付　属　資　料

１．詳細計画策定調査協議議事録（M/M）

２．討議議事録（R/D）

３．保健省（MOH）組織図

４．ガーナヘルスサービス（GHS）組織図

５．第 3 次保健セクター 5 カ年計画（2007-2011）の
戦略目標のための活動計画

６．アッパーウエスト州の CHPS 施設、保健センター
等の視察結果

MINUTES OF MEETING BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF GHANA ON JAPANESE TECHNICAL COOPERATION FOR IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILISING CHPS SYSTEM IN THE UPPER WEST REGION

Chief Representative of Japan International Cooperation Agency (hereinafter referred to as "JICA") Ghana Office had a series of discussions with the authorities concerned of Ghana about the formation of Technical Cooperation Project for "Improvement of Maternal and Neonatal Health Services utilising CHPS system in the Upper West Region"(hereinafter referred to as "the Project").

As a result of the discussions, Chief Representative of JICA Ghana Office and the Ghanaian authorities concerned agreed on the matters referred to in the document attached hereto. This Minutes of Meeting is considered to as a supplement document of the Record of Discussions (hereinafter referred to as "the R/D").

Accra, April 4th, 2011

Mr. Jiro INAMURA
Chief Representative
Ghana Office
Japan International Cooperation Agency
Japan

Dr. Sylvester ANEMANA
for Acting Chief Director
Ministry of Health
The Republic of Ghana

Mr. Yaw OKYERE-NYAKO
Director, External Resource Mobilization-Bilateral
Ministry of Finance and Economic Planning
The Republic of Ghana

Dr. Elias SORY
for Director General
Ghana Health Service
Ministry of Health
The Republic of Ghana

THE ATTACHED DOCUMENT

1. Project Design Matrix (PDM)

Both sides agreed on the Project Design Matrix (PDM) referred to Attachment 1 summarizing the contents of the Project.

2. Project of Operations (POs)

Both sides agreed on the Plan of Operations (POs) referred to Attachment 2.

Attachment

Attachment 1: Project Design Matrix (PDM)

Attachment 2: Plan of Operations (POs)

Project Design Matrix Version 0

Project Title: Improvement of Maternal and Neonatal Health Services utilising CHPS system in UWR

Narrative Summary	Indicators	Means of Verification	Assumption
<Super Goal> Maternal and Neonatal Health (MNH) status in UWR is improved	S-(1) Maternal mortality ratio is decreased in UWR S-(2) Neonatal mortality ratio is decreased in UWR	Statistics of GHS GDHS	
< Overall Goals > (target year 2020) Maternal and Neonatal Health (MNH) services in UWR is continuously improved	By the year 2020, following indicators are further improved comparing with the status in 2015. O-(1) Proportion of clients receiving focused Antinatal care (ANC)* O-(2) Proportion of institutional delivery** O-(3) Postpartum/postnatal care (PNC) coverage*** * Contents of "focused ANC" will be determined after the project starts. ** Institutional delivery means; (1) deliveries attended by medical doctors and/or midwives in hospital / health centres and (2) emergency delivenes attended by CHOs in CHPS facilities. *** PNC coverage means number of mothers and neonates seen by hospital personnel/SDHTs/CHOs at least one time after the delivery out of the projected- pregnant-women population (After baseline survey, target increasing rate will be determined.)	Statistics of GHS GDHS Baseline survey report End-line survey report	- National health policy will continue to prioritise MCH issues.

< Project Purpose > (target year: 2015) Improve Maternal and Neonatal Health (MNH) services utilising CHPS system in UWR	By the end of the Project; P-(1) FSV Scores of RHMT, DHMT, SDHT and CHO on MNH services is improved P-(2) Proportion of clients receiving focused ANC* is increased P-(3) Proportion of institutional delivery is increased P-(4) PNC coverage is increased (After baseline survey, target increasing rate will be determined.)	DHIMS Statistics of RHMT Baseline survey report End-line survey report Project monitoring reports	- Socio-economic status of people living in UWR is not worsened drastically - CHPS service coverage is continuingly increased - Other health programmes continue in UWR

Narrative Summary	Indicators	Means of Verification	Assumption
< Outputs >			
1.Coverage of first trimester ANC registration is increased in UWR	1-(1) By 2015, proportion of pregnant women who register and receive cares in first trimester ANC is increased (After baseline survey, target increasing rate will be determined.)	Project monitoring reports	- District Assemblies and other development partners remain committed to health improvement as a key development goal.
2.Coverage of skilled delivery is increased in UWR	2-(1) By 2015, proportion of delivery attended by Skilled Birth Attendant (Dr. or Midwife) is increased. 2-(2) By 2015, proportion of emergency delivery attended by CHOs/CHNs who are trained on midwifery skills is increased (After baseline survey, target increasing rate will be determined.)	Project monitoring reports	- Quality of service provided by health centres, district/regional hospitals is maintained/ improved
3. Coverage of postpartum/postnatal care (PNC) is increased in UWR	3-(1) By 2015, coverage of PNC (within 7 to 10 days after delivery) is increased (After baseline survey, target increasing rate will be determined.)	Project monitoring reports	- Traditional leaders remain committed to health behavioural change of people.
4. Referral and referral feedback* in MNH services is improved in UWR * Referral feedback = counter referral	4-(1) By 2015, score of FSV on referral register and format filing in MNH services in all level is improved (After baseline survey, target score will be determined.)	Project monitoring reports	

5. Facilitative Supervision (FSV) is strengthened in UWR	5-(1) By 2015, implementation rate of monitoring using the revised tools and methods of FSV is more than target rate - FSV by RHMT over DHMTs - FSV by RHMT for RHMT self-monitoring - FSV by DHMTs over SDHTs - FSV by SDHTs over CHOs - Monitoring by CHOs over CHCs/CHVs (After baseline survey, target rate will be determined.)	Project monitoring reports	
6. Community mobilization especially CHAP implementation is improved in UWR	6-(1) By 2015, proportion of CHPS zones with Community Health Action Plan (CHAP) is increased 6-(2) By 2015, proportion of communities with functional Community Emergency Transport System** (CETS) is increased **Definition of "functional CETS" will be determined after the Project starts. (After baseline survey, target proportion will be determined.)	Project monitoring reports	
7. Best practices/ innovations on MNH services and CHPS implementation issues are introduced for potential replication inside/outside of UWR	7-(1) By 2015, best practices / innovations are identified, documented and introduced inside / outside of UWR.	Project monitoring reports	
8. Outputs and outcomes of the Project is monitored	8-(1) By 2011, base line indicators are monitored 8-(2) By 2015, end line indicators are monitored	Project monitoring reports	

