSDC) "General Duty Assistant" (<https://www.nsdcindia.org/general-duty-assistant>) Accessed August 13, 2022.

<sup>133</sup> Based on survey team interviews with Japanese medical institutions

<sup>134</sup> By survey team interviews with home health and nursing care providers

company. In addition, there are cases where online courses on elder care are offered to prepare people to care for the elderly in their own homes, at home, or work at a care facility. NGOs such as HelpAge India were also providing short-term training in eldercare to local communities as part of their volunteer activities. The majority of participants in these private training programs are poor people who do not speak English and have limited educational backgrounds.<sup>133</sup> The training was conducted in the community of HelpAge India.

( 4 ) Overview of Training Institutions Related to Long-term care personnel

As mentioned above, there are several caregiver training programs offered by public institutions as part of vocational training. In addition, The National Institute of Social Defense (NISD), which conducts research and education for the implementation of MOSJE measures and provides advice to the government, offers various training programs related to care for the elderly. Training courses are listed below (Table 1-5-5).

Table 1-5-5 Elderly Care Training Conducted by NISD

One-year diploma course in integrated geriatric care	(Target) College graduates (Objective) To develop skilled and trained personnel who will work at the forefront of geriatric care, and to improve the aptitude and skills required for the care of the elderly, etc. (Curriculum) Gerontology, public policy, psychology, management theory, etc. Career paths are expected to include government agencies, private companies, medical institutions, educational institutions, etc.
Three-month basic course for care assistants	(Eligible) Students who have completed basic education who have completed secondary education (Purpose) Bed assistance, palliative care, etc. (Curriculum) Elderly health care and basic care techniques. Includes short-term practical training in a nursing home.
Basic one-month course in geriatric care	(Target) NGOs and other providers of elder care services (Objective) Improve knowledge of elderly care and counseling and management skills in nursing homes, etc. (Curriculum) Social and Demographic, Public Policy, Elderly Care, Counseling and Management. Includes practical training in nursing homes and short-term placements in hospitals.
Short courses on topics such as geriatric counseling and dementia care	(Target) NGOs and other service providers (Objective) Improve basic skills of business promoters (Curriculum) Counseling approach methods in elder care, dementia, teaching and education for volunteers, etc. Includes classroom lectures and practical training for each topic.

(Source: )Prepared by the study team from the NISD website (<http://www.nisd.gov.in/>) accessed August 30, 2022)

The number of training institutions for MSc, BSc, GNM, and ANM has been increasing significantly in recent years, from 1,119 in 2004 to 7,653 in 2019, an approximate seven-fold increase from 1,119 in 2004 to <sup>135</sup> (Figure 1-5-3), due to the growing popularity of nurses and the domestic nursing shortage. Although the social status of nurses in India has been low because "blood work" has been considered a low-caste job and historically engaged by Christians, who are unaffected by caste, in recent years, the social status of nurses in India has been improving, and increased opportunities for overseas employment with higher income expectations. However, in recent years, the social status of nurses in India has been improving, and the number of Muslim and Hindu nurses is also increasing due to the increase in opportunities to work overseas where higher income is expected. On the other hand, the shortage of nurses in India has become a major problem in recent years due to the outflow of human resources overseas. According to a survey conducted in the state of Tamil Nadu <sup>136</sup>, 70% of nurses working in private medical institutions have the intention to migrate abroad. This is due to the lower working conditions at private healthcare institutions, where starting salaries at public healthcare institutions are approximately 65,000 RPs, compared to 15,000 to 20,000 RPs at private healthcare institutions, a gap of 3 to 4 times the starting salary. Therefore, the career path is usually to pursue a public healthcare organization or to gain experience in a private healthcare organization and then travel abroad where higher wages can be expected. <sup>137</sup>

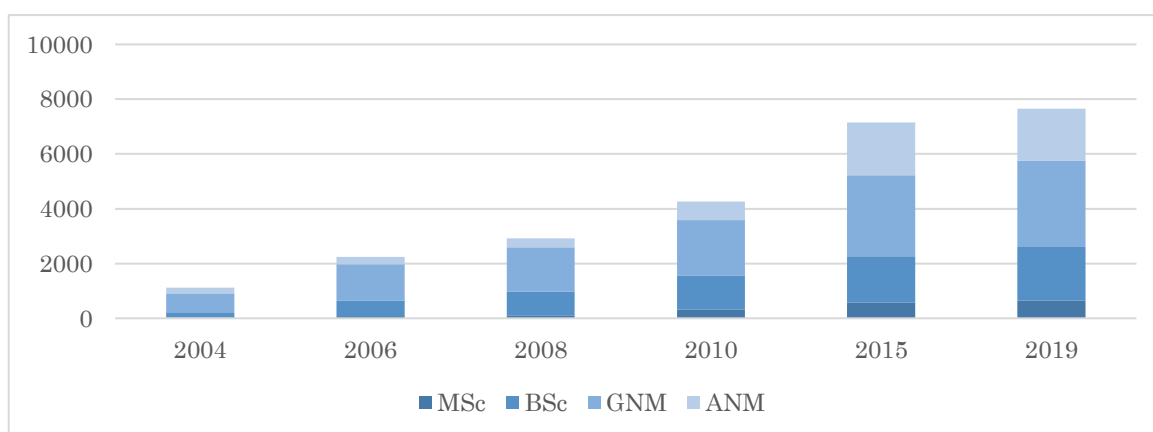


Figure 1-5-3 Number of Nursing Schools in India

(Source: Prepared by research team based on Indian Nursing Council website, <https://indiannursingcouncil.org/> (accessed August 30, 2022).

#### 1.5.1.5. Legal system and overview of long-term care services, etc.

##### ( 1 ) Legal System for Long-Term Care Services, etc.

Long-term care services in India, including institutional care, home care, and day care, are provided by both the public and private sectors. While the size of each market is expanding, there are no regulations

<sup>135</sup> Indian Nursing Council homepage at <https://indiannursingcouncil.org/> (accessed August 30, 2022)

<sup>136</sup> Institute of Developing Economies, "International Labor Migration of Nurses: a Comparison of the Philippines and India," Research Report (2018).

<sup>137</sup> Hearing of this study team to nursing schools

or standards for service provision or establishment of facilities, and various guidelines are still being formulated.

With regard to senior citizens' facilities, the "Law for the Support and Welfare of Parents and the Elderly" enacted in 2007 specified the goal of establishing a facility in each district that can accommodate 150 needy elderly persons. The revision of the IPOP in 2008 triggered the establishment of a number of facilities for the elderly, however, the MOSJE Standing Committee recommended the creation of guidelines for the standardization of facilities for the elderly, as there is a wide variation among facilities in terms of capacity, type of housing, staffing, financial resources, and skills, etc. The MOSJE Standing Committee recommended the development of guidelines with the aim of creating standards for senior citizen facilities and issued recommendations to state governments in 2014<sup>138</sup>. As of the 2022 survey, no clear national standards or regulations have been established and implementation is left to the individual states, although those that have implemented them issued guidelines in 2016 that set standards for senior citizen facilities. limited to a few states, such as Tamil Nadu<sup>139</sup>. In addition, the Ministry of Housing and Urban Affairs (MOHUA), in light of the improving demand for retirement homes, has issued model guidelines for the Development and Regulation of Retirement Homes The model guidelines are based on the following principles. The guidelines focus on hardware aspects such as facilities to be installed, room area, and barrier-free features, as well as matters related to avoiding problems in real estate contracts and ensuring safety aspects of living for the elderly.<sup>140</sup> In addition, the Association of Senior Living India (ASLI) is a private organization that has developed and is lobbying for draft guidelines for the care of the elderly. The guidelines include organizational requirements for care providers, human resource requirements and training such as the number of people assigned to each type of job, safety aspects, facilities, care management, and users' human rights.<sup>141</sup>

In response to the expansion of the elderly market, this survey team heard that the government is encouraging companies to actively participate in the elderly business, and that there is a move to review the "Parent and Elderly Dependent and Welfare Act," taking into account the need for regulation, and that new legislation is being considered in Congress.<sup>142</sup>

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<sup>138</sup> Ministry of Law, India, "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" ([https://www.indiacode.nic.in/handle/123456789/2033?sam\\_handle=123456789/1362#:~:text=India%20Code%3A%20Maintenance%20and%20Welfare,anded%20Senior%20Citizens%20Act%2C202007&text=Long%20Title%3A,connected%20therewith%20or%20incidental%20thereto.](https://www.indiacode.nic.in/handle/123456789/2033?sam_handle=123456789/1362#:~:text=India%20Code%3A%20Maintenance%20and%20Welfare,anded%20Senior%20Citizens%20Act%2C202007&text=Long%20Title%3A,connected%20therewith%20or%20incidental%20thereto.)) accessed February 20, 2023

<sup>139</sup> Based on survey team interviews

<sup>140</sup> Ministry of Housing and Urban Affairs, "Model Guidelines for the Development and Regulation of Retirement Homes" (2019) (<https://mohua.gov.in/upload/uploadfiles/files/Retirement%20Model%20Guidelines%20Book.pdf>) accessed August 30, 2023

<sup>141</sup> Based on survey team interviews

<sup>142</sup> Based on interviews with care providers



## (2) Overview of Long-term care Services

Admission to institutions for the elderly is not common in India, and facilities for the elderly provided by public institutions and NGOs target the poor and those without relatives. In recent years, the use of long-term care services and the need for facilities have been on the rise against the backdrop of rising income levels, an aging population, and the increasing migration of children abroad. Especially in urban areas, the number of home care and specialized long-term care businesses is increasing, and the government is supporting startups of businesses for the elderly, etc. The market for long-term care services in India is increasing every year.<sup>143</sup> market breakdown as of 2017 shows that home care was the largest at US\$18.06 billion, followed by institutional care at US\$7.72 billion, and day care at US\$2.49 billion (Figure 1-3-2). In India, in particular, the cost of hospitalization tends to be very high and patients tend to want to be discharged early, so the need for home care is high, and the market for long-term care services, including home care, is expected to continue to expand as the elderly population grows.<sup>144</sup> However, since long-term care insurance is not in place and all service fees are self-funded, the use of this service is limited to a few high-income groups.

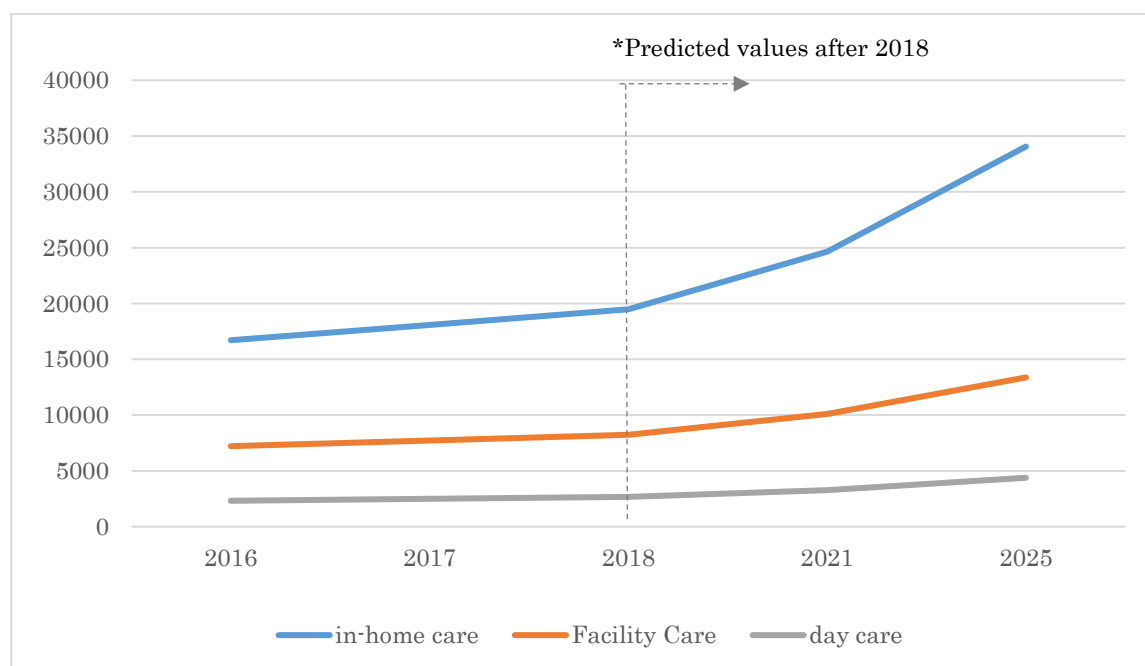


Figure 1-5-4: Long-term care Services Market Size (US\$ million)

(Source: Prepared by the survey team from the Ministry of Economy, Trade and Industry's "Country Report on the International Expansion of Healthcare in India" (2021) ([https://www.meti.go.jp/policy/mono\\_info\\_service/healthcare/iryoudownloadfiles/pdf/countryreport\\_India.pdf](https://www.meti.go.jp/policy/mono_info_service/healthcare/iryoudownloadfiles/pdf/countryreport_India.pdf)) Accessed August 30, 2022)

<sup>143</sup> Ministry of Economy, Trade and Industry, "Country Report on International Medical Expansion in India" (2021) ([https://www.meti.go.jp/policy/mono\\_info\\_service/healthcare/iryoudownloadfiles/pdf/countryreport\\_India.pdf](https://www.meti.go.jp/policy/mono_info_service/healthcare/iryoudownloadfiles/pdf/countryreport_India.pdf)) Accessed August 30, 2022

<sup>144</sup> Based on survey team interviews

The above figure also shows that the size of the institutional care market is less than half the size of the home care market. As reflected in laws and policies, there is still a strong tendency for family members to play a key role in the care of the elderly, and the elderly themselves have a strong desire to continue living in their own homes even if they need long-term care. Nevertheless, in recent years, there has been an increase in the establishment of Western-style retirement homes and facilities similar to Japan's serviced residences for the elderly, and the perception of institutional care is gradually changing, especially among the wealthy. However, due to inadequate regulations and standards for facilities and care services, there is a concern that users may be subjected to unfair practices, exploitation, abuse, and other forms of disadvantage. There are also requests for Japan's know-how and cooperation in the formulation of laws and guidelines.<sup>145</sup>

The table below provides an overview of the elder care service facilities visited in this study (Table 1-5-6). In many of the residential facilities provided by private operators in India, clients purchase a room in an apartment building and then are provided with the necessary medical and long-term care services. All of these facilities are struggling to attract customers while having no difficulty in securing caregivers and other staff. Since long-term care services are not covered by insurance, users have no choice but to pay for all services out-of-pocket, and many operators felt that even though there is a latent need for these services, they are having problems continuing to use them and attracting new users.<sup>146</sup>

Table 1-5-6 Summary of Elderly Facilities Visited

Vardaan Senior Citizen Centre, Delhi	
Establishment History Business Overview	<ul style="list-style-type: none"> <li>• A medium-sized nursing home that cares for patients with dementia and paralysis and also provides medical care.</li> <li>• Located in a medical facility; can provide medical care 24 hours a day, 365 days a year</li> <li>• Long-term care for about 3 months, Short-term care for about 1 month, mainly for rehabilitation, and Ultra-Short-term care for temporary care are available.</li> </ul>
Example of service use route	<ul style="list-style-type: none"> <li>• Many patients have family members living abroad or working together and unable to provide care.</li> </ul>
Main Staff Composition	<ul style="list-style-type: none"> <li>• Nurse, caregiver</li> </ul>
Caregiver adoption	<ul style="list-style-type: none"> <li>• We get enough applications that we have no trouble hiring.</li> <li>• Employs housewives and other professionals who live in the neighborhood. No educational background required as long as they are literate.</li> </ul>
Caregiver training	<ul style="list-style-type: none"> <li>• On-the-job training</li> </ul>

<sup>145</sup> By survey team interviews with businesses, educational institutions, etc.

<sup>146</sup> Based on survey team interviews with care providers

Caregiver Salary	<ul style="list-style-type: none"> <li>• Hired as a contract employee, 20,000-35,000 RPs/month</li> <li>*Nurse license holder 70,000-80,000RPs/month</li> </ul>
Possibility of utilizing technical intern trainees and other people with work experience in Japan	While it is possible that some clients would prefer to hire experienced caregivers in Japan, it is also likely that some clients would not want to pay the high cost of a caregiver. India is a multi-layered society and may resonate with certain segments of the population.
Requests to Japan	<ul style="list-style-type: none"> <li>• There are no regulations or guidelines for elder care. I would like to see Japan share its findings.</li> </ul>

Covai Urbana Irene (Bangalore)	
Establishment History Business Overview	<ul style="list-style-type: none"> <li>• For 18 years since 2004, we have been providing consistent support from medical care to daily living assistance to elderly people with dementia and paralytic diseases.</li> <li>• More than 17 retirement community projects in South India</li> </ul>
Charge	Approx. 235 USD/month (135 USD/month for non-meal services, approx. 100 USD/month for meals)
Main Staff Composition	<ul style="list-style-type: none"> <li>• Nurses, caregivers, physicians</li> </ul>
Caregiver adoption	<ul style="list-style-type: none"> <li>• Employ local residents near the facility</li> </ul>
Caregiver training	<ul style="list-style-type: none"> <li>• In-house training after hiring</li> </ul>
Caregiver Salary	<ul style="list-style-type: none"> <li>• Approx. 200~300USD/month to be determined based on the level of care provided</li> <li>*Nurse license holder 300USD/month</li> </ul>

Epoch Elder Care, Gurgaon	
Establishment History Business Overview	<ul style="list-style-type: none"> <li>• Assisted living homes for the elderly that care for patients with dementia, paralysis, and other mobility impairments. 3 facilities with a capacity of 15-20 people/facility</li> <li>• We accept elderly people who cannot live at home and move in on a multi-year basis</li> </ul>
Caregiver adoption	<ul style="list-style-type: none"> <li>• The company recruits participants of the GDA, one of the vocational training courses conducted by the NSDC. Some caregiver applicants are from rural areas that have not received sufficient education, so they are hired after receiving basic caregiver education through GDA.</li> </ul>
Caregiver training	<ul style="list-style-type: none"> <li>• Three months of training at the company after hiring</li> </ul>

Ashiana Housing (Delhi)	
Establishment History Business Overview	(1) Communal Housing Type: For independent senior citizens (2) Long-term care facility type: Provides care for elderly people with dementia, etc., and caregivers and nurses are assigned.
Main Staff Composition	(2) Long-term care facility type • One caregiver for every three residents (individualized care is also available) • 1 nurse
Caregiver adoption	• We administer our own tests to evaluate your personal qualities and interest in caregiving. No academic background required
Caregiver training	• After hiring, training and on-the-job training based on our own syllabus • Educational materials are used for caregiving materials from overseas such as the U.S. and Australia
Caregiver Salary	• 14,000-20,000 RPs/month
Customer Acquisition	• There is demand for facilities, but awareness of nursing homes is low and it is not easy to reach potential customers. Attracting customers through promotion to the local community and web marketing is not sufficient

(Source: Prepared by the survey team based on interviews conducted during the field survey for the above four facilities.

Interviews were also conducted with providers of home care and medical services. The results are summarized below (Table 1-5-7).

Table 1-5-7 Summary of home care and medical service companies visited

CARE24 (Home care and medical care) (Delhi)	
Establishment History Business Overview	• Online platform for matching home health and care services in Delhi and Mumbai • The average number of matches between service providers and users is about 1,000 pairs per day. 2022, the private sector operator for home healthcare in Japan will make Care24 a wholly owned subsidiary, aiming to expand its home healthcare services and nationwide expansion.
target group	• the rich
Charge	• There is no fixed menu or pricing. Service content and fees are determined through negotiations between the provider and the customer.
Example of service use route	• Started using the service because she needed daily support such as going to the bathroom while her child was at work. • Started using for medical care immediately after discharge from hospital
Main Staff Composition	• Nurse, caregiver • Call center (matching and contracting)
Caregiver adoption	• Applicants come in person and apply. The number of applicants is so large that we do not have any difficulty in recruiting them. • Many applicants are poor with low educational backgrounds. Many can read and write but do not speak English.

Caregiver training	<ul style="list-style-type: none"> <li>Attend 3 days of care training (conducted in-house)</li> </ul>
salary	<ul style="list-style-type: none"> <li>Caregivers: 18,000-26,000 RPs / month for 12-hour shifts. 24,000-32,000 RPs / month for live-in</li> <li>Doctors and nurses: 30,000-35,000 RPs / month</li> </ul>
Elderly Care Needs	<ul style="list-style-type: none"> <li>Hospital stays can be very expensive, and patients prefer to be discharged early, thus the need for home care is high. It is common for wealthy families to have housekeepers, who also care for the elderly.</li> <li>Burden of care costs is a challenge. Elderly people themselves tend to be reluctant to accept help from others and to place a financial burden on their children</li> </ul>

(Source: Prepared by the survey team based on interviews during the field survey.)

### (3) Overview of the market for long-term care products and welfare equipment

There is demand for care and welfare equipment in the area of home health care, but the general trend is toward lower prices, and many Chinese products are distributed, as well as products from their own country. Small items such as beds, mattresses, and canes are sold at pharmacies around medical institutions. The main commercial destination for expensive Japanese and Western products is medical institutions, among which they are sold to high-end private hospitals, and Japanese products hold the top share of India's domestic market for electric beds.<sup>147</sup>

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<sup>147</sup> From the survey team's interviews with local Japanese companies

## 1.5.2. Status of long-term care workers being sent to other countries, including Japan

### 1.5.2.1. Destination and production of caregivers

India is an international migrant nation. The number of migrants has roughly tripled in the past 30 years and will exceed 17 million as of 2019.<sup>148</sup> The largest number of destinations are within Asia, accounting for about 70%, followed by North America at 19%, Europe at 8%, and Oceania at 2% (Figure 1-5-4). Although the Oceania region accounts for a small percentage of the total, its number has increased significantly, approximately six times since 2000.

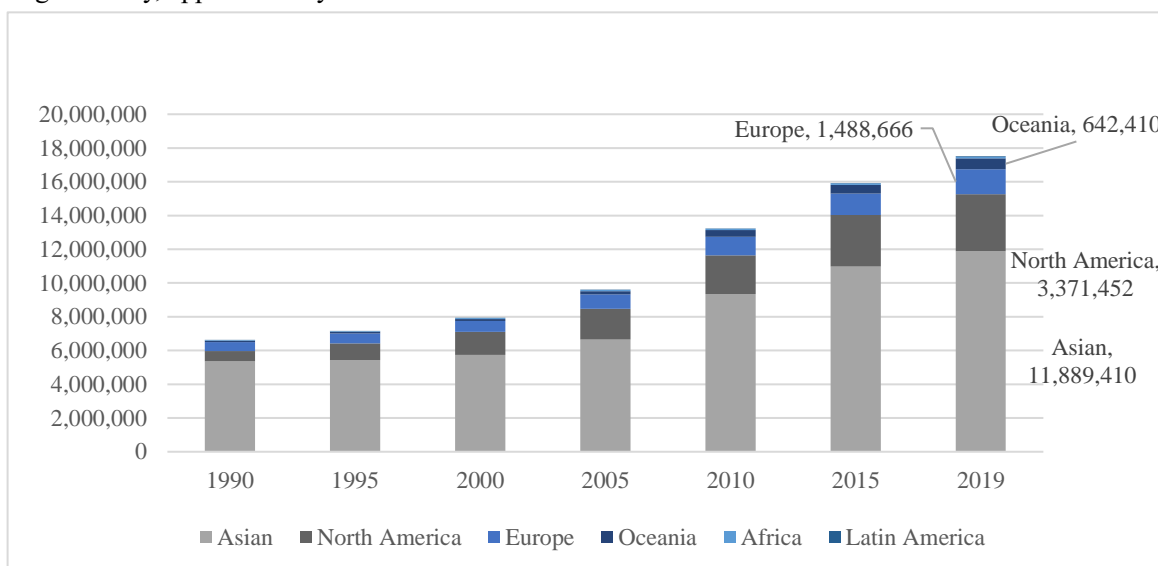


Figure 1-5-4: Change in Number of Migrants by Area

(Source: United Nations Population Division, "International Migrant Stock 2019," (<https://www.un.org/development/desa/pd/content/international-migrant-stock>) Prepared by the study team based on (international-migrant-stock) (accessed May 27, 2022).

The official public information on labor migration trends in India is limited to the movements of citizens holding Emigration Check Required (ECR) passports, and it is difficult to determine the exact number of people, including other passport holders. The number of immigration permits for ECR passport holders peaked in 2013 and has been declining.<sup>149</sup> (Figure 1-5 -5).

Behind the high number of labor migrants of Indian origin is the high unemployment rate in India. In particular, the younger the population, the higher the unemployment rate, and the inability to maintain stable employment in the country, many young people are choosing to work abroad. According to the International Labor Organization (ILO), more than 90% of labor migrants are low and semi-skilled

<sup>148</sup> United Nations Population Division, "International Migrant Stock 2019," (<https://www.un.org/development/desa/pd/content/international-migrant-stock>) accessed May 27, 2022.

<sup>149</sup> Kazuo Tomozawa, "Indian migrant sending system to Gulf countries," *Hiroshima University Contemporary Indian Studies: Space and Society* (9), p. 15-27, 2019

workers<sup>150</sup>. These workers are at high risk of poor treatment, exploitation, and poor living and working conditions. For this reason, the Indian government has recently launched a vocational training program, "Skill India<sup>151</sup>," to provide low and semi-skilled workers with pre-departure guidance, training and certification to improve their skills. The aforementioned vocational training program for caregivers is also based on this program.

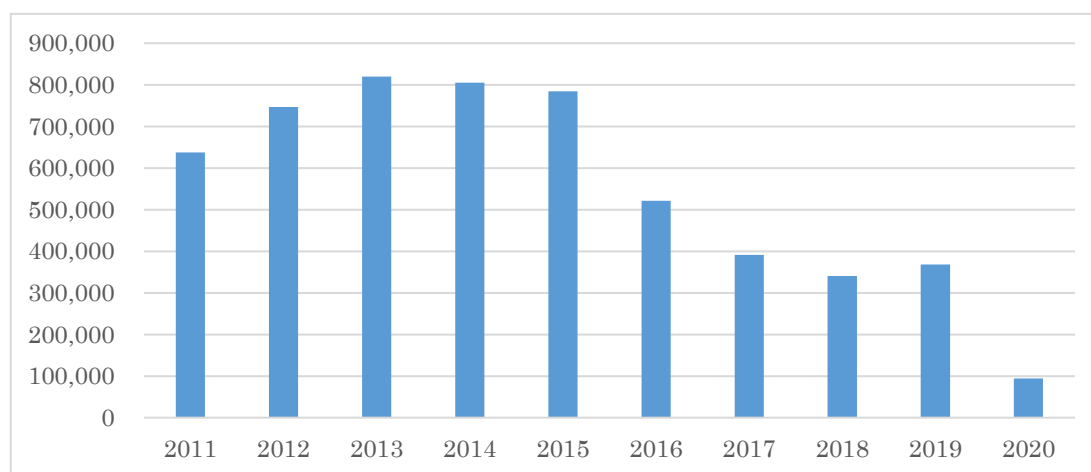


Figure 1-5-5 Number of emigrant permits

(Source) ILO "India Labour Migration Update" (2018) ([https://www.ilo.org/newdelhi/whatwedo/publications/WCMS\\_631532/](https://www.ilo.org/newdelhi/whatwedo/publications/WCMS_631532/) Prepared by the study team based on (lang--en/index.htm) (accessed May 31, 2022).

Due to limited information and data published by government agencies, it is difficult to determine trends in labor migration from India to other countries, and the number of people employed in careers in other countries is unknown.

India, on the other hand, is known as the second largest sender of nurses after the Philippines, with over 640,000 nurses working abroad in 2011<sup>152</sup> and OECD statistics<sup>153</sup> show that the number of nurses educated in India in OECD countries is increasing every year. The most common destinations for work are the United Kingdom, the United States, Australia, and Canada (Figure 1-5-6).<sup>154</sup>, a survey conducted by WHO for the state of Kerala, shows that 20,633 nurses migrated abroad in 2016. Saudi Arabia, UAE, and Kuwait among the Gulf Cooperation Council (GCC) countries accounted for 57% of these migrants, followed by the United Kingdom (10.2%), the United States (6.0%), and Canada (5.5%). Recent trends

<sup>150</sup> ILO, India Labour Migration Update (2018) ([https://www.ilo.org/newdelhi/whatwedo/publications/WCMS\\_631532/lang--en/index.htm](https://www.ilo.org/newdelhi/whatwedo/publications/WCMS_631532/lang--en/index.htm)) May 31, 2022 Access.

<sup>151</sup> "Skill India." <https://www.skillindia.gov.in/>

<sup>152</sup> Yuko Tsujita (ed.), Institute of Developing Economies, "International Labor Migration of Nurses: A Comparison of the Philippines and India" (2018).

<sup>153</sup> OECD Health Statistics 2021 (<https://www.oecd.org/els/health-systems/health-data.htm>) (accessed August 31, 2022)

<sup>154</sup> WHO, "Migration of Nursing and Midwifery Workforce in the State of Kerala" (2017).

show a change in destinations, with a decrease in GCC countries and the U.S., while Canada and Australia are on the rise.

