# Project Completion Report
# The Project for Prevention and Control of Non Communicable Diseases(Kiribati)

May 2020

Japan International Cooperation Agency
(JICA)

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# Project Completion Report

**Project Title:**
**The Project for Prevention and Control of Non-Communicable Diseases, June 2016 – December 2019**

# Table of contents

## Abbreviation and Acronyms

| Abbreviation | English |
|---|---|
| CA | Chief Advisor, Project for Prevention and Control of NCDs |
| CH | Project Officer - Community Health / NCD |
| DDPHS | Deputy Director of Public Health Services, MHMS |
| DFAT | Department of Foreign Affairs and Trade (Australia) |
| DPHS | Director of Public Health Services, MHMS |
| DPNO | District Principle Nursing Officer |
| EMC | Executive Management Committee |
| HIU | Health Information Unit |
| HPU | Health Promotion Unit |
| HoD | Head of Department |
| HOPE | Health Outreach Program for Equity |
| HSCC | Health Sector Coordinating Committee |
| JCC | Joint Coordinating Committee |
| JOCV | Japan Overseas Cooperation Volunteers |
| SO-HIU | Senior Officer at Health Information Unit |
| SO-HP | Senior Officer at Health Promotion Unit |
| MA | Medical Assistant |
| M&E | Monitoring and Evaluation |
| MELAD | Ministry of Environment, Land and Agricultural Development |
| MFAT | Ministry of Foreign Affairs and Trade (NZ) |
| MFMRD | Ministry of Fisheries and Marine Resources Development |
| MHMS | Ministry of Health and Medical Services |
| MWYSSA | Ministry of Women, Youth, Sports and Social Affairs |
| NCD | Non-communicable Disease |
| NCD Manager | NCD Program Manager, MHMS |
| PC | Project Coordinator |
| PDM | Project Design Matrix |
| PHN | Public Health Nurse |
| PH Specialist | Public Health Specialist |
| PO | Plan of Operation |
| PS | Permanent Secretary |
| RD | Record of Discussions |
| RHD | Rheumatic Heart Disease |
| RR | Resident Representative of JICA Fiji Office |
| SPC | Pacific Community |
| SNAP | Smoking, Nutrition, Alcohol, and Physical Activity |
| STEPS | The WHO STEPwise approach to Surveillance |
| Te Meria | Mental Health |
| TOR | Terms of Reference |
| TUC | Teinainano (South Tarawa) Urban Council |
| VWG | Village Welfare Group |
| WHO PEN | The WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care in low-resource settings |

## I. Basic Information of the Project

### 1. Country

The Republic of Kiribati

### 2. Title of the Project

The Project for Prevention and Control of Non-Communicable Diseases

### 3. Duration of the Project (Planned and Actual)

Planned:　June 20, 2016 – June 19, 2019

Actual:　June 20, 2016 – December 19, 2019

The Project commenced on June 20, 2016 and was expected to cover three years, reaching completion by June 19, 2019. However, due to the delayed recruitment of Japanese experts, the Project activities stalled from February 2018 to November 2018. In response to this, the Ministry of Health and Medical Services (MHMS) and Japan International Cooperation Agency (JICA) discussed and agreed that the Project period was to be extended to three years and six months; this was decided during the 3rd Joint Coordinating Committee (JCC) meeting. The Project's new completion date was December 19, 2019.

### 4. Background (from Record of Discussions(R/D))

Non-communicable diseases (NCDs) are the leading cause of mortality in Kiribati, estimated to account for 69% of all deaths. Despite the burden of infectious diseases such as respiratory diseases and diarrhea, the incidence of NCDs has increased from 2005-2010, causing many disabilities and imposing a burden on the health system.

In response to the current health situation, MHMS developed HOPE (Health Outreach Program for Equity), a strategy that aims to establish sustainable mechanisms to equip individuals and the community, enabling them to control their health and resources through community empowerment.

In 2012, MHMS requested technical cooperation from Japan, aiming to strengthen NCDs prevention and control through multi-sectoral and primary health care approaches. To clarify the latest issues on NCDs and formulate the Project, JICA conducted a data collection survey in 2012 and a detailed planning survey in 2014. JICA's focus was to strengthen the health systems of Pacific countries and comprehensively promote prevention and control of both communicable diseases like malaria and NCDs; the Project was initiated to address this development issue.

### 5. Overall Goal and Project Purpose (from the Record of Discussions(R/D))

Overall Goal:　Percentage of people with NCD risk factors is not increased in South Tarawa

Project Purpose:　Coverage of quality NCD prevention and control services is improved in the target sites

### 6. Implementing Agency

Ministry of Health and Medical Services (MHMS), Kiribati and Japan International Cooperation Agency (JICA)

## II. Results of the Project

### 1. Results of the Project

#### 1-1 Input by the Japanese side (Planned and Actual)

(1) Amount of input by the Japanese side:

The Japanese side provided JPY 19.5 million yen as overseas activity costs for the Project excluding Japanese experts overhead costs. The details are shown in Annex 1.

(2) Expert dispatch: 5 persons

The Japanese team dispatched five long-term experts, based in Fiji, two Chief Advisors, two Experts, and one Project Administrative Coordinator. The details are shown in Annex 2.

(3) Receipt of training participants: 4 persons

There are no participants for the training course in Japan, four participants trained in the third-country as shown in Table 1.

| No. | Name of Training Course | Training Period | Actual Participants |
|---|---|---|---|
| 1 | Nutritional Counseling Course in Fiji | 22 January – 1 February 2018 | Mr. Teanibuaka Tabunga |
| 2 | | | Ms. Antje Reiher |
| 3 | | | Ms. Mweritonga Temariti Rubeiariki |
| 4 | | | Ms. Emire Neeri |

Table 1. The training course in the third-county

(4) Equipment Provision: JPY 500,000 yen

The Japanese side purchased equipment of about AUD 6,289 in total, which include a computer, a printer, a projector, a screen, etc. The details are shown in Annex 1.

(5) Overseas activities cost:

The Japanese side provided JPY 19.5 million yen as overseas activities costs for the Project.

#### 1-2 Input by the Kiribati side (Planned and Actual)

(1) Counterpart assignment

The following officials have been assigned:

- The Project Director: Permanent Secretary (PS), MHMS
- The Project manager: Director of Public Health Service (DPHS), MHMS

Additionally, the following officials worked for the Project.

- Deputy Director of Public Health Service (DDPHS), MHMS
- Public Health Specialist – NCD (PH Specialist–NCD), MHMS
- NCD Program Manager, MHMS
- Senior staff of Health Promotion Unit, MHMS
- Senior staff of Information Unit, MHMS
- Focal point in Tobacco, MHMS

- Nutritionist, MHMS
- Physiotherapist, MHMS
- PEN Doctor

(2) Provision of offices, etc.:
As planned, the Kiribati side provided office spaces for the experts and covered utility costs such as water and electricity in MHMS.

(3) Other items borne by the counterpart government
N/A

### 1-3 Activities (Planned and Actual)

There was no difference in the PO between Planned and Actual; however, progress was delayed eight months because of the extension of the Project period, as mentioned in I. Necessary Information of the Project, 3. Duration of the Project (Planned and Actual). The original plan of operation and actual result of the Project activities are shown in Appendix-2.