<Activities > * Subject that should be discussed the priority and necessity after the project started.	< Inputs >	
1-1 Promote early ANC registration in community 1-1-1 Compose IEC (C4D) materials on early ANC registration 1-1-2 Train CHOs / CHNs to utilise the IEC (C4D) material for community sensitisation 1-1-3 Train CHOs / CHNs to motivate TBAs and CBSVs who refer mothers for ANC 1-2 Improve quality of ANC service 1-2-1 Train CHOs / CHNs on focus ANC, protocols and standards 1-2-2 Develop project specific checklist on ANC 1-2-3 Establish birth preparedness plan for ANC clients 1-3 Strengthen defaulter tracing 1-3-1 Train CHOs / CHNs on home visit for ANC services 1-3-2 Train CHOs / CHNs on review ANC registers to identify defaulters 1-3-3 Train CHOs / CHNs Improve documentation (traceable address) 1-3-4 Train CHOs / CHNs on dialogue with CBAs and other volunteers for defaulter tracing 2-1 Promote safe motherhood in communities 2-1-1 ToT to CHOs / CHNs to train CHVs on safe motherhood 2-1-2 Organise video shows (drama and jingle) on safe motherhood 2-1-3 Develop local IEC (C4D) material 2-2 Improve facility of health centres on delivery 2-2-1 Procure basic MNH equipment for health centres (*) 2-2-2 Establish mother's home at health centres (*) 2-3 Strengthen capacity of SDHT and CHOs 2-3-1 Expand the classroom of the school for midwifery (*) 2-3-2 Train CHO on safe motherhood 2-3-3 Train midwife of SDHT as supervisor of CHO on safe motherhood 2-3-4 Provide equipment for safe motherhood training 2-3-5 Conduct CHO fresher training 3-1 Strengthen maternal mortality audit (MMA) and neonatal mortality audit (NMA) 3-1-1 Support to conduct MMA/NMA and conference 3-2 Improve quality of PNC 3-2-1 Train SDHT on timing of discharge and new PNC policy 3-2-2 Train CHOs / CHNs on PNC services and new PNC policy 3-3 Improve defaulter tracing 3-3-1 Train CHOs / CHNs on review PNC registers to identify defaulters 3-3-2 Train SDHTs on quarterly meeting with CHVs and TBAs at SD level 3-3-3 Support to make PNC registers available at all levels 3-4 Promote PNC in community	1. <u>The Japanese Side</u>: 1) Experts – Chief Advisor – MCH – Referral – FSV – Community health planning – IEC – Project coordinator – Health information – Others 2) Equipment – Medical equipment – Vehicles – IEC equipment – Office equipment – Training equipment 3) Training in Japan – MCH 4) Budget of operation 2. <u>The Ghanaian Side</u>: 1) Ghanaian Counterparts – Regional	- Trained staff continues to work in UWR. - GHS's priority for UWR remains to be high

3-4-1 Develop educational materials for mothers on PNC 3-4-2 Train CHOs / CHNs on community sensitisation on PNC 3-5 Improve capacity of health facilities in referral feedback after delivery 3-5-1 Develop referral feedback system of mothers and neonates after institutional delivery 3-5-2 Train CHOs / SDHTs to improve utilisation of referral feedback of mothers and neonates after institutional delivery 3-5-3 Train hospital personnel on referral feedback after institutional delivery 4-1 Improve of utilisation of referral register and referral formats 4-1-1 Assess and improve filing and flow of referral format 4-1-2 Conduct capacity building of DHMT and hospitals HIO and referral coordinator on validation of data 4-1-3 Conduct capacity building of utilisation of data 4-1-4 Monitor accuracy of register and format 4-2 Improve referral feedback of sick mothers and children 4-2-1 Conduct capacity building for all levels on referral feedback 4-2-2 Monitor referral feedback 4-2-3 Organise half year referral review 4-3 Strengthen function of referral coordinators 4-3-1 Train extra staff as referral assistants 4-3-2 Clarify roles and duties of referral coordinator 4-3-3 Conduct training for referral coordinator 4-3-4 Monitor performance of referral coordinators 5-1 Modification of FSV monitoring tools, guidelines and manuals 5-1-1 Identify working group and review tools/materials 5-1-2 Conduct dissemination forum to select issues to be monitored through FSV 5-1-3 Revise tools/ materials and conduct pilot study 5-1-4 Finalize and distribute tools/ materials 5-2 Capacity building on the revised FSV monitoring tools, guidelines and manuals 5-2-1 Identify and train GHS staff at all levels 5-2-2 Conduct OJT through FSV 5-3 Develop new database for revised FSV 5-3-1 Identify the appropriate software and develop database 5-3-2Train users at RHMT and DHMT 5-3-3Conduct Follow up/OJT through FSV 5-4 Strengthen utilisation of results of FSV 5-4-1 Train RHMT and DHMT on analysis and feedback of FSV results 5-4-2 Monitor the implementation of action plans after every six months 5-4-3 Conduct dissemination forum on monitoring 5-4-4 Support to organise CHPS review meeting quarterly at DHA and RHA	health directorate – District health directorate – Sub district health teams – Community Health Officers – Regional/district hospitals 2) Office Space 3) Budget for operation	

6-1 Training on promotion of CHAP 6-1-1 Prepare training programmes/materials for TOT on CHAP 6-1-2 Conduct TOT on CHAP 6-1-3 Conduct training on CHAP to GHS staff 6-1-4 Provide supports for CHAP implementation(*) 6-1-5 Monitor CHAP implementation 6-2 Improve performance of CHCs and CHVs 6-2-1 Revise monitoring tools of CHO for effective monitoring of CHCs and CHVs 6-2-2 Support CHO to monitor CHCs and CHVs 6-3 Improve access to health services 6-3-1 Train CHOs / CHNs to strengthen community sensitisation on NHIS 6-3-2 Strengthen local communication network 6-3-3 Support dialogue with private transport owners 6-3-4 Train CHOs / SDHTs to improve individual emergency access 6-3-5 Monitor CETS and utilisation of emergency transport 7-1 Improve Information on CHPS implementation 7-1-1 Capacity building on documentation of good practices 7-1-2 Create a library space for good practice collection (*) 7-2 Forums and study tours for sharing of good practices 7-2-1 Provide audio-visual equipment (*) 7-2-2 Develop IEC (C4D) material 7-2-3 Organize forums 7-2-4 Conduct study tours 8-1 Baseline survey 8-1-1 Prepare and conduct baseline survey 8-1-2 Report and disseminate the results of the baseline survey 8-2 Monitoring of activities 8-2-1 Conduct regular monitoring of activities 8-2-2 Monitor indicators written in the PDM 8-2-3 Monitor important assumptions and other external important issues 8-2-4 Prepare for mid-term and final evaluation 8-3 Plan the end line survey 8-3-1 Prepare and conduct end-line survey 8-3-2 Report and disseminate the results of the end-line survey 8-4 Modification of PDM 8-4-1 Modify PDM when the necessity arises 8-4-2 Modify project activities, if necessary.		< Pre-conditions > - Human and financial resource to start the project is secured - Traditional leaders are positive for project activities

