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添付資料1 現地調査日程

			訪問先	宿泊地
0	1月20日	土	東京発	機内
	1月21日	日	アクラ着	機内
1	1月22日	月	AM 事務所打合せ	アクラ
			PM 保健省、ガーナヘルスサービス(表敬訪問)	
2	1月23日	火	AM ガーナヘルスサービス(Human Resource Development Division)	アクラ
			PM USAID、大使館(表敬訪問)、保健省(PPME)	
3	1月24日	水	アッパーウエスト州へ移動	UW
4	1月25日	木	AM RHMT、州病院、CHPSコンパウンド視察	UW
			PM ワウエスト郡DHMT、CHPSコンパウンド視察	
5	1月26日	金	AM ジラパ郡DHMT、郡病院、CHN養成校、CHPSコンパウンド視察	UW
			PM ジラパ郡ヘルスセンター視察、ナドリDHMT、ナドリ郡州病院	
6	1月27日	土	AM ナドリ郡ヘルスセンター、CHPSコンパウンド視察	UN
			PM 協力隊へのインタビュー	
7	1月28日	日	アクラに移動	アクラ
8	1月29日	月	AM 事務所報告、団内ミーティング	アクラ
			PM 資料整理	
9	1月30日	火	AM UNICEF、UNFPA	アクラ
			PM DANIDA	
10	1月31日	水	AM 資料整理	アクラ
			PM Population Council、JICA事務所打ち合わせ(協力隊調整員)	
11	2月1日	木	AM 資料整理	アクラ
			PM JICA打ち合わせ、大使館(草の根無償担当者)	
12	2月2日	金	AM 団内打ち合わせ	アクラ
			PM 事務所報告	
13	2月3日	土	資料整理	アクラ
14	2月4日	日	資料整理	アクラ
15	2月5日	月	AM 技プロリーダーとの打ち合わせ	アクラ
			PM 報告書作成	
16	2月6日	火	AM GAIT	アクラ
			PM UNICEF、Plan Ghana	
17	2月7日	水	報告書作成	アクラ
18	2月8日	木	AM 世銀	アクラ
			PM 報告書	
19	2月9日	金	AM 全アッパーウエスト州保健局次長へのインタビュー	機内
			PM 事務所報告	
20	2月10日	土	アクラ発	機内
21	2月11日	日	東京着	

添付資料 2 主要面談者リスト（敬称略）

ガーナ政府関係者

- Hon Samuel Owusu Agyei, Deputy Minister of Health
- Sam Adjei, Deputy Director General, Ghana Health Service
- Caroline Jehu-Appiah, Deputy Director, PPME
- Prince Bonney, Deputy Director, Planning, HRD, GHS
- Said Al-Hussein, Deputy Director, Training & Car Dev.HRD.GHS
- Robert Mensah, NPO ASRH
- Sebastian Eliason, NPO—RH
- Jacob Abebrese, Medical Superintendent, Regional Hospital, Wa.
- Richard Besadi, RHMT
- George Kuubetuure, RHMT
- R. K. D. Hadzi, RHMT
- Jacob Kujo Aleeba, RHMT
- B. M. Gerald, RHMT
- Kwame Boye, RHMT
- Martin Taabazuing , RHMT
- Eva Aryee, RHMT
- D. K. Anokye, RHMT
- Joseph Firina, RHMT
- Phoebe Balagumyetime, District Director of Health Services, Wa West.
- Clifford Vengkungmene, District Disease Control Officer, Wa West
- Musah Ziblim, District Nutrition Officer
- James Moyambe, TB Coordinator Wa West.
- Adamu Seidu, Account. Wa West DHMT
- Alphonsus Sofaa, Leprosy Control Officer, Wa West DHMT
- Clement Sumani, District Leprosy Officer, Jirapa DHMT
- Henry Tenye, District Disease Control Officer.Jirapa DHMT
- Alphonse Ashime, Senior Executive Officer. Jirapa DHMT
- Osman Yunus, Senior Accounts officer.Jirapa DHMT
- Theodora Mwaamaal, PNO – PH Jirapa DHMMT
- Grace Danlare, Principal Nutrition Officer Jirapa DHMT
- Dr. Francis Djangmah, Medical Director, Jirapa Hospital m
- Solomon Tibrum, Accountant

JICA ガーナ事務所

- 村上　博、所長
- 熊谷　真人、次長
- 梁瀬　直樹、主査
- 若杉　祐司、所員
- 仲川　美穂子、企画調査員
- 中元　則晶、ボランティア調整員

日本人専門家

- 池田　高治、IC Net Limited、総括/地域保健行政
- 石賀　智子、IC Net Limited、母子保健
- 川﨑　美保、IC Net Limited、地域保健
- 佐藤　千咲、IC Net Limited、業務調整

在ガーナ日本大使館

- 中村　温、参事官
- 志岐　寿子、経済協力調整員
- 坂口　研、三等書記官

援助機関

- Mark Young, Head of Health/Nutrition Section, UNICEF
- Victor Ankrah, Project Officer, Health, UNICEF
- Ian McFarlane, Deputy Representative, UNFPA
- Emmanuel K. Tofoatsi, Assistant Representative, UNFPA
- Sebastian Eliason, Project Officer, Reproductive Health, UNFPA
- Helen K. Dzikunu, Senior Programme Advisor, DANIDA
- BethAnne Moskov, Health Office Chief, USAID
- Kobina Atta Bainson, Chief of Party, Population Council (USAID's CHPS-TA Project)
- Borbara Jones, Deputy Chief of Party, Population Council (USAID's CHPS-TA Project) [64]
- Papa M.D. Sene, Deputy Director for Africa, CLUSA (Cooperative League of the USA)
- Evelyn Arthur, National Coordinator, GAIT (Government Accountability Improves Trust)
- Gloria Adobea Odei, Health Advisor, Plan/Ghana
- Erethur Sweatson, Water and Sanitation Section, World Bank