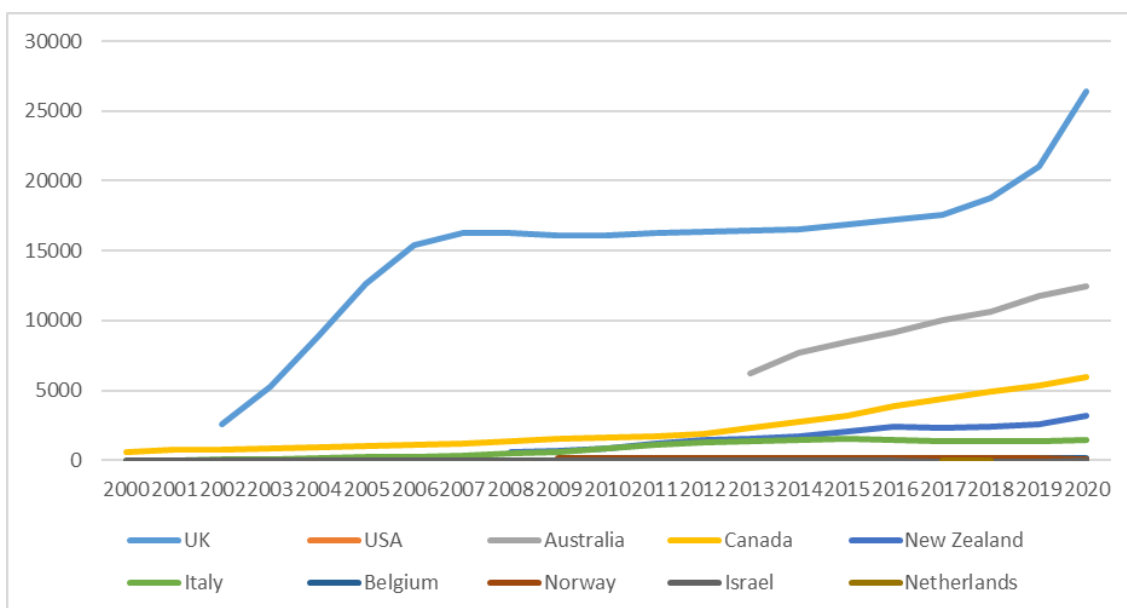


Figure 1-5-6 Number of Nurses Educated in India in OECD Countries

(Source: Prepared by the study team from OECD Health Stastics 2021 (<https://www.oecd.org/els/health-systems/health-data.htm>) (accessed August 31, 2022)

Although there are no confirmed migration trends for nurses and caregivers in the role of elder care, there are programs, mainly in the Middle East and Western countries, where work visas can be obtained under certain conditions. The following are examples from Canada and the United Kingdom.

Canada is one of the countries that has actively welcomed immigrants. The Home Support Worker Pilot is a program for caregivers who wish to obtain permanent residency and may apply for a temporary work permit until they meet the requirements. (Table 1-5-8)

Table 1-5-8 Canada Home Support Worker Pilot Summary (as of July 2022)

name	Home Support Worker Pilot
summary	<ul style="list-style-type: none"> <li>Granting permanent residence to foreign workers, including family members, who are responsible for personal care and escort of the elderly and disabled who need home care and who meet the following requirements</li> <li>Accepting up to 2,750 people per year</li> </ul>
requirement	<ul style="list-style-type: none"> <li>At least two (2) years of full-time work experience within the three (3) years prior to submitting the application (employer may be any household, home care agency, or private business).</li> <li>To meet the standards of the language test.</li> <li>Completion of at least one year of higher education</li> </ul>



(Source: Immigration, Refugees and Citizenship Canada website, "Pathways for Caregivers" (<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/permanent-residence/economic-classes/pathways-for-caregivers/child-care-provider-support-pilots/assessing-application-selection-criteria.html>) accessed August 30, 2022) Prepared by research team based on

In the United Kingdom, there is a work visa for health care workers, including long-term care workers (A Health and Care Worker visa). If the requirements are met, the visa can be renewed virtually unconditionally, and the hurdles to obtaining permanent residence are low. (Table 1-5-9)

Table 1-5-9 United Kingdom A Health and Care Worker visa Summary (as of July 2022)

name	A Health and Care Worker visa
summary	<ul style="list-style-type: none"> <li>• Visa extensions are unconditionally renewable as long as eligibility requirements are met</li> <li>• Indefinite residency after 5 years</li> <li>• Family members can be included if they are approved as dependents.</li> <li>• Visa can be obtained within 3 weeks of application</li> </ul>
requirement	<ul style="list-style-type: none"> <li>• Health care professionals such as nurses, physical therapists, and other licensed health care professionals, social workers, caregivers, home helpers, etc.</li> <li>• Meet English language proficiency standards.</li> </ul>

(Source: United Kingdom "Visas and immigration" (<https://www.gov.uk/government/organisations/uk-visas-and-immigration>) (accessed August 30, 2022) Prepared by the research team based on (accessed August 30, 2022)

A Memorandum of Cooperation between the Government of India and the Government of Japan on Technical Skills Training<sup>155</sup> was concluded in October 2017, and a Memorandum of Cooperation on Specific Skills<sup>156</sup> was concluded in January 2021. In addition, in 2018, a Memorandum of Cooperation in the Healthcare and Health Sector<sup>157</sup> was concluded, with the smooth implementation of long-term care technical training as a specific area of cooperation. The NSDC is responsible for the implementation and monitoring of technical internship in India, while the Ministry of External Affairs (MOFA) is in charge of specific skills. 220 technical intern trainees have been dispatched to Japan as of December 2020, of which 45 are in the long-term care field. The total number of trainees, including those in the

<sup>155</sup> Memorandum of Cooperation on Technical Training between the Ministry of Justice, Ministry of Foreign Affairs, and Ministry of Health, Labour and Welfare of Japan and the Ministry of Skill Development and Entrepreneurship Promotion of India" ( Ministry of Health, Labour and Welfare (<https://www.mhlw.go.jp/photo/2017/10/ph1017-01.html>) accessed February 20, 2023 )

<sup>156</sup> Memorandum of Cooperation on the Basic Framework for Cooperation for the Appropriate Operation of the "Specified Skill" System" ( Ministry of Health, Labor and Welfare ([https://www.mofa.go.jp/mofaj/press/release/press6\\_000732.html](https://www.mofa.go.jp/mofaj/press/release/press6_000732.html)) accessed February 20, 2023 )

<sup>157</sup> Ministry of Health, Labor and Welfare ([https://www.kantei.go.jp/jp/singi/kenkouiryuu/pdf/h301029\\_india\\_hc.pdf](https://www.kantei.go.jp/jp/singi/kenkouiryuu/pdf/h301029_india_hc.pdf)) accessed February 20, 2023)

specified skills (long-term care), is about 100, which is a rather small percentage of the total number of foreign long-term care workers in Japan.<sup>158</sup>

Among them, there are some cases of business establishments actively accepting Indian caregivers. A nursing home operator in Fukui Prefecture (<sup>159</sup>), which had been affected by a long-standing shortage of caregivers and was about to be forced to close its doors because it could not accept residents, accepted 15 Indian caregivers from a specific sending organization in India and was able to continue its business. The city has also raised subsidies for living expenses, and the entire city is now accepting Indian caregivers.

Regardless of whether it is technical internship or a specific skill sending system, outbound organizations in India tend to select highly educated personnel with nursing qualifications in order to enhance the Japanese evaluation of Indian human resources. The target population is mainly BSc nurses who have completed a four-year nursing school. Although there is concern about job mismatches in the case of nurses with nursing qualifications, the sending organization that conducted the field survey reported that there are many BSc graduates who are unable to find good jobs and wish to work overseas, even in long-term care. In addition, we have been carefully explaining the characteristics of long-term care in Japan and the nature of the work in advance and have not experienced any mismatches in terms of work. In the future, there is a possibility that GNM and ANM nursing qualifications other than BSc or those who have completed other NSDC-accredited caregiver training programs will be accepted. However, GNMs and ANMs tend to have shorter education periods than BSc and less knowledge and experience in caring for the elderly. In addition, as mentioned earlier, caregivers show variation in training curriculum and educational hours.

#### 1.5.2.2. Background and Reasons for Selecting Destination

The purpose of Indians working abroad is to earn higher wages than in India, to send money home to their families, and to obtain permanent residency or citizenship in developed countries, and the Gulf countries and Western countries are popular destinations. The large number of people going to the Gulf countries was influenced by the large scale immigration policy backed by oil money in the 1970s. Although it is difficult to obtain citizenship, they still rely on other countries, especially in South Asia, for a large labor force, including medical workers, and are still actively accepting immigrants.<sup>160</sup> In recent years, Western countries have launched immigration policies against the backdrop of aging populations and labor shortages, and have sought to ease the acquisition of permanent residency, including family members, in addition to work and study visas.

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<sup>158</sup> JICA "Report on Skill Development and Facilitating the Promotion of Technical Intern Training Program (TITP) in India" (2021)

<sup>159</sup> Based on interviews conducted by this study team with Indian sending agencies

<sup>160</sup> ILO "From India to the Gulf Region: Exploring Links Between Labour Markets, Skills and the Migration Cycle" (2015).

Factors such as interest in Japanese culture, a high level of safety, and a good working environment are cited as reasons for choosing Japan as a place to work. In particular, the incentive for safety and lack of trouble in living and working conditions is a factor when compared to Middle Eastern countries. On the other hand, in the case of Western countries, wages are higher, English is spoken, and it is relatively easy to obtain permanent residency, which puts Japan at a disadvantage. For this reason, Japan is often chosen as a place to work when work in Western countries is not available, or people use their experience in Japan as a stepping stone to work in Western countries.<sup>161</sup>

Although the number of Indian caregivers being trained and dispatched to Japan is on the rise, it is nowhere near as large as that of Vietnam, and is very small considering the size of the population. This is due to a lack of awareness of opportunities to travel to Japan and the hurdle of learning the language. There are only 34 accredited sending organizations for the technical internship program (as of August 2022) throughout India, and there is a clear lack of touch points in the local market. The survey conducted by this study team also pointed out that the option of working in Japan is not well known and that recruiting candidates is a major challenge for many sending agencies. As mentioned above, India is the world's largest sender of human resources. Countries in the Middle East and Western countries are actively and strategically recruiting by holding large-scale PR events in the streets and having recruitment agents visit schools and medical institutions looking for nurses who wish to move abroad and offer full financial and material support<sup>162</sup>, while visibility for Japan, which lacks PR opportunities. The visibility of the Japanese market is very low in Japan, where PR opportunities are scarce.<sup>163</sup> The sending organizations interviewed during the field survey pointed out that in India, where there are many young people who wish to work overseas, appropriate information dissemination not only in urban areas but also in rural areas will make it possible to approach potential human resources, and there is a high possibility that more human resources will be acquired. In addition, English is a semi-official language in India, and the hurdle to working in Japan, which requires learning a new language, is high. As a multilingual society, India has relatively high language proficiency and is able to reach the language level required for employment in a shorter period of time than other countries.<sup>164</sup> However, according to a survey conducted in 2021<sup>165</sup>, language training takes 6-8 months on average, and since the frequency of the Japanese Language Proficiency Test in India is only twice a year and the number of test sites and examinees are limited, there is an additional waiting period of about 6 months if a person fails to pass the test the first time. In addition, 250,000 to 300,000 RPs per person, including travel expenses, are incurred as training expenses. Many of the candidates who aim to work in Japan are from low-income families, and it is not easy for them to raise these expenses. Since language training is not included in the

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<sup>161</sup> Based on survey team interviews with sending agencies

<sup>162</sup> ILO "From India to the Gulf Region: Exploring Links Between Labour Markets, Skills and the Migration Cycle" (2015).

<sup>163</sup> By survey team interviews with sending agencies and educational institutions

<sup>164</sup> Based on survey team interviews with sending agencies

<sup>165</sup> JICA "Report on Skill Development and Facilitating the Promotion of Technical Intern Training Program (TITP) in India" (2021)

education loan program provided by the Indian government, candidates are forced to take out a personal loan with a high interest rate, which places a heavy burden on them.

From the interviews conducted by this study team, the lack of understanding of Indian personnel on the Japanese side and the cumbersome procedures in the system were cited as reasons for the sluggish growth of caregivers from India. The history of accepting Indian caregivers is short, and there are still only a few cases of acceptance in Japan. Although the NSDC holds workshops and other events for Japanese providers, the lack of awareness of the program is evident.<sup>166</sup> In addition, sending organizations have reported that Japanese operators tend to prefer human resources from the northeastern Indian state of Manipur, where there is a similarity in appearance to the Japanese. This is partly due to an agreement between the two governments to promote skills training, including Japanese language training, for technical interns from the northeastern part of India in the long-term care field as part of human resource development in northeastern India, but promotion of understanding of Indians on the Japanese side is also essential for expanding acceptance from the Indian country.<sup>167</sup><sup>121</sup> Regarding the institutional aspect, negative opinions were heard, especially from sending organizations, regarding advance travel preparation and procedures. Language training and passing an examination are mandatory before travel to Japan, and including the documentation process, about one to one and a half years are required before travel to Japan. In the case of India, while the use of an Indian government-approved sending organization is optional, there is no opportunity for matching between the human resources side and the receiving business. This situation has resulted in additional burdens in terms of financial and procedural complexity. In contrast, Middle Eastern countries have simplified the dispatch process, and it takes only 2-3 months from the time of application to the time of preparation or<sup>168</sup>. During the preparation period, candidates are not paid, so they have no income for that period. The longer the preparation period, including training and paperwork, the greater the burden on the candidates and the less advantageous it is for them. Another issue raised is that the documents required for sending the candidates to Japan are difficult to understand, and it is difficult to handle for those companies that do not have Japanese employees.

On the other hand, Japan also offers a variety of options, such as obtaining a permanent status of residence or bringing family members. In addition, the newly introduced system of specified skills requires a shorter period of preparation, including training, than that of technical internship, and the total time required for travel to Japan is approximately six months. The procedures themselves are simpler than those for technical internship training, and both sending organizations and candidates tend to prefer the specified skills because of the advantages of direct liaison and coordination with the receiving business in Japan, etc. Sending organizations expect to attract more human resources and send more workers. In addition, although salaries in Japan are lower than those in Western countries, there is a social

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<sup>166</sup> Based on survey team interviews with sending agencies

<sup>167</sup> Research Report on International Expansion of Health Care Industry in Asia, including Nursing Care, Toward the Realization of the Asia Health Initiative, Cabinet Secretariat (2019).

<sup>168</sup> Based on survey team interviews with sending agencies

security agreement between Japan and India, and pension premiums paid in Japan are refundable for those dispatched for less than 5 years<sup>169</sup>. Therefore, in total, there is not much difference.<sup>170</sup> The sending organization has been asked to provide correct information and proactively disseminate it.

#### 1.5.2.3. Post-return career status

Since the history of receiving caregivers from India is short and the track record of receiving caregivers from India is limited, there are still only a few cases of returnees from India. This section describes the case of an NSDC-accredited sending organization that produced the first Indian caregivers and provided support for their return to their home countries. The sending organization sent two caregivers to Japan for technical training in 2019, and they returned home after completing the three-year technical training program. One of them changed his/her qualification from technical training to a specified skilled worker after returning. The other was employed as a nurse intern at a Japanese-affiliated general hospital located in southern India with the support of the sending organization. The fact that the returnee was employed at a Japanese-affiliated hospital is a good example from the perspective of human resource reflux, but it also highlights the issue that working as a caregiver in Japan is not valued as a skill in India. This returnee has a nursing license and worked at a geriatric healthcare facility in Japan after one year of hospital work in India. However, the hospital's human resources department and nursing department did not appreciate her as a nurse due to the fact that her work experience in Japan was in long-term care, and she was not allowed to be hired as a regular mid-career nurse. Although she was welcomed by Japanese management, who appreciated her understanding of Japanese culture, such as her punctuality, they expected her to serve as a future link between Indian staff and Japan, not that they valued and expected her to have nursing skills acquired in Japan. It is feared that similar cases may continue to occur in the future. In particular, in the case of government hospitals, there is an age limit when hiring, and after two or three years away from the workplace, they are not allowed to return to the same position.<sup>171</sup> Although it is possible to hire nurses from private institutions, taking into account their experience and other factors, it is difficult for nurses who have experienced long-term care to work at medical institutions after returning to their home countries, as in this case.

Information obtained from sending agencies and care providers regarding post-return carriers is described below.

First, local long-term care providers voiced the possibility of valuing caregiving experience in Japan. However, they responded that it would be difficult to obtain additional compensation from users because it would be necessary to explain the differences and benefits of the Japanese system to them and to gain their understanding. Similarly, sending organizations are aware that there is no place in India for caregivers with experience in Japan to put their skills to use, and are considering sending people returning

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<sup>169</sup> Japan Pension Service, "Lump-Sum Payment System for Withdrawals," (<https://www.nenkin.go.jp/service/jukyu/sonota-kyufu/dattai-ichiji/20150406.html>) accessed February 20, 2023.

<sup>170</sup> Based on survey team interviews with sending agencies

<sup>171</sup> By this study team interviews with medical institutions

from Japan back to other countries, such as Germany. In fact, there have been cases where personnel who returned to India from Japan for personal reasons returned to Japan because they found the salaries in Japan to be better than those in their home country.<sup>170</sup> As in Vietnam, it is conceivable that Indian caregivers could return to their home country and work as instructors for candidates who wish to work in Japan, but in India, where there are few Japanese-language schools and sending organizations, this is a very limited option. Some Indian caregivers working in Japan have said that they would like to build a nursing home in their own country in the future. They are expected to play an active role in the long-term care market, which is expected to expand further in the future.<sup>172</sup>

### 1.5.3. Summary of the legal system, market, and the status of caregiver production related to caregiving and caregiver human resources.

In India, the need for long-term care support is increasing due to the aging of the population and the migration of younger people to urban areas and overseas for work, and the market is expected to expand with the increase in the number of care providers in urban areas, especially for home medical care and home care. In addition, the central and state governments are also recognizing the need for support for the elderly, and policies that have developed primarily to make families responsible for the care of the elderly are showing signs of change. While the need for elder care services and institutionalization is increasing, the legal framework for operation has not yet been finalized, and there are many challenges ranging from quality of care and resident safety to treatment of employees.

Since it is difficult to secure stable employment opportunities within India, labor migration abroad is common. In particular, nurses are the second largest source of migrants after the Philippines, and there is a strong tendency for nurses to head for the Middle East or Western countries for the purpose of earning high income and acquiring permanent residency. However, the number of nursing personnel sent to Japan is very low, at about 100 as of 2020. In addition to the delay in the start of acceptance compared to other countries, the reasons for this include the low level of local recognition of long-term care employment in Japan and the length of travel preparation and the large burden placed on the recipients. While Western and Middle Eastern countries are conducting large-scale, country-wide recruitment efforts, Japan's few sending organizations are only conducting individual promotional activities, and there are overwhelmingly few opportunities and channels for disseminating information. In addition, the hurdles are high in Japan, where learning a new language is required. While other countries have eased requirements for acceptance and simplified procedures, making it possible to travel to Japan in as little as three months, Japan takes one to one and a half years for technical training and about six months for specified skills. Furthermore, on the Japanese side, the need for Indian caregivers is low among host facilities. The survey indicated that, in addition to the fact that the actual number of caregivers from India is still low, another factor is the lack of cultural and racial understanding of Indian personnel.

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<sup>172</sup> Based on interviews conducted by this study team with sending organizations

In India, where the long-term care market is still in its infancy, family care at home is still the norm, and there is little tendency to view long-term care as a profession, although there are signs of change in the way long-term care is provided. This not only makes it difficult to recruit potential caregivers, but also makes it difficult for them to find work opportunities that make the most of their experience in Japan after returning to their home countries.

Attachment: Survey Schedule

	date	program
1	2022/5/29	Flight
2	2022/5/30	Care24 (care service provider)
		HelpAge India (care service provider)
		JETRO Delih office
		Vardaan Senior Citizen Centre (care service provider)
3	2022/5/31	All India Institute of Medical Sciences (A.I.I.M.S. ) (education instituton)
		Epoch Elder Care (care service provider)
		Rajkumari Amri Kaur College of Nursing (education instituton)
4	2022/6/1	Learnnet Skills Limited (sending organization)
		Nightingales Elders Enrichment Centre (care service provider)
5	2022/6/2	Covai Urbana Irene (care service provider)
		JETRO bangalore office¥
		Sakra World Hospital (health institution)
6	2022/6/3	Ashiana Housing(care service provider)
		Dhanwantari Nursing College (education instituton)
		NAVIS (sending organization)
		Silver Peak Global Pvt. Ltd (sending organization)
7	2022/6/4	Flight



Attachment: List of interviewees

<b>category</b>	<b>Organization</b>	<b>Name (Omitting honorific titles)</b>	<b>Title</b>
care service provider	Care24	Jagjit Singh	V.P. Operations
		Divyank Shekhar Singh	City Head
care service provider	HelpAge India	Anupama	
Gov agency	JETRODelih	Hiroki	Director
		Takagiwa	Deputy Director
care service provider	Vardaan Senior Citizen Centre		Manager
education institution	All India Institute of Medical Sciences (A.I.I.M.S. )	Ajay Gogia	
		Sharma	
		Zuali	
care service provider	Epoch Elder Care	Neha Sinha	CEO
education institution	Rajkumari Amri Kaur College of Nursing		
sending organization	Learnet Skills Limited	Zoya	TITP in charge
care service provider	Covai Urbana Irene		Managing Director
		Selva	
Gov agency	JETROBangalre office	Natume	Director
care service provider	Nightingales Elders Enrichment Centre	Pavithra Dashmi Parthan	Assistant Director
health institution	Sakra World Hospital	Nagano	Mnnaging Director
care service provider	Ashiana Housing	Muralidhara	
education institution	Dhanwantari Nursing College	Arif Ahmed. J Chairma	
sending organization	NAVIS	Washibuchi	
sending organization	Silver Peak Global Pvt. Ltd	Vinay	
		Kumar	
		Sriraman	
sending organization	Human Life	Dousan	Executive director
		Kawasaki	Director
		Sonoyama	Manager
		Hayazaki	
sending organization	Hinode foundation	Sharma	
sending organization	Sliver peak	Mori	

## 1.6. Nepal

### List of Abbreviations

ANM	Auxiliary Nursing Midwife
CMA	Community Medicine Assistant
CTEVT	Council for Technical Education and Vocational Training
DoFE	Department of Foreign Employment
FEIMS	Foreign Employment Information Management System
ICOPE	Integrated care for older people
INIA	The International Institute on Ageing United Nations-Malta
MoEST	Ministry of Education, Science and Technology
MoHP	Ministry of Health and Population
MoLESS	Ministry of Labor, Employment and Social Security
NAIHS	Nepalese Army Institute of Health Sciences
PLC	Proficiency Certificate Level in Nursing

The Bikram calendar is used in Nepal. The Bikram calendar begins in April of the Western calendar, and the number of years is the Western calendar plus 57 or 58. Please note that the years used in the names of laws and ordinances are a mixture of the Bikram calendar and the Western calendar, depending on the reference. In the text, the year is written in the Western calendar except when it is used as part of a proper noun such as the name of a law or regulation.

#### 1.6.1. Legal systems, markets, etc. related to long-term care and long-term care human resources

##### 1.6.1.1. Situation of the elderly

In Nepal, people over 60 years old are considered elderly<sup>173</sup>. According to WWP (2022)<sup>174</sup>, the population over 65 years old is estimated to be 6% of the population in 2021, but this is expected to rise to 10.7% by 2050. In terms of life expectancy, there has been a significant increase from 34 years<sup>175</sup> in 1950 to 69 years for men and 72 years for women in 2019.

According to the Status Report on the Elderly in Nepal published in 2010, the situation of the elderly is shown in Table 1-6-1<sup>176</sup>. Although the figures are out of date since the report is 13 years old, some items regarding the situation of the elderly are still applicable.

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<sup>173</sup> Geriatric Center Nepal "Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Focusing on Research Needs "2010

<sup>174</sup> United Nations "World Population Prospects (2022)" <https://population.un.org/wpp/Download/Standard/Population/> (accessed March 6, 2023)

<sup>175</sup> United Nations "World Population Prospects (2022)" <https://population.un.org/dataportal/data/indicators/61/locations/524/start/1990/end/2023/table/pivotbylocation> (accessed February 16, 2023)

<sup>176</sup> Geriatric Center Nepal "Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Focusing on Research Needs "2010

Table 1-6-1 Situation of the Elderly in Nepal

<p>socioeconomic status</p>	<ul style="list-style-type: none"> <li>• The majority of Nepal's elderly reside in rural areas (over 85%)</li> <li>• Generally engaged in a variety of activities such as childcare, herding, handicrafts, etc., and are productive and active</li> <li>• 47.12% of the elderly 65 years and older are economically active (59.7% of men and 34.3% of women)</li> <li>• Many of the elderly are engaged in agriculture.</li> <li>• Poverty, illiteracy, poor health and nutrition, low social status, discrimination, and limited mobility are challenges</li> <li>• Inequality and discrimination based on gender make it particularly problematic for elderly widows (as remarriage for women is taboo in Nepal).<sup>*1</sup></li> </ul>
<p>one's (living) environment</p>	<ul style="list-style-type: none"> <li>• In Nepalese tradition, there is a moral value of sons caring for and supporting their parents</li> <li>• It is estimated that over 80% of Nepal's elderly live with their children, and of these, only 2.7% live with their daughters (living with daughters is culturally taboo)<sup>*2</sup></li> <li>• Several previous studies have shown that the culture and traditions of respect for elders established over the years are being lost</li> <li>• Younger generations are migrating to cities and overseas in search of employment opportunities, leaving more households with only the elderly, making them more susceptible to loneliness, mental health problems such as depression, and many physical ailments.</li> </ul>

\*1 and 2 were added by the survey team

(Source) Geriatric Center Nepal "Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Focusing on Research Needs "2010

In recent years, although the government has made progress in establishing facilities for the elderly and securing budgets and human resources for elderly care programs, the number of households without elderly caregivers is on the rise due to the separation of households as a result of the migration of children. In households where only the elderly live, problems such as being cheated due to illiteracy and loneliness and death are becoming more pronounced. In Nepal, the Civil Code 1963 states that children are to take care of their elderly parents.<sup>177</sup> On the other hand, family neglect and abuse are also problems in Nepal, as the home situation tends to be closed.<sup>178</sup>

<sup>177</sup> Geriatric Center Nepal "Status Report on Elderly People (60+) in Nepal on Health, Nutrition and Social Focusing on Research Needs "2010

<sup>178</sup> HelpAge Hearing

### 1.6.1.2. Related Laws and Policies

In Nepal, the idea that the family is the main caregiver for the elderly and the community supports them is deeply rooted and has become the foundation in related laws. However, against the backdrop of social transformation and the global trend toward care for the elderly, policies for the elderly have been put in place since 2002, with the Ministry of Women, Children and Senior Citizens (hereinafter referred to as MoWCSC) taking the lead in implementing various measures. The Ministry of Women, Children and Senior Citizens (MoWCSC) has taken the lead in implementing various measures.

As noted above, the Civil Code 1963 (Civil Code 1963), which defines Nepal's basic social tenets, clearly states that children are to take care of their elderly parents. In addition, although Nepal is a federal, multi-ethnic country that respects regional autonomy, the Local Self Governance Act 1999 (Local Self Governance Act 1999), which defines duties, rights, and responsibilities in village development committees, provides for the "protection and support of orphans, helpless persons, women, elderly persons, and persons with disabilities" The family is the primary caregiver, and in the community, the elderly are the target of local support as those in need of shelter. However, due to the aging of the population and the increasing number of young people migrating to urban areas and overseas, the legal system and environment surrounding the elderly have been focused on improving in recent years.

Senior Citizen Policy 2058 (Senior Citizen Policy 2058) was enacted in 2002 as the first policy targeting the elderly. On this basis, the Senior Citizen Act 2063 (Senior Citizen Act 2063) was enacted in 2006, and the Senior Citizens Rules 2065 (Senior Citizens Rules 2065) came into effect in 2008 as implementation guidelines (Table 1-6-2).

Table 1-6-2 Major Relevant Laws and Policies Pertaining to the Elderly

Elderly Policy 2058 (Senior Citizen Policy 2058)	The first policy for the elderly in Nepal. It is in line with the UN policy for the elderly and the Vienna Conference. It addresses multifaceted support for the elderly, including economic benefits, social security, health service facilities, dignity, social participation, education, and recreation. It also defines the possibilities of supporting the elderly to become self-sufficient.
Older Americans Act 2063 (Senior Citizen Act 2063) Elderly Regulation 2065 (Senior Citizens Rules 2065)	Enacted to ensure the social, economic and personal rights of the elderly. The purpose of this law is to provide and guarantee social security for the elderly. It also provides for fee discounts in various services for the elderly, the establishment of central and local welfare committees for the elderly, and the establishment of nursing homes.  The Elderly Regulation 2065 is an implementation guideline for the Elderly Law 2063.

(Sources) World Bank Group, Pension Core Course 2017 "Project work on Reforming Pension System in Nepal", "Social Security System of Elderly Population in Nepal" Kamala Bhandari

Senior Citizens Rules 2065 (Senior Citizens Rules 2065), as amended in 2013, established 33 specific programs in eight areas, including economics, social security, and health and nutrition, as Senior Citizen Amendment 2069 (Senior Citizen Amendment 2069). The amendment was enacted in 2013. Table 1-6-3 summarizes some of the programs of Senior Citizen Amendment 2069. The MoWCSC is the main department in charge, with the involvement of related ministries and organizations as sub-departments, depending on the program content.

Table 1-6-3: Senior Citizen Amendment 2069 (Partial Excerpt)

Program	Main Responsibilities	subcontracting department	monitoring indicator	Period Figures in parentheses are the western calendar year.
Establish a reward system for families who respect and safely care for the elderly.	MoWCSC	National Federation of Senior Citizens Associations local public body	Number of rewards offered Standard Establishment	2070/71 (2013/14) Continued from
Establishment and operation of day care centers for the elderly for recreation and management and operation of model care centers for the disabled.	MoWCSC	National Planning Commission Federal Ministry of Internal Affairs and Communications Ministry of Finance Local organizations, etc.	Number of installations Services Number of service recipients	Continued from 2071/72 (2014/15)
Establishment of geriatric units in public and private hospitals and training of health care workers in health services for the elderly	MoWCSC	Ministry of Health and Population Nepal Medical Association	Number of training Number of Hospitals	2070/71 (2013/14) Start To be completed within 10 years
Arranging for volunteers and health workers to improve health and nutrition for the elderly and organizing trainings and workshops to raise awareness for the elderly in all 75 districts	MoWCSC	Ministry of Health and Population National Federation of Senior Citizens, et al.	Number of participants	2071/72 (2014/15) Continued from

Establishment of a College of Gerontology to learn about elder care	MoWCSC	MEXT University and others	Number of students enrolled	2071/72 (2014/15)
Provision of free glasses and wheelchairs and implementation of health mobile camps in all districts	MoWCSC	Ministry of Health and Population Council of Social Welfare, etc.	Number of donated goods received	2070/71 (2013/14) Continued from

National Senior Citizens Federation, National Planning Commission, Ministry of Federal Affairs and Local Development, Ministry of Finance, Ministry of Health and Population (MoHP), Nepal Medical Association, Ministry of Education, Science and Technology (hereinafter referred to as MoEST), Social Welfare Council)

Source: Government of Nepal, Ministry of Women, Children and Senior Citizens, Disability and Senior Citizen related Act, Law

### 1.6.1.3. Long-term care system and social security system

Social security programs covering the elderly are as follows

#### (1) medical-care insurance

Nepal has the Social Health Security Program. This is a social security program of the Nepalese government that aims to ensure that Nepalese citizens have access to quality health care services without financial burden.<sup>179</sup> Under this program, in addition to medical services at public health facilities, benefits include emergency care, certain hospitalizations, and special pictorial land drug packages. Premiums are discounted by the Nepalese government according to the wealth of the contributor. Enrollment is voluntary; as of 2017, only 5% of all citizens were enrolled.<sup>180</sup>

#### (2) long-term care insurance

There is no long-term care insurance system in Nepal.

