

## 付 属 資 料

1. 調査団議事録 (Minutes of Meeting)、PDM、PO
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4. 参加型ワークショップ配布資料
  - (1) Japanese Preliminary Study for the Project for Strengthening of Malaria Control in Solomon Islands
  - (2) Malaria epidemiology in Solomon Islands
  - (3) SIMIS: SI-Malaria Information System
  - (4) Basic Concept: Reduce mortality associated with Malaria
  - (5) Workshop on Project Cycle Management (PCM)



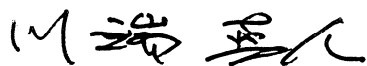
1. 調査団議事録 (Minutes of Meeting)、PDM、PO

**MINUTES OF MEETINGS  
BETWEEN THE JAPANESE PRELIMINARY STUDY TEAM  
AND THE AUTHORITIES CONCERNED  
OF THE GOVERNMENT OF SOLOMON ISLANDS  
ON THE JAPANESE TECHNICAL COOPERATION  
FOR THE PROJECT FOR STRENGTHENING OF MALARIA CONTROL  
IN SOLOMON ISLANDS**

The Japanese Preliminary Study Team (hereinafter referred to as 'the Team'), organized by the Japan International Cooperation Agency (hereinafter referred to as 'JICA') and headed by Prof. Masato Kawabata, International Center for Medical Research and Treatment, School of Medicine, Kobe University, visited Solomon Islands from August 28<sup>th</sup> to September 15<sup>th</sup>, 2005, for the purpose of conducting a preliminary study for the Japanese Technical Cooperation for the Project for Strengthening of Malaria Control in Solomon Islands (hereinafter referred to as 'the Project').

During its stay, the Team exchanged views and had a series of discussions with the authorities concerned of the Government of Solomon Islands. As a result of the study and the discussions, both parties confirmed on the matters referred to in the document attached hereto.

Honiara, September 15, 2005



Professor Masato Kawabata  
Team Leader  
Japanese Preliminary Study Team,  
Japan International Cooperation Agency,  
The Government of Japan



Dr. Judson Leafasia  
Permanent Secretary  
Ministry of Health and Medical Services,  
The Government of Solomon Islands

## The Attached Document

### I Draft framework of the Project

#### 1. Project Title

The Project for Strengthening of Malaria Control in Solomon Islands

#### 2. Period of Cooperation

The duration of the Project will be three (3) years. The exact commencement and termination dates will be determined in the Record of Discussions(R/D), which will be exchanged between the concerned authorities of the Government of Solomon Islands and the Japanese authorities.

#### 3. Master Plan of the Project

##### (1) Overall goal

Effective management system of malaria cases is established in Solomon Islands.

##### (2) Project Purpose

Effective management system of malaria cases is established in Guadalcanal Province (GP) and Honiara City Council.

##### (3) Outputs

- 1) Malaria patients are effectively treated with proper public health management as well as clinical management at pilot area.
- 2) Information produced by Solomon Islands Malaria Information System (SIMIS) is effectively utilized by health staff for preventing severe malaria cases.
- 3) Capacity and capability (skill) of health staff (Registered Nurses (RNs), Nurse Aides (NAs), microscopists) is improved on prompt diagnosis and adequate treatment for malaria patients.

##### (4) Activities

- 1-1) Identify the pilot area.
- 1-2) With consultation of other stakeholders, review the minimum medical equipment and supplies for diagnosis and treatment at Area Health Centers (AHCs), Rural Health Clinics (RHCs) and Nurse Aide Posts (NAPs).
- 1-3) Train and equip microscopists, so that they can run a basic laboratory service for malaria including the maintenance of equipment such as microscopes for



AHCs and RHCs.

