

資 料

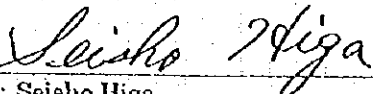
1 合同評価報告書

JOINT EVALUATION REPORT
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE PROJECT FOR PROMOTION OF PRIMARY HEALTH CARE
IN
SOLOMON ISLANDS


April 17, 1996
Honiara
Solomon Islands

Mutually attested and submitted
to all concerned

Honiara
Solomon Islands
April 17, 1996



Dr. Seisho Higa
Leader
Japanese Evaluation Team
Japan International Cooperation Agency



Mrs. N. Fineanganofa
Permanent Secretary
Ministry of Health and Medical Services
Solomon Islands

Date: April 8 - April 17, 1996
Place: Ministry of Health and Medical Services (MHMS)
Honiara, Solomon Islands

Attendants:

JAPANESE PANEL

JAPANESE EVALUATION TEAM

Dr. Seisho Higa
Dr. Nobukatsu Ishikawa
Dr. Shigeyuki Kano
Ms. Sachiko Nakazato
Ms. Fumiko Murata
Mr. Kazuhiro Tomizawa

JAPANESE EXPERT TEAM

Dr. Minoru Hara
Dr. Toshiaki Ikeshoji
Ms. Fumiko Higa
Mr. Masahide Ushiyama
Mr. Kenichiro Tomimaga

SOLOMON ISLANDS PANEL

Mrs. N. Fineanganofa	Permanent Secretary, MHMS
Dr. E. Nukuro	Under Secretary (HI), MHMS
Mr. Anthony Seketa	Director, Planning Unit
Mr. Kenneth Konare	Tuberculosis and Leprosy Unit
Mr. Joshua Bulolo	Tuberculosis and Leprosy Unit
Mr. Albert Punufimana	Director, Nursing Division
Mr. Edward Daiwo	Nursing Division
Mr. Timothy Daonanita	Nursing Division
Mr. Amos Lapo	Nursing Division
Mr. Alby Lovi	Director, Health Education Division
Mr. Edward Anisitolo	Health Education Division
Mr. Horton Sale	Medical Laboratory, Central Hospital
Mr. Ricky Eddie	Medical Laboratory, Central Hospital
Mr. Ben Dede	Medical Laboratory, Central Hospital
Dr. Judson Leafasia	Director, SIMTRI
Mr. Bernard Bakote'e	SIMTRI
Mr. Luito Fa'arodo	SIMTRI
Ms. Jessie Fa'arodo	Principal Nursing Officer, Guadalcanal Province

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I. INTRODUCTION

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Seisho Higa visited Solomon Islands from April 8, 1996 to April 17, 1996 to carry out an evaluation of the Project for Promotion of Primary Health Care (hereinafter referred to as "the Project") and to assess the effectiveness of the Project's past achievements, based on the Record of Discussions on Japanese technical cooperation signed on April 11, 1991.

During the Team's visit to Solomon Islands, it held discussions with the Solomon Islands' Government Authorities concerned on a number of issues regarding the progress and achievements of the Project, as well as fulfillment of the commitments.

Through careful analysis and thorough discussions, it was agreed that the process in which the evaluation exercise is to be undertaken be summarized in the following order:

II. METHOD OF EVALUATION

1. Materials used in reference

- (1) Record of Discussions between the Japanese implementation survey team and the health authorities of the Government of Solomon Islands on the Japanese technical cooperation for the Project.
- (2) Tentative implementation schedule of the Project.
- (3) Official requests by the Government of Solomon Islands: Form A1, A2, A3, and A4.
- (4) Minutes of Discussions between the Japanese team and the authorities concerned of Solomon Islands on the Project.
- (5) Other reports, documents, and listings on the institutional achievements for supplements.

2. Discussion and Observation

First, the Team discussed with the Solomon Islands government officials diverse aspects of the Project and observed the buildings, facilities, and apparatus/ equipment provided for the Project.

Second, to assess the effectiveness of technical training in Japan, the local counterparts sent to Japan were interviewed and requested to complete the questionnaire sheets provided for their evaluation.

Third, to discuss the respective roles of the counterpart personnel trained through the Project and the model areas of the Project, the Team joined the Steering Committee Meeting of the Ministry of Health and Medical Services (hereinafter referred to as "MHMS") and held a workshop with the relevant officials of the MHMS associated with the Project.

III. OBJECTIVE AND ACTIVITIES OF TECHNICAL COOPERATION FOR THE PROJECT

1. Objective of the technical cooperation

According to the Record of Discussions signed on April 11, 1991 and the Minutes of Discussions signed on October 21, 1994, the objectives and the activities of the technical cooperation are:

- (1) (Objective) To further strengthen management skills at rural health clinics (RHCs) in order to promote primary health care strategy
(Activities)
 - a. Improvement of diagnosis and treatment skills of nurses at rural health clinics
 - b. Improvement of patient education, maintenance and hygiene of health clinics, and reporting of activities at RHCs
 - c. Strengthening of the ability of management skills of primary health care coordinators
 - d. Improvement of community health

- (2) (Objective) To further promote information, education, and communication (IEC) activities in health education at primary health care level
(Activities)
- a. Production of audio-visual teaching materials for health education
 - b. Development of other teaching materials for health education
 - c. Development of maintenance skill of audio-visual equipment for the relevant personnel
 - d. Development of health education capability at provincial level
- (3) (Objective) To further strengthen peripheral capability of diagnosis of common diseases
(Activities)
- a. Improvement of training courses for clinical laboratory technicians
 - b. Improvement of diagnostic skills of common diseases for microscopists and other relevant personnel
- (4) (Objective) To further strengthen the National Tuberculosis Control Programme and to promote integrated measures at provincial levels
(Activities)
- a. Review and evaluation of the National Tuberculosis Control Policy
 - b. Development of manuals in the National Tuberculosis Control Policy
 - c. Establishment of a system to obtain the cure rate of tuberculosis treatment
 - d. Development of teaching materials and teaching method for tuberculosis patients and their communities
 - e. Improvement of tuberculosis management at provincial level
- (5) (Objective) To strengthen the existing malaria control measures and operational strategies being used in Solomon Islands and to examine any potential malaria control measures that are cost effective and appropriate to the present local situation in Solomon Islands
(Activities)
- a. Compilation of epidemiological findings
 - b. Implementation of the pilot projects of malaria control in Honiara and its suburban areas
 - c. Improvement in skills and knowledge of antimalarial workers
 - d. Promotion of community participation in malaria control programme
 - e. Enhancement of prompt diagnosis and treatment of malaria in rural health clinics
 - f. Improvement in effectiveness of malaria diagnosis and treatment
- (6) (Objective) To strengthen the existing Hepatitis B control programme and to undertake relevant research on Hepatitis B in collaboration with relevant staff of Solomon Islands
(Activities)
- a. Development of the system of serological test for Hepatitis B in the Central Hospital
 - b. Assessment of the efficacy of Hepatitis B vaccines

