

## 第7章 本格調査の基本方針

### 7-1 調査の目的

マラウイ国の要請に基づき、同国の乳幼児及び妊娠可能年齢の女性を主たる対象にして、保健サービス改善に資するため2007年を目標年次とするプライマリー・ヘルスケア（PHC）の強化に係るマスタープラン（M/P）を策定する。

具体的には、

- (1) マラウイの保健医療の現状を把握し、問題点を明らかにし、M/Pを策定する。
- (2) M/Pの中から選定された優先プログラムについて行動計画を策定する。
- (3) 本件調査を通じ、マラウイ国側カウンターパートに対して調査手法、参加型計画手法その他必要な技術移転を行う。

### 7-2 調査対象地域

マラウイ国全土を対象とする。

### 7-3 基本方針

- (1) 本件調査は、次の2つのサイクルに分け実施する。

第1サイクル：中部地域を対象としたPHC強化に係るM/Pの策定

サリマ県（JICA公衆衛生プロジェクトモデル地区）を中心に実態調査し、中部地域におけるPHC強化に係るM/Pを策定する。また、M/Pの中から優先プログラム・プロジェクトを選定し、行動計画を策定する。

第2サイクル：全国を対象としたPHC強化に係るM/P策定

北部・南部地域よりそれぞれ1県を調査重点地域として、中心的に実態調査し、第1サイクルの結果と合わせ、全国を対象としたPHC強化に係るM/Pを策定する。また、M/Pの中から優先プログラム・プロジェクトを選定し、行動計画を策定する。なお、第2サイクルで選定する北部・南部地域の重点調査対象については、他ドナーが実施する調査と重複がないよう留意し、第1サイクル終了時まで選定する。

- (2) 計画策定に際しては、現在保健省が策定中である「国家保健開発戦略計画（Vision 2007）」の内容と進捗状況を見据え整合性を保ちつつ、限られたヘルスセクター資源（財務、人材、施設機材、技術）の適正配分と有効活用を念頭に置き、効率的かつ持続可能なシステムを構

築する。

(3) 実態調査及び計画策定内容については、マラウイ国における5歳未満小児の死亡原因の大部分が感染症と栄養障害であることから、これらの発生率、有病率を低下させる視点からの調査を実施し、改善するための方策についても検討する。

(4) マラウイ国の保健医療分野を中心に支援を実施している各ドナーに対し、ドナー会議等の機会を利用して本件調査の内容を説明する。また、本件調査に関連するドナーと協議を行い、各ドナーの援助の内容・動向を把握する。特に、アフリカ開発銀行（A I D B）は、本件調査第1サイクルの重点調査地区であるサリマ県を含む5県において、プレインベストメント保健調査を実施予定（1998年10月～1999年10月）であり、調査内容の重複を避け協力体制を築くため、十分に意見・情報交換を図る。

(5) 本件調査全般に関し、現在実施中のプロジェクト方式技術協力であるJICA公衆衛生プロジェクトと十分に意見・情報交換を図り、相互に連携を保ちながら実施する。

#### 7-4 調査項目

第1サイクル 中部地域におけるプライマリー・ヘルスケア（PHC）強化に係るM/Pの策定  
実態調査においては、サリマ県を中心に行う。

- 1) 既存関連資料・情報の収集・分析
- 2) 保健医療供給状況調査
- 3) 保健医療需要（地域住民）状況調査
- 4) 保健関連社会インフラ
- 5) 栄養状況調査
- 6) 主要疾患の疫学調査
- 7) 現状把握・評価及び課題・制約要因の抽出・分析
- 8) 中部地域 PHC 強化に係るM/Pの基本戦略策定
- 9) 中部地域 PHC 強化に係るM/Pの策定
- 10) 優先プログラム・プロジェクトの選定及び概算事業費積算
- 11) 優先プログラム・プロジェクトの評価
- 12) 優先プログラム・プロジェクトの実施計画策定
- 13) パイロット・スタディ（案）の検討



- 3) 保健開発計画／制度・組織・人材・医療サービス供給システム
- 4) 経済／財務
- 5) 疾病管理／治療計画
- 6) 地域保健・PHC活動計画／環境衛生
- 7) 住民参加／ジェンダー・WID
- 8) 社会医学／医療人類学
- 9) 医療施設／機材整備・維持管理

#### 7-7 調査実施体制

カウンターパート機関は、保健人口省である。しかし、プライマリー・ヘルスケアに係るM/Pは安全な水へのアクセスや栄養改善など多岐の分野を包括的に検討したうえで策定されるべきものであり、本件調査のスムーズな実施をサポートするため、並びに、策定されたM/Pが関係機関の協力を得た実効力のある計画とするため、関係機関からなるステアリング・コミティを組織する。

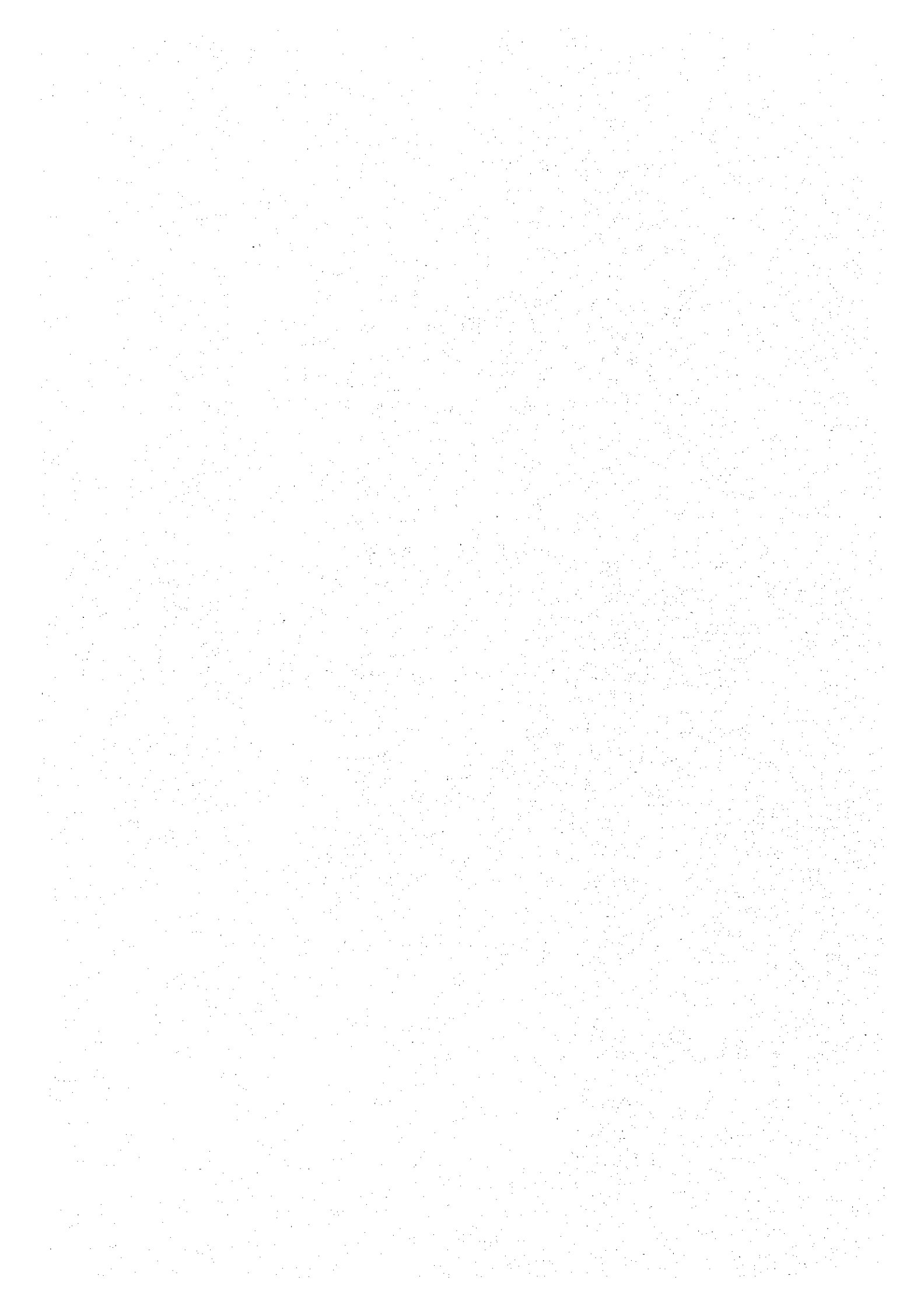
## 協議関係資料

資料1 TOR

資料2 S/W

資料3 M/M

資料4 主要面談者リスト



資料1 TOR

Telegrams: MUMBO, Lilongwe  
Telephone: Lilongwe 733 044  
Fax: 733 109

Communications should be addressed to:  
The Secretary for Health and Population

PC-030 3/3/4



In reply please quote No. \_\_\_\_\_

MINISTRY OF HEALTH AND POPULATION  
P.O. BOX 30377  
CAPITAL CITY  
LILONGWE  
MALAWI

Ref. No. PER/2/17

23rd April, 1996

The Resident Representative  
P O Box 30321  
Capital City  
LILONGWE 3.

Dear Sir,

DEVELOPMENT STUDY ON THE IMPROVEMENT  
OF HEALTH SERVICES

I only received your letter Ref. JICA 489/04/96 yesterday. I tried to phone but I think your phones are out of order.

I have enclosed the information you wanted. I hope you are still able to process it.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Dr W O O Sangala', written over a horizontal line.

Dr W O O Sangala  
CHIEF OF HEALTH SERVICES  
SECRETARY FOR HEALTH AND POPULATION

for

TECHNICAL COOPERATION  
BY THE GOVERNMENT OF JAPAN

APPLICATION

By the Government of the Republic of Malawi for a Development Study on  
*"Improvement Of Health Services Through Strengthening Of Primary Health Care,  
Community-based Activities And Clinics For Children Under Five Years of Age"* to the  
Government of Japan.

1. Project digest

Background of the Study

Malawi is a southeastern African country with a population of 12 million (1995 estimate) in a area of 118,484 square kilometres. It has a youthful and rapidly increasing population. Half of the population is under 15 years of age and the rate of population increase is estimated to be 3.2% per year. The country is divided into three regions and 24 districts. The administration consists of the central government level, local government, and traditional authorities. Many decisions are made at central government level.

The country is one of the least developed countries with a GNP per capita estimated at US\$230 in 1991<sup>1</sup>. In the *Situation Analysis of Poverty in Malawi, 1993*, document, it was estimated that 60 percent of the rural population and 65 percent of the urban population was living below the poverty line. Poverty was defined as the inability "to meet nutritional requirements and essential non-food needs equivalent to US\$40 per capita per annum".