- 1-4) Train and equip health staff to maintain the inventory record for medicine, reagents, and medical supplies at AHCs, RHCs and NAPs.
- 1-5) Train and equip RNs, NAs of AHCs, RHCs and NAPs on malaria treatment (diagnose, prescribing, counseling, etc.) according to the revised guidelines. (by VBDCP, GPHO)
- 1-6) Train RNs, NAs and microscopists on basic malaria epidemiology, data collection and analysis. (by VBDCP)
- 1-7) Educate patients and their families at health facilities. (RNs, NAs)
- 1-8) Conduct workshop to raise community awareness on severe malaria. (by VBDCP, GPHO).
- 1-9) Report findings from activities at pilot area to GPHO / VBDCP /National Referral Hospital (NRH) on quarterly basis in order to reflect them on revised guidelines / a malaria control manual.
- 2-1) Develop malaria death reporting system.
  - 2-1-1) Prepare the existing SIMIS monitoring and evaluation framework with additional indicators which show risk factors for severe malaria.
- 2-2) Train microscopists, RNs, NAs.
  - 2-2-1) Develop SIMIS training manual for RNs, NAs, microscopists.
  - 2-2-2) Train microscopists, RNs, NAs, and regional supervisors of 5 regions in GP on basic epidemiology and data analysis. (Training of microscopists, RNs, NAs and regional supervisors of pilot area are included in 1-6)
  - 2-2-3) Conduct workshops for regional supervisors to reflect findings from activities at pilot area.
  - 2-2-4) Conduct supervisory visits to 5 regions by provincial staff for quality assurance monitoring.
- 2-3) Feedback the results of analyzed data.
  - 2-3-1) Prepare / forward SIMIS monthly report.
  - 2-3-2) Prepare feedback report to each AHCs, RHCs, NAPs on findings of surveys on a monthly basis.
  - 2-3-3) Conduct supervisory visit to AHCs and RHCs twice a year.
  - 2-3-4) Support clinical staff and malaria staff at the regional level to hold the monthly meeting together to discuss data quality.
- 2-4) Develop alert system.
  - 2-4-1) Verify criteria of malaria epidemic by using the current data collection method.



- 2-4-2) Validate current structure / process of data collection to detect malaria outbreak.
- 2-4-3) Develop the module to be used by health staff for early detection of malaria epidemic in zonal area.
- 2-4-4) Conduct trainings for health staff at zonal level.
- 3-1) Revise the therapeutic guidelines on malaria diagnosis and treatment.
  - 3-1-1) Reconstitute the taskforce for revision of current guidelines. (NRH, VBDCP, GPHO)
  - 3-1-2) Review the current guidelines (OB/GY, Children, Adults) on malaria for health staff. (MDs, RNs, NAs, microscopists)
  - 3-1-3) Revise the current guidelines (OB/GY, Children, Adults) on malaria for health staff. (MDs, RNs, NAs, microscopists)
  - 3-1-4) Obtain the authorization by Drug and Therapeutic Committee.
  - 3-1-5) Publish the revised guidelines for distribution.
- 3-2) Conduct trainers of training (TOT) on the proper use of revised guidelines at Solomon Islands College of Higher Education (SICHE).
  - 3-2-1) Plan the training (including preparation of curriculum, training materials) by SICHE.
  - 3-2-2) Conduct TOT for all trainers for nursing (RNs) at SICHE.
  - 3-2-3) Evaluate the training. (course evaluation, trainees' understandings)
- 3-3) Conduct severe case review for in-patients at NRH.
  - 3-3-1) Form the survey team at NRH. (consisted of VBDCP and NRH)
  - 3-3-2) Conduct in-patients interviews.
  - 3-3-3) Hold the clinical conference at NRH.
- 3-4) Develop a manual for malaria control reflecting the findings from activities at pilot area as well as severe case review.
  - 3-4-1) Hold the quarterly meetings to reflect findings from pilot area as well as severe case review on malaria control manual among taskforce members.
  - 3-4-2) Develop a manual by taskforce members.
  - 3-4-3) Obtain the authorization by Drug and Therapeutic Committee.
  - 3-4-4) Publish a malaria control manual for distribution.
  - 3-4-5) Conduct workshops for dissemination.

#### 4. Responsible Organization

The Ministry of Health and Medical Services (hereinafter referred to as 'MHMS') bears the overall responsibility for the successful implementation and



effective coordination of the Project (Please refer to ANNEX III for the officials responsible for the Project).

#### 5. Joint Coordinating Committee of the Project

Joint Coordinating Committee will be organized to authorize an annual work plan, review the overall progress and the achievements of the Project, and review and exchange views on major issues arising from or in connection with the Project (Please refer to ANNEX IV).

#### II Project Design Matrix

The draft Project Design Matrix (PDM) for the Project was prepared after a project cycle management workshop and a series of discussions and consultations with the concerned authorities of the Government of Solomon Islands (Please refer to ANNEX V).

The both sides agreed that the PDM will become a management tool for the Project, and its contents can be modified as requested, with participation from the both sides.

#### III Project Document

The Team will draft a Project Document that contains necessary information for effective and efficient implementation of the Project, including background, objectives, strategies and other relevant matters. Upon its completion, a copy will be sent to the MHMS through the JICA Solomon Islands Office for its comments and eventual finalization.

#### IV Record of Discussions

Further discussion and consultations will take place between the MHMS and the JICA in order to finalize the PDM and the Project Document. Once these documents are finalized, a Record of Discussions will be signed between the MHMS and the JICA in order to enable the commencement of the Project.

