

2. 討議議事録 (R/D)

ANNEX IV : Record of Discussions (Draft)

(DRAFT)

RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND AUTHORITIES CONCERNED
OF THE GOVERNMENT OF SOLOMON ISLANDS
ON JAPANESE TECHNICAL COOPERATION
FOR <PROJECT TITLE> IN SOLOMON ISLANDS

Japan International Cooperation Agency (hereinafter referred to as “JICA”), through its Resident Representative of JICA Solomon Islands Office, had a series of discussions with the authorities concerned of the Government of Solomon Islands with respect to desirable measures to be taken by JICA and the Government of Solomon Islands for the successful implementation of the above-mentioned Project.

As a result of the discussions, the Resident Representative of JICA Solomon Islands Office and the authorities concerned of the Government of Solomon Islands agreed to recommend to their respective Governments the matters referred to in the document attached hereto.

Honiara, *MM DD, 2010*

Mr. Tokuro WATANABE
Resident Representative
Solomon Islands Office,
Japan International Cooperation Agency,

Dr. Lester Ross
Permanent Secretary
Ministry of Health and Medical Services,
The Government of Solomon Islands



ANNEX IV : Record of Discussions (Draft)

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF SOLOMON ISLANDS

1. The Government of Solomon Islands will implement the Project for <project title> (hereinafter referred to as “the Project”) in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Technical Cooperation Scheme of Japan.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as “the Equipment”) necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of SIG upon being delivered C.I.F. (cost, insurance and freight) to the authorities concerned of the Government of Solomon Islands at the ports and/or airports of disembarkation.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF SOLOMON



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ISLANDS

1. The Government of Solomon Islands will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of Solomon Islands will ensure that the technologies and knowledge acquired by the Solomon nationals as a result of Japanese technical cooperation will contribute to the economic and social development of Solomon Islands.
3. The Government of Solomon Islands will grant in Solomon Islands privileges, exemptions and benefits as listed in Annex IV and will grant privileges, exemptions and benefits no less favorable than those granted to experts of third countries or international organizations performing similar missions to the Japanese experts referred to in II-1 above and their families.
4. The Government of Solomon Islands will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.
5. In accordance with the laws and regulations in force in Solomon Islands, the Government of Solomon Islands will take necessary measures to provide at its own expense:
 - (1) Services of the Solomon counterpart personnel and administrative personnel as listed in Annex V;
 - (2) Land, buildings and facilities as listed in Annex VI;
 - (3) Supply or replacement of machinery, equipment, instruments, vehicles, tools,

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spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above;

- (4) Means of transport and travel allowances for the Japanese experts for official travel within Solomon Islands; and
 - (5) Suitably furnished accommodation for the Japanese experts and their families.
7. In accordance with the laws and regulations in force in Solomon Islands, the Government of Solomon Islands will take necessary measures to meet:
- (1) Expenses necessary for transportation within Solomon Islands of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;
 - (2) Exempt Customs duties, internal taxes and any other charges, imposed in Solomon Islands on the Equipment referred to in II-2 above; and
 - (3) Running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. <Title, Organization of the Project Director>, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.
2. <Title, Organization of the (Co-)Project Manager>, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the

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implementation of the Project.

4. The Japanese experts will give necessary technical guidance and advice to the Solomon counterpart personnel on technical matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VII.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the authorities concerned of the Government of Solomon Islands, during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of Solomon Islands undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Solomon Islands except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of Solomon Islands on any major issues arising from, or in connection with this Attached Document.

ANNEX IV : Record of Discussions (Draft)

VIII. MESURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Solomon Islands, the Government of Solomon Islands will take appropriate measures to make the Project widely known to the people of Solomon Islands.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three (3) years from *MM, DD, 20XX*.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS
- ANNEX V LIST OF SOLOMON COUNTERPART AND ADMINISTRATIVE PERSONNEL
- ANNEX VI LIST OF LAND, BUILDINGS AND FACILITIES
- ANNEX VII JOINT COORDINATING COMMITTEE

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ANNEX IV : Record of Discussions (Draft)

ANNEX I

MASTER PLAN

1. Overall goal

Strategy of strengthening community-based malaria control system is transferred to wider areas in Solomon Islands.

