

附属資料

グラナダ県全図

Municipio 別地図および保健医療施設配置図

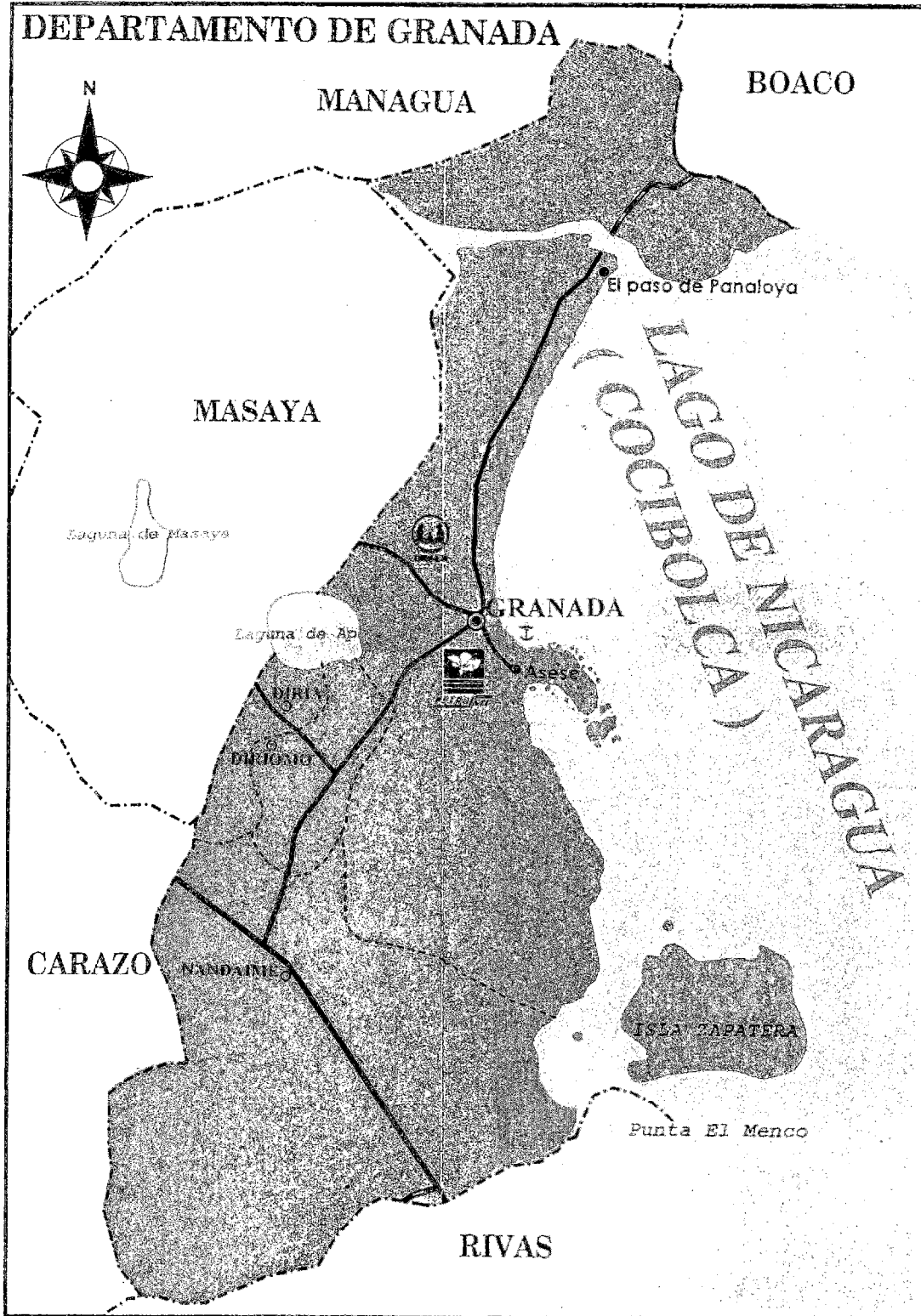
- 1 Granada Municipio (都市部)
- 2 Granada Municipio (農村部)
- 3 Nandaime Municipio
- 4 Diriomo Municipio
- 5 Diria Municipio

Municipio 別保健医療施設の概要

- 1 - 1 Granada (都市部)
- 1 - 2 Granada (農村部)
- 2 Nandaime
- 3 Diriomo
- 4 Diria

調査団英文レポート

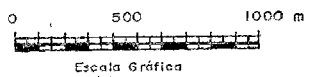
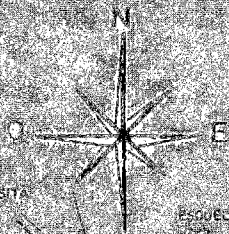
① グラナダ県全図