In 1987, it was estimated that 61 percent of the adult population was illiterate. With an illiteracy rate of 71%, females were significantly more illiterate than males who had an illiteracy rate of 52%. The major contributing factors have been limited access to education and the low quality of available education. Socio-cultural norms have tended to favor the education of boys rather than girls. Since September, 1994, primary school has been made more accessible with the removal of fees and uniform requirements.

The majority of rural families have little land on which they can grow food. More than 50% of rural households cultivate less than 1 hectare of land. They also have little access to agricultural inputs and technology which could result in adequate output. This situation results in food insecurity at household level and malnutrition in the population. The contribution of malnutrition to ill health is discussed below. In addition to poor prospects in the agricultural setting, there are few prospects for formal sector employment.

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<sup>1</sup> *Situation of Poverty in Malawi, 1993.*



The health system is a tiered system of central hospitals, district and mission hospitals, health centres, as well as community out-reach clinics. Government health services are provided through 3 central hospitals, 1 mental hospital, 24 district hospitals and 400 health centres. Mission hospitals account for 40% of the hospital beds, but only 16% of the patients use the facilities. 80% of the population is estimated to have access to health facilities. While there is an extensive system of health services, the country has some of the worst health indicators in the world (table 1). It may be that the quality of health services is poor. This is borne out by the shortage of professional staff and inadequate supplies.

In order to meet the health needs of the rural communities the Ministry of Health and Population is increasing investment and expenditure in rural health services through health centres and the training of health surveillance assistants who can bridge the gap between communities and health centres.

A seemingly large investment in the health sector has not had the expected impact on the health indicators<sup>2</sup> and well being. Many national surveys on health, nutrition and social well-being have been conducted but it has not been possible to disaggregate the data to district level. A *development study* would be an important way to begin to address the need for concrete data at sub regional level to understand what the constraints to improved health are and to design appropriate interventions and services. The JICA-CHSU may provide an entry point for the *development study* as they have expertise in the collection and assessment of health information at district level within the country.

The *development study* would be assist the Ministry of Health and population to design, develop and undertake interventions that improve the health status of the population. The Ministry of Health and Population thus strongly supports JICA investment to undertake a development study.

Table 1. Health Indicators for Malawi.

Infant Mortality Rate	135 per 1000 live births
Child Mortality Rate	234 per 1000 live births
Maternal Mortality Rate	620 per 100,000 live births
Fertility Rate	6.7
Life expectancy	47 years
Crude Birth Rate	41.2 per 1000 population
Crude Death Rate	14.1 per 1000 population
Contraceptive Prevalence Rate	7.0%

<sup>2</sup> 1993 Aide-memoire of A World Bank Mission to Malawi.

In 1992, a total of 8,649,811 out-patients were seen at health facilities. This is out of an estimated population of 9,344,561 people. A breakdown of the data shows that of these out-patients, 3,054,127 were children under five years of age even though this group was only 1,826,490 people. Ten leading causes of out-patient attendance are provided in table 2.

Not apparent in table 2 is that malnutrition underlies most of the morbidity as a significant proportion of the population is malnourished in terms of food and micronutrient intake. Another factor is the contribution of human immunodeficiency virus (HIV) to morbidity. Based on 1994 sero-prevalence data, about 12% of the sexually active population, between the ages of 19 and 49 years, is infected with HIV.

The leading causes of morbidity, table 2, are preventable. While 50% of the population is below the age of 20 years, 43% of the total population is made up of children under five years of age and women of child bearing age. These groups are vulnerable to many causes of morbidity and mortality, including malaria, diarrhoeal disease, nutritional deficiencies, respiratory infections, measles and pregnancy related ones. Table 3 shows the leading causes of hospital admission.

Table 2. Ten leading causes of out-patient attendance in 1992<sup>3</sup>.

Diagnosis	Number of patients	Rank	Rate per 1000 people
Malaria	3269485	1	350
Upper respiratory infections	1156522	2	124
Other diarrhoeal diseases	555394	3	59
Abdominal conditions	470292	4	50
Other conditions of the skin	335046	5	36
Diseases of the Eye	325300	6	35
Traumatic Conditions 外伤	287646	7	31
Other Lower Respiratory Infection	281510	8	30
Pneumonia 肺炎	211055	9	23
Musculo/Skeletal	198611	10	21

<sup>3</sup> Health Information System (HIS), Ministry of Health and Population (MOH&P), 1992.

Table 3. Ten leading causes of in-patient admissions in 1990<sup>4</sup>.

Diagnosis	Number	Rank	Percent (%)
Other Malaria <sup>5</sup>	49489	1	14
Pneumonia	24262	2	7
Other diarrhoeal diseases	19447	3	5
Complications of pregnancy and childbirth	18876	4	5
Anaemia	18194	5	5
Measles	11988	6	3
Abortion	11909	7	3
Other nutritional deficiencies	10933	8	3
TB of the respiratory system	8933	9	3
Cerebral malaria	8160	10	2
Total admissions	357166		100

As with out-patients, malaria, respiratory infection, and diarrhoeal disease are the leading causes of admission into hospital. It is estimated that at least a third of all adult admissions are due to AIDS. Malaria, nutritional deficiencies and respiratory infections also account for most of the mortality of under-five children<sup>6</sup>.

The leading causes of infant and child mortality are malaria, acute respiratory infections and diarrhoeal diseases. Among adults, AIDS and associated infections are becoming a significant cause of mortality.

Many interrelated factors contribute to the high morbidity and mortality of vulnerable groups and including;

Late diagnosis and treatment of diseases.

<sup>4</sup> HIS, MOH&P, 1990.

<sup>5</sup> Delivery without complications is the leading cause of admission at 20% of all admissions but is not considered a disease.

<sup>6</sup> HIS, MOH&P, 1990.

Poor accessibility to health services

Lack of education concerning and poor practices relating to child health and family planning.

Other areas nominally outside the health sector such as educational level, water supply, and sanitation have a tremendous impact on healthy behaviour and health status. Specific priority areas in health are discussed below.

### Malaria

There was a 43% increase in the number of hospital admissions due to malaria between 1985 and 1988<sup>7</sup>. Malaria and resultant anaemia accounted for 31% of all under-five in-patient deaths. Increased parasite resistance to chloroquine may have contributed to this. The change in the first line treatment for malaria from chloroquine to sulfadoxine-pyrimethamine may have begun to improve the situation.

### Acute respiratory infection

Acute respiratory infections, especially pneumonia, have a high case fatality rate among children under five years of age. Criteria for diagnosis of pneumonia is simple and management of cases can be achieved at the community level with safely administered cotrimoxazole. Success of community-based distribution of cotrimoxazole is vital as care givers cannot walk long distances for the treatment of severely ill children.

### Diarrhoea

Diarrhoea continues to be a major problem especially in children. The objective of CDD Program is to provide correct case management through extensive use of oral rehydration therapy. Community based activities should encourage family members to give early treatment at home to children with diarrhoea. How well the programme is remains to be evaluated.

### HIV/AIDS

Infection with HIV/AIDS continues to increase. Recent data suggest that 12% of the sexually active population has HIV infection. The epidemic is beginning to reverse some of the public health gains made so far. There is a need to increase public awareness and engender behavioural change resulting in a reduction in HIV transmission.

### Tuberculosis

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<sup>7</sup> HIS, MOH&P, 1990.

Since 1985, the number of new tuberculosis cases has increased from about 5000 cases per year to 16,000 in 1994. A large proportion of hospital beds are taken up by TB cases. The increase in TB can be attributed to the HIV/AIDS epidemic. The cure rate of smear positive cases is only 60 - 70%. Much needs to be done to control the situation.

### Family planning

With a contraceptive prevalence rate of only 7%, family planning needs promotion. The fact that uncomplicated delivery is the leading cause of hospital admission and abortion is the seventh leading cause of admission suggests that an untapped demand for contraception and family planning exists. The high fertility rate has an influence on child morbidity as too many children, too often makes it extremely difficult for women to care for the children as well as to provide for them. It also makes it difficult for women to care for their own health.

(1) Project Title:

Development Study of the health sector with a view to *improving health services through Primary Health Care, community-based activities and clinics for children under five years of age.*

(2). Location: Country-wide and in model district to be selected.

(3) -1 The Ministry of Health and Population will be the Agency responsible for the Study.

(3) -2 The Executing Agency will also be the Ministry of Health and Population.

(4) Justification of the Project

The entire population, especially women of child-bearing age and under-five children will benefit from the project. A *development study* is needed to determine constraints and problems within the health sector. Data collected during the *development study* may be useful in preparation of the next ten-year health plan and will be incorporated into the national statement of development policies.

(5) The *development study* should begin as soon as possible. The current national health plan ends in December, 1995. A health policy framework has been written to guide the production of the next national health plan during 1996. The Ministry of Health and Population considers the *development study* an priority undertaking whose findings will assist in planning health services.

(6) While there is no other funding is available for a *development study*, other donors such as British ODA, CIDA, EU, German Government, JICA, Unicef, USAID, WHO, and World Bank have been supporting activities in the health sector.

*Devstudy*

- (7) No other projects similar to the *development study* have been requested or are on-going.

2. Terms of Reference for the proposed Study

(1) Justification of the Study

The goal of the Ministry of Health & Population is to raise the level of health through a sound service delivery system. The system should promote health, prevent, reduce and cure diseases. Towards this goal, a system for preventive health and curative services is in place. While impressive public health gains have been made in terms of facilities and immunization coverage, health indicators remain some of the worst in the world. A *development study* is needed for a situation analysis of the health sector.

Information and data collected during the *development study* will be used in drawing up the next ten-year plan for health and will be incorporated into the national statement of development policies, DEVPOL.

(2) Objective of the Study

The objectives of the *development study* are to;

- provide a situation analysis of the health sector, including provision of health services, constraints and problems,
- make recommendations for new approaches and strategies for health care provision,
- ~~draw up a plan for strengthening Primary Health Care through a referral network of under-five clinics~~
- develop a comprehensive package for disease control that encompasses, malaria, diarrhoeal disease, acute respiratory infections, HIV/AIDS, tuberculosis, schistosomiasis, sanitation and water supply
- develop strategies for improving reproductive health and increasing the uptake of family planning services
- develop a plan for training health workers in public health and social mobilization
- recommend activities and interventions to be undertaken in a model area or district, to increase child survival and improve health status.

(3) Study Area

- Situation analysis and plan: Country-wide.
- Feasibility study and pilot activities: A model area or district to be selected.

(4) Scope of the Study

- Preparatory Study for basic data collection.
- Field Study for more data collection for preparation of Study report.
- Submission of Final Report.

(6) Study Schedule

The Preparatory Study should begin as soon as all the requirements are met.