IV. CONDUCT OF THE PROJECT

1. Facilities

- (a) Solomon Islands Malaria Training and Research Institute was established by Japanese grant-in-aid and is utilized for malaria control through parasitological and entomological activities.
- (b) The Kilu'ufi Hospital laboratory, Auki, Malaita was upgraded for tuberculosis bacteriological investigation and functions as the focal facility of the Intensified Area Project.
- (c) The Health Education Division was equipped with audio-visual machines for filming and editing health education materials.

2. Staffing

Presently, a total of 32 local counterpart personnel has been assigned to the Project for its effective implementation and successful transfer of technology. These are represented on Annex I.

3. Japanese experts

JICA has dispatched twelve long-term experts and thirty seven short-term experts whose names and areas of specialization are listed on Annex II.

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4. Local counterpart training in Japan

Twelve counterpart personnel have been sent to Japan either for observation or technical training. Their names and the areas for which they were sent to be trained are listed on Annex III. JICA has accepted the local counterpart personnel in the fields agreed to in the Record of Discussions. Their technical training was relevant and effective for the purpose of obtaining useful information.

5. Equipment

Between 1991 and 1995, equipment worth about 155 million yens (SID 5,176,353) was donated by the Government of Japan. The main equipment items and machinery are listed on Annex IV.

6. BUDGET

The total cost of the Project as determined by the Project management is represented on Annex V

7. ACCOMPLISHMENT OF TECHNICAL COOPERATION

The accomplishments of technical cooperation in each component of the Project are represented on Annex VI.

V. CONCLUSION AND RECOMMENDATIONS

Following the joint evaluation and discussions on the achievements of the Project, the team wished to make the following conclusion and recommendations.

Conclusion:

In reference to the Record of Discussions and Minutes of Discussions, it was viewed that the Project was effectively conducted, and its activities transferred adequate technology and information to the level of the initial targets to the local counterparts involved. In order to further promote the results of the Project activities to the desirable extent, the Team recommended the followings for forthcoming activities implemented by the government of Solomon Islands.

Recommendations:

1. The Team recommended that the vehicles provided by JICA to the MHMS, Honiara Town Council and Malaita Province be effectively utilized and retained by the relevant divisions to ensure that there is sustainability in their activities after the expiration of the Project in August 1996.
2. The MHMS should take every effort to utilize the equipment provided to each component of the Project effectively and to make adequate budgetary provision for maintenance, repair and purchase of spare parts.
3. In order to disseminate the concept and activities of the new National Tuberculosis Policy (NTP) nationwide and to sustain the successful outcomes of the Intensified Area Project (IAP) for tuberculosis control in Malaita and to extend the IAP model to Guadalcanal and other provinces, the Tuberculosis and Leprosy Unit of the MHMS should periodically conduct workshops for provincial tuberculosis coordinators, continue to offer training for health care providers (nurses) on the clinic level in Guadalcanal and secure adequate anti-tuberculosis medicine.
4. In order to continue the ongoing primary health care model activities of Aola, Guadalcanal, the provincial government of Guadalcanal with collaboration of the MHMS, should maintain training for the clinic nurses in Aola and conduct refresher workshops for provincial primary health care coordinators nationwide.
5. The government of Solomon Islands should take necessary measures to ensure that the techniques transferred for compilation and computerization of epidemiological data; in vivo and in vitro drug resistance test; pesticide analysis test by means of gas chromatography; alternative malaria diagnosis and entomological control are further transferred to other related health and research personnel through training.

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6. The government of Solomon Islands should design training courses relevant to clinical laboratory technicians in order to develop the skills to serologically examine HBsAg and HBsAb by fully utilizing the skills acquired by the local counterpart through training in Japan.

7. The government of Solomon Islands should take necessary steps to recruit an additional staff to the Health Education Division of the MHMS to be trained to acquire the skills to film and edit health education materials.

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ANNEX I
List of the Project counterparts and concerned officers

(As of March 1996)

Ministry of Health and Medical Services

Tuberculosis and Leprosy Unit

Mr. Kenneth Konare
Mr. Joshua Bulolo

Primary Health Care Unit (Nursing Division)

Mr. Albert Punufimana
Mr. Edward Daiwo
Mr. Stanley Waisi
Mr. Timothy Daonanita
Mr. Amos Lapo

Health Education Division

Mr. Alby Lovi
Mr. Edward Anisitolo

Malaria Division (Solomon Islands Malaria Training and Research Center)

Dr. Judson Leafasia
Mr. Bernard Bakote'e
Mr. Luito Fa'arodo
Mr. Hugo Bugoro
Mr. Leonard Boaze
Mr. John Sukulu
Mr. Paul Ratu
Mr. Albino Bobogare

Planning Unit

Mr. Anthony Seketa
Ms. Joy Kere

Central Hospital

Dr. Obed Alemaena
Dr. Tautai Kaitu'u
(Medical Laboratory)
Mr. Horton Sale
Mr. Ricky Eddie
Mr. Ben Dede

Guadalcanal Province

Ms. Jessie Fa'arodo
Mr. George Maebata
Mr. Abel Arambola

Honiara Town Council

Mr. John Fafale
Mr. David Ramosala
Mr. Bilson Tailu

Kilu'ufi Hospital, Malaita Province

Mr. John Meu
Mr. Victor Wale

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ANNEX II

I. ASSIGNMENT OF JAPANESE EXPERTS

(As of March, 1996)

(LONG TERM)