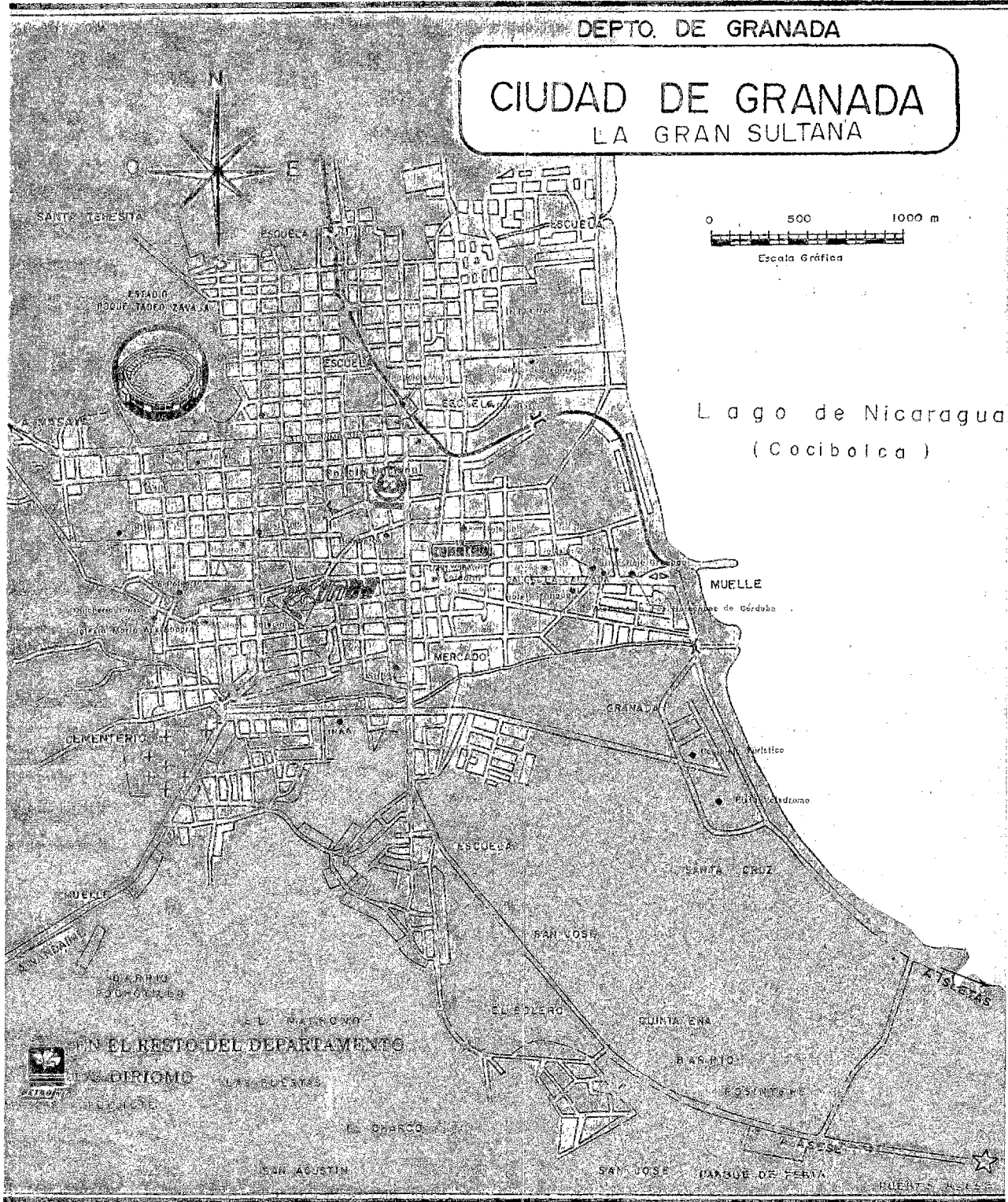
DEPTO. DE GRANADA

CIUDAD DE GRANADA

LA GRAN SULTANA



Lago de Nicaragua
(Cocibolca)