2. Project Purpose

Community-based malaria control system is strengthened in Ministry of Health and Medical Services (MHMS), Guadalcanal Province (GP) including Honiara City (HC) and Malaita Province (MP).

3. Outputs

- 1) Capacities of National Vector Borne Disease Control Program (NVBDCP) and other related bodies are enhanced for implementation of "National Malaria Action Plan (MAP) 2008-2014".
- 2) Vertical relationships between MHMS, Guadalcanal Provincial Health Office (GPHO), Honiara City Council (HCC), health facilities and local communities are strengthened for streamlined malaria control.
- 3) Malaria prevention-oriented health promotion system is strengthened in communities.
- 4) Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.

4. Activities

- 1-1) To strengthen MAP administrative capacity of NVBDCP, Health Promotion Department (HPD) and related bodies at central level by conducting trainings for operational management (e.g. PDCA (Plan Do Check Act) cycle).
- 1-2) To assist NVBDCP, HPD and related bodies at central level to develop a MAP implementation annual activity plan.
- 1-3) To assist NVBDCP, HPD and related bodies at central level to conduct

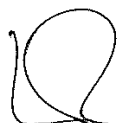
ANNEX IV : Record of Discussions (Draft)

MAP-related activities such as provision of education and training for various guidelines and materials.

- 1-4) To assist NVBDCP, HPD and related bodies at central level to conduct progress monitoring and evaluation/analysis of MAP annual activities.
- 1-5) To assist aid coordination among MHMS and cross-cutting aid organizations through the Malaria Steering Committee.

- 2-1) To strengthen management capacity of provincial and municipal health offices, AHC supervisors and AHCs in terms of health personnel trainings (implementation of trainings and systematic evaluation/analysis), organizational administration at the initiative of NVBDCP.
 - 2-1-1) To conduct baseline survey against provincial and municipal health offices, AHC supervisors and AHCs for their organizational operation.
 - 2-1-2) To strengthen MAP administrative capacity of provincial and municipal health offices, AHC supervisors and AHCs by conducting trainings for operational management (e.g. PDCA cycle) on the basis of baseline analysis.
 - 2-1-3) To streamline a monitoring and supervisory system for subordinating organizations on the basis of baseline analysis.
- 2-2) To strengthen Solomon Islands Malaria Information System (SIMIS) and feedback system among provincial and municipal health offices, AHC supervisors, AHC and primary health facilities at the initiative of NVBDCP.
 - 2-2-1) To conduct baseline survey against provincial and municipal health offices, AHCs and primary health facilities to verify SIMIS operation, data quality and feedback system.
 - 2-2-2) To revise and/or develop contents, curriculum, teaching materials, etc. for SIMIS trainings on the basis of the baseline analysis.
 - 2-2-3) To conduct follow-up (and/or introduction) trainings regarding SIMIS operation, data management and outcome feedback.
 - 2-2-4) To conduct regular monitoring and supervision for subordinating organization to enhance SIMIS operation, data quality and feedback system.

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ANNEX IV : Record of Discussions (Draft)

- 3-1) To conduct training of trainers (TOT) and operational management of Community-based Malaria Prevention (CBMP) model for HPD by NVBDCP as a instructor.
- 3-2) To conduct follow-up training of CBMP model for GPHO and HCC, and introduction training for Malaita Provincial Health Office (MPHO) at the initiative of HPD with the support of NVBDCP.
- 3-2-1) To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD.
- 3-3) To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD.
- 3-4) To select priority sites for introduction of CBMP model.
 - 3-4-1) To conduct a baseline survey for circumstances of communities, malaria control, malaria morbidity, needs, KAP (Knowledge-Attitude-Practice) and so on in the Target Areas of the Project.
 - 3-4-2) To implement feasibility evaluation of introduction of CBMP model for each communities on the basis of the baseline analysis results.
- 3-5) To introduce CBMP model to priority sites in accordance with "CBMP Model: Guideline for Implementation".
 - 3-5-1) To nature Malaria Prevention Volunteers (MPVs) in each sites.
 - 3-5-2) To promote community organization for malaria prevention-oriented health promotion as well as improvement of public health at the initiative of MPVs and jurisdictional health facility.
 - 3-5-3) To develop action plans and implement revision/development of CBMP media at the initiative of MPVs and jurisdictional health facility as a planning process.
 - 3-5-4) To conduct community activities in accordance with the plans under the supervisory authorities such as provincial and municipal health offices.
 - 3-5-5) To revise the action plans on the basis of self-assessment of the activities at the initiative of MPVs and jurisdictional health facility.
- 3-6) To revise the introduction plan, the Guideline, Manuals and Tools of CBMP model on the basis of regular evaluation/analysis of CBMP performances at sites.
- 3-7) To conduct an endline survey under the same condition of baseline survey,