Ms. Akiko Okitsu	Coordination	11. 6, 1991 - 11. 5, 1993
Ms. Tomoko Zama	Tuberculosis Control	3.26, 1992 - 3.25, 1994
Dr. Minoru Hara	Team Leader	5.25, 1993 - 8.31, 1996
Dr. Toshiaki Ikeshoji	Malaria Control (Entomology)	5.25, 1993 - 8.31, 1996
Ms. Miyako Shinjo	Public Health Nursing	8.10, 1993 - 8. 9, 1994
Mr. Kenichiro Tominaga	Coordination	10. 6, 1993 - 8.31, 1996
Ms. Emiko Imamura	Tuberculosis Control	3. 3, 1994 - 3. 2, 1996
Ms. Hatsumi Nakagawa	Public Health Nursing	6.30, 1994 - 6.29, 1995
Dr. Hiroshi Omae	Malaria Control (Parasitology)	1.15, 1994 - 1.15, 1996
Mr. Masahide Ushiyama	Audio-visual Education	2.19, 1994 - 8.31, 1996
Ms. Fumiko Higa	Public Health Nursing	6. 2, 1995 - 8.31, 1996

(SHORT TERM)

Dr. Nobukatsu Ishikawa	Tuberculosis Control	6. 2 - 6. 15, 1992
Ms. Akiko Fujiki	Tuberculosis Control	6. 2 - 6. 15, 1992
Dr. Nobukatsu Ishikawa	Tuberculosis Control	11. 7 - 11. 23, 1992
Dr. Norio Yamada	Tuberculosis Control	11. 7 - 11. 23, 1992
Dr. Tbru Mori	Tuberculosis Control	1.16 - 1. 25, 1992
Dr. Norio Yamada	Tuberculosis Control	1. 8 - 2. 1, 1993
Ms. Akiko Fujiki	Tuberculosis Control	3. 6 - 4. 12, 1993
Dr. Norio Yamada	Tuberculosis Control	4.16 - 6. 14, 1993
Dr. Akihiro Seita	Tuberculosis Control	5. 4 - 5. 14, 1993
Dr. Seisho Higa	Cooperation Planning	5.26 - 6. 8, 1993
Dr. Masao Maeshiro	Cooperation Planning	10.25 - 11. 1, 1993
Dr. Seizaburo Kashiwagi	Hepatitis B Control	2.13 - 2. 20, 1994
Dr. Jun Hayashi	Hepatitis B Control	2.13 - 2. 20, 1994
Dr. Akihiro Seita	Tuberculosis Control	2.28 - 3. 11, 1994
Dr. Masakazu Aoki	Tuberculosis Control	3.14 - 3. 20, 1994
Mr. Hisashi Oyanagi	Audio-visual Technology	3.17 - 11. 21, 1994
Mr. Takao Kishimoto	Malaria Control (Entomology)	5.17 - 8. 16, 1994
Mr. Nobuo Ito	Audio-visual Technology	7.15 - 8. 1, 1994
Ms. Sachiko Nakazato	Public Health Nursing	8. 5 - 8. 31, 1994
Dr. Nobukatsu Ishikawa	Tuberculosis Control	9. 2 - 9. 14, 1994
Dr. Fumihiko Kawamoto	Malaria Control (Parasitology)	11.13 - 12. 12, 1995
Dr. Mamoru Suzuki	Malaria Control (Parasitology)	1.15 - 1. 20, 1995
Ms. Akiko Fujiki	Tuberculosis Control	3.16 - 4. 5, 1995
Dr. Norio Yamada	Tuberculosis Control	3.12 - 3. 20, 1995
Dr. Masato Kawabata	Malaria Control (Parasitology)	5.12 - 6. 12, 1995
Mr. Shigeo Okada	Audio-visual Technology	5.19 - 5. 26, 1995
Ms. Sachiko Nakazato	Public Health Nursing	6. 2 - 9. 4, 1995
Dr. Nobukatsu Ishikawa	Tuberculosis Control	7. 1 - 7. 12, 1995
Dr. Hiroshi Inaba	Malaria Control (Parasitology)	10.27 - 12. 25, 1995
Dr. Mamoru Suzuki	Malaria Control (Parasitology)	10.27 - 11. 17, 1995
Dr. Tbru Mori	Tuberculosis Control	11.10 - 11. 17, 1995
Mr. Zensho Oshiro	Malaria Control (Entomology)	11.24 - 12. 25, 1995

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ANNEX III
COUNTERPARTS TRAINED IN JAPAN

(As of March, 1996)

Dr. Judson Leafasia	Public Health	3. 29 - 4. 11, 1992
Mr. Alby Lovi	Public Health	3. 29 - 4. 11, 1992
Mr. Ben Dede	Tuberculosis Control	10. 20, 1992 - 2. 14, 1993
Mr. Edward Anisitolo	Health Education	2. 18 - 6. 6, 1993
Mr. Ken Konare	Tuberculosis Control	6. 14 - 10. 17, 1993
Mr. Steven T. Waketaku	Public Health Nursing	1. 24 - 7. 17, 1994
Mr. Oliver Galo	Malaria Control	6. 13 - 8. 13, 1994
Mr. Andrew Telokana	Public Health Nursing	1. 7 - 4. 1, 1995
Mr. Ricky Eddie	Hepatitis B control	1. 27 - 4. 1, 1995
Dr. Obed Alemaena	Tuberculosis Control	5. 8 - 6. 25, 1995
Mr. Joshua Bulolo	Tuberculosis Control	8. 13 - 9. 30, 1995
Mr. Timothy Daonanita	Public Health Nursing	9. 30 - 12. 30, 1995
Mr. Soran Osifera	Public Health Nursing	To be implemented
Mr. Albert Punufimana	Public Health Nursing	To be implemented

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Annex IV
EQUIPMENT SUPPLY (SELECTED ITEMS)

	Quantity
Malaria Control	
Rectangular mosquito nets	10,000 pieces
Biological microscope	12 sets
Objective Lens	74 pieces
Adeal (Pesticide)	5 pieces
Vehicle	3 units
(provided to SIMTRI and Honiara Twn Council)	
Computer	1 unit
Cleanbench	1 piece
Gaschromatography	1 set
Incubator	1 set
Centrifuge	1 set
Tuberculosis Control	
X-ray machine	1 piece
Safety cabinet	4 pieces
Incubator	1 unit
Full-auto coagulator	1 set
Vehicle	2 unit
(provided to Tuberculosis and Leprosy Unit and Malaita Province)	
Computer	1 unit
Microscopes	4 pieces
Health Education	
Player model	1 set
Risograph	1 piece
Video camera	1 set
VTR model	1 set
Vehicle	1 unit
(provided to Health Education Division)	
Nursing Education (Primary health care)	
Computer system	1unit
Vehicle	1unit
(provided to Nursing Division)	
Basis clinical devices (provided to rural health clinics throughout the country)	
Hepatitis B Control	
Serological test kit	1 set
Amount of Yens spent on the above equipment	(thousan yens)
Japanese Fiscal Year 1991	¥ 22,452 (SID748,400)
1993	¥ 54,009 (SID1,800,287)
1994	¥ 41,830 (SID1,394,333)
1995	¥ 37,000 (SID1,233,333)

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Annex V

SUMMARY OF LOCAL COST

(in thousand yens)

FY1991	FY1992	FY1993	FY1994	FY1995	Tbtal
2,164 (SID72,133)	2,952 (SID98,400)	12,629 (SID420,966)	16,630 (SID554,333)	15,559 (SID518,633)	49,934 (SID1,664,466)

Japanese Fiscal Year is from April 1 to March 31.