[64] GAIT is supported by USAID and implemented by CLUSA, EDC and RTI

添付資料 3 参考資料リスト

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【日本・JICA】

・対ガーナ国別援助計画（外務省）(2006 年.9 月)

・2005 年度版国別データブック（ガーナ）（外務省）

・H17 年度版対ガーナ国別事業実施計画（JICA アフリカ部）H18 年３月改訂

・Health Sector Situation Analysis（JICA ガーナ事務所 July, 2006)）

・Health Sector Position Paper（JICA ガーナ事務所）

【本プログラム】

・ Minutes of Meeting Between Japan International Cooperation Agency and Authorities Concerned of the Government of the Republic of Ghana on Japanese Technical Cooperation for Project for the Scaling up of CHIPS Implementation in the Upper West Region, December 2005

・ Record of Discussion Between Japan International Cooperation Agency and Authorities Concerned of the Government of the Republic of Ghana on Japanese Technical Cooperation for Project for the Scaling up of CHIPS Implementation in the Upper West Region, December 2005

・ Final Report on Project Cycle Management Workshop: towards a Project Design for Scaling up CPS Implementation in the Upper West Region (August 2005)

・ ガーナプログラム概要（JICA アフリカ部）:
プログラムの枠組み、プログラム概念図、プログラム PDM, プログラム作業工程表、プログラム配置図、プログラム概算総事業費総括表、プログラム計画書（案）

（2006 年 11 月 6 日）
・ プログラム実行計画書案（JICA アフリカ部）(Position Pan JICA Cooperation in the Health Sector in Ghana 2006-2009)
・ ガーナ国コミュニティベース保健サービス（CHPS）技プロ案件形成調査報告書、保健人材養成分野アドバイザー及川雅典、2005 年 1 月
・ ガーナ国アッパーウエスト州地域保健プロジェクトインセプションレポート（要約）
・ ガーナ共和国基礎的医療機材整備計画基礎設計調査報告書
・ ガーナ共和国「アッパーウェスト州住民の健康改善プログラム」に係わるボランティア派遣案
・ Baseline Survey on Health Status of People and CHIPS Progress in the Wa West and Jirapa/Lambussie Districts of the Upper West Region, IC Net Limited, December 2006
・ KAP Survey on Health in the Wa West and Jirapa/Lambussie Districts of the Upper West Region, IC Net Limited, December 2006

【他援助機関】
・ United Nations Development Assistance Framework (UNDAF) for Ghana, 2006-2010, United Nations Country Team, April 2005
・ Development Partners in Ghana: Profiles on Cooperation Programmes, UNDP Ghana Office, September 2004
・ Executive Board of the United Nations Development Programmen and of the United Nations Population on Country Programme Document for Ghana ((DP/FPA/CPD/GHA/5), 3 October 2005
・ Executive Board (Second Regular Session) of World Food Programme on Country Programmes – Ghana (WFP/EB.2/2005/7-A/3), 6 September 2005
・ Memorandum of the President of the International Development Association and the International finance Cooperation on a Country Assistance Strategy of the World Bank Group for the Republic of Ghana, February 20, 2004
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・ Ghana Trend Analysis for Family Planning Service 1993, 1996, 2002, USIAD, Jan. 2005
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・ Summary Trip Report “Strengthening USAID’s Program to Reduce Child Mortality: Options for USAID/Ghana, USAID, Dec.2006
・ Government of Ghana-UNICEF Country Programm Action Plan (2006-2010)
・ Report of the Review of the Accelerated Child Survival and Development Programme in the

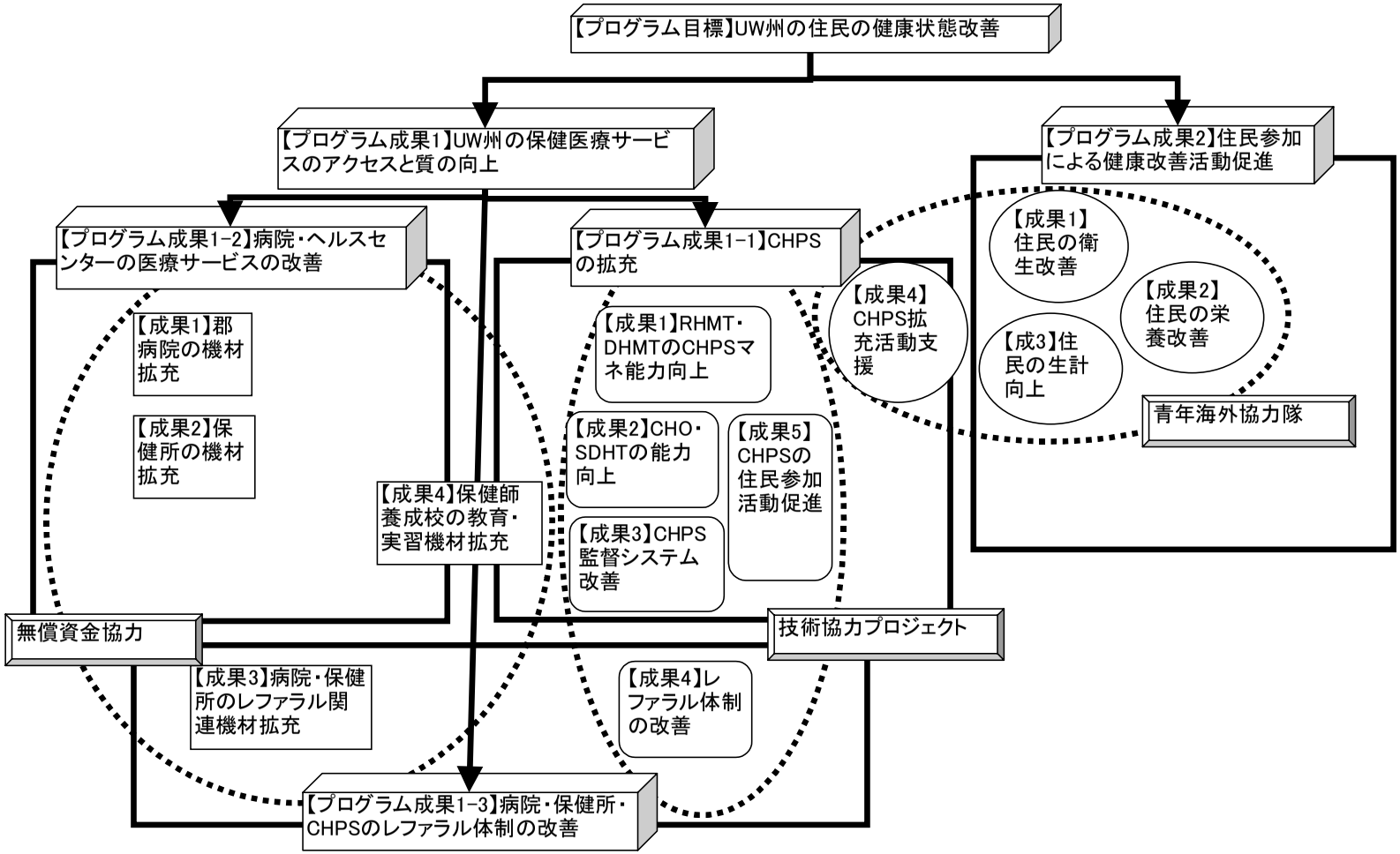
Upper East Region of Ghana, Review Team (UNICEF, WHO, WB, MoH, GHS), November 2004

