JICA’s Profile – What is JICA?

The Japan International Cooperation Agency (JICA) assists and supports developing countries as the executing agency of Japanese Official Development Assistance (ODA). JICA supports the resolution of issues of developing countries by using the most suitable tools of various assistance methods and a combined regional-, country- and issue-oriented approach.

Why Does JICA Work with Ghana?

The Japanese government has supported Ghana since 1962 through technical cooperation, ODA loans, Grant Aid, and volunteer work. During the period of 1962 and 2008, Japan has invested $943 million for Grant Aid, and $471 million for Technical cooperation. In recent years, JICA has started to focus more on African development. JICA now regards Ghana as one of the priority assistance countries in Africa. JICA tries to make a model of our development in Ghana as the Ghanaian government has established political and social stability and has been playing a leading role in the West Africa.

The Ghanaian government still faces many development challenges, such as vulnerable economic structure, regional disparities and severe poverty. JICA Ghana mainly supports the Ghanaian government’s development programs and projects, particularly in infrastructure, agriculture, education, industry, and health sectors.
Rice will address poverty in Ghana

JICA launched a five year technical cooperation project in 2009, called “the Project for Sustainable Development of Rain-fed Lowland Rice Production.” This Project aimed to increase productivity and profitability of rice farming in rain-fed lowland in the Ashanti and the Northern Regions. JICA has dispatched Japanese experts in the project areas, and introduced Japanese agricultural techniques to local farmers through the Ministry of Food and Agriculture (MOFA).

Ghana, which is famous for cacao production, is a predominantly agricultural country. Currently, volume of rice production has increased as well as rice consumption in Ghana. However, rice self-sufficiency ratio is low, namely less than 40%. Ghanaian people prefer imported rice to domestic rice because of quality of Ghanaian rice, and in fact almost 60 % of consumption of rice is imported from other countries like Vietnam, Thailand and United States.

In order to promote domestic rice production and further contribution to foreign currency savings, JICA tries to develop a model for sustainable rice development in rain-fed lowland rice in the Ashanti and the Northern regions.

At the beginning of the dry-season, we visited Kumasi and have some interviews with project members. In a pilot field, Japanese expert Mr. Ohara shared his techniques and knowledge with an Agricultural Extension Agent (AEA) and local farmers. He believes that even Japanese basic agricultural techniques are effective in African countries as Japan has a long history of rice cultivation.

Mr.Otto who is working in the project areas as the AEA mentioned how Japanese technical cooperation is useful for local farmers. “I’m from a different region where people usually plant rice keeping 20cm×20cm gap of each seedling. But here, in this field, we do it 10cm×30cm following the guidance of the Japanese expert.”

Mr. Abaringa, one of the farmers who joined the project was planting rice in a random manner at his own field. However, he has realized that he can increase rice production more like the pilot field if he follows Mr. Ohara’s instruction. He indicates that he is going to use the techniques in his own field.

Also, there were highly motivated actors in Tamale, Northern region. Mr. Yemypliy, who has worked as a farmer for more than 40 years, thanks to the Japanese techniques. He has grown rice better than other farmers.

---

1 The Ghanaian rice consumption per capita has increased from 17.5kg to 38 kg over the last ten years. Please refer to “National rice development strategy” (MOFA, The Republic of Ghana 2009). Available at http://www.jica.go.jp/english/operations/thematic_issues/agricultural/pdf/ghana_en.pdf
and many farmers come to see his site to learn the techniques. Mr. Yemypliye says, “If we get more yield, we can let our children go to school and make our lives better.”

One of the officials in MOFA, Mr. Alhassan assured that this project would provide more yield for local farmers. This project also creates farmers networks in objective areas, and he determines to spread the techniques to other farmers.

The project is going to continue by May 2013. JICA is expecting yield increase and quality improvement of rice as well as farmers income increase.