(7) No other relevant information is currently available.

3. Undertakings of the Government of the Republic of Malawi

In order to facilitate the smooth and efficient conduct of the Study, the Government of the Republic of Malawi shall take the necessary measures:

- (1) To secure safety of the Study team.
- (2) To permit the members of the Study team to enter, leave sojourn in the Republic of Malawi in connection with their assignment therein, and exempt them from alien registration requirements and consular fees,
- (3) To exempt the Study team from taxes, duties and any other charges on equipment, machinery and other materials brought into and out of the Republic of Malawi for the conduct of the Study,
- (4) To exempt the Study team from income tax and charges of any kind imposed on or in connection with emoluments or allowances paid to the members of the Study team for their services in connection with the implementation of the Study,
- (5) To provide necessary facilities to the Study team for remittance as well as utilization of the funds introduced in the Republic of Malawi from Japan in connection with the implementation of the Study,
- (6) To secure permission for entry into private properties or restricted areas for the conduct of the Study.

*Devstudy*

- (7) To secure permission for the Study team to take all data, documents and necessary materials related to the Study out of the Republic of Malawi to Japan, and
- (8) To provide medical services as needed. its expenses will be chargeable to members of the Study team.

4. The Government of the Republic of Malawi shall bear claims, if any arise against member(s) of the Japanese Study team resulting from, occurring in the course of or otherwise connected with the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Study team.

5. The Ministry of Health and Population shall act as a counterpart agency to the Japanese Study team and also as a coordinating body in relation with other Governmental and non-Governmental organizations concerned for the smooth implementation of the Study.

The Government of the Republic of Malawi assures that the matters referred to in this form will be ensured for the smooth conduct of the Development Study by the Japanese Study Team.

Signed : \_\_\_\_\_

Title : \_\_\_\_\_

On behalf of the Government of : The Republic of Malawi

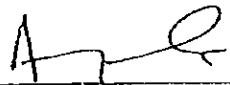
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SCOPE OF WORK  
FOR  
MASTER PLAN STUDY  
ON  
STRENGTHENING PRIMARY HEALTH CARE SERVICES  
IN  
THE REPUBLIC OF MALAWI

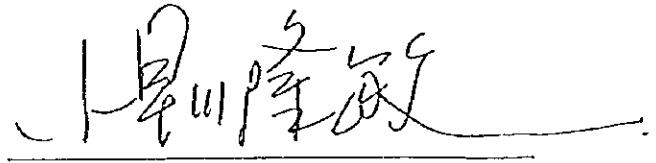
AGREED UPON BETWEEN  
THE MINISTRY OF HEALTH AND POPULATION  
AND  
THE JAPAN INTERNATIONAL COOPERATION AGENCY

Lilongwe, 21 January 1998



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Dr. W. O. O. Sangala  
Principal Secretary,  
Ministry of Health and Population



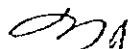
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Prof. Dr. Takatoshi KOBAYAKAWA  
Leader, Preparatory Study Team,  
Japan International Cooperation Agency (JICA)



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Mr. J. C. T. Nthani  
Deputy Secretary (Bilateral),  
Ministry of Finance



## I. INTRODUCTION

In response to the official request of the Government of the Republic of Malawi (hereinafter referred to as "the Government of Malawi"), the Government of Japan has decided to conduct the Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study") in accordance with the relevant laws and regulations in force in Japan.

Accordingly, the Japan International Cooperation Agency (hereinafter referred to as "JICA"), the official agency responsible for the implementation of the technical cooperation programs of the Government of Japan, will undertake the Study in close cooperation with the authorities concerned of the Government of Malawi.

The present document sets forth the Scope of Work with regard to the study.

## II. OBJECTIVES OF THE STUDY

The overall goal of the Study is to strengthen the primary health care activities to be attributable for the improvement of health services in Malawi in accordance with the Malawi's health policy framework.

The specific objectives of the Study are:

- (1) to identify the existing issues on health services in Malawi through the investigation of the present health service situation,
- (2) to advise the Government of Malawi necessary actions for the strengthening of primary health care services with final formulation of the Master Plan,
- (3) to conduct technology transfer of the investigation methods including Project Cycle Management to Malawi counterpart personnel throughout the Study.

## III. STUDY AREA

The Study will cover the whole area of the country.

## IV. SCOPE OF THE STUDY

In order to achieve the objectives mentioned above, the Study will cover the following items.

### Phase I. Basic Study

#### 1. Collection and review of existing data and documents on;

- (1) general issues; (a) socio-economic conditions, (b) national plans and policies on social and economic development
- (2) health service delivery
- (3) health service demands
- (4) health related information
- (5) development of PHC programs
- (6) health manpower development
- (7) health management information system

2. Preparatory study on district hospitals in the targeted areas
  - (1) health and medical organization, administration, policy and decentralization in district level
  - (2) health management information system in district hospital
  - (3) health facilities and equipment in district hospital
  - (4) present situation and its achievement of PHC activities
  - (5) present condition of health management information system and preparatory survey for possible introduction of GIS

Phase II. Evaluation and identification on present health problems

1. Investigation of present conditions on health service delivery
  - (1) administration, management, financial situation in health centers and its utilization by the community
  - (2) condition of facilities and equipment in health centers
  - (3) present condition of health manpower development
  - (4) medical equipment supply system
  - (5) disease prevention system
  - (6) case management
  - (7) referral system
  - (8) logistics for drugs and medical supplies
  - (9) knowledge, attitudes and practices towards health and health services of health providers (KAP survey)
  - (10) health information system
  - (11) social infrastructures
2. Investigation of present conditions on health service demands
  - (1) social condition
  - (2) household economy
  - (3) food and nutritional status
  - (4) life style and gender analysis
  - (5) knowledge, attitudes and practices towards health and health services of targeted populace (KAP survey)
  - (6) community participation
  - (7) sociological and medical anthropological survey
3. Assessment and analysis of the investigation results
4. Assessment of current health status and issues influencing health status and identification of problems to be solved
  - Horizontal issues to be assessed include:
    - (1) demography
    - (2) case management
    - (3) clinical laboratory system
    - (4) disease prevention system including EPI
    - (5) referral system and logistics for medical supplies and equipment
    - (6) health manpower development
    - (7) health management information system
    - (8) health education and community participation
    - (9) health related issues in other sectors

- Vertical issues to be assessed include;
  - (1) infectious diseases including EPI related diseases
  - (2) malaria and other infectious diseases of endemic importance
  - (3) reproductive health
  - (4) malnutrition
  - (5) HIV infection

5. Setting the socio-economic framework for Master Plan

Phase III. Formulation of basic strategies and Master Plan with prioritization for the strengthening of primary health care services

1. Supplementary data collection and field surveys for the formulation of Master Plan

2. Setting priority program to formulate Master Plan

- (1) Basic strategies for the strengthening of health service delivery system
- (2) Approach for PHC program
- (3) Formulation of Master Plan for the strengthening of primary health care services
  - a. Health administration and legal framework
  - b. Health financing
  - c. Health facilities and equipment
  - d. Health manpower development
  - e. Drug and vaccine supply system
  - f. Referral system
  - g. Disease prevention program
  - h. Health and sanitary education
  - i. Safe water supply and sanitation
  - j. Health management information system

(4) Cost estimation and evaluation of the Master Plan

(5) Formulation of stage-wise implementation plan

3. Identification and formulation of priority program

4. Evaluation of the priority program

- (1) Evaluation of social impact
- (2) Economic and financial evaluation
- (3) Evaluation for PHC components
  - a. appropriate technology
  - b. community participation
  - c. usage of locally available resources
- (4) Operation and management
- (5) Intersectoral collaboration

V. WORK SCHEDULE

The Study will be conducted in accordance with the tentative work schedule attached in Appendix.

## VI. REPORTS

JICA will prepare and submit the following reports in English to the Government of Malawi.

1. Inception Report :  
Twenty (20) copies at the commencement of the first work in Malawi.
2. Progress Report (1) :  
Twenty (20) copies at the end of the first work in Malawi.
3. Interim Report :  
Twenty (20) copies within one (1) month after the commencement of the second work in Malawi.
4. Progress Report (2) :  
Twenty (20) copies at the commencement of the third work in Malawi.
5. Progress Report (3) :  
Twenty (20) copies at the end of the third work in Malawi.
6. Draft Final Report :  
Thirty (30) copies at the commencement of the fourth work in Malawi.  
The Government of Malawi will submit its comments to JICA within one (1) month after receipt of the Draft Final Report.
7. Final Report :  
Fifty (50) copies within one (1) months after receipt of the comments on the Draft Final Report.

## VII. UNDERTAKING OF THE GOVERNMENT OF MALAWI

1. To facilitate the smooth conduct of the Study, the Government of Malawi will take the following necessary measures:
  - (1) To secure the safety of the Japanese study team (hereinafter referred to as "the Team"),
  - (2) To permit the members of the Team to enter, leave and sojourn in Malawi for the duration of their assignment therein, and exempt them from foreign registration requirements and consular fees,
  - (3) To exempt the members of the Team from taxes, duties, fees and any other charges on equipment, machinery and other materials brought into Malawi for the conduct of the Study,
  - (4) To exempt the members of the Team from income tax and charges of any kind imposed on or in connection with any emoluments or allowances paid to the members of the Team for their services in connection with the implementation of the Study,

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- (5) To provide necessary facilities to the Team for remittance as well as utilization of the funds introduced into Malawi from Japan in connection with the implementation of the Study;
  - (6) To secure permission for the Team to enter into private properties or restricted areas for the implementation of the Study;
  - (7) To secure permission for the Team to take all data and documents (including photographs and maps) related to the Study out of Malawi to Japan, and
  - (8) To provide medical services as needed. Its expenses will be chargeable on the members of the Team.
2. The Government of Malawi shall bear claims, if any arise, against the members of the Team resulting from, occurring in the course of, or otherwise connected with, the discharge of their duties in the implementation of the Study, except when such claims arise from gross negligence or willful misconduct on the part of the member of the Team.
  3. For the smooth implementation of the Study, the Ministry of Health and Population shall act as a counterpart agency to the Team and also as a coordinating body in relation with other governmental and non-governmental organizations concerned.
  4. The Ministry of Health and Population shall, at its own expense, provide the Team with the following, in cooperation with other organizations concerned:
    - (1) available data and information related to the Study,
    - (2) counterpart personnel,
    - (3) suitable office space with necessary equipment and furniture,
    - (4) credentials or identification cards, and
    - (5) appropriate number of vehicles with drivers.


#### VIII. UNDERTAKINGS OF JICA

For the implementation of the Study, JICA shall take the following measures:

1. to dispatch, at its own expense, the Team to Malawi, and
2. to pursue technology transfer to the counterpart personnel in the course of the Study.