#### (3) pension

The Pension scheme was enacted in 1999, but only covers civil servants.<sup>181</sup>

#### (4) old-age welfare allowance

The Old Age Allowance program is a welfare benefit addressed to the elderly. It was established in 1994 as a non-contributory social assistance for the elderly.<sup>182</sup>

<sup>179</sup> Sanjeeb Shah et al. "Utilization of social health security scheme among the households of Illam district, Nepal", published on May,10 2022

<sup>180</sup> Dr. Guna Raj Lohani, "Social Health Security Program (Health Insurance)", Social Health Security Development Committee, Government of Nepal p14

<sup>181</sup> Dhurba Bhattarai et al "Project work on Reforming Pension System in Nepal" World Bank Group Pension Core Course2017

<sup>182</sup> Dhurba Bhattarai et al "Project work on Reforming Pension System in Nepal" World Bank Group Pension Core Course2017

#### 1.6.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) Public systems for caregiver personnel

In Japan, a nursing qualification is one of the qualifications that foreign caregivers are expected to possess when they are accepted into the Japanese workforce.

To become a nurse in Nepal, there are two ways: one is to obtain a Bachelor of Science in Nursing (BSc Nursing), and the other is to enter a vocational school called Proficiency Certificate Level in Nursing (PLC), which takes 4 years and 3 years respectively. The duration of study is four years and three years, respectively. As of July 2022, approximately 40,000 students have graduated with a nursing license. Salaries range from 20,000 to 25,000 NPR.<sup>183</sup> The Bachelor of Nursing is a university course, and admission is open to students who have completed upper secondary education (grades 11 and 12).

Vocational schools in Nepal are managed by the Council for Technical Education and Vocational Training (CTEVT), which is the national agency for the technical and vocational education and training sector. CTEVT is the national agency for technical and vocational education and training, and advises the Government of Nepal in its efforts to manage the content of substantive education and to develop the technical and skilled human resources necessary for the nation. It offers three types of programs: diploma, pre-diploma, and short courses, and provides education related to a very wide range of occupations throughout Nepal. The PLC course in nursing is also under the jurisdiction of CTEVT and is open to graduates of secondary school (grades 9 and 10).

Nepal has been vigorously establishing medical nursing schools to fill the shortage of medical personnel, but in recent years the number of training facilities and enrollment has been reduced in order to improve the quality of nurses. On the other hand, graduates tend to prefer working abroad. The reason for this is that there is a demand from Western countries and salaries are high, and since it is not easy to get permission to travel for work, graduates are going abroad to study and find employment at the destination. Australia, the U.K., and Canada are particularly popular, and the exact number of domestic and international workers is not known due to the lack of developed travel information management, but it is said to be roughly 50-50.<sup>184</sup>

The government is facing a dilemma as the number of health care workers in the country is not sufficient, and even if nurses are trained, they will not be retained in Nepal.<sup>185</sup>

In Nepal, there are no caregiver training schools with a caregiver qualification or curriculum like in Japan, but CTEVT offers courses such as caregiver and social worker. However, CTEVT offers courses

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<sup>183</sup> Edusanjal "Licensing Exam Notice 2077 from Nepal Nursing Council" <https://edusanjal.com/news/licensing-exam-notice-nepal-nursing-council/> (accessed June 8, 2022).

<sup>184</sup> Hearing with Oxon Group, Tiger Overseas, and other sending organizations

<sup>185</sup> International Labor Organization "Migration of Health Workers From Nepal" published in 2017

for caregivers and social workers, both of which are classified as short courses, lasting from a few months to six months.

Course Name	Duration/Hours
Caregiver	390 hours
Community Health Worker	6 months
Community Based Rehabilitation Facilitator	590 hours

(Source: The Council for Technical Education and Vocational Training "Curriculum")

Nepal is sending caregivers to Israel. One of the options listed as Israeli recruitment requirements is the completion of the above-mentioned caregiver course after 12 years of schooling, and the other is the completion of the following pre-diploma course, which is a requirement for those who have completed up to 10 years of secondary education. In both the Auxiliary Nursing Midwife (ANM) and Community Medicine Assistant (CMA) courses, the curriculum focuses on the training of midwives to serve in leadership positions in village health posts. The main focus of the curriculum is the training of those who will serve in leadership positions at village health posts and the like.

Course Name	Period
Assistant Nurse Midwife (ANM)	15 months of lectures and 3 months of practical training
Community Medical Assistant (CMA)	15 months of lectures and 3 months of practical training

(Source: The Council for Technical Education and Vocational Training "Curriculum")

## (2) Training conducted by the private sector on human resources for care

Ageing Nepal, a non-profit organization, is actively implementing programs and providing comprehensive training in elder care, covering a wide range of topics from policies related to the elderly to psychological conditions. Ageing Nepal's interview revealed a lack of geriatric doctors and nurses, a lack of course curriculum content, and a lack of capacity to turn knowledge into practical skills, as well as expectations for the sharing of Japanese knowledge on long-term care and comprehensive community care and the training of caregiver trainers. The International Institute on Ageing United Nations-Malta (hereafter referred to as INIA) has only been held once in 2018, but a program that also welcomed participants from India and Bangladesh was held in Nepal in Nepal (Table 1-6-4).

Table 1-6-4 Examples of Private Elder Care Training Programs

Ageing Nepal
<Held in 2016>
Organizers: Ageing Nepal, Hope Hermitage Nepal, MoWCSC
Supported by: Ageing Nepal Switzerland
Contents: Policies and programs related to aging.



Focus on the rights of older adults, consequences of elder abuse, health of older adults, Alzheimer's disease and related dementias, and ways to deal with older adults of different personalities as caregivers in their daily lives

Implementation Date: February 15-27, 2016

Participants: 26

<Held in 2017>

Organizers: Ageing Nepal, Nursing Association of Nepal

Supported by: Ageing Nepal Switzerland, Nelumbo Foundation (Nepalese Ultra Poor Marginalized and Biodiversity Organization Nepal)

Description: Training for nurses on geriatric care

Implementation Date: November 5-12, 2017

Location: at the hall of Nepal Nurses Association in Rajimpat, Kathmandu

Participants: 36 nurses

< Held in 2019>

Organizers: Ageing Nepal, Hope Hermitage Nepal, MoWCSC

Supported by: Ageing Nepal Switzerland

Contents: Policies and programs related to aging.

Focus on the rights of older adults, consequences of elder abuse, health of older adults, Alzheimer's disease and related dementias, and ways to deal with older adults of different personalities as caregivers in their daily lives

Dates & Location: workshop training is July 18-27, 2019, Nepal Police in Kathmandu

The training was held at Nepal Police Hospital, Kathmandu, July 28-August 17. Practical training was held July 28-August 17 in Kathmandu.

At Hope Hermitage Elderly Care Facility (number of participants unknown)

#### In-Situ" Training Programs in Social Gerontology

Organized by INIA

In cooperation with: Nepalese Army Institute of Health Sciences (hereafter referred to as NAIHS), National Senior Citizen Federation, MoHP

Description: The first social gerontology program in Nepal. In addition to lectures, elderly people in Sanepa Visit Home

Implementation Date: November 20-23, 2018

Location: Facilities in NAIHS

Participants: 50 people in total from India, Nepal, and Bangladesh

(Source: Compiled by the research team from Ageing Nepal and The International Institute on Ageing United Nations-Malta)

### (3) Other training institutions related to long-term care personnel

Approximately 2,200 nurses are produced in Nepal each year, with half working abroad. The curriculum focuses on maternal and child health, with only a small amount of education in elder care. Compared to the Bachelor of Nursing course, the PLC course has more practical content. The caregiver course is more focused on home care, and is actually a preparatory course for those who will work overseas as housekeepers. The need for elderly caregivers in Nepal is increasing, and MoHP is focusing on gerontology education for those who already have nursing qualifications, as well as education for

medical staff who do not have nursing qualifications but are active in the community. However, human resources are in short supply, and challenges are being felt, particularly with regard to the nature of care for the elderly, which is rooted in Nepalese cultural practices. There is a need not only for human resources who know long-term care, but also for human resources and systems that can practice long-term care locally.

A summary of nursing training institutions is shown in Table 1-6-5, with 50 and 40 schools offering Bachelor of Nursing and PLC Nursing courses, respectively, and 1,100 and 1,160 seats of admission, respectively.

Table 1-6-5 Summary of Nurse Training Institutions (as of July 2022)

	Bachelor of Nursing	PLC Nursing
Training period	4 years	3 years
Number of schools	50 schools	40 schools
number of seats available for enrollment	1,100 seats	1,160 seats
employment rate	Domestic and international employment rates are about 50-50	

(Sources) International Labor Organization "Migration of Health Workers From Nepal" published in 2017, CTEVT "Curriculum", SHIKSHA SANJAL "List of Nursing Colleges in Nepal/ Course, Fees, Eligibility", edusanjal "Licensing Exam Notice 2077 from Nepal Nursing Council", prepared by the research team from CTEVT hearings.

The Caregiver Short Course, administered by CTEVT, is one of the courses for studying the care of the elderly in Nepal. Although nursing homes are mentioned in the introduction section of the Caregiver course as a possible place of employment, the course content is not specific to care for the elderly.<sup>186</sup>

There are approximately 50 educational facilities offering the Caregiver Course, with approximately 2,000 graduates to date. The majority of Caregiver Course students are women (95%), and many of the graduates are working abroad.

In response to the growing need for elder care, MoHP offers elder care training for nurses and medical staff using the World Health Organization's Integrated care for older people (hereinafter referred to as ICOPE). This is a self-study type training, and after a 24-day course followed by an exam, those who pass the exam receive 6 days of on-the-job training in hospitals and elderly care facilities. Since nursing training programs do not provide sufficient training in elder care, this training is provided free of charge to train nurses and medical staff with the knowledge and skills to care for the elderly.

<sup>186</sup> CTEVT "Curriculum," <http://ctevt.org.np/curriculum/diplomapcl> (accessed June 8, 2022).

The MoHP also provides elder care training to volunteers at the grassroots level in order to stimulate elder care activities in local communities. This training will enable them to conduct informational workshops on nutrition, simple exercise, and health information for the elderly in their respective districts across the country. Although this training does not include medical care, it is an important activity in Nepal, where community care is very popular. Despite this active human resource development, the MoHP is facing a shortage of personnel with expertise in gerontology.<sup>187</sup>

The growth of the elderly population is also being closely watched at MoEST. Approximately 150 students are currently majoring in gerontology at the graduate school, and the integration of gerontology into the existing curriculum of demography in junior and senior high schools (grades 9 to 12) is being considered. However, how to incorporate gerontology into education in Nepal, where the cultural soil is different from that of Europe and the United States, where gerontology is well developed, is seen as a challenge. In addition, the need to develop human resources in line with MoHP efforts has been recognized, and as elder care systems and services are created, there is a need for human resources who know elder care and can put it into practice.<sup>188</sup>

#### 1.6.1.5. Legal system and overview of long-term care services

##### ( 1 ) Legal System for Long-Term Care Services

In Nepal, the system was under review as of July 2022, based on the fact that there are some achievements, such as the operation of elderly care facilities by religious and charitable organizations that gather elderly people without relatives to take care of them, and also based on the fact that in the past, there have been cases of fraudulent receipt of grants to encourage the establishment of elderly care facilities.<sup>189</sup>

The government is working to improve and promote compliance with facility standards by providing the following in relation to nursing homes in the Senior Citizen Amendment 2069 (Senior Citizen Amendment 2069).

- Establishment and operation of day care centers for recreation for the elderly and management and operation of model care centers for the disabled
- Annual grants to private day care centers and senior care centers that operate in accordance with standards
- Monitoring, evaluating, and rewarding facilities and communities that provide services to the elderly
- Establish evaluation criteria for individuals and institutions working for the elderly

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<sup>187</sup> MoHP Hearing

<sup>188</sup> MoEST Hearing

<sup>189</sup> Hearing with Oxon Group, Tiger Overseas and other sending organizations

The legal system for elder care facilities is set forth in the Senior Citizens Rules 2065 (Senior Citizens Rules 2065), but as shown in Table 1-6-6, it is simplified.

Table 1-6-6 Infrastructure and Facility Standards at Care Centers and Day Service Centers

<p>Care centers with more than 10 senior citizens shall be equipped with the following infrastructure and facilities</p> <ul style="list-style-type: none"><li>(a) Provide a room with an area of at least 40 square feet per senior citizen</li><li>(b) There is a Senior Citizens Friendship Hall, the total floor area of which must be at least twice the site area of the building</li><li>(c) Separate rooms for men and women shall be provided. However, this excludes cases where elderly persons are living together as a couple</li><li>(d) have the following facilities<ul style="list-style-type: none"><li>(1) At least two restrooms (separate for men and women)</li><li>(2) At least two bathrooms (separate for men and women)</li><li>(3) Kitchen and storeroom</li><li>(4) Cafeteria</li><li>(5) Study Rooms and T.V. Rooms</li><li>(6) First aid room</li><li>(7) Waiting room</li><li>(8) Library and reading room</li><li>(9) One of the following: gymnasium, swimming pool, or plaza</li></ul></li><li>(e) Ensure pure drinking water</li></ul>
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(Source) Senior Citizens Rules, 2065, Schedule 2 (Relating to sub-rule (1) and (2) of Rule 12)

As mentioned earlier, Nepal's law specifies that families and local communities are the main providers of elder care services. The provision of services by local communities and families is under the jurisdiction of local governments, and although no uniform legal system has been identified, the Community and Home-Based Care Standard Operating Procedure Manual developed by the MoHP with support from the U.S. Agency for International Development provides one guideline. Community and Home-Based Care Standard Operating Procedure Manual is one guide.<sup>190</sup> In addition, requirements for elderly care facilities and human resources have been developed at the guideline level, but have not yet been legally institutionalized.

Some Japanese companies that provide Japanese-language education and send caregivers to Nepal are considering establishing care facilities with a view to utilizing the returned personnel, but some of them are confused because the laws and regulations are difficult to understand.<sup>191</sup>

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<sup>190</sup> MoHP Hearing

<sup>191</sup> Hearing of sending organizations in Nepal

## ( 2 ) Overview of Long-term care Services

In Nepal, where elder care has become a policy issue since the beginning of the 2000s, institutions and systems for elder care services are in the process of being established. Among these, medical care for the elderly is a high priority, and wards for the elderly are being established. In the case of facilities for the elderly where medical care is not the main focus, the number of facilities is increasing, but there are differences in the services provided. In Nepal, there is still a strong negative image of having parents in institutions, but elderly care facilities targeting the relatively affluent are beginning to be established, mainly in the capital city of Kathmandu (Table 1-6-8, Table 1-6-9). While the elderly who have income and assets from their children living abroad are moving into these facilities, and it can be seen that the values have changed, the services provided in these facilities are either medical care or personal care, and the concept of independence support in the Japanese long-term care is not evident. At a university hospital, which is recognized as a leader in geriatric care in Nepal, the policy is to discharge elderly patients as soon as possible. The family is in charge of post-discharge care, and there is no network of cooperation among medical institutions, government, and private organizations, such as a comprehensive community care system.

The Nepalese government is currently pushing for the establishment of geriatric wards in hospitals: as of July 2022, 49 of the total 130 public hospitals (90 of which are under central government jurisdiction) had geriatric wards, and an additional 20 wards will be established this fiscal year. The establishment of hospitals for the elderly is also being considered, but although the guidelines have been approved by the government, construction has not yet been completed due to budgetary constraints. While progress is being made in establishing wards for the elderly, human resources remain a challenge. There are only a few doctors in the country who specialize in the care of the elderly, and there is an urgent need to train nurses to take charge of day-to-day care.<sup>192</sup>

Long-term care centers are facilities for the elderly. These are privately operated facilities that provide medical services and are licensed in accordance with MoHP guidelines. Elderly care facilities that do not provide medical services are MoWCSCs, which have separate jurisdiction. (Some of these facilities also provide medical services by visiting doctors, etc.)

Elderly care facilities that do not focus on medical support are commonly referred to as Old age homes. In a culture where family members take care of the elderly, there remains a negative impression of moving the elderly into an institution. Even at the facilities actually visited in this study, we were told that it is a bad thing for the public, although attitudes are slowly changing.<sup>193</sup>

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<sup>192</sup> MoHP Hearing

<sup>193</sup> Panchawoti Old Age Home Hearing

Government-run facilities for the elderly are said to face environmental challenges due to lack of budget. There are also senior citizen facilities derived from the activities of charitable and religious organizations that provide a roof over their heads for the elderly who have nowhere else to go, where the residents live together in mutual aid rather than in long-term care or eldercare.<sup>194</sup> In urban areas, on the other hand, a variety of senior citizen facilities have been established, and perceptions are changing. For example, well-equipped nursing homes are being opened and operated by people who have experienced long-term care and geriatric care in Western countries and have returned to their home countries. They are supported by doctors who have studied in Western countries and provide a high standard of care. They are in high demand among the wealthy and their children who cannot take care of their parents because they live abroad as labor migrants.<sup>195</sup>

In Japan, hospitals were at one time the primary place for end-of-life care, but in Nepal, hospitals are not the place for the final days, although the number of hospitals providing geriatric care is increasing. This is partly due to cultural reasons that people prefer to be cared for at home by relatives and neighbors, rather than receiving medical treatment for those who are nearing the end of their lives. For the elderly who have no relatives, elder care facilities are the place for end-of-life care.<sup>196</sup>

Government-run facilities for the elderly have also been increasing since policies for the elderly were clearly presented in the 2000s. Table 1-6-7 shows the number of senior citizen facilities registered with the Nepalese government and the number of residents.

Table 1-6-7 Number of facilities and residents

	Province	Number of facilities	Number of residents		
			Female	Male	total
1	Province 1	18	123	64	187
2	Madhesi Province	8	64	62	126
3	Bagmati Province	47	646	414	1,060
4	Gandaki Province	18	304	158	464
5	Lumbini Province	13	154	112	266
6	Karnali Province	6	33	28	61
7	Sudpashtim Pradesh	6	54	32	86
total amount		166	1,380	870	2,250

(Source: Materials provided by the Government of Nepal)

<sup>194</sup> Ritsuko Nakamura, "'Place of Sewa' and Location of Nursing Homes in Nepal," 2011.

<sup>195</sup> Survey Team Summary from Field Survey

<sup>196</sup> Oxon Group (sending organization) Hearing

In order to understand the actual situation of the old age homes, the following is a summary of the two facilities and one hospital that were visited during this study. The Panchawoti Old Age Home is a retirement home with medical care provision, established to make life more comfortable for the elderly. The single room occupancy fee of NPR 30,000 per month compared to the average monthly income in Nepal of NPR 18,000<sup>197</sup> suggests that it is for the wealthy (Table 1-6-8). Health Home Care Nepal is an elderly care facility established by a female doctor who studied in Australia to improve the situation of the elderly in Nepal (Table 1-6-9). The following two facilities can only be referred to as examples, as the elderly care facilities in Nepal differ in terms of the availability of medical care and their management systems.

Table 1-6-8 Summary of Elderly Facilities Visited1

Panchawoti Old Age Home (private)	
Establishment History	Founded in 2017 by 6 co-founders
Number of rooms	25 rooms in total. Of these, 13 rooms are occupied by elderly people (one or two people reside in the room).
Eligibility for occupancy	Initially accepted government retirees (60 years old), but now accepts the general public over 60 years old
Charge	<ul style="list-style-type: none"> <li>• 30,000 NPR / month (single room), 22,000 NPR / month (double room)</li> <li>• Additional costs for escorting caregivers if necessary, laundry, meals, etc.</li> </ul>
Period	Flexible, from short to long term, such as 3 years, 1.5 years, 6 months, 4 months, etc.
advertising	<ul style="list-style-type: none"> <li>• Not particularly.</li> <li>• We get visits and phone calls, but some people stop because they are afraid of publicity.</li> </ul>
Residents' health status	<ul style="list-style-type: none"> <li>• In the beginning, they accepted people who could live on their own, but then some of them needed long-term care.</li> <li>• Mostly able to live on their own (medication support provided), but walking, eating, bathing, etc. supported</li> <li>• Medical Care is affiliated with public and private hospitals and will contact the family and take them to the hospital when needed</li> <li>• Various activities are conducted and outings are chaperoned.</li> </ul>
Staff Composition	<ul style="list-style-type: none"> <li>• 2 caregivers, 1 part time nurse, 1 cook, 1 cleaner</li> <li>• Physician visits part time.</li> <li>• Caregivers hired according to client needs</li> </ul>
How to hire a caregiver	<ul style="list-style-type: none"> <li>• Referral and interview from employment agency in Kathmandu</li> <li>• Emphasis on background in caregiving (completion of a caregiver course, practical experience, experience caring for a family member, etc.)</li> <li>• We also offer short-term (1-2 weeks) training in-house after hiring.</li> <li>• Formal employment if both parties agree on a trial period</li> </ul>

<sup>197</sup> International Labour Foundation, "Labour Situation in Nepal in 2019," [https://www.jilaf.or.jp/rodojijyo/asia/south\\_asia/nepal2019.html](https://www.jilaf.or.jp/rodojijyo/asia/south_asia/nepal2019.html) (accessed June 13, 2022).

	<ul style="list-style-type: none"> <li>Recruitment activities are difficult because many consider taking care of the elderly to be a hassle and many seek to work overseas due to the salary</li> </ul>
salary	<p>Caregiver: 15,000 to 25,000 NPR/month (including housing)</p> <p>Doctors and nurses: 30,000-35,000 NPR/month</p>
Business Registration	<ul style="list-style-type: none"> <li>Registered as a private company under the Ministry of Industry, Commerce and Supplies and then registered with the local government</li> <li>Audited by local government. Annual report to local government required.</li> </ul>
remarks	<ul style="list-style-type: none"> <li>Medical care may be provided in the future. In that case, we plan to hire doctors and nurses and purchase care equipment.</li> <li>We have accepted elderly people who need care, but it's hard to set up the infrastructure and we're not ready for that yet.</li> <li>A private business approached us about using it as a training facility, but Corona made it difficult.</li> <li>We would like to collaborate with support organizations in human resource development for caregivers, including personnel who travel overseas.</li> <li>We would like to expand our business in cooperation with Japanese private companies. We can offer our facility space, etc. for this purpose.</li> </ul>

(Source: Survey team summary from Panchawoti Old Age Home hearing)

The contents are as of July 2022, when the hearing was conducted.

Table 1-6-9 Summary of Elderly Facilities Visited2

Health Home Care Nepal (private)	
how it started	<ul style="list-style-type: none"> <li>Started in 2012 with a 15-bed rented house. Currently operates in its own property.</li> <li>(The founder) learned elder care in Australia. At the time of its establishment, no one in Nepal knew or understood eldercare, but through presentations at international conferences and other activities, it has gained social recognition.</li> </ul>
Number of rooms	36 of the 40 beds are occupied.
Reason for moving in	Family members are unable to take care of them because they live apart from them, they do not know how to take care of them (e.g., dementia), or they are tired of taking care of them.
Residents' health status	15% of residents are healthy; others require long-term care. About 10 are wheelchair users.
Staff Composition	<ul style="list-style-type: none"> <li>Nurses (10): salaries range from NPR 15,000 to NPR 25,000</li> <li>Nursing assistant and caregiver (4 people): 13,000 NPR - 18,000 NPR</li> <li>Cooks (2): shift work</li> <li>Cleaning staff (2-3 people): 3 shifts every 3 days</li> <li>Laundry staff (1)</li> <li>Manager (1)</li> <li>Logistics Manager (1)</li> <li>Medical care is provided in-house by the founding couple, both of whom are physicians.</li> <li>No caregivers are employed; four nursing assistants serve as caregivers. Because they can perform both medical and long-term care</li> </ul>



Recruiting Methods	<ul style="list-style-type: none"> <li>Recruitment is mainly through referrals and there is a network of training facilities.</li> <li>Recruitment advertisements are not implemented because they are inefficient.</li> <li>Hired after a trial period of 1 week to 1 month</li> </ul>
Regulatory Affairs	<ul style="list-style-type: none"> <li>Nursing home registration will be NGO or private.</li> <li>In recent years, registration with the government's Social Nursing Division (Social Nursing Division) has become a requirement.</li> </ul>
remarks	It was agreed that support related to actions from legal policy development and training support for caregiver care trainers is desired.

(Source: Compiled by research team from Health Home Care Nepal hearings)

The contents are as of July 2022, when the hearing was conducted.

In promoting care for the elderly, Nepal is focusing on improving medical care for the elderly. The following is a summary of the process of receiving the elderly at the hospitals visited in this study. Monmohan Memorial Medical College and Teaching Hospital is a semi-private university hospital established in 2006. It also offers short courses in gerontology<sup>198</sup> and, at the time of the survey, was providing advanced medical care for the elderly in Nepal. It offers a wide range of medical services and has a large outpatient elderly population. The length of hospital stay is generally short, 4-5 days, and even in the case of elderly patients, post-discharge care is explained to the patient and attendant and then terminated, with no particular community collaboration observed. When asked about careers after returning to Nepal for caregivers who have traveled to Japan, they indicated that it is difficult for them to find employment in hospitals because care work does not include medical work (Table 1-6-10).

Table 1-6-10 Summary of Hospitals Receiving the Elderly for Visits

Manmohan Memorial Medical College and Teaching Hospital	
summary	<ul style="list-style-type: none"> <li>Number of beds: 300</li> <li>Departments: Providing a wide range of services from general to specialized services</li> <li>Medical and nursing educational activities</li> </ul>
Basic flow of hospitalization for the elderly	<ul style="list-style-type: none"> <li>Outpatient: 50-70 elderly visitors/day</li> <li>Visiting the hospital with family members, neighbors, nursing home staff, etc. (90% of attendants are family members, 10% are not)</li> <li>Medical services for the elderly include: general consultation and treatment, emergency treatment, and surgery</li> <li>Elderly people are often hospitalized for joint and bone pain, heart, diabetes, kidney disease, diabetes, etc.</li> <li>Average length of hospital stay is 4-5 days and the physician in charge decides whether to discharge the patient.</li> <li>Basically encouraging patients to care for themselves at home even if they wish to continue hospitalization (to prevent nosocomial infections).</li> </ul>

<sup>198</sup> Manmohan Memorial Medical College and Teaching Hospital <https://mmth.edu.np/> (accessed June 14, 2022)

	<ul style="list-style-type: none"> <li>• In preparation for discharge, consultation is provided to both the patient and the attendant to teach rehabilitation training, physiotherapy, and how to take medications (aftercare is basically left to each individual).</li> <li>•</li> </ul>
remarks	Working as a caregiver in Japan and then returning to Nepal to work as a nurse has never been done before and, indeed, would be difficult because of the distance from medical work

(Source: Compiled by survey team from Manmohan Memorial Medical College and Teaching Hospital hearings.

### ( 3 ) Overview of the market for long-term care products and welfare equipment

During the site visit, the survey team found that wheelchairs and beds are relatively popular nursing and welfare equipment in elder care facilities. These imported items are purchased in the local market in Nepal. The price ranges from 13,000 NPR for a simple bed to about 25,000 NPR for one with a reclining function, and they said that there are no quality problems in their daily lives.<sup>199</sup> Adult diapers can also be purchased at<sup>200</sup>. Hospitals have few welfare and care equipment and supplies for the elderly, and the situation is not satisfactory in terms of both number and quality. In particular, stretchers and wheelchairs are in short supply, as are beds, crutches, portable toilets, and mattresses (to prevent bedsores). Public hospitals have a bidding process for purchasing equipment, where requirements (price, budget, etc.) are presented, bids are made, and contracts are signed, resulting in relatively inexpensive procurement. IoT devices are not widespread in hospitals, and ICT, if available, is only used in hospital management systems. wifi may be provided to patients in some hospitals.<sup>201</sup>

Senior Citizen Amendment 2069 lists "free provision of eyeglasses and wheelchairs and implementation of healthy mobility camps in all districts" as a plan. The market for daily life aids, such as eyeglasses and wheelchairs, is still underdeveloped. On the other hand, the opening of elderly care facilities for the wealthy in Nepal and the prospect of cash income from remittances from abroad suggest that a certain segment of the population has purchasing power.

#### 1.6.2. Status of long-term care workers being sent to other countries, including Japan

##### 1.6.2.1. Destination and production of caregivers

Nepal is one of the world's leading exporters of human resources. Although the government has reduced the issuance of overseas work permits in response to the rise of domestic industry, individual remittances from abroad are an important source of income in Nepal, and overseas work is widely recognized as a common option for individuals. Most of the destination countries are the Middle East and Malaysia, and most of the occupations are simple labor. In the area of caregivers, Israel will accept 500 workers in 2021, and the number is expected to increase in the future. Bilateral agreements have

<sup>199</sup> Health Home Care Nepal Hearing

<sup>200</sup> Oxon Group (sending organization) Hearing

<sup>201</sup> Monmohan Memorial Medical College and Teaching Hospital Hearing

been concluded with Middle Eastern countries, Israel, South Korea, and Malaysia. Japan has not concluded a bilateral agreement with Israel for technical training, and although Japan has concluded an agreement for specified skills, approval from the Nepalese government has been delayed, creating a major bottleneck in the export of human resources to Japan.