#### V Monitoring and Evaluation

The Project will be subject to monitoring and evaluation for the entire term of cooperation. The Project is expected to undertake the monitoring in accordance with the PDM.

The mid-term project evaluation will be jointly conducted by Solomon side

and JICA in the middle of the cooperation term. According to the results of the mid-term project evaluation, the both sides will consider modification of the Project component and revision of the PDM.

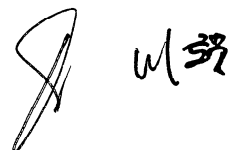
The final project evaluation will be jointly conducted by Solomon side JICA six months prior to the completion of the Project.

## VI Others

For the successful implementation of the Project, the collaboration among executing organizations such as VBDCP, NRH and GPHO is significantly important. The team and the MHMS agreed that the Project Director bears the responsibility to take initiative to promote collaboration among those organizations.

In malaria control program of Solomon Islands, donor agencies such as Global Fund to AIDS, Tuberculosis and Malaria and World Bank are actively implementing their projects. In order to increase the synergy effects among those donors' assistance, the team and the MHMS also agreed that the Project Director plays an active role in donor coordination.

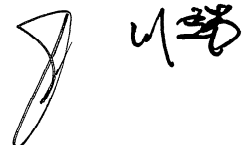
ANNEX I	LIST OF JAPANESE EXPERTS
ANNEX II	TENTATIVE MACHINERY AND EQUIPMENT
ANNEX III	LIST OF SOLOMON COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX IV	JOINT COORDINATING COMMITTEE
ANNEX V	PROJECT DESIGN MATRIX
ANNEX VI	PLAN OF OPERATION

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LIST OF JAPANESE EXPERTS

1. Chief Advisor
2. Project Coordinator
3. Experts in the field of;
  - (1) Malariology
  - (2) Nursing education
  - (3) Epidemiology
  - (4) IEC material development
  - (5) Maintenance for medical equipment
4. Experts in other fields mutually agreed upon as needed

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TENTATIVE MACHINERY AND EQUIPMENT

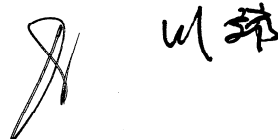
1. Medical equipment / supplies
2. Vehicle
3. Computers / Printers
4. Copiers
5. Office supplies
6. Other equipment mutually agreed upon as needed



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LIST OF SOLOMON COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director  
Under Secretary, MHMS
2. Deputy Project Director  
Director, VBDCP
3. Project Manager  
Director, GPHO  
Head of Department of Medicine, (physician), NRH  
Deputy Director, VBDCP
4. Project Team Members (Counterparts)  
Principal Field Officer, Malaria Division, GPHO  
Provincial Director of Nursing, Nursing Division, GPHO  
Nursing Superintendent, NRH  
Head of Department of Pediatrics, NRH  
Chief Laboratory Technician, NRH  
Head of Department of Obstetrics, NRH  
Principal Monitoring Officer, VBDCP  
Senior Malaria Technician for Maintenance of Microscope, VBDCP  
Public Health and Training Officer, VBDCP  
Head, School of Nursing and Health Study, SICHE
5. Other personnel mutually agreed upon as needed

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JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will meet at least once a year and when the need arises in order to fulfill the following functions:

- (1) To authorize the Annual Work Plan of the Project.
- (2) To review the overall progress of the Project as well as the achievements of the above-mentioned Annual Work Plan.
- (3) To review and exchange views on major issues arising from or in connection with the Project.

2. Composition

(1) Chairperson

Permanent Secretary, MHMS

(2) Members

<MHMS>

Under Secretary, MHMS

Director, VBDCP

Director, GPHO

Head of Department of Medicine, (physician), NRH

Head, School of Nursing and Health Study, SICHE

Deputy Director, VBDCP

Project Team Members (see ANNEX III)

<JICA>

Japanese experts

Officials of JICA Solomon Islands Office

3. Other members mutually agreed upon as needed



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ANNEX V

Project Design Matrix (PDM)

Project Title : Project for Strengthening of Malaria Control in Solomon Islands

Target Areas: Guadalcanal Province (GP) and Honiara City Council (HCC)

Target Group : All Nations of Guadalcanal Province and Honiara City Council

Executing Agency:  
Ministry of Health and Medical Services (MHMS), Vector Borne Disease Control Program (VBDCP), National Referral Hospital (NRH), Guadalcanal Provincial Health Office(GPHO)