#### IX. CONSULTATION

JICA and the Ministry of Health and Population shall consult with each other in respect of any matter that may arise from or in connection with the Study.



APPENDIX

Master Plan Study on  
Strengthening Primary Health Care Services  
in the Republic of Malawi

TENTATIVE SCHEDULE

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
DESCRIPTION																			
WORK IN MALAWI	■	■	■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■
WORK IN JAPAN	□			□	□														□
STUDY CYCLE	← First Cycle for Central Region →										← Second Cycle for Whole Country →								
REPORT PRESENTATION	▲			▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲
	IC/R			P/R(1)	P/R(1)	IT/R	IT/R	IT/R	IT/R	IT/R	P/R(2)	P/R(2)	P/R(2)	P/R(2)	P/R(3)	P/R(3)	DF/R	DF/R	F/R

NOTE  
 IC/R : Inception Report  
 P/R : Progress Report  
 IT/R : Interim Report  
 DF/R : Draft Final Report  
 F/R : Final Report

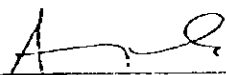
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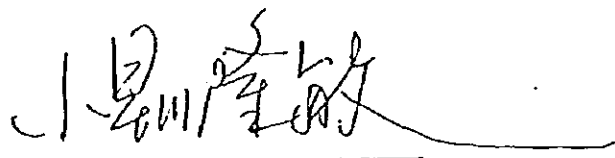
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MINUTES OF MEETINGS  
ON  
SCOPE OF WORK  
FOR  
MASTER PLAN STUDY  
ON  
STRENGTHENING PRIMARY HEALTH CARE SERVICES  
IN  
THE REPUBLIC OF MALAWI  
  
AGREED UPON BETWEEN  
THE MINISTRY OF HEALTH AND POPULATION  
AND  
THE JAPAN INTERNATIONAL COOPERATION AGENCY

Lilongwe, 21 January 1998

  
\_\_\_\_\_  
Dr. W. O. O. Sangala  
Principal Secretary,  
Ministry of Health and Population

  
\_\_\_\_\_  
Prof. Dr. Takatoshi KOBAYAKAWA  
Leader of the Preparatory Study Team  
Japan International Cooperation  
Agency (JICA)

  
\_\_\_\_\_  
Mr. J. C. T. Nthani  
Deputy Secretary (Bilateral)  
Ministry of Finance



## 1. Introduction

In response to the request of the Government of the Republic of Malawi (hereinafter referred to as "the Government of Malawi"), the Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Preparatory Study Team (hereinafter referred to as "the Team") headed by Prof. Dr. Takatoshi KOBAYAKAWA to Malawi from January 10 to February 1, 1998 in order to discuss the Scope of Work (hereinafter referred to as "S/W") for Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi (hereinafter referred to as "the Study").

The Team held a series of discussions with the authorities concerned of the Ministry of Health and Population (hereinafter referred to as "MOHP") and other organizations. The Team also carried out field surveys of the study area.

The list of attendants for the discussion at MOHP is attached as an appendix.

The Minutes of Meetings has been prepared for the better understanding of the S/W agreed upon between MOHP and the Team on January 21, 1998, summarizing main points of the discussions made in the course of the preparation of the S/W.

## 2. Explanation of JICA's Program

The Team explained JICA's Development Study Scheme and MOHP understood it.

## 3. Title of The Study

Both sides agreed that the title of the Study would be "Master Plan Study on Strengthening Primary Health Care Services in the Republic of Malawi" as described in the S/W.

## 4. Relationship between the Study and Essential Health Package / National Health Plan

Both the Essential Health Package in Malawi Health Sector Strategic Plan (hereinafter referred to as "EHP") and the National Health Plan (hereinafter referred to as "NHP") for the ten (10) years to come are currently under preparation by MOHP. Both sides confirmed that the Study may propose programs/projects which would be implemented for the strengthening of primary health care services based on the framework of the NHP as well as EHP and that the Study could contribute to their development.

## 5. Target Year and Target Group

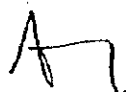
Both sides agreed that Master Plan (hereinafter referred to as "M/P") to be prepared from the Study would run up to the year 2007. Both sides also agreed that the target beneficiary group of the Study would be mainly under five (5) years children and women of child bearing age.

## 6. Study Area and Schedule

For the effective implementation of the in-depth study and smooth formulation of nation wide M/P, both sides agreed that the Study would be extensively conducted in the entire nation with base camps in three (3) districts, Salima, Mzimba and Zomba.

The Malawi side strongly proposed to divide the Study into two cycles so as to enable the timely initiation of implementation following the M/P which will be completed in the first cycle.

Both sides agreed to initiate the Study from the central region as the first cycle since



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JICA-CHSU project is currently being implemented with the same objective as the Study. It can be expected that the first cycle of the Study with previously accumulated experiences and information will facilitate the Study for the rest of regions in the second cycle.

Besides, both sides agreed that duration of the Study is subject to modification.

#### **7. Coordination with JICA-CHSU project, Other Ministries as well as Organizations**

The functional integration as well as coordination between the Study and JICA-CHSU project has been agreed.

Furthermore, the necessity of the coordination with other ministries such as the Ministry of Water Development, the Ministry of Education, the Ministry of Women, Youth and Community Service for the smooth implementation of the Study was explained by the Team. It was also suggested to establish a steering committee for the coordination. MOHP agreed to facilitate the establishment of the steering committee by the commencement of the Study.

In addition, the coordination with other donors and NGOs would also be required during the implementation of the Study.

#### **8. Undertakings of the Government of Malawi**

- (1) It was confirmed that MOHP would secure the full support and participation of organizations concerned in the course of the Study.
- (2) The Team requested the assignment of the appropriate number of counterpart personnel to the JICA Study Team by MOHP. MOHP, however, expressed difficulty in assigning full time counterpart personnel over the whole period of the Study time, which was well understood by the Team. Under such circumstances, the Malawi side, however, expressed their commitment to do everything possible for the successful completion of the Study.
- (3) MOHP explained that it would be difficult to provide vehicles for the Study as proposed. The Team understood the situation because of the budgetary constraints and promised to convey it to JICA H.Q. for consideration.
- (4) The Team requested the provision of the adequate office space with necessary equipment and furniture in Lilongwe as well as in the three (3) districts. MOHP indicated that all attempts would be made to provide office accommodation where required.

#### **9. Reports**

As for the Study reports, MOHP agreed to disseminate the reports widely in order to achieve maximum use of the Study results.

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ATTENDANT LIST Ministry of Health and Population

Dr. W. O. O. Sangala	Principal Secretary
Dr. C. Mwiyeriwa	Principal Secretary
Mr. D. Muva	Deputy Secretary
Mr. M. F. Magombo	Principal Environmental Health Officer
Mr. W. E. Limbe	Deputy PHC Coordinator
Mr. J. M. Nyasulu	Regional Health Officer
Mr. C. I. Daudi	National EPI Program Manager
Mr. H. R. Mbengo-mbewe	National PHC Coordinator
Mr. B. I. Banda	Logistics Officer
Ms. T. W. Banda	Senior Nutritionist
Mr. J. D. Manda	Controller of Health Planning Services
Dr. A. Phoya	Safe Motherhood Coordinator
Mr. G. B. Kadewere	Chief Pharmacist
Ms. L. D. Ng'oma	Controller of Nursing Services
Dr. W. Nkhoma	Controller of Preventive Health Services
Ms. J. Namasasu	Assistant Controller of Preventive Health Services (Family Planning Coordinator)
Mr. F. E. Chintolo	Office -in-charge
Mr. K. Nindi	Program Manager, Control of Diarrhea Disease
Mr. C. T. Sambakunsi	Statistician CHSU
Mr. A. M. J. Suwati	Program Manager of Human Trypanosomiasis
Dr. R. Mpazanje	Planner of Strategic Plans
Mr. Christon Moyo	Director of Population Health Services
Dr. Michael O'Carroll	Technical Advisor (EU)

 Ministry of Finance

Mr. J. Mhango	Senior Assistant Secretary
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 JICA Preparatory Study Team

Dr. T. Kobayakawa	Team Leader
Mr. K. Fujiya	Team Member (Cooperation Planning)
Mr. Y. Araki	Team Member (Study Planning)
Dr. Y. Takashima	Team Member (Community Health Activity and Mother and Child Health)
Dr. Y. Handa	Team Member (Public Health)
Mr. K. Yoshida	Team Member (Health Facility and Equipment)
Ms. M. Tanaka	Team Member (Health Institution and Health Service Supply System)

 JICA Malawi Office

Mr. R. Kojima	Deputy Resident Representative
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#### 資料4 主要面談者リスト

##### □ マラウイ側面談者

- 保健人口省 (Ministry of Health and Population)
  - Dr. W. O. O. Sangala Principal Secretary
  - Dr. C. Mwiyeriwa Principal Secretary
  - Mr. D. Muva Deputy Secretary
  - Mr. M. F. Magombo Principal Environmental Health Officer
  - Mr. W. E. Limbe Deputy PHC Coordinator
  - Mr. J. M. Nyasulu Regional Health Officer
  - Mr. C. I. Daudi National EPI Program Manager
  - Mr. H. R. Mbengo-mbewe National PHC Coordinator
  - Mr. B. I. Banda Logistics Officer
  - Ms. T. W. Banda Senior Nutritionist
  - Mr. J. D. Manda Controller of Health Planning Services
  - Dr. A. Phoya Safe Motherhood Coordinator
  - Mr. G. B. Kadewere Chief Pharmacist
  - Ms. L. D. Ng'oma Controller of Nursing Services
  - Dr. W. Nkhoma Controller of Preventive Health Services
  - Ms. J. Namasasu Assistant Controller of Preventive Health Services  
(Family Planning Coordinator)
  - Mr. F. E. Chintolo Office in-charge
  - Mr. K. Nindi Program Manager, Control of Diarrhea Disease
  - Mr. C. T. Sambakunsi Statistician CHSU
  - Mr. A. M. J. Suwati Program Manager of Human Trypanosomiasis
  - Dr. R. Mpazanje Planner of Strategic Plans
  - Mr. Christon Moyo Director of Population Health Services
  - Mr. S. L. Nginira Chief Human Resource
  - Dr. W. C. Chaziya Deputy Controller of Clinical Services
  - Mr. G. B. Kadewele Chief Pharmacist
  - Mr. Cecil J. Kamanga Principal Statistician, HIS
- 大蔵省 (Ministry of Finance)
  - Mr. J. C. T. Nthani Deputy Secretary (Bilateral)
  - Mr. J. Mokango Senior Assistant Secretary
- 建設省 (Ministry of Works)
  - Mr. K. Gundasi Chief Architect, Building Dept.