EN EL RESTO DEL DEPARTAMENTO

LA BARRIO

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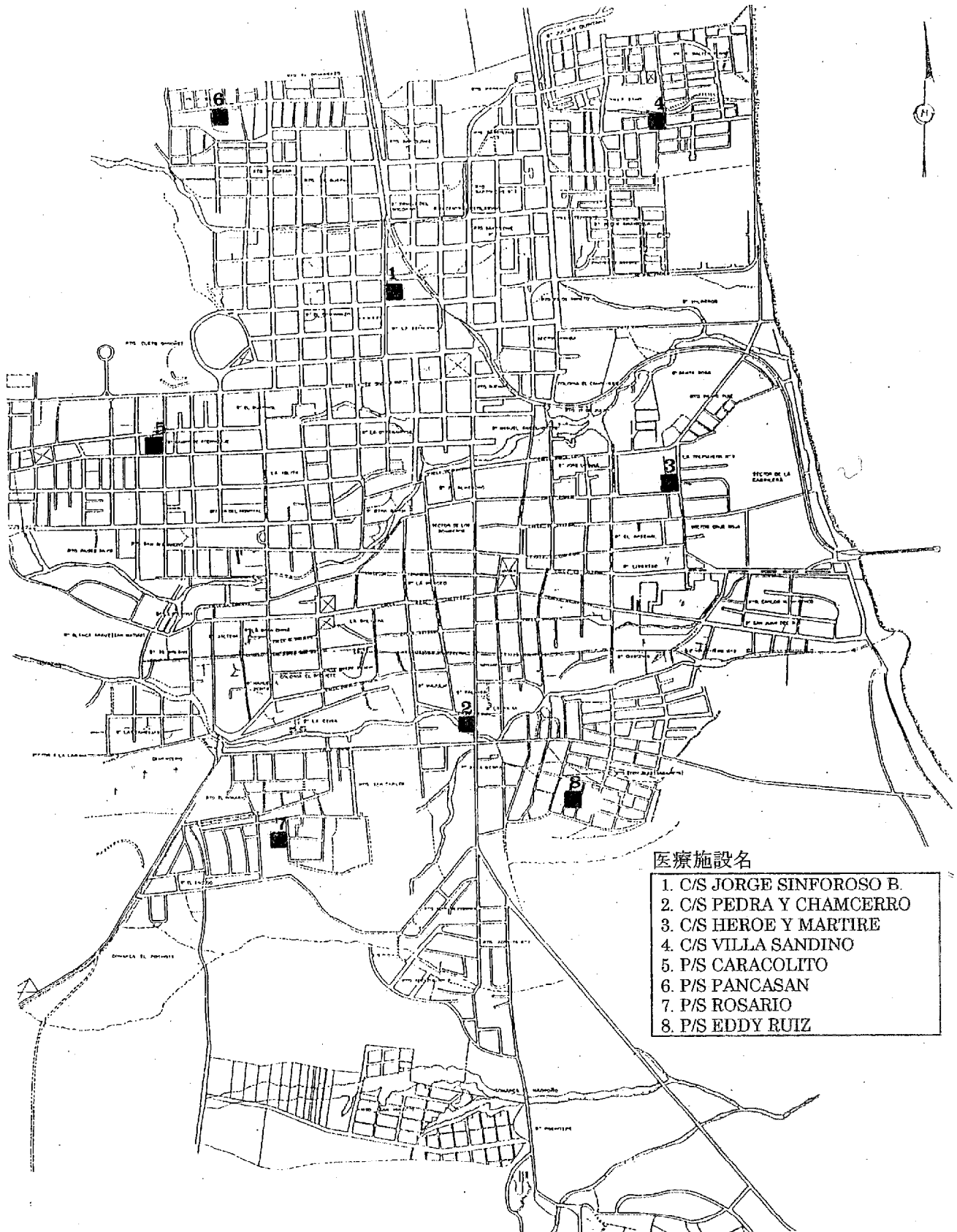
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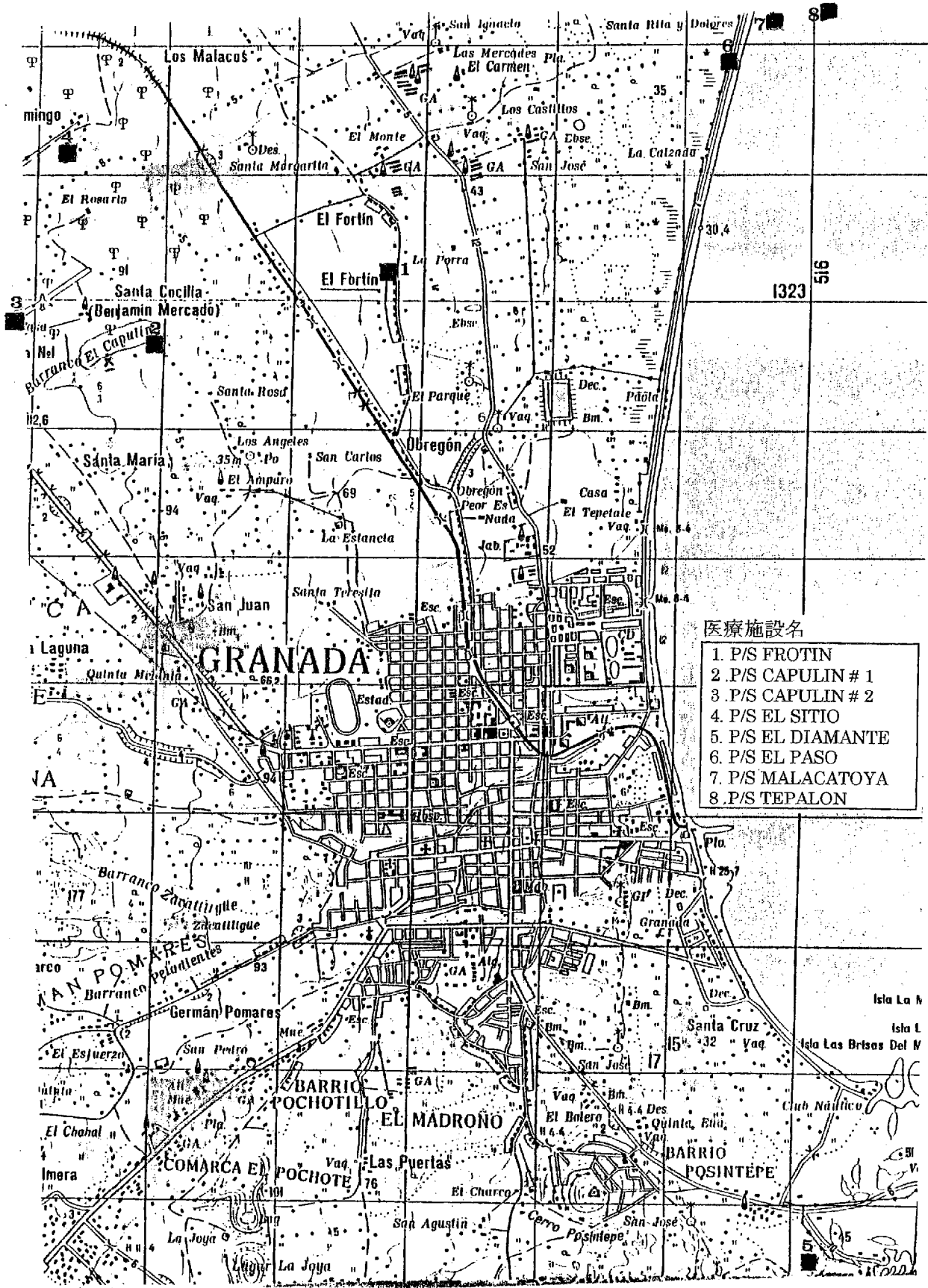
LA BARRIO