[illegible]	[illegible]	[illegible]	[illegible]				[illegible]				[illegible]				[illegible]				[illegible]				[illegible]	
		It will be determined after the project started	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Oct-Dec	Jan-Mar	Apr-June
1. Coverage of first trimester ANC registration is increased in UWR																								
1-1 Promotion of early ANC registration in community	- IEC materials prepared and utilised																							
	- CHOs and CHNs are trained on community sensitisation																							
1-2 Improve quality of ANC service	- CHOs and CHNs are trained on focused ANC																							
1-3 Strengthen defaulter tracing	- CHOs and CHNs are trained on defaulter tracing																							
2. Coverage of skilled delivery is increased in UWR																								
2-1 Promote safe motherhood in communities	- TOT to CHOs and CHNS to train CHVs on safe motherhood is conducted																							
2-2 Improve facilities of health centres on delivery	- Basic equipment for health centres is procured																							
	- Mother's home at health centres are established																							
2-3 Strengthen capacity of SDHTs and CHOs	- SDHTs and CHOs are trained on safe motherhood																							
	- CHO fresher training is conducted																							
3. Coverage of postpartum / postnatal care (PNC) is increased in UWR																								
3-1 Strengthening maternal mortality audit (MMA) and neonatal audit (NMA)	- Supports for MMA, NMA and conferences are conducted																							
3-2 Improve quality of PNC	- SDHT are trained on timing of discharge																							
3-3 Improve defaulter tracing	- CHOs and CHNs are trained on reviewing PNC registers																							
3-4 Promotion of PP/PNC in community	- ILC materials for mothers on PNC is prepared and utilised																							
	- CHOs and CHNs is trained on community sensitisation on PNC																							
3-5 Improve capacity of health facilities in referral feedback after delivery	- SDHTs, CHOs and CHNs are trained on referral feedback of mothers and neonates after inst. delivery																							
4. Referral and counter referral feedback in MNH services is improved in UWR																								
4-1 Improve utilisation of referral register and referral formats	- Referral register and format in hospitals SDHTs and CHPS zone is accurate																							
4-2 Improve referral feedback of sick mothers and children	- RHMT, DHMTs, hospital personnel, SDHTs and CHOs are trained on referral feedback																							
4-3 Strengthen function of referral coordinators	- Referral coordinators are appointed and trained																							
5. Facilitative Supervision (FSV) is strengthened in UWR																								
5-1 Modification of FSV monitoring tools, guidelines and manuals	- FSV tools are modified																							
5-2 Capacity building on the revised FSV tools, guidelines and manuals	- RHMT, DHMTs, SDHTs and CHOs are trained are trained on revised FSV tools																							
5-3 Develop new database for revised FSV	- New database is developed																							
	- RHMT and DHMTs are trained on new FSV database																							
5-4 Strengthen utilisation of results of FSV	- RHMT and DHMTs are trained on analysis and feedback of FSV results																							

6. Community mobilization especially CHAP implementation is improved in UWR.	
6-1 Training on promotion of CHAP	- TOT for RHMT and DHMTs on promotion of CHAP is conducted
6-2 improve performance of CHCs and CHVs	- Monitoring tools over CHCs and CHVs are modified
	- CHCs and CHVs are regularly monitored
6-3 improve access to health services	- CHOs and CHNs are trained on promotion of NHIS and CETS
7. Best practices/ innovations on MNH services and CHPS implementation issues are introduced for potential replication inside / outside of UWR.	
7-1 improve information management on CHPS	- RHMT is trained on documentation
	- Promotion of CHAP
7-2 Conduct forums and study tours for sharing good practices	- Forums and study tours for sharing good practices are conducted
8. Outputs and outcomes of the Project is monitored.	
8-1 Baseline survey	- Baseline survey report is made
8-2 Monitoring of activities	- Monitoring is conducted regularly
8-3 End-line survey	- End-line survey report is made
8-4 Modification of PDM	- The PDM is modified when the necessity arises

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE REPUBLIC OF GHANA
ON JAPANESE TECHNICAL COOPERATION
FOR IMPROVEMENT OF MATERNAL AND NEONATAL HEALTH SERVICES UTILISING CHPS SYSTEM IN THE UPPER WEST REGION

Japan International Cooperation Agency (hereinafter referred to as "JICA"), had a series of discussions through the Chief Representative of JICA Ghana Office, with the Ghanaian authorities concerned with respect to desirable measures to be taken by JICA and Government of the Republic of Ghana for the successful implementation of the Project for "Improvement of Maternal and Neonatal Health Services utilising CHPS system in the Upper West Region" (hereinafter referred to as "the Project").

As a result of the discussions, the Senior Representative of JICA and the Ghanaian authorities concerned agreed on the matters referred to in the document attached hereto.

Accra, April 4th, 2011

Mr. Jiro INAMURA
Chief Representative
Ghana Office
Japan International Cooperation Agency
Japan

Dr. Sylvester ANEMANA
Acting Chief Director
Ministry of Health
The Republic of Ghana

Mr. Yaw OKYERE-NYAKO
Director
External Resource Mobilization-Bilateral
Ministry of Finance and Economic Planning
The Republic of Ghana

Dr. Elias SORY
Director General
Ghana Health Service
Ministry of Health
The Republic of Ghana

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH COUNTRIES

1. The Government of the Republic of Ghana will implement the Project in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Technical Cooperation Scheme in Japan.

1. DISPATCH OF JAPANESE EXPERTS
   JICA will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT
   JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of the Government of the Republic of Ghana upon being delivered C.I.F. (cost, insurance and freight) to the Ghanaian authorities concerned at the ports and/or airports of disembarkation.

3. TRAINING OF GHANAIAN PERSONNEL IN JAPAN
   JICA will receive the Ghanaian personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF GHANA

1. The Government of the Republic of Ghana will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related

authorities, beneficiary groups and institutions.

2. The Government of the Republic of Ghana will ensure that the technologies and knowledge acquired by the Ghanaian nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Republic of Ghana.

3. The Government of the Republic of Ghana will grant in Ghana privileges, exemptions and benefits as listed in Annex IV and will grant privileges, exemptions and benefits no less favorable than those granted to experts of third countries or international organizations performing similar missions to the Japanese experts referred to in II-1 above and their families.