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ANNEX IV : Record of Discussions (Draft)

and verify the introduction effect of CBMP model for malaria control by comparative analysis with other communities.

- 4-1) To conduct functional assessment of AHC by baseline survey for circumstances of medical service provision, performance of medical staff, equipment and materials, stock control, administrative management, etc. at the initiative of provincial and municipal health offices.
- 4-2) To develop an AHC strengthening plan on the basis of the functional assessment at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-3) To conduct follow-up trainings for AHC medical staff to improve medical skills regarding malaria control/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-4) To improve medical infrastructure necessary for malaria prevention/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-5) To streamline intra- and inter-institutional (regional) stock control system for reagents, medicines, medical disposables, etc. in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-6) To streamline intra- and inter-institutional (regional) medical service provision system (e.g. attendance management, support personnel, etc.) in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.

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ANNEX IV : Record of Discussions (Draft)

ANNEX II

LIST OF JAPANESE EXPERTS

1. Chief Advisor
2. Project Coordinator
3. Experts in other fields mutually agreed upon as needed

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ANNEX IV : Record of Discussions (Draft)

ANNEX III

LIST OF MACHINERY AND EQUIPMENT

1. Office equipment (PC, printer, projector)
2. Other necessary machinery and equipment mutually agreed upon as needed

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ANNEX IV : Record of Discussions (Draft)

ANNEX IV

PRIVILEGES, EXEMPTIONS AND BENEFITS
FOR JAPANESE EXPERTS AND THEIR FAMILIES

1. Exemption from charges of any kind imposed on or in connection with the living allowances remitted from abroad.
2. Exemption from import and export duties and any other charges imposed on personal and household effects, including one motor vehicle per family, which may be brought in from abroad or taken out of Solomon Islands.
3. In case of accident or emergency, the Government of Solomon Islands will use all its available means to provide the medical and other necessary assistance to the Japanese experts and their families in country.

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ANNEX IV : Record of Discussions (Draft)

ANNEX V

LIST OF SOLOMON COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director
Under Secretary, MHMS

2. Deputy Project Director
Director, VBDCP

3. Co- Project Manager
Director, GPHO
Deputy Director, NVBDCP
Director, HPD

4. Project Team Members (Counterparts)
Principal Field Officer, Malaria Division, GPHO
Provincial Director of Nursing, Nursing Division, GPHO
Principal Monitoring Officer, NVBDCP
Director, National Health Training and Research
Director, HCC
Deputy Director, HPD
Director, MPH0

5. Other personnel mutually agreed upon as needed



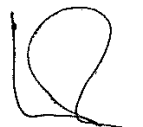
ANNEX IV : Record of Discussions (Draft)

ANNEX VI

LIST OF LAND, BUILDINGS AND FACILITIES

1. *Training and seminar facilities*
2. *Project office space and facilities*

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ANNEX VII

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

< Solomon side >

Under Secretary, MHMS

Director, NVBDCP

Director, GPHO

Deputy Director, NVBDCP

Director, HPD

Project Team Members (see ANNEX III)

< Japan side >

Japanese experts

Officials of JICA Solomon Islands Office

Officials of Embassy of Japan in Solomon Islands (Observer)

3. Other members mutually agreed upon as needed

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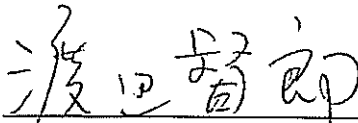