② Municipio 別地区および保健医療施設配置図

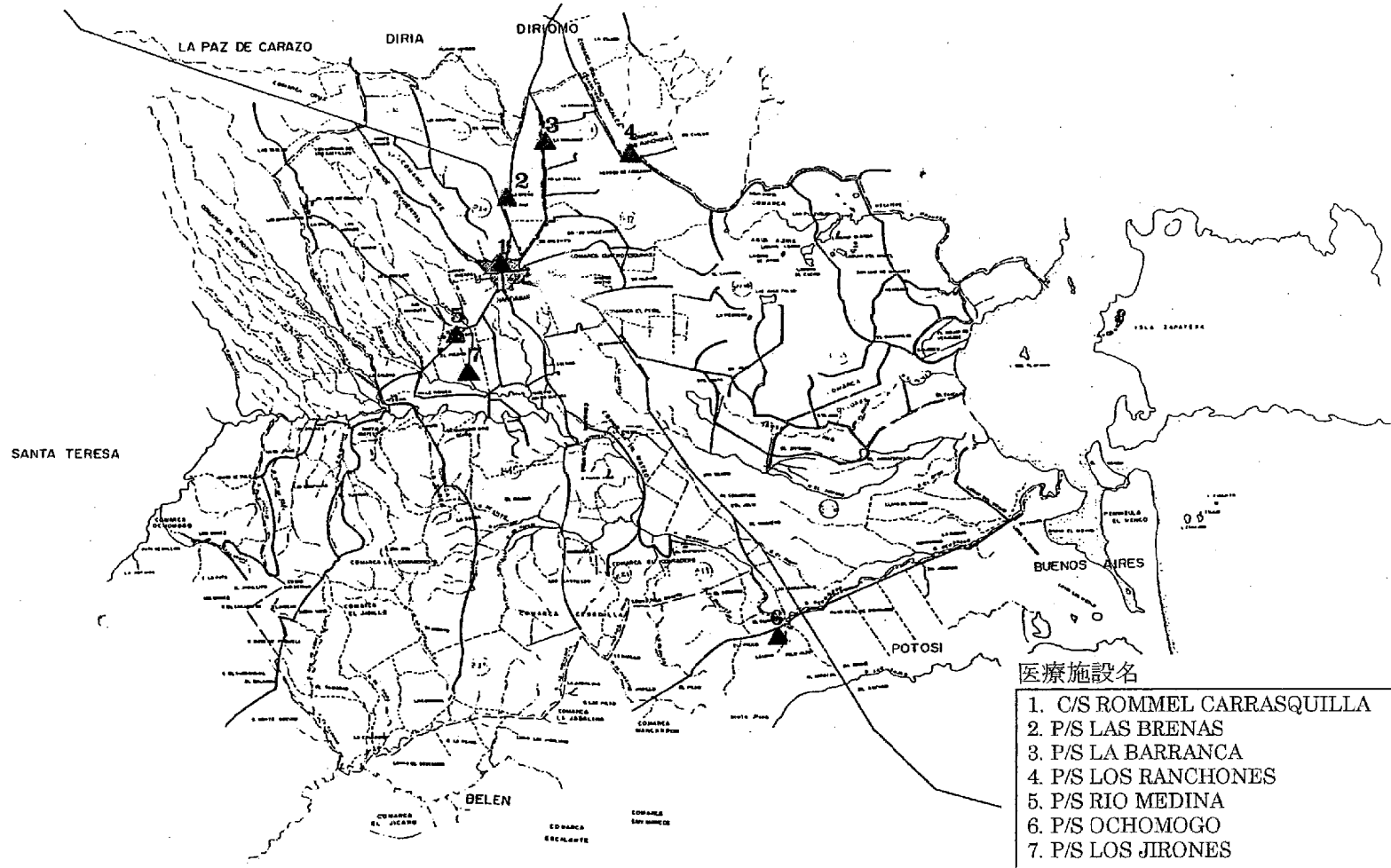
②-1 Granada Municipio (都市部)