The Nepalese government has systematically supported overseas labor since 1997, recognizing it as an important option against a backdrop of high unemployment and poverty. For the same reasons, working abroad has long been accepted as a common work option for the population. The number of overseas work permits issued has continued to grow steadily, reaching 519,638 in FY2013. However, the Thirteenth Plan, a three-year policy that began in FY2013, emphasized the creation of domestic industries, and since then the number of overseas work permits issued has been declining (Figure 1-4-1). In this regard, some argued that the government's domestic industry creation policy was a formality and that, in fact, the outflow of labor to foreign countries was still continuing.<sup>202</sup> The most recent policy, the Fifteenth Plan (2019-2024), continues to emphasize the importance of domestic job creation. On the other hand, the policy also emphasizes the effective use of funds from remittances from overseas workers and the utilization of skills of workers who have returned from abroad. The policy also emphasizes the effective utilization of funds through remittances from overseas workers and the utilization of skills of workers returning from abroad. In Nepal, remittances from individuals will amount to about 1/4 of GDP in 2020, and overseas labor is one of the most important sources of income in Nepal.<sup>203</sup>

In terms of the number of overseas work permits issued by gender, 90% are issued to men. Although the Nepalese government encourages women's labor participation, challenges such as vulnerability to unfair exploitation have been a barrier, and since the mid-2010s, the government has stopped sending female domestic workers to the Middle East<sup>204</sup>. The fact that the government has begun to regulate overseas work that involves hazards and risks may be one reason for the decline in the number of overseas work permits issued. This means, on the other hand, that with appropriate safety and other measures, female labor migrants have the potential to play an active role. In interviews with government agencies, some expressed concern about accidents and incidents caused by poor working conditions for overseas workers, not only women, while at the same time voicing hopes for the safety of the Japanese working environment and the acquisition of skills in long-term care work.<sup>205</sup>

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<sup>202</sup> Tiger Overseas (sending organization) hearing

<sup>203</sup> World Bank" World Development Indicators" Last Updated: 04/08/2022

<sup>204</sup> DoEF Hearing

<sup>205</sup> MoLESS, Foreign Employment Management Section, DoEF Hearing

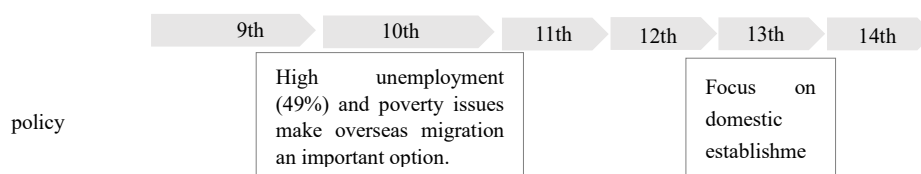
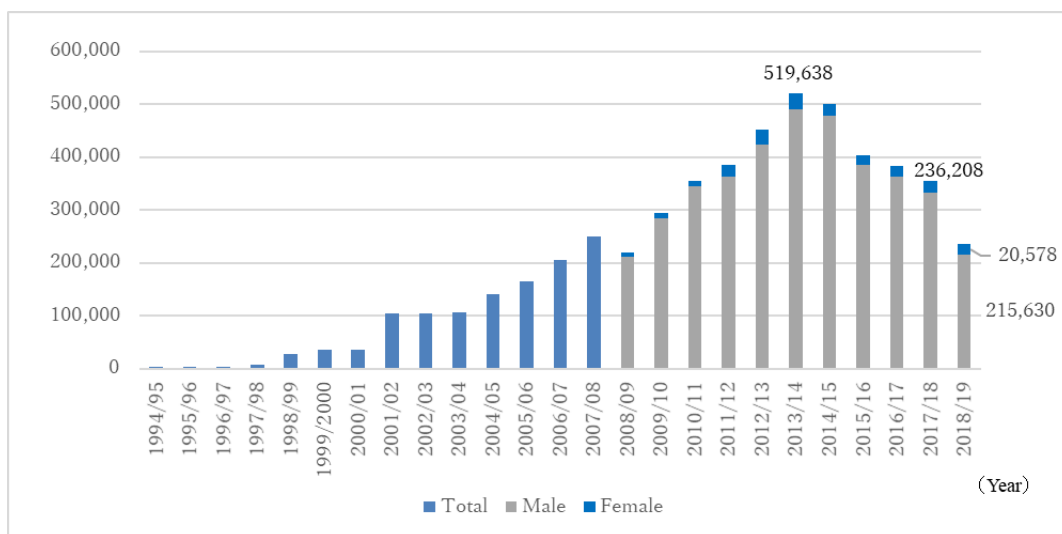


Figure 1-6-1 Number of Nepalese Government Work Permits Issued, 1994/95 to 2018/19  
 (Source: Ministry of Labor, Employment and Social Security "Nepal Labour Migration Report 2020", Foreign Employment Policy 2068, 15th Plan) Prepared by the survey team

The destination countries for labor migrants are mostly Middle Eastern countries such as Malaysia, Qatar, UAE, and Kuwait. In India, the traffic is not controlled and the country is not ranked as a labor destination, but it is said that a very large number of Nepalese are working there.<sup>206</sup> (Figure 1-6-2).

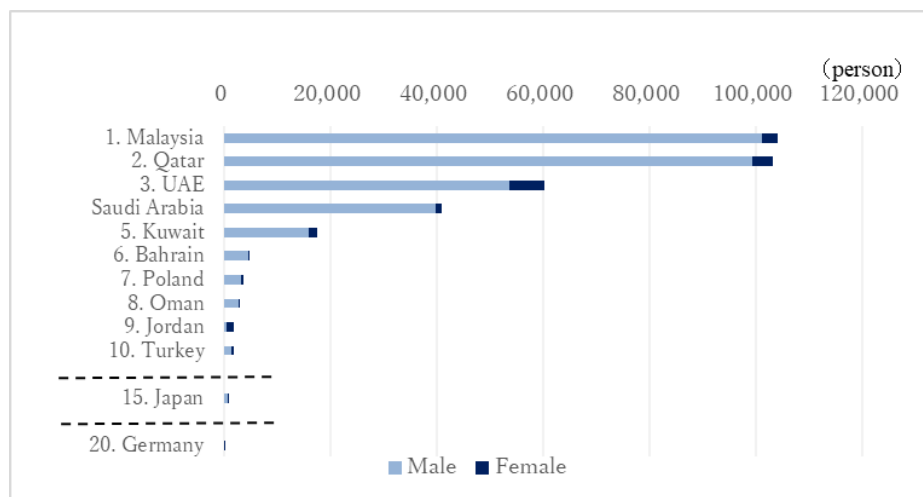


Figure 1-6-2 Top Destinations for Labor Migrants, 2017/18  
 (Source: Ministry of Labor, Employment and Social Security "Nepal Labour Migration Report 2020")

<sup>206</sup> JICA EY Ernst & Young ShinNihon, "Information gathering and confirmation study on the industrial human resources development project utilizing Nepalese human resources returning to Nepal," February 2022

The main destinations for women in terms of work permits issued in 2017/18 are shown in Table 1-6-11. In Israel, the 16th largest destination, the agreement on the sending of caregivers is being implemented in 2021. Approximately 500 people are being sent out (male to female ratio 3:7), thereby increasing the number of travelers from the time of the data below.

Table 1-6-11 Top Destination Countries for Work Permits Issued to Women, 2017/18

	country name	Number of travelers (persons)	Percentage (%)
1	UAE	6,564	29.3
2	Qatar	3,864	17.2
3	Malaysia	3,037	13.5
4	Kuwait	1,626	7.3
5	Jordan	1,501	6.7
6	Cyprus	1,419	6.3
7	Saudi Arabia	1,024	4.6
8	Maldives	554	2.5
9	Turkey	470	2.1
10	Poland	424	1.9
11	Oman	367	1.6
12	Bahrain	332	1.5
13	Germany	254	1.1
14	Malta	228	1.0
15	Czech Republic	88	0.4
16	Israel	83	0.4
17	USA	74	0.3
18	New Zealand	58	0.3
19	Seychelles	49	0.2
20	Japan	45	0.2
-	Other	356	1.6

(Source: Ministry of Labor, Employment and Social Security "Nepal Labour Migration Report 2020")

Simple labor, including cleaning and employment as simple labor, was the most common occupation for labor migrants in FY 2018 at 54.8%, followed by service and sales (18.0%) and construction (9.3%) (Table 1-6-12).

Table 1-6-12 Occupations of Labor Migrants, 2018/19

type of occupation	Number of persons	Percentage (%)
unskilled labor	129,442	54.8
service and sales	42,517	18.0
construction	21,967	9.3
Drivers and machine operation	16,771	7.1
Electrical and mechanical engineer	11,574	4.9

manufacture	4,960	2.1
Office administration and related professionals	3,071	1.3
Supervisor, Site Supervisor	2,126	0.9
Aviation, Navigation	1,181	0.5
Specialists, managers	1,181	0.5
Farming, fishing, dairy farming, gardening	472	0.2
Other	945	0.4
total amount	235,207	100.0

(Source: Calculated from Ministry of Labor, Employment and Social Security "Nepal Labour Migration Report 2020

Caregivers are presumed to be classified as "caregivers, domestic helpers, and aides" in the service and sales sector. The "caregivers, domestic helpers, and caretakers" category includes 2,469 workers (1.0% of all migrants), 100% of whom are women (Table 1-6-13).

Table 1-6-13 Occupational Breakdown of Service and Sales Categories (2018/19)

Service and Sales Category Job Title	Number of males (persons)	Number of women (persons)	Total (persons)
Security	14,878	473	15,354
waiter/waitress	4,959	1,338	6,378
Retail	4,097	1,152	5,433
Hospitality	4,313	123	4,488
Cook, Chef	3,666	556	4,252
Caregiver, domestic help, assistance	0	2,469	2,598
Beauty, Health	431	761	1,181
Housekeeping	647	391	945
Other	2,056	206	2,262

(Source: Compiled by the research team from Ministry of Labor, Employment and Social Security "Nepal Labor Migration Report 2020")

The number of labor migrants in the nursing workforce is unknown because the Nepalese government does not classify nurses or health workers by occupation.

Countries with which the Nepalese government has concluded bilateral agreements for sending workers are listed in Table 1-6-14.

Table 1-6-14 Countries with Bilateral Agreements (as of July 2022)

Partner Countries	Year of affiliation	Details of Cooperation
Japan	2009 2019	JITCO Agreement, Memorandum of Cooperation on Specific Skills
Mauritius	2019	Memorandum
Malaysia	2018	Memorandum
Jordan	2017	General Agreement
Israel	2015	Joint Pilot Program
Bahrain	2008	Memorandum
UAE	2007, 2019	Memorandum
Korea	2007	Memorandum
Qatar	2005	General Agreement

(Source: Department of Foreign Employment, Labor Approval Record)

A bilateral agreement has been signed with Israel, and the requirements for sending caregivers to Israel are shown in Table 1-6-15. Under the Israeli government's initiative, recruitment has been conducted on a large scale and advertised extensively, resulting in a large number of applications. However, problems have arisen in terms of qualifications, skills, language skills, and hiring mechanisms. In terms of language, the written test is an elective test, which does not measure sufficient language skills, and it has been pointed out that there is in fact a lack of language skills. Also, in terms of technology, there are scattered cases of travelers who have not taken the formal technical test, and it has been confirmed that there is a lack of local skills.<sup>207</sup>

Table 1-6-15 Agreements between Israel and Nepal on Human Resources for Care

how it started	<ul style="list-style-type: none"> <li>• In response to the growing need for elderly caregivers in Israel, a formal intergovernmental caregiver acceptance agreement based on a new protocol of implementation was signed in January 2021.</li> <li>• This has made it possible to work as caregivers in hospitals and other public facilities, whereas previously they were employed as caregivers in their own homes</li> </ul>
Contents (as of conclusion in 2021)	<p>&lt;Requirements&gt;</p> <ul style="list-style-type: none"> <li>• 25-45 years old, weight 45 kg or more, height 1.5 m or more, healthy in mind and body</li> <li>• "10+2 passed" (grade 10 graduation + 2 years of education, meaning equivalent to high school graduation) and at least 3 months of caregiver training, or post-secondary education and ANM or CMA in a vocational training school course.</li> <li>• Knowledge of English, good conduct, etc.</li> </ul>

<sup>207</sup> DoEF Hearing

	<Salary> US\$1,600/month <Procedure> Document submission, written exam, interview, selection by Israel <Term > 5 years, renewable
Application Status and remarks	<ul style="list-style-type: none"> <li>It is said that between 5,000 and 20,000 people applied for the initial 500 applicants (3:7 male/female ratio), and the number is expected to increase to 1,000 in the future.</li> <li>Regarding the application situation, the Kathmandu Post analyzed that the high application rate is due to the fact that it is rare to have many openings at one time, which is perceived as a good opportunity for Nepalese, and the salary level is also high.</li> </ul>

(Source: Kathmandupost, Collegenp "Eligibility Criteria for Caregiver Work in Israel - Nepal Govt Directive," etc.

For travel to Japan, no bilateral agreement for technical training has been concluded, and approval by the Cabinet Office in Nepal for the specified skills for which bilateral agreements have been concluded has been delayed. As a result, understanding of the system is not widespread, and the process of sending out workers has not been streamlined.

Regarding technical intern training program, Nepal has signed an agreement for cooperation with JITCO, and JITCO has 206 Nepalese sending organizations registered as of October 2022.<sup>208</sup> The steps for sending out technical intern trainees are based on a system called the Foreign Employment Information Management System (FEIMS). When a Japanese company wishes to hire a person, it executes a request to the Embassy of Nepal in Japan through the Japanese side management organization, etc. After submitting the necessary documents and obtaining approval, the information is displayed in FEIMS. Next, a labor agent in Nepal searches for human resources who meet the requirements indicated in FEIMS, and after confirming with the management organization in Japan, etc., the human resources who meet various conditions are sent to the Ministry of Labour, Employment and Social Security (hereinafter referred to as "MoLESS"), under the Ministry of Labour, Employment and Social Security (hereinafter referred to as "MoE"). After that, the applicant will obtain a final approval from the Department of Foreign Employment (hereinafter referred to as "DoFE") under the Ministry of Labor, Employment and Social Security (hereinafter referred to as "MoLESS"). After that, the applicant applies for a visa to travel to Japan, which is then issued. However, the process is not smooth, as there are cases where the embassy stalls the process even though Japan is supposed to have made the request.<sup>209</sup>

There are approximately 900 exporting agencies in Nepal, of which only 200-300 are said to be exporting to Japan. Obtaining an outbound license costs a large amount of money (approximately 20 million yen). Since sending out to Japan requires Japanese-language communication, including the

<sup>208</sup> JITCO, "What is the Foreign Technical Internship System?" <https://www.jitco.or.jp/ja/regulation/> (accessed May 30, 2022)

<sup>209</sup> Hearings with sending organizations, etc.



preparation of documents, etc., sending organizations that do not have Japanese-speaking staff need an intermediary who is a Japanese speaker, which is one of the reasons why intermediary fees are rising.<sup>210</sup>

In the specific skills, approval on the part of the Nepalese government has been delayed, and employment protocols and system structures are not in place. Once approval is granted, the scope of responsibility of the agencies involved and coordination will be coordinated. Specifically, the DoFE Japan Desk will be operational, an online portal will be opened and shared between the two countries, and candidates will be registered and their qualifications checked. This will enable direct outbound sending through the Japan Desk established on the Nepalese side, without the need for labor agents.<sup>211</sup> This will not only make the sending process smoother, but may also serve as a model to open the door to more Nepalese human resources, as there are barriers to travel due to the large amount of commissions paid to employment agencies and Japanese language schools.<sup>212</sup>

Currently, due in part to the lack of a system in place, even if personnel who wish to work in long-term care pass the Japanese language test and the technical test, the subsequent flow is unclear, and opportunities for matching with care providers are limited, so successful applicants are stuck in Nepal.<sup>213</sup>

#### 1.6.2.2. Background and Reasons for Selecting Destination

The destination countries for Nepalese labor migrants can be divided into three main categories. Middle Eastern countries and Malaysia, Western countries, and others. Middle Eastern countries and Malaysia are easy to travel to but have poor working conditions, while Western countries have high hurdles to travel but good working conditions. Countries classified as "Others" are roughly in between. Japan belongs to the "other" category.

Reasons for choosing Japan include the fact that it is in the same Asian region, the working and living environment is good, and there are many people from Nepal living in Japan (with relatives and acquaintances), etc. Many of them wish to travel to Japan. On the other hand, difficulties in bringing family members, complicated and time-consuming travel procedures, and the necessity of studying Japanese language and etiquette were cited as disadvantages.<sup>214</sup>

Table 1-6-16 summarizes the major destination countries and conditions. In Middle Eastern countries and Malaysia, salaries range from \$30,000 to \$50,000 take-home pay. Education and language skills are often not required, and in Nepal, where 60% of students go on to secondary school<sup>215</sup>, the country has

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<sup>210</sup> Hearings with sending organizations, etc.

<sup>211</sup> Japan International Cooperation Agency (JICA) EY Ernst & Young ShinNihon LLC, "Information Collection and Confirmation Study on Industrial Human Resource Development Project Utilizing Nepalese Human Resources Back to Nepal," February 2022

<sup>212</sup> MoLESS, Foreign Employment Management Section Hearing

<sup>213</sup> MoLESS, Foreign Employment Management Section Hearing

<sup>214</sup> Sending Agency Hearing

<sup>215</sup> Nepal Demographic Health Survey 2016

become a destination for many overseas labor applicants. The main occupations are construction for men and domestic help for women in Middle Eastern countries, and manufacturing for both men and women in Malaysia. In these countries, the take-home pay is two to three times higher than Nepal's average monthly wage of about ¥18,000<sup>216</sup>, although the drawbacks include inadequate security against accidents while working and uncomfortable living conditions, such as living in a shared room.

At the opposite end of the spectrum are Western countries such as the United States, Canada, the United Kingdom, Australia, and New Zealand. Despite the strict requirements for academic achievement as well as education, salaries are about 20 times the Nepalese average monthly income for nursing and caregiving jobs, making it a very popular destination. The language barrier is low for those with higher education, as English is used for higher education in Nepal. In particular, some of Nepal's top schools aim to send their graduates to Europe and the U.S., and travel to Europe and the U.S. is seen as a major success. In Nepal, where the outflow of medical personnel overseas is an issue, it is difficult to obtain travel permission after becoming a medical professional.<sup>217</sup> In many cases, students enter Nepal in the form of study abroad using scholarships offered by various countries and then work in the country.<sup>218</sup>

Other countries are positioned between the Middle East/Malaysia and Western countries, and Japan is included in this category. This group includes those who wish to work overseas but do not meet the requirements of Western countries, but seek a better working environment than in Middle Eastern countries and Malaysia.

In the recruiting process, information from acquaintances and friends is a valuable source of information, as newspapers and other official media are relatively inaccessible in rural areas. Due to the lack of opportunities and channels for obtaining information, correct information is not sufficiently communicated. This means that people decide where to go based on the opportunities that come their way, rather than having strong preferences for destination countries and occupations, or choosing among multiple options.<sup>219</sup>

Although India is reported to have the largest number of travelers<sup>220</sup>, it is not included in this study as a destination country for overseas labor travel because the border between India and Nepal is free and open, and therefore not included in the statistics.

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<sup>216</sup> International Labour Foundation, Advance Note, "Labour Situation in Nepal in 2019," available at: [https://www.jilaf.or.jp/rodojijyo/asia/south\\_asia/nepal2019.html](https://www.jilaf.or.jp/rodojijyo/asia/south_asia/nepal2019.html) (accessed June 13, 2022).

<sup>217</sup> International Labor Organization International Labor Organization "Migration of Health Workers From Nepal" published in Nepal

<sup>218</sup> Hearing with Oxon Group, Tiger Overseas and other sending organizations

<sup>219</sup> Tiger Overseas (sending organization) Hearing

<sup>220</sup> Japan International Cooperation Agency (JICA) EY Ernst & Young ShinNihon LLC, "Information Collection and Confirmation Study on Industrial Human Resource Development Project Utilizing Nepalese Human Resources Back to Nepal," February 2022

Table 1-6-16 Destination Countries and Conditions

	Middle Eastern countries, Malaysia	Malta, Japan, Israel, etc.	the various countries of Europe and America
salary	inexpensive <ul style="list-style-type: none"> <li>30,000-50,000 yen in take-home pay</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 200,000 yen per month</li> </ul>	high <ul style="list-style-type: none"> <li>Nursing and caregiving jobs are about \$400,000</li> </ul>
conditions	lax <ul style="list-style-type: none"> <li>No academic background or language skills required</li> </ul>	<ul style="list-style-type: none"> <li>high school equivalency examination</li> <li>Language depending on destination</li> </ul>	strict <ul style="list-style-type: none"> <li>university graduate degree</li> <li>English (language)</li> <li>high achiever</li> </ul>
Number of passengers	numerous		few
remarks	<ul style="list-style-type: none"> <li>In Middle Eastern countries, men work in construction and women are domestic helpers; in Malaysia, manufacturing is the main industry</li> <li>There have been many accidents.</li> <li>Living environment with meals and housing but no privacy</li> </ul>	<ul style="list-style-type: none"> <li>Chosen by those who do not meet the requirements to go to Western countries but do not want to go to the Middle East or Malaysia.</li> </ul>	<ul style="list-style-type: none"> <li>Many students enter the country to study abroad and then become permanent residents.</li> <li>Australia is particularly popular for nursing and care</li> </ul>

(Source: Oxon Group, Tiger Overseas, Nepal Human Resource Development Japan Office, and other sources.)

This section discusses the reasons why Japan is chosen in Nepal, where overseas labor is common. As mentioned earlier, Western countries are the most popular, but those who do not meet the criteria choose Japan among other so-called middle-class countries because it is a society of Asians, and because it is a successful Asian country. Also, compared to jobs in Middle Eastern countries, which lack labor management and are often described as "3D (difficult, dirty, and dangerous)," Japan offers a safe working and living environment, which is also an attraction.<sup>221</sup> Nepalese in Japan ranked 6th in the number of foreign residents by nationality and region as of December 2021, with 97,000 people.<sup>222</sup> Some choose

<sup>221</sup> DoEF Hearing

<sup>222</sup> Statistics of Foreign Residents by Resident Status (Purpose of Residence) by Nationality and Region Dec. 2021

Japan because they have relatives or acquaintances there, and the security of living conditions in the destination country is also a reason for choosing Japan.<sup>223</sup>

However, for those with family members, there is a tendency to avoid technical internship and specified skill 1, which do not allow family members to accompany them. In the area of long-term care, although family members are allowed to stay in Japan if they obtain the "nursing care" visa status, it takes a number of years to obtain this visa, and because the visa is conditional upon passing the national examination for care workers, they cannot be invited to stay in Japan unless they pass the exam. Another negative factor that was frequently asked about is that the documents and requirements for travel are complicated and time-consuming, and that it is essential to take the Japanese Language Proficiency Test and study social customs. At Japanese language education facilities, even Nepalese with a Japanese level of about N3 are trained as Japanese language instructors, and some said that the quality of Japanese language education is not sufficient and that it takes time to learn the language.<sup>224</sup> For the technical internship route, the standard preparation period is 9 months to 1 year for Japanese language acquisition and procedures.<sup>225</sup>

For example, in Israel, which is recruiting a large number of people for caregiving positions, once the decision to travel is made, the students study Hebrew, but the requirement is that they pass an optional paper test. The travel procedures do not begin until after the language requirement has been met, but rather are carried out concurrently, so that the students have about three months to prepare for the trip. In Malta, which, like Japan, is positioned as a middle-class country, the take-home pay for caregivers is about the same as in Japan, and a certain level of English and overseas work experience are considered sufficient, making such countries more likely to be selected.<sup>226</sup> In South Korea, caregivers are often employed as housekeepers and provide care in the home, but they are paid more than in Japan and are more popular because of the clear procedures for sending them out and the operation of the system.<sup>227</sup> The ease of entry is also a key factor, along with the level of pay, safety of living conditions, and conditions for bringing family members.

#### 1.6.2.3. Travel to Japan

Nepalese are characterized by the fact that many of them study abroad as a route of entry into Japan. (See Chapter 2, Section 5, Paragraph 6, Trends by Country and Status of Residence.) This is because, prior to the start of Technical Intern Training Program, studying abroad was the easiest route to enter Japan, and foreign students were allowed to work 28 hours per week (up to 40 hours per week during long vacations), making it in effect labor travel. Even today, when technical internship training and travel

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<sup>223</sup> Meihoku Corporation (Sending Agency) Hearing

<sup>224</sup> Nepal Human Resource Development Japan Office (sending organization) and other hearings

<sup>225</sup> Hearing for sending organizations such as Meihoku Co.

<sup>226</sup> Hearing for Oxon Group and other sending organizations

<sup>227</sup> Hearing for Tiger Overseas and other sending organizations

based on specific skills are permitted, entering Japan as a foreign student is becoming increasingly popular in Nepal, where hearsay from friends and acquaintances is a valuable means of gathering information. After studying as a foreign student, getting a job, obtaining permanent residency through marriage, and inviting family members to Japan are recognized as successful cases, and some said that many people are aiming for this pattern.<sup>228</sup> In addition to the agency fees and other expenses incurred up to the time of study abroad, there are also expenses incurred after the student's departure, such as tuition fees, and this can lead to problems such as illegal labor and returning home during the study abroad process, making it naturally an inappropriate means of easy labor. However, if a certain amount of money for tuition and other expenses can be secured, it is a highly flexible option, with advantages such as learning Japanese language and culture, and a wide range of work options afterward.

Japanese companies prefer to hire Nepalese who have already studied in Japan because they are less concerned about their Japanese communication skills and integration into Japanese culture, and because the fees for hiring them are lower than those charged by local sending agencies in Nepal. On the other hand, in terms of acceptance for technical training and specified skills, Nepal has fewer job offers from the Japanese side than the Philippines and Vietnam because Nepal has less experience in accepting such workers, and there is a lack of information and knowledge about Nepal.<sup>229</sup>

In Nepal, students generally enroll in vocational training schools and work overseas using the skills they learn there. Some private Japanese sending agencies in Nepal have partnered with Nepalese universities to provide Japanese language education as an extracurricular class.<sup>230</sup> Some expressed a desire for curriculum support from Japan, the establishment of bridge courses to teach skills (ICT, language, culture, etc.) that are prerequisite for working in Japan, and the revitalization of overseas labor through the conclusion of an intergovernmental memorandum of understanding.<sup>231</sup>

#### 1.6.2.4. Post-return career status

Although the government has a policy of utilizing the skills of workers returning from abroad, and has launched policies such as the Prime Minister Employment Program and the Youth Employment Transformation Initiative Project to support the creation of domestic industries and job placement, many consider overseas labor to be migrant workers, and believe that remittances can provide for their families and help them achieve a certain level of savings. However, many of them consider overseas work as migrant work, and are not interested in careers after returning to their home countries, believing that it is enough if they can provide for their families and achieve a certain level of savings through remittances. Alternatively, one successful example is to obtain permanent residency in a Western country, Japan, etc., and move back and forth between Nepal and the country of permanent residence.<sup>232</sup> On the other hand,

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<sup>228</sup> Oxon Group (sending organization) Hearing

<sup>229</sup> Frontier Foster Care Group, Oxon Group, and other sending organizations hearing

<sup>230</sup> Frontier Education Group (sending organization) Hearing

<sup>231</sup> CTVET and other hearings

<sup>232</sup> Hearing for Oxon Group and other sending organizations

there are a few cases, for example, in the long-term care sector, where caregivers from Israel and other countries have returned to their home countries and opened nursing homes for wealthy people. As for Japan, the number of caregivers from Nepal has been limited, and this survey could not confirm any cases of returnees with sufficient experience in the field.

### 1.6.3. Summary of the legal system, market, and the status of caregiver production related to caregiving and caregiver human resources.

In Nepal, the culture is that the family is responsible for the care of the elderly and the community supports them. However, the lifestyle of the past is being transformed due to the aging of the population and changes in the nature of the family. In 2002, the government enacted Senior Citizen Policy 2058, which is said to be Nepal's first policy for the elderly, followed by the establishment of a social security system for the elderly and the planning and implementation of support programs for the elderly. However, there are hurdles in the process, such as informing users, accessing medical care, going to banks to receive benefits, etc.<sup>233</sup>, and only a limited number of elderly people are benefiting from the program.<sup>234</sup>

In the area of medical care for the elderly, hospitals are establishing geriatric wards, and nurses are being trained. At the local grass-roots level, awareness-raising activities on health and care for the elderly in the community through education for nurses and volunteers are being developed, albeit in a phased manner. However, human resource development remains a challenge, especially in terms of how to integrate and implement the knowledge gained into Nepalese culture, people, and existing systems. In Nepal, moving into an institution for the elderly is culturally perceived as a negative experience, and working there is perceived as a low social status, including treatment. Legal arrangements for facilities have not been established, and standards for services provided vary. There are challenges in both moving into a facility, working in a facility, and running a facility, and support is needed in many areas.

Although the number of overseas workers is decreasing, more than 200,000 people travel abroad each year for work, and working abroad is a common career option. The purpose of migration is not so much to build a future career, but rather to seek better working conditions in Nepal due to the poor working conditions in the country. Australia, the U.K., and Canada are popular destinations, but while they offer good working conditions, they are narrowly chosen and not an option for those without academic background or language skills. In such a situation, Japan, being in Asia and having a good working environment, has a large number of applicants, although there are competing countries such as Malta and South Korea.

However, there are many issues related to the acceptance of these workers in Japan. The main reason for this is that the purpose of the migrant workers is to make a living, and they are more interested in getting a job in Japan than they are in travel systems such as technical training or specified skills, or in

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<sup>233</sup> HelpAge Hearing

<sup>234</sup> Kamala Bhandari "Social Security System of Elderly Population in Nepal"

the content of work such as long-term care occupations, etc. Information is limited and inaccurate to begin with due to human communication.<sup>235</sup> This is one of the factors that result in higher payments to intermediaries and a greater number of intermediaries, and is a cause of mismatches even after travel to Japan. (The Nepalese side is considering the establishment of a public system including information dissemination, such as the operation of a Japan Desk by the government, but as of July 2022, this has not yet been implemented).

Information-related issues can also be found in Japan, the recipient country. Although there are many Nepalese who wish to travel to Japan, there are few applications from host companies because they are not familiar with Nepal and are worried because they have no experience in accepting Nepalese. In the area of specific skills, there is a matching problem in which Nepalese who have passed the specific skills test in Nepal are unable to find employment in Japan. There is an urgent need to improve information dissemination and channels in both Nepal and Japan.

In the preparation phase of travel, it takes time to learn Japanese and then to go through the travel procedures, which is a negative factor compared to other countries. While document standards and screening on the Japanese side are the cause of the time required, the quality of Japanese language education on the Nepalese side varies, and in some cases, the speed of learning Japanese is delayed. There is a need to improve the quality of Japanese language education.