- Community Based Health Planning and Services Initiative District-to-District Exchanges Scope of Work, Population Council (CHIPS-TA)

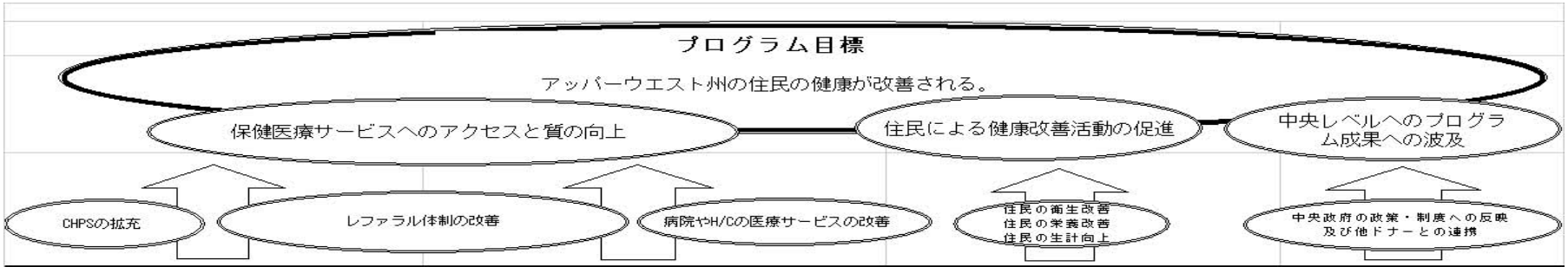
添付資料4 プログラムPDM（2006 年7月21日　JICA現地事務所作成）

スキーム	プロジェクトの要約		指標	入手手段	評価		
					事前	中間	終了
プログラム	プロ目	アッパーウエスト州の住民の健康状態が改善する。	1．妊産婦死亡率 2．5歳未満児死亡率	1．5年ごとにおこなわれるガーナ人口保健調査（2008年及び2013年実施予定） 2．MICS（ユニセフ支援）2006	2006年11月中旬以降予定	未定	未定
技プロ	プロ目	機能しているCHPSゾーンの拡大によって、対象地域住民の良質な基礎的保健サービスへのアクセスが向上する。	1．ステージ1郡で機能しているCHPSゾーン数が郡保健局の拡大計画によって増加する。 2．ステージ1郡で予防接種率、妊産婦死亡率、専門技能者の立会いによる出産の数、避妊実行率が上昇する。 3．2郡で改善されたリファラルシステムやリファラルガイドラインが他の6郡で導入される。 4．2009年までにステージ2郡の50%以上で効果的・効率的な監督システムが導入される。 5．2009年までにステージ1郡で改善された住民参加方法が他の郡で導入される。	・郡保健局報告書 ・モニタリング・評価報告書（プロジェクトがモニタリング・評価方法構築）		2008年予定	2009年予定
	成果	1.州保健管理局及び郡保健局のCHPS拡大にかかるマネジメント能力が向上する。	1．RHMT及びDHMTによるモニタリング・評価結果の活用事例数が上昇する。 2．DHMTにより郡ごとのCHPS拡大計画が毎年見直されて作成される。 3．CHPS拡大に係る郡保健局の年間予算が増加する。 4．2007年から郡議会がCHPS拡大にかかる予算を年間予算に計上する。 5．DHMTの業務遂行能力が向上する。	・　郡保健局報告書 ・　パフォーマンス・スタンダードによる評価 ・モニタリング・評価報告書			
		2.CHOおよび準郡保健チーム(SDHT)の能力が向上する。	1．SDHTの業務遂行能力が向上する。 2．CHOの業務遂行能力が向上する。 3．コミュニティのCHPSでうけられる保健サービスに対する満足度が上昇する。	・　パフォーマンス・スタンダードによる評価 ・クライアント満足度調査報告書 ・モニタリング・評価報告書			
		3.CHPS活動に関する監督システムが改善される。	1．RHMT、DHMT、SDHT、CHOによるスーパービジョン結果の活用事例数が増加する。 2．スーパービジョン年間行動挙行率が上昇する。	・モニタリング・評価報告書 ・スーパービジョン報告書 ・CHPS報告書			
		4.CHPS、ヘルスセンター及び病院間のリファラル・カウンターリファラル体制が改善される。	1．リファラルガイドラインの利用度上昇。 2．保健所及び病院へのリファラル数上昇。	・　CHPS報告書 ・　郡病院報告書 ・モニタリング・評価報告書			
無償	プロ目	1.アッパーウエスト州内の全ての郡病院、及び全ての保健所において医療サービスが改善される。 2.CHPS、ヘルスセンター、病院間のリファラル体制が改善される。 3．アッパーウエスト州にあるコミュニティ保健師養成学校の教育環境が向上する。	保健所：「外来受診者数」、「周産期健診件数」、「分娩件数」 病院：「外来受診者数」、「周産期健診件数」、「分娩件数」、「帝王切開件数」、「手術件数」、「超音波診断件数」、「血液検査数」、「献血件数」 CHN養成関連：「実習機材を使用する授業数」、「教育機材を使用する授業数」 リファラル関連：「受入れ紹介患者数」、「送り出し紹介患者数」	CHN養成校への質問表 GISのルーチンデータ			
	成果	1．州/郡病院において医療機材が整備される。 2．保健所の医療機材が整備される。 3．コミュニティ保健師養成校において教材実習機材が整備される。 4．保健所や郡（州）病院において無線機や救急車が整備される。	納入機材数、種類	業務月報・完工報告書			
JOCV	プロ目	住民参加を通したコミュニティの健康改善活動が促進される。	・プログラムに対する効果の言及 ・レベルを下げた指標の設定（検討中）	・隊員報告書			
	成果	1．ステージ1郡において、住民の水・衛生・栄養等健康に関する知識が増進されるとともに、住民の健康改善活動が促進される。 2．ステージ2郡において、、CHPS拡充が促進される。		・隊員報告書			
個別専門家	プロ目	CHPS拡充に関する、プログラムの成果を踏まえた、政策・制度が整備される。					
	成果	1.プログラム関連情報が収集され、日本側関係者に共有される。 2.ガ国保健セクターにおいてプログラムの成果が政策・制度や他ドナーの活動に反映される。	プログラム定例会議（援助調整専門家、技プロ、JICA事務所、JOCV）での報告内容 プログラムの成果に関する中央レベルでの会議での報告内容と数 プログラムの成果が国家マニュアル、ガイドライン、研修モジュールに反映された内容と数、プログラムの成果が他のドナーの活動に反映された内容と数	プログラム定例会議議事録 保健省との会議議事録 国家マニュアル ガイドライン 研修モジュール ドナー会議議事録 ドナー活動報告書			