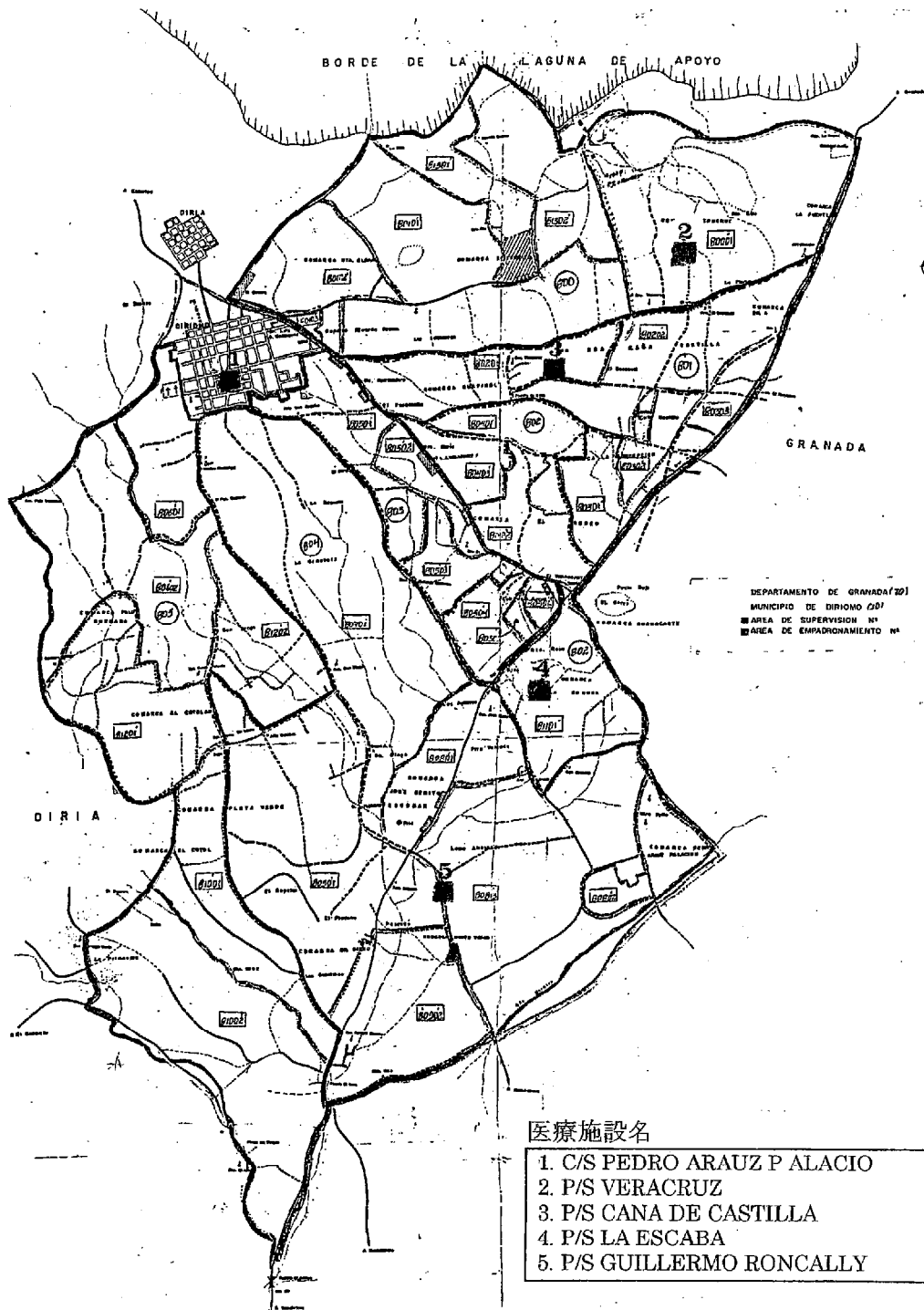
②-2 Granada Municipio (農村部)



