

4. 参加型ワークショップ配布資料

(1) Japanese Preliminary Study for the Project for Stringthening of Malaria Control in Solomon Islands

Japanese Preliminary Study
for the Project for Strengthening of
Malaria Control in Solomon Islands

September 7, 2005

JICA Preliminary Study Team

1. Purpose of the Study

- to formulate the Project components as a technical cooperation of JICA through view-exchange, discussion and PCM workshop with Solomon officials and donors concerned.
- to confirm the Project implementing structure.

2. Team Members

- Team Leader/Malaria Control:
Dr. Masato Kawabata, Prof. of School of Medicine, Kobe Univ.
- Evaluation Analysis:
Ms. Shinobu Mamiya, Specialist of International Health Programming, Monitoring and Evaluation, Global Link Management, Inc
- Cooperation Planning:
Mr. Shunichiro Ikeda, Staff of Human Development Department, JICA

3. Schedule

	Dr. Kawabata, Mr. Ikeda	Ms. Mamiya
2005/8/28		15:15 Arrival in Honiara (IE703)
2005/8/29		Briefing with JICA Office
2005/8/30-31		Study (MMS, SIMTRI, MHO, AusAID, others)
2005/9/1-3		Preparation for PCM-Workshop/ Study
2005/9/4	15:15 Arrival in Honiara (IE703)	Documentation
2005/9/5-6	Briefing with JICA Office, Discussion with MMS, SIMTRI, MHO, AusAID, others	
2005/9/7-8	PCM-Workshop	
2005/9/9-10	Discussion on the results of PCM-Workshop, Making PDM(draft)	
2005/9/11	Documentation	
2005/9/12-13	Making PDM(draft) and Plan of Operation(draft)	
2005/9/14	Discussion on M/M	
2005/9/15	Signing M/M, Report to JICA Office and Japanese Embassy	
2005/9/16	2:00 Leaving Honiara (IE700)	Study
2005/9/17		Study
2005/9/18		18:15 Leaving Honiara (IE702)

4. Issues for consideration

- Purpose of the Project
- Output of the Project
- Activities of the Project
- Input for the Project
- Implementing structure for the Project
- Time schedule of the Project

5. Drafting PDM and PO

- Project Design Matrix (PDM):
Management tool to plan, implement, monitor and evaluate the Project
- Plan of Operation (PO):
Chart of time schedule to manage the progress of the Project

6. Signing Minutes of Meetings

M/M is a document for recording what both sides have agreed regarding the Project implementation, including PDM and PO, based on the discussions during the period of the Study.

- to draft Minutes of Meetings
- to sign Minutes of Meetings

Thank you very much
for your kind attention

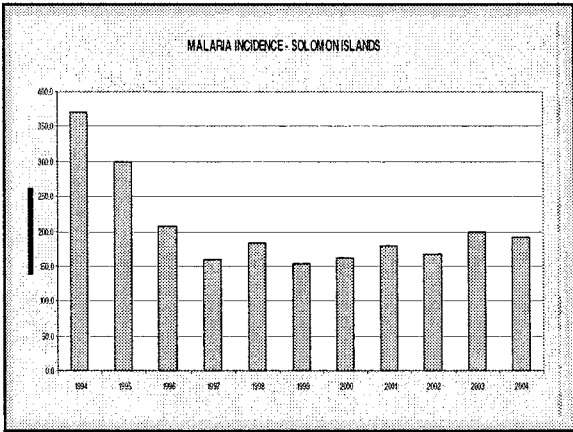
(2) Malaria epidemiology in Solomon Islands

Malaria epidemiology in Solomon Islands

2003-2004

- ### OVERALL OBJECTIVES
- A. To reduce clinical malaria and prevent mortality by providing early diagnoses and effective treatment of all suspected or confirmed cases
 - B. To reduce malaria morbidity, thereby incidence of cases, through feasible and appropriate vector control interventions, which are effective and sustainable.
- 14-02-2005 Luke Honiola, NVDCP Monitoring 2

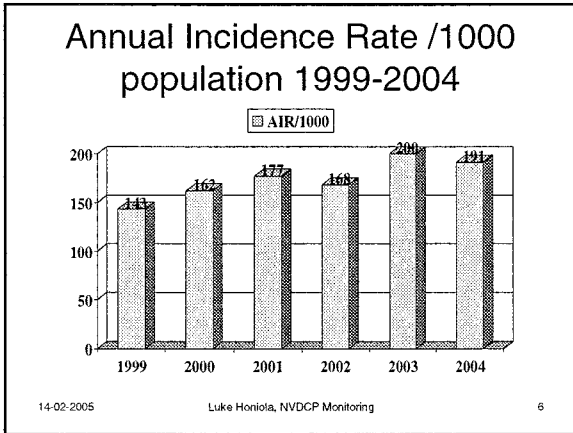
- ### VISSION AND STRATEGIES
- 2001 AND BEYOND
- Reduce malaria incidence to 80 cases/1000 population
 - Reduce mortality to 25 cases
- 14-02-2005 Luke Honiola, NVDCP Monitoring 3