## 2. Achievements of the Project

### 2-1 Outputs and indicators

(Target values and actual values achieved at completion)

#### 2-1-1 Output 1

All the indicators to verify output 1 have been achieved, as shown in the following table.

| Output 1: Coordinating function of MHMS to improve coverage of NCD prevention services is strengthened | |
|---|---|
| Objectively Verifiable Indicators | Achievements |
| 1-1 Documented function of NCD Committee (Baseline: 0 → 1) | - The Project has drafted Terms of Reference (TOR) for the MHMS NCD Committee (Fig.1) since 2016. The TOR was approved by Executive Management Committee in May 2019 and is now being operationalized. Copies are being distributed to members so that they know what their roles are in the operation. The NCD Committee is the central role in implementing NCD activities for MHMS, and the committee conducted the following activities through the Project period:<br>- NCD Committee meeting was held more than once a month by request from the Public Health Specialist. The main participants were senior staff of the NCD committee. (Activity 1-1, 2, and 4)<br>- The committee organized World Diabetes Day in 2017 supported by the Project, and in 2018 and 2019 by the committee itself. (Activity 1-3)<br>- NCD quarterly newsletter was published five times to inform the activities of MHMS against NCD to other Ministries, development partners, and other stakeholders (Activity 1-5). NCD Program Manager and the PH Specialist were asked to submit articles from NCD committee members. Health Promotion Unit edited the Newsletter. The Project printed the Newsletter in Fiji. |
| 1-2 Annual Plan & Report (Baseline: 0 → 1) | - PH specialist and NCD Manager collected quarterly reports from each department under the NCD committee and combined them into an annual report. The Project assisted in developing the template and in collecting the reports from each unit as scheduled. (Activity 1-2 and 4). |

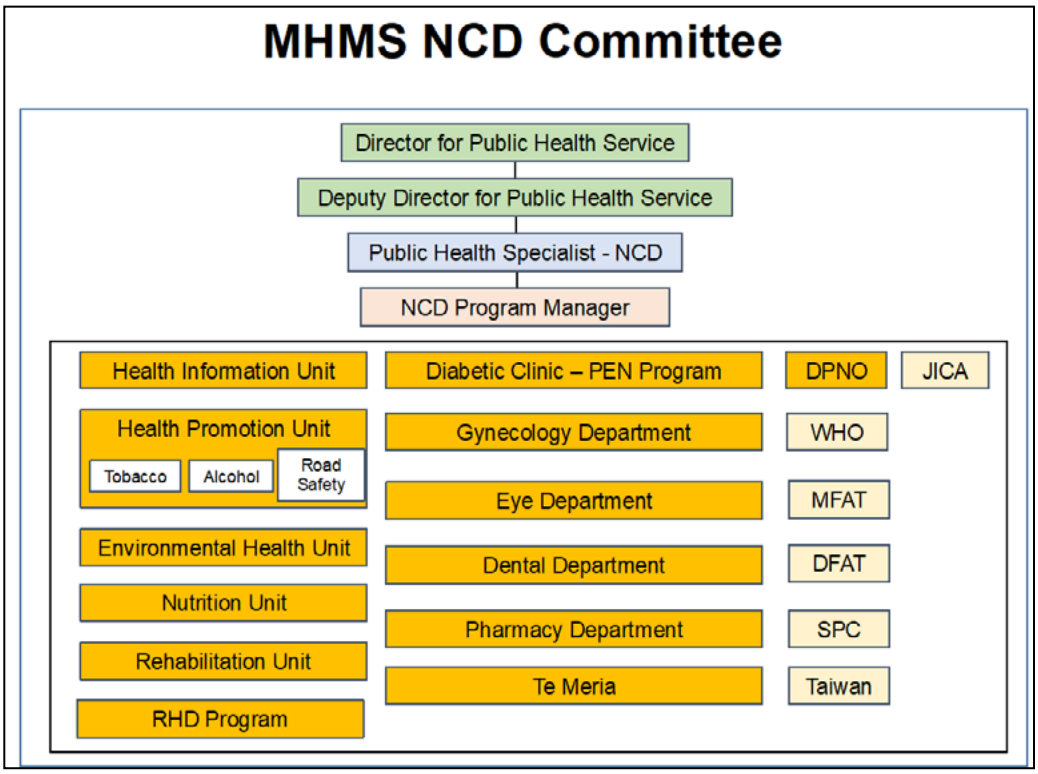


Fig. 1 Structure of MHMS NCD Committee

### 2-1-2 Output 2

All the indicators to verify output 2 have been achieved as shown in the following table.

| Output 2: Implementation plan for effective outreach service delivery for NCD prevention is carried out in the target sites. | |
|---|---|
| Objectively Verifiable Indicators | Achievements |
| 2-1 Implementation Annual Plan (Baseline: 0 → 1) | - The Implementation Annual Plan has been activated and is linked with the strategic plan in the MHMS, NCD, having been considered as the priority health issue<br>- To operationalize the implementation plan, the Project has developed a framework to conduct HOPE for NCD prevention (Fig. 2)<br>- The Project selected Nanikai as the pilot site and reviewed the community. (Activities 2-1, 2)<br>- Based on the activities of Nanikai HOPE for NCD prevention, MHMS was successful in securing a budget for HOPE on the outer islands from MFAT (NZ)<br>- Nanikai HOPE Action Plan was developed through a workshop with people in Nanikai to apply the Implementation Plan in the community context (Activity 2-3, 4). The Action Plan includes activities related to Smoking, Nutrition, Alcohol, and Physical Activity (SNAP). The following achievements were observed during the Monitoring and Evaluation (M&E) and the end line survey for the Nanikai People.<br><u>Smoking</u><br>- Eighty-five households (equivalent to 65% of Nanikai total households) were declared a "Smoke-free home" to prevent both direct and second-hand smoking, and evidenced by putting up a signed declaration or "Te Moti N Nano" at homes<br>- A smoke-free poster competition was held and increased the knowledge about the harm of smoking among children, as shown by interview results. |

| | |
|---|---|
| | Nutrition<br>- Making compost and gardening with the assistance of another project and Ministry of Environment, Land and Agricultural Development (MELAD). The number of Nanikai people growing vegetables was increased; the use of compost was observed. Several people started to sell vegetables, and the planting of "te iamai" created a constant supply of green vegetables.<br>Alcohol<br>- VWG mentioned a background of Alcohol in Nanikai; the majority of the people do not consume alcohol. However, VWG pointed out that students in a nearby school have occasionally been intoxicated; therefore, VWG adapted a community police group to monitor alcohol consumption and accidents. The community police were established and supported by MWYSSA.<br>Physical Activity<br>- Walking for health has become popular<br>- Initially, a Zumba class was organized by an MHMS physiotherapist, and the Nanikai community has started to do Zumba by themselves. Te Toa Matoa disabled group purchased an Audio system; they will use it to conduct Zumba in Nanikai. |
| 2-2 Number of Trainees of NCD outreach (Baseline: 0 → >20) | - More than 20 people attended training and workshops related to NCD outreach through the Project period. The following training activities were conducted for MHMS staff and Nanikai people by the Project (Activity 2-5, 6).<br><br>For MHMS staff<br>- Workshop on HOPE from November 16-18, 2016: 13 NCD committee members<br>- Training of NCD screening for Nanikai HOPE was held on March 4, 2017: 16 staff<br>- Monitoring and Evaluation (M&E) Workshop in October 2017: 14 staff<br>- NCD HOPE Updates Workshop in March 2017: 17 staff<br>- Motivational Interview training in February 2018: 4 staff<br>- HOPE workshop for PHNs and MAs in September 2019: 30 staff (Activity 2-7).<br><br>For Nanikai community<br>- Community census training in February 2017: 5 persons<br>- Community profiling training in March 2019: 8 persons |