RECORD OF DISCUSSIONS
BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY
AND AUTHORITIES CONCERNED
OF THE GOVERNMENT OF SOLOMON ISLANDS
ON JAPANESE TECHNICAL COOPERATION
FOR PROJECT FOR STRENGTHENING OF MALARIA CONTROL SYSTEM
PHASE II IN SOLOMON ISLANDS


Japan International Cooperation Agency (hereinafter referred to as "JICA"), through its Resident Representative of JICA Solomon Islands Office, had a series of discussions with the authorities concerned of the Government of Solomon Islands with respect to desirable measures to be taken by JICA and the Government of Solomon Islands for the successful implementation of the above-mentioned Project.

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Government of Solomon Islands, signed in Honiara on September 10th, 2008 (hereinafter referred to as "the Agreement"), the Resident Representative of JICA Solomon Islands Office and the authorities concerned of the Government of Solomon Islands agreed on the matters referred to in the document attached hereto.

Honiara, October 4, 2010



Mr. Tokuro WATANABE
Resident Representative
Solomon Islands Office,
Japan International Cooperation Agency



Dr. Lester ROSS
Permanent Secretary
Ministry of Health and Medical Services,
The Government of Solomon Islands

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF SOLOMON ISLANDS

1. The Government of Solomon Islands will implement the Project for Strengthening of Malaria Control System Phase II (hereinafter referred to as "the Project") in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement, JICA, as the executing agency for technical cooperation by the Government of JAPAN, will take, at its own expense, the following measures, according to the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS

JICA will provide the services of the Japanese experts as listed in Annex II. The provision of Article 5 of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF MACHINERY AND EQUIPMENT

JICA will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The provision of Article 7 of the Agreement will be

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Record of Discussions

applied to the Equipment.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF SOLOMON ISLANDS

1. The Government of Solomon Islands will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of Solomon Islands will ensure that the technologies and knowledge acquired by the Solomon Islands nationals as a result of Japanese technical cooperation will contribute to the economic and social development of Solomon Islands.
3. In accordance with the provisions of Article 5 of the Agreement, the Government of Solomon Islands will grant in Solomon Islands privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.
4. In accordance with the provisions of Article 7 of the Agreement, the Government of Solomon Islands will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in II-1 above.
5. The Government of Solomon Islands will take necessary measures to ensure that the knowledge and experience acquired by the Solomon Islands personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the provision of Article 5 of the Agreement, the Government

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Record of Discussions

of Solomon Islands will provide the services of Solomon Islands counterpart personnel and administrative personnel as listed in Annex IV.

7. In accordance with the provision of Article 5 of the Agreement, the Government of Solomon Islands will provide the buildings and facilities as listed in Annex V.
8. In accordance with the laws and regulations in force in Solomon Islands, the Government of Solomon Islands will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II-2 above.
9. In accordance with the laws and regulations in force in Solomon Islands, the Government of Solomon Islands will take necessary measures to meet the running expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Director of Public Health, Ministry of Health and Medical Services, as the Project Director, and Director of National Vector Borne Disease Control Program and Director of Health Promotion Department, as the Co-Deputy Project Directors, will bear overall responsibility for the administration and implementation of the Project.
2. Co-Project Managers 1) Director of Guadalcanal Provincial Health Office and 2) Deputy Director of National Vector Borne Disease Control Program, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader will provide necessary recommendations and advice to the Project Director, the Co-Deputy Project Directors and the Co-Project Managers on any matters pertaining to the implementation of the Project.

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Record of Discussions

4. The Japanese experts will give necessary technical guidance and advice to the Solomon Islands counterpart personnel on technical matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the authorities concerned of the Government of Solomon Islands, during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of Solomon Islands undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Solomon Islands except for those arising from the willful misconduct or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Government of Solomon Islands on any major issues arising from, or in connection with this Attached Document.