添付資料5 プログラム概念図（2006 年 8 月 17 日　JICA 現地事務所作成）



添付資料 6 プログラムの枠組み（2006 年 9 月 28 日　JICA 現地事務所作成）



技プロ	無償	JOCV	専門家
プロジェクト目標： 機能しているCHPSゾーンの拡大によって、対象地域住民の良質な基礎的保健サービスへのアクセスが向上する。	**プロジェクト目標：** 1. アッパーウエスト州内の全ての郡病院、及び全ての保健所において医療サービスが改善される。 2. CHPS、ヘルスセンター、病院間のリファラル体制が改善される。 3. アッパーウエスト州にあるコミュニティ保健師養成学校の教育内容が改善される。	**プロジェクト目標：** 住民参加を通したコミュニティの健康改善活動が促進される。	**プロジェクト目標：** CHPS拡充にかかる政策・制度や他ドナーの活動にプログラム成果が反映される。
成果： 1.州保健管理局及び郡保健局のCHPS拡大にかかるマネイジメント能力が向上する。 2.CHOおよび準郡保健チーム(SDHT)の能力が向上する。 3.CHPS活動に関する監督システムが改善される。 4.CHPS、ヘルスセンター及び病院間のリファラル・カウンターリファラル体制が改善される。	**成果：** 1. 州/郡病院において医療機材が整備される。 2. 保健所の医療機材が整備される。 3. コミュニティ保健師養成校において教材実習機材が整備される。 4. 保健所や郡（州）病院において無線機や救急車が整備される。	**成果：** 1. ステージ1郡において、住民の水・衛生・栄養等健康に関する知識が増進されるとともに、住民の健康改善活動が促進される。 2. ステージ2郡において、CHPS拡充が促進される。	**成果：** 1.プログラム関連情報が収集され、日本側関係者に共有される。 2.ガ国保健セクターにおいてプログラムの成果が政策・制度や他ドナーの活動に反映される。
活動： ・プロジェクト合同調整委員会（JCC）の開催 ・既存CHPSの把握とレビュー ・研修の実施（RHMT・DHMT・CHN・CHO・SDHT・CHV） ・パフォーマンス・スタンダードの作成（RHMT・DHMT・CHN・CHO・CHV） ・CHPS拡大計画の作成支援 ・DHMT,郡議会、郡保健委員会、他セクター、NGOや他の援助機関とCHP活動に係る支援の連携を強化するための会議（郡）CHPSフォーラムの実施 ・CHO・SDHT研修ニーズの把握及び研修用モジュール作成 ・現地NGO再委託 ・合同定例会議の開催 ・研修の実施（RHMT・DHMT・CHN・CHO・SDHT・CHV） ・CHPS活動モニタリング・評価マニュアルの作成/CHPS保健情報システムガイドラインの策定 ・スーパービジョンシステムの現状分析及びガイドラインの策定/スーパービジョン研修（SDHT） リファラルカウンターリファラル体制の改善支援 ・現地NGOによる住民参加促進活動実施 ・相互視察とグットプラクティスの共有 ・本邦研修の実施 ・プロジェクト合同調整委員会（JCC）の開催	**活動：** ・協力対象範囲の検討、機材仕様等の検討、相手側との合意形成（基本設計調査） ・州/郡病院の活動に必要な基本的医療機材の調達、据付 ・保健所の活動に必要な基本的な医療機材の調達、据付 ・コミュニティ保健師養成学校の教育実習機材の調達 ・州/郡病院の患者搬送に必要な救急車の調達 ・保健所への無線機の調達、据付	**活動：** ・ステージ1郡における安全な水の供給、衛生・栄養等に関する啓発及び住民参加の活動促進（村落開発普及員、公衆衛生、栄養士等） ・ステージ２郡におけるCHPS拡充への活動支援（保健師、看護師等） ・協力隊員活動支援と配属先・他スキームとの調整（フィールド調整員）	**活動：** ・プログラム定例会議でのプログラム関連情報提供 ・中央政府のCHPS拡充にかかる政策・制度へのアドバイス ・他ドナーとの連携促進