- 郵便通信省 (Post & Telecommunication Cooperation Regional Office)  
Mr. B. Masache                      Regional Chief Engineer
  
- ムジンバ県衛生部 (Muzimba)  
Dr. A. Z. Dunga                      District Health Officer  
Mr. L. J. Chiimfa                    Acting District Environment Officer  
Mr. E. M. Banda                    District Health Education Officer  
Ms. C. N. Lungu                    Community Health Nurse
  
- Chisakasa-Nyrenda モデル村 (ムジンバ県)  
Mr. Sazamuleke Mkhasji           Village Health Committee Chairman
  
- サリマ県衛生部 (Salima District Health Office)  
Mr. Charles Chiziwza              Acting District Health Officer  
Mr. Brian Mwale                    MCH Word  
Ms. Florance Bwanali              District Nurse Officer  
Mr. Bester Kawalala              District Environmental Health Officer
  
- Chinguluwe Health Center (サリマ県)  
Mr. B. Chogona                    Medical Assistant  
Mr. S. V. Chauluka                Health Assistant  
Mr. D. Kalaya                      Health Surveillance Assistant  
Mr. M. Muhiamba                Nutrition Attendant  
Ms. C. Banda                      Female Ward Attendant
  
- ソンバ県衛生部 (Zomba District Health Office)  
Dr. V. Mwapasa                    District Health Officer  
Ms. A. Chimwenje                District Matron  
Ms. T. T. Chipeta                Acting Chief Matron  
Mr E. Dembo                      Acting Environment Officer  
Ms. A. Chirwa                    Community Health Nurse.
  
- ソンバ中央病院 (Zomba Central Hospital)  
Dr. A. T. Muthamb                Acting Medical Superintendent
  
- Lambulira Health Center (ソンバ県)  
Mr. A. Bulgya                      Medical Assistant  
Mr. H. Makupe                    Health Surveillance Assistant
  
- マチンガ県衛生部 (Machinga District Health Office)  
Dr. Ibrahim Idana                District Health Officer

● マチンガ県病院 (Machinga District Hospital)  
Mr. P. Tomas Maintenance Supervisor (VSO- ボランティア)

● Mponela PHC センター (HSA 研修所)  
所長、職員

● Lilongwe Medical  
Dr. Masache Acting Principal

● Zomba Nursing School  
Ms. I. Chamargwara Principal  
Ms. R. Kumuwembe Deputy Principal

● 森林局 (Department of Forest)  
Mr. Iain T. Clark Information Management Officer (CIDA 専門家)

□ 援助機関、NGO など

● World Bank  
Mr. Solomon Ayalew Senior Health Specialist  
Dr. Frank Mwanbaghi NHP Program Officer

● WHO  
Dr. Teklemichael Resident Representative

● UNICEF  
Dr. Mohamed Cisse Head of Health Programme (Epidemiology - Public Health)  
Mr. Kabuka mwatama Banda Head of Water, Environment  
Mr. Jones C. Kamfose Assistant Supply Officer

● UNFPA  
Mr. Harvey T. Mwanza Assistant Representative

● UNDP  
Mr. Jockely G. Mbeye National Programme Officer

● アフリカ開発銀行  
Ms. Nina Ghambi The Project Coordinator, PIU

● EU  
Dr. Michael O'Carroll Technical Advisor (MOHP)







## 付 属 資 料

資料1 保健医療分野の援助機関プロジェクトリスト

資料2 保健医療分野のNGO一覧

資料3 調査票

資料4 収集資料リスト

資料5 参考資料リスト



資料1 保健医療分野の援助機関プロジェクトリスト

付属資料1 保健医療分野の援助動向の一覧

(注：施設・機材についての詳細は表6-5を参照)

	分野	内容	地域
世銀 (IDA)	<ul style="list-style-type: none"> <li>人口・保健・栄養分野の包括的セクタークレジット・プログラム (PHN) を実施中</li> <li>1990~2000年</li> </ul>	<ol style="list-style-type: none"> <li>HAS養成 (含：キット・自転車供与)</li> <li>人材養成 (TRM/T・人材養成計画策定、研修)</li> <li>デセントライゼーション (研修) 1~3 US\$ 611,311</li> <li>病院効率化 (中央病院の改修・機材・車両供与、研修)</li> <li>栄養：保健省、ブンダ大学、経済企画省、(微量栄養素、CHV研修、IEC、食糧供与、) US\$ 1,245,090</li> <li>PHC (研修、DRF、ヘルプ・設置、車両供与) US\$ 3,457,739</li> <li>マラリア対策 / ドラッグ・リパレング・ファンド (ケ-ス・マネジメント及び HIS 研修、薬剤・顕微鏡供与、蚊帳配付)</li> <li>エイズ対策プログラム (在宅) 推進、ラボ機材維持管理、テストキット供与、STD プログラム、調査)</li> <li>IEC (IEC 教材開発・作成、ラジオ) US\$ 536,600</li> <li>Civil Work (保健医療施設、学校、スタッフ用住居)</li> <li>WID US\$ 1,500,00</li> </ol>	全国
AfDB	<ul style="list-style-type: none"> <li>保健インフラ整備</li> <li>保健医療従事者養成学校建設</li> </ul>	<ul style="list-style-type: none"> <li>県病院の建築・改修</li> <li>ヘルスセンター建設</li> <li>保健医療従事者養成学校建設</li> <li>投資計画策定のための包括的調査を実施予定</li> </ul>	サリマ、ムチンジ、ンチシ、ンコタコタ、パロンベ県
EU	<ul style="list-style-type: none"> <li>中央政府への計画策定支援</li> <li>中央政府へのマネジメント強化</li> </ul>	<ul style="list-style-type: none"> <li>中央保健省における開発計画策定支援</li> <li>インフラ整備</li> <li>施設機材維持管理システム整備プロジェクト</li> <li>安全な母性</li> <li>看護教育</li> </ul>	全国
WHO	<ul style="list-style-type: none"> <li>保健・栄養のほとんどすべての分野</li> </ul>	<ol style="list-style-type: none"> <li>感染症及び寄生虫症対策支援</li> <li>エイズ対策支援</li> <li>PHC 活動支援</li> <li>EPI 支援</li> <li>医療従事者養成支援</li> </ol>	全国
UNICEF	<ul style="list-style-type: none"> <li>1997-2001 カントリーヘルス・プログラム</li> <li>ヘルスシステムのキャパシティ開発とエンパワメントを通じた女性と子供の健康向上</li> </ul>	<ol style="list-style-type: none"> <li>予防サービス及び健康な子供へのサービス強化</li> <li>病気の子供へのサービス強化</li> <li>リプロ・ヘルス及び母性サービス強化</li> <li>健康コミュニティの促進</li> <li>必須保健サービスの政策策定、マネジメント及び支援における能力開発</li> </ol>	全国 2,4,5についてはムジンバ県 カスング県 ムワンザ県 (上記3県につい

		このほかに水・衛生プログラムを実施	てべ・スライ・サ・ベ 実施済み)
UNFPA	1997-2001 カントリー プログラム： ・リプロ・ヘルス ・人口開発戦略支援 ・啓蒙	1. 人口政策の実現 2. 大学における人口研修・リサーチ強化 3. ジェンダー・人口・開発統合 4. 生涯教育支援 5. 1998年国勢調査実施支援 6. リプロ・ヘルス強化 7. 青少年のリプロ・ヘルス・イニシアティブ 8. 国家家族福祉協議会支援 9. 学校教育における人口教育 10. IEC 11. 家族の健康プロジェクト 12. 家族計画施設の向上 13. コミュニティ・ベースの人口教育 計 \$15.0 百万	全国
UNDP	1997-2001 カントリー プログラム： (保健及び栄養に関しては政策レベルで支援、 直接分野はなし)	1. 世帯食糧確保の推進 2. ガバナンス及び開発マネジメントにおけるキ ャパシティ・ビルディング US\$ 24,493,000 - 45,386,000	全国
WFP	・Vulnerable Group Feeding (VGF) Program ・1998-2002 カントリー ・プログラム	ヘルスセンター等における食糧供給  1. 栄養リハビリテーション・ユニットを通し ての食糧援助 (5歳未満の重篤な栄養障害 児を対象) 2. 学校給食 3. 世帯の食糧確保 4. 緊急食糧援助	全国  2 については 6 県でパイロッ ト・プログラ ムを実施。
USAID	出生率及び HIV 感染の 低下を目的として 家族計画サービス改善 (コミュニティ・ベース/コンド ム/STD)、STD/HIV/エ イズに関するサービス 改善	1. DHS: Demographic and Health Survey 2. COPE: Community-based Options for Protection and Empowerment 3. STAFH: Support to AIDS and Family Health 4. CHAPS: Community Health Partnerships 5. CS: Child Survival Program 6.	NGOs: ① Save the Children /US ② International Eye Foundation ③ Project Hope ④ Africare ⑤ Save the Children /UK
GTZ /KfW	・ディストリクト・ヘル スサービス・プロ ジェクト： (県レベルにおける 統合的ヘルスサー ビスの強化・改善)	1. ヘルスサービス・マネジメント強化 2. 保健情報システム強化・改善と利用 3. AIDS 予防対策と患者ケア 4. 疾病対策 (優先度の高い疾病：下痢、急性呼 吸器感染症、マラリア、栄養障害・ビタミン 欠乏症、住血吸虫症、性感染症、結核等) 5. 家族計画 (リプロ・ヘルス) 推進 6. 保健インフラ整備 (KfWによる) 70 Million Kwacha(マチンガ・ゾンバ県)	マチンガ県 (1992~2001) ゾンバ県 チティバ県 (1997~2001)