Cost incurred by counterpart overseas training is not included.

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ANNEX VI

	OBJECTIVES OF MASTER PLAN	OUTPUT OF COOPERATION	ACCOMPLISHMENTS
1	To further strengthen management skills at rural health clinics (RHCs) in order to promote primary health care strategy	<ol style="list-style-type: none"> 1. Improvement of diagnosis and treatment skills of nurses at rural health clinics 2. Improvement of patient education, maintenance and hygiene of health clinics, and reporting of activities at Aola RHCs 3. Strengthening of the ability of management skills of primary health care coordinators 4. Improvement of community health 	<ol style="list-style-type: none"> 1. The Project provided approximately forty kinds of medical equipment necessary for basic diagnosis and treatment at RHCs which is effectively utilized according to a recent survey 2. 2-1. The Project has introduced a family health information system especially in Aola, the model area, which improved the communication system between the clinic and community, creating a lot of patients education to be provided by the nurses. 2-2. Much patient education and reporting activities are being carried out by the nurses at RHCs, but need to be strengthened further through anticipated ongoing refresher training. 2-3. Maintenance of staff housing, supply of furniture and water tanks was reinforced. 3. The Project found out that the job description of the PHC coordinators was outdated and inappropriate. A workshop is scheduled to be implemented in order to review the job description of the PHC coordinators and Provincial Nursing Officers (PNOs). 4. The Project completed the family registration at Aola, and established vital statistics calendar through the village leaders' training. The idea of collaboration between the clinics and the leaders by means of group work was introduced.
2	To further promote information, education and communication (IEC) activities in health education at primary health care level	<ol style="list-style-type: none"> 1. Production of audio-visual teaching materials for health education 2. Development of other teaching materials for health education 3. Development of maintenance skill of audio-visual equipment for the relevant personnel 4. Development of health education capability at provincial level 	<ol style="list-style-type: none"> 1. The Project completed the transfer of operational skills in handling video-cameras and editing equipment, and has started to produce health educational programme. 2. The Project introduced an automatic risograph which is fully utilized in printing health education materials. 3. The project held a workshop for routine maintenance of audio-visual equipment. However, air conditioning is essential part of maintaining AV equipment and materials. 4. The project introduced a monitoring system of health education photographs taken by a provincial department of health education.
3	To further strengthen peripheral capability of diagnosis of common diseases	<ol style="list-style-type: none"> 1. Improvement of training courses for clinical laboratory technicians 2. Improvement of diagnostic skills of common diseases for microscopists and the other relevant personnel 	<ol style="list-style-type: none"> 1. 1-1. The Project sent a clinical laboratory technician to Japan to improve serological investigation skills of Hepatitis B. The dissemination of the diagnostic technique by means of refresher courses is expected. 1-2. The Project introduced a rapid malarial diagnostic method (AO method). 1-3. The Project improved the diagnostic technique of tuberculosis at the Provincial Hospital and the clinics in the Intensified Area Project (The pilot area in the northern part of Malaita Province for tuberculosis control). 2. The project held workshops on the diagnosis of malarial complication by an ultrasound device, and on the in-vitro malarial investigation by drug resistance examining equipment.

OBJECTIVES OF MASTER PLAN	OUTPUT OF COOPERATION	ACCOMPLISHMENTS
<p>To further strengthen the National Tuberculosis Control Programme and to promote integrated tuberculosis control measures at provincial and community levels</p>	<ol style="list-style-type: none"> 1. Review and evaluation of the National Tuberculosis Control Policy 2. Development of manuals in the National Tuberculosis Control Policy 3. Establishment of a system to obtain the cure rate of tuberculosis treatment 4. Development of teaching materials and teaching method for tuberculosis patients and their communities 5. Improvement of diagnosis techniques in sputum examination 6. Improvement of tuberculosis management at provincial level 	<p style="text-align: center;">ACCOMPLISHMENTS</p> <ol style="list-style-type: none"> 1. The new NTP and adoption of 6 months Short Course Chemotherapy (SSCC) was approved by the MMMS as the new national Tuberculosis control policy. 2. The Project completed the national Tuberculosis manual for health workers in TB control programme 3. The Project has achieved 89.5% cure rate in the Intensified Area Project (IAP) with establishment of a systematic and organized control network. 4. The Project completed a TB Flipchart and TB Health Education Manual for nurses in facilitating TB patient education and community health education on TB control promotion. Copies were distributed to the provincial hospital, and fully utilized at the Central Hospital. 5. The Project has completed a manual for laboratory technician for bacteriological diagnosis of TB. Copies were distributed to the provinces with a follow-up training currently under progress. 6. Several specific and combined group workshops had been completed as a participatory action research for specific problem identification developed of strategies to counteract the problems and improvement on TB control program.
<p>To strengthen the existing malaria control measures and operational strategies being used in Solomon Islands and to examine any potential malaria control measures that are cost effective and appropriate to the present local situation in Solomon Islands</p>	<ol style="list-style-type: none"> 1. Completion of epidemiological findings 2. Implementation of the pilot study projects of malaria control in Honiara and its suburban areas 3. Improvement of skills and knowledge of antimalarial workers 4. Promotion of community participation in malaria control programme 5. Improvement in effectiveness of malaria diagnosis and treatment 	<ol style="list-style-type: none"> 1. The Project made epidemiological studies of malaria by month, place, and age based on the data collected at the Central Hospital and 8 clinics in Honiara. 2. The distribution of 16,000 mosquito nets processed with pesticide under the project contributed significantly to the reduction of the malaria incidence rate in Honiara by 46% over the past 22 months (as of November 1995). The Project conducted an integrated anti-malaria programme at Ruavatu Secondary School. The incidence dropped 82% by February 1996. 3. Potential technical development was made on anti-larval measures and its management at coastal creeks. Inexpensive mosquito bars were developed and their effectiveness was enhanced. 4. Three questionnaires were taken on KAP (knowledge, attitude and practice) and mosquito nets. Community excavation of coastal creeks was successful and community participation in educational activities was promoted. 5.5-1. AO-method was tried to be introduced and established. 5-2. Prevalence of chloroquine resistant malaria was confirmed in vivo and in vitro.
<p>To strengthen the existing Hepatitis B control programme and to undertake the relevant research on Hepatitis B in collaboration with the relevant staff of Solomon Islands</p>	<ol style="list-style-type: none"> 1. Development of the system of serological test for Hepatitis B in the Solomon Islands 2. Assessment of the efficacy of Hepatitis vaccines 	<ol style="list-style-type: none"> 1. The Project transferred the test technique for HBeAg and HBeAb, and the test was made possible at the Central Hospital. 2. The assessment is now conducted by the recipient government.