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<sup>235</sup> Hearings with sending organizations, etc.

Attachment: Survey Schedule

	<b>Date</b>	<b>Program</b>
1	2022/7/3	Flight
2	2022/7/4	Manmohan Memorial Medical College & Teaching Hospital (Health Facility)
		Council for Technical Education and Vocational Training (Gov agency)
3	2022/7/5	Frontier Group (Sending Organization)
		Department of Foreign Employment (Gov agency)
		Department of Foreign Employment (Gov agency)
		Health Home Care Nepal (Care providers)
		Nepale Japanese Training Insitute (Training Insitute)
		Meihoku Training (Training Insitute)
4	2022/7/6	Ministry of Education, Science and Technology (Gov agency)
		Siddhi Memorial Hospital (Health Facility)
5	2022/7/7	Ageing Nepal (NGO)
		Ministry of Labour, Employment and Social Security (Foreign Employment Management Section) (Gov agency)
		Nursing and Social Security Division, Ministry of Health and Population (Gov agency)
6	2022/7/8	Panchawoti Old Age Home (care provider)
7	2022/7/9	Flight



Attachment: List of interviewees

Category	Organization	Department	Name (Omitting honorific titles)	Title
Health Insitute	Manmohan Memorial Medical College & Teaching Hospital			Dierctor
				Nurse
				IT
Gov Agency	Council for Technical Education and Vocational Training (Gov Agency)		Vinod	Director
			Anil	Deputy Director
送出機関	Frontier Group		Miyamura	Representative
Gov Agency	Ministry of Labour, Employment and Social Security (Department of Foreign Employment)		Shesh	Director General
Gov Agency	Department of Foreign Employment		Dambar Bahadur Sunuwar	Director
Care service provider	Health Home Care Nepal		Prof. Dr. Lochana Shrestha	
Training Insitute	Nepal Japanese School		Isuol Pudasyni	President
Training Insitute	Meihoku training		Adachi	CEO
Gov Agency	Ministry of Education, Science and Technology (Gov Agency)			Director
Health Insitute	Siddhi Memorial Hospital		Anil Rajbhandari	Operational Director
NGO	Ageing Nepal (NGO)			Chaiman
				Director
				Chief Exective officer
				Program director
Gov Agency	Ministry of Labour, Employment and Social Security	Foreign Employment Management Section	Mr. Bhusal	Under Secretary
Health Insitute	Nursing and Social Security Division, Ministry of Health and Population		Prof. Goma Devi Niraula	Chief Hospital Nursing Administrator Director
Care service provider	Panchawoti Old Age Home		Charman	

## 1.7. Bangladesh

### List of Abbreviations

BNQF	Bangladesh National Qualifications Framework
BTEB	Bangladesh Technical Education Board
CS	Competency Standard
ILO	International Labour Organization
NSDA	National Skills Development Authority
RPL	Recognition of Prior Learning
TVET	Technical and Vocational Education and Training

1.7.1. Legal systems, markets, etc. related to long-term care and long-term care human resources in priority target countries

#### 1.7.1.1. Situation of the elderly

In Bangladesh, the elderly are defined as those aged 60 years or older.<sup>236</sup> This section provides an overview of the situation of the elderly in Bangladesh from the perspectives of livelihood, economy, and health.

In terms of place of residence (2011), 76.7% of the total population lives in rural areas, compared to 82.1% of those aged 60 and older. 81.6% of men and 82.7% of women aged 60 and older live in rural areas.<sup>237</sup> While the elderly prefer to live in rural areas, their children may leave their elderly parents to live in cities for education, employment, and livelihood.<sup>238</sup>

In addition, 63% of the elderly are unemployed, and 14-15% are engaged in farm work or day labor. 44.3% of the elderly live in poverty, sometimes begging for subsistence and other necessities. In addition, more than 50% of the elderly are widowed or single, especially widows and elderly women without sons, who face problems of economic vulnerability and health issues<sup>238</sup>.

On the other hand, looking at the health of the elderly in Bangladesh, data from a hospital in Dhaka showed that the most common diseases suffered by the elderly attending the hospital were diabetes (21.1%), rheumatoid arthritis (17.6%), asthma (12.5%), cataracts (11.2%), ENT diseases (6.6%), malignant tumors (5.9%) and benign prostatic hyperplasia (5.3%).<sup>239</sup>

The percentage of the elderly who have health-related problems (Table 1-7-1) increases with age in the categories of transportation, self-care<sup>240</sup> and daily living, with 88.1% and 90.5% of those aged 81

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<sup>236</sup> National Policy on Older Persons 2013

<sup>237</sup> UN Data, <https://data.un.org/>, (see 2/25/2023)

<sup>238</sup> Antoni Barikdar et al, The Situation of the Elderly in Bangladesh, Bangladesh Journal of Bioethics, 2016

<sup>239</sup> Islam MA et al, Health Problems of Elderly People in Bangladesh, JAFMC Bangladesh. Vol 13, No 1 (June) 2017

<sup>240</sup> Self-care refers to a variety of behaviors that promote health and prevent illness and injury. Examples include getting enough sleep and eating a healthy diet.

and older having problems with transportation and daily living, respectively. In addition, women are more likely to have problems in all categories: transportation, self-care, daily life, and anxiety and depression.

Table 1-7-1: Percentage of older adults with health-related issues, by age and gender

		movement	self-care	daily life	anxiety and depression
Age	60-65	33.5%	16.5%	39.9%	80.1%
	66-70	47.6%	26.2%	53.2%	83.3%
	71-80	59.4%	43.6%	69.3%	83.2%
	81 or more	88.1%	71.4%	90.5%	81.0%
Sex	male	39.8	20.5%	43.5%	79.8%
	female	52.8	37.3%	63.5%	83.7%

Source: Abdur Razzaque Sarker, Health-related quality of life among older citizens in Bangladesh, 2021.

#### 1.7.1.2. Related Laws and Policies

The Constitution of Bangladesh declares the introduction of social security programs for the elderly. The main policies and legislation for the elderly are the National Policy on Older Persons 2013 and the Maintenance of Parents Act (Table 1-7-2).

An Action Plan for the implementation of the National Policy 2013 is prepared, but the term of office of the previous members of the National Commission on Older Persons, who are responsible for its implementation, has already ended. Once new commissioners are appointed, a stakeholder meeting will be held to develop a new Action Plan for the National Policy on Older Persons, as well as its implementation.<sup>241</sup>

In addition, the Ministry of Social Welfare has drafted a law (the Law on the Foundation for the Development of the Elderly) aimed at ensuring facilities that provide food, clothing, shelter, and medical treatment for the growing number of elderly people in the future.

<sup>241</sup> Ministry of Social Welfare Hearing

Table 1-7-2: List of Laws and Policies Relevant to the Elderly

Name	Contents, etc.
National Policy on Older Persons 2013	<p>Developed by the Ministry of Social Welfare 2013</p> <ul style="list-style-type: none"> <li>● The Madrid International Action Plan on Aging was adopted and this policy was developed. The main objectives are as follows:.</li> <li>· Ensure the dignity of the elderly in society.</li> <li>· To identify the problems faced by the elderly.</li> <li>· To change the public's attitude toward the elderly.</li> <li>· Developing new programs to address the needs of the elderly.</li> <li>● The policy declares that persons 60 years of age and older are elderly.</li> </ul>
Action Plan to implement the National Policy on Older Persons 2013	<p>Developed by the Ministry of Social Welfare 2013</p> <ul style="list-style-type: none"> <li>● This is an action plan to implement the above-mentioned National Policy on the Elderly 2013. The main plans are as follows (no target year for implementation of the plan has been defined)</li> <li>● Establish an oversight committee consisting of the Ministry of Social Welfare, NGOs, and individuals. This committee will implement, review, and monitor national policies.</li> <li>● Establish an independent department under the Ministry of Social Welfare and appoint the necessary personnel to implement, evaluate, and monitor programs for the rights, development, and welfare of older persons. Older persons and civil society will be involved in the monitoring process.</li> <li>● The government adopts various plans for the rights, development and welfare of the elderly and takes effective initiatives for the implementation of the plans.</li> <li>● Prioritize budget allocations for the implementation of the Action Plan on improving the quality of life and well-being of the elderly.</li> <li>● The Ministry of Social Welfare shall conduct research and collect information and data on the rights, development and welfare of the elderly. It shall conduct practical activities based on research and recommendations from conferences, seminars, workshops, etc.</li> <li>● The issue of health care for the elderly in the existing health care plan of the Ministry of Health will be specified and the Ministry of Social Welfare will implement the necessary coordination and administrative initiatives to ensure the health care delivery system for the elderly in accordance with the plan.</li> <li>● The Department of Social Welfare will enact appropriate legislation as needed to protect the elderly from neglect and abuse.</li> <li>● Educational and training institutions, national broadcasting centers, and mass media will incorporate aging and elderly welfare issues into their activities to raise public awareness.</li> <li>● Related implementing agencies: Ministry of Social Welfare and other government agencies, NGOs, National Commission for Senior Citizens, District Commission for Senior Citizens Welfare, County Commission for Senior Citizens Welfare, United Commission for Senior Citizens Welfare</li> </ul>

Name	Contents, etc.
Maintenance of Parents Act	<p>Promulgated in 2013</p> <p>It stipulates the following with the aim of ensuring social security for the elderly and requiring children to take good care of their parents</p> <ul style="list-style-type: none"> <li>• Children must take necessary steps to care for their parents and provide them with food, clothing, and shelter. If not living with their parents, each child must regularly pay a reasonable portion of his or her gross income to the parent. Children must also meet with their parents on a regular basis. Under no circumstances shall children be permitted to be placed in a nursing home against the will of their parents.</li> <li>• If a child refuses to support a parent, the parent may file a lawsuit against the child. The fine for violation is 1,000,000 taka.</li> </ul>

Source: Prepared by survey team from Ministry of Social Welfare hearings, etc.

### 1.7.1.3. Long-term care system and social security system

In Bangladesh, social security schemes relevant to the elderly include pension and senior citizen benefit programs.

#### (1) medical security

In Bangladesh, medical treatment at public medical institutions is in principle free of charge.

Universal health coverage has not been realized as of November 2022. The system began considering medical insurance for the poor (50 million people) in 2012, and is working to achieve universal coverage by 2032.

#### (2) long-term care insurance system

There is no long-term care insurance system in Bangladesh.

#### (3) Pension Plans: Plans for Public Employees

In Bangladesh, the pension system is the main income security system for the elderly.

and benefit programs for the poor and elderly. The only pension program is for public employees (Table 1-7-3) as of November 2022.

In the Bangladesh National Social Security Policy (2015), the Government of Bangladesh states that it will study the possibility of establishing a national social insurance system as a pension system for the elderly and promote the development of private voluntary pensions open to all citizens regardless of occupation or employment status. It is also envisioned that existing pensions for civil servants and benefits for the elderly will be financed by the state budget, while the state social insurance system and private voluntary pensions will be social insurance schemes with contributions from employers and employees.

Table 1-7-3: Summary of Pension Plans for Public Employees

Operating entity	Bureau of Finance, Ministry of Finance
Resources	national budget

Qualification of insured person	Civil servants (national and local)
Benefit recipients	When a subscriber who has worked for the government for 25 years or more reaches the age of 59.
Requirements	Minimum period of service is 25 years
Pension Benefits	The amount paid is determined based on the length of public service and the last monthly salary.

(Source: Compiled from World Bank, Bangladesh: Improving the Administration of Civil Service Pensions,2018)

Table 1-7-4: Summary of Senior Citizen Benefit Programs

Name	Old Age Allowance
Resources	national budget
Operating entity	Department of Social Services
Qualification of insured person	the elderly in need
Requirements	Age: Male 65 years and older, Female 62 years and older Annual income less than 3,000 taka Priority is given according to health status and socioeconomic indicators. Those receiving other government subsidies or regular assistance from the community or NGOs are excluded. Only one person per household may receive the benefit.
Pension Benefits	500 taka per month

(Sources: Compiled by the research team from World Bank, Program Brief: Old Age Allowance, 2019, and Ministry of Social Welfare hearings.

As shown in Figure 1, the Senior Citizen Benefit Program will cover about one-third of the elderly population, with about 4 million beneficiaries as of<sup>242</sup> in FY 2019. The benefit of 500 taka per month will be paid to the lowest spending quintile in the annual spending quintile.

This is equivalent to about 30% of the average monthly per capita consumption of the first class.<sup>243</sup>

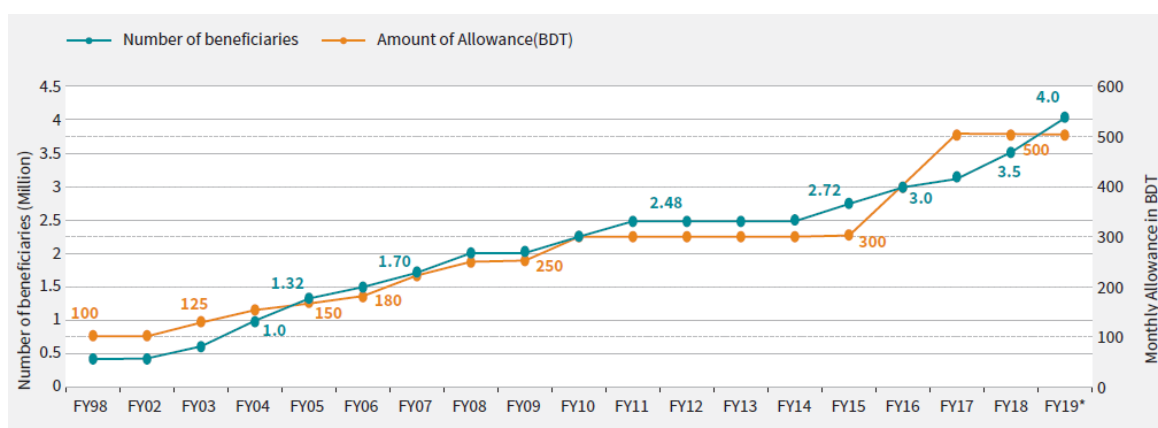


Figure 1-7-1: Senior Citizen Benefit Plan Beneficiaries and Benefit Amounts, Fiscal Years 1998-2019

(Source: World Bank, Program Brief: Old Age Allowance, 2019)

<sup>242</sup> Bangladesh's fiscal year runs from July to the end of June of the following year; fiscal year 2019 runs from July 2018 to the end of June 2019.

<sup>243</sup> World Bank, Program Brief: Old Age Allowance, 2019

#### 1.7.1.4. Qualifications and training institutions related to long-term care personnel

##### (1) caregiver

Bangladesh defines caregiver as one of the national qualifications in the Bangladesh National Qualifications Framework (BNQF) (Figure 1-7-2). The BNQF, which was updated as a new national qualifications framework in 2021, consists of 10 levels, with levels 1-6 corresponding to technical education and skills development and levels 7-10 to higher education.

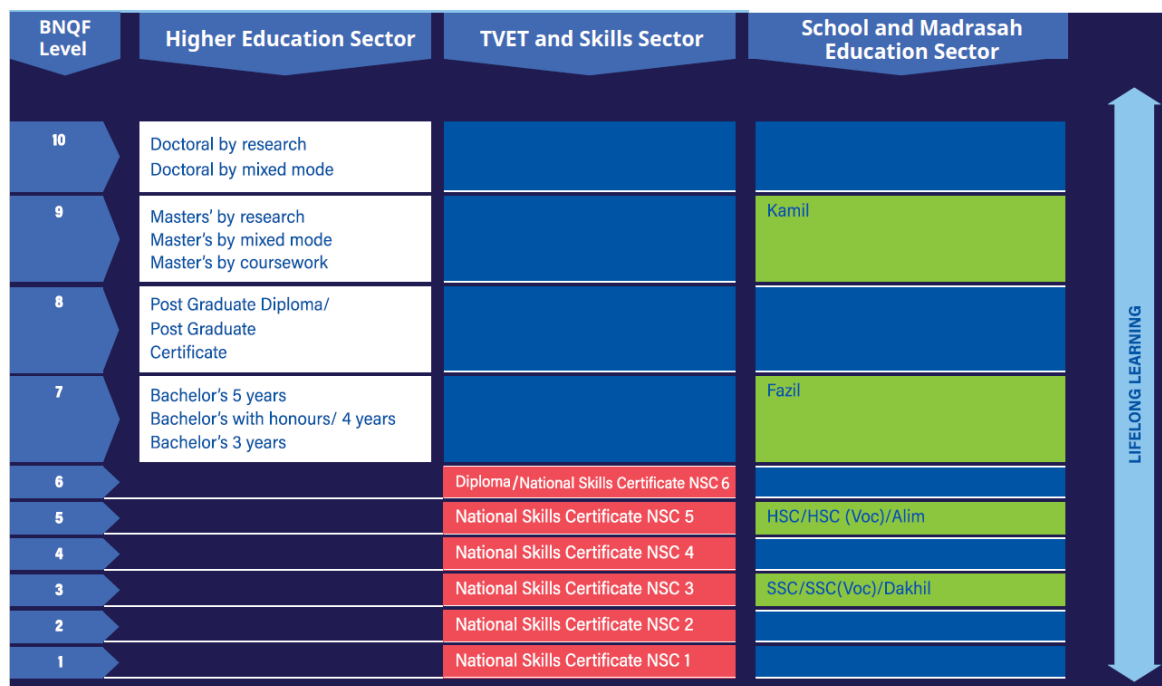


Figure 1-7-2: Bangladesh National Qualification Framework

(Source: UNESCO-UNEVOC, TVET Country Profile: Bangladesh, 2022)

The following four types of caregiver certification programs are in place

- Caregiver (general)
- Caregiver (for elderly)
- Caregiver (for infants)
- Caregivers (for people with special needs)

The Competency Standard (CS) and curriculum for these certifications have been developed by the National Skills Development Authority (NSDA) and the Bangladesh Technical Education Board (BTEB), respectively. Both are valid national qualifications as of November 2022, but are expected to be unified into the NSDA's Caregiver qualification in the future.

There are three ways to qualify: completion of training<sup>244</sup>, Recognition of Prior Learning (RPL)<sup>245</sup>, or a combination of the two. In any of these ways, an assessment is conducted based on the CS, and if the applicant is determined to have the competency in question Eligibility is granted<sup>246</sup>.

The method of examination under the CS is determined for each qualification; in the case of BTEB caregivers (general), it is specified that the examination may be conducted by written examination, practical skills, oral questioning, or any other method, or a combination of methods.<sup>247</sup>

As of November 2022, the qualification system is in place for caregivers (general) at levels 2-4, which fall under technical education and skills development in the BNQF, and for caregivers (for the elderly) at levels 3-4. However, in view of the current demand for caregivers (for the elderly), human resource development is implemented only at Level 3. The BTEB plans to develop a higher level of caregiver (for the elderly) certification, such as a manager level, if there is demand for it. The curriculum for Level 3 Caregiver for the Elderly is based on the curriculum for the Canadian Caregiver Certification.

The BNQF specifies the job classifications expected for each level and the level of knowledge, skills, and responsibilities required for each level across occupational categories (Table 1-7-5). As the job classifications increase from level 2 to level 4, they become semi-skilled workers, skilled workers, and highly skilled workers, and are expected to work with more autonomy under management. Levels 5 and 6 are expected to be responsible managers and mid-level managers/sub-assistant technicians, respectively, which require more managerial responsibility.

Table 1-7-5: Assumed and Required Positions by BNQF Level (Levels 2, 3, and 4)

BNPF level and expected job classifications	area	statement
Level 2 semiskilled worker	knowledge	Understand the fundamentals of a particular field and be able to understand and apply common occupational terms and instructions.
	Skill	Perform simple tasks in the workplace, communicate with the team, and explain and discuss results with the necessary clarity.
	liability	Under the supervision of a manager, they are responsible for doing work and research within a limited scope in a structured situation.
Level 3 skilled worker	knowledge	Moderately broad knowledge in a specific job or field of study, able to find ideas and abstractions from drawings and designs according to workplace requirements.
	Skill	Possess basic cognitive and practical skills and be able to use simple rules and tools to solve routine problems and use relevant information to perform tasks. Respect the values, nature, and

<sup>244</sup> For BTEB certification, BTEB-approved training provided by an institution approved by BTEB; for NSDA certification, NSDA-approved training provided by an institution approved by NSDA

<sup>245</sup> Since RPL is a system closely related to careers after returning home, explanation is provided in "6.1.2.3.

<sup>246</sup> Technical and Vocational Education and Training Reform Project, National Skills Development System in Bangladesh 2015

<sup>247</sup> BTEB, National Technical and Vocational Qualifications Framework Competency Standards for Care Giving NTVQF Level - II, III & IV



		culture of the workplace and communicate with their own team and limited external partners.
	liability	Work and research independently under supervision. Participate in teams and take responsibility for team coordination.
Level 4 highly skilled worker	knowledge	Possesses extensive knowledge of basic concepts, principles, and processes in a particular field of work or study and is able to solve problems in light of acquired knowledge in new situations.
	skill	Possesses the cognitive and practical skills necessary to select and apply a variety of methods, tools, materials, and information to accomplish tasks and solve problems.
	liability	Responsible for performing work under minimal supervision in specific situations as appropriate to the workplace. Also responsible for resolving technical issues and leading/directing teams and groups.

(Source: Level Descriptor of BNQF)

The following is a summary of the training provided by the two training institutions interviewed for this study, both of which offer the NSDA and BTEB caregiver courses. Both institutions offer NSDA and BTEB caregiver courses, which are expected to be integrated with the NSDA in the future.

Table 1-7-6 Summary of Interview Results from Caregiver Training Organizations (1)

name of corporate body	Care Training Institute of Sir William Beveridge Foundation (private)
Location	Dhaka
Summary	The training offerings are based on the CS and curriculum of both BTEB and NSDA. Which course is offered depends on the needs of the student.
Course Requirements	<ul style="list-style-type: none"> <li>• BNQF Level 2: Secondary education certificate or equivalent qualification test passed</li> <li>• BNQF Level 3: Caregiver Level 2 Certified</li> <li>• Ages 18-45</li> </ul>
Training Content and Duration	<ul style="list-style-type: none"> <li>• BNQF Level 2: 360 hours (6 days/week for about 3 months)</li> <li>• BNQF Level 3: 270 hours (6 days/week for about 3 months)</li> </ul>
course fees	<ul style="list-style-type: none"> <li>• BNQF Level 2: 10,000 Taka (same amount for both NSDA and BTEB)</li> <li>• BNQF Level 3: 10,000 Taka (same amount for both NSDA and BTEB)</li> </ul>
participant	About 100 people per year. Although not a course requirement, many have college degrees.
Reason for Attending	<ul style="list-style-type: none"> <li>• To work as a caregiver abroad (most common reason).</li> <li>• To work as a caregiver in Bangladesh.</li> <li>• To work as a care trainer and evaluator.</li> <li>• To operate a home care or care home.</li> </ul>
Course	<ul style="list-style-type: none"> <li>• The agency operates an elder care services business, and many of its caregivers are caregivers in this business.</li> <li>• There are also examples of people going abroad: 10 people (including 2 in Canada, 2 in the UK, and 2 in the US) have traveled abroad as caregivers, and another 6 are taking courses in Japanese.</li> <li>• Others include domestic elder care service providers, hospitals, clinics, physical therapy centers, and medical and social service organizations.</li> </ul>
Current students wishing to work abroad	<ul style="list-style-type: none"> <li>• Japan, the United Kingdom, Canada, Australia, and the United States were mentioned as preferred countries.</li> <li>• The respondents expressed their choice based on the level of salary, standard of living, social security, and security.</li> </ul> <p>Why Choose Japan?</p>

	<ul style="list-style-type: none"> <li>• Compared to regions such as Southeast Asia and South America, Japan tends to have relatively high salaries.</li> <li>• Japan has an extensive social welfare system.</li> <li>• They consider Japanese culture to be rich, traditional, and close to their own.</li> <li>• The Japanese labor system offers better opportunities for personal development and career advancement.</li> </ul>
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(Source: Prepared by research team from Care Training Institute of Sir William Beveridge Foundation hearings.

Table 1-7-7 Summary of Interview Results from Caregiver Training Organizations (2)

name of corporate body	Caregivers Institutes of Bangladesh (private)
Location	Dhaka
Summary	The training offerings are based on the CS and curriculum of both BTEB and NSDA.
Course Requirements	<ul style="list-style-type: none"> <li>• Must be at least 18 years of age.</li> <li>• Passing a secondary education certificate or equivalent qualifying examination.</li> <li>• Must be in good health and able to maintain a high level of discipline.</li> <li>• Must be from a poor or middle class background.</li> </ul>
Training Content and Duration	<ul style="list-style-type: none"> <li>• 1,420 total class hours (about 6 months of training in all)</li> <li>• Lectures and practical training - 1,260 hours</li> <li>• Hands-on training in hospitals and nursing homes - 160 hours</li> </ul>
course fees	• Total course fee - 91,200 Taka/including meals and accommodation
participant	• About 1,200 people per year
Reason for Attending	<ul style="list-style-type: none"> <li>• To get a job.</li> <li>• To help people.</li> <li>• To lead a virtuous life.</li> </ul>
Course	<ul style="list-style-type: none"> <li>• The caregiver course is new to the agency, and not many caregivers are certified yet because the new coronavirus outbreak has prevented the agency from training young people on a large scale.</li> <li>• Many caregivers are active in hospitals, nursing homes, day care centers, home care, and many other places in the country. Hospitals are also understaffed and do not provide even personal care for patients outside of medical care. The pattern is often that they are employed by patients and their families and take care of them in the hospital rooms where patients are admitted.</li> <li>• Although very few went abroad, especially to the UK and Canada (the exact number is unknown).</li> <li>• We received an offer from Hong Kong to send out about 200 caregivers, but the salary is as low as 60,000 taka (the salary in the UK is about 200,000 taka) and not a single person has gone yet. Many parents are opposed to the program, including safety concerns (fear of being abused), and the program has not attracted any applicants.</li> </ul>
Current students wishing to work abroad	<ul style="list-style-type: none"> <li>• Japan, the Middle East, Australia, Europe, the U.S., and Canada were mentioned as preferred countries.</li> <li>• Background in choosing the above destinations, making money for yourself and your family.</li> </ul> <p>The reasons cited included a prosperous future and to live a life of honor and dignity.</p> <p>Why Choose Japan?</p> <ul style="list-style-type: none"> <li>• Because Japan is an affluent, developed country.</li> <li>• Because they want to live in a disciplined country.</li> </ul>

	<ul style="list-style-type: none"> <li>• Employment is stable.</li> <li>• Good salary.</li> <li>• Have dignity and honor as a human being.</li> </ul>
Other	<ul style="list-style-type: none"> <li>• We would like to offer Arabic and Japanese language training to participants who wish to work abroad within a 6-month training period (estimated fee of about \$200), but have not yet been able to do so due to difficulties in securing teachers, etc. English is being taught.</li> <li>• Ninety-nine percent of the participants come from poor families. The school is of the opinion that being a caregiver is a job that requires a lot of perseverance, and that people from poor families are better suited to be caregivers than those from wealthy families.</li> </ul>

(Source: Prepared by research team from Caregivers Institutes of Bangladesh hearings)

## (2) Nurse

The sending of long-term care personnel from Bangladesh to Japan has just begun, and it remains to be seen what will happen to nurses as long-term care personnel, but as in other countries, it is quite possible that nursing personnel, including nursing school graduates, will be candidates for long-term care personnel, so the nursing system in Bangladesh is reviewed (Table 1 -7-8).

In Bangladesh, there is no such distinction between registered nurses and licensed practical nurses. There are two different routes to becoming a nurse: a three-year diploma course and a four-year bachelor's course, but there is no difference in terms of nursing qualifications. On the other hand, there are differences such as nurses who graduate from the bachelor's course are expected to be promoted more quickly to management positions<sup>248</sup>.

Table 1-7-8: Summary of Bangladesh Nursing System

Nurse Requirements	Graduation from a 3-year Diploma and 4-year Bachelor of Nursing course, completion of an internship, and passing the National Nursing Examination. There is no difference in nursing qualifications between diploma and bachelor courses.
Intern	Internship duration is 6 months It is usually done at the relevant medical institution. In addition, the internship is situated in training to do practical work, especially in clinical settings, which are different from those in developed countries and must be done within Bangladesh.
Nurse Certification Renewal Requirements	Yes: Every 5 years There are no requirements regarding service, training, etc., only administrative procedures are required. For example, a person could be unemployed for five years and still be eligible for renewal.

(Source: Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh Nursing & Midwifery Council, Directorate General of Nursing and Midwifery, Directorate of Nursing & Midwifery Council, Bangladesh)

The number of nursing education institutions in 2022 shows significant growth in both bachelor and diploma courses compared to 2014 (Table 1-7-9). The growth of private institutions is particularly large compared to public institutions. In line with the growth in the number of educational institutions, the

<sup>248</sup> Bangladesh Nursing & Midwifery Council Hearing

number of nursing personnel that can be produced annually is 29,325, more than four times higher than in 2014 (Table 1-7-10).

Table 1-7-9: Number of Nursing Education Institutions, 2014 and 2022

		2014	2022
Nursing University (Bachelor's degree in four years)	public	9	32
	private	17	148
	Subtotal	26	180
Nursing school (Diploma in 3 years)	Public	44	46
	Private	54	345
	subtotal	98	391

(Source: Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh Nursing & Midwifery Council, Directorate General of Nursing and Midwifery Hearing, JICA, People's Republic of Bangladesh Basic Information Collection and Confirmation Survey Report on Strengthening of Nursing Training for Improving Quality of Nursing Services in the People's Republic of Bangladesh, Prepared by the survey team from 2015

Table 1-7-10: Number of Nursing Personnel Produced (Capacity) (2014, 2022)

		2014	Year 2022
Graduates of nursing universities	Public	785	2,100
	Private	760	7,180
	subtotal	1,545	9,280
Graduates of nursing schools	Public	2,630	2,730
	private	2,435	17,315
	Subtotal	5,065	20,045
total amount		6,610	29,325

(Source: Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh Nursing & Midwifery Council, Directorate General of Nursing and Midwifery Hearing, JICA, People's Republic of Bangladesh Basic Information Collection and Confirmation Survey Report on Strengthening of Nursing Training for Improving Quality of Nursing Services in the People's Republic of Bangladesh, Prepared by the survey team from 2015

In addition to the above, Bangladesh also offers 6 one-year specialized nursing courses. In the future, a new one-year course in gerontological nursing will be introduced as a new specialized course.