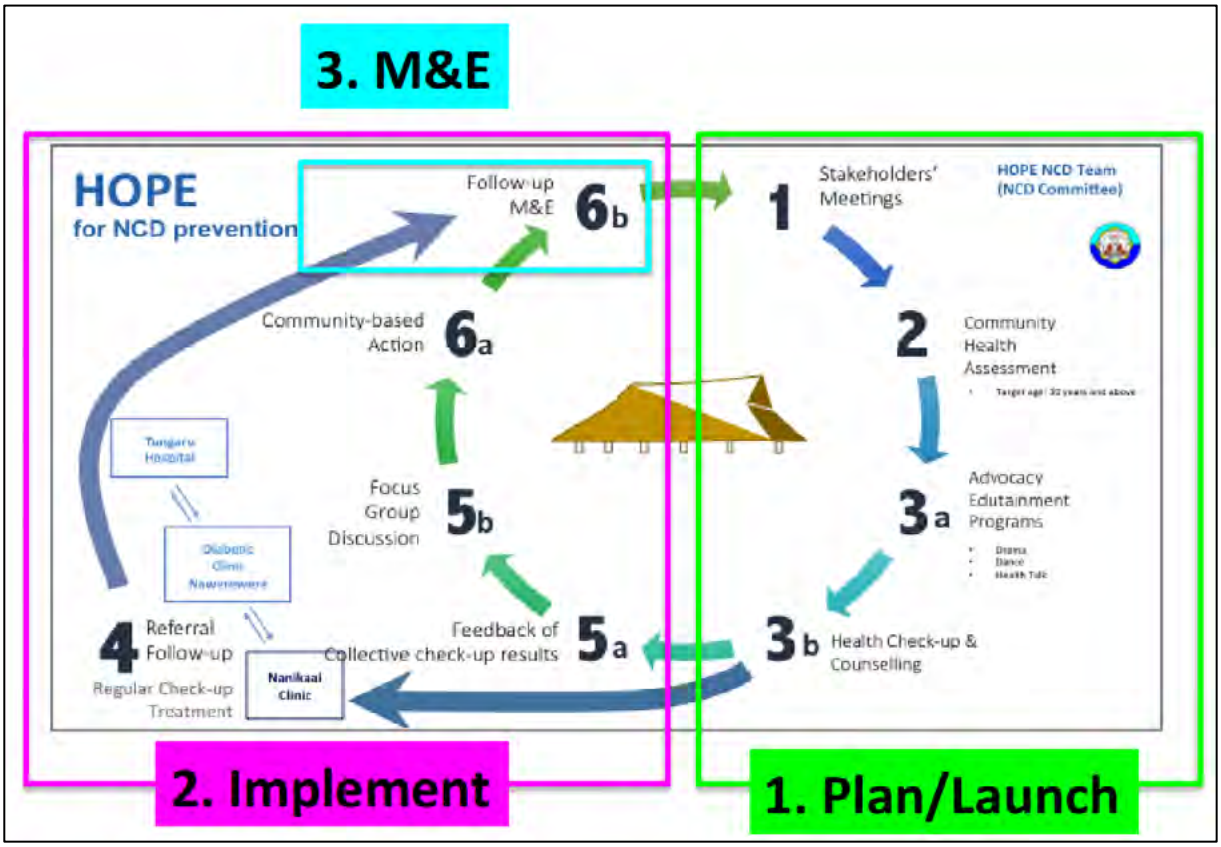


Fig. 2 Diagram of HOPE for NCD Prevention

### 2-1-3 Output 3

All the indicators to verify Output 3 have been achieved as shown in the following table.

| Output 3: Monitoring and Evaluation (M&E) implementation plan for NCD outreach service is carried out in the target sites | |
|---|---|
| Objectively Verifiable Indicators | Achievements |
| 3-1 Documented M&E framework<br>(Baseline: 0→ 1) | - Reviewed current M&E framework for NCD outreach service.<br>- Revised Mini-STEPS questionnaire format for outreach NCD screening.<br>- M&E for NCD outreach was written in TOR for NCD Committee.<br>- HOPE is one of the primary NCD outreach services in MHMS. NCD Manager has been recognized as the central staff to conduct M&E for HOPE in the TOR for NCD Committee (Activity 3-1).<br>- NCD program manager has conducted the M&E following the HOPE Action Plan every month (Activity 3-2, 4). |
| 3-2 Annul Report on Outreach NCD activity<br>(Baseline: 0→1) | - PH specialist has collected quarterly reports from each unit and combined them in the annual report.<br>- Progress of HOPE activities was reported at the NCD committee meeting to share the activities and to discuss challenges to improve them. (Activity 3-3 and 5). |

### 2-2 Project Purpose and indicators

As shown in the following table, in consideration of the achievements of Indicators 1 and 2, the Project period based on Project Design Matrix (PDM) version 2, which shows the Project purpose has been achieved.

(Target values and actual values achieved at completion)

| Project purpose: Coverage of quality NCD prevention and control services is improved in the target sites. | |
|---|---|
| Objectively Verifiable Indicators | Achievements |
| 1. Coverage of targeted population (Age 18-64yrs) in target sites of the Project to be screened by the end of the Project (baseline: 29% (2016) → ≥ 40%) | - The April and May 2019 NCD screenings resulted in 352 (53%) people against a target population of 682 (in 2017) in Nanikai.<br>- After the screening, Nanikai clinic followhg up some new cases with high blood pressure and high blood sugar.<br>- The number of people visiting the clinic to check NCD had increased after conducting screenings. The number of people who came to Nanikai clinic to check their blood pressure, blood sugar, and weight increased from 5-7 persons/clinic day to 10-15 persons/clinic day after the screening.<br>- Some dropout cases came back to the clinic. |
| 2. Availability of qualitative data mentioning about positive feedbacks from participants of NCD outreach services | - Positive feedback for NCD outreach was collected from MHMS staff through the endline survey for the Project and the workshop to disseminate HOPE for PHNs and MAs as below. The participants for the endline survey are shown in Annex 1, Table 4.<br><u>MHMS staff</u><br>- The NCD newsletter was a well thought out initiative used to inform the relevant stakeholders on NCD progress and to share information with partners and to showcase the unit's activities. The Newsletter will be a boost to contributors in showcasing their activities and will look forward to contributing more<br>- Most responses stated that HOPE activities such as advocate events and developing an action plan by themselves have been useful to motivate the community to take ownership of NCD issues and their health<br>- Also, it was noted that behavioral change takes time. Additionally, gaining knowledge and actual practice are different things. Increasing awareness is just the start of behavioral change.<br><u>Nanikai people</u><br>- NCD concepts were very vague before conducting the Project; however, through VWG sustained activities for HOPE for NCD prevention, they now have a better understanding of what NCD is; this includes the SNAP risk factors.<br>- Significant positive opinion by both VWG and non-VWG in Nanikai showed an increase in awareness of the importance of SNAP to reduce the risk of developing NCD by HOPE activities, such as advocacy events, workshops, and NCD screening.<br>- Some VWG personnel mentioned the importance of their roles to involve people in preventing NCD. Most of the VWG was nominated to be members from their respective groups and were happy and committed to performing their functions. |

### 3. History of PDM Modification

In March 2015, during the R/D, MHMS and JICA agreed upon the PDM Version 1, to monitor the Project progress. The PDM was to be revised periodically and was edited with the following background.

The Project period was extended to three years and six months to make up for the periods of inactivity referred to in item I. 3: Duration of the Project (Planned and Actual). MHMS and JICA concluded the M/M dated March 12, 2019, as the amendment of R/D in May 2019. At the 3rd JCC, the following four modifications were confirmed from PDM Ver. 1 to Ver. 2.

Primarily, one of the indicators for output 2, "Number of NCD outreach activities (Annual) (Baseline: 16 → X -to be confirmed in the 2nd JCC)" was deleted because the Project focused on the quality of NCD outreach, including sustainability of VWG activities and to improve the skills and knowledge in NCD among Public Health Nurses, it did not focus on the quantity of the outreach.

Secondly, "Coverage of population to be screened (Baseline: X → Y to be confirmed)" was deleted because the indicator overlapped with the Project purpose.

Thirdly, in activities for output 1, to clarify the focus of the Project, it was modified from "support selected functions of NCD committee" to "support management function of NCD committee."

Ultimately, one activity was included: "publishing NCD quarterly newsletter to update NCD activities to stakeholders, including development partners by MHMS."

### 4. Others

#### 4-1 Results of Environmental and Social Considerations

(if applicable)

N/A

#### 4-2 Results of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

N/A

## III. Results of Joint Review

### 1. Results of Review based on DAC Evaluation Criteria

#### 1.1 Relevance: High

The relevance of the Project is evaluated as high.

Compared to the planning stage of the Project, no change has been made in the priority of NCD in MHMS or the country. In the MHMS Strategic Plan 2016-2019, NCD was given high priority and adequately dealt with six strategic objectives, nine strategic actions, and forty-four vital indicators. This project goal was formulated with specific aims and consideration of relevance in lending support to the MHMS Strategic Plan 2016-2019 objective 1: Strengthen initiatives to reduce the prevalence of risk factors for NCDs, and to reduce morbidity, disability, and mortality from NCDs.

Based on the strategic plan 2016-2019, NCD Prevention and Control Strategic Priorities, 2020-2023, are underdeveloped. In the draft, written by HOPE, one of the outcomes to implement cost-effective interventions for NCD prevention and control is community-based education and empowerment. This document was aligned with SNAP, which is also the focus of the Project. The Project developed action plans for each SNAP risk, and each activity will contribute to the goals of 2020-2023.

The Project purpose of: "Percentage of people with NCD risk factors is not increased in South Tarawa" will not be reached unless individual behavior is changed. The reason why communities have been involved in conducting these activities to prevent and control NCDs is that once they are committed with appropriate knowledge, attitude, and behavioral modifications, they can become valuable resources and take responsibility for their health.

Of particular importance and relevance is this Project's action plan, which, instead of taking all NCD on board, directs its focus and takes a closer look at the NCD risk factors in the form of Smoking, Nutrition, Alcohol and Physical Activities (SNAP). The Nanikai Action Plan for NCD prevention 2019 was developed around those four (SNAP) objectives, each with its own set of activities, indicators, and achievable targets.

#### 1.2 Effectiveness: Moderate to High

The effectiveness of the Project is evaluated as Moderate to High.