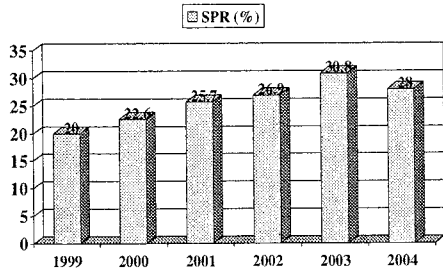
Passive Case Detection 2003-2004

Year	Population	PCD slides exam.	Positive	PF	Infants positive	Slide positive rate (%)	Incidence rate/1000 pop (%)	Proportion of PF (%)	Infants positive rate (%)
2003	458,535	297,897	91,606	64,302	5,431	30.8	199.8	70.2	25.2
2004	471,880	321,954	90,240	64,449	5,390	28.0	191.2	71.4	22.3
2004-2003	13,345	24,057	-1,366	-147	-41	-2.8	-8.6	1.2	-2.9

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Annual Slide Positivity Rate (SPR)

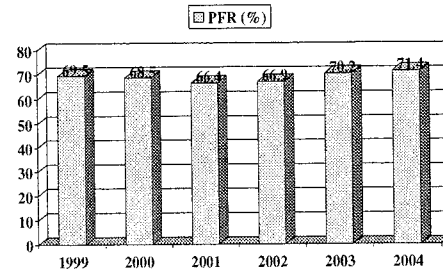


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Annual *P. falciparum* Infection Rate (PFR)

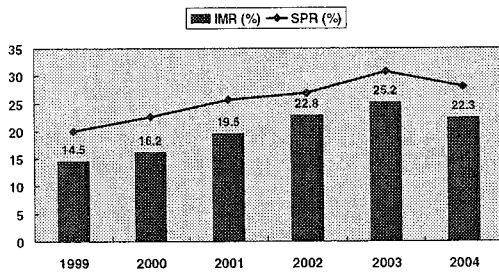


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Annual Infant Malaria Rate (IMR) compared to SPR

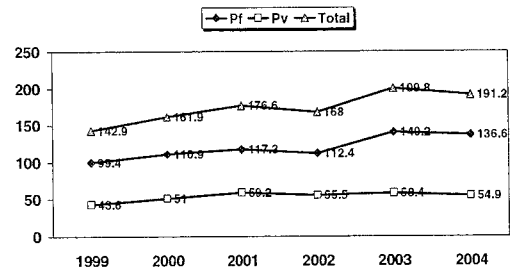


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Incidence of *Pf* and *Pv* 1999-2004

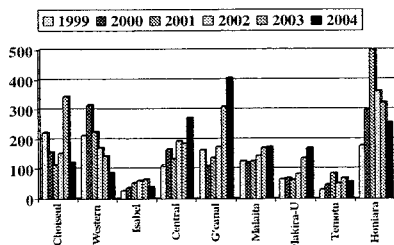


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Trends in Annual Incidence Rate (AIR) in the provinces and HCC

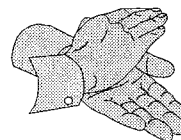


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Decreasing Malaria 2003-2004