<p>GTZ / KfW (続き)</p>	<ul style="list-style-type: none"> <li>• 施設建設・機材供与</li> <li>• 施設・機材維持管理</li> <li>• その他</li> </ul>	<ol style="list-style-type: none"> <li>1. マチンガ県病院建設・機材供与(1996年終了)</li> <li>2. ソンバ中央病院改修・機材供与</li> <li>3. ソンバ市都市型保健所建設(予定)</li> <li>4. チティバ県病院改修(予定)</li> </ol> <ul style="list-style-type: none"> <li>- 維持管理システムの整備・確立(EUとの共同プロジェクト)</li> <li>- 医薬品・ワクチン等の供与、避妊具ソーシャル・マーケティング推進、医師の研修等</li> </ul>	<p>マチンガ県、ソ ンバ県、チティ バ県</p>
<p>DFID</p>	<p>リプロ・ヘルス/母性保健 感染症対策 人材養成</p>	<ol style="list-style-type: none"> <li>1. 避妊具供給/リプロ・ヘルス・プロジェクト (1993-1996: £ 944,155, 延長-1997)</li> <li>2. 麻酔トレーニングと支援プロジェクト (1993-1996: £ 277,000, 延長-1998: £ 190,245)</li> <li>3. ヘルスセクター・リフォーム支援 (1994-1997: £ 400,000)</li> <li>4. リプロ・ヘルス・プロジェクト (1994-2001: £ 11,012,000)</li> <li>5. 国家エイズ対策プログラム支援 (1995-1997: £ 255,000)</li> <li>6. 避妊具・薬供与プロジェクト (1996-1997: £ 737,205)</li> <li>7. 国家結核対策プログラム支援 (1996-1999: £ 1,180,647)</li> <li>8. マラウイ安全な母性プロジェクト (1997-2003: £ 9,051,600)</li> <li>9. 医療短期大学支援 (1998-2002: £ 4,133,900)</li> </ol> <p>(予定中プログラム)</p> <ol style="list-style-type: none"> <li>(1) 中央医療倉庫リフォーム (3年間: £ 3.5 百万)</li> <li>(2) 避妊具・薬供給プロジェクト (5年間: £ 5.0 百万)</li> <li>(3) 国家結核大作プログラム (1998-2001: £ 1.35 百万)</li> <li>(4) 必須ラボ・サービス支援 (1998-2001: £ 4,000,000)</li> </ol>	<p>全国</p>

資料2 保健医療分野のNGO一覽

付属資料2 マラウイ国の人口・保健医療分野におけるNGO一覽 (1995年)

略称	名称	設立年	活動地域	活動内容	活動領域
AM	American Mission	1972			Down, Mwanza, National
ADDA	Accident Development & Relief Agency	1982			Nearby, Thyolo, Chiradzulu, Southern Region, Mwanza, Mzimba, Nsanje
AHC	Africare	1971			Nkhosi, Nkhosha Bay, Chiradzulu, Blantyre rural
ADLM	American Refugee Committee	1968			Nansya, Chikwawa, Mwanza, Machingo
	Anglican Diocese of Lake Malawi	1971			Nkhosi, Salima, Nkhoshe, Dowa, Nkhata Bay Lilongwe, Mwanza, Nkhoshe, Chikwa
ADSM	Association for the Rehabilitation of Deaf and Blind Children	1981			Mwanza, Nkhoshe, Chikwa, Machingo, Southern Region
APROB	Association of Protestant Physicists	1970			Mwanza, Nkhoshe, Chikwa, Machingo, Southern Region
AFPA	Association of Female Physicists	1982			Nkhosi, Salima, Nkhoshe, Dowa, Nkhata Bay Lilongwe, Mwanza, Nkhoshe, Chikwa
BEM	Bible in Mozambique in Malawi	1987			Blantyre, All Regions
IMM	Immunisation Mission in Malawi	1987			Blantyre, Lilongwe, All Districts
CCAP-L	C.C.A.P. Synod - Livingstonia	1964			Blantyre, Zomba, Lilongwe
CCAP-B	C.C.A.P. Synod - Project office	1982			Machingo, Nkhoshe, Salima, Zomba, Countrywide
CPAC	Christian Physicists for Aid and Relief	1981			All districts in North
CARTAS	Christian Health Association of Malawi	1985			Synod, Blantyre, Dowa, Mwanza, Zomba
CCAM	Christian Service Committee of Churches in Malawi	1964			Lilongwe district
CSC	Christian Service Committee of Churches in Malawi	1964			Lilongwe, Zomba, Mwanza, Nkhoshe, Nansya, Countrywide
CU	Congress Universal	1986			Throughout the country
CONGOM	Council for Non-Governmental Organizations in Malawi	1991			Mulungu, Nkhosi, Mzimba and Blantyre T.C.
DEMODA	Deer Nomad and Drought	1993			Nansya, Mwanza, Phalombe, Chiradzulu and Nsanje
EDPETA	Entrepreneur Development & Training	1991			Lilongwe, Dowa, Nkhata Bay, Kasungu, Balaka, Machingo
EWARD	Evangelical Alliance for Relief & Development	1986			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
HHM	Habitat for Humanity Malawi	1986			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
IAN	International Association in Malawi	1965			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
ISF	International Eye Foundation	1961			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
JRS	Jesuit Refugee Service in Africa	1980			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
KRFA	Kinross Foundation for Rural Development	1990			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
LEPRA	Leprosy Relief Association	1964			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
LIN	Lilongwe Initiative Movement	1981			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
MSP	Malawi Agricultural Policy	1991			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
MSI	Marie Stopes International	1991			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
MSP	Medicine Sans Frontiers	1986			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
NVS	Nizamide Vocational School	1989			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
NTV-UK	National Trust Fund	1987			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
Phoco	Phococ Population for Education	1991			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
PLAN	Population Services International	1989			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
PSI	Project Hope	1985			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
SAV	Salvation Army	1975			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
SCF-USA	Save the Children Federation	1985			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
SCF-UK	Save the Children Fund - UK	1985			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
St. John	St. John Ambulance	1991			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
SRTFM	Sue Ryder Foundation in Malawi	1991			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
SGPNI	Shandean Ann	1983			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
TWD	Tynde Women in Development	1990			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
WEZA	Willing Enterprise Zone Association	1990			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
WUSC	World University Service of Canada	1992			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
WVI	World Vision International	1992			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo
ZOA	ZOA Refugee Care Netherlands	1990			Blantyre, Nkhoshe, Salima, Zomba, Nansya, Nkhosha Bay, Kasungu, Balaka, Machingo

出典: Directory of Non-Governmental Organizations in Malawi, 1995, Compiled by Council for Non-Governmental Organizations in Malawi (CONGOMA)

The JICA Mission Team of S/W for the Master Plan Study on Strengthening PHC Services in Malawi would like to have information on the followings :

**A. Population and Health Policy, Strategies and Action Plans**

1. National Development Plan 1996-2000.
2. Long-term National Health Development Plan 1991-2000.
3. Health Sector Vision 2007
4. Malawi Health Sector Strategic Plan [ Final paper ]\*  
( \* We received a draft paper.)
5. The latest 5-year Public Investment Plan, if any.
6. Policy paper and/or strategic paper on population and family planning, if any.
7. Policy paper and/or strategic paper on promotion of community involvement and participation in
8. Policy paper and/or strategic paper on NGO-GO collaboration, if any.
9. Laws and guidelines on health and health related issues

**B. General information**

1. National administrative structure with organization chart
2. National health administrative structure and functions of each department with organization chart
3. Local administrative structure and organization chart

**C. Demographic data and information**

1. National population and housing census report (the latest one)
2. Analytical report on the census data
3. Any other population survey report which provides the following information:
  - (1) total population and population pyramid
  - (2) estimated future population
  - (3) population by age, by sex,
  - (4) distribution of population by region (by districts, urban/rural)
  - (5) birth rate and death rate
  - (6) population growth rate and population doubling time
  - (7) household size and housing condition by districts
  - (8) household income and expenditure by districts
  - (9) source of drinking water
  - (10) sanitation (latrine and other sanitary facilities, waste disposal)

**D. Socio-economic data and information**

1. Annual Report on Economics in Malawi(1996/1997)

2. Annual Report of Malawi National Bank (1996/1997)
3. National Revenue and Expenditure
4. Data/information on economic situation for last 5 years including:
  - (1) GDP, GDP per capita, real growth rate of GDP
  - (2) GNP, GNP per capita,
  - (3) consumer price index
  - (4) unemployment rate
  - (5) national revenue and expenditure
  - (6) production of industry, labor force by industry
5. Data/information on education for last 5 years including:
  - (1) education system
  - (2) number of schools and teachers (by sex), and their distribution (by districts, urban/rural)
  - (3) adult literacy rate by sex and by region (by districts, urban/rural)
  - (4) enrolment ratio by sex and by region (primary, secondary and higher level)
6. Data/information on WID
  - (1) Report on WID in Malawi, if any
  - (2) Data/information on Women's machinery and their activities
  - (3) Policy paper on health and WID, if any
7. Social Survey report, if any
8. Poverty Assessment report, if any

#### E. Data and Information and analytical report on Disease Pattern

1. Annual report on health status in Malawi or MoHP annual report (1996/97)
2. Epidemiological statistics on diseases in Malawi
3. Morbidity and mortality data \*
  - by age groups, seasons
  - by regions (by districts and urban/rural)
  - by health service levels

\* including childhood infections, maternal and peri-natal diseases

#### F. Data/information and assessment report on NGOs and Community Participation in Population, Health and Nutrition Sector

1. Regulation regarding NGO activities
2. List of NGOs and its activities in health and health related sectors.
3. Status of community organization and NGO activities in health sectors
4. GO-NGO collaborations in health sector
5. Status of community participation programs/projects in health sector



6. Medical anthropological survey report in Malawi, if any

G. Data/information and assessment report on Hygiene and Sanitation

1. Drinking water
2. Latrine and other sanitary facilities
3. Waste disposal

H. Data/information and assessment report on Health Service Delivery System

1. Health administration system of each level
  - (1) Administrative organization chart
  - (2) Role and functions
  - (3) Staff distribution
2. Health financing system at each level
  - (1) National and local health budget
  - (2) National and local revenue and expenditure
  - (3) Health insurance system
  - (4) User fee system and other cost sharing/recovery system
  - (5) Financing system in non-profit and NGOs sectors
3. Health facilities and referral system
  - (1) Number of facilities including NGO, missionary and private facilities
  - (2) Category, services provided and staff at the above facilities.
  - (3) Standard and guidelines on services delivered and staff for each level of institution.
  - (4) Present conditions of health facilities and equipment.
  - (5) Standard and guidelines on facilities and equipment for each service level, including standard design drawing and specification of district hospital and rural health facilities
  - (6) The survey data for health facilities for planning and development, if any.
  - (7) Referral system
  - (8) Mapping data of health facilities, if any
  - (9) Hospital statistics
  - (10) Allocation of maintenance budget for the health facilities and equipment
4. Health manpower status and human resource development
  - (1) Health resource development plan for health sector
  - (2) Number of health personnel by categories
  - (3) Distribution of health personnel by categories, by sector and by facilities
  - (4) Health manpower development system including community level
  - (5) Number and type of training institutes (University, Nursing school, Manpower Institute, etc.)