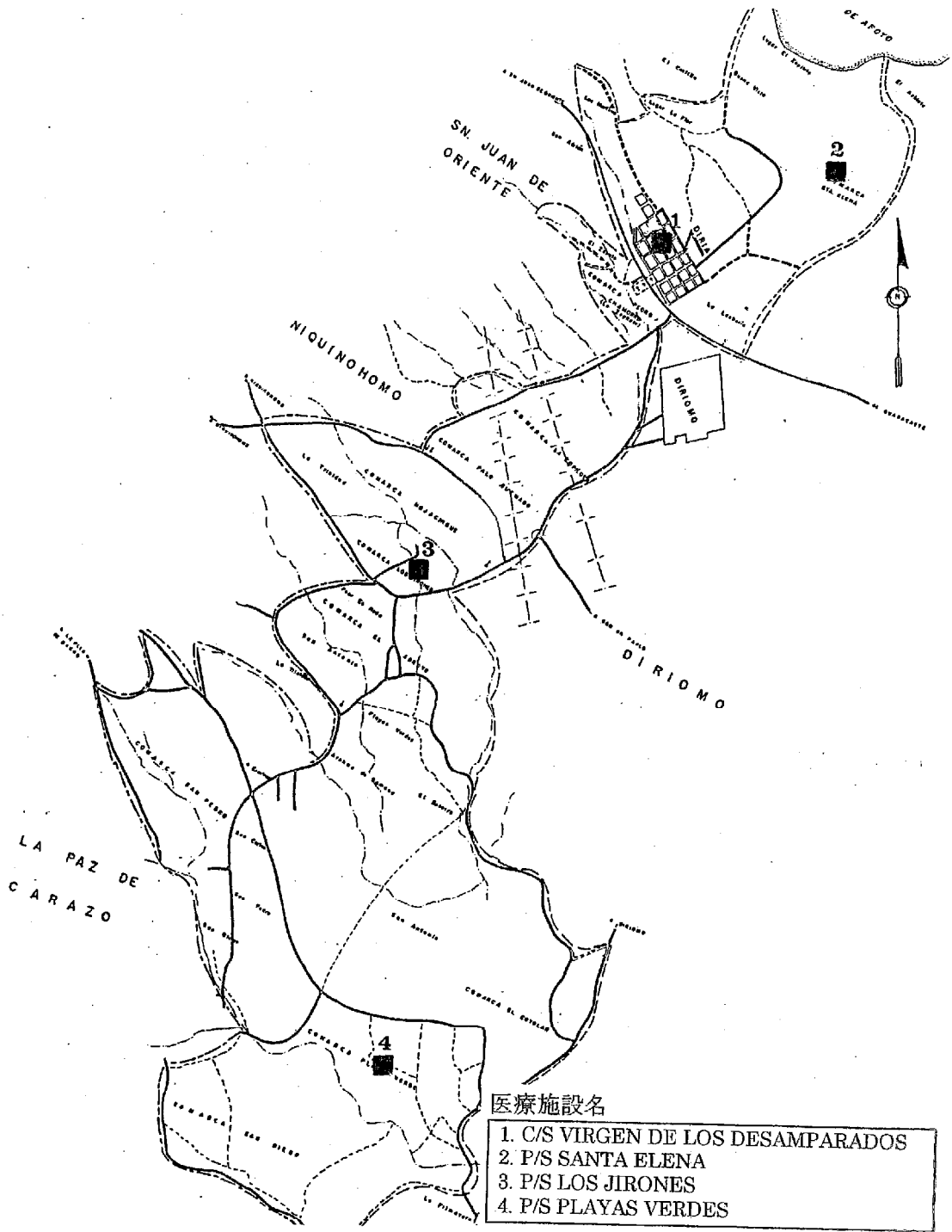
②-3 Nandaime Municipio



②-4 Diriomo Municipio



②—5 Diria Municipio



③ Municipio 別保健医療施設の概要

1-1 GRANADA の一次医療施設のサービス及び医療設備状況—都市部—

医療施設名	カバー 人口	医療従事者			保健サービスの内容	移動手段	設備	
		医師	看護婦*1	その他			飲料水	電気
1.C/S JORGE SINFOROSO B.	16,510	12	10(10)	37*21	検査室, 薬局, 救急医療, 分娩*2, 歯科, 理学療法, 精神衛生, 慢性疾患*2, 母子統合*2, 衛生・疫学	バン, マイクロバス, バイク	水道水	有
2.C/S PEDRA Y CHAMCERRO	23,283	10	11(8)	9*22	検査室, 薬局, 母子統合*2, 歯科, 慢性疾患*2	バン	水道水	有
3.C/S HEROE Y MARTIRE	10,795	2	4(4)		薬局, 母子統合*2, 慢性疾患*2	無	水道水	有
4.C/S VILLA SANDINO	9,525	3	4(3)	2*23	薬局, 母子統合*2, 歯科, 慢性疾患*2	無	水道水	有
5.P/S CARACOLITO	5,874	1	1(1)		薬局, 母子統合*2	無	水道水	無
6.P/S PANCASAN	3,810	1	2(2)		薬局, 母子統合*2	無	無	無
7.P/S ROSARIO	5,927		2(2)		薬局, 母子統合*2	無	水道水	無
8.P/S EDDY RUIZ	5,080		2(2)		薬局, 母子統合*2	無	水道水	有
TOTAL MUNICIPIO	64,294	29	36(32)	48				

*1 ()は准看護婦の人数

*21 1 歯科医、4 心理療法士、2 検査技師、1 栄養士、1 薬剤師、5 理学療法士、2 衛生・昆虫技師、28^人 媒介疾病担当、2 統計士

*22 1 歯科医、1 薬剤師

*23 2 歯科医、2 検査技師、1 薬剤師、1 栄養士、2 衛生・昆虫技師

1-2 GRANADA の一次医療施設のサービス及び医療設備状況―農村部―

医療施設名	カバー 人口	医療従事者			保健サービスの内容	移動手段	設備	
		医師	看護婦*1	その他			飲料水	電気
1.P/S FROTIN	1,588	1	1(1)		薬局, 母子統合ヶ	無	水道水	無
2.P/S CAPULIN # 1	3,017	1	1(1)		薬局, 母子統合ヶ	無	無	無
3.P/S CAPULIN # 2	1,905		1(1)		薬局, 母子統合ヶ	無	無	無
4.P/S EL SITIO	1,905		2(2)		薬局, 母子統合ヶ	無	無	有
5.P/S EL DIAMANTE	2,540	1	1(1)		薬局, 母子統合ヶ	無	井戸水*3	無
6.P/S EL PASO	2,223	1	2(2)		薬局, 母子統合ヶ	無	井戸水*3	無
7.P/S MALACATOYA	4,445	1	2(2)		薬局, 母子統合ヶ	無	水道水	有
8.P/S TEPALON	1,905		1(1)		薬局, 母子統合ヶ	無	井戸水*3	無
TOTAL MUNICIPIO	19,528	5	11(11)					

*3 処理なし

2 NANDAIME の一次医療施設のサービス及び医療設備状況

医療施設名	カバー 人口	医療従事者			保健サービスの内容	移動手段	設備	
		医師	看護婦*1	その他			飲料水	電気
1.C/S ROMMEL CARRASQUILLA (有床)	17,439	11	33(19)	72*2	検査室、救急医療、分娩ヶ、歯科、慢性疾患ヶ、母子統合ヶ、衛生・疫学	救急車, ハン ジーフ, バイク	水道水	有
2.P/S LAS BRENAS	4,283	1	1(1)		薬局, 母子統合ヶ、慢性疾患ヶ	無	水道水	無
3.P/S LA BARRANCA	4,646		1(1)		薬局, 母子統合ヶ、慢性疾患ヶ	無	水道水	無
4.P/S LOS RANCHONES	-		1(1)		薬局, 母子統合ヶ、慢性疾患ヶ	無	水道水	無
5.P/S RIO MEDINA	5,917		1(1)		薬局, 母子統合ヶ、慢性疾患ヶ	無	井戸水*3	無
6.P/S CCHOMOGO (データなし)								
7.P/S LOS JIRONES	3,267	1	1(1)		薬局, 母子統合ヶ、慢性疾患ヶ	無	水道水	有