The outputs and the Project purpose were achieved. The Project has assisted in improving coordination through NCD Committee TOR. The TOR clearly defines the roles and responsibilities of staff for NCD activities. Based on the TOR, the NCD committee has worked collaboratively with members; In particular, HOPE for NCD Prevention, the NCD Manager has been assigned a critical role in conducting M&E with assistance from VWG every month. Moreover, the publication of the NCD quarterly newsletter is a well thought out initiative to inform relevant stakeholders on NCD progress and to share information with development partners and to showcase the unit's activities. Development partners will find the Newsletter informative.

Achievement of output 2 directly contributed to indicator 1 for the Project purpose. The percentage of the participants of the screening was a snapshot; however, after the screening in 2019, the number of people who came to the Nanikai

clinic to check their blood pressure, blood sugar, and weight increased from 5-7 persons/clinic day to 10-15 persons/clinic day. Despite the shortage of data, it has been observed that screening increased the awareness of people in Nanikai about the risk factors of NCD.

Despite controversies among MHMS staff, home-visit style NCD screening was a useful tool to involve people in NCD screening. On South Tarawa, people can reach the nearest clinic less than a one-hour walk, but many people hesitated to come to the clinic for screening because they were not symptomatic. There was a difference in the number of participants of NCD screening between 2017 and 2019, as shown in the below table (Table 2).

| | May 2017 | May 2019 |
|---|---|---|
| No of participants of the screening | 248 | 352 |
| No of days for screening | 4 days | 1 day |
| Date | Mon, Tue, Wed, Thu | Sat |
| Venue of the screening | Maneaba | Home-visit |
| No of the staff | (15/day)×4days = 60 | 15 |

Table 2. Comparison of the number of participants in Nanikai NCD screening in 2017 and 2019

The process to achieve the outputs and the Project purpose involved MHMS staff and the community for NCD prevention and control. However, the capacity and the system have not been well established and include some risks such as shortage of staff, transport, and budget to continue HOPE for NCD prevention.

### 1.3 Efficiency: Moderate

The efficiency of the Project is evaluated as moderate.

Although the outputs and the Project purposes were achieved within the Project period, eight months of inactivity due to a delay in the recruitment of the Japanese experts to be assigned the Project affected the Project efficiency. After the inactive period, the Project spent a lot of time revitalizing the activities in MHMS and Nanikai HOPE. Due to this delay, the Project period was extended to three years and six months based on an agreement between MHMS and the Project at the 3rd JCC.

The Project and MHMS decided to focus only on the Nanikai community without rolling out HOPE to other communities at the 3rd JCC. It was decided because of a change in the priority of HOPE from the quantity of HOPE sites to the quality of HOPE itself; the assumption was made that HOPE should be developed within the same context on South Tarawa. It seems that the decision worked well because the Project was able to share how to conduct HOPE with the details on Nanikai practice with other communities' PHNs and MAs at the workshop to disseminate HOPE in September 2019. After the workshop, three clinics, such as Bikenibeu West, Eita, and Temaiku clinic, have prepared to launch HOPE in their clinic areas.

Due to their workload and activity costs, the Project realized the difficulty of conducting HOPE and its M&E by the NCD committee. Based on the lessons learned, the Project made a contract with a local consultant to assist the Japanese experts in being able to work more closely with the communities and to focus more on involving PHNs, MAs, and Nurse aides in the community to conduct HOPE activities and its M&E. The local consultant was a former PS in MHMS and a medical doctor; as such, his payment was considered reasonable due to his knowledge of the Kiribati context, and he was able to assist the Project.

Japanese experts for the Project were concurrently assigned to a project in Fiji, and the extension also occurred in the Project period. It would have been more effective if long-term Japanese experts had stayed in Kiribati rather than coming and going from Fiji for a short period if JICA were to focus more on the Kiribati NCD Project.

Input from the Kiribati side was office space and electricity. However, the high turnover and absence of an NCD Manager affected the efficiency of the Project because, according to the NCD TOR, this post has vital and critical roles in the implementation and carrying out of M&E on HOPE for NCD prevention.

### 1.4 Impact: Moderate

The impact of the Project is evaluated as moderate.

The Project conducted HOPE at one village on South Tarawa, but it had an impact to some degree on Kiribati because the HOPE on South Tarawa will be documented in NCD strategic priority 2020-2023.

The NCD newsletter informs people about MHMS activities against NCD. Since the number of NCD is increasing, Parliament had requested knowledge of MHMS activities. NCD committee members wrote the articles and edited the Newsletter, and the NCD Newsletters were published and supported by the Project.

Additionally, throughout the Project, some of the behavior changes related to SNAP in people from Nanikai had taken place, such as to stop smoking, start walking and take up home gardening in collaboration with other development partner's activities. Even though the Project conducted HOPE in Nanikai only, there is a possibility it could be introduced to other villages on South Tarawa - the workshop to disseminate HOPE for PHNs and MAs on September 24, 2019, thirteen clinics showed their motivation to launch HOPE in their clinic areas.

It is difficult to achieve the overall goal within several years because NCD is still high in Kiribati, and as mentioned, the number of the population participating in HOPE was minimal compared with the target population of the overall goal. According to a WHO report [1], the percentage of the smoking population in Kiribati is expected to decrease gradually in both men and women. Since 2000, there has been a decline in tobacco smoking; however, other factors such as taxation might have had more of an impact than the Project activities. The prevalence of obesity and high blood pressure are expected to increase in both men and women, suggesting that awareness campaigns alone are not sufficient to change the behaviors which are necessary to decrease the obesity trend and blood pressure level.

[1] WHO, Global Health Observatory (GHO) data, Kiribati: country profiles, Noncommunicable diseases country profile, https://www.who.int/nmh/countries/kir_en.pdf?ua=1 (Accessed on 13 October 2019)

### 1.5 Sustainability: Moderate to Low

The sustainability of the Project is evaluated as moderate to low.

[1] Policy and institutional aspects:
Priority for NCD has been high in MHMS as detailed in the MHMS Strategic Plan 2016-2019 – this should give a boost for future support and sustainability. MHMS is developing a new strategic plan for 2020-2023 following the achievement plan of 2016-2019.

[2] Structure of the implementing agency:
The NCD committee has been established and has conducted an NCD program based on TOR for the committee. The committee is to initiate and implement HOPE. At times NCD program staff was unable to conduct M&E for VWG because of insufficient staff in MHMS. As a result, the Project sometimes conducted M&E for HOPE without MHMS staff.

[3] Skills of the implementing agency:
The Nanikai VWG has performed well so far and shown a keen interest in assisting other communities in launching VWG for HOPE and NCD Prevention. PHNs and MAs on South Tarawa are motivated to start HOPE in their clinic areas. However, they will always need support from the NCD committee.

[4] Finance of the implementing agency:
The Project has disseminated the results and progress with other developing partners at the HOPE workshops through NCD updates through the quarterly newsletter, thus sustaining the Project activities after completion. A sufficient budget has not been assured at the end of the Project to implement these activities.

### 2. Key Factors Affecting Implementation and Outcomes

During the planning stage, limited resources were the main concern for both MHMS and Japanese experts, being that the experts were based in Fiji. The outline of HOPE was developed and approved in 2012; however, there was no budget allocation attached to it by MHMS. To overcome this was a challenge to the Project. Additionally, the following issues occurred and affected the Project.

[1] The priority to conduct HOPE on South Tarawa became lower compared to HOPE on outer islands and NCD outreach in workplaces.
Increased demands on NCD activity to MHMS without increasing the number of staff was the main reason to decrease the priority to conduct HOPE. The PH Specialist and NCD Program Manager have numerous responsibility for all activities related to NCD in Kiribati such as NCD outreach in workplaces on South Tarawa, PEN activities and so forth. Besides, the team moved from South Tarawa to launch HOPE on the outer islands due to the availability of activity costs from MFAT.

NCD screening in workplaces on South Tarawa was conducted every Thursday from July 2018. MHMS NCD committee initiated the screening based on a STEPS 2015 report. The report showed that working people were more at risk of NCD compared to community people, and as of November 2019, about 100 worksites were visited and

screened a total of 3030 people.

HOPE was implementing on outer islands from January 2018; based on the development of the Nanikai HOPE project, funds for this outer island proposal were approved by MFAT. A team consisting of about 10 -14 staff, including PH specialist or NCD Manager, has been visiting outer islands; as of November 2019, a total of 16 outer islands, such as Makin, Butaritari, Marakei, Abaiang, North Tarawa, Maiana, Kuria, Aranuka, Abemama, Nonouti, Tab North, Tab South, Onotoa, Beru, Tamana and Arorae islands, have been visited.