- (6) Condition of health training institutes in terms of facilities, equipment and manpower.
- 5. Status of on-going and planned health program
  - (1) EPI
  - (2) Communicable disease control
  - (3) Nutrition and Micro-nutrition program
  - (4) Vector-borne diseases program
  - (5) TB, leprosy program
  - (6) MCH and FP program (Reproductive health program)
  - (7) Health education
- 6. Drug (including medical supplies) supply logistics
  - (1) National drug policy and essential drug program
  - (2) Logistics system: procurement, quality control, distribution and stock control, cold chain, use of drugs
  - (3) Number and distribution of private pharmacy
  - (4) Safe blood supply system
  - (5) Inventory and maintenance/repair system of medical equipment

#### I. Data/information and assessment report on Health Management

- 1. Health management information system
- 2. Method of management and information collection regarding PHC and community level
- 3. Supervision and monitoring system
- 4. Operation research activities
- 5. Management skill of health personnel in health sector, and in-service training system
- 6. Inter-sectoral coordination: with other ministries, programs/projects and institutions

#### J. Infrastructure

The present condition in the following infrastructure:

- 1. Electricity
- 2. Water supply and sewerage (including well)
- 3. Telecommunication
- 4. Road
- 5. Maps of the study areas

#### K. Data/information and assessment report on International Cooperation

- 1. Malawi Gov. and donor collaboration

- (1) ODA and technical assistance by donors and their budget
  - (2) Projects/programs in population, health and nutrition sector
  - (3) NGO involvement and NGO programs/project
2. Donor coordination
- (1) Donor coordination body (committee or meeting) and its function
  - (2) Donor coordination in specific areas
  - (3) Donor coordination in specific districts
3. List of donor supported projects/program in health and health related sectors  
(see Attachment)

資料 3 調査票 (請求資料一覧)

Attachment : List of Projects/Programs Assisted by International Donors

No.	Outline of the Project: 1) Name of the project 2) Purpose and objectives of the project 3) Brief description of the project and the project components 4) Area /site 5) Type of assistance (grant aid/technical support/loan)	Name of :		Project Fund (budget) in US \$		Project Period		Expected Number and type of:	
		Receiving Organization /institute	Implementati on body	External Assistance	Governme nt Budget	Year started	Expects ed year end	Foreign Experts	Peoples who will be Trained
1									
2									

No.	Outline of the Project: 1) Name of the project 2) Purpose and objectives of the project 3) Brief description of the project and the project components 4) Area /site 5) Type of assistance (grant aid/technical support/loan)	Name of :		Project Fund (budget) in US \$			Project Period		Expected Number and type of:	
		Receiving Organization /institute	Implementati on body	External Assistance	Government Budget	Year started	Expected year end	Foreign Experts	Peoples who will be Trained	
3										
4										

No.	Outline of the Project: 1) Name of the project 2) Purpose and objectives of the project 3) Brief description of the project and the project components 4) Area /site 5) Type of assistance (grant aid/technical support/loan)	Name of :		Project Fund (budget) in US \$		Project Period		Expected Number and type of:	
		Receiving Organization /institute	Implementati on body	External Assistance	Government Budget	Year started	Expected year end	Foreign Experts	Peoples who will be Trained
5									
6									

資料4 収集資料リスト

収集資料の一覧

資料の名称	発行年月	発行機関
1 The Constitution of the Republic of Malawi		Government of Malawi
2 Malawi Vision 2020	Nov. 1997	Ministry of Finance (National Core Team)
3 Health Policy Framework	Sept. 1995	Ministry of Health and Population
4 National Population Policy		Office of the President and Cabinet, Dept. of Economic Planning and Development
5 IBRD: Malawi Policy Framework Paper, 1995/96-1997/98	Oct.10 1995	Prepared by the Malawian authorities in collaboration with the staffs of the Fund and the Ministry of Economic Planning and Development
6 Budget Document No.4: Economic Report 1997	1997	Ministry of Economic Planning and Development
7 Budget Document No.4: Economic Report 1991	1991	Ministry of Economic Planning and Development
8 Budget Document No.4: Economic Report 1992	1992	Ministry of Economic Planning and Development
10 Approved Estimates of Expenditure on Recurrent Account for the Financial Year 1997/98	1998	
11 Approved Estimates of Expenditure on Development Account for the Financial Year 1998/99	1998	
12 Vulnerability Assessment & Mapping (VAM), Malawi Baseline Survey 1996: A	Nov. 1996	UN/WFP, MEPD & VAM Committee/GOM, USAID/FEWS
Quest for Causality		
13 Malawi: Human Resources and Poverty - Profile and Priorities for Action	Nov. 1995	The World Bank/Southern African Department
14 Malawi Children: The State of Health, Nutrition, Education, Water and Sanitation of Children in Malawi in 1995: A Summary of the Malawi Social	Jul. 1997	Poverty Monitoring Unit, Ministry of Economic Planning and Development / UNICEF
15 Mzimba District Annual Report for the year 1996	1996	Mzimba District Hospital, MoHP
16 Malawi National Plan of Action for Malaria Control 1996-2000	Oct. 1995	
17 EPI Coverage and Requirements for Malawi 1997-2001	Aug. 1996	UNICEF
18 National AIDS Control Programme/Malawi: Sentinel Surveillance Report 1996: HIV/Syphilis Seroprevalence in Antenatal Clinic Attenders		National AIDS Control Programme/Malawi
19 Minutes of a Briefing for Heads of Agencies and Diplomatic Missions on HIV/AIDS and Workplace Policy Held on 6th May 1997 in the VIPHYA Room at National AIDS Control Programme/Malawi: AIDS Cases Surveillance 1996	May 1996	AIDS Secretariat
20 National AIDS Control Programme/Malawi: AIDS Cases Surveillance 1996		
21 AIDS		
22 Profiles on Donor's Medium Term Development Plans: IMF & WB, EDF, USAID, Dec.18 1997	Dec.18 1997	
UNEP, UNEPA, DFID		
23 The Public Sector Investment Programme (PSIP): 1996/97 Financial Year	Apr.1 1996	Ministry of Economic Planning and Development
24 UNDP Advisory Note for the Malawi/UNDP Cooperation Framework 1997-2001	Jan.31 1997	UNDP
25 Proposed Government of Malawi-UNICEF Country Programme, 1997-2001	May.1 1996	Donor & UNICEF Review & Discussion Meeting
26 Briefing Paper No.7: GTZ Supported Health Programme in Malawi: Project Presentations and Summaries, prepared for the Health and Population Donor Coordinating Committee	Mar. 1997	GTZ / Dr.C.M.Allwardt, MD/GTZ Health Programme Coordinator

資料の名称	発行年月	発行機関
27 A Visitor's Guide to District Health Services Machinga	Jun. 1996	GTZ
28 German Embassy, Lilongwe: Health programmes of the Malawi-German bilateral cooperation	Aug.28 1997	
29 ODA Health and Population Projects-Malawi		ODA
30 UNFAP Health and Population Projects - Malawi	Dec. 1997	UNFPA
31 Malawi's Partners in Development: Profiles of Donors and Programmes	Oct. 1997	Office of the UN Resident Coordinator
32 Implementation Review Mission Malawi Population Health and Nutrition (PHN)	Nov. 1996	
Sector Credit	18-29 Nov. 1996	
33 MoPH Project Activities 95/96 - Year 2000 (List)		
34 隊員報告書 薬剤師, DHO Pharmacy Store, Blantyre	Apr. 1997	JOCV(三浦明子)
35 Malawi Social Indicator Survey 1995: A Survey of the State of Health, Nutrition, National Statistics Office, and Centre for Social	Sept. 1996	Ministry of Economic Planning and Development,
Water, Sanitation, and Education of Children in Malawi		National Statistics Office, and Centre for Social
36 The Story of Medicine and Disease in Malawi: The 130 years Since Livingstone	May 1992	Michael and Elspeth King / Montfort Press
37 Decentralization in Malawi: Local Governance and Development (Report for UNDP / Ministry of Local Government and Rural Development)		Mission (Prof.Raymond Apthorpe, Australia / Dr. Esau Chiviya, Zimbabwe / Mr. Gilbert Kaunda, City Council of Lilongwe)
38 Local Governance and Development Programme (MLW97/ C01): Programme Document		UNDP / UNCDF (UN Capital Development Fund)
39 Malawi National Plan of Action for Malaria Control 1996-1997	Oct 1995	MoHP / WHO
40 The Non-Government Organizations Act, 1997 (the First Draft)	Jan.31 1997	The Government of Malawi and the Council for Nongovernmental Organisations in Malawi :
41 Implementation of the World Summit for Social Development in Malawi: Issues, Problems and Recommendations for Follow-up Action	Feb. 1996	CPNGPMA (Richard Rosenthal, Specialist Legal Consultant, South Africa, with assistance from Ministry of Women and Children Affairs, and Community Development and Social Welfare
42 Capacity-Building of NGOs in Malawi: Identification of Potential NGO Training Institutions in Malawi and Assessment of Their Capacity (for the ODA)	Feb. 1996	INTRAC(UK)
43 Marie Stopes International: Review 1996	1997	Marie Stopes International (UK-NGO)
44 Banja La Mtsurolo (BLM) Annual Report 1996	1997	Banja La Mtsurolo (BLM) (Malawian NGO)
45 マラウイ協力事業概況	Jan. 1998	JICA Malawi Office
46 The Malawi Social Action Fund: Fact File - Total MASAF Projects Approved to Solution Region of Malawi	Mar.2 1994	MASAF Management Unit
47 Study on Vaccine Wastage on Health Facilities Performing Daily Immunization in 1-28	Mar. 1997	EPI-Ministry of Health Oscar F. Picazo
48 Trip Report (for assistance in identifying activities required for the design of a new USAID health-sector nonproject assistance and project assistance)		Care & Concern Youth Network (CACO) / Salima, AI
49 Youth AIDS Project- Salima District 1997: Baseline Survey:		
50 Poverty Alleviation Programme: Health Task Force: Project Submissions	Jan. 1995	MoHP