Project Period : Jan. 2006 ~ Dec. 2008

Issued Date: September 15, 2005

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal</p> <p>Effective management system of malaria cases is established in Solomon Islands.</p>	<p>1 Reduction of mortality associated with malaria in Solomon Islands</p> <p>2 Reduction of number of severe malaria cases in Solomon Islands</p>	<p>National statistics</p>	<p>* National hazard (drastic change of rainfall, etc.) and massive relocation of population will not occur.</p>
<p>Project Purpose</p> <p>Effective management system of malaria case is established in Guadalcanal Province and Honiara City Council.</p>	<p>1 Reduction of number of severe malaria cases in GP</p> <p>2 80 % of health facilities in GC provinces satisfies the minimum standards of health services and public health programs</p> <p>3 Result of patients' satisfaction survey</p> <p>4 Increase of cure rate of malaria in-patients at NRH</p>	<p>SIMIS records</p> <p>Project records</p> <p>Project records</p> <p>Project records</p>	<p>* Outbreak of other infectious disease will not occur.</p>
<p>Outputs</p> <p>1 Malaria patients are effectively treated with proper public health management as well as clinical management at pilot area.</p> <p>2 Information produced by SIMIS is effectively utilized by health staff for preventing severe malaria cases.</p> <p>3 Capacity and capability (skill) of health staff (RHs, NAs, microscopists ) is improved on prompt diagnosis and adequate treatment for malaria patients.</p>	<p>1-1 Reduction of number of severe malaria cases in pilot area</p> <p>2-1 Number of epidemic is detected at GP</p> <p>2-2 80 % of nurses (RHs, NAs) and community microscopists of GP who understand the basic epidemiology, data collection and analysis.</p> <p>3-1 80 % of nurses (RHs, NAs) of GP can diagnose/treat malaria patients according to the revised guideline</p> <p>3-2 Number of findings at pilot area that is reflected on the malaria control manuals</p>	<p>SIMIS records</p> <p>SIMIS records</p> <p>Project records</p> <p>Project records</p> <p>Project records</p>	<p>* The National health policy of Solomon Island will not be drastically changed.</p> <p>* The financial condition of ministry of health and medical services will not get worse.</p> <p>* Changes of other donors' assistance toward Guadalcanal Province will not drastically affect the implementation.</p>
<p>Activities</p> <p><b>1 Malaria patients are effectively treated with proper public health management as well as clinical management at pilot area.</b></p> <p>1-1 Identify the pilot area.</p> <p>1-2 With consultation of other stakeholders, review the minimum medical equipment and supplies for diagnosis and treatment at AHCS, RHCS and NAs.</p> <p>1-3 Train and equip microscopists so that they can run a basic laboratory service for malaria including the maintenance of equipment such as microscopes for AHCS and RHCS.</p>	<p>Inputs</p> <p>Japanese Side</p> <p>1 Japanese experts</p> <p>Chief Advisor</p> <p>Project Coordinator</p>	<p>Solomon Islands Side</p> <p>Counterparts</p>	<p>* Trained staff continue their job.</p> <p>* The maintenance cost of microscopes and other equipment is allocated by the government of Solomon Islands.</p>