4. The Government of the Republic of Ghana will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.

5. The Government of the Republic of Ghana will take necessary measures to ensure that the knowledge and experience acquired by the Ghanaian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. In accordance with the laws and regulations in force in Ghana, the Government of the Republic of Ghana will take necessary measures to provide at its own expense:

(1) Services of the Ghanaian counterpart personnel and administrative personnel as listed in Annex V;

(2) Land, buildings and facilities as listed in Annex VI;

(3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above ;

7. In accordance with the laws and regulations in force in Ghana, the Government of the Republic of Ghana will take necessary measures to meet:

(1) Expenses necessary for transportation within Ghana of the Equipment referred to in II-2

above as well as for the installation, operation and maintenance thereof;

(2) Customs duties, internal taxes and any other charges, imposed in Ghana on the Equipment referred to in II-2 above; and

(3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. The Director of Policy Planning Monitoring and Evaluation Division of GHS as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. The Director of Upper West Regional Health Directorate as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Team Leader will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

4. The Japanese experts will give necessary technical guidance and advice to the Ghanaian counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VII.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Ghanaian authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of the Republic of Ghana undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of Ghana except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of the Republic of Ghana on any major issues arising from, or in connection with this Attached Document.

VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Ghana, the Government of the Republic of Ghana will take appropriate measures to make the Project widely known to the people of Ghana.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be five (5) years from the day the first expert is dispatched to Ghana.

ANNEX I MASTER PLAN
ANNEX II LIST OF JAPANESE EXPERTS
ANNEX III LIST OF MACHINERY AND EQUIPMENT
ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS
ANNEX V LIST OF GHANAIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX VI LIST OF BUILDINGS AND FACILITIES
ANNEX VII JOINT COORDINATING COMMITTEE

ANNEX I MASTER PLAN

Project Purpose

Improve Maternal and Neonatal Health (MNH) services utilising CHPS system in UWR.

Outputs

1. Coverage of first trimester ANC registration is increased in UWR
2. Coverage of skilled delivery is increased in UWR
3. Coverage of postpartum/postnatal care (PNC) is increased in UWR
4. Referral and referral feedback in MNH services is improved in UWR
5. Facilitative Supervision (FSV) is strengthened in UWR
6. Community mobilization especially CHAP implementation is improved in UWR
7. Best practices/ innovations on MNH services and CHPS implementation issues are introduced for potential replication inside/outside of UWR
8. Outputs and outcomes of the Project is monitored

Activities

1-1 Promote early ANC registration (ANC) in community

1-1-1 Compose IEC (C4D) materials on early ANC

1-1-2 Train CHOs / CHNs to utilise the IEC (C4D) material for community sensitisation

1-1-3 Train CHOs / CHNs to motivate TBAs and CBSVs who refer mothers for ANC

1-2 Improve quality of ANC service

1-2-1 Train CHOs / CHNs on focus ANC, protocols and standards

1-2-2 Develop project specific checklist on ANC

1-2-3 Establish birth preparedness plan for ANC clients

1-3 Strengthen defaulter tracing

1-3-1 Train CHOs / CHNs on home visit for ANC services

1-3-2 Train CHOs / CHNs on review ANC registers to identify defaulters

1-3-3 Train CHOs / CHNs Improve documentation (traceable address)

1-3-4 Train CHOs / CHNs on dialogue with CBAs and other volunteers for defaulter tracing

2-1 Promote safe motherhood in communities

2-1-1 ToT to CHOs / CHNs to train CHVs on safe motherhood

2-1-2 Organise video shows (drama and jingle) on safe motherhood

2-1-3 Develop local IEC (C4D) material

2-2 Improve facility of health centres on delivery

2-2-1 Procure basic MNH equipment for health centres (*)

2-2-2 Establish mother's home at health centres (*)

2-3 Strengthen capacity of SDHT and CHOs

2-3-1 Expand the classroom of the school for midwifery (*)

2-3-2 Train CHO on safe motherhood

2-3-3 Train midwife of SDHT as supervisor of CHO on safe motherhood

2-3-4 Provide equipment for safe motherhood training

2-3-5 Conduct CHO fresher training

3-1 Strengthen maternal mortality audit (MMA) and neonatal mortality audit (NMA)

3-1-1 Support to conduct MMA/NMA and conference

3-2 Improve quality of PNC

3-2-1 Train SDHT on timing of discharge and new PNC policy

3-2-2 Train CHOs / CHNs on PNC services and new PNC policy

3-3 Improve defaulter tracing

3-3-1 Train CHOs / CHNs on review PNC registers to identify defaulters

3-3-2 Train SDHTs on quarterly meeting with CHVs and TBAs at SD level

3-3-3 Support to make PNC registers available at all levels

3-4 Promote PNC in community

3-4-1 Develop educational materials for mothers on PNC

3-4-2 Train CHOs / CHNs on community sensitisation on PNC

3-5 Improve capacity of health facilities in referral feedback after delivery

3-5-1 Develop referral feedback system of mothers and neonates after institutional delivery

3-5-2 Train CHOs / SDHTs to improve utilisation of referral feedback of mothers and neonates after institutional delivery

3-5-3 Train hospital personnel on referral feedback after institutional delivery

4-1 Improve of utilisation of referral register and referral formats

4-1-1 Assess and improve filing and flow of referral format

4-1-2 Conduct capacity building of DHMT and hospitals HIO and referral coordinator on validation of data

4-1-3 Conduct capacity building of utilisation of data

4-1-4 Monitor accuracy of register and format

4-2 Improve referral feedback of sick mothers and children

4-2-1 Conduct capacity building for all levels on referral feedback

4-2-2 Monitor referral feedback

4-2-3 Organise half year referral review

4-3 Strengthen function of referral coordinators

4-3-1 Train extra staff as referral assistants

4-3-2 Clarify roles and duties of referral coordinator

4-3-3 Conduct training for referral coordinator

4-3-4 Monitor performance of referral coordinators

5-1 Modification of FSV monitoring tools, guidelines and manuals

5-1-1 Identify working group and review tools/materials

5-1-2 Conduct dissemination forum to select issues to be monitored through FSV

5-1-3 Revise tools/ materials and conduct pilot study

5-1-4 Finalize and distribute tools/ materials

5-2 Capacity building on the revised FSV monitoring tools, guidelines and manuals

5-2-1 Identify and train GHS staff at all levels

5-2-2 Conduct OJT through FSV

5-3 Develop new database for revised FSV

5-3-1 Identify the appropriate software and develop database

5-3-2Train users at RHMT and DHMT

5-3-3Conduct Follow up/OJT through FSV

5-4 Strengthen utilisation of results of FSV

5-4-1 Train RHMT and DHMT on analysis and feedback of FSV results

5-4-2 Monitor the implementation of action plans after every six months

5-4-3 Conduct dissemination forum on monitoring

5-4-4 Support to organise CHPS review meeting quarterly at DHA and RHA

6-1 Training on promotion of CHAP

6-1-1 Prepare training programmes/materials for TOT on CHAP

6-1-2 Conduct TOT on CHAP

6-1-3 Conduct training on CHAP to GHS staff

6-1-4 Provide supports for CHAP implementation(*)