Overall, all activities against NCD contributed to the status in Kiribati, when we focused only on the outcomes of the Project, other work related to NCD was affected by the lack of staff to implement the Project goals within the community as a whole.

[2] Difficulty in community activity on South Tarawa because of increasing working people and changing characteristics of the community.
According to MHMS, the situation of community on South Tarawa is recognized to be more complex compared to those in outer islands, and therefore it is more challenging to implement community-based activities such as HOPE.

The South Tarawa traditional community function is to unite the people, as here it is weaker than that of outer islands. There are various reasons for this:

- Although most of those who come from the same island on outer islands, communities on South Tarawa are highly diverse both in traditions and religions, which are coming from neighboring outer islands
- Outer island communities strictly follow Kiribati traditional maneaba systems that elderly men (te unimwane) are highly respected decision-makers with younger people being implementers, however, on South Tarawa, communities tend to follow religious traditions such as catechists, pastors and priests. Therefore, people are often not connected, even if they live in the same community.

[3] The eight months of inactivity during the project period because of the delay of recruiting long-term experts impacted the outcomes. Project activities usually stopped when the experts were not in the country; the Project spent time and resources to revitalize activity after the eight months absence.

## 3. Evaluation on the results of the Project Risk Management

### 3-1 Risk management results

[1] Changed priority to HOPE on South Tarawa from quantity to quality following reality and sustainability.
The Project was able to conduct HOPE by making adjustments to the South Tarawa context and to practice HOPE, including M&E due to the risk management.

[2] Strengthen efforts to involve Nurse aides, PHNs, and MAs in HOPE implementation.
HOPE was designed to be initiated and implemented by the NCD staff in MHMS; however, it did not work well because of the limitation of the number of staff in the committee and the difficulty of implementing community activity. To combat these situations, the Project has tried to involve more Nurse aides, PHNs and MAs as the central role in conducting HOPE.

Nurse aide(s) are assigned in every clinic by TUC, and they live and are knowledgeable about the community. Although PHNs and MAs are assigned to a clinic for 2-3 year interval, PHNs and MAs rely on nurse aides to communicate with the community and tap its potentials. Nurse aides are indispensable members of HOPE. After the workshop to disseminate HOPE for PHNs and MAs, all attendees from thirteen clinics on South Tarawa showed their interest in launching HOPE in their clinic area. The Bikenibeu West clinic initiated Home-visit NCD screening, and Eita clinic explained the concept to people in the area. At the beginning of the year, to coincide with the clinic's population census, the Temaiku clinic has planned to launch HOPE.

[3] Contract with a local advisor to assist Japanese experts.
The Project signed a contract with a local advisor, a former PS in MHMS, to support Japanese experts during the period of JICA Expert's dispatch in Kiribati. The advisor, having been exposed to both administrative and technical areas in MHMS and provided assistance and guidance in line with this Project. Being held in the highest respect and trust from staff in MHMS and local people has made it possible to implement the Project smoothly. He worked a total of 47 days from November 2018 to November 2019.

### 3-2 Results of the use of lessons learnt

This Project used the lessons learned particularly on the importance of involving PHN to implement HOPE to sustain the project outcomes in the community after the end of the Project; it contributed to overcoming the limitation of resources in MHMS. Involving PHNs and MAs in HOPE and training them on community activity skills and M&E skills are expected to implement HOPE in other communities and to sustain the outcomes.

## 4. Lessons Learnt

[1] Importance of collaboration with other projects.
During the implementation of this Project, several on-going projects with similar themes were concurrently taking place. The Ministry of Environment, Land and Agricultural Development (MELAD), Ministry of Fisheries and Marine Resources Development, Te Itoiningaina (A church group promoting cooking demonstrations in Teworaeoke) cooking and gardening project and USP Hydroponic project were significant. In working with these projects, more positive outcomes could be delivered. In addition to improving outcomes, coordination with on-going projects would also go a long way in preventing duplications and resource wastage. To the small developing countries like Kiribati, where human resources are limited by nature, there exist a lot of developmental partners.

[2] Importance of a local advisor to assist the Japanese experts in developing and implementing community activities.
To implement the community-based intervention, experts should know the context well; however, it was difficult for Japanese experts who were available on a short-term basis and did not understand the local language enough to grasp the core issues happening within the community. English, which is one of the official languages, is also widely spoken in Kiribati; however, people speak the Kiribati language every day in meetings, and it is also used for official documents. The Project made a contract with a local advisor in November 2019; the local advisor was strategically in an excellent position to provide necessary links on contextual matters, language barriers, and traditional and cultural issues that were paramount to the successful implementation of this Project.

## IV. For the Achievement of Overall Goals after the Project Completion

### 1. Prospects to achieve Overall Goal

Overall Goal of the Project is "Percentage of people with NCD risk factors is not increased in South Tarawa," and its indicator is "Percentage of people with NCD risk factors (SNAP) (Baseline: STEPS 2015-16)". It is difficult to reach any conclusions as to whether the overall goal was achieved. Although the community's knowledge and practice of SNAP were better than before the launch of the Project based on the endline survey, the effect has not been shown in the result of NCD screening in Nanikai (Table 3). The main activities on HOPE in Nanikai were to conduct awareness events to inform the community of SNAP risks on NCD and to implement action plans; the Project worked closely with Nanikai village, which is one of fourteen villages on South Tarawa. Ultimately, practice on SNAP attitudes of individuals and society would affect the achievement of the overall goal.

| | Kiribati STEPS | | | Nanikai* | | Nanikai* | |
|---|---|---|---|---|---|---|---|
| | 2004–2006 | | 2015 | May 2017 | | May 2019 | |
| | Male | Female | Both sexs | Male | Female | Male | Female |
| | n=602 | n=776 | n=2156 | n=89 | n=143 | n=132 | n=222 |
| BMI ≥25kg/m2 | 67.2% | 77.4% | 81.4% | 67.9% | 89.2% | 74.4% | 68.5% |
| BMI ≥30kg/m2 | 32.3% | 47.2% | 46.4% | 35.7% | 56.1% | 34.9% | 56.8% |
| SBP≥140 and/or DBP≥90mmHg | 16.2% | 11.0% | 33.3% | 53.9% | 39.2% | 46.9% | 38.1% |
| SBP≥160 and/or DBP≥100mmHg | 5.2% | 3.6% | 11.5% | 20.2% | 16.8% | 12.5% | 15.1% |
| FBS≥6.1mmol/L + medication | 22.0% | 19.0% | 15.7% | – | – | – | – |
| FBS≥6.1mmol/L + RBS≥11.1mmol/L +medication | – | – | – | 21.3% | 21.1% | – | – |
| Percentage who currently smoke tabacco daily | 71.5% | 39.2% | 46.0% | 53.9% | 24.5% | 17.7% | 8.6% |
| Smoking Yes | | | | 57.4% | 29.0% | 52.3% | 14.9% |
| Alohol Yes | | | | 47.2% | 9.1% | 38.5% | 8.6% |
| Kava Yes | | | | 58.4% | 10.5% | 39.2% | 5.0% |
| Kohen Yes | | | | 21.3% | 11.2% | 16.3% | 9.7% |
| Nutrition No | | | | 77.5% | 76.2% | 72.6% | 76.9% |

*The data in Nanikai was not randum sampling.

Table 3. Results of STEPS 2004 and 2015, and Nanikai NCD screening in 2017 and 2019

Looking at each SNAP risk, based on the result in Table 6 and WHO report [2], smoking may be the least likely not to increase; the smoking trend has been decreasing since 2000. Alcohol consumption and physical inactivity may be stable or reduced; however, improving Nutrition status may be the most challenging goal to achieve.

Although WHO has recommended accelerating implementation against smoking to Kiribati, many activities such as taxation of tobacco, advocate for smoke-free maneaba and regulations to prohibit the sale of singles have been practiced based on the Framework Convention on Tobacco Control ratified on September 15, 2005.

Compared to the high smoking rate, the amount of alcohol consumption is not considered a problem in Kiribati. However, there is a culture to drink kava in Kiribati, and binge drinking among the younger generation is becoming an issue.

[2] WHO Western Pacific Region, Kiribati NCD Risk Factors STEPS REPORT 2015-2016

Every Wednesday is recognized as a sports day in most workplaces, but few people practice it. In the community, there is a traditional dance; however, the adult population tends to be sedentary and tend only to give verbal instruction to the younger generation.