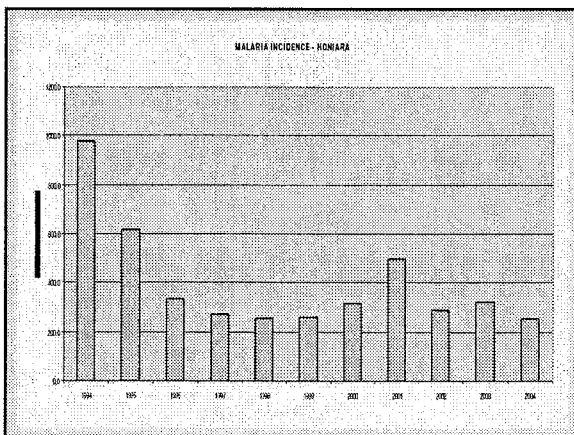
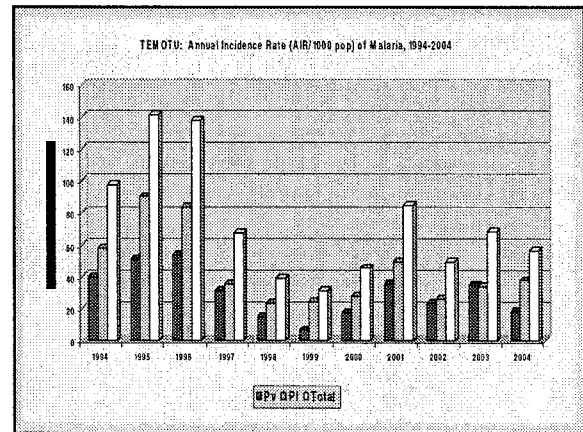
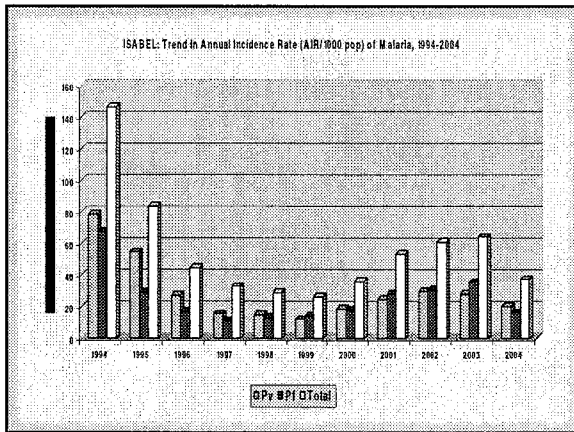
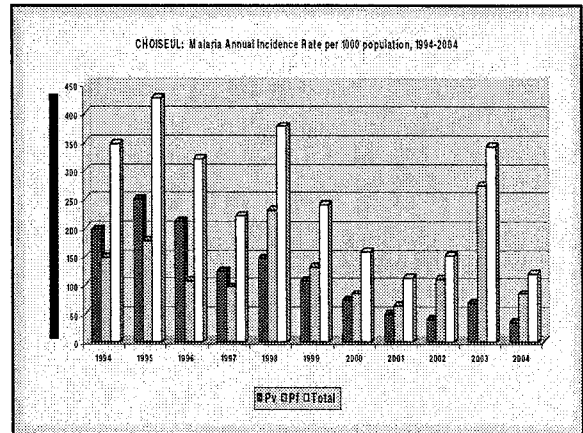
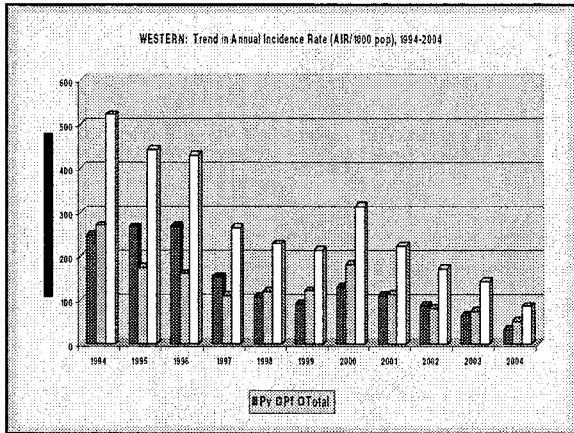