6-1-5 Monitor CHAP implementation

6-2 Improve performance of CHCs and CHVs

6-2-1 Revise monitoring tools of CHO for effective monitoring of CHCs and CHVs

6-2-2 Support CHO to monitor CHCs and CHVs

6-3 Improve access to health services

6-3-1 Train CHOs / CHNs to strengthen community sensitisation on NHIS

6-3-2 Strengthen local communication network

6-3-3 Support dialogue with private transport owners

6-3-4 Train CHOs / SDHTs to improve individual emergency access

6-3-5 Monitor CETS and utilisation of emergency transport

7-1 Improve Information on CHPS implementation

7-1-1 Capacity building on documentation of good practices

7-1-2 Create a library space for good practice collection (*)

7-2 Forums and study tours for sharing of good practices

7-2-1 Provide audio-visual equipment (*)

7-2-2 Develop IEC (C4D) material

7-2-3 Organize forums

7-2-4 Conduct study tours

8-1 Baseline survey

8-1-1 Prepare and conduct baseline survey

8-1-2 Report and disseminate the results of the baseline survey

8-2 Monitoring of activities

8-2-1 Conduct regular monitoring of activities

8-2-2 Monitor indicators written in the PDM

8-2-3 Monitor important assumptions and other external important issues

8-2-4 Prepare for mid-term and final evaluation

8-3 Plan the end line survey

8-3-1 Prepare and conduct end-line survey

8-3-2 Report and disseminate the results of the end-line survey

8-4 Modification of PDM

8-4-1 Modify PDM when the necessity arises

8-4-2 Modify project activities, if necessary.

* Subject that should be discussed the priority and necessity after the project started.

ANNEX II LIST OF JAPANESE EXPERTS

1. Chief Advisor
2. Maternal and Child Health
3. Referral System
4. Facilitative Supervision/Health Information
5. Community Health Planning
6. IEC
7. Project Coordinator
8. Others

ANNEX III LIST OF MACHINERY AND EQUIPMENT

1. Training equipment
2. IEC equipment
3. Medical equipment

Notes:

The components, specifications and quantity of the above-mentioned equipment to be provided each year will be discussed every year between the Japanese experts and the Ghanaian counterpart personnel on the annual plan of the Project, within allocated budget of the Japanese fiscal year.

ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS

In accordance with the laws and regulations in force in the Republic of Ghana, the Government of the Republic of Ghana will grant the following:

1. Exemption from income tax and other charges of any kind imposed on or in connection with the living allowances remitted from abroad for the Japanese experts.
2. Exemption from import tax, export duties and any other charges in respect of personal and household effects of the Japanese experts and their family.
3. The Government of the Republic of Ghana will use all available means to provide medical and other necessary assistance to the Japanese experts and their family equivalent to that of Ghanaian civil servants.
4. To issue, upon application, entry and exit visas for the Japanese experts and their family free of charge.
5. To issue identification cards to the Japanese experts and their family to secure the cooperation of all governmental organization necessary for the performance of their duties.
6. Exemption from custom duties for import and export of machinery and equipment by the Japanese experts in connection with the Project activities.

ANNEX V LIST OF GHANAIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director:
   Director, Policy Planning Monitoring and Evaluation Division, GHS, Accra

2. Project Manager:
   Director, Upper West Regional Health Directorate, GHS, Wa

3. Ghanaian counterpart personnel:

(1) Regional Health Directorate in the Upper West Region

- Regional Director
- Deputy Director (Public Health)
- Regional CHPS coordinator
- Regional Health Information Officer
- Regional Human Resource Manager
- Counterpart personnel with expertise in each of the following fields:
  Community health planning and IEC (C4D)
  Maternal and child health
- Other personnel as and when necessary

(2) District Health Management Team

- District Director
- District CHPS Coordinator
- District Health Information Officer
- Other personnel as and when necessary

ANNEX VI LIST OF BUILDINGS AND FACILITIES

1. Office space in Upper West Regional Health Directorate

ANNEX VII JOINT COORDINATING COMMITTEE

1. Functions

(1) To approve the annual activity plan of the Project

(2) To supervise and monitor overall progress of the Project

(3) To discuss and review major issues arising from or concerning the Project

2. Composition

(2) Composition

1) Chairperson:

Director, Policy Planning Monitoring and Evaluation Division, GHS, Accra

2) Members:

<Ghanaian side>

Project Manager

Ghanaian counterpart personnel appointed by the Chairperson

<Japanese side>

JICA experts

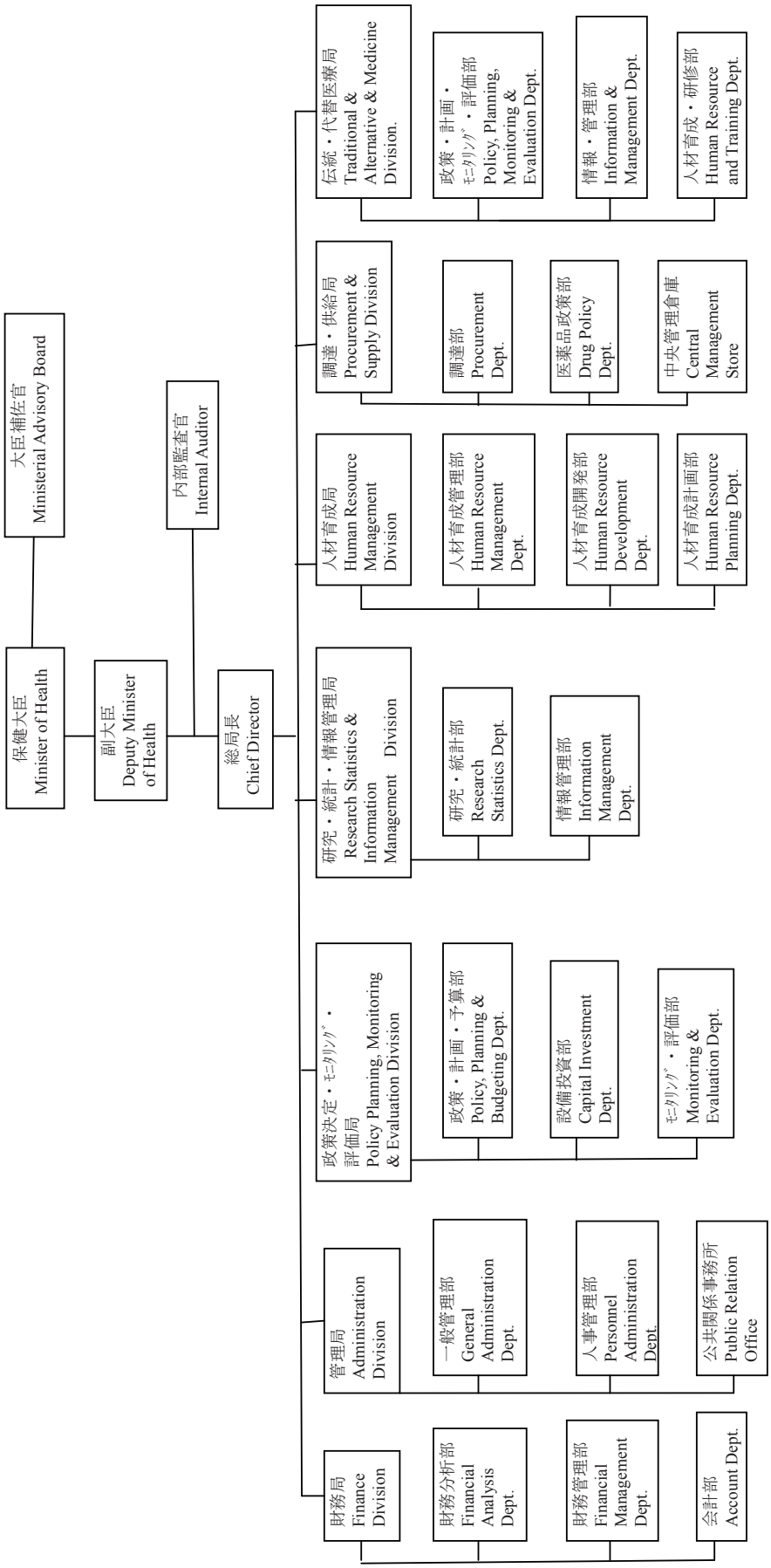
Representatives from JICA Ghana Office

Representatives from Embassy of Japan (Observer)

Other persons concerned appointed by the Chairperson

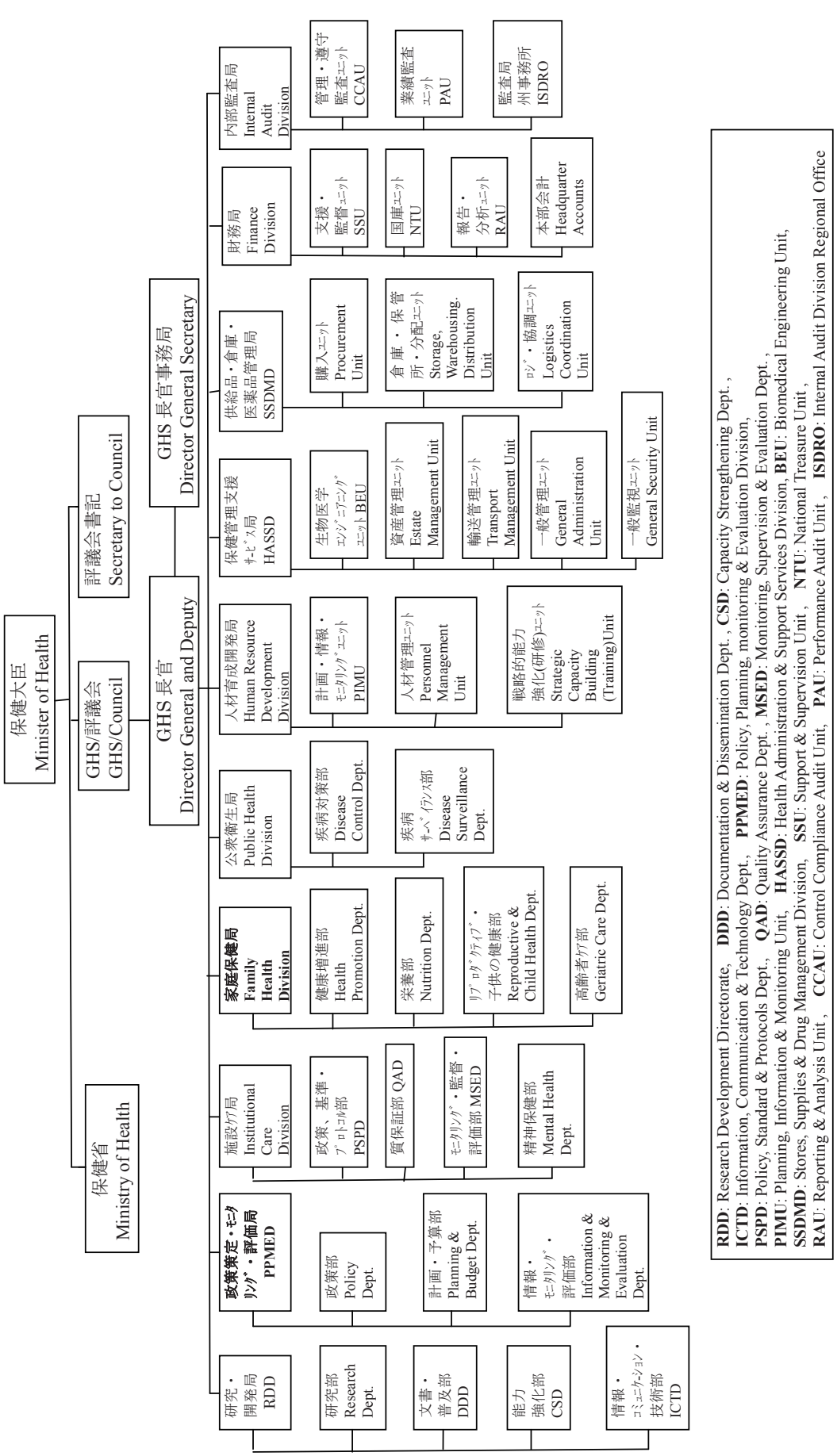
3．保健省（MOH）組織図

保健省組織図(2010 年 8 月現在)



4．ガーナヘルスサービス（GHS）組織図

ガーナヘルスサービス（Ghana Health Service：GHS）の組織図　（2010 年 8 月現在）



RDD: Research Development Directorate, **DDD**: Documentation & Dissemination Dept., **CSD**: Capacity Strengthening Dept.,
ICTD: Information, Communication & Technology Dept., **PPMED**: Policy, Planning, monitoring & Evaluation Division,
PSPD: Policy, Standard & Protocols Dept., **QAD**: Quality Assurance Dept., **MSED**: Monitoring, Supervision & Evaluation Dept.,
PIMU: Planning, Information & Monitoring Unit, **HASSD**: Health Administration & Support Services Division, **BEU**: Biomedical Engineering Unit,
SSMD: Stores, Supplies & Drug Management Division, **SSU**: Support & Supervision Unit, **NTU**: National Treasure Unit,
RAU: Reporting & Analysis Unit, **CCAU**: Control Compliance Audit Unit, **PAU**: Performance Audit Unit, **ISDRO**: Internal Audit Division Regional Office