添付資料７　UNDAF (2006-2010) Results Matrix（保健分野）

National Priority/Goals (Reference GPRS matrix)	• Bridge equity gaps in access to quality health care • Implement special programmes to support the vulnerable and the excluded. Increase access to safe and sustainable water and sanitation coverage for rural and small town populations		
UNDAF Outcome (Resolution from UN retreat)	By 2010, the population of people in Ghana particularly those living in the most deprived districts whose right to health is fulfilled is increased.		
CP Outcome	Country Programme Outputs	Role of Partners	Resource Mobilization targets
Decrease in child morbidity and Mortality in most deprived districts	▪ Integrated child survival interventions in the deprived districts is increased both coverage & access (Vaccine preventable Diseases targeted for eradication, elimination, Malaria, Diarrhea, ARI will be focused on) ▪ Capacity of health care providers in delivering integrated child survival interventions is strengthened & improved ▪ Awareness among communities and health care providers about prevention & management of child killer diseases & conditions enhanced ○ WHO Country office Expected results ($2,000,000 for 2006-2007) ⇙ Routine Immunization services strengthened & sustained through RED ⇙ Burden of mortality and morbidity of Vaccine preventable diseases reduced and quality supplemental immunization activities implemented to sustain interruption of wild poliovirus circulation ⇙ Improved surveillance of VPD targeted diseases for elimination/eradication and accelerated control ⇙ Mechanisms for ITNs distribution and use in place ⇙ Interventions for expanding IMCI including the clinical care of children scaled up within districts ○ UNICEF Country programme (2006 to 2010) ⇙ Accelerated Child Survival and Development (ACSD) model fully implemented in two of the most deprived regions and USMR reduced by 35 percent in these regions ⇙ By 2006 Ghana declared polio free ⇙ Prevention of Mother to Child Transmission of HIV (PMTCT) implemented nationwide and a national response in place for the detection, treatment and care of HIV+ children	Ghana Health Service, GAVI, USAID, Health Partners Malaria Consortium, Italian Embassy District Assemblies	Projected total funding that may be available to UNICEF for the combined Health, Nutrition and Sanitation Programme is US$ 38,500,000 for the 5 year period, 2006-2010.
Decrease in maternal morbidity and mortality in most deprived districts	▪ Country specific strategy for reducing maternal & neonatal mortality (road map) developed ▪ Access to skilled attendants at birth increased ▪ Access to modern contraceptive methods improved ▪ Access to Basic & comprehensive EOC increased ▪ Pregnant & lactating women in quality community based supplementary feeding programmes supported	MOH, GHS, Health partners, District Assemblies	

	○ WHO Country office Expected result ($256,000 for 2006-2007) ▪ Quality of referral system for MPS improved ▪ Advocacy for political and financial commitment to safe motherhood and newborn health increased ▪ Technical support provided for operational research for maternal & newborn health ○ UNFPA CP ▪ Increased access to maternal health care and youth friendly services in programme districts ○ UNICEF CP ▪ Advocacy for political and financial commitment to safe motherhood and newborn and adolescent health increased		
Decrease in Malnutrition in most deprived districts	▪ No of vulnerable children < 5yr in quality community based supplementary feeding program supported ▪ Access to and availability of micronutrients through local food based approaches supported ▪ Technical expertise in nutrition at district/community level and for development of guidelines, educational materials supported ▪ Nutrition IEC strengthened & expanded ○ WFP CP ▪ Reduced level of malnutrition among pregnant and lactating women ▪ Reduced level of malnutrition among children under 5 years ○ UNICEF CP ▪ Accelerated Child Survival and Development (ACSD) model fully implemented in two of the most deprived regions and child malnutrition (underweight) reduced by 20 percent in these regions. ▪ By end 2006 all household salt iodized ○ WHO Country office Expected result (2006-2007 estimated $100,000) ▪ Health care system strengthened for implementing and monitoring nutritional interventions	District assemblies, CBOs, NGOs, Ministry of Food & Agric, MOH, GHS	
Increase access to safe water & sanitation	▪ Availability of potable water in Guinea worm endemic areas increased ▪ Awareness of community members about safe water and prevention methods of Guinea worm enhanced ▪ Surveillance and case management of guinea worm intensified ▪ Access to sanitation facilities in deprived communities increased	WATSAN, District assemblies, Global 2000, JICA	

	○ UNICEF CP ▪ By 2006 Break transmission of Guineaworm and by end 2009 Ghana certified as Guinea Worm free. ▪ Cost effective and sustainable rural sanitation model available for national replication, and rural sanitation increased by 35 percent in the Northern Region. ▪ Increased availability of potable water for communities in Guinea worm endemic areas. ▪ Increased number of community members supported on knowledge of prevention methods of Guineaworm. ○ WHO Country office Expected result ▪ Surveillance & case management for Guineworm sustained in recently free districts from Guineaworm		
The Resident's coordinators office through the Health thematic group and health partners group will hold periodic meetings to facilitate the process.			