*2 1 歯科医, 4 検査技師, 1 栄養士, 3 衛生・昆虫技師, 17ヶヶ-媒介疾病担当, 2 統計士, 44 その他

3 DIRIOMO の一次医療施設のサービス及び医療設備状況

医療施設名	カバー 人口	医療従事者			サービスの内容	移動手段	設備	
		医師	看護婦*1	その他			飲料水	電気
1.C/S PEDRO ARAUZ PALACIO	12,054	5	12(6)	4*2	検査室、薬局、分娩ヶ、歯科、慢性疾患ヶ 了、母子統合ヶ、衛生・疫学	救急車、バ ン	水道	有
2.P/S VERACRUZ	882		1(1)		母子統合ヶ	無	井戸水*3	有
3.P/S CANA DE CASTILLA	6,456	1	2(2)		母子統合ヶ	無	井戸水*3	無
4.P/S LA ESCABA(データなし)								
5.P/S GUILLERMO RONCALLY	330		2(2)		母子統合ヶ	無	無	無

*2 1 歯科医、1 検査技師、1 衛生・昆虫技師、1 統計士

4 DIRIA の一次医療施設のサービス及び医療設備状況

医療施設名	カバー 人口	医療従事者			保健サービスの内容	移動手段	設備	
		医師	看護婦*1	その他			飲料水	電気
1.C/S VIRGEN DE LOS DESAMPARADOS	2,604	4	10(3)	5*2	検査室、薬局、歯科、慢性疾患ヶ 母子統合ヶ、衛生・疫学	ジープ、バイク、自転車	水道水	有
2.P/S SANTA ELENA	600		1(1)		母子統合ヶ	無	水道水	無
3.P/S LOS JIRONES	1,560		1(0)		母子統合ヶ	無	河川水	無
4.P/S PLAYAS VERDES	1,200		1(1)		母子統合ヶ	無	河川水	無
TOTAL MUNICIPIO	5,964	4	13(5)	5				

*2 1 歯科医、1 検査技師、1 衛生・昆虫技師、1 ベクター媒介疾病担当、1 統計士

Report of the Fact-finding Study Team
for Technical Cooperation Project in Health
in the Republic of Nicaragua

JICA

19 April, 1999

1. Objective and Scope of the Study

The team visited Nicaragua from April 10, 1999 though April 22, 1999. The objective of the study was to formulate a technical cooperation project in health sector between the Government of Nicaragua and JICA through collection of relevant data, discussions with authorities and personnel concerned, and site visits.

The focus of the study was placed on understanding the present health situation, major issues, and development strategies at various levels and facilities in Granada SILAIS. Thus the team had discussions and interviews with relevant persons at SILAIS office, Granada Hospital, municipal health offices in Granada and Nandaime, health centers, health posts and community members. Additional information was obtained from international and bilateral organizations, a NGO, and institutions of training and education in health. The itinerary of the team from April 10 to 19 is attached in Annex 1.

2. Findings

(1) Health Situation of the Population

As explained by the SILAIS Granada, the major public health problems in Granada are high maternal and infant mortality and morbidity. Health indicators in Granada as a whole is above national average, but there remains much room for improvement among population of disadvantaged rural communities with little access to health care services. Programs such as integral care of women and children, EPI, acute diarrhea diseases and ARI control, vector-borne infectious diseases and environmental hygiene are implemented to improve the situation. Effective and efficient implementation of these programs at different levels should be pursued.

(2) Health Facilities and Personnel

The primary level health care facilities are providing preventive and basic curative care for the community with severely limited resources. Number of doctors, nurses and auxiliary nurses at facilities in rural area is insufficient and there seems disparity of allocation both of human resources and facilities between urban and rural areas.

The technical skills of health workers are not always fulfilling the required standard, which accelerate the bypassing of primary level facilities. Improvement of quality of care is necessary through systematic training and supervision of general doctors, nurses and auxiliary nurses together with provision of basic medical equipment at primary level facilities.

The role of the SILAIS office and the municipal health offices is important to implement the above-mentioned improvement and their function should be strengthened, too.

Quality care at the primary level will decrease the burden of currently overcrowded outpatient department of the Hospital. Coordination and Cooperation between the primary and secondary level facilities should be strengthened through regular exchange of information and collaborative operation of referral / counter-referral system, especially for maternal care and safe delivery.

Health facilities and offices at all levels are suffering from severe shortage of financial resources, but the strategy for cost recovery is not clearly articulated. Under the situation, management capability of relevant personnel is essential for efficient financial control and rational allocation of resources.

(3) Community Participation

There seems limited community participation in such activities as preventive health care and environmental hygiene, except for EPI. Various efforts were made in the past to train community level health volunteers, but most of them faced difficulties in sustainability. Training of such field workers is desired, who will help the community members organize themselves and mobilize their grass roots activities in a sustained manner, so that the community can more actively participate in such activities as safe water supply, nutritional improvement, and basic preventive care. Japanese experience and capacity in leadership training for field workers in community health development may be utilized in this area.

3. Conclusion and Recommendation

As a result of the study, the team formulated a tentative project plan as attached in the

Annex 2, which aims at improvement of health care system with special attention to training of personnel, community participation and cooperation between primary and secondary level facilities.

The team expects that the Nicaraguan Ministry of Health and the relevant authorities together with SILAIS Granada examine this tentative plan, develop their final project proposal and submit it to the Embassy of Japan thorough due formalities.

Upon Receipt of the official request from the Government of Nicaragua, JICA will dispatch a preliminary study team to Nicaragua, for jointly workout the design of the Project.

The members of fact-finding team express their deepest gratitude for the Officials of the Ministry of Health, SILAIS Granada and the community members in Granada and Nandaime municipality for their kindness, patience and cooperation. They also owe a lot to the members of international, bilateral, and non-governmental organizations who generously shared information and their wisdom with the team.