- Choiseul 65%
- Isabel 42%
- Western 39%
- Honiara 22%
- Temotu 18%

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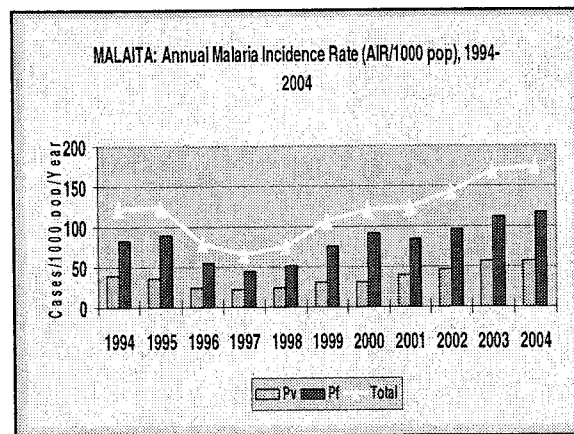
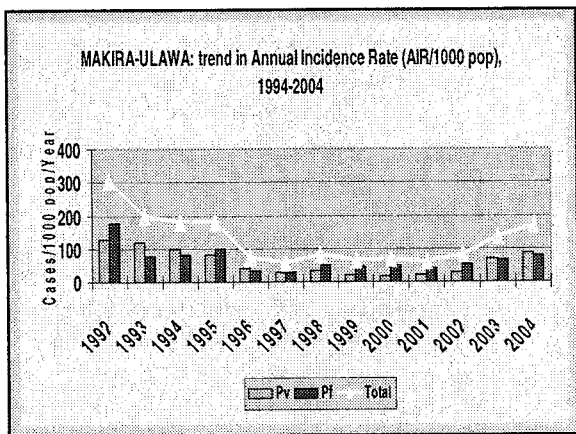
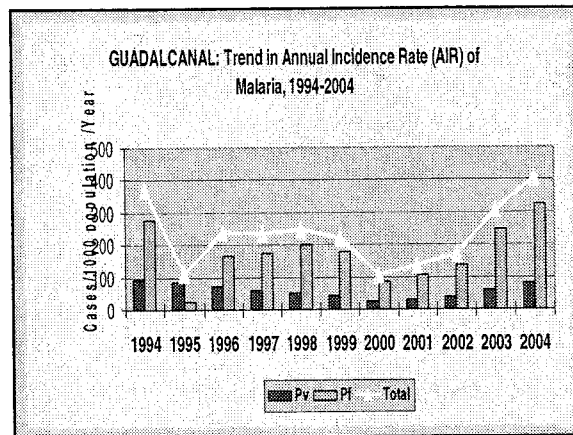
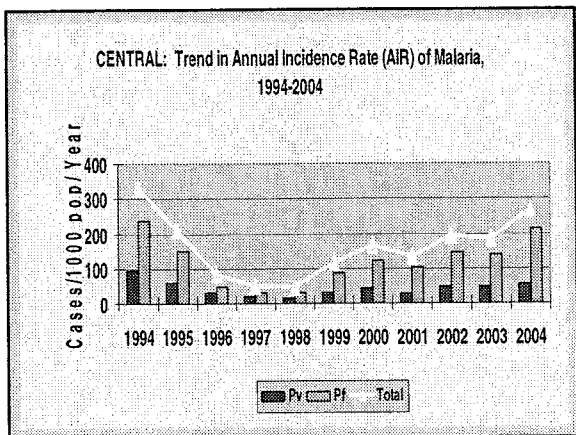
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Increasing Malaria 2003-2004

- Central 46%
- G'canal 31%
- Makira-U 24%
- Malaita 3%

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Deaths due to malaria

YEAR	PROVINCE									TOTAL
	TP	MUP	MP	GP	HON	CIP	IP	WP	CHP	
2003	0	30	12	16	16	0	0	2	0	71
2004	0	2	13	3	1	2	0	4	9	34

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REDUCTION OF MORTALITY RATE

- Vector control
- Proper diagnoses
- Proper treatment

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Vector control

- Total bednets distributed in 2004 = 15,712
- Total bednets re-treated in 2004 = 36,207
- Population covered in 2004 = 90,000

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PROPER DIAGNOSES Microscopy coverage by province %

Province	Hospital	AHC	RHC	NAP	Total
Central	100%	100%	83%	31%	55%
Choiseul	100%	100%	100%	13%	67%
GP	0%	100%	62%	42%	57%
Isabel	100%	100%	36%	17%	35%
Makira	100%	100%	93%	38%	69%
Malaita	100%	100%	89%	46%	68%
Western	100%	100%	92%	18%	61%
Temotu	100%	100%	40%	0%	31%

PROPER TREATMENT

- New malaria treatment protocol approved in 2001
 - 195 health officers in 2003
 - Health officers implementing ?
- Management of Severe and complicated malaria training
 - 195 health officers trained in 2003.
 - Health officers competent ?

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Number of Health Facilities with trained personnel(n=195) on the new malaria treatment protocol/management of severe and complicated malaria

Hospitals	Area Health Centers	Rural Health Clinic	Nurse Aid Post	TOTAL	Health facility coverage
3/11	28/29	25/113	13/133	69/286	24.1%

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Table - Matrix of other externally funded activities impacting on malaria control in Solomon Islands