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2 評価表 (各協力分野別)

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EVALUATION SHEET
MALARIA

1. Project Management									
Japanese side	(5)	4	3	2	1				The project in Honiara has been managed very well. There is co-operation in the implementing this. Activities had been monitored well and discussed together.
Solomon side	(5)	4	3	2	1				
2. Japanese experts									
a. Long-term expert contribution as a whole.	5	(4)	3	2	1				Long-term experts are good because they participate in the project and regard it as theirs. They have a concern over the project and their work is done in the likes of every one.
b. Short term experts									
Term	5	4	3	(2)	1				Short-term experts do things in a rush because their term of stay is too short. (general)
Frequency	5	4	3	2	1				
Contribution on the whole.	5	4	3	(2)	1				For malaria control short term experts are not effective.
3. Training in Japan									
Term	5	(4)	3	2	1				The term of study taking more than a month is quite good.
Number of receive persons	5	(4)	3	2	1				Not many officers were sent depending on the need.
Achievements	5	4	3	2	(1)				Officers sent for training on required fields were trained on inappropriate subjects or insufficient.
4. Development and Technology transfer									
	5	(4)	3	2	1				Gas chromatography is one of the items and it has greatly help in quality check on bednet treatment.
	5	(4)	3	2	1				There are others will be mention by parasitology section. The Technology transferred is relevant and appreciated in respect to our requirements.
5. Donated Materials	(5)	4	3	2	1				B/nets and insecticide provided had contributed to the decline of malaria cases in Honiara.
Equipment	(5)	4	3	2	1				G/Chromatography, Computers, Vehicles has make work more efficient and effective.
6. Project as a whole	5	4	3	2	1				As a whole the country in general and Honiara in particular has greatly benefited.
7. Need for further cooperation	(Yes)								There has been great achievement in Honiara where the Project has been implemented. similar project in another province could be very benefited.

Mr. Laito.

EVALUATION SHEET
PARASITOLOGY

1. Project Management
Japanese side (5) 4 3 2 1 Project management for Japanese was very good
Solomon side 5 4 3 (2) 1 Solomon side was not very good due to routine work.
2. Japanese experts
a. Long-term experts (5) 4 3 2 1 Prefer long-term experts to give good contribution in aspects of technical items that will benefit the malaria situation in the country.
b. Short-term experts
Term 5 (4) 3 2 1
Frequency 5 4 3 (2) 1
Contribution on the whole 5 4 (3) 2 1
3. Training in Japan
Term 5 4 3 (2) 1 Training was not enough.
Number of received persons 5 4 3 (2) 1 None received training during this project period.
Achievement 5 (4) 3 2 1
4. Technology Transfer
Invitro 5 4 3 (2) 1 Since chloroquine was found resistance to P. falciparum, first reported in 1980, the degree of drug resistance of drug resistance in the country was still unknown. By using the two (2) standard test system we could detect chloroquine resistance and measure the level of resistance. I would prefer more technical transfer on this particular field.
Invivo test 5 4 3 (2) 1
A.O Stain 5 (4) 3 2 1
5. Donated
Materials (5) 4 3 2 1 Donated material and equipments were of high quality and technology. Need your further cooperation in this field.
Equipment (5) 4 3 2 1
6. Project as a whole 5 4 3 (2) 1 This achievement was marked particularly regarding our field within the whole project.
7. Need for further cooperation (Yes) Need further cooperation in the field of anti-malaria drug resistance study, with technical transfers of invivo and invitro test system.
8. Other Comments

EVALUATION SHEET
PARAMEDICAL

B型肝炎対策

	ACHIEVEMENT	COMMENTS
1. PROJECT MANAGEMENT		
Japanese Side	(5) 4 3 2 1	The management of the project has been very good. The coordinators and Counterparts fairly carried out their job.
Solomon Side	5 4 3 2 1	
2. Japanese experts		
a. Long-term experts contribution as a whole.	5 4 3 2 1	Although the short-term expert has been here for very short time, I wish they come to SI frequently to assess and help out in some hepatitis programs. However, I very much appreciate their contribution in terms of training in Japan.
b. Short-term expert Term	5 (4) 3 2 1	
Frequency	5 4 3 (2) 1	
Contribution as a whole.	(5) 4 3 2 1	
3. Training in Japan		
Term	5 (4) 3 2 1	My training in Japan was very successful and I have achieved what I've been there for. I visited a lot of places and seen a lot of people especially experts in the medical field. As a result of training or Technology transfer in Japan I am now able to successfully carry out not only HBsAg but HBeAg, HBeAb, HCV at central hospital. However, Alpha Foto protein test could not be done here as there are no machines to carry out the test here.
Number of received persons.	5 (4) 3 2 1	
Achievement	(5) 4 3 2 1	
4. Technology Transfer		
a. HBsAg	(5) 4 3 2 1	I am now able to successfully carry out not only HBsAg but HBeAg, HBeAb, HCV at central hospital. However, Alpha Foto protein test could not be done here as there are no machines to carry out the test here.
b. HBeAg	5 (4) 3 2 1	
c. HBeAb	5 (4) 3 2 1	
d. HCV 5L-F Protein	5 (4) 3 2 1	
5. Donated Materials Equipments		
	5 4 (3) 2 1	I wish ABsAg kit be also provided apart from the equipments as now I am running short of it after giving training in the provincial laboratories.
	(5) 4 3 2 1	
6. Project as a whole	(5) 4 3 2 1	Very good. It helps us learn new technologies and it help and provides health to both young and older people here.
7. Need for further cooperation	(Yes)	1. item Alpha Foto protein machine/equipment. 2. item Automatic diluter for hepatitis and other serological tests.