Increase vegetable consumption in Kiribati is very challenging because the number of vegetables supplied (imported) on South Tarawa does not equate to the number of the population, and the cost may be too high. Throughout the Project, people were encouraged to grow vegetables in their backyards, and some people have continued this. However, people did not start, owing to the lack of available land because homes are very close together, and the population is increasing.

### 2. Plan of Operation and Implementation Structure of the Kiribati side to achieve Overall Goal

Implementation of the Multi-sectoral NCD committee would be the priority against NCDs in Kiribati. The committee was established in 2017; however, there was no activity, the WHO in Kiribati restarted the committee meeting in October 2019. The MHMS NCD committee has been assigned as the secretariat of the Multi-sectoral NCD committee, which is going to deal with SNAP risks.

MHMS is seeking developing partners such as MFAT to continue the implementation of HOPE including M&E at the current rate and maintain the outputs of the Project to achieve the Overall Goal, and to roll out HOPE to other villages on South Tarawa plus the Line and Phoenix groups. Addressed through:

- MHMS's commitment is to provide budgetary provisions to the Project
- Involvement of potential partners in the on-going aspects of implementation, e.g., workshops, presentations of results of relevant activities including screening and community profiling
- Wide dissemination of NCD quarterly newsletter to all potential partners showcasing HOPE.

### 3. Recommendations for the Kiribati side

[1] To assist PHNs and MAs in clinics to launch and conduct HOPE for NCD prevention and control.

After a September 2019 workshop to disseminate HOPE, PHNs and MAs from 13 clinics on South Tarawa have understood the HOPE concept and the importance of involving the community to prevent and control NCD. The budget for HOPE is not yet secured, but MHMS may provide equipment to NCD screening and assist them with follow up on the establishment of new HOPE for NCD prevention in other areas on South Tarawa. Notably, the following 3 clinics have shown a keen interest to establish HOPE and develop action plans with Bikenibeu West, Eita, and Temaiku clinics.

[2] To maintain and increase the number of MHMS staff for NCD prevention and control.

Although NCD is the priority and related tasks are increasing, the current number of staff for the NCD program remains at 2: a PH Specialist and NCD Program Manager. MHMS has finally recruited a permanent and experienced NCD Manager, a long period of vacancy for the NCD Manager during the Project periods has affected project implementation and M&E. Many clinics on South Tarawa are interested in launching HOPE for NCD prevention, thus effectively increasing the need for more NCD staff required to cope with the demand.

[3] To communicate closely with JICA Kiribati Field Office.

The Project formally ended on December 19, 2019. JICA will continue to assist NCD issues in Kiribati through the

dispatch of Japan Overseas Cooperation Volunteer and with MHMS staff training related to NCDs in Japan. Additionally, MHMS would submit proposals to JICA every year.

4. Monitoring Plan from the end of the Project to Ex-post Evaluation

The Project suggests the following things to monitor the impact and sustainability. PH Specialist and NCD Program Manager in MHMS would be the appropriate persons to collect the information.

- Number of issues NCD quarterly newsletter
- Number of clinics conducting HOPE for NCD prevention on South Tarawa
- Number of visits by NCD committee visiting HOPE sites
- Annual report by NCD committee
- Conducting a Nurse census (every year)
- Conducting MS1 from clinics (every month)
- Kiribati Annual Health Bulletin (every year).

(If the Project will be continuously monitored by JICA after the completion of the Project, mention the plan of post-monitoring here.)

ANNEX 1: Results of the Project

(List of Dispatched Experts, List of Counterparts, List of Trainings, etc.)

Table 1 List of Dispatched Expert

| | JFY | Year | Schedule | Expert | Major Activities |
|---|---|---|---|---|---|
| 1 | 2015 | 2015 | July 20 -July 27 | Mr. Shinya Matsuura<br>Mr. Satoru Kinoshita | Initial survey |
| 2 | | 2016 | Jan 10 - Jan 18 | Ms. Masako Kikuchi | Initial survey |
| 3 | | 2016 | Jan 17 - Jan 21 | Mr. Shinya Matsuura | Initial survey |
| 4 | 2016 | 2016 | June 20 - July 8 | Ms. Masako Kikuchi | Output 1 -3 |
| 5 | | 2016 | July 18 - Aug 1 | Ms. Masako Kikuchi | Output 1-3<br>1st JCC |
| 6 | | 2016 | July 24 - July 29 | Mr. Shinya Matsuura | |
| 7 | | 2016 | Sep 25 - Oct 14 | Ms.Masako Kikuchi | Output 1 -3 |
| 8 | | 2016 | Nov 7 - Nov 24 | Ms.Masako Kikuchi | Output 1 -3 |
| 9 | | 2016 | Nov 30 - Dec 5 | Ms.Masako Kikuchi | Output 1 -3 |
| 10 | | 2017 | Jan 22 - Feb 9 | Ms.Masako Kikuchi | Output 1 -3 |
| 11 | | 2017 | Feb 27 - Mr 13 | Ms.Masako Kikuchi | Output 1 -3 |
| 12 | 2017 | 2017 | Apr 23 - May 18 | Ms.Masako Kikuchi | Output 1 -3 |
| 13 | | 2017 | June 18 - June 29 | Ms.Masako Kikuchi | Output 1 -3 |
| 14 | | 2017 | July 16 - July 31 | Ms.Masako Kikuchi | Output 1-3<br>2nd JCC |
| 15 | | 2017 | July 24 - July 27 | Dr. Naomi Hamada | |
| 16 | | 2017 | Oct 11 - Oct 23 | Ms.Masako Kikuchi | Output 1 -3 |
| 17 | | 2017 | Nov 19 - Nov 30 | Ms.Masako Kikuchi | Output 1 -3 |
| 18 | | 2018 | Feb 11 - Feb 26 | Ms.Masako Kikuchi | Output 1-3 |
| 19 | | 2018 | Feb 19 - Feb 26 | Dr. Naomi Hamada | |
| 20 | 2018 | 2018 | Nov 22 - Dec 13 | Ms. Shinomi Takahashi | Output 1-3 |
| 21 | | 2018 | Dec 3 - Dec 10 | Dr. Naomi Hamada | |
| 22 | | 2019 | Jan 20 - Feb 11 | Ms. Shinomi Takahashi | Output 1 -3 |
| 23 | | 2019 | Feb 20 - Mar 14 | Ms. Shinomi Takahashi | Output 1-3<br>3rd JCC |
| 24 | | 2019 | Mar 10 - Mar 14 | Dr. Naomi Hamada | |
| 25 | 2019 | 2019 | Apr 24 - May 16 | Ms. Shinomi Takahashi | Output 1-3 |
| 26 | | 2019 | July 23 - Aug 20 | Ms. Shinomi Takahashi | Output 1-3 |
| 27 | | 2019 | Sep 8 - Sep 30 | Ms. Shinomi Takahashi | Output 1-3 |
| 28 | | 2019 | Nov 7 - Nov 25 | Ms. Shinomi Takahashi | Output 1-3<br>Closing ceremony |

Table 2 List of Equipment

| No | Item | Details (model, etc) | Qty |
|---|---|---|---|
| 1 | Mobile Internet Router | Amalgamated Telecom | 1 |
| 2 | Weight Scale | seca clara 803 | 1 |
| 3 | Stadiometer | seca 2131721009 | 3 |
| 4 | Blood Pressure Machine | Mediscope MS-08C | 1 |
| 5 | Blood Pressure Cuff | LRI-SCV78 | 3 |
| 6 | Projector Screen | - | 1 |
| 7 | Laptop Computer | ACER NB ASPIRE E5-575-76C9 | 1 |
| 8 | Projector | Asus S1 Mobile LED Projector | 1 |
| 9 | Printer | Brother MFC-L2700D | 1 |
| 10 | Weight Scale | seca 877 | 1 |
| 11 | Gymnastic Mat | - | 2 |
| 12 | Storage Box | - | 1 |
| 13 | Tent | - | 1 |
| 14 | Desk | Oriseal ITEM No. OZ T2063 | 6 |
| 15 | Four Drawers Cabinet | - | 1 |
| 16 | 6 Volley Balls and Air Foot Pump | - | 1 |

Table 3 Working day of the Local Advisor

| | Working day | |
|---|---|---|
| 1 | 6 days | from November 22 till December 13, 2018 |
| 2 | 6 days | from January 21 till February11, 2019 |
| 3 | 6 days | from February 20 till March 14, 2019 |
| 4 | 6 days | from April 29 till May 16, 2019 |
| 5 | 9 days | from July 29 till August 15, 2019 |
| 6 | 9 days | from 9 September till 30 September 2019 |
| 7 | 5 days | from 7 November till 25 November 2019 |