Year	Partner/Lending Agency	Province	Complementary components or activities with GFATM R5	Value specific to malaria
2002-2005	Rotary Against Malaria	Choiseul and Western	Procurement of solar panels, bednets, pyrethroid caseosin deltamethrin, permethrin, lambda-cyhalothrin Environmental rehabilitation Community awareness Operational support for vector control	US\$25,000
Future	Rotary Against Malaria	Guadalcanal	Adopt-a-Village program - sanitation and malaria control	Not available
2001-present	AusAID - Health Institutional Strengthening Project HSTPA budget for health services operations is AUS\$ m in 2004 and conditions for essential medicines and supplies is: AUS\$ 5m - 2004 AUS\$ 8m - 2005 AUS\$ 4m - 2006	All provinces	agency building for national and provincial managers each Sector Trust Account funds used for: Operational running of health services, including malaria control services Provide essential medicines and supplies, including treatment for malaria, TB and HIV.	Not available

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2003-2006	World Bank Solomon Islands Health Sector Development Project	Makira-Ulawa and Guadalcanal	Procurement of long lasting insecticidal nets (LLINs), solar panels, lambda-cyhalothrin, spraying equipment and microscopes. Infrastructure - storage sheds and staff housing Vector control - distribution of LLINs, indoor residual spraying Capacity building Improved diagnosis and treatment	US\$655,441
2004-2005	WHO	All provinces including Honiara City	Technical support and advice in program policy areas Procurement of equipment and supplies Malaria surveillance	US\$371,694
Future	JICA		Currently planning feasibility and design study for future assistance	Not available

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2004-2008	Global Fund – GFATM	Malaita, Temotu, Isabel, Central and Honiara City	<p>Procurement and distribution of Long Lasting Insecticidal Nets (LLINs) microscopes, solar panels, laboratory supplies, blister packaging machine, vehicles, canoes, GBMs, permethrin, ICON 10 WP, compression sprayers and spare parts, microscope repair kits, desktop computers, printers.</p> <p>Vector control – retreatment of conventional nets, indoor residual spraying, distribution of LLINs, health promotion, training in pesticide application and safety, household surveys and monitoring</p> <p>Prompt diagnosis and effective appropriate treatment – training of microscopists including refresher courses, quality control of microscopy, therapeutic efficacy studies of antimalarial drugs, TOT training of nurses and doctors on management of severe and complicated malaria, upgrade of regional laboratories, comparative RDT trials, intermittent preventative treatment for malaria in pregnancy, production of blister pack</p> <p>Compliance surveys, supervision and monitoring</p>	US\$1.1 m
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• Tagio N Babae Nao



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(3) SIMIS:SI-Malaria Information System

SIMIS: SI-Malaria Information System

- **Purpose:**
 - To provide MCP (VBDCP) data in computerized form
 - To monitor and evaluate the malaria control program
 - To provide useful data for inventory purposes
 - Bednets and Insecticides

SIMIS: INPUTS

- Notification Of Fever Cases Form
- PCD Summary Report Form
- Mass Blood Survey Form
- MBS Summary Report Form
- Bednet Record Form
- Residual House Spraying Form
- Hospital In-Patient Form
- Hospital Malaria Mortality Form
- Source Reduction Form
- Health Education Form

SIMIS: OUTPUTS

- SIMIS Reports:
- BY ZONE AND REGION
 - Monthly
 - Quarterly
 - Annually

Basic data stored:

- PCD blood-slide examination results:
 - PCD case details (a line listing of each blood slide examined from patients coming to clinics, with data on each patient's age, sex and locality (village)).
- MBS results:
 - MBS case details (a line listing of all slide results from mass blood surveys performed in village, with information on each person's age and sex)

Basic data stored:

- Bednet data:
 - A summary of the numbers of nets issued and re-impregnated, by village and date.
- Spraying:
 - A summary of the number of houses sprayed, by village and date

Reports generated by SIMIS

- Malaria case status report
- Case status vs 2nd and 3rd quartile
- Cases finding activity and tx (Overall)
- Case finding activity and tx (PCDU)
- Case finding activity and tx (MBS)
- Case finding activity and tx (Hospital)
- Demographic distribution reports
- Slide collection status
- Slide positivity rate (list)
- Slide positivity rate (graph)

Reports generated by SIMIS

- Parasite incidence
- Hospital- Species and severity
- Hospital- age by sex
- Mortality- age by sex
- Mortality- patients list (probable/lab confirmed)
- Mortality- species and severity

Reports generated by SIMIS

- Bednet treatment and distribution
- Indoor Residual Spraying activity
- Source Reduction
- Health Education

SIMIS/ Forms

STEPS to move from Old to New SIMIS

Steps

- CP & MP to pilot New SIMIS
- Standardize forms in MP & CP
- Conduct 1st workshop in Sep 30–Oct 1 (done)
- Responsible: Luke

Steps ..

- Contact PGO/ADS to develop TA for IT person to SIMTRI
- Philippine IT person work with Luke, E Hale
- Responsible: J Hii, Luke, Hale

Steps ..