8. Other comments.

I would like to thank JICA and the Japanese Government for their assistance in funding my training in Japan-Okinawa and Kyushu Uni-hospital and also funding the Hepatitis programme here in Solomon Islands.

EVALUATION SHEET
TB/LEPROCY

T B 対策

1. Project Management
 Japanese side 5 4 3 2 1
 Solomon side (5) 4 3 2 1 Cooperation between the sides is good.
2. Japanese experts
 a. Long-term expert 5 4 (3) 2 1 It would be better to a mature, reliable person rather than some one who is not giving priority to her/his assignment as an expert.
 contribution as a whole
- b. Short-term experts
 Term 5 4 (3) 2 1 Short-term experts are important as external educators to impli-
 Frequency 5 4 (3) 2 1 mentation of the project and to
 Contribution on 5 (4) 3 2 1 ensure the protocal are followed
 the whole
3. Training in Japan
 Term. 5 (4) 3 2 1
 Number of received 5 4 3 (2) 1
 persons.
 Achievement (5) 4 3 2 1 Has benefitted the country very much, there is a group of TB officer with some interest and very supportive to the program.
4. Technology transfer
 a. Case finding in TB 5 (4) 3 2 1 Lots of suggestions has been control. made by nurses based on the principles of faciliating activi-
 ties. Results obtain are very
 b. Caseholding skill 5 (4) 3 2 1 pleasing though it takes time
 in TB control for the skills to be enrooted.
 c. Health education 5 (4) 3 2 1 There is significant motivation
 (IEC) Materials dev- of the health workers and jobs
 elopment done well.
 d. Conduction of 5 (4) 3 2 1
 participatory action
 reach
5. Donated
 Materials 5 (4) 3 2 1 We would like to see that all
 Equipmemat 5 (4) 3 2 1 clinics are issued with all our
 basic tools, slide box(2) for
 transporation system, racks,
 forceps, spirit burner as it is
 essential for diagnois, treatment
 monitoring and cohort analysis.
 Our component of the project PHC
 as a whole has achieved 85% of
 its activity.
6. Project as a whole (5) 4 3 2 1 Funding for series of training
 of the NPT/manual for health in
 field especially the key health
 workers. 1. TB Coordinators-
 Provincial Managers. 2. Nursing
 officers- Area health center.
7. Need for further cooperation (5) Yes

8. Other comments

JICA has support MIMS (TB control in initiation and most preparatory for the new concept in line with the global scene of TB control. This support should continue more and this time extending to activate community awareness, support and cooperation.

EVALUATION SHEET
HEALTH EDUCATION

健康教育

	ARCHIVEMENT	COMMENTS
1. PROJECT MANAGEMENT		
Japanese side	(5) 4 3 2 1	Both sides have manage the project very well
Solomon side	(5) 4 3 2 1	
2. Japanese experts		Mr M. Ushiyama is very cooperative, hardworking & supportive which enhance the accomplish
1. Long-term experts contribution on the whole	(5) 4 3 2 1	-ment of AVA tentative action plan.
2. Short term experts		
Term	(5) 4 3 2 1	The short-term expert has done a job well done during their term. Because of them the vedio production is now under way
Frequency	(5) 4 3 2 1	
Contribution on the whole	(5) 4 3 2 1	
3. Training in Japan		The AVT Training attended was very informative and provided me with more knowledge of how to fully utilize AV equipment for
Term	(5) 4 3 2 1	educational purposes
Number of receive persons	(5) 4 3 2 1	
achievements	(5) 4 3 2 1	
4. Technology Transfer		
	(5) 4 3 2 1	Vedio camera operation
	(5) 4 3 2 1	Editing Machine Operation
	(5) 4 3 2 1	Commodore Amiga Operation
	(5) 4 3 2 1	Risograph P/Machine "
5. Donated		The AV equipment package provided was of best quality.
Materials	(5) 4 3 2 1	
Equipment	(5) 4 3 2 1	
6. Project as a Whole		The PHC Project has contributed a lot towards vedio production, upgrading facilities we have. eg. Storage facilities.
	(5) 4 3 2 1	
7. Need for further cooperation	(YES)	1. Development of Provincial Health Education Resource center 2. Provide JICA Technician to service the Vedio Production Equipment anomaly.

EVALUATION SHEET
NURSE

看護教育

- | | | | | | | | | | | |
|--|-----|-----|-----|---|---|-------|--|--|--|--|
| 1. Project Management | | | | | | | | | | |
| Japanese side | (5) | 4 | 3 | 2 | 1 | | | | | Very effective and efficient within protocol. |
| Solomon side | 5 | (4) | 3 | 2 | 1 | | | | | SIG only provide personnel to assist. |
| 2. Japanese experts | | | | | | | | | | |
| a. Long-term experts contribution on the whole | (5) | 4 | 3 | 2 | 1 | | | | | Hard working and effective even though communication was a problem. |
| b. Short-term experts Term | 5 | (4) | 3 | 2 | 1 | | | | | One month may not be long enough |
| Frequency | 5 | 4 | (3) | 2 | 1 | | | | | Only once a year but require proper protocol/MHMS approval. |
| Contribution on the whole, | (5) | 4 | 3 | 2 | 1 | | | | | Provide assist to on the job training and leaders workshop. |
| 3. Training in Japan | | | | | | | | | | |
| Term | 5 | (4) | 3 | 2 | 1 | | | | | Too short and courses should be well organised with academic award. |
| Number of received persons | 5 | 4 | (3) | 2 | 1 | | | | | At least two each year to enable them to support each other |
| Achievement | 5 | 4 | (3) | 2 | 1 | | | | | Still yet to make assessment on performance. |
| 4. Technology transfer | | | | | | | | | | |
| Family house whole registration | (5) | 4 | 3 | 2 | 1 | | | | | Formalities of questionair |
| Health Assessment | (5) | 4 | 3 | 2 | 1 | | | | | Questionair formalities |
| Vital data interpretation | (5) | 4 | 3 | 2 | 1 | | | | | Analysis of data and interpretation. |
| Statistic calender | (5) | 4 | 3 | 2 | 1 | | | | | Daily wa and interpretation. |
| PHC Model village | (5) | 4 | 3 | 2 | 1 | | | | | Skills and know-how |
| 5. Donated Materials | (5) | 4 | 3 | 2 | 1 | | | | | Provision teaching materials to both units and Aola RHC |
| Equipment | (5) | 4 | 3 | 2 | 1 | | | | | Provision of computer to unit. |
| 6. Project as a whole | (5) | 4 | 3 | 2 | 1 | | | | | Very supportive to the div. and SIG as a whole |
| 7. Need for further cooperation | | | | | | (Yes) | | | | A public health nurse expect to continue especially Aola project. Training of Public health Nurse in Japan to continue. Provision of equipment supply to PHC to continue. Transport to provide for the unit to continue follow up of Aola project. |
| 8. Other comments | | | | | | | | | | |