According to Bangladeshi government officials interviewed for this study, while Bangladesh has an abundance of young talent, the country is willing to send nursing personnel abroad as well as domestically for multiple reasons, including demand abroad, to earn foreign currency, and to incorporate foreign skills.<sup>249</sup>

One of the reasons for this is that Bangladesh is developing a nursing human resource development system, and as of 2022, there are approximately 83,000 nurses in Bangladesh (about 55% work for government healthcare institutions and about 45% work for private healthcare institutions). The report explains that the number of nurses in Bangladesh is expected to increase to more than 100,000 by 2025,

<sup>249</sup> From the Medical Education and Family Welfare Division, Ministry of Health and Family Welfare hearing. While the Ministry of Health and Family Welfare stated that it is its policy to send nursing personnel overseas, it has not stated this in any policy documents or other documents.

and that the domestic nursing shortage issue will be basically eliminated within the next few years. On the other hand, it has been pointed out that there is a serious shortage of nurses/midwives in Bangladesh, and that despite the shortage, many graduates have not been able to get jobs.<sup>250</sup> This survey has not been able to confirm the degree of certainty of the above prospects for government employees.

Here we summarize the two educational institutions offering nursing courses that were interviewed for this study. Many people aspire to become nurses because of the ease of finding employment in Bangladesh and the possibility of employment abroad. Some said that although they would like to work as nurses, working as nursing personnel is a possible option in other countries, including Japan, where salaries are higher.

Table 1-7-11 Summary of Hearing Results from Nursing Education Institutions (1)

name of corporate body	Japan Bangladesh Friendship Nursing College (private)
Location	Dhaka
Courses offered	The diploma 3-year curriculum has 695 graduates each year.
Student's reasons for applying for the course	<ul style="list-style-type: none"> <li>• Bangladeshi nurses have easy access to employment in the country.</li> <li>• want to work abroad.</li> </ul>
after graduation	<ul style="list-style-type: none"> <li>• The salary for public medical institutions is at least 35,000 taka per month.</li> <li>• Salary for private medical institutions is at least 20,000 taka per month, depending on the institution.</li> <li>• There are many job openings in NGOs and other organizations, and jobs in Rohingya refugee camps and other places pay well.</li> </ul>
About Caregivers	<p>On working in Japan as a caregiver</p> <ul style="list-style-type: none"> <li>• Nursing positions are considered to be higher than caregiving positions. However, if people know that they can get a job in Japan as a caregiver, the nursing profession could become more popular.</li> </ul> <p>Pros and Cons of Bangladeshi Nurses Going to Japan</p> <ul style="list-style-type: none"> <li>• If you work at a public hospital, you may not be allowed to travel to Japan.</li> <li>• Renewal of a nurse's license is not a problem as only a documentary procedure is required.</li> </ul> <p>Expected role after returning to Bangladesh</p> <ul style="list-style-type: none"> <li>• They are expected to work as nurses. Based on their experience in Japan, they can expect to work in services related to healthcare for the elderly or in teaching.</li> </ul>
Other	Japanese language education has also begun, and two caregivers have already been dispatched to Japan.

(Source: Compiled by survey team from Japan Bangladesh Friendship Nursing College interviews)

Table 1-7-12 Summary of Hearing Results from Nursing Education Institutions (2)

name of corporate body	Grameen Caledonian College of Nursing (private)
Location	Dhaka
Courses offered	Diploma, Undergraduate and Master Courses

<sup>250</sup> JICA, Bangladesh Health Sector Information Collection and Verification Survey Final Report, 2022, p77-78

Student Motivation for Course Preference	Many people want to become nurses because of the ease of finding employment in the country and the opportunity to go abroad where salaries are higher.
after graduation	<ul style="list-style-type: none"> <li>• The majority of people still work in the country.</li> <li>• When going abroad, many people choose the Middle East because it is easier to find work. Many people want to go to the U.S. or Europe, but the language requirements are high and it is difficult to find work.</li> </ul>
About Caregivers	<p>On working as a caregiver</p> <ul style="list-style-type: none"> <li>• Salaries are higher for nurses. On the other hand, the disadvantage is that working as a caregiver requires additional study as a caregiver.</li> </ul> <p>On working in Japan as a caregiver</p> <ul style="list-style-type: none"> <li>• In 2019, a Japanese company inquired about hiring me as a caregiver. We then started teaching Japanese and about 30 students obtained N5. After that, they were aiming to obtain N4, but the new coronavirus outbreak came and interrupted the program.</li> <li>• At the time, there were two batches, each with about 20 students, both diploma and undergraduate courses. Students who receive Japanese language education take additional Japanese language study after their classes are over. The cost is paid by the students themselves: 2,500 taka per month for a 6-month course.</li> </ul> <p>Travel to other countries</p> <ul style="list-style-type: none"> <li>• Some people working in Europe and the United States start out as caregivers for reasons that do not easily qualify them to work as nurses. In such cases, some work toward becoming qualified to work as a nurse locally and then become a nurse after obtaining their certification.</li> <li>• Other countries are also improving conditions for work, such as Saudi Arabia, where workers can take their families with them. Competition for nursing personnel is expected to become more intense in the future.</li> </ul> <p>Expected role after returning to Bangladesh</p> <ul style="list-style-type: none"> <li>• Even if you are a caregiver, it would be an advantage to be able to return to Bangladesh having acquired advanced skills abroad. We hope to be able to use our experience to provide better nursing/caregiving to the people of Bangladesh.</li> </ul>
Other	Japanese language education was also provided by hiring Japanese teachers starting in 2019, but Japanese language education is currently suspended due to the new coronavirus infection outbreak.

(Source: Compiled by survey team from Japan Bangladesh Friendship Nursing College interviews)

#### 1.7.1.5. Legal system and overview of long-term care services, etc.

##### (1) Legal System for Long-Term Care Services

As of November 2022, Bangladesh has no registration regulations for providing care-related services or standards for service provision.<sup>251</sup>

##### (2) Overview of Long-term care Services

Government social welfare services include facilities for the elderly in need (Shanti Nibas), and six facilities are operated by the Department of Social Services of the Ministry of Social Welfare. However, as of November 2022, there is only one facility taking care of the elderly. Apart from this, there are 85

<sup>251</sup> Ministry of Social Welfare Hearing

government-run facilities called Government Child Family, which are directed by the Department of Social Work to care for 10 elderly people per facility.

This study interviews two providers of elder care services. In hiring caregivers, priority is given to socially vulnerable populations rather than to experience or other factors.

Table 1-7-13 Summary of Hearing Results from Elderly Care Service Providers (1)

Care Training Institute of Sir William Beveridge Foundation (private)	
Location	Dhaka
summary	• Stroke rehabilitation and physical therapy services at home care services.
target group	• The main focus is on the elderly population over 60 years old, but the program also targets younger people with disabilities.
User	<ul style="list-style-type: none"> <li>• They include independent seniors, seniors who need caregivers or assistive devices (hearing aids, wheelchairs, canes, etc.), the bedridden, and those with dementia.</li> <li>• 1,378 users since 2008.</li> </ul>
Needs	• In 2020, the demand for services decreased due to the COVID-19 epidemic. Today, demand is increasing due to a variety of factors, including a growing elderly population, improving economic conditions, and public perception of the outcomes of the services provided by professionals.
Charge	• 15,000-65,000 taka per month, depending on the user's financial ability and on the number of hours of service used per day (1 to 24 hours).
Staff	<ul style="list-style-type: none"> <li>• Nurses (Diploma/Bachelor): 10 paid, 10 volunteers</li> <li>• Caregivers: 75 out of 125 are qualified, the rest are in the process of becoming qualified.</li> </ul>
Staff Recruitment	<ul style="list-style-type: none"> <li>• When hiring caregivers, the company considers not only age, education, and experience, but also family environment and social and economic background. Both men and women are hired.</li> <li>• They select people from socially disadvantaged backgrounds. This is because people with higher education and more privileged economic backgrounds are not interested in working as caregivers.</li> </ul>
Staff Salaries	• Caregivers (who have completed relevant training): from 25,000 taka per month
Challenges in the Care Industry	• There is no committee, specific guidelines or system that defines the quality of care services in Bangladesh. Therefore, different organizations may have different systems, guidelines, and standards that they apply. The Foundation adheres to the standards set by the Care Quality Commission in the UK (National Minimum Standard).

(Source: Prepared by research team from Care Training Institute of Sir William Beveridge Foundation hearings.)

Table 1-7-14 Summary of Hearing Results from Elderly Care Service Providers (2)

Caregivers Institutes of Bangladesh Foundation (private)	
Location	Dhaka
Summary	Caregivers healthcare will be established in 2019 and will focus on home care, as well as day care and community care.
Target	The program targets a variety of demographics, not just the elderly, as described below.

	<ul style="list-style-type: none"> <li>• bedridden</li> <li>• Elderly people, especially those with dementia, epilepsy, or Alzheimer's disease.</li> <li>• Diabetes, kidney disease, cancer, stroke, physical disability due to traffic accidents, etc.</li> <li>• Newborns, infants, children, and autistic patients</li> </ul>
User	<ul style="list-style-type: none"> <li>• Hospital inpatient (patient employs a personal care provider in the hospital)</li> <li>• Home care for independent persons</li> <li>• Care for paralyzed and disabled persons at home and in hospitals</li> <li>• palliative care</li> </ul>
Charge	<ul style="list-style-type: none"> <li>• About 15 takas per hour</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Physician: 1</li> <li>• Nurse (Diploma): 1</li> <li>• Caregivers: 4</li> </ul>
Staff Recruitment	<ul style="list-style-type: none"> <li>• Preference is given to less educated, poor or lower middle class families, widows, divorcees, orphans, and unemployed.</li> </ul> <p>Caregivers are recruited in sufficient numbers for the following reasons</p> <ul style="list-style-type: none"> <li>• Thousands of citizens are unemployed.</li> <li>• Inadequate facilities for higher education, especially in rural areas.</li> <li>• A competitive job market with few opportunities.</li> </ul> <p>We would like to hire an experienced person who has worked in elder care in Japan, either as a trainer in our facility or as a caregiver in urban areas.</p>
Salary	<ul style="list-style-type: none"> <li>• Nurse (Diploma): 25,000 taka</li> <li>• Caregiver (with or without qualification): 20,000 taka</li> </ul>
assistive products (e.g. wheel chairs, hearing aids, etc.)	<ul style="list-style-type: none"> <li>• Because of their low cost and easy availability, many are made in China, but they are inferior in durability and reliability.</li> </ul>

(Source: Prepared by research team from Caregivers Institutes of Bangladesh Foundation interviews)

### (3) Overview of the market for long-term care products and welfare equipment

In Bangladesh, long-term care services are still in their infancy, and the market and potential in long-term care products and welfare equipment has not been identified in this study.

The Ministry of Economy, Trade and Industry (METI) 2021 report<sup>252</sup> does not confirm the market size data for long-term care in Bangladesh, nor the Japanese welfare equipment businesses that have entered the market.

<sup>252</sup> Ministry of Economy, Trade and Industry, Country Report on International Medical Expansion, Bangladesh, 2021



## 1.7.2. Status of long-term care workers being sent to Japan and other countries

### 1.7.2.1. Destination and production of caregivers

#### (1) Producing Human Resources Abroad

Bangladesh made it a national policy in 1976 to promote overseas employment, establishing ministries in charge and developing laws, and actively exporting surplus labor.<sup>253</sup> A total of 12,899,283 Bangladeshis have migrated overseas for work from 1976 to 2019.<sup>254</sup>

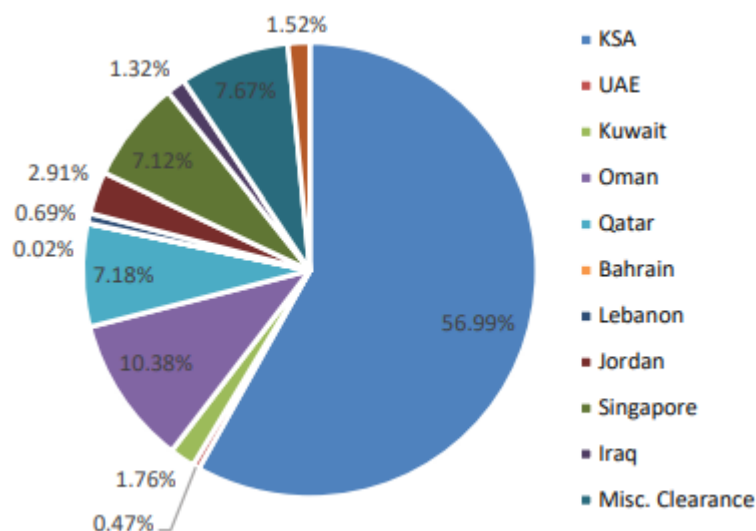


Figure 1-7-3: Bangladeshi Migrant Workers by Destination Country, 2018

(Source: RMMRU, Labour Migration from Bangladesh 2019)

Looking at Bangladeshi migrant worker flows (2018) by country, Middle Eastern countries dominate, with Saudi Arabia leading the way with 399,000 workers (57.0%), except for Singapore in fourth place with 49,829 workers (7.12%) (Figure 1-7-3). The Bangladesh government does not see this concentration in Middle Eastern countries as a favorable situation, and says it is necessary to increase the number of new destination countries.<sup>255</sup>

The number of dispatched workers in care-related positions is dominated by maids, and although there has been a decrease due to the impact of the new coronavirus outbreak, the number of dispatched workers before that time was in the 100,000s, and their main destination countries were Middle Eastern countries and Hong Kong.<sup>255</sup> The main destination countries are Middle Eastern countries and Hong Kong.

<sup>253</sup> Kitahara, Reiko, et al. Study on the living environment of migrant workers from Bangladesh to Japan, 2011

<sup>254</sup> RMMRU, Labour Migration from Bangladesh 2019

<sup>255</sup> Ministry of Expatriates' Welfare and Overseas Employment Hearing

Table 1-7-15: Number of Bangladeshi Migrant Workers (Maids) Sent to Bangladesh, 2017-2021

	2017	2018	2019	2020	2021
the number of people	121,925	101,695	104,786	21,984	80,143

(Source: Ministry of Expatriates' Welfare and Overseas Employment Hearing)

Note that only 534 nurses have been sent abroad in the past five years, with Kuwait, Malaysia, and the United Kingdom being the main destinations. Although data on the number of potential nurses working abroad is not available, it is estimated to be around 2,000, and although this number is small, it is on the rise. Bangladeshi government agencies attribute this to the increase in the number of nursing educational institutions in the country, the growing number of nurses, and the increasing interest of people in earning money abroad. The salaries in Middle Eastern countries range from 1,500-2,000 taka, while in the UK, the salaries are comparable to those in the UK.<sup>254</sup>

According to the sending organizations, however, there are many requests from Europe (Malta, Slovakia, and Italy) to dispatch caregivers from Japan, and since it is possible to go to these countries with simple English skills, there is a possibility that the number will increase.

#### (2) Challenges in sending out

According to the International Labour Organization (ILO), one of the challenges faced by migrant workers in Bangladesh is the reality that they have to repay the sending organization for the cost of going abroad to work. It also notes that about 30% of returnees have no savings or debt upon their return. This leads to problems such as human trafficking. To prevent this situation, ILO points out that rules need to be put in place and monitored by an independent agency.

#### (3) Government Sending Support

[Training provided]

The Bangladesh government provides send-out support through the provision of vocational training and language training.

##### Vocational Training

The Department of Labor, Employment and Training offers 55 vocational training courses, one of which is Caregiver.

##### Language Training

There are language training institutes under the jurisdiction of the Department of Labor, Employment and Training, with the largest number of Japanese language training institutes at 25, followed by 17 Korean language institutes, and 8 English language institutes in third place. The number of institutions providing Japanese language training is planned to increase to 50 by 2023 with the addition of 25 institutions.

The Japanese language training is six months in duration and the course fee is 1,000 taka. Private training institutions charge more than 30,000 taka, but government subsidies make it possible to offer training at a lower price.

This Japanese language training is offered to 2,000 people per year, but with 10,000 to 12,000 applicants, more than five times the maximum number, the supply of training is not keeping up with the demand. Therefore, the Department of Labor, Employment, and Training hopes to be in a position to provide training to 8,000 people annually by 2023. On the other hand, the lack of Japanese instructors and the inability to ensure high quality is a challenge.

[Cooperation with Japanese Supervising Organizations and Registered Support Agencies]

The Bangladeshi government is more directly involved in sending Bangladeshi human resources, including caregivers, to Japan in cooperation with Japanese supervising organizations and registered support organizations.

- The Ministry of Overseas Resident Welfare and Overseas Employment and IM Japan signed an agreement in 2017 to employ technical interns, including caregivers from Bangladesh. Under the agreement, 268 Bangladeshis have so far traveled to Japan as technical interns. They are employed in various fields including construction and automotive, with 13 in the long-term care field.
- The Bureau of Manpower, Employment and Training (BMET) and Whita Japan signed a Memorandum of Understanding (MOU) on long-term care personnel in March 2022. Under the MOU, 20 people are being trained at BMET on a pilot basis. Normally, BMET is the sending organization, but in special cases such as this MOU, BMET will send out the workers itself.

[Examples from other countries: South Korea].

BTEB works with the Korean government to send human resources to Korea, as outlined below.

- Bangladesh has been sending students to South Korea since 2008, and Korea recruits and accepts 5-6,000 students each year. The main occupations that are sending out workers are manufacturing and agriculture.
- Approximately 100,000 people applied for the approximately 5,000 positions available. Because of the large number of applicants (5,000), the company is able to place advertisements in newspapers and social networking sites, which has led to a large number of applications.
- This is an efficient process in which information on applicants is placed in a database, and then the receiving company in Korea verifies the information in the database and hires the applicant. The recruitment process includes a language test and a skill test for the position.
- The Korean government has stationed an agency called HR decree in Bangladesh to conduct a series of processes, including coordination with the Bangladeshi side.

Only South Korea, for example, has a resident from the country concerned. For example, Jordan, which has sent out a large number of expatriates, does not require language skills, and since it is easy to send out expatriates, there is no need to have them stationed there.

#### 1.7.2.2. Background and Reasons for Selecting Destination

As noted above, overall migrant labor from Bangladesh is more likely to travel to Middle Eastern countries. In addition, many maids related to long-term care travel to Hong Kong in addition to Middle Eastern countries.

Although sending caregivers to Japan has just begun and it is difficult to compare Japan with other countries, we will summarize how Bangladeshis are choosing destinations, focusing on caregiver training institutions and sending organizations.

Japan, Canada, Australia, the U.S., and Europe were cited as the preferred countries for Caregiver Training participants. Reasons given for their preference included the level of salary, standard of living, social security, and safety.

In particular, with regard to Japan, the following points were mentioned: relatively good salary, safe and clean, good social welfare system, culture is traditional and close to their own culture, rich developed country, and disciplined. They also mentioned a sense of security regarding the system of Technical Interns Training Program.

With regard to the task of caring for the elderly, one respondent commented that in Bangladesh, there is no resistance to caregiving because there are elderly members of the family who take care of the elderly.

On the other hand, many said that the hurdle of learning Japanese was a drawback, and some said that the salary was not high considering the difficulty of the task and the hardship of the long-term care work. For this reason, there are cases where they choose to study abroad instead of as technical intern trainees.

Sending organizations also voiced that recruitment from Japan is still low, making it difficult to put in much effort.

#### 1.7.2.3. Post-return career status

Bangladesh has just started sending long-term care workers to Japan, so it is difficult to discuss careers after returning to Bangladesh. In addition, the long-term care-related service industry is still in its infancy in Bangladesh, and it is difficult to see how careers in long-term care-related occupations in Bangladesh will become a major career path after returning to their home countries.

Under these circumstances, we will summarize the future possibilities for the careers of personnel returning from Japan from the interviews conducted in this survey.

For careers not directly related to long-term care, the possibility of running one's own business with one's earnings in Japan or becoming a Japanese language teacher were mentioned.

As for caregiving and related careers, the possibility of working as a caregiver or manager of elder care services in Bangladesh was noted, as well as working as a trainer of caregivers. Regarding trainers in particular, the potential was noted as many private companies and the Bangladeshi government are currently implementing human resource development initiatives in various fields, and there is a need for high-quality trainers. He also noted that experienced caregivers returning from abroad can earn a salary of around 35,000 to 40,000 taka per month.

Two other systems related to career paths after returning home will be outlined.

#### [Recognition of Prior Learning (RPL)]

One of the career support schemes available after returning home is a mechanism known as certification of prior learning. This is intended to formally recognize learning outside of formal education and training institutions (prior learning) within the national qualifications framework and to increase subsequent employability. This prior learning includes work experience, internship experience, etc. This is one of the Bangladesh Technical and Vocational Education and Training (TVET) policies.<sup>256</sup>

The following is a rough process for RPL:<sup>257</sup>

- ( 1 ) The applicant pays the required fees and completes the application/self-evaluation form.
- ( 2 ) The Accredited Assessment Centre (AAC) advises the applicant on the types of evidence that can be used.
- ( 3 ) The applicant prepares and submits the required documents to the jury.
- ( 4 ) An interview and/or skills test will be conducted by a panel of judges to verify the validity of the submitted documents.
- ( 5 ) Depending on the results of the evaluation, a certain level of certification will be awarded. If the results of the evaluation indicate that there are deficiencies, the candidate may proceed to the training and evaluation process for those deficiencies if they so desire.

In relation to this RPL and foreign caregivers in Japan, the following cases can be envisioned as examples of RPL applications.

After obtaining the Bangladesh National Qualification of Caregiver Level 3, go to Japan and gain several years of experience as a technical intern or a specific skilled caregiver. Upon returning to Bangladesh, have your experience evaluated by RPL and obtain a Level 4 qualification as a caregiver. The Level 4 qualification will increase their employability as caregivers or managers in elder care services in Bangladesh or in other countries.

In preparation for the E-RPL, a mechanism to enable the RPL process online, the BTEB is taking the lead in pilot activities under the auspices of the ILO (pilots are being conducted in three areas, one of

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<sup>256</sup> Ministry of Education, NATIONAL SKILLS DEVELOPMENT POLICY, 2011

<sup>257</sup> ILO, Recognition of Prior Learning (RPL) in Bangladesh Fact Sheet

which is caregivers). The E-RPL is expected to make it easier for Bangladeshis working abroad to prepare for their subsequent careers by obtaining qualifications through the E-RPL.

[System for overseas employment of nurses]

Bangladesh has a system that allows nurses and doctors working in the public sector to work abroad for a period of five years and return to their positions upon their return to Bangladesh. Under this system, there are no restrictions on the type of work that can be done when working abroad.

1.7.3. Summary of the legal system, market, and the status of caregiver production related to caregiving and caregiver human resources.

Bangladesh has only just begun sending long-term care workers to Japan, and as of November 2022, there is no Japanese language proficiency or skills test in Bangladesh, especially for the specified skills. As a result, the opportunities for caregiver training and employment in Japan are not yet well known by sending organizations and government agencies, and the system is not yet fully understood.

According to BTEB, the fee for Japanese language training provided by BTEB is 1,000 taka, about 1/30th of the 30,000 taka or more charged by private training institutions. This is a significant reduction in the burden on the traveler. On the other hand, BTEB has some quality issues, such as the lack of native Japanese-speaking trainers.

Regarding nursing personnel who could be nursing personnel, it was confirmed that the number of educational institutions producing nursing personnel is increasing and that an increasing number of nurses are working abroad as nursing personnel or nursing personnel.

Regarding caregivers, Bangladesh already has a national certification system for caregivers, and it is expected that the country will produce more caregiver personnel in the future. In addition, it was observed that there is a system for evaluating practical training and work experience within the framework of the BNQF, the RPL. If the RPL can be used to evaluate practical training and work experience in Japanese caregiving and encourage the acquisition of higher qualifications, it can be expected to assist in the career development of human resources returning to Bangladesh.

Although quantitative information such as the number of elder care service providers was not available in this study, it is inferred from interviews with relevant parties that the number is not yet large. Due in part to this situation, regulations and guidelines related to elder care services are not yet in place. First, there are no rules regarding registration, and the government does not have a grasp of the number of elderly care service providers. In addition, there is no set of requirements for opening a business, service standards, or other requirements to be met by service providers, making it difficult to develop an elder care industry that guarantees a certain level of quality. While efforts to train caregivers were observed, there is a need to develop a system for the industry, where caregivers can play an active role.

Attachment: Survey Schedule

Date	Program
1	2022/11/5 Flight
2	2022/11/5 Meeting with JICA BANGLADESH OFFICE (safety briefing)(9:00~)※In case we need to buy SIM card, visit at 9am, otherwise 10am.
	Meeting with UNFPA(International Organization)(12:00~)
	2022/11/6 Meeting with Greenland Overseas (SO)(14:00~)
	Meeting with the Bangladesh Nursing & Midwifery Council(Gov)(16:30~)
3	2022/11/6 Meeting with Directorate General of Nursing and Midwifery (Dr. Latif, Program Manager)(Gov)(20:30~) Online
	Meeting with ILO(International Organization)(10:00~)
	Meeting with Bangladesh association for the aged and institute of geriatric medicine(NGO) (12:00~)Dr. Abu Altaf Hossain
	Meeting with The Ministry of Social Welfare (Department of Social Services)(Gov)(14:00~)
4	2022/11/7 Meeting with Global Recruiting Agency (GRA) (SO) (16:45~)
	Meeting with Medical Education and Family Welfare Division, MOHFW (8:30~)Mr.Nitish Chandra Sarkar, Additional Secretary
	PCR test(Takagi) (11:30~)
	Meeting with Grameen Caledonian College of Nursing (Nursing college)(14:00~)Principal Nahar.
5	2022/11/8 Receive PCR test result(Takagi)
	Meeting with Medical Education and Family Welfare Division, MOHFW (8:30~)Mr.Nitish Chandra Sarkar, Additional Secretary
	PCR test(Takagi) (11:30~)
6	2022/11/9 Meeting with Grameen Caledonian College of Nursing (Nursing college)(14:00~)Principal Nahar.
	Meeting with CIB Foundation (long-term care business) / CareGivers Institute of Bangladesh (caregiver training) (8:00~)
	Meeting with Care Training Institute of Sir William Beveridge Foundation, Dhaka (caregiver training)(12:00~13:20)
	Meeting with BOESL (Bangladesh Overseas Employment and Services Limited) (SO) (13:30~15:30)Mr.Chowdhury Noman
7	2022/11/10 Meeting with Ministry of Expatriates' Welfare and Overseas Employment(Gov) (16:00~)Director General, Bureau of Manpower Employment and Training (BMET)
7	2022/11/11 Flight

Attachment: List of interviewees

category	Organization	unit	Name (Omitting honorific titles)	Title
Government	Ministry of Expatriates' Welfare and Overseas Employment		Salah Uddin	Director, Training Operation
Government	Bureau of Manpower Employment and Training		Nilufer Jesmin Khan	Deputy Secretary, Training Unit
Government	Bangladesh Technical Education Board		Ali Akbar Khan	Chairman
Government			S.M Shahjahan	Deputy Director
Government	Ministry of Health and Family Welfare	Medical Education and Family Welfare Division	Rashidul Mannat	Director General, Directorate General of Nursing and Midwifery
Government			Saiful Islam	Joint Secretary, Nursing Education of Medical Education and Family Welfare Division
Government	Bangladesh Nursing & Midwifery Council		Rashida Akhter	Registrar
Government			Murad Sikder	Assistant programmer
Government	Directorate General of Nursing and Midwifery		Latif	Program Manager
Government	Ministry of Social Welfare	Department of Social Services	Abu Saleh Mostafa Kamal	Director general
Government			Kamrul Islam Chowdhury	Additional Secretary
Sending organization	Greenland Overseas		Neamat Ullah	Manager, Operation
Sending organization	Global Recruiting Agency		Abdullah Al-Mamun	Managing director
Sending organization	Global Recruiting Agency	Tokyo	Okazaki	
Training insitution	Care Training Institute of Sir William Beveridge Foundation		Jiban Kanai Das	Representative of Banladesh Office
			Global project coordinator	Global project coordinator
Training insitution	Caregivers Institutes of Bangladesh Foundation		Bashidul Islam	Representative
Educational Institution	Japan Bangladesh Friendship Nursing College		Ashik	
Educational Institution	Grameen Caledonian College of Nursing		Niru Shamsun Nahar	Principal
others	Bangladesh association for the aged and institute of geriatric medicine (NGO)		Nazrul Islam	Executive Member
			Abu Altaf Hossain	Drector Hospital
Health	Senior Citizens Hospital		Taha	Director
others	SEIP		Sayeda Afroz	AEPD
			Rownak Jahan	AEPD
			Mahbuzul Alom Khan	DEPD
others	ILO		Lotte Kejser	Chief Technical Advisor, Skills 21
			Rahman	Program Officer, Skills 21
others	UNFPA		Menny Chowcunony	project officer
			Alok Das	DGNM Nursing officer



## Annex

### 2 Final Report Summary

Japan International Cooperation Agency  
(Independent Administrative Institution)  
Data Collection Survey on Acceptance of Foreign  
Workers for Long-term Care (KAIGO)  
Final Report Summary



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Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan
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Ch 4 Collection and analysis of data on international migration of long-term care workers
Ch 5 Research and analysis on legal systems, markets, etc. related to long-term care and long-term care human resources in the key target countries
Ch 6 Data collection and analysis of the possibility of collaboration with related institutions and organizations in Japan
Ch 7 Recommendation on Direction of JICA's Support related to the Acceptance of Foreign Workers for Long-term Care



The purpose of this survey is to determine what kind of contribution JICA can make to developing countries in the field of long-term care and the appropriate acceptance of foreign long-term care workers in the sector.