- Training of SIMIS Users for MP, CP, SIMTRI (Done)
- Dates (Sep 30 – Oct 2) 2004
- Responsible: Napthali (Philippines)

Steps ..

- Monitoring of New SIMIS by MP & CP for 6 months/ or longer
- Workshop for all Provinces
- Dates in 2005/2006 ??

Standard Forms

- **New SIMIS Forms**
 - Surveillance
 - PCD
 - MBS
 - Hospital
 - Vector Control
 - Bednet
 - Spray
 - Source Reduction
- **Other**
 - Health Education

After Workshop

- Revise Forms (Done)
- Produce Instruction Sheet (Done)
- Provide Lever Arch Files (Archiving)
- Distribute Forms & Files to 10 Regions in MP & CP
- Follow-up workshop for nurses, microscopist, field officers in MP & CP (Done)
- Responsible: Luke

Problem

- Delay in Transmission of Data (ave. of 2 months to reach SIMTRI)
- Communication difficulties with remote areas
- Lack of basic stationeries
- Lack of computers
- Basic computing and keyboard skills for monitoring officers
- Basic IT training

(4) **Basic Concept: Reduce mortality associated with Malaria**

**Basic concept:
Reduce mortality
associated with Malaria**

What do we have to do in order to reduce mortality associated with malaria?

- Prevention of complicated malaria cases by prompt and adequate response to malaria infection
- Treatment of complicated malaria cases with proper public health management as well as clinical management

Primary prevention: Prevention of disease by intervening with risk factors to prevent exposure

Secondary prevention: Early detection and treatment of disease in order to limit its duration, severity, and sequelae

Tertiary prevention: Measures to reduce the suffering, damage, or disability caused by established disease

Why a case become complicated and die?

- Is it because the services do not exist, or the resources are poor?
- Are services inaccessible for other reasons, such as distance, cost or socio-cultural barriers?
- Are cases dying because the care they receive is inadequate or actually harmful?

Tentative process of the project

First step: To do a surveillance in order to know the base line; number of malaria death, complicated cases, and malaria facility function

Second step: To review complicated malaria case in order to know the cause and circumstances of malaria death or evolution

Third step: To apply devised approaches for complicated malaria care to the model area

Fourth step: To expand an improved complicated malaria care to the high risk zones of target provinces

To improve malaria care and outcomes

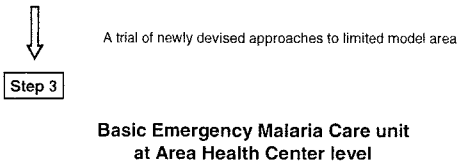
Step 1
#: Surveillance in target provinces
SIMIS operation in Guadalcanal Province
#: Systematic review of malaria facilities with respects of infrastructure and case management performance

Step 2
#: Facility-based malaria death review; a qualitative and in-depth investigation
#: Survey of complicated malaria cases

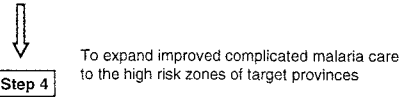
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An identification and assessment of the causes and avoidable factor associated with malaria death

How to apply an output from Step 1 and 2 to reduce malaria death?



Step 3 An assessment of complicated case management at model area and BEMC unit



	PM	PHM
I		
II		
III		

PM: Patient management
 PHM: Public health management including health unit and health system management

I: Primary level (Rural Health Center)
 II: Secondary level (Area Health Center)
 III: Tertiary level (General Hospital)

	PM	PHM
I		
II		
III		

Step 1

Step 2

	PM	PHM
I		
II		
III		

Step 3 and 4

Tentative time schedule of the project

	Y1	Y2	Y3	Y4	Y5
Step 1	→				
Step 2	→				
Step 3	→				
Step 4	→				

**At first, we have to know.
 But, it not enough,
 we have to act.**

2005.9.7 Masato Kawabata

(5) Workshop on Project Cycle Management(PCM)

**Workshop on
Project Cycle Management
(PCM)**

**The Preliminary Study of the Project for Strengthening of
Malaria Control in Solomon Islands**

Aug. 28, 2005 ~ Sep. 18, 2005

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Contents

- Japanese Cooperation
 - Technical Cooperation
 - Grant Aid Cooperation
- JICA's Project Management
 - Method (PCM) and Tool (PDM)