Annex 1 Itinerary of the team

Annex 2 Tentative Outline of the Technical Cooperation Project

Annex 1

VISTA DE MISION JAPONESA SOBRE ESTUDIO,
 PROYECTO "MEJORAMIENTO DE LA SALUD LOCAL EN NICARAGUA"
 DEL 10 AL 23 DE ABRIL DE 1999

FECHA	ACTIVIDAD
SAB./10-04	02:30 LLEGA MISION A NIC. VUELO TA-571 04:30 VISITA A OFIC. DE JICA/JOCV
DOM./11-04	09:00 VISITA A HOSPITAL DE GRANADA
LUN./12-04	09:00 VISITA A EMBAJADA DE JAPON 11:00 VISITA DE CORTESIA A LA SCE 14:00 VISITA DE CORTESIA Y REUNION EN EL MINSA CON SILAIS-GRANADA
MART./13-04	08:00 REUNION EN EL MINSA CON SILAIS-GRANADA 14:00 VISITA A AID/ REUNION EN EL MINSA 14:30 VISITA A PAHO 15:30 VISITA A UNICEF 17:00 VISITA A GTZ
JUEV./15-04	08:00 VISITA A CENTRO DE SALUD ROMMEL CARRASQUILLA (CON CAMA) Y A PUESTO DE SALUD LOS JINONES(CON MEDICO) Y A CASA BASE DE LA COOPERATIVA BERNARDINO DIAZ OCHOA Y A PRESA CANDELERIA COMUNIDAD 09:00 VISITA A CENTRO DE SALUD JORGE SINFOROSO BRAVO(SIN CAMA) Y A PUESTO DE SALUD MALACATOYA (SIN MEDICO) Y A TEPALON CASA BASE Y A TEPALON COMUNIDAD
VIER./16-04	09:00 VISITA A VISION MUNDIAL EN MASAYA 14:00 VISITA A POLISAL / VISITA A BANCO MUNDIAL 15:30 VISITA A AECI 17:00 VISITA A CIES
SAB./17-04	10:00 REUNION CON VOLUNTARIOS JAPONESE DE COOPERACION EN EL EXTRANJERO
DOM./18-04	PREPARACION DE INFORME (HOTEL) SALIDA DE MANAGUA DEL SR.YAMASHITA, VUELO TA-570
LUN./19-04	11:00 REUNION FINAL CON MINSA 14:00 EMBAJADA DE JAPON Y OFICINA DE JICA(ENTREGA DE INFORME)

MART./20-04 SALIDA DE MANAGUA DEL LIC.KITABAYASHI, DRA.TAKAGI, LIC.UYAMA
 DRA.TOKESHI PERMANECERA HASTA EL DIA 22 DE ABRIL PARA RECOLECCION DE DATOS E
 INFORMACIONES ADICIONALES.

Annex 2

Tentative Outline of the Technical Cooperation Project

I. Overall Goal of the Project

Improve health situation of the people of Granada SILAIS, with special attention to the health of women and children.

II. General Objective of the Project

Strengthening of health care system at Granada SILAIS

III. Specific Objectives

1. Improve quality of health care at the health centers and health posts, focussing on maternal health and common child diseases such as diarrheas and ARI.
2. Improve capacity of SILAIS and municipal health offices in terms of management, supervision, monitoring and training
3. Improve referral and counter-referral system between the hospital and primary level facilities, especially in the maternal care and obstetric emergency
4. Enhance community participation and health education at community level

IV. Activities

- 1-1 Conduct training and supervision of health workers at primary care level
- 1-2 Provide basic medical equipment at health centers and health posts
- 2-1 Conduct situation analysis of primary level care at health posts and health centers
- 2-2 Develop plans for training and supervision of health care personnel at primary level facilities
- 2-3 Develop educational materials for health workers and community members
- 2-4 Provide vehicles for supervision
- 2-5 Provide equipment for training, production of educational materials, and data analysis
- 3-1 Hold regular meeting between SILAIS and the hospital at both managerial and technical level to identify the problems and develop a mutually consistent plans of operation
- 3-2 Implement the plans of operation, which include collaborative activities for improvement of quality and efficiency of maternal care at both primary and secondary level

3-3 Train health care workers at primary and secondary level so that the referral / counter-referral system will be functional

4-1 Conduct situation analysis of the community regarding knowledge, attitude and practice of its members

4-2 Educate members of community regarding safe delivery, environmental hygiene and prevention and care of common diseases

4-3 Activate community organizations

V. Project Administration

(1) Responsible Organization

The General Bureau of the Health Services (or a Bureau under the General Bureau of Health Services) will bear overall responsibility of the Administration and Coordination of the Project at Ministry of Health.

(2) Implementing Organization

SILAIS Granada will be the implementing organization of the Project in cooperation with other relevant organizations.

VI. Nicaraguan Inputs

(3) Personnel assignment and salaries

Project Director

Project Manager

Counterpart Personnel for Japanese Experts

Administrative and Support staff

(4) Office for the Project

(5) Expenses for Operation of the Project Office

Electricity, Water, Gas, Telephone

VII. Japanese Inputs

(1) Experts

Chief Advisor

Coordinator

Experts in:

Maternal Care

Child Care
Health Education/IEC,
Community Organization and Training
Other relevant fields

(2) Equipment

Basic Medical Equipment
Vehicles
Audio-visual Educational Equipment
Educational materials
Computers
Other necessary equipment

(3) Training of Nicaraguan counterpart personnel in Japan

In the fields of:

Health Administration at Local level
Community Nursing / Public Health Nursing
Community Organization and Leadership

(6) Support of Expenditures

For:

In-service training courses for health workers
Production of educational materials
Seminars and workshops
Situation analysis surveys/operational research
Minor rehabilitation of health facilities