Table 4 List of interviewees for the end-line survey

Ministry of Health and Medical Services and WHO in Kiribati

| | Name | Position | Gender | Age | Duration of the position |
|---|---|---|---|---|---|
| 1 | Ms. Eretii Timeon | Director of Public Health Services, MHMS | F | 40+ | 3years+ |
| 2 | Mr. Teanibuaka Tabunga | Deputy Director of Public Health Service, MHMS | M | 40+ | 5years+ |
| 3 | Ms. Antje Reiher | Public Health Specialist - NCD, MHMS | F | 40+ | 2y + 7m |
| 4 | Mr. Tabuanaba Baraniko | Former NCD Program Manager, MHMS | M | 20+ | (2y) |
| 5 | Ms. Bwaturia Temaua | Former NCD Program Manager, MHMS | F | 20+ | 3 months |
| 6 | Ms. Mweritonga Temariti Rubeiariki | Chief Health Promotion Officer, MHMS | F | 50+ | Since Aug 2014 |
| 7 | Ms. Emire Neeri | Nutritionist, MHMS, MHMS | F | 30+ | 1y + 9m |
| 8 | Ms. Mooti Kaake | Physiotherapist, MHMS | F | 20+ | 9 months |
| 9 | Ms. Uhjin Kim | Technical Officer Health System and acting Country Liaison Officer, WHO Kiribati | F | 40+ | 9 months |
| 10 | Mr. Koorio Tetabea | NCD Focul Point, WHO Kiribati | M | 50+ | 5years+ |

Nanikai

| Nanikai HOPE Village Welfare Group | | | | |
|---|---|---|---|---|
| | Role in VWG | Gender | Age | VWG Period |
| 1 | Chairperson | F | 40+ | Since 2016 |
| 2 | Securetary | M | 60+ | Since 2018 |
| 3 | Banan Ladies VWG | F | 40+ | Since 2016 |
| 4 | Toamatoa VWG | F | 60+ | Since 2016 |
| 5 | Wasteland VWG | F | 30+ | Since 2016 |
| 6 | NC VWG | M | 40+ | Since 2019 |
| 7 | MNC VWG | F | 40+ | Since 2016 |

| Nanikai Stakeholder | | | |
|---|---|---|---|
| | Role in Nanikai | Gender | Age |
| 8 | Councelor | M | 50+ |
| 9 | Mormon Church Leader | M | 70+ |
| 10 | KUC Church Leader | M | 40+ |
| 11 | Bahai church leader | M | 50+ |
| 12 | Disability Women Leader | F | 30+ |
| 13 | RC Women Leader | F | 30+ |
| 14 | NC Youth Leader | M | 20+ |
| 15 | Tabaraoi not VWG | F | 40+ |

## ANNEX 2: List of Products (Report, Manuals, Handbooks, etc.) Produced by the Project

Output 1: NCD Committee

- TOR for MHMS NCD Committee
- NCD Newsletter (1-5 editions)
- World Diabetes day in 2016, 2019
- MI training

Output 2: HOPE

2016

- Selection criteria
- Census, community profiling
- NCD screening
- Stakeholder meeting
- [Report] Advocacy event

2017

- Nanikai HOPE Action Plan 2017
- Compost and Gardening

2018

- [Report] Re-vital workshop

2019

- Community profiling 2019
- Home-visit NCD screening
- [Report] Workshop to develop Action Plan
- Nanikai HOPE Action Plan 2019
- Smoke-free home declaration
- [Report] Smoke-free poster competition
- [Report] Dissemination Workshop for PHNs and MAs

Output 3: M&E

- M&E training
- M&E for HOPE on South Tarawa

## ANNEX 3: PDM (All versions of PDM)

**Annex 3a**

**Project Design Matrix (PDM) Version 1** Date：20 January 2016

**Project for Prevention and Control of Non-Communicable Diseases** **Project Period：3 years from the date indicated in R/D**

**Target Area: South Tarawa (approx. 35,000 people)**

Target Group:
＜Direct Beneficiaries＞
① District Principle Nursing Office Public Health, Division of Public Health & NCD Committee, MOHMS, ② Health Professional (Medical Assistants, Public Health Nurses, Nurses, Nurse-aids) in Clinics and Village Welfear Groups (VWGs)
＜Indirect Beneficiaries＞ Residents in South Tarawa

| Narrative Summary | | Objectively Verifiable Indicators | Means of Verification | Important Assumptions | Achievement | Remarks |
|---|---|---|---|---|---|---|
| **Overall Goal** | | | | | | |
| **The number of persons with NCD risk factors is not increased in South Trawa** | 1 | The number of persons with NCD risk factors (SNAP and other health-seeking behavouir) | 1. STEP Survey<br>2. Questionnaire<br>3. Medical record | | | |
| **Project Purpose** | | | | | | |
| **The coverage of quality NCD prevention and control services is improved in the target sites** | 1 | The number of persons who received routine NCD prevention and control services | 1. Relevant revised NCD documents<br>2. Minutes of NCD Committee meeting<br>3. M&E reports of out reach activity | (1) Kiribati side properly allocates necessary budget and distribute personnel for continuing and developing project outcomes.<br><br>(2) Kiribati government policy on community-based NCD prevention does not change remarkably. | | |
| **Outputs** | | | | | | |
| **1 Coordinating function of the Ministry of Health and Medical Services (MHMS) to improve coverage of NCD prevention and control services is strengthened.** | 1-1 | Documented function of NCD Committee | 1. Minutes of NCD Committee meeting | (1) Trained counterparts do not leave their position so as to affect the outputs of the Project. | | |
| | 1-2 | The number of meeting of NCD Committee (Baseline:0) | | | | |
| **2 Implementation plan for effective outreach service delivery for NCD prevention and control is carried out in the target sites.** | 2-1 | The percentage of persons received NCD screening (Baseline:X) | 2-1. Activity Report (Outreach service report, event report, training report, etc)<br><br>2-2. Nurse census report | | | |
| | 2-2 | The percentage of persons received health guidance and health education (Baseline:X) | | | | |
| | 2-3 | The percentage of persons with high NCD risks treated in health facilities (Baseline:X) | | | | |
| | 2-4 | The percentage of follow up for defaulters (Baseline:X) | | | | |
| | 2-5 | The number of defaulters who visit clinic after the follow up (Baseline:X) | | | | |
| **3 Monitoring & Evaluation (M&E) implementation plan for outreach service delivery for NCD prevention and control is carried out in the target sites.** | 3-1 | Frequency of M&E activity acoording to the framework (Baseline:0) | 3-1. Test report of M&E activity for outreach service<br>3-2. M&E framework for outreach activity<br>3-3. M&E check list of outreach activity in clinic | | | |