Acceptance of Foreign Human Resources	Situation in Developing Countries
<ul style="list-style-type: none"> <li>In order to develop an environment for accepting the increasing number of foreign human resources in Japan, the Japanese government has formulated on "Comprehensive Measures for the Acceptance and Coexistence of Foreign Human Resources".</li> <li>JICA's fifth mid-term goal is also to contribute to the acceptance of foreign human resources and multicultural coexistence. JICA aims to support the proper acceptance of foreign human resources in Japan and to build a multicultural society in the region, to promote the personnel exchange between developing regions and Japan.</li> </ul>	<ul style="list-style-type: none"> <li>Populations in many countries are aging over the medium to long term, especially in Southeast Asia and Latin America, where population aging is progressing at a faster pace than in Japan in the past. Nevertheless, public systems and human resources for long-term care services are not yet in place in many countries.</li> <li>It can be said that Japan is expected to share its experience and contribute to the human resource development.</li> </ul>

<b>Purpose of the Survey</b>	Collect information and analyze how JICA can contribute to the development of developing countries with regard to the increasing number of foreign care workers accepted in recent years.	
<b>Survey period</b>	March 2022 – March 2023	
<b>Countries surveyed</b>	Whole world Priority countries (Vietnam, Philippines, Indonesia, India, Nepal, Bangladesh)	Pilot Activities in Indonesia



At the time of this study (January 2023), there are four different frameworks for accepting foreign nationals for long-term care in Japan, each with a different background.

**Economic Partnership Agreement (hereinafter referred to as EPA)**

The program is designed to strengthen bilateral economic ties among the three countries of Indonesia, the Philippines, and Vietnam. Those who come to Japan as "candidates" to obtain national licenses as nurses and care workers, and are allowed to work on a special exception basis.

**"Nursing Care" Status of Residence**

One of the occupations covered by the status of residence for foreign nationals in the professional/technical field. Applicable to those who have obtained the national qualification of care worker and engage in work in the field of nursing care.

**Technical Intern Training Program**

Long-term care is one of the job categories covered by the program, which aims to contribute to "human resource development" for economic development in developing regions through the transfer of technology or knowledge.

**Specified skilled Worker**

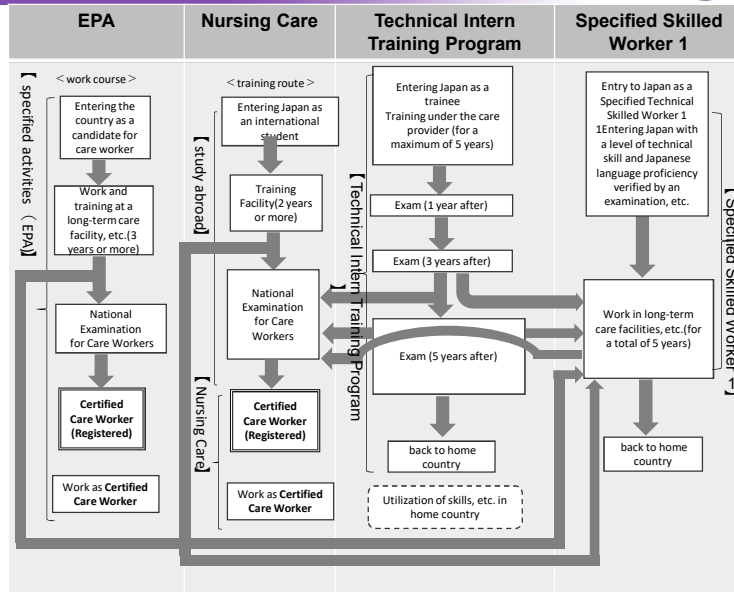
Long-term care is one of the job categories covered by the Specified skilled Worker residence status, a system for accepting foreign human resources with a certain level of expertise and skills in industrial fields where it is difficult to secure human resources, in order to address the growing shortage of labor.

## Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan

### Structure of Acceptance of Foreign Caregivers



- The overall picture of each acceptance route under the four aforementioned systems is organized as shown in the figure.

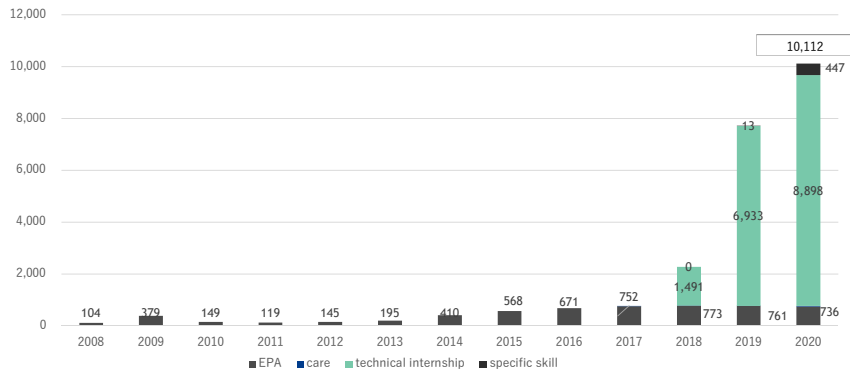


## Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan

### Acceptance of Foreign Workers for Long-term Care



- The number of foreign caregivers accepted has increased dramatically since 2017, when the acceptance of technical intern trainees began.
- In 2020, 10,112 people entered the country. (Number of annual arrivals, some survey team estimates)
- Initially, only EPAs were accepted, but when long-term care was added to the technical intern training program in 2017, acceptance under the technical intern training program increased, and by 2020, approximately 90% are accepted under the technical intern training program

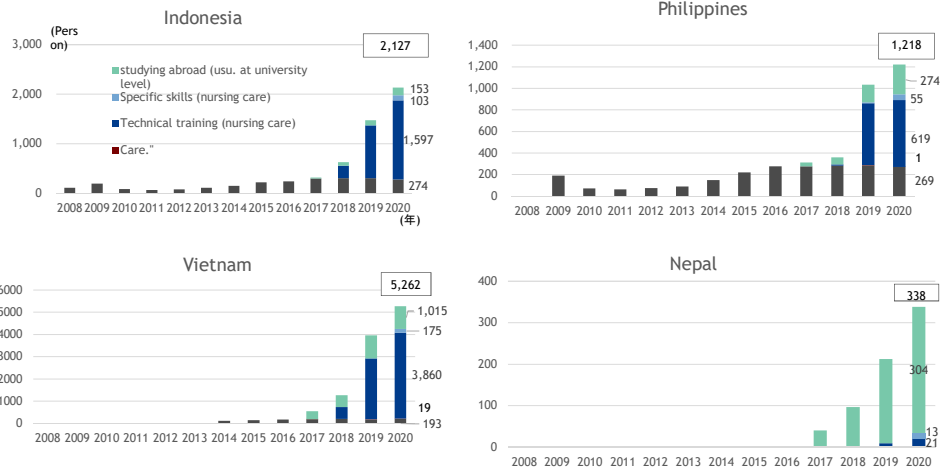


## Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan

Number of foreign caregivers entering Japan by country for the six countries covered in this study



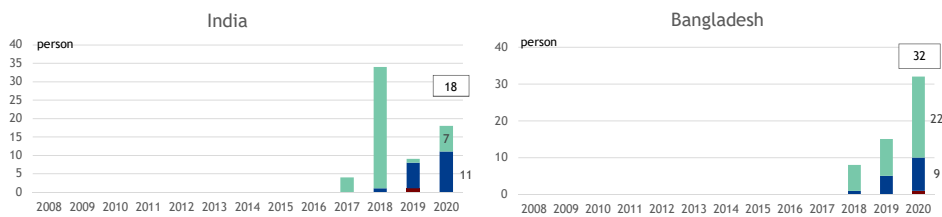
- The number of arrivals from each country by immigration status is as follows (estimates; the number of arrivals from India and Bangladesh with specified skilled worker status is unknown)
- Study abroad indicates the number of students who entered the country to study at a caregiver training facility.



## Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan Number of foreign Caregivers entering Japan by country for the six countries covered in this study



- The number of arrivals from each country by immigration status is as follows (estimates; the number of arrivals from India and Bangladesh with specified skilled worker status is unknown)
- Study abroad indicates the number of students who entered the country to study at a caregiver training facility.



## Ch 2 Acceptance of Foreign Workers for Long-term Care in Japan

Total number of foreign caregiver residents



- According to estimates based on data as of 2021 and 2022, a total of 27,269 people are working in the long-term care industry under the technical internship, specified technical skills, EPA, and "nursing care" status of residence.

status of residence (in Japan)	Number of residents (long-term care field only)
Technical Intern Training Program	14,034 persons
Specified Skilled Worker	7,019 persons
EPA (candidate for care worker)	2,447 persons
EPA (care worker)	705 people
Nursing care	3,064 persons
Total care workers	27,269 persons
studying abroad	4,584 persons
total	31,853 persons

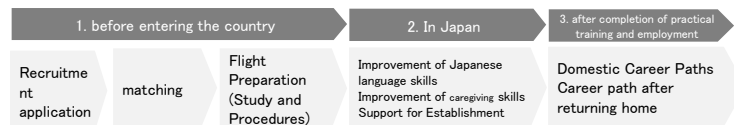
## Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan



The actual status of acceptance of foreign caregivers must be understood from a long-term perspective, beginning with recruitment by care providers and sending agencies and applications by foreign personnel, and extending to matching of personnel and facilities, preparation for entry, support for retention and skill improvement after entry, and employment support after completion of training and after returning to their home countries.

This chapter summarizes the current issues, anticipated measures, and the current status of implementation of the measures for the three phases: 1) before entry into Japan, 2) during stay in Japan, and 3) after completion of practical training and employment.

### Situation of accepting foreign caregivers in each phase



Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan  
(1. Pre-entry)



phase	issue	possible measures/measures	status of implementation	
Before entering Japan	Recruitment/Application	<ul style="list-style-type: none"> <li>Lack of information on sending organizations, supervisory bodies, and registered support organizations that Japanese host facilities and prospective foreign caregivers can trust.</li> <li>Compared to other countries, working as a caregiver in Japan is less attractive.</li> <li>Low awareness of long-term care employment in Japan and inaccurate information is not received.</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of a certification system to evaluate sending agencies, registered support organizations, and supervisory bodies</li> <li>Institutionalization of information disclosure to various agencies</li> <li>Revision of various systems, including simplification of working conditions and procedures</li> <li>Improvement of PR capabilities/opportunities for caregiving employment as a Japanese country</li> <li>Dissemination of correct information about long-term care employment in Japan</li> </ul>	<ul style="list-style-type: none"> <li>A system for accreditation of good supervisory organizations has been established.</li> <li>No evaluation system for other institutions.</li> <li>Although some improvements have been made through additions to the specified skills, there are many requests for improvement of various system contents locally, such as review of employment conditions and forms, and relaxation of entry requirements.</li> <li>While other countries are conducting extensive and large-scale PR activities on a national scale, Japan is left to the sending agency.</li> <li>Although materials and video tools are being produced to introduce Japanese long-term care, there is no public relations development using these materials and tools.</li> </ul>
	matching	<ul style="list-style-type: none"> <li>There is no way for foreign caregivers to determine where they can learn advanced Japanese-style care. Also, they cannot choose where they work or where they are assigned.</li> <li>Few matching opportunities between host business and candidate personnel</li> </ul>	<ul style="list-style-type: none"> <li>List and disseminate to the public examples of Japanese-style long-term care initiatives and businesses/facilities that practice them, and use the list to match candidates with facilities.</li> <li>Briefing sessions for prospective caregivers from each country and Japanese businesses, and creation of matching opportunities, including with local sending organizations</li> </ul>	<ul style="list-style-type: none"> <li>The Asian Health Initiative Council is working on a list of host providers, and some of the materials are available to the public, but we have not been able to confirm any examples of how the materials are being used.</li> <li>Support programs are being developed in each prefecture and matching promotion programs are underway, but implementation is insufficient in some prefectures and sending countries.</li> </ul>

Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan  
(1. Pre-entry)



phase	issue	possible measures/measures	status of implementation
Before entering Japan	Preparation	<ul style="list-style-type: none"> <li>Revision of the system, including simplification of travel procedures</li> <li>Enhancement of training and development of Japanese language instructors</li> <li>Japanese language acquisition adapted to the long-term care field</li> <li>Promote training and dispatch of Japanese lecturers, train local lecturers</li> <li>Revision of the Japanese language acquisition curriculum adapted to the long-term care field</li> <li>Enhancement of caregiving learning by dispatching Japanese caregivers</li> <li>Use of educational materials on caregiving in Japan</li> <li>Support for promotion of dispatch of Japanese caregivers</li> <li>Development of educational materials on long-term care in Japan</li> </ul>	<ul style="list-style-type: none"> <li>Although some systems have been simplified, many local people have commented that the time and effort required for the procedures are enormous compared to those in other countries.</li> <li>Japanese language schools and sending institutions are only making efforts to acquire human resources, and the quality of teachers varies.</li> <li>Development of a test to measure Japanese language proficiency for use in long-term care settings is underway.</li> <li>There are examples of sending and receiving institutions sending caregiver educators to local areas and creating their own caregiver education materials.</li> </ul>

Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan  
(2. After Arrival in Japan)



phase	issue	possible measures/measures	status of implementation	
post-arrival Support for settling in	Japanese	<ul style="list-style-type: none"> <li>Further improve Japanese language skills appropriate for work performance</li> <li>Maintain and improve training system</li> </ul>	<ul style="list-style-type: none"> <li>Efficient Japanese language study in parallel with work (Improvement of Japanese language and reading/writing skills required for work-related communication)</li> </ul>	<ul style="list-style-type: none"> <li>Various initiatives are being implemented at each business site, support organizations such as supervisory bodies, and local governments, but there are regional differences.</li> </ul>
	Care Skills	<ul style="list-style-type: none"> <li>Limited care work available for foreign caregivers</li> <li>Large on-site burden for training on the part of the host facility</li> </ul>	<ul style="list-style-type: none"> <li>Support for multiple business sites by related organizations such as supervisory bodies, or by local governments</li> <li>Requests to host offices and support organizations to take action and horizontal deployment of good practices</li> </ul>	<ul style="list-style-type: none"> <li>Various initiatives are being implemented at each business site.</li> </ul>
	Support for settling in	<ul style="list-style-type: none"> <li>Insufficient understanding of care work and working conditions on the part of foreign caregivers, which may induce dissatisfaction and stress due to mismatches after employment.</li> <li>Large financial and human burden for care providers to support retention</li> <li>Insufficient cooperation with local communities</li> </ul>	<ul style="list-style-type: none"> <li>Provide appropriate information on job descriptions and working conditions for foreign caregivers (Continuous implementation of explanations prior to arrival in Japan, orientation after arrival in Japan, and interviews after employment, etc.)</li> <li>Subsidies</li> <li>Support for multiple sites by organizations such as supervising organizations or by local governments</li> <li>Creating a community-wide environment for accepting foreign caregivers</li> <li>Promote opportunities for foreign caregivers to participate in community activities</li> <li>Expansion of good practices</li> </ul>	<ul style="list-style-type: none"> <li>As a result of the advance provision of information by host offices and support organizations, business mismatches have become less of an issue in recent years.</li> <li>Many prefectural and municipal units are developing financial support and expert dispatch support.</li> <li>There are some good examples of support by host offices, supervisory bodies, and other support organizations, but many of them are not fully implemented.</li> </ul>
	Support for settling in	<ul style="list-style-type: none"> <li>Insufficient understanding of care work and working conditions on the part of foreign caregivers, which may induce dissatisfaction and stress due to mismatches after employment.</li> <li>Large financial and human burden for care providers to support retention</li> <li>Insufficient cooperation with local communities</li> </ul>	<ul style="list-style-type: none"> <li>Provide appropriate information on job descriptions and working conditions for foreign caregivers (Continuous implementation of explanations prior to arrival in Japan, orientation after arrival in Japan, and interviews after employment, etc.)</li> <li>Subsidies</li> <li>Support for multiple sites by organizations such as supervising organizations or by local governments</li> <li>Creating a community-wide environment for accepting foreign caregivers</li> <li>Promote opportunities for foreign caregivers to participate in community activities</li> <li>Expansion of good practices</li> </ul>	<ul style="list-style-type: none"> <li>As a result of the advance provision of information by host offices and support organizations, business mismatches have become less of an issue in recent years.</li> <li>Many prefectural and municipal units are developing financial support and expert dispatch support.</li> <li>There are some good examples of support by host offices, supervisory bodies, and other support organizations, but many of them are not fully implemented.</li> </ul>

Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan  
(3. After completion of practical training and employment)



phase	issue	possible measures/measures	status of implementation
After completion of intern / employment Domestic Career Paths	Failure to develop leadership talent	<ul style="list-style-type: none"> <li>Statement of expected roles for foreign caregivers, clarification of the skills required for these roles, and establishment of a training system.</li> <li>Requests to host establishments to respond and horizontal deployment of good practices</li> </ul>	<ul style="list-style-type: none"> <li>While there are some good examples, in many cases management personnel have not been developed.</li> </ul>
	Low national exam pass rate	<ul style="list-style-type: none"> <li>Early confirmation of intent to take the exam and planning for the exam</li> <li>Efforts to support multiple establishments collectively</li> </ul>	<ul style="list-style-type: none"> <li>There are some cases where generous support is provided by business offices, supervisory bodies, and other support organizations, but they are rare.</li> </ul>
	Career path support is not being provided on the initiative of the business office.	<ul style="list-style-type: none"> <li>Requests to host offices and support organizations to take action and horizontal development of good practices</li> </ul>	<ul style="list-style-type: none"> <li>Implementation differs depending on the business location, supervisory organization, and other support organizations.</li> </ul>
	Lack of understanding of the system on the part of personnel can cause problems	<ul style="list-style-type: none"> <li>Guidance on institutional rules and conditions for human resources</li> <li>Requests to host offices and support organizations to take action and horizontal development of good practices</li> </ul>	<ul style="list-style-type: none"> <li>Implementation differs for each business site, supervisory organization, and other support organizations.</li> </ul>



### Ch 3 Collection and analysis of information on the actual situation of acceptance of foreign workers for long-term care in Japan (3. After completion of practical training and employment)







phase	issue	possible measures/measures	status of implementation
After completion of intern / employment Career path after returning home	<ul style="list-style-type: none"> <li>No visibility of the actual situation after returning home, no post-return support being implemented</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of an implementation system to conduct surveys on the employment situation of returnees in the long-term care field and to provide post-return employment support for those who wish to work after returning to their home countries</li> </ul>	<ul style="list-style-type: none"> <li>Some sending agencies conduct their own surveys, but no official surveys or data exist.</li> <li>Some countries and institutions provide post-return employment support, but overall it is still insufficient.</li> </ul>
	<ul style="list-style-type: none"> <li>Foreign caregivers cannot work in the field of care in their home countries</li> </ul>	<ul style="list-style-type: none"> <li>Formation of long-term care market in each country through establishment of public systems for long-term care, qualification of caregivers, and promotion of the long-term care industry, etc.</li> <li>Support to improve skills and knowledge in preparation for local employment</li> </ul>	<ul style="list-style-type: none"> <li>Care needs are still low in many countries, and the infrastructure has not yet been fostered.</li> </ul>

### Ch 4 Collection and analysis of data on international migration of long-term care workers

#### Policies for accepting care workers in other countries / regions







The following table summarizes the status of acceptance of foreign caregivers in Japan, Germany, and Taiwan.

	 Technical Intern Training Program	 Specified Skilled Worker	 Triple Win Project	 Employment Service Laws and Agreements
Legal system	Technical Intern Training Program	Resident status "Specified Skilled Worker".	Triple Win Project	Employment Service Laws and Agreements with other countries / regions
sending country	unlimited	unlimited	Bosnia and Herzegovina, Philippines, Tunisia, Indonesia, India (Kerala), Vietnam	agreements exist with Thailand, Philippines, Indonesia, Vietnam, etc.
period of stay	1st year: [Technical Internship No. 1] 2nd to 3rd year: [technical internship No. 2] 4th to 5th year: [technical internship No. 3]	Up to 5 years	Stay on work visa valid for 1 year, converted to residence permit after passing professional evaluation/nursing certification exam and German level B2 exam in Germany After 5 years, permanent residence permit	May work in Taiwan for up to 12 years total *Limitations on the period of stay have been abolished for foreign personnel who meet the conditions from 2022 onward.
Accompanying family	not allowed	not allowed	possible	not allowed

## Ch 4 Collection and analysis of data on international migration of long-term care workers

Policies for accepting care workers in other countries / regions







	 Technical Intern Training Program	 Specified Skilled Worker	 Triple Win Project	 Employment Service Laws and Agreements
Required at the time of entry	Preferred level of JLPT N3 level, N4 level is required.	Passing the long-term Japanese Language Assessment Test	Philippines, Indonesia: German language proficiency (technical terminology and daily conversation – ideally at B1 level)	No criteria (only language teaching hours requirement)
Knowledge of care required	In the case of supervising organization type: "Experience in equivalent work" in a foreign country, or special circumstances that require the applicant to engage in technical internship.	Passing the Caregiver Skills Assessment Test	Philippines, Indonesia: Graduation from nursing school + clinical experience Vietnam: at least one year of study in a medical-related school	nashi (Pyrus pyrifolia, esp. var. culta)
Before and after entry language training	Depending on the sending institution, 3 to 6 months of prior Japanese language study in the home country	nashi (Pyrus pyrifolia, esp. var. culta)	Philippines, Indonesia, India: A1 to B1 language courses in home country Vietnam: acquisition of B2 level German in home country (12 months)	24 hours of language training in Indonesia, 50 hours in the Philippines, and 164 hours in Vietnam

## Ch 4 Collection and analysis of data on international migration of long-term care workers

Policies for accepting care workers in other countries / regions







	 Technical Intern Training Program	 Specified Skilled Worker	 Triple Win Project	 Employment Service Laws and Agreements
Care Training on pre- and post-entry	48 hours of caregiver education in Japan (pre-entry training is also acceptable) and 2 months of training by a management organization	nashi (Pyrus pyrifolia, esp. var. culta)	Philippines, Indonesia, India: Nurse orientation in home country Vietnam: 3 years of theoretical and practical training at a German host institution and technical school with monthly stipend	Completion of 100 hours of training in general nursing care, including how to care for daily living in the home country + 90 hours in Taiwan
Obligation to take the national certification exam	None (optional)	None (optional)	Specialty evaluation exam or nursing certification exam in Germany required.	None
Acceptance coordinating organization/site	Supervising Organization Type: Each supervising organization Individual enterprise type: Each company	Support by registered support organizations	German International Cooperation Corporation (GIZ), Federal Employment Agency International Placement Service (ZAV)	The most common route of acceptance is through collaboration between domestic and overseas intermediaries.
Work Place	Other than home-visit services	Other than home-visit services	Residential care facilities and home care agencies	More than 90% of care provided at home (live-in care in the home through private employment)

## Ch 4 Collection and analysis of data on international migration of long-term care workers

Policies for accepting care workers in other countries / regions



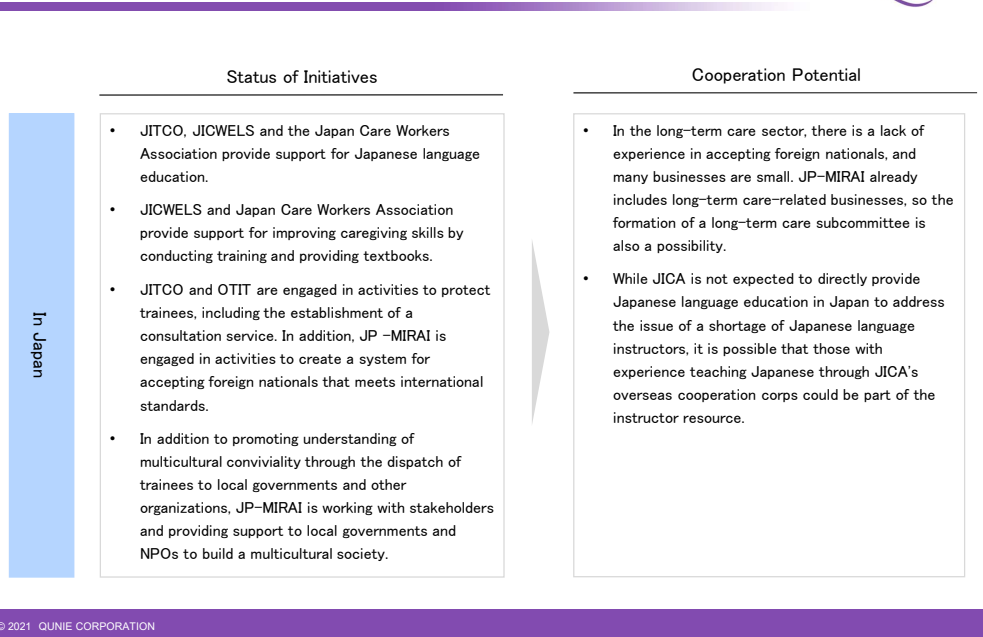
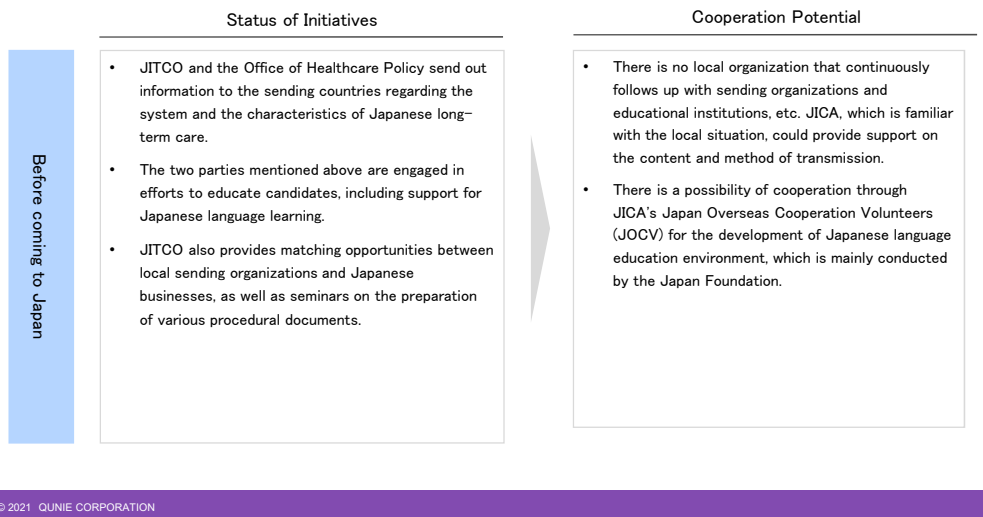
	 Technical Intern Training Program	 Specified Skilled Worker	 Triple Win Project	 Employment Service Laws and Agreements
Cost burden of foreign nationals	Varies depending on the sending country and sending organization, and the Japanese government has no cost regulations or other restrictions.	Varies depending on the sending country and sending organization, and the Japanese government has no cost regulations or other restrictions.	Job placement, language and technical preparation, and integration assistance are free of charge.	Service fee for hiring an intermediary is set at RMB 1,800/month for the first year, RMB 1,700/month for the second year, and RMB 1,500/month for the third year.
Foreign Workers for Long-term Care	Number of residents engaged in long-term care under Technical Training 1, 2, and 3: 14,034 (estimate)	Number of residents: 7,019	Number of care-related personnel from outside the EU to date: 25,000 (estimate)	Number of recipients in the welfare sector: 251,856
Major countries of origin and number of people	Number of people entering Japan Vietnam: 3,860; Indonesia: 1,597; Myanmar: 1,539; China: 745; Philippines: 619	Number of Residents Vietnam: 3,445, Indonesia: 981, Philippines: 698, Myanmar: 647, Nepal: 518	Number of care-related personnel from outside the EU to date (approximate estimate) Philippines: 2,000 Vietnam: 1,900 Thailand: 1,000 China: 600 Indonesia: 500 persons	Number of recipients in the welfare sector Indonesia: 19,2217 Vietnam: 30,335 Philippines: 28,896
salary	Equal to Japanese	Equal to Japanese	Conditions of labor are equal to those of Germans	In-home residential care personnel: minimum wage 17,000 yuan/month

## Ch 5 Research and analysis on legal systems, markets, etc. related to long-term care and long-term care human resources in the key target countries



Category	indicators	Indonesia	Vietnam	The Philippines	India	Nepal	Bangladesh
The stage of aging	aging rate (%)	6.7	8.4	5.2	6.7	6.0	5.6
	doubling age	22	17	30	28	26	20
	elderly dependency ratio (%)	23	32	16	22	15	23
Needs of elderly on health and long-term care	life expectancy healthy life expectancy	72 63	75 65	71 62	70 60	71 61	73 64
	Percentage living alone (%)	10.4	11.2	9.8	5.1	4.0	3.8
Overall measures for the elderly	Policies to address and support aging	Yes	Yes	Yes	Yes	Yes	Yes
Long-term care	Systems for long-term care training and certification, etc.	Yes	No	Yes	Yes	Yes	Yes
Pension	Pension Coverage(%)	14.1	40.9	20.5	42.5	84.2	39.0
Active aging	Employment Rate of the Elderly (%)	Male 63 Female 29	35	NA	NA	47.1	NA

This chapter summarizes the activities and support provided by existing major institutions and organizations to foreign human resources in the long-term care sector who come to Japan under the technical internship system and the specified skills system, etc., before their arrival, during their stay in Japan, and after their return, and examines how to establish a system of cooperation with JICA.