**Maternal and Neonatal Health Improvement in the Upper West Region**

**JICA will start a five year technical cooperation project in the health sector between 2011 and 2016, called “Improvement of Maternal and Neonatal Health Services Utilising CHPS System in Upper West Region.”**

In 2000, Millennium Development Goals (MDGs) set three goals in the health sector;

Goal 4. Reduce Child Mortality Rate;
Goal 5. Improve Maternal Health; and

The Ghanaian government is working toward achieving these three goals. However, MDG 5 is regarded as the most difficult goal to achieve by their target year 2015. From 2011, JICA will launch the technical cooperation project, called the Improvement of Maternal and Neonatal Health Services Utilising CHPS System in the Upper West Region, with the Ghana Health Service (GHS) to tackle with maternal death and neonatal death in the Upper West Region. The Upper West Region is the area where maternal mortality rate had increased rapidly during 2008 and 2009, and infant mortality rate was the worst in Ghana in 2008.

On 13 and 14 September, the GHS and JICA held a workshop to formulate the project design in Wa, the Upper West Region. More than 50 participants from districts in the Upper West Region actively discussed the challenges in improving maternal and neonatal care. It is said that maternal death is occurred by three delays (Thaddeus & Maine, 1994) as follows;

---

2 JICA Ghana had the project for “Scalling up of CHPS Implementation in the Upper West Region” between March 2006 and February 2010. In the project, we had built up a base of community-based health planning and services (CHPS), which could improve accessibility to basic medical service. Please see the detail at [http://www.jica.go.jp/ghana/english/activities/activity01.html](http://www.jica.go.jp/ghana/english/activities/activity01.html)
1. **Delay the decision to seek care**
   This is caused by socio-cultural barriers to seeking care. Also, there is a failure of medical personnel and mothers to recognize complications. For example, cultural beliefs, and lack of decision-making ability of a pregnant woman and family are included.

2. **Delay the arrival at a health facility**
   This is caused by poor roads, bridges, lack of vehicles and fuels to access health facilities.

3. **Delay the provision of appropriate care**
   This is caused by lack of adequate health facilities, medical supplies, and skills of health personnel. Also, health personnel have fewer motives to help their patients to access proper medical services in health facilities.

Similar delays happen in the Upper West Region. Ms. Satoko Ishiga, the member of the preparatory mission, points out that traditional customs makes it difficult to promote maternal health improvement. “A mother often prefers to deliver at home. If a mother bears a baby at home, she is regarded as a brave woman.” Also, Ms. Ishiga said “Most of mothers try to go back home as soon as possible after they delivers. That is because a woman who is staying at a hospital for a long time is considered as a lazy woman in a community.” Most importantly, a baby who is born at a hospital is sometimes not accepted as a ‘community baby’. So that it is really difficult to ask a mother to stay at a hospital for postnatal care.

Also, Mr. Ralph Hadzi the Department Director of Pharmaceutical Services in the Upper West Region explains ‘Even though a pregnant woman feels sick, family members think they can manage it by themselves from their experiences. Yet, in many cases the situation is more serious than they expected, and the woman’s condition deteriorates rapidly.’ In other words, people do not know the timing when a pregnant woman needs to go to a hospital.

A nursing administrator Ms. Modesta Kuuba from Lawra also said that “the major reason of maternal death is lack of vehicles and ambulance cars.” There are only motorbikes in a village, and a pregnant woman cannot ride on the motorbikes. Mr. Nwadei Kenneth, who is a CHPS coordinator from Tumu also mentions that poor road conditions are serious problems in the Upper West Region. “It takes time to arrive at a hospital, and some die on the way to hospitals,” Mr. Kenneth says.

The project aims to improve health care for before and after childbirth at health facilities, make a strong referral system, and create health seeking behaviors of community members. The Japanese government is also going to dispatch the mission for building CHPS compound in the Upper West Region in 2011. At grass root level, Japanese volunteers will be continuously dispatched to work with the District Health Management Team, the Subdistrict Health Management Team, and Community Health Officers (CHOs).

---

3 Referral system is the system which sends the patient that is difficult to be treated at a low level medical facility to higher level which can give appropriate medical treatment.