| Activities | Inputs | | Pre-conditions |
|---|---|---|---|
| **1 Coordinating function of the Ministry of Health and Medical Services (MHMS) to improve coverage of NCD prevention and control services is strengthened.** | **Japanese Side** | **Kiribati Side** | Counterpart organizations do not adverse to the implementation of the Project |
| 1-1 To review and clarify the function of NCD Committee for effective coordination | Assignment of experts:<br>- Chief Advisor<br>- Project Coordinator/Health Promotion<br>- Community Health/NCD<br><br>Local expenses for the project activities:<br>- Cost for training and workshops<br>- Material development cost<br>- Other necessary cost for the execution of the Project's activities<br><br>Provision of necessary equipment for the Project operation:<br>- Training equipment (PC, printer, projector etc.)<br>- Other necessary machinery and equipment.<br><br>Training (in Japan and/or in a third country) | Assignment of counterparts (C/Ps)<br><br>Facilities and equipment:<br>- Office space for the Japanese Experts<br>- Necessary equipment and materials for the Project activities<br><br>Cost of Operation:<br>-Operational expenses necessary for implementation of the project activities such as personnel costs of counterparts<br>-Activity costs<br>-Office equipment and supplies<br>-Utility costs such as water and electricity, etc. | |
| 1-2 To support selected functions of NCD Committee | | | |
| 1-2-1 To develop and review NCD annual work plan aligned with Ministry Strategic Plan 2016-2019 | | | |
| 1-2-2 To support holding national stakeholders forum for NCD prevention and control | | | |
| 1-2-3 To conduct local exchange visits and study tours for experience sharing | | | |
| 1-2-4 To share and disseminate the relevant information on NCD prevention and control through meetings with stakeholders | | | |
| 1-3 To support NCD Committee to feedback the lessons learnt from the project activity to relevant NCD strategic plan | | | **<Issues and Countermeasures>** |
| **2 Implementation plan for effective outreach service delivery for NCD prevention and control is carried out in the target sites.** | | | |
| 2-1 To review HOPE, nurse census, actual situation of NCDs service provision, outreach services of Public Health Nurse and Nurse Aid at clinics | | | |
| 2-2 To select target sites besed on the result of review | | | |
| 2-3 To develop implementation plan of outreach service for community profiling and assessment, NCD screening, health advocacy activities, and follow-up of high risk population in target sites. | | | |
| 2-4 To review functions of Village Welfare Group (VWG) for NCD prevention and control and strengthen the selected function in the target sites. | | | |
| 2-5 To conduct training for relevant target group in collaboration with development partners | | | |
| 2-6 To support outreach service delivery by clinic staff and VWGs in target sites | | | |
| 2-7 To support implementation of health promotion events such as NCD's day and Healthy Family concept day | | | |
| 2-8 To share the results of outreach service strengthened for NCD prevention and control with all stakeholders | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | **Monitoring & Evaluation (M&E) implementation plan for outreach service delivery for NCD prevention and control is carried out in the target sites.** | | | | | |
| | 3-1 To develop M&E framework, including indicators, tools, data collection methods and procedures, and use of information for NCD outrearch service at all levels | | | | | |
| | 3-2 To implement developed M&E framework in target sites | | | | | |
| | 3-3 To analyze the data collected through M&E framework | | | | | |
| | 3-4 To revise M&E framework, including DPNO check-list based on the review | | | | | |
| | 3-5 To share the revised M&E framework with all stakeholders | | | | | |

*** All the numbers shall be determined later.**
**** If it is difficult to recruit a long term expert, short term experts shall be dispatched alternatively.**

(Annex 1)
新 PDM

## Annex 3b Project Design Matrix (PDM) Version 2

Ver.2 March 12, 2019

**Project for Prevention and Control of Non-Communicable Diseases**

**Project Period : 3 years and 6 months from 20 June 2016**

**Target Area: South Tarawa (approx. 56,000 people)**

Target Group:
＜Direct Beneficiaries＞
① Division of Public Health (NCD Committee & District Principle Nursing Office),
② Health Professional (Medical Assistants, Public Health Nurses, Nurses, Nurse-aids) in Clinics and Village Welfare Groups (VWGs)

＜Indirect Beneficiaries＞ Residents in South Tarawa

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions | Achievement | Remarks |
|---|---|---|---|---|---|
| **Overall Goal** | | 1. STEP Survey<br>2. Questionnaire<br>3. Medical record | | | |
| **Percentage of people with NCD risk factors is not increased in South Trawa** | 1 Percentage of people with NCD risk factors (SNAP) (Baseline: STEP 2015-16) | | | | |
| **Project Purpose** | | | | | |
| **Coverage of quality NCD prevention and control services is improved in the target sites** | 1 Coverage of targeted population (Age 18-64yrs) in target sites of the project to be screened by the end of the project (baseline: 29% (2016) → ≥ 40%) | 1. Implementation Annual Plan<br>2. Annual Report<br>3. Census report<br>4. Questionnaire<br>5. Minutes of NCD Committee meeting | (1) Kiribati side properly allocates necessary budget and distribute personnel for continuing and developing project outcomes. | | |
| | 2 Availability of qualitative data mentioning about positive feedbacks from participants of NCD outreach serveces. | | (2) Kiribati government policy on community-based NCD prevention does not change remarkably. | | (1)Kiribati side has not allocated budget for HOPE in South Tarawa. |
| **Outputs** | | | | | |
| 1 **Coordinating function of the Ministry of Health and Medical Services (MHMS) to improve coverage of NCD prevention services is strengthened.** | 1-1 Documented function of NCD Committee (Baseline: 0→1) | 1. TOR for NCD Committee<br>2. Annual Plan & Report<br>3. Minutes of NCD Committee meeting | (1) Trained counterparts do not leave their position so as to affect the outputs of the Project. | | (1)-1 NCD Program Manager was transferred to Kitchen Manager in January 2019. Acting NCD Manager is assigned in February 2019.<br><br>(1)-2 Senior officer in Health Information Unit (HIU) has been on leave since January 2019. New Senior Officer in HIU has not been handed over data of NCD outreach. |
| | 1-2 Annual Plan & Report (Baseline: 0 → 1) | | | | |
| 2 **Implementation plan for effective outreach service delivery for NCD prevention is carried out in the target sites.** | 2-1 Implementation Annual Plan (Baseline: 0 → 1) | 1. Implementation Annual Plan<br>2. Activity Report<br>3. Census report<br>4. Questionnaire<br>5. Training Report | | | |
| | 2-2 Number of Trainees of NCD outreach (Baseline: 0 → ＞20) | | | | |
| 3 **Monitoring & Evaluation (M&E) implementation plan for outreach NCD service is carried out in the target sites.** | 3-1 Documented M&E framework (Baseline: 0 → 1) | 1. Documented M&E framework<br>2. Annual Report<br>3. Minutes of Meetings | | | |
| | 3-2 Annual Report on Outreach NCD activity (Baseline: 0 → 1) | | | | |

| Activities | | | Inputs | | Pre-conditions | | |
|---|---|---|---|---|---|---|---|
| 1 | **Coordinating function of the Ministry of Health and Medical Services (MHMS) to improve coverage of NCD prevention services is strengthened.** | | **Kiribati Side** | **Japanese Side** | Counterpart organizations do not adverse to the implementation of the Project | | |
| | 1-1 | To review and clarifyy the function of NCD Committee for effective coordination | Assignment of counterparts (C/Ps)<br><br>Facilities and equipment:<br>- Office space for the Japanese Experts<br>- Necessary equipment and materials for the Project activities<br><br>Cost of Operation:<br>-Operational expenses necessary for implementation of the project activities such as personnel costs of counterparts<br>-Activity costs<br>-Office equipment and supplies<br>-Utility costs such as water and electricity, etc. | Assignment of experts:<br>- Chief Advisor<br>- Project Coordinator/Health Promotion<br>- Community Health/NCD<br><br>Local expenses for the project activities:<br>- Cost for training and workshops<br>- Material development cost<br>- Other necessary cost for the execution of the Project's activities<br><br>Provision of necessary equipment for the Project operation:<br>- Training equipment<br>- Other necessary machinery and equipment.<br><br>Training in Kiribati (Japan and any third country when necessary) | <Issues and Countermeasures> | | |
| | 1-2 | To support management function of NCD committee | | | | | |
| | 1-3 | To support implementation of health promotion events such as Diabetic day | | | | | |
| | 1-4 | To support NCD Committee to feedback the lessons learnt from the project activity to relevant NCD strategic plan | | | | | |
| | 1-5 | To support publishing NCD Newsletter as an indicator progress of NCD outreach services to update stakeholders including develop partners. | | | | | |
| 2 | **Implementation plan for effective outreach service delivery for NCD prevention is carried out in the target sites.** | | | | | | |
| | 2-1 | To review HOPE, community profiling and current NCD outreach service provision in South Tarawa | | | | | |
| | 2-2 | To select target sites based on the result of review | | | | | |
| | 2-3 | To review functions of Village Welfare Group (VWG) for NCD prevention and discuss the selected function in the target sites. | | | | | |
| | 2-4 | To develop implementation plan of outreach service for NCD screening, health advocacy activities as well as referral system and follow-up in target sites. | | | | | |
| | 2-5 | To conduct training for relevant target group (in collaboration with development partners) | | | | | |
| | 2-6 | To support NCD outreach activities in target sites | | | | | |
| | 2-7 | To share the results of NCD outreach service with all stakeholders | | | | | |
| 3 | **Monitoring & Evaluation (M&E) implementation plan for outreach NCD service is carried out in the target sites.** | | | | | | |
| | 3-1 | To develop M&E framework, including indicators, tools, data collection methods and use of information for NCD outreach service | | | | | |
| | 3-2 | To implement developed M&E framework | | | | | |
| | 3-3 | To analyze the data collected through M&E framework | | | | | |
| | 3-4 | To revise M&E framework based on the review | | | | | |
| | 3-5 | To share the revised M&E framework with all stakeholders | | | | | |

*** All the numbers shall be determined later.**
**** If it is difficult to recruit a long term expert, short term experts shall be dispatched alternatively.**


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