	Status of Initiatives	Cooperation Potential
after returning to home country	<ul style="list-style-type: none"> <li>In terms of creating opportunities for returning caregivers, the International-Asia Health Initiative Council is building a forum for collaboration to enable care-related businesses to expand into local markets.</li> <li>The Ministry of Economy, Trade and Industry (METI) provides a wide range of outbound support by conducting empirical studies and dispatching public-private missions to various countries. In addition, through JETRO, METI supports overseas expansion by preparing directories and holding local business meetings and events.</li> <li>JICA also supports the commercialization of businesses that can contribute to solving issues in developing countries through its "Dissemination, Demonstration, and Commercialization Project.</li> <li>There were some cases of sending organizations providing local employment support for returned personnel, but there were only a few cases, and support for returned personnel was not provided very much.</li> </ul>	<ul style="list-style-type: none"> <li>It would be effective to communicate the value of Japanese-style long-term care in more tangible ways, such as by dispatching long-term care specialists to local hospitals and elderly care facilities to conduct feasibility studies, and by providing technical cooperation and equipment through grassroots technical cooperation projects. It is desirable to spread the value of Japanese long-term care locally in cooperation with the overseas expansion of Japanese long-term care providers.</li> <li>For example, as a way to support the improvement of management skills of human resources who have returned to their home countries, JICA could consider collaborating with or utilizing the know-how of the Japan Centers in Vietnam, Uzbekistan, and other countries that provide business courses and management cram schools for managers and business personnel, as well as management training and follow-up programs for (planned) human resources who have returned to their home countries. It is also a good idea to consider collaboration with Japanese centers in Vietnam and Uzbekistan that offer business courses and management cram schools for managers and business personnel.</li> </ul>

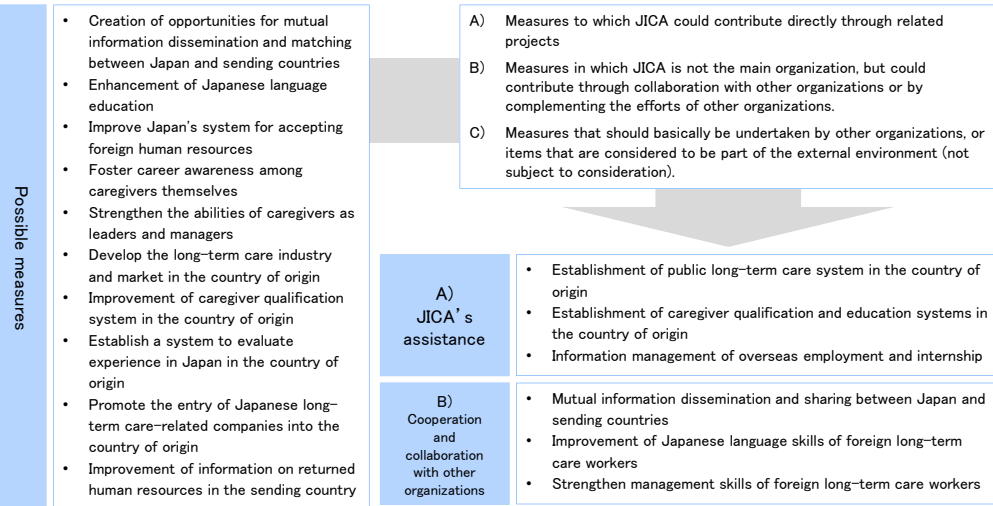
The problems identified in this survey, the issues and backgrounds analyzed, and the possible measures to address them are summarized in the three stages below.

	Problems identified in the survey	Issues considered as background	Major candidate measures
Before coming	<ul style="list-style-type: none"> <li>Potential candidates are not fully aware of the opportunities in Japan.</li> <li>Japan is not selected because the requirements are higher than those of other countries</li> <li>difficult for Japanese to evaluate human resources in the country of origin.</li> </ul>	<ul style="list-style-type: none"> <li>Fewer jobs offered from Japan</li> <li>Insufficient Japanese language training skills</li> <li>Japan's systems are complicated</li> <li>Curricula at care training institutions in the sending country are inconsistent</li> <li>Caregiving is not understood as an attractive career</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities for mutual information dissemination and matching</li> <li>Enhancement of Japanese language education</li> <li>Improvement of systems for accepting foreign human resources</li> <li>Improvement of long-term care qualification system</li> </ul>
during stay in Japan	<ul style="list-style-type: none"> <li>Many wish to stay in Japan for a long period of time, but few are able to do so</li> <li>Leadership and management level is not developed.</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient Japanese language skills to pass the long-term care worker exam</li> <li>Difficult to draw career paths</li> <li>Insufficient incentive for receiving facilities to train foreign personnel</li> </ul>	<ul style="list-style-type: none"> <li>Enhancement of Japanese language education</li> <li>Foster career awareness</li> <li>Strengthening of leadership and managerial skills</li> </ul>
After returning to home country	<ul style="list-style-type: none"> <li>Not getting a job in their country that uses the skills acquired in Japan</li> <li>Do not choose long-term care jobs, even if available</li> <li>Government agencies are not aware of the movement of returned human resources</li> <li>Lack of access to human resources after returning home</li> </ul>	<ul style="list-style-type: none"> <li>Purpose is to earn money</li> <li>Lack of well-paid jobs of caregiving, and low social recognition of caregivers in their country</li> <li>Difficulty in drawing up a career path in caregiving</li> <li>Experience in Japan is not sufficiently valued</li> <li>Information is not managed</li> </ul>	<ul style="list-style-type: none"> <li>Development of the care industry and market</li> <li>Development of caregiver qualification system</li> <li>Evaluation system for experience in Japan</li> <li>Promotion of Japanese companies</li> <li>Development of information on human resources</li> </ul>

## Ch 7 Recommendation on Direction of JICA's Support related to the Acceptance of Foreign Workers for Long-term Care



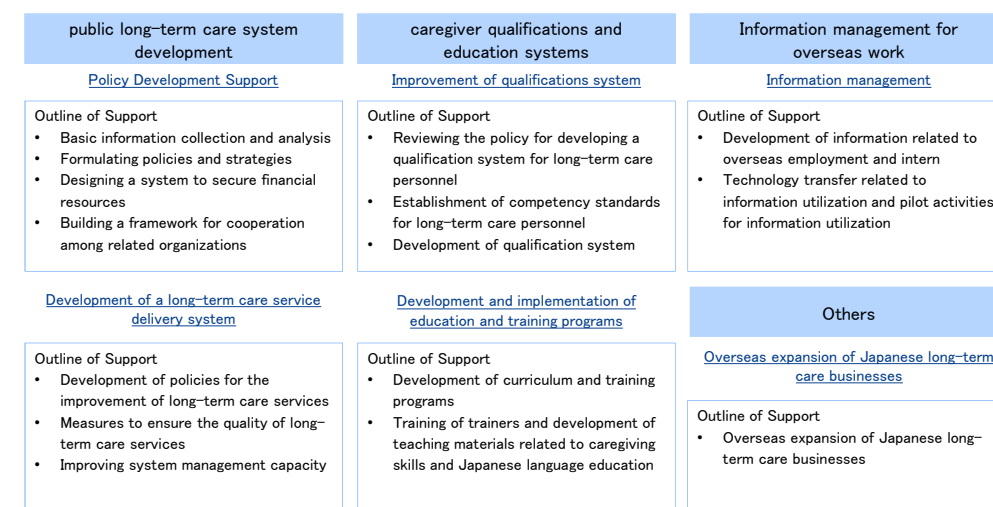
The proposed measures were organized based on the contents of (1) through (3), with (1) considering the direction of support by JICA, (2) considering collaboration with other organizations or the possibility of cooperation with other organizations, and (3) being outside the scope of this study.



## Ch 7 Recommendation on Direction of JICA's Support related to the Acceptance of Foreign Workers for Long-term Care



Possible direction of JICA support in terms of policy formulation and the establishment of a system for providing long-term care services as part of the establishment of a public long-term care system in the sending country is examined.



## Ch 7 Recommendation on Direction of JICA's Support related to the Acceptance of Foreign Workers for Long-term Care



The possibility of cooperation in collaboration with other organizations is discussed here.

### Mutual information dissemination and sharing

- there is potential to contribute to the promotion of mutual understanding between Japan and the sending country by mutually disseminating policies, systems, directions to be pursued, and good practices, as well as by creating opportunities for dialogue.

### Improvement of Japanese language skills

- it is possible to develop human resources by incorporating a Japanese language education program in advance. In other cases, however, JICA itself can provide only a limited number of direct support for Japanese language education, such as through the dispatch of teachers by the JICA Overseas Cooperation Volunteers

### management skills of foreign workers

- there is a possibility of cooperation in management training and follow-up for (prospective) returnees in collaboration with related organizations, utilizing the JICA-supported Japan Center, which offers business courses for managers, in cooperation with the Japan Center or by utilizing its know-how.

## Annex

### 3 Online Seminar Presentation Materials






のぞみグループ

## Acceptance of Indonesian Nursing Care Technical Intern Trainees and the actual support for work, study, and daily life

Yoko Amari,  
Representative of Nozomi Group

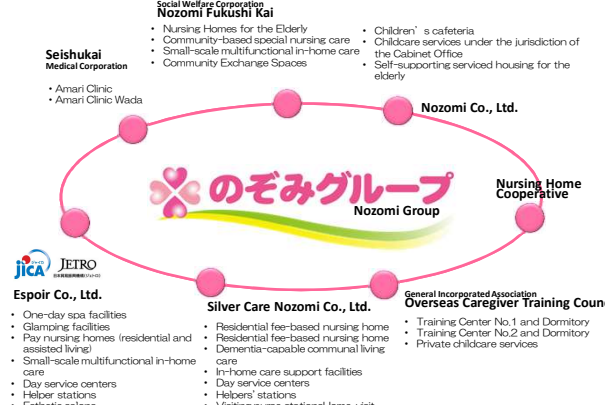
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のぞみグループ

# Introduction

2



のぞみグループ

**Social Welfare Corporation Nozomi Fukushima Kai**

- Nursing Homes for the Elderly
- Community-based special nursing care
- Small-scale multifunctional in-home care
- Community Exchange Spaces
- Children's cafeteria
- Childcare services under the jurisdiction of the Cabinet Office
- Self-supporting serviced housing for the elderly

**Seishukai Medical Corporation**

- Amari Clinic
- Amari Clinic Wada

**Nozomi Co., Ltd.**

**Nursing Home Cooperative**

**Esplor Co., Ltd.**

- One-day spa facilities
- Glamming facilities
- Pay nursing homes (residential and assisted living)
- Small-scale multifunctional in-home care
- Day service centers
- Helper stations
- Esthetic salons
- Home-visit nursing stations
- Corporate-led childcare services under the jurisdiction of the Cabinet Office

**Silver Care Nozomi Co., Ltd.**

- Residential fee-based nursing home
- Residential fee-based nursing home
- Dementia-capable communal living care
- In-home care support facilities
- Day service centers
- Helpers' stations
- Visiting nurse stations-Home-visit nursing stations
- Corporate-led childcare services under the jurisdiction of the Cabinet Office

**General Incorporated Association Overseas Caregiver Training Council**

- Training Center No.1 and Dormitory
- Training Center No.2 and Dormitory
- Private childcare services

**JICA JETRO**

のぞみグループ

### Education Initiatives for Overseas Caregivers

- 2014** May The Council for the Training of Overseas Caregivers is established.
- 2015** January Nursing Home Cooperative established.
- 2017** February Participated in the International Asian Health Initiative Council as a core member. We are working on "creating a system to employ quality overseas caregivers all over Japan."
  - October Published a textbook for the training of nursing care technical intern trainees by Ohuo Hold Publishing Co. For pre-arrival introductory training "Easy-to-learn nursing care language for foreigners". Group training after entry to Japan "Knowledge and Skills of Care for Foreigners to Learn Easily".
  - December Nursing Home Cooperative receives Japan's first license as a newly established supervisory organization specializing in nursing care.
- 2018** Selected for the 2nd Overseas Expansion Support Project for SMEs in FY 2017 - Project Formulation Study.
  - July, Nozomi Group was selected as one of the 12 best projects conducted by the government.
  - August Japan's First 19 Nursing Care Technical Intern Trainees from Indonesia arrive at Japan.
- 2019** August 1st SME/200s Business Support Project "The Project for Promotion, Demonstration and Business Development of the Integrated Operation Model of Japanese-Style Nursing Schools and Nursing Care Centers in Vietnam" accepted by JICA.
- 2021** June 25. Licensed as a supervisory organization specializing in caregiving and in good standing in the general supervisory business and caregiving professions.
  - August 24. Nozomi Method's development has been selected by JETRO's "New Export Power Consortium" for the fiscal year 2021!

2018.7.25 日本経済新聞

のぞみグループ

### 最高レベルの教育

入国前(現地)~入国後まで一貫した教育で質の高い実習

目前に入国要件を満たした介護導入教育 + 入国後の集団講習の中で正式な介護職員。

グループ内に介護施設を運営する社会福祉法人と医療法人を持ち、受入れ施設と技能実習生にとって何が大切かを知り尽くしています。

内閣官房が進めるアジア健康構想協議会のメンバーとして、人材の選流に取組んでいます。

JICAのODA事業に採択され、ベトナムの介護の確立に取り組んでいます。

政府が選定した12の優良な事業者の一つに「のぞみグループ」が選ばれました。(2016年7月25日 日経新聞掲載)

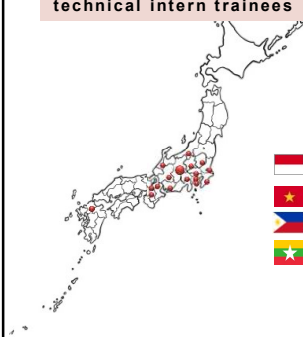
国内では、一般社団法人海外介護士育成協議会が全国の監理団体の教育を、海外ではNozomi Group Vietnam Co.,Ltd.が教育を支えます。

5

のぞみグループ

### Nursing Home Cooperative Acceptance of nursing care technical intern trainees

As of January 10, 2023



17 prefectures 71 organizations 118 facilities

	Indonesia	232 entered, 10 to be entered
	Vietnam	72 entered, 5 to be entered
	Philippines	18 entered
	Myanmar	35 entered, 39 to enter

**Total 357 entered 54 to enter**

6

# Nozomi Group



のぞみグループ

Nozomi Group's first to third term students gathered.  
9 Indonesian and 2 Vietnamese

Now, one Indonesian has returned home, two from the Philippines, four from Myanmar, and one male from Vietnam, bringing the total to 18.  
In addition, there are now 4 people with specified skills worker, bringing the total number of foreign caregivers to 20. One of them is Japan's first caregiver!

7



Nozomi Fukushikai Social Welfare Corporation  
Case Study of Acceptance of nursing care technical intern trainees from Indonesia



8

のぞみグループ

### Practical Support for Practical Training


First, it is important to communicate with staff members → It is important to build a relationship where you can easily ask anything.

Welcome party: Japanese food (sukiyaki, sushi rolls, inarizushi, etc.)  
The trainees brought their own Indonesian dishes.


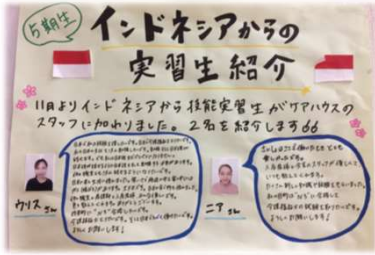
Speak Japanese slowly and replace it with easy-to-understand Japanese

In the beginning, use reading kana for kanji characters in documents such as handbills.


I wonder how the residents will perceive the foreign trainees...  
The residents, being older and more experienced in life, were rather interested and curious, and few were confused.



9

Introductions of interns are posted in the lobby and introduced at summer festivals and other events.



Learned to play the Koto and perform Japanese song

Indonesian dance performance

10



We have made a nursing care mastery chart and put it in the entrance lobby.



11



### Practical life support

Prepared and supported mainly by life guidance staff

- Dormitory Preparation  
Living in a boarding house next to a care house  
Preparation of daily necessities, replacement of shoji screens preparing bicycles, etc.
- Accompanying Shopping
- Understanding Religion
- Introduction to Japanese Culture


international contribution



12



Positive results produced by accepting foreign technical intern trainees for nursing care



- ① The staff also received a lot of stimulation and positive influences.  
... **Serious attitude** toward caregiving and teaching helped me to **rethink my own caregiving**.
- ② There are **more smiles** in the workplace. The trainees are very bright and hardworking.
- ③ The language of the Japanese staff became **even cleaner**.
- ④ They are an **immediate asset** to the field, where human resources are in short supply.
- ⑤ We learned a lot about Southeast Asia.
- ⑥ The trainees actively engaged in seasonal events and performed songs and dances.
- ⑦ The first term students **provide support** for the second term students in their daily lives, which has reduced the burden of teaching.



14



Thank you for your attention to the end.

〒384-0093 長野県小諸市和田841-7  
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E-mail kaigai@nozomi-g.co.jp <http://www.kaigai-kaigoshi.jp>



15

ASOSIASI PENYELENGGARA PEMAGANGAN  
LUAR NEGERI  
(AP2LN)  
(Sending Organization Association)

## About us

- Indonesia have started sending EPA Kaigofukushishi and EPA Kangoshi since 2008 through BP2MI
- Indonesia have started sending TITP Kaigo as sending organization since 2019, and until end of 2021 total of 1792 TITP had been sent to Japan

## Caregiver Human Resources in Indonesia

Indonesia has a wide variety of caregiver human resources.

- High school graduates who took Caretaker and Caregiver courses (1-year Diploma) at training institution (LKP): 1,500 people/year
- Nursing and midwifery school graduates (Diploma, Bachelor's degree) : 45,000 people/year
- Graduates of Health Vocational High Schools (SMK), Nursing Department : 48,000 people/year
- Ex-migrant workers in Taiwan, Hong Kong, Singapore who are under 35 years old: 12,000 people/year.

Situation and problems in candidate recruitment:

- Most 3-year Diploma / 4-year Bachelor Nursing graduates expect their work to be in line with their educational background (they want to be nurses)

## Why Japan? Why not Japan?

Why they choose Japan?

- Sufficient salary
- Information in the terms and conditions of employment is reliable
- TITP is good system (e.g. supervising organizations monitor and help them when they have problems)
- Familiarity with Japanese culture through anime, TV dramas, etc.
- Good public safety

Why they don't choose Japan?

- Japan is still not well known.
- Learning Japanese is hard.

Others

- So far, Indonesian caregivers have been concentrated in Hong Kong, Taiwan, Malaysia and the Middle East / Saudi Arabia, so that the image of working as a caregiver is at the same time as a housekeeper and living in the employer's house.
- When we explain that the concept of caregiving in Japan is the same as in Indonesia, with normal working hours, plenty of days off, and going back to their respective homes after work each day, the majority of people dream of working or interning in Japan.

## Messages for Japanese Side

- If there is more need from the Japanese side, we can send more human resources for caregiving from Indonesia.
- If the Japanese side accepts people over 30 years old, the possibilities will be expanded.
- Regular business matching between sending organizations and accepting organizations (e.g. once a month) through an online discussion forum, with a 10-minute presentation opportunity for each sending organization.
- A special forum should be created in which sending organizations that specialize in KAIGO and accepting organizations that need caregivers.
- Better to have a special place on the Website for Caregiver Job Supply & Demand Details.
- Publicize the huge potential of caregiver candidates in Indonesia to Japanese elderly care service providers in Japan

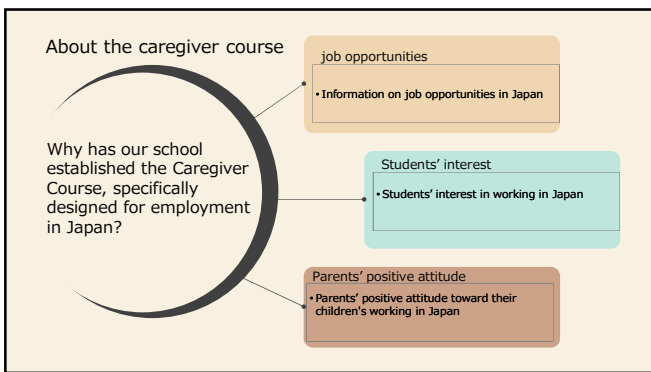
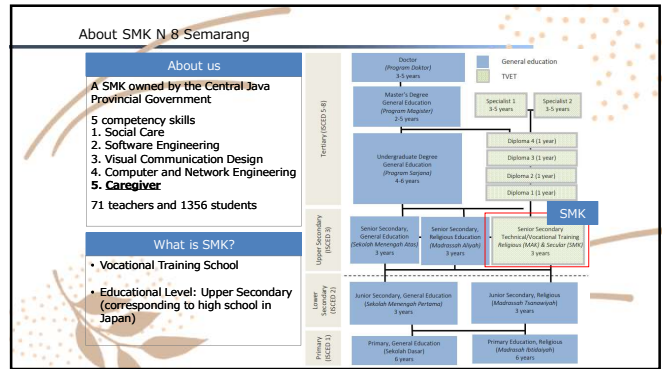
# SMK N 8 Semarang

**CARE WORKER SCHOOL  
AT SMK N 8 SEMARANG**

By Harti  
SMK N 8 Semarang

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### About the caregiver course

Curriculum Outline  
Elderly Care and Services = 490 Lesson hours

**Four Important Pillars**  
1. Personal hygiene  
2. Mobility of elderly  
3. General Health checkup  
4. Giving nutrition

**Current Initiatives**  
Five schools, including our school, plan to work to update our curriculum to be more relevant to Japan, with input from a Japanese company.

**Basic competencies :**

1	Analyze and classify the elderly	8	Carry out effective communication during excursion activities when accompany the elderly
2	Implementing and using law on the welfare of the elderly care and services	9	Carry out relationships with the elderly and their social environment
3	Analyze and Solve the elderly problems	10	Classify the needs of the elderly
4	Carry out social services in aged care institutions	11	Carry out grouping of the work productivity of the elderly
5	Carry out social welfare services for elderly	12	Solve the problem of adjusting elderly services
6	Classifying forms of elderly services	13	Prepare and provide food and drink for the elderly
7	Develop excursion program for elderly	14	Tidy up the bed/bedroom of the elderly

### About the caregiver course

Basic competencies (continued) :

15	Carry out the task for mobilizing the elderly	24	Carry out the task of looking after the elderly who are in condition of psychiatric disorders
16	Maintain a safe and hygienic living environment for the elderly	25	Carry out accessibility services and aids for sick elderly services
17	Care for the health of the elderly	26	Carry out the task of looking after sick elderly
18	Maintain personal hygiene for the elderly	27	Implement accessibility services and service aids for healthy elderly
19	Prevent accidents and prepare first aid for the elderly	28	Carry out the task of keeping the elderly healthy
20	Compile notes on the development of the elderly	29	Carry out accessibility services and service equipment for elderly people who are obese
21	Implement accessibility services and service aids for elderly with physical disabilities	30	Carry out the task of looking after the elderly with an obese body
22	Carry out the task of caring for elderly with physical disabilities	31	Carry out the task of making a case study for handling the elderly
23	Implement accessibility services and service equipment for elderly with psychiatric disorders		

### About Japanese language training

- Students also receive Japanese language training
- Japanese language training include of learning program
- Students free cost for Japanese language training
- All of students are participating for Japanese language training
- Care giver students get more Japanese language training
- Care giver students Japanese language training start from the first grade

Target competency: JLPT N4  
Japan language lesson: 28 lessons per week  
Japanese Language teachers : 2  
Computer Laboratorium: 1

Japanese Language Laboratorium

## About Students

### The Number of students in the Caregiver Course

NO	GRADE	SKILL PROGRAM	TOTAL STUDENTS
1.	X	Social Care	72
2.	X	Care Giver	72
3.	XI	Social Care	71
4.	XI	Care Giver	71
5.	XII	Social Care 1	71
6.	XII	Care Giver 1	69
7.	XII	Care Giver	72
TOTAL STUDENTS			498

### Students' interest to Japan and expectations of Japan

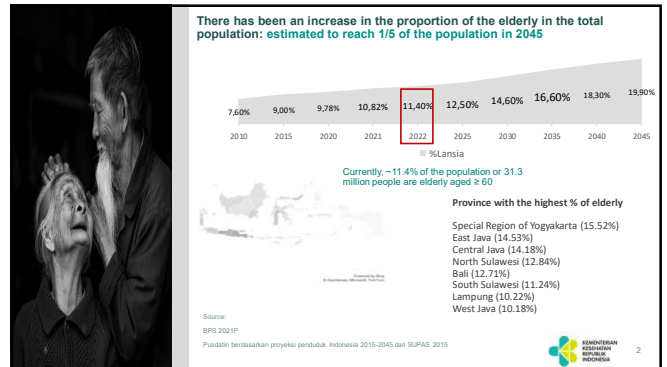
- Learn Japanese Language will be enable to complete to working world, so we will get more chance to be accepted. Besides that, we will have more knowledge and keep growing to improve our skill.
- Have more chance to work in Japanese Company
- Know more about Japanese culture
- By being able to speak/communicate in Japanese, and know much about Japanese culture, so will have more chance to get scholarship in Japan.
- Having fluent in Japanese Language, so will be easier to communicate with Japanese people, the communication will give more new insight and knowledge, and will be easier to know about Japan from many sites.



**INITIATIVES ON LONG-TERM CAREWORKER HRH IN INDONESIA**

Director for Deployment of Health Workforce  
Webinar Indonesian Initiatives and Cases from the Long Term Care (KAIGO) in Japan, 19th January 2023

Directorate General of Health Workforce  
Ministry of Health RI



## ELDERLY HEALTH STRATEGY AND POLICY

**Global Strategy**

GLOBAL: The Vienna International Plan of Action on Ageing 1982  
Decade of Healthy Ageing 2020-2030

**REGIONAL (BEAR):** Regional Framework on Healthy Ageing 2018-2022

**ASEAN:** Asian Health Cluster 1 Promoting Healthy Lifestyle

**National Policy**

UU No 13/1999 tentang Kesejahteraan Lansia  
UU No 11/2009 tentang Kesejahteraan Sosial 1982  
UU No 36/2009 tentang Kesehatan  
PP 18/2020 tentang RPJMN 2020-2024  
PP 18/2020 tentang RPJMN 2020-2024

**Presidential Regulation No. 88 of 2021 the National Strategy for Aging Society**

PMK 79/2014 tentang Penyelenggaraan Pelayanan Generasi di Rumah Sakit  
PMK 67/2015 tentang Penyelenggaraan Pelayanan Kesehatan Lansia Usia 65 Pluskesmas  
PMK No. 4/2019 tentang Standar Teknik Pemenuhan Mutu Pelayanan Dasar Pada Standar Pelayanan Minimal Bidang Kesehatan  
PMK No. 21/2020 tentang Renstra Kemenkes 2020-2024  
PMK 25/2015 tentang Rencana Aksi Nasional (RAN) Kesehatan Lansia 2015-2019  
Rencana Aksi Nasional Kesehatan Lansia 2020-2024 telah olungchring Menteri Kesehatan th 2020

**Presidential Regulation No. 88 of 2021 the National Strategy for Aging Society**

Strategy 1 - Improved social protection, income security and individual capacity

Strategy 2 - Improving health status and quality of life of the elderly

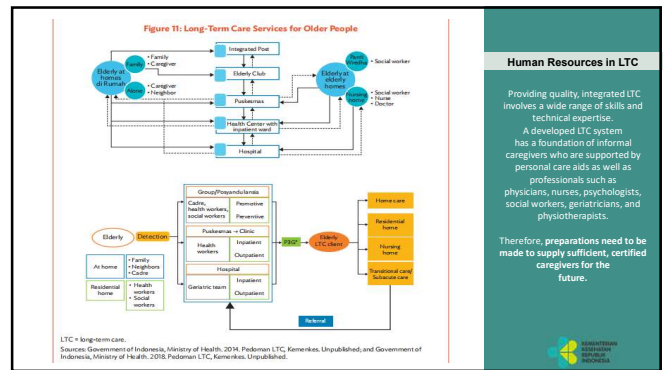
Strategy 3 - Development of Age-friendly communities and environments

Strategy 4 - Institutional strengthening of the Humanity program implementers

Strategy 5 - Respect, protection and fulfillment of the rights of the Elderly

**Indicator**

1. Improve nutritional status and healthy lifestyle
2. Expanding health services for the elderly
3. Reducing the morbidity rate of the elderly
4. Expand the coverage of long-term care for the elderly



## CAREGIVER

A person who has completed education or training to provide assistance to the elderly who are unable to care for themselves, either partially or completely due to physical and / or mental limitations.

### FORMAL ELDERLY CAREGIVER

A person who has a certificate of competence to provide assistance to the elderly who are unable to care for themselves, either partially or completely due to physical and / or mental limitations.

**Regulation and Consideration**

**Indonesian National Working Competency Standard (SKNN)** Ministry of Labor Decree no 28/2021 about the Determination of Indonesian National Work Competency Standards for Categories of Human Health Activities and Social Activities Main Groups of Human Health Activities in the Elderly Caregiver

**2021**

**Current Status**

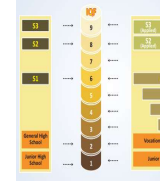
- Competency standards have been developed for SKNN 3 and SKNN 4

**About SKNN 3**

- Requirements: SMK (Vocational High School) Graduates; Completion training of level 3 caregiver; and 3 month training/internship in elderly home

**About SKNN 4**

- Requirements: certificate of caregiver level 3 and work experience 2 years or Diploma 2 graduated; 3 month training/internship in elderly home; and completion training of level 4.



Presidential Regulation No. 8 of 2012 about Indonesia National Qualification Framework

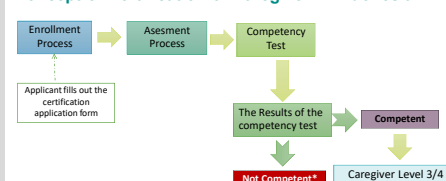
## Requirements of Level 3

- Have a minimum of a high school diploma/equivalent.
- Have a junior elderly caregiver training certificate from an accredited training institution.
- Have a certificate of internship in an elderly home for 3 months

## Requirements of Level 4

- Have a valid Junior caregiver competency certificate and have work experience as a Junior caregiver for at least 2 consecutive years (10, or).
- Have a Diploma 2 Caregiver education diploma and have a certificate of internship / practical work in a nursing home for 3 months;
- Have a Senior Elderly Caregiver training certificate from an accredited training institution.

### Concept of Certification of Caregiver in Indonesia



**Note:** \*Assistants who Not Competent by the competency assessor are advised to take the re-competency test.

### Concept of Re-Certification

- 3 months before certification expires, must apply for recertification/RCC (Recognize of Current Competency) to LSP Health by attaching recertification requirements.
- The requirements for recertification/RCC are the same as the initial certification requirements.

## Competency Standard of Caregiver

Indonesian National Working Competency Standard (SKKNI)  
Ministry of Labor Decree no 28/2021

Competency Standards in the field of elderly caregivers is description of **the abilities needed to perform assistance to the elderly based on knowledge, skills and minimum work attitudes** that must be possessed by the caregiver to perform their job or duties or occupy certain positions that apply nationally.

*Currently the competency standard based on SKKNI Ministry of Labor Decree no 28/2021 haven't yet implemented in curriculum of caregiver training*

## The way forward

1. Standardize curriculum of training and education based on SKKNI Ministry of Labor Decree no 28/2021
2. Developing certification scheme of caregiver to ensure caregiver work competence
3. Support certification of caregiver as one of the requirements to work as a caregiver both domestically and abroad.
4. Technical assistance from Japan to develop training, education and certification of caregiver in Indonesia