出所：United Nations Development Assistance Framework (UNDAF) for Ghana (2006-2010), United Nations Country Team, April 2005, Table 1-1

添付資料 8　UNICEF Country Programme (2006-2010) Results Matrix（保健・栄養プロジェクト）

UNICEF CP Outcomes	Decrease in child morbidity, mortality and malnutrition			
Key Result Expected	Key Progress Indicators/Baseline	Means of Vertification	Major Partners	Intervention Areas
Child Health and Nutrition				
By end of 2006:				
Universal Salt Iodisation (USI) achieved, 90%of households consuming iodised salt	% households using adequately iodised sault	Multiple Indicator Cluster Survey (MICS) 2006, Household coverage survey (2006), DHS2008, GSS	Nutrition Unit, GHS, PSI on salt, GES(SHEP), Private Sector (Salt Producers and Unilever Ghana Ltd), Micronutrient Initiative, Food and Drugs Board, Standards Board, FRI and other USI stakeholders	Monitoring, enforcement and certificatin of salt iodisation Salt iodizaton by producers Promote positive behaviour for Iodised Salt consumption Sustain USI status after 2006
Ghana declared polio free	No. of confirmed polio cases (0-2005:0-2006)	MOH/GHS annual report, surveys	MOH/GHS, Rotary International, WHO, JICA	Sustain polio eradication activities
By end of 2010:				
ACSD/HIRD approach implemented as a national strategy U5MR reduced by 25% (Nationwide)	% Reduction in U5MR (2003-111;2010-83)	MICS2006, DHS 2008,-GSS	MOH, GHS, Red Cross, University of Ghana Nutrition and Food Science Department and the Food and Nutrition Security Unit of the University of Department Studies, GSCP, WFP, FFA	Technical support to MOH/GIS and leveraging of resources for nationwide scaling up
U5MR reduced by 35% in the two most deprived regions (UWR,NR)	% of infants fully immunized (69% 2003, 100%-2010)	GHS/MOH Annual reports		Strengthen EPI in poor performing districts
Increase and sustain EPI coverage for infants at 80%	% sick children receiving effective treatment (20%-2005, 100%-2010)	Nutrition surveillance sytem, MICS (2006), DHS 2008, GHS-MOH annual reports		Capacity of GHS and NGOs for Integrated Management of Neonatal and Childhood Illiness
Increasze and sustain to at least 60% of effective treatment of malaria, diarrhoea and pneumonia	% reduction in under-five child malnutrition (underweight and stunting)			Malaria control activities Key household practices for improved child survival and development
Increase and sustain at 80% effective ANC coverage	% increase in EBF rate (53% 2005;80% 2010)			Social equity for vulenable in health insurance scheme
Child malnutrition (underweight) reduced by a third by the year 2010 and stunting reduced from 30% to 20% (nationwide)	% reduction Vitamin A deficiency			Implement ENA in ACSD/HIRD: ・Exclusive breastfeeding, complementary feeding and feeding of the sick child ・Maternal Nutrition ・Promotion of iodised salt ・Supplement foranaemia and VAD control in women and children

				Deworming of children and pregnant women in focus regions
				Food fortification
				Positive nutrition behaviour change at all levels
				Nutrition /health information/education
				Community based growth monitoring and promotion in the focus regions
				Nutrition surveillance
				Support Nutrition, WASH, Health, Protection to promote Key Household practices to vulnerable children and women
PMTCT (Prevention of Mother-to-Child Transmission) Plus				
PMCT scaled up nationwide A national response in plance for the detection, treatment and care of HIV+children	% HIV+ pregnant women receiving ARV to prevent mother-to-child transmission (2.5%-2005; 100%-2010)	HIV Sentinel reports MICS2006/10)	GHS/NACP, UNAIDS (WHO, UNFPA), CWSA, EHSU, Local NGOs, CBOs, DAs	Institutional and human capacity development for PMTCT services in assigned sites, districts and regions
50% HV+ pregnant women receiving ARV to prevent mother-to-child transmission in five of the ten regions (UWR/NR/UER/ER/CR)	No and % pregnant women (and children) HIV positive receiving ARV therapy for their own intection	GDHS(2008) Project and M&E reports		Establishment of ARVT for HIV positive pregnant women and children Procurement of ARVs etc.
40% of all eligible HIV positive pregnant or lactating women receive ARV in the five assisted regions				
60% of all HIV positive children receive ARV in the five assisted regions.				
Health, Nutrition, PMTCT+ and Water, Sanitation and Hygiene (WASH) Projects monitored and evaluated	Halth, Nutrition, WASH and PMTCT+ project targets achieved through M&E			Monitor and Evaluate Health, Nutrition and WASH
Health, Nutrition and WASH commitment for children and women in emergencies	Plan in place, revised annually and implemented in emergencies	Emergency Plans and Reports		Develop and implement Health/Nutrition/WASH Emergency Preparedness and Response Plan (EPRP)

Water, Sanitation and Hygiene				
By end of 2006:				
Guinea Worm transmission broken in 9 most endemic districts	Number of indigenous Guinea worm cases (2004-7275, 0-2009)	GGWEP annual reports	GHS/MOH-GGWEP, WHO, EHSU/MLGRD, EU, The Carter Center, GRCS, CWSA	Participatory Health and Hygiene Education in Guinea Worm endemic districts
				Cost effective, sustainable rural sanitation model
				Communication plan
				Capacity on Guinea Worm case management and prevention
				Handpump spare parts supply chain and maintenance
				Safe water and alternative water supply system for Guinea Worm communities
By end of 2009:				
Ghana certified as Guinea Worm free	Pct. Endemic villages with safe water (2004-45%, 100%-2009)	Ghana Guinea Worm case search reports, CWSA annual reports	Peace Corps, World Vision International, COC RWDP	
By end of 2010:				
Cost effective and sustainable rural sanitation model developed for replication Rural sanitation increased by 35% in the NR	% use of improved sanitation facilities (urban/rural)	CWSA annual reports, EHSU annual reports DHS, MICS 2006	Water Directorate, CWSA, EHSU, World Vision Intenational, WaterAid, MLGRD, APBO, GES/SHEP	Sanitation promotion model
	% use of improved drinking water sources (urban/rural)	WHO/UNICEF Joint Monitoring Programme		Latrine slab production centres in the districts
Community based hygiene promotion established	% of basic schools with WASH facilities	GES-SHEP reports SSHE reports-UNICEF/IRC		Sanitation Health and Hygiene promotion strategies
School WASH implementation in deprived districts	Basic hygiene activities introduced into school curriculum	CWSA annual reports		Participatory Health and Hygiene promotion strastegies
WATSAN Mapping established as a national tool linked to Ghanainfo and the JMP	National WATSAN monitoring system in place			Implementation of the ESICOME programme by the MLGRD
				WASH facilities and life skills in schools
				Water and Sanitation facilities in institutions
				Assess coverage and impact of WASH facilities
				District-based water planning and monitoring system using the WATSAN mapping