ANNEX V

<p>1-4 Train and equip health staff to maintain the inventory record for medicine, reagents and medical supplies at AHCS, RHCS and NAPS.</p>	<p>Malariaology</p>	
<p>1-5 Train and equip RNs, MAS of AHCS, RHCS and NAPS on malaria treatment (diagnose, prescribing, counseling, etc.) according to the revised guidelines. (by GPHO, VBDCP)</p>	<p>Nursing education</p>	
<p>1-6 Train RNs, MAS and microscopists on basic malaria epidemiology, data collection and analysis. (by VBDCP)</p>	<p>Epidemiology</p>	
<p>1-7 Educate patients and their families at health facilities. (RNs, MAS)</p>	<p>IEC material development</p>	<p>Facilities</p>
<p>1-8 Conduct workshop to raise community awareness on severe malaria. (by VBDCP, GPHO)</p>	<p>Maintenance for medical equipment</p>	
<p>1-9 Report findings from activities at pilot area to GPHO / VBDCP /NRH on quarterly basis in order to reflect them on revised guidelines / a malaria control manual.</p>	<p>Other experts in relevant fields</p>	
<p><b>2 Information produced by SIMIS is effectively utilized by health staff for preventing severe malaria cases.</b></p>		<p>Management cost</p>
<p>2-1 Develop malaria death reporting system.</p>	<p>2 Equipment provision</p>	
<p>2-1-1 Prepare the existing SIMIS monitoring and evaluation framework with additional indicators which show risk factors for severe malaria.</p>	<p>Medical equipment / supplies</p>	
<p>2-2 Train microscopists, RNs, MAS.</p>	<p>Vehicle</p>	
<p>2-2-1 Develop SIMIS training manual for RNs, MAS, microscopists.</p>	<p>Computers / Printers</p>	
<p>2-2-2 Train microscopists, RNs, MAS, and regional supervisors of 5 regions in GP on basic epidemiology and data analysis. (<i>Training of microscopists, RNs, MAS and regional supervisors of pilot areas are included in 1-6</i>)</p>	<p>Copiers</p>	
<p>2-2-3 Conduct workshop for regional supervisors to reflect findings from activities at pilot area.</p>	<p>Office supplies</p>	
<p>2-2-4 Conduct supervisory visits to 5 regions by provincial staff for quality assurance monitoring.</p>	<p>Other equipment / supplies as needed</p>	
<p>2-3 Feedback the results of analyzed data.</p>	<p>3 Local costs</p>	
<p>2-3-1 Prepare / forward SIMIS monthly report.</p>		
<p>2-3-2 Prepare feedback report to each AHCS, RHCS, NAPS on findings of surveys on a monthly basis.</p>		
<p>2-3-3 Conduct supervisory visit to AHCS and RHCS twice a year.</p>		
<p>2-3-4 Support clinical staff and malaria staff at the regional level to hold the monthly meeting together to discuss data quality.</p>		
<p>2-4 Develop alert system.</p>		
<p>2-4-1 Verify criteria of malaria epidemic by using the current data collection method.</p>		
<p>2-4-2 Validate current structure / process of data collection to detect malaria outbreak.</p>		
<p>2-4-3 Develop the module to be used by health staff for early detection of malaria epidemic in zonal area.</p>		
<p>2-4-4 Conduct trainings for health staff at zonal level.</p>		

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ANNEX V

<p><b>3 Capacity of health staff (RNs, NAs, microscopists ) is improved on prompt diagnosis and adequate treatment for malaria patients.</b></p> <p>3-1 Revise the therapeutic guidelines on malaria diagnosis and treatment.</p> <p>3-1-1 Reconstitute the taskforce for revision of current guidelines. ( NRH, VBDCP, GPHO)</p> <p>3-1-2 Review the current guidelines (OB/GY, Children, Adults) on malaria for health staff. (MDs, RNs, NAs, microscopists)</p> <p>3-1-3 Revise the current guidelines (OB/GY, Children, Adults) on malaria for health staff (MDs, RNs, NAs, microscopists)</p> <p>3-1-4 Obtain the authorization by Drug and therapeutic committee.</p> <p>3-1-5 Publish the revised guideline for distribution.</p> <p>3-2 Conduct trainers of training (TOT) on the proper use of revised guideline at SICHE.</p> <p>3-2-1 Plan the training (including preparation of curriculum , training materials) by SICHE.</p> <p>3-2-2 Conduct TOT for all trainers for nursing (RNs) at SICHE.</p> <p>3-2-3 Evaluate the training. (course evaluation, trainees' understandings)</p> <p>3-3 Conduct severe case review for in-patients at NRH.</p> <p>3-3-1 Form the survey team at NRH ( consisted of VBDCP and NRH)</p> <p>3-3-2 Conduct in-patients interviews.</p> <p>3-3-3 Hold the clinical conference at NRH.</p> <p>3-4 Develop a manual for malaria control reflecting the findings from activities at pilot area as well as severe case review.</p> <p>3-4-1 Hold the quarterly meetings to reflect findings from pilot area as well as severe case review on a malaria control manual among taskforce members.</p> <p>3-4-2 Develop a manual by taskforce members.</p> <p>3-4-3 Obtain the authorization by Drug and therapeutic committee.</p> <p>3-4-4 Publish a malaria control manual for distribution.</p> <p>3-4-5 Conduct workshops for dissemination.</p>			<p>* The government of Solomon Islands actively coordinates the donors' assistance on malaria control.</p>
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Note

- \* AHCs for Area Health Centers, RHCs for Rural Health Clinics, NAs for Nurse Aide Posts
- \* MDs for Medical Doctors, RNs for Registered Nurses, NAs for Nurse Aide
- \* GPHO for Guadalcanal Provincial Health Office, NRH for National Referral Hospital, VBDCP for Vector Borne Disease Control Program
- \* SICHE for Solomon Islands College of Higher Education, SIMIS for Solomon Islands Malaria Information System, DTC for Drug and Therapeutic Committee