51	Central Medical Stores - the Future: Report and Recommendations of a Workshop (held at Kalikutu Hotel, Lolonwe, March 6-8, 1995)	Mar.	1995	MoHP
52	大冊			
53	Malawi Contraceptive Consumer Knowledge, Attitudes and Practice Survey	Dec.	1995	Population Services International (PSI)
54	STAFH Evaluation: In-service Training in Syndromatic Management of STDs	Jul.	1997	JSI-STAFH
55	National Contraceptive Distribution and Logistics Management Information System (CDLMIS) Training Impact Assessment	Aug.	1997	JSI-FPLM Training and Logistics Advisor
56	Baseline Survey of STD Case Management	Oct.	1994	National AIDS Control Programme, MoHP
57	Malawi AIDS Prevention Project: Final Report	Jun.	1995	Family Health International (FHI)
58	Community Financing Experience and Options: A Study to Provide Baseline Information for Ministry of Health Decision-Making	Mar.	1995	UNICEF / MoHP / Kamuzu College of Nursing, Univ. Malawi / Malawi Essential Drug Programme / Consultant funded by UNICEF/LIISAID)
59	Condom Use in Marriage among Urban Workers and Their Wives (STAFH Report)	Feb.	1997	Support to AIDS and Family Health (STAFH)
60	大冊			
61	Civil Service Census, 1995: Report on Census Results	Mar.	1996	Civil Service Census Executing Unit, Office of the President and Cabinet. Compiled by Council for Non-Governmental Organisations in Malawi (CONGOMA)
62	Directory of Non-Governmental Organizations in Malawi 1995			
63	Management Audit Report - Phase I: Situation Analysis (Expanded Executive Summary) (prepared under USAID Contract No. HNE-000-1-0-6031-00)	Oct.	1997	Management System International, Inc.: Noel Marsh, Babu Deolalikar, S.S. Hunter
64	Financing and Efficiency of Education in Malawi	Jun. 25	1984	World Bank
65	Situation Analysis of Poverty in Malawi		1993	United Nations and GOM
66	Malawi Food Security Report	Jun. 27	1990	World Bank
67	The Malawi National Family Planning Strategy: 1994-1998	Apr.	1994	National Family Welfare Council of Malawi
68	Women and Development in Malawi: Constraints and Actions	Aug.	1991	World Bank
69	Food Security and Nutrition Coordination in Malawi - A Review (for Ministry of Economic Planning and Development)	Jan.	1996	Peter Mvula, Jande Banda
70	Policy Framework for Poverty Alleviation Programme	Oct.	1995	PAP Coordinating Unit, Ministry of Economic Planning and Development.
71	Malawi Population Sector Report		1991	World Bank
72	Malawi Human Resources and Poverty: Profile and Priorities for Action	Mar.	1996	World Bank
73	UNFPA Country Programme: Malawi (1997-2001)	May	1996	UNFPA
74	Programme Review and Strategy Development Report No. 51: Malawi		1997	UNFPA
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82. Integrated Household Survey - Interviewer's Manual Nov. 1997 - Oct. 1998	1997	H.R.D.C. Mbengo Mbewe, Ministry of Health and Population
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100. District Specific Survey 1996: Zomba District	1996	Malawi Government
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105 Machinga District Annual Report 1996	1997	Machinga District Health Office
106 Zomba Central Hsopital Annual Report 1995	1997	Zomba Central Hospital
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収集資料の一覧 (分野別)

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<b>感染症：エイズ・性感染症</b>		
49 Youth AIDS Project- Salima District 1997: Baseline Survey.		Care & Concern Youth Network (CACO) / Salima
19 Minutes of a Briefing for Heads of Agencies and Diplomatic Missions on HIV/AIDS and Workplace Policy Held on 6th May 1997 in the VIPHYA Room at the Capital Hotel	May 1996	
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<b>感染症：マラリア</b>		
103 Malaria Case Management in Children in Malawi: The Case of Namasahima: A Report of a Rapid Ethnographic Study May 1996		1996 T.J. Bisika, Centre for Social Research, Univ. of Malawi
16 Malawi National Plan of Action for Malaria Control 1996-2000	Oct. 1995	
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<b>援助機関動向・プログラム</b>		
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26 Briefing Paper No.7: GTZ Supported Health Programme in Malawi: Project Presentations and Summaries, prepared for the Health and Population Donor Coordinating Committee	Mar.	1997 GTZ / Dr.C.M.Allwardt, MD/GTZ Health Programme Coordinator
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5 IBRD: Malawi Policy Framework Paper, 1995/96-1997/98	Oct.10	1995 Prepared by the Malawian authorities in collaboration with the staffs of the Fund and the World Bank
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医薬品供給等		
34 隊員報告書:薬剤師, DHO Pharmacy Store, Blantyre	Apr. 1997	JOCV (三浦明子)
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国家予算・保健財政		
58 Community Financing Experience and Options: A Study to Provide Baseline Information for Ministry of Health Decision-Making	Mar. 1995	UNICEF / MoHP / Kamuzu College of Nursing, Univ. Malawi / Malawi Essential Drug Programme, Consultant (funded by UNICEF / The World Bank)
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人口・家族計画		
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Identification Mission June 29-July 18, 1997		1991 World Bank
71 Malawi Population Sector Report		1997 Support to AIDS and Family Health (STAFH)
59 Condom Use in Marriage among Urban Workers and Their Wives (STAFH Rep)	Feb.	1997 JSI-FPLM Training and Logistics Advisor
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53 Malawi: Contraceptive Consumer Knowledge, Attitudes and Practices Survey	Dec.	1995 Population Services International (PSI)
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保健一般・統計		
15 Mzimba District Annual Report for the year 1996		1996 Mzimba District Hospital, MoHP
48 Trip Report (for assistance in identifying activities required for the design of a new USAID health-sector nonproject assistance and project assistance)	Mar.	1997 Oscar F. Picazo
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人材開発		
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96 Human Resources in Support of Implementing Essential Health Care Package in Malaw. July-September 1997	Mar.	1996 Human Resources Team, Ministry of Health and Population
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NGO		
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<b>栄養</b>		
87 National Plan of Action for Nutrition (Draft), June 1995		1995 Republic of Malawi
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66 Malawi Food Security Report	Jun.27 1990	World Bank
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<b>PHC・PHNプログラム</b>		
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47 Study on Vaccine Wastage on Health Facilities Performing Daily Immunization in Solution Region of Malawi	Mar.2 1994	EPI-Ministry of Health
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<b>政策・開発計画</b>		
93 Programme Plan of Operation for Health for the Period 1997-2001, May 1996		1996 UNICEF
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3 Health Policy Framework	Sept. 1995	Ministry of Health and Population
2 Malawi Vision 2020	Nov. 1997	Ministry of Finance (National Core Team)
<b>貧困</b>		
12 Vulnerability Assessment & Mapping (VAM), Malawi Baseline Survey 1996: A Quest for Causality	Nov. 1996	UN/WFP, MEPSD & VAM Committee/GOM, USAID/FEWS
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70 Policy Framework for Poverty Alleviation Programme	Oct.	1995 PAP Coordinating Unit, Ministry of Economic Planning and Development.
72 Malawi Human Resources and Poverty: Profile and Priorities for Action	Mar.	1996 World Bank
その他		
14 Malawi Children: The State of Health, Nutrition, Education, Water and Sanitation of Children in Malawi in 1995: A Summary of the Malawi Social Indicators Survey, 1995	Jul.	1997 Poverty Monitoring Unit, Ministry of Economic Planning and Development / UNICEF
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41 Implementation of the World Summit for Social Development in Malawi: Issues, Problems and Recommendations for Follow-up Action	Feb.	1996 Ministry of Women and Children Affairs, and Community Development and Social Welfare
68 Women and Development in Malawi: Constraints and Actions	Aug.	1991 World Bank
50 Poverty Alleviation Programme: Health Task Force: Project Submissions	Jan.	1995 MoHP
64 Financing and Efficiency of Education in Malawi	Jun. 25	1984 World Bank
97 Report of a Workshop on Strengthening Co-ordination and Collaboration in the Health Sector. January 10-21, 1993 in Mangochi	Mar.	1996 Ministry of Health and Population
38 Local Governance and Development Programme (MLW97/ C01): Programme Document		UNDP / UNCDF (UN Capital Development Fund)
63 Management Audit Report - Phase I: Situation Analysis (Expanded Executive Summary) (prepared under USAID Contract No. HNE-900-1-0-6031-00)	Oct.	1997 Management System International, Inc.: Noel Marsh, Babu Deolalkar, S.S. Hunter
90 Proposal on Child Survival Components: Well Child Sick Child (IMCI) 1998-2001, submitted to JICA, January 6, 1998		1998 UNICEF Malawi
91 Monitoring for Empowerment (M4E)		UNICEF?
100 District Specific Survey 1996: Zomba District		1996 Malawi Government
94 Malawi Institute of Management: Prospectus 1995	Mar.	1996 Malawi Institute of Management
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資料5 参考資料リスト

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1 平成3年度マラウイ国人口・家族計画基礎調査報告書	May	1992 JICA医療協力部
2 マラウイ企画調査(教育分野)報告資料	Jun.	1995 JICA企画部(企画調査員:杉山隆彦)
3 国別WID情報整備調査報告書(ザンビア、マラウイ)[環境・JR・95-03]	Mar.	1997 JICA企画部
4 Malawi: Knowledge, Attitudes and Practice in Health Survey 1996	Sep.	1997 National Statistical Office / DHS
5 Demographic and Health Survey 1992, January 1994	Jan.	1994 National Statistical Office / DHS
6 Nutrition Facts for Malawian Families	Nov.	1990 Inter-Ministerial Food and Nutrition Committee
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## 現地調査経費関連資料

### 資料1 現地コンサルタント



## 資料1 現地コンサルタント

マラウイには優秀な現地コンサルタントが比較的少ない。今回調査では個人コンサルタントはいたが、保健医療分野における大きなコンサルティング会社はコンタクトできなかった。

### 1-1 個人コンサルタント

#### 1-1-1 保健医療・社会開発調査

##### Mr. Khoti GAUSI (マラウイ人)

・現在の連絡先：Tel: 265-780-975 (ユニセフ・マラウイ事務所)

Tel: 265-731-125 (自宅)

・1日

専門は経済であるが、1995年はWFPにてシステム・マネージャー、1998年現在はユニセフ・プログラムのための各種調査を実施している（履歴書を参照）。

##### Dr. John G.M. Wilson (英国人)

・現在の連絡先：Tel/Fax: 265-522-313 (自宅)

・1日300ドル (最低)

専門は水産であるが、近年は住民活動調査及び保健医療分野の調査も多く実施しており、マラウイの特に農村部の保健医療施設の多くを調査している（履歴書を参照）。

#### 1-1-2 エンジニア (施設・機材)

##### Dr. Stuart Walker Miller (英国人)

・現在の連絡先：Tel/Fax: 265-763-425

マラウイにおいて施設及び機材の維持管理等の業務に長期にわたり従事した経験あり（履歴書を参照）。

### 1-2 マラウイ大学

マラウイ大学チャンセラー・カレッジ (ゾンバ) に「Center for Social Research」という機関があり、各種の調査を実施している。ユニセフの支援で設立された機関で、後にマラウイ大学の研究機関となっている。

貧困・保健医療分野についても多くの調査を行っており、データ入力・集計に十分な機材を備えている。ユニセフの「Malawi Social Indicator Survey 1996」はこの機関が政府の Central Statistics Organization と実施したものである。

ただしGTZによると、大規模調査では外部からの優秀な個人コンサルタントなどをヘッドにして、全体を監督・指導するというような方法でないと、最終的なアウトプットの質には問題があ

るとのこと。

連絡先：マラウイ大学チャンセラー大学 Centre for Social Research

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