Global Link Management Inc. 2

Japanese Technical Cooperation

- **Japan International Cooperation Agency (JICA)** is responsible for the technical cooperation aspect of Japan's ODA programs.
- This is **one of Bilateral Grants**.
- JICA plans and provides technical cooperation upon **the request of partner countries**.
- Technical cooperation is aimed at the transfer of technology and knowledge **to assist the Human Resources Development** of partner countries.
- Components of technical cooperation include:
 - **Dispatch of Japanese experts**
 - **Acceptance of training participants**
 - **Provision of equipment and materials**
- Example
 - The Project for Promotion of Primary Health Care in Solomon Islands

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Grant Aid Cooperation

- Another type of bilateral grants
- It is also **upon the request of partner country**.
- **Components of grant aid cooperation include:**
 - Construction and upgrade of buildings
 - Supply of equipment and materials
- **The partner country is responsible for:**
 - the maintenance of the constructed facilities and provided equipment
 - provision of recurrent costs, and management and implementation of the project
- Example - **SIMTRI**

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Project Management of JICA's Project

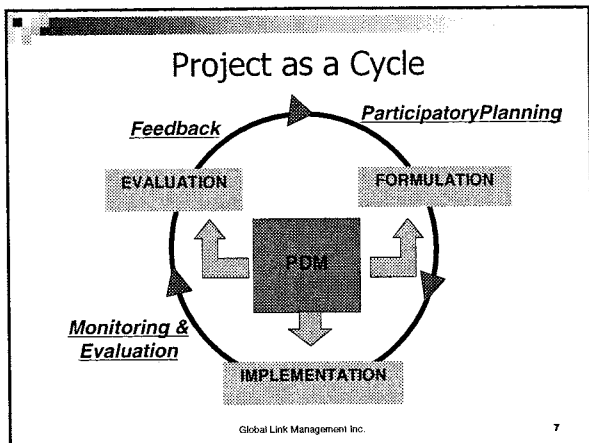
- A project is implemented under Project Cycle Management (PCM) Method jointly by both personnel from partner country and Japan
- Cooperation emphasizes the ownership of partner country
- Project Design Matrix (PDM) is used as a tool to plan, implement and monitor/evaluate the project

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What is PCM?

- Project Cycle Management (PCM) is a method for managing the life cycle of a project more effectively and efficiently. It also enhances logical analysis and communication through a participatory workshop.
- 2 types of PCM applications:
 - Participatory Planning
 - Monitoring & Evaluation

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What is PDM?

- Management tool to plan, implement and monitor/evaluate the project
- Project design which outlines the project interventions in terms of what to do and how to proceed within a specified period of time
- A summary of the project in the form of a 4 X 4 matrix

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Basic Structure of PDM

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Project Purpose			
Outputs			
Activities	Inputs		Pre-Conditions

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1st Column – Narrative Summary

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
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Main Elements of PDM (1)

1st Column: NARRATIVE SUMMARY

- **Overall goal** ⇒ Development effect that is to be attained as a result of the Project Purpose being achieved.
Broader and profound effects on the larger population / society
- **Project Purpose** ⇒ Direct effect of the project implementation
Positive changes for the target group/area
- **Outputs** ⇒ Intermediate goals (strategies) in order to achieve the Project Purpose
Things and /or situations which must be produced to attain the Project Purpose
- **Activities** ⇒ Actions required to achieve each Output
Actions taken by the Project through effective use of Inputs

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Vertical Logic in Narrative Summary

Narrative Summary (example)	
Overall Goal	Malaria diseases is controlled in Solomon Islands
Project Purpose	Mortality associated with Malaria for target areas is reduced
Outputs	1. Surveillance system of malaria epidemiology is strengthened. 2. Effective clinical management for complicated malaria cases is established with prompt and adequate response to malaria infection. 3.
Activities	1-1 Report epidemiological data on malaria disease to relevant authorities 2-1 2-1 Conduct the clinical review on a regular basis 2-2

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Workshop on Project Cycle Management (PCM)

The Preliminary Study of the Project for Strengthening of
Malaria Control in Solomon Islands

Aug. 28, 2005 ~ Sep. 18, 2005

Global Link Management Inc.