５．第 3 次保健セクター 5 カ年計画（2007-2011）の戦略目標のための活動計画

第 3 次保健セクター５ケ年計画(2007-2011)の戦略目標のための活動計画

戦略目標 1：健康的なライフスタイルと環境の推進
①健康増進・再生健康・栄養 目的：健康なライフスタイル、適切でかつ適当な栄養、健康の推進を進めるパラダイムシフトの実施 優先活動：ライフスタイルと行動に関する基礎情報の確立、健康の再生と栄養プログラムの開発と実施、衛生・運動・学校給食を含めた健全な学校プログラムの開始に向けた教育省との協調
②健康環境と安全のための内部の支持と行動 目的：職場と環境の安全の向上 優先活動：健康インパクト分析の実施、職場の健康と安全の確保、職場マネジメントの推奨、安全な飲料水の提供
③安全な食物の確保 目的：健康と体力のための安全な食物の確保 優先活動：安全な食物法の施行・普及、食物販売業者・飲食店の営業許可証等の普及、地元の安全な食物貯蔵・処理・加工の推奨
戦略目標 2：質の高い保健・リプロダクティブヘルス・栄養サービス提供
①感染症対策 目的：MDGs 達成と疾病対策のため迅速でかつ効果的介入の実施 優先活動：公衆衛生上重要な疾病(HIV/エイズ、性感染症、マラリア、結核など)の予防・マネジメント強化、包括的現状分析とメジナ虫症撲滅プログラムの実施、コレラ・髄膜炎・黄熱病・鳥インフルエンザに対するサーベイランス・応答メカニズムの強化、特定の地域に発生する感染症(ブルリ潰瘍、フィラリア症、オンコセルカ、トラコーマ、リーシュマニア症、住血吸症、イチゴ腫)の撲滅プログラムの継続、らい病・麻疹・ポリオの根絶
②非感染症対策 目的：非感染症疾患と関連するリスク因子の警告と早期発見・治療の強化 優先活動：糖尿病・高血圧症・悪性腫瘍・鎌状血球症・喘息などのスクリーニング・マネジメントプログラムの確立、BCC とコミュニティ介入プログラムの確立、疾病予防のための研究
③リプロダクティブヘルス 目的：高いカバー率達成 優先活動：家族計画の推進、産前検診の質向上および受診率の増加、法を遵守した包括的中絶の実施、熟練した医療スタッフによる基礎的・包括的・必須集中産科ケアの向上、妊産婦死亡の検死の強化、家庭内・コミュニティ内での緊急時対応プログラムの実施、母性ケア及び HIV・性感染症のサービスの統合、青少年少女への性教育の強化、リプロダクティブヘルスケアに対する男性の健康教育、リプロダクティブヘルスのモニター・監督強化、リファラルシステムの向上、DV 防止法の推奨、妊産婦死亡に関する調査の実施
④小児健康 目的：子供の健康の向上、乳児死亡率や 5 歳未満児死亡率の減少 優先活動：新生児ケアの保健政策の改正、５歳未満児死亡の減少、新生児ケアの質の向上、小児疾患に対するサービスの向上、CHPS での IMCI の増加、リファラルシステムの強化、学校保健サービスの推進、青少年保健の強化
⑤栄養 目的：食習慣、ライフスタイル、栄養状態を向上する情報とサービスの提供 優先活動：必須栄養摂取行動の実施、コミュニティ・家庭内での成長の推進、学校給食プログラムの推奨、微量元素欠乏の予防活動の強化、学校・保健関係者への栄養に関する再教育の実施、食物の安全の確保のための連携強化
⑥精神保健 目的：精神障害の予防のためのライフスタイル・行動の推進、精神保健サービスの質の向上 優先活動：精神保健法の制定、人材の能力向上、コミュニティレベルのサービスの強化、伝統治療士や地域の治療者との連携、インフラの整備、疾患に対する研究の推進、アルコール・薬物管理

のためのサービスの確立、精神患者に対するリハビリサービスの確立、精神保健の推進、情報センターの確立
⑦**緊急応答** 目的：コミュニティレベルでの救急サービスの推進による搬送の成果の向上 優先活動：州都と郡での救急サービスの拡大、施設間の緊急サービス連携の開発、緊急サービスに関する公衆教育の確立と推進、すべての郡病院への緊急応答センターの設置、緊急医療技術の改善、交通・連絡手段の支援と州・教育病院での医療スタッフへの研修の際の施設間・コミュニティ間の連携、国家緊急サービス法の制定、救急応答センターの必要機材の強化、伝染疾患マネジメント対応の向上
⑧**臨床ケア** 目的：臨床ケアサービスの向上 優先活動：糖尿病・循環器病・悪性腫瘍の早期発見のための臨床プロトコールの開発と実施、患者本位のサービスの推進、隔離された地域での専門的出張サービスの増加、リファラルシステムの強化、郡病院・州病院・教育病院での集中ケア室の設置、質の確信行動の強化、すべての保健施設への必須基礎機材の設置、24 時間体制サービスの強化
⑨**伝統・代替保健サービス** 目的：伝統的・代替保健サービスの推進 優先活動：すべての保健サービスへの伝統的医療施術の統合、薬草の研究あるいは研修をする施設や大学の研究能力の強化、伝統的医療施術のための必須薬草リストの開発、研修機関の認定、伝統的医療施術の規制機関の設置、伝統的医療士の適切なモニターと監督を実施する部局の設置
⑩**リハビリテーション** 目的：現存するリハビリサービスの向上 優先活動：郡でのリハビリサービスの開始と増大の便宜、障害者法に応じての医療サービス提供戦略ネットワークの開発、社会福祉局のコミュニティベースのリハビリプログラムと協調してのリハビリプログラムと肢体サービスセンターの改正
戦略目標 3：保健システム能力の強化
①**人材育成とマネジメント** 目的：中級レベルの人材の育成、継続勤務・適切な人材配置・技術向上のための研修の実施 優先活動：保健人材育成に関する計画システム(技術向上、**薬草治療士と伝統医療士の保健サービスへ参入統一**、**中級レベルの人材の育成の増加**)、開発システム(継続教育の推進、報酬・成果システムの導入、コミュニティ)参加の強化)、マネジメントシステム(人材育成管理の向上・地方分権化、職場環境の整備、適切な人材分配と配置の推進)の強化
②**インフラ開発とマネジメント** 目的：隔離された地域や都市郊外における維持管理された医療施設とインフラの整備 優先活動：全国におけるインフラ整備プログラムの実施、都市投資計画プログラムの実施、医療施設の建設・修復(適切でかつ効果的な医療施設として **CHPS 施設、保健センター、郡病院を含む医療施設の建設**、研修施設の建設、民間セクターの推進など)
③**マネジメントのための保健情報** 目的：研究、統計情報マネジメント、情報・コンピューター・技術 (ICT)開発を介しての決定、プログラム開発、リソース配分、マネジメントのために一般化と活用 優先活動：保健セクターの ICT 政策とプログラムの開始、財源マネジメントと保健ｻｰﾋﾞｽ情報を含む国家保健管理情報ｼｽﾃﾑの戦略計画の開発と実施、地理サーベイランスサイトとコミュニティをベースとしたサーベイランスシステムの強化、情報管理システムの増大、保健情報の管理とアクセスの向上
④**保健産業** 目的：保健産業の推進 優先活動：公共と民間との協調の推進、地域の製品、医薬品・伝統的薬剤を含む保健商品・消耗品・ロジ製品使用の推進
⑤**医療機材マネジメント**