8. Other comments

JICA has support MMS(TB control in initiation and most preparatory for the new concept in line with the global scene of TB control. This support should continue more and this time extending to activate community awareness, support and cooperation.

JICA PHC PROMOTION PROJECT
GUEST LIST FOR FUNCTION

PLACE : MENDANA HOTEL , COASTWATCHERS ROOM.

TIME : 7:00 PM, 17TH APRIL 1996.

PURPOSE : TO FAMILIARISE THE MISSION TEAM TO THE LOCAL
COUNTERPARTS OF PHC PROJECT.

NAME:	DESIGNATION:
1 .Mr.G.Luialamo	Hon.Minister
2 .Mrs.N.Finianganofa	Permanent Secretary
3 .Mr.E.Nukoro	Under Secretary (HI)
4 .Mr.J.Rodgers	Under Secretary (HC)
5 .Mr.L.Manuga	Chief Admin.Officer
6 .Mr.A.Seketa	Chief Planning Officer.
7 .Mr.M.Rasu	Chief Accountant
8 .Mr.B.Okia	PAO(A)
9 .Mr.C.Funu	Assistant Accountant
10.Mr.A.Punufimana	Director Of Nursing Services.
11.Mr.A.Lovi	Director Of Health Education.
12.Mr.E.Daiwo	Assistant Director Of N/Services
13.Mr.T.Daonanita	PNO PHC Unit
14.Mr.A.Lapo	PNO PHC Unit
15.Mr.S.Waisi	CNO PHC Unit
16.Mr.E.Anisitolo	PHEO Audio Visual Unit
17.Mr.H.Sale	CLT Hospital Lab.
18.Mr.R.Eddie	MT Hospital Lab.
19.Mr.B.Dede	MT Hospital Lab.
20.Mr.J.Fafale	AMO HTC
21.Mr.D.Ramosala	AMO HTC
22.Mr.P.Simata	Treasurer HTC
23.Mr.J.Leafasia	Director SIMTRI
24.Mr.B.Bakote'e	Entomologist SIMTRI
25.Mr.P.Ratu	Senior Admin.Officer SIMTRI
26.Mr.L.Fa'arodo	LT SIMTRI
27.Mr.H.Bugoro	LT SIMTRI
28.Mr.L.Boaze	LT SIMTRI
29.Mr.J.Sukulu	SAMO.SIMTRI
30.Mr.T.Kaitu	MD Central Hospital.
31.Mr.K.Konare	CCHO TB/LEP UNIT
32.Mr.J.Bulolo	ACHO TB/LEP UNIT
33.Dr.J.Glennon	Director Med. Services GP
34.Mrs.J.Fa'arodo	PNO GP
35.Mrs.B.Kwai	Typist PHC Unit.
36.Charge d'Affairs	Embassy of Japan
37.First Secretary	Embassy of Japan
38.Coordinator	JOCV
39.Mr.G.Maebata	CNO GP
40.Mr.J.Hasiau	Town Clerk HTC
41.Mr.O Alemaena	Medical Doctor C/Hospital
42.Mr.T.Toloa	Assist Driver
43.Mr.B.Taihu	Entomologist HTC

MEMORANDUM

Under Secretary/Health Improvement
M.H.M.S.
Honiara.

HMS: 8/1/8

Date: 01/04/96

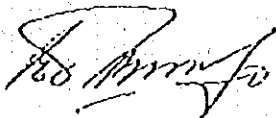
Through: Director of Nursing Services/MHMS

JICA PHC IMPROVEMENT PROJECT

An evaluation team is arriving from Japan 8/04/96 to evaluate the JICA PHC Improvement Project. With this evaluation I wish to submit to you my request for the following activities to be farther assisted by JICA for the next JICA Plan period.

1. A Public Health Nurse expert to continue give us assistance especially to the Aola PHC Pilot Project.
2. Training of Public Health Nurses in Japan to continue. I suggest for two canidates per year, and local worksitops in Honiara.
3. Supply of equipments to PHC to continue.
4. Transport to be continuously provided for our Unit to continue to visit Aola Pilot Project when requested.

I have indeed appreciated the assistance from JICA to my Unit for the past times especially for the training of nurses in Japan, supply of equipments and the attachment of a Public Health Nurse expert in my Unit.



E. DAIWO
Assistant Director of Nursing/CHN
Ministry of Health & Medical Services

cc: PHC Counterpart
cc: CNO/Training

✓ cc JICA Public Health Nurse

MR. TOMIZAWA.

TB

Recommendation and Request.

1. Training of the key people in the program implementation and management at the provincial level. (Provincial TB and leprosy Coordinators and Nursing Officers from the Area Health Centre.) This will be in November, 1996 and feedback in 1997.
2. Training means by of transferring the IAP concept to other provinces (nurses in the periphery) of the New NTP and TB manual for achieving higher cure rate and standardisation of principles in TB control nationwide in relation to Global scene.
3. Training of the local doctor overseas at RIT (Individual) ~ Basic TB Control Course
~ Advance Course/Administration in TB.
4. Binding of NTP/TB Manual for all health workers.
5. Binding of the TB Health Education Manual for health workers for registered nurses and health educators.

DISCUSSION WITH JICA EVALUATION TEAM ON HEPATITIS
PROGRAMME IN SOLOMON ISLANDS

During my discussion with Dr.Higa and Dr.Hara about the hepatitis programme in Solomon Island, and the passing of technology to the provincial laboratories. It was stated by me that I was fully satisfied with the whole hepatitis programme and the way JICA funded the programme to enable me to pass technology to the provincial laboratories.