出所：Government of Ghana-UNICEF Country Programme Action Plan (2006-2010)

添付資料 9　UNFPA Country Programme（2006-2010）Results Matrix（リプロダクティブヘルスプロジェクト）

National priority: (a) bridge equity gaps in access to high-quality health care, and (b) implement special programmes to support the vulnerable and the excluded **UNDAF outcome:** by 2010, increases in the number of people in Ghana whose right to health is fulfilled, particularly among those living in the most deprived districts				
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Reproductive health	Outcome 1: Increased utilization of high-quality reproductive health services Outcome indicators: • Skilled attendance at birth • Proportion of adolescents using adolescent reproductive health services by gender Baseline: 2004 reproductive and child health annual report Outcome 2: A supportive environment that promotes reproductive health and rights Outcome indicators: • Extent to which reproductive health and gender are reported in the MDG report and other relevant country reports Baseline: CCA/UNDAF III (2006-2010); the annual review of the programme of work of the Ministry of Health	Output 1: Improved access to maternal health care and youth-friendly services in programme districts Output indicators: • Proportion of facilities providing basic and comprehensive emergency obstetric care in the programme districts • Proportion of facilities providing youth-friendly services in the programme districts Baseline: 2003 Ghana service provision assessment survey Output 2: Improved reproductive health behaviour among men, women and young people, particularly those living in UNFPA-supported districts Output indicators: • Percentage increase in knowledge among men and women of complications of pregnancy and delivery • Percentage increase among men and women, including youth who know signs and symptoms of at least two STIs and the correct source of treatment for STIs • Contraceptive prevalence rate Baseline: Ghana health service statistics 2005; 2003 Ghana demographic and health survey Output 3: Strengthened capacity of implementing agencies to manage, plan, formulate, implement, monitor and evaluate reproductive and adolescent health services at the national level and in targeted districts Output indicators: • Number of district health management teams with reproductive health commodity procurement plans • Number of district health plans with integrated reproductive health and adolescent sexual and reproductive health Output 4: Strengthened advocacy and awareness of reproductive health, adolescent sexual and reproductive health, reproductive rights and gender at the national level and in UNFPA-supported districts Output indicators: • Number of implementing partners advocating reproductive health, reproductive rights, adolescent sexual and reproductive health and gender issues • Amount of non-programme resources raised at national and district levels in support of reproductive health and gender issues	• UNICEF; WHO; WFP • Danish International Development Agency (DANIDA) • Department for International Development of the United Kingdom (DFID) • Government of the Netherlands • Japanese International Cooperation Agency (JICA) • USAID • World Bank • European Union	$11.8 million ($6.8 million in regular resources and $5 million in other resources)

出所：United Nations Population Fund Country Programme Document for Ghana (DP/FPA/CPD/GHA/5)

添付資料 10　WFP Country Programme Results Matrix

Results hierarchy	Performance indicators	Risks and assumptions	Resources required
Country Programme Outcomes 1. Reduced level of malnutrition among at-risk pregnant and lactating women and children under 5.	1.a Percentage of pregnant women gaining up to 12.5 kg during pregnancy. 1.b Percentage of lactating women with body mass index <18.5. 1.c Percentage of children under 5 who are underweight. 1.d Pregnant and lactating women's awareness and application of good nutritional practices.	1. "Make Ghana Free of Malnutrition" becomes official Ministry of Health policy, supported from national budget.	Basic component outcome 1 – US$5,714,475.
2. Improved attendance and completion rates among schoolchildren in grades P1 to P6 and girls in JSS1 to JSS3.	2.a Annual percentage change in absolute enrolment. 2.b GPI for absolute enrolment in WFP target schools. 2.c Gender-specific attendance rate for PS and JSS. 2.d Gender-specific completion rate and GPI for PS and JSS. 2.e Teachers' perception of children's ability to concentrate and learn in school as a result of school feeding.	2.i Government, with Ministry of Education, Youth and Sports as main partner, has adequate institutional mechanisms and human and financial resources at the national, regional and district levels for implementation and coordination of school feeding programmes.	Basic component outcome 2 - US$10,534,455.

3. Improved national capacity to implement and scale up supplementary feeding and on-site school feeding programmes.	3.a National, regional and district/community budgetary allocations to SFHNE and SBE programmes against WFP contribution. 3.b Share of VAM-identified vulnerable communities with government supported SFHNE and SBE programmes.	3.i The decentralization process advances fast enough to allow local governments to implement food-aid activities and coordinate development packages. 3.ii Government and WFP establish a strong institutional framework for CP management and oversight.	
4. Increased demand for domestic farm produce in response to newly created school feeding market requirements.	4.a Tonnage and monetary value of food commodities procured locally by WFP. 4.b Number of farmers/farmers' groups supported through local purchase. 4.c Percentage of food procured by contracted processors from small farmers' associations. 4.d Farm household revenues from produce sales to the local food-procurement initiative.	4.i Cash resources are available to the country office to procure food locally. 4.ii TechnoServe is able to link farmer associations with local food processors. 4.iii increased demand for farm produce will contribute to increasing farm household incomes.	
Country Programme Outputs 1.1. Participation of target population in food-supported nutrition intervention.	1.1.a Number pregnant and lactating women receiving dry rations. 1.1.b Number of children receiving wet rations. 1.1.c Micronutrient-fortified food distributed (mt). 1.1.d Number of health centers in programme. 1.1.e Number of women enrolled in health centers. 1.1.f Number of children enrolled in health centers and pre-schools.	Timely food delivery and distribution. Government commitment to attain MDG outcomes continues to be a national priority. Complementary resources and support from other partners are available. WFP makes available the staff, logistics and M&E required for the	**Country office monitoring plan** One logframe per component. One baseline study per component. Two annual data-collection exercises at joint WFP/Gov. sentinel sites per component. Two annual consolidated M&E reports per component