目的：適切な機能的な機材を医療施設に提供する
優先活動：適切な医療機材の設置、維持管理プログラムの向上、医療廃棄物管理システムの実施など

⑥医薬品・必須ロジ
目的：医薬品・必須ロジ管理の実施
優先活動：医薬品プログラムへのアクセスに関連するガイドライン・法律の改正と遵守、供給管理システムプログラムの実施、質管理プログラムの実施、モニタリング及び監督システム」の向上など

⑦輸送
目的：出産サービスと監督のための適切な移動手段の増加
優先活動：車輌移設プログラムの推進、移動手段の確保、保健製品輸送の評価、輸送管理の向上、民間セクターの介入の推進など

戦略目標 4：良好な統制と持続可能な財源

①組織の再構築・組織開発
目的：保健セクター内の開発で将来の組織構築を計る
優先活動：それぞれの役割と責任の確認、組織の方向性の成果・セクター内の役割と機能・新規組織の役割と機能の承認、組織開発計画・人材育成開発計画の開発と実施、財源・経済分析の実施、関連部局との連携促進

②政策開発・マネジメント機能強化
目的：成果に基づく政策策定の向上と管理機能の強化
優先活動：政策開発・実施・再調査・承認、政策決定のための研修能力の強化、ガイドライン・プロトコールの開発・再調査・普及、保健セクター内におけるｽﾃｰｸﾎｰﾙﾀﾞｰの参加拡大、政策対話の向上、政策開発・政策分析の審査・モニター・評価、管理能力機能強化

③保健財源・国家健康保険
目的：包括的財源計画の開発と実施
優先活動：NHIS 加入率の増加、関税構造の再調査、IGF 機能強化、教育病院・州病院・郡病院の財源のコンピューター化推進

④パートナーシップ・連携・協調
目的：政策会議、コーディネーション、計画と説明責任の強化
優先活動：民間セクターの機関、各関連機関との協調強化、DPs、民間セクター、他のステークホルダーとの協調、コミュニティ参加の推進、郡レベルの医療施設を相互に管理する郡議会との協調の推進

⑤管理体制
目的：すべての管理ユニットの行動実績を最高レベルまで高め、説明責任の強化
優先活動：説明責任の向上、業績管理システムの開発

⑥規制
目的：質の効果的な規制と安全な保健サービスの推進と基本的人権の強化
優先活動：保健セクター内の規制の再調査、ステークホルダーの立場の確認、現存する基準リストの編集とギャップを明確にする状況分析の実施、規制機関の役割と能力強化、規制機関の活動を調整し、モニターする基準の確立、法律策定に当っての警察・裁判所・市議会・郡議会との協調の推進、税導入の推進、公衆衛生法の制定・普及・実施

⑦効率・公平
目的：すべての人々に質の高いサービスを公平に提供し、優先順位に沿った財源で割当てた効率の向上
優先活動：資源の割当と活用性の向上、資源の割当と保健成果に関する公平性の推進

アッパーウエスト州の CHPS 施設、保健センター等の視察結果

ワ市内にある Piisi CHPS 施設、保健センターを視察し、CHO に聞き取り調査を行った。ワ市内にある州病院(三次)は外来患者待合室と小児病棟 1 棟を視察した。助産師が 2 人も駐在している保健センターでも電気が使えず、正常分娩が実施されていない。設備の不備で人材がうまく活用できていない。

州病院は、近隣に住む住民が直接来院するため、かなり混んでいる。午後 2 時半になっても、外来患者の待合室は患者とその家族で溢れている。小児病棟は小児用のベットしかなく、付き添いの母親は椅子に座っている。1 棟 20 床あり。小奇麗で掃除も行き届いている様子である。エジプト国の支援で現地点から車輌で 5 分くらいのところ州病院は建設される。来月から着工し、建築期間 18 ケ月間としている。旧州病院は一次レベルの市民病院になる。

施設名	Piisi CHPS 施設(UNICEF 支援)
施設の状況	1 階建て、3 部屋(2 部屋は個人の住居)、2010 年 4 月から開始した
移動手段	オートバイ(1 台)
通信手段	LAN 無線
カバー人口	2,474 人
診察時間	年中無休
職員数	CHO：2 人(女性)
サービス内容	主として、家庭訪問し、妊婦や母親に検診、家族計画、予防接種などの情報提供している
外来患者数	11～15 人/日、1～2 人/日に保健センターに搬送。主な疾病はマラリア、ARI、下痢疾患など
家庭訪問	10～50 人/月
出産件数	なし
主な機材	体重計(小児用/大人用)、産科検診ベット、事務用机と椅子など
研修内容	これまでに、HIV/エイズ、マラリア対策などの研修受講済み
問題	・電気・水道がない(ソーラー式バネルがあるが、個人用の冷蔵庫の電源として使用している)。 ・警備員や建物のフェンスもなく、治安上問題あり。
その他	・CHPS コンパウンド用の部屋 1 室と CHO の部屋 2 室あり。 ・予備の発電機は使用されていない。 ・扇風機も使えない蒸し暑い中で作業をしている。 ・州保健局から車輌で 15 分行ったところにある

施設名	Bamahu 保健センター
施設の状況	1 階建て、3 部屋(2 部屋は個人の住居)、2008 年から開始した。
移動手段	オートバイ(4)
通信手段	なし
カバー人口	3 つの CHPS コンパウンド、14 コミュニティで 10,004 人をカバーしている
診察時間	平日 7:00～17:00、土曜・日曜日緊急のみ(メディカルアシスタントが自宅待機)
職員数	CHO5 人、助産師 2 人、メディカルアシスタント 1 人
サービス内容	現在、電気がないため、正常分娩は実施していない。家庭訪問し、妊婦や母親

	に検診、家族計画予防接種などの情報提供し、コミュニティでの予防接種の実施している
外来患者数	20 人/日、2～3 人/日に州病院に搬送。主な疾病はマラリア、肺炎、下痢疾患など
家庭訪問	20～60 人/月
出産件数	なし
主な機材	体重計(小児用/大人用)、産科検診ベット、ガス式冷凍ボックス、事務用机と椅子など
研修内容	これまでに、HIV/エイズ、VCT、マラリア対策などの研修受講済み
問題	・電気や水道がない。来月電気が使えるようになるらしい。
その他	・診察室、予防接種室、薬品・倉庫、CHO の部屋が併設されている。 ・電気がないため、夜はまったくないも出来ない状態。 ・医薬品倉庫があり、CHPS 施設の CHO が医薬品を取りに来る。在庫管理カードが作成されて、きちんと管理されている様子である。 ・医薬品は豊富にあり、不足はないらしい。 ・建物は Global Fund で建築された。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