However, Dr.Higa had asked how the Solomon Island Government be able to provide fund so that when the JICA programme completes in August 1996, hepatitis testing would be still continuing in Central and Provincial Hospitals.

Mr.Seketa replied and stated that WHO is also promised to help Solomon Island in laboratory field but that is including the whole regional countries in the Pacific Region. So that would depend very much on which countries they put their priorities on.

Dr.Higa had also asked me about the evaluation questions and answers which are being filled by me. That is concerning the request for Alpha fetoprotein and Automatic Diluter Machines. It was stressed that these machines are quite expensive and they would look into it.

Dr.Hara had also help out in the discussion and pointed out that the technology has been transferred to the provincial level and it is up to all the laboratory technician to utilize their technologies now especially with hepatitis screening.

I have also pointed out during our discussion that there is a need for back up pipette for all the provincial laboratories as they have only one each at the moment.

RECOMMENDATION

It was agreed upon that JICA would try and look for a cheaper Automatic Diluter and back up pipette if possible.

CONCLUSION

Both Dr.Higa and Dr.Hara thanked me as the counterpart to the Hepatitis Programme for the hard work in carrying out the JICA PHC Hepatitis programme in Solomon Islands. In reply I thank JICA and the Japanese Government for their assistance to this programme.

MEMORANDUM

To: Permanent Secretary, MHMS.
Team Leader, JICA/PHCPP, MHMS.

From: Chief Anti-Malaria Officer, MHMS.
Director, Solomon Islands Medical Training and Research Institute.

Following joint discussions with the JICA Evaluation Team on 11 April, 1996, the following is forthcoming from the National Malaria Control Programme (NMCP) and the Solomon Island Medical Training and Research Institute (SIMTRI).

The JICA Primary Health Care Promotion Project (JICA/PHCPP) has significantly assisted in the technology, resources and operational research in Malaria Control in Solomon Islands. This project started in 1991 will end in August, 1996.

The National Malaria Control Programme of Solomon Islands along with the Solomon Islands Medical Training and Research Institute wish to sincerely thank the Team Leader Dr M. Hara and all the technical experts who have participated in the transfer of technology and all the assistance given in the provision of equipment and other appropriate resources/technology.

As the project will end on 31st August, NMCP and SIMTRI request the Government of Solomon Islands and the Government of Japan to consider further assistance by JICA in the following areas in order to maintain and sustain the gains that have been made in the JICA/PHCP from 1991-1996. A significant part of the reduction in malaria incidence in Solomon Islands and in particular, Honiara, can be attributed to the JICA/PHCPP contribution. This request is made on the basis that no other assistance is immediately available or forthcoming, neither from the Government of Solomon Islands, nor from any other funding agencies to maintain and further improve these important aspects of malaria control whilst fresh negotiations will be made either to JICA or to any other funding agencies.

A major set-back will be experienced if there is no further assistance from JICA at the end of August 1996. This request for further assistance is to enable the NMCP and SIMTRI to continue these activities whilst more assistance will be sought so as not to lose whatever gains that have been achieved.

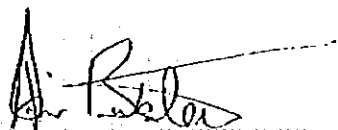
Further technical assistance from JICA is absolutely necessary in the following areas after the conclusion of the JICA/PHCPP on 31st August 1996:

1. Drug resistance studies, both in vitro and in vivo.
2. Compilation, computerisation and improvement in data analysis.

3. Training of Anti-Malaria Officers in Malaria Control Methods -

- Alternative malaria diagnosis methods (AO and Ultrasound)
- Entomology methods

4. Provision of equipment (microscopes, gas (nitrogen, helium etc.), vehicles, audiovisual etc. and their maintenance and proper use in the improvement of malaria treatment and control measures.



Mr Bernard Bakote'e
Chief Anti malaria Officer
SIMTRI

11/4/96



Dr J. Jeafasia
Director
SIMTRI

11/04/96.

DISCUSSION WITH THE JICA REVIEW TEAM

HEALTH EDUCATION DIVISION

M.H.M.S

PROPOSED RECOMMENDATIONS

1. EVALUATION OF JICA ACTIVITIES IN HEALTH EDUCATION.

(A) There is a need to fully train Mr. Anisitolo on AVA production before the project ceases in August 1996.

(B) Additional local staff: The Government should provide a second local counterpart to be assigned to work with Mr. Anisitolo and Mr. Ushiyama in the AVA Production. This should enable work to continue even Mr. Anisitolo goes on vocation.

2. EQUIPMENTS DONATED BY JICA

(A) 1. AIRCONDITIONING-HQ

JICA to provide airconditioning for the AVA room in which Mr. Anisitolo and Mr. Ushiyama are now working.

(A) 2. AIRCONDITIONING-PROVINCIAL RESOURCE CENTER.

JICA to provide airconditioning to the AVA resource centers in the provinces to maintain the quality of equipments and materials.

(B) ADEQUATE MATERIAL STOCK

JICA to provide adequate stock of materials for AVA production before the project winds up.

(C) HEALTH EDUCATION TRANSPORT.

JICA to include in its final report a statement or recommendation saying that the vehicles should be allocated to each programme. Health education AVA urgently needs one with the hard roof top to preserve AVA equipment when conducting programmes in the community.

(D) COMPUTER PRINTER

JICA to provide a printer for the health education newly bought computer. A quotation will be submitted through Mr. Ushiyama to Dr. Hara.

(E) EQUIPMENT COST.

Mr. Ushiyama and Mr. Anisitolo to provide an estimate of the AVA equipment operation cost so that some kind of budget could be made to the Government for consideration in 1997.

3. FUTURE PLANS FOR JICA

(A) TECHNICAL ASSISTANCE

There is a need for continue with JICA Technical assistance in support of the AVA programme. A JOCV will be requested to assist the local counterpart in 1997-98 and a short-term expert will be called in 6 monthly to check on the condition of the AVA equipments since there is no agent locally to conduct maintenance.

(B) TRAINING ASSISTANCE

There is a need to solicit funding through JICA to have the second local AVA counterpart trained in the area of AVA in Japan in 1997 or 1998.

(C) PRINT MATERIAL PRODUCTION

JICA to provide assistance in the next four nyears to the health education division to produce print materials in term of posters, leaflets etc, in support of existing PHC Programme such as TB, Leprocy, Malaria, Diarrhoea diseases, etc.

JICA