1.2. Staff and community capacity built and strengthened	1.1.g Number of health and nutrition education sessions offered per health centre per month. 1.1.h Number of women participating in health and nutrition education sessions. 1.1.i Number of pre-schools transformed into kindergartens under GES per year. 1.1.j Number of children enrolled in daycare centers and pre-schools. 1.2.a Number of GHS staff trained in growth monitoring and HIV/AIDS prevention. 1.2.b Number of community members and centre attendants trained and qualified in growth monitoring, record keeping etc.	success of the community-based approach.	in July and Dec. – joint WFP/Gov. – to feed into SPR. Yearly component performance review. One mid-term RBM-compliant evaluation mission, including RBM follow-up survey per component. One final evaluation of entire CP.
2.1. Food provided to schoolchildren. 2.2. Food provided to families as incentive to send girls to school. 2.3. Staff and community capacity built and strengthened	2.1.a Number of primary schoolchildren having received wet rations. 2.1.b Food distributed for wet rations (mt). 2.1.c Number of schools participating in school feeding programme. 2.2.a Number of girls in P4 to JSS3 having received dry rations. 2.2.b Food distributed for dry rations (mt). 2.2.c Number of schools in girl-child education programme targeted by WFP. 2.3.a Number of GES staff trained in monitoring and HIV/AIDS prevention. 2.3.b Number of PTA/SMC members and head		

	teachers trained in school feeding management and record keeping etc.		
3.1. Beneficiaries participating through district assembly members in planning, implementing, monitoring and evaluating programme activities	3.1.a Target communities' involvement in DC/PS; quantity and value of local contributions. 3.1.b Target communities' involvement in school feeding; quantity and value of local contributions to canteens. 3.1.c District assembly members and district coordinating directors trained with capacity for food procurement, management and distribution. 3.1.d Number of feeding days covered by government/community contributions for supplementary feeding.		
4.1. Increased demand for farm produce through local procurement.	4.1.a Food commodities procured locally by WFP (mt). 4.1.b Farm produce procured locally by contracted WFP suppliers (mt). 4.1.c Total produce sales by targeted farmers' groups to the local food procurement initiative.		

出所：Executive Board Second Regular Session (7-11 November 2005 Ageda Idem 7: Country Programmes) WFP/EB2/2005/7-A/3

添付資料 11 World Bank Results-Focused CAS for Ghana（保健・HIV/エイズ・水分野）

Longer Term Development Agenda		Shorter Term CAS Goals for the Country		
Strategic and Long Term Country Development Outcomes	Sector Related Issues which Hinder the Ability to Achieve Higher Order Country Outcomes	CAS Outcomes the Bank Group Expects to Influence through its Interventions	Intermediate Indicators to Track Implementation towards Expected CAS Outcomes	Government Strategies and Actions
Reduce Child Mortality; Improve Maternal Health				
Target: Reduce by two thirds, between 1990-2015, the under-five mortality rate	High and chronic levels of malnutrition for children under five years--25% of children under five are malnourished	Improved nutritional status of children under five	Malnutrition rates of children under five reduced from 25% in 2002 to 20% in 2007	Strategy for scaling up nutrition in deprived areas; Exclusive Breastfeeding; Education and Weaning; Nutritional Supplement
			Immunization coverage increased from 80% in 2002 to 90% by end of 2007	5-Year Program of Work in Health; Expanded program on immunization; Integrated management of childhood illnesses (IMCI)
	Health status of communities compromised as a result of low national coverage of water supply and sanitation	Improved health status of communities and decreased under five mortality from water-borne and excreta-related diseases	Reduction in number of under-5 diarrhea-related and water borne mortality reported in health centers by 25% between 2002 to 2007	Handwashing Program; Decentralized Delivery of Water; increased resources to the water sector.

Increase Access to Sustainable and Safe Water Supply and Environmental Sanitation Services				
Target: Halve by 2015 the proportion of people without access to safe drinking water and sanitation	Low coverage of water supply and sanitation in rural communities, small towns and urban low income areas leading to compromised health of communities	Increased access to safe and sustainable water supply and sanitation especially for the poorest	Additional people covered by water and sanitation services community water: 500,000 rural sanitation: 50,000 urban water: 300,000 urban sanitation: 116,000	SIP for community water; Draft PSP strategy for urban water
Combat HIV/AIDS				
Target: Halt by 2015 the rate of infection and reverse spread of HIV/AIDS	High level of stigmatization of PLWHAs	Stigmatization reduced for PLWHAs through advocacy and increased awareness creation for HIV/AIDS	All districts have AIDS Committees and are receiving funding to implement district AIDS plans; HIV prevalence among pregnant women nationwide remains below 5% in 2006	GARFUND; National Strategy Framework (2002-2006); Partnership with Private Sector; Workplace HIV/AIDS Policy
	Low level of behavior change of vulnerable groups resulting in 12% of deaths in Ghana attributable to AIDS	Target groups increasingly change risk behavior	1,000 programs for high risk groups implemented by end 2007; All districts in Ghana carry out behaviour change and orphan care activities	Transport policy on HIV/AIDS
	Growing incidence of HIV/AIDS in six major towns--at 6%, higher than national incidence	Maintain prevalence levels and make anti-retroviral (ARV) treatment available for PLWHAs	21,000 additional PLWHAs are receiving ARV treatment annually by end 2007; 5,000 AIDS orphans supported annually by end 2007	

出所：Memorandum of the President of the International Development Association and the International finance Cooperation on a Country Assistance Strategy of the World Bank Group for the Republic of Ghana, February 20, 2004