1

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3

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- Example - **SIMTRI**

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4

Project Management of JICA's Project

- A project is implemented under Project Cycle Management (PCM) Method jointly by both personnel from partner country and Japan
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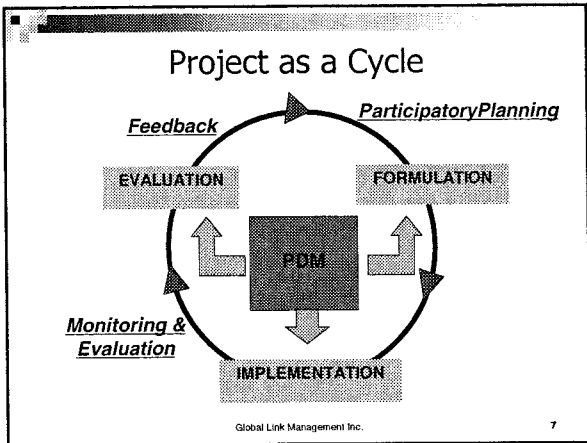
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Basic Structure of PDM

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Global Link Management Inc. 9

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Main Elements of PDM (1)

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Narrative Summary (example)	
Overall Goal	Malaria diseases is controlled in Solomon Islands
Project Purpose	Mortality associated with Malaria for target areas is reduced
Outputs	1. Surveillance system of malaria epidemiology is strengthened. 2. Effective clinical management for complicated malaria cases is established with prompt and adequate response to malaria infection. 3.
Activities	1-1 Report epidemiological data on malaria disease to relevant authorities 2-1 2-1 Conduct the clinical review on a regular basis 2-2

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4th Column – Important Assumptions

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Project Purpose			
Outputs			
Activities	Inputs		Pre-Conditions

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Main Elements of PDM(2)

4th Column: IMPORTANT ASSUMPTIONS

- **Important assumptions** ⇒ Situations, events, conditions necessary for project success, but beyond the control of the project management
- **Pre-conditions** ⇒ Necessary conditions that must be fulfilled before a project is initiated

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Vertical Logic (Causal Link) of PDM

Narrative Summary	Objectively verifiable indicators	Means of verification	Important assumptions
Overall goal	← Then		
Project purpose	← If		And if
Outputs	← If		And if
Activities	← Inputs		And if
			Pre-conditions If

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2nd & 3rd Column – OVI, MO and Inputs

Narrative Summary	Objectively Verifiable Indicators (MOV)	Means of Verification (MO)	Important Assumptions
Overall Goal			
Project Purpose			
Outputs			
Activities	Inputs		Pre-Conditions

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Main Elements of PDM(3)

2nd & 3rd Column: MEASUREMENT on PROJECT'S ACHIEVEMENT

- **Objectively Verifiable Indicators (OVI)**
⇒ Measurement of the performance of the project objectives and outputs
- **Means of Verification (MOV)**
⇒ Sources of information/data to verify indicators
- **Inputs**
⇒ Physical, financial and human resources to carry out project activities

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Formulating Indicators: Points for Consideration

- Specify type of data
- Measure the baseline
- Specify time frame for achievement
- Set specific targets

EXAMPLE

Malaria cases is reduced

↓

(Indicator)
Annual Incidence Rate decreases

From 160/1,000 population (as of 2001)
To 80/1,000 population (end of 2005)

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Narrative Summary (DRAFT PLAN)

Overall Goal	Malaria disease is controlled in Solomon Islands
Project Purpose	Mortality associated with Malaria for target areas is reduced
Outputs	<ol style="list-style-type: none"> 1. Surveillance system of malaria epidemiology is established. 2. Effective clinical management for complicated malaria cases is established with prompt and adequate response to malaria infection. 3. Complicated malaria cases is effectively treated with proper public health management as well as clinical management at model area. 4. Effective treated of complicated malaria cases with proper public health management as well as clinical management is replicated for target areas.
Activities	To be discussed

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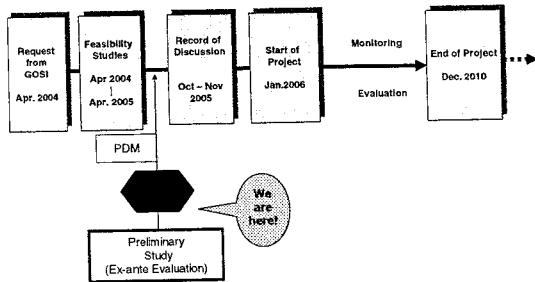
Basic Structure of PDM

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Overall Goal			
Project Purpose			
Outputs			
Activities	Inputs		Pre-Conditions

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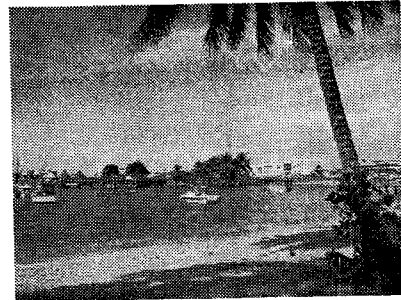
Process of Project formulation and implementation (Tentative)



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Thank you!



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