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VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR
THE PROJECT

For the purpose of promoting support for the Project among the people of Solomon Islands, the Government of Solomon Islands will take appropriate measures to make the Project widely known to the people of Solomon Islands.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three (3) years from the date when the first expert(s) is (are) dispatched.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV LIST OF SOLOMON ISLANDS COUNTERPARTS AND
ADMINISTRATIVE PERSONNEL
- ANNEX V LIST OF LAND, BUILDINGS AND FACILITIES
- ANNEX VI JOINT COORDINATING COMMITTEE
- ANNEX VII PROJECT DESIGN MATRIX
- ANNEX VIII PLAN OF OPERATION

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Record of Discussions

ANNEX I

MASTER PLAN

1. Overall goal

Strategy of strengthening community-based malaria control system is transferred to wider areas in Solomon Islands.

2. Project Purpose

Community-based malaria control system is strengthened in Ministry of Health and Medical Services (MHMS), Guadalcanal Province (GP), Honiara City Council (HCC) and Malaita Province (MP).

3. Outputs

- 1) Capacities of National Vector Borne Disease Control Program (NVBDCP) and other related bodies are enhanced for implementation of "National Malaria Action Plan (MAP) 2008-2014".
- 2) Vertical relationships between MHMS, Guadalcanal Provincial Health Office (GPHO), HCC, health facilities and local communities are strengthened for streamlined malaria control.
- 3) Malaria prevention-oriented health promotion system is strengthened in communities.
- 4) Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.

4. Activities

- 1-1) To strengthen MAP administrative capacity of NVBDCP, Health Promotion Department (HPD) and related bodies at central level by conducting trainings for operational management (e.g. PDCA (Plan Do Check Act) cycle).
- 1-2) To assist NVBDCP, HPD and related bodies at central level to develop a MAP implementation annual activity plan.
- 1-3) To assist NVBDCP, HPD and related bodies at central level to conduct

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Record of Discussions

MAP-related activities such as provision of education and training for various guidelines and materials.

- 1-4) To assist NVBDCP, HPD and related bodies at central level to conduct progress monitoring and evaluation/analysis of MAP annual activities.
- 1-5) To assist aid coordination among MHMS and cross-cutting aid organizations through the Malaria Steering Committee.

- 2-1) To strengthen management capacity of provincial and municipal health offices, AHC supervisors and AHCs in terms of health personnel trainings (implementation of trainings and systematic evaluation/analysis), organizational administration at the initiative of NVBDCP.
 - 2-1-1) To conduct baseline survey against provincial and municipal health offices, AHC supervisors and AHCs for their organizational operation.
 - 2-1-2) To strengthen MAP administrative capacity of provincial and municipal health offices, AHC supervisors and AHCs by conducting trainings for operational management (e.g. PDCA cycle) on the basis of baseline analysis.
 - 2-1-3) To streamline a monitoring and supervisory system for subordinating organizations on the basis of baseline analysis.
- 2-2) To strengthen Solomon Islands Malaria Information System (SIMIS) and feedback system among provincial and municipal health offices, AHC supervisors, AHC and primary health facilities at the initiative of NVBDCP.
 - 2-2-1) To conduct baseline survey against provincial and municipal health offices, AHCs and primary health facilities to verify SIMIS operation, data quality and feedback system.
 - 2-2-2) To revise and/or develop contents, curriculum, teaching materials, etc. for SIMIS trainings on the basis of the baseline analysis.
 - 2-2-3) To conduct follow-up (and/or introduction) trainings regarding SIMIS operation, data management and outcome feedback.
 - 2-2-4) To conduct regular monitoring and supervision for subordinating organization to enhance SIMIS operation, data quality and feedback system.

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Record of Discussions

- 3-1) To conduct training of trainers (TOT) and operational management of Community-based Malaria Prevention (CBMP) model for HPD by NVBDCP as a instructor.
- 3-2) To conduct follow-up training of CBMP model for GPHO and HCC, and introduction training for Malaita Provincial Health Office (MPHO) at the initiative of HPD with the support of NVBDCP.
 - 3-2-1) To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD.
- 3-3) To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD.
- 3-4) To select priority sites for introduction of CBMP model.
 - 3-4-1) To conduct a baseline survey for circumstances of communities, malaria control, malaria morbidity, needs, KAP (Knowledge-Attitude-Practice) and so on in the Target Areas of the Project.
 - 3-4-2) To implement feasibility evaluation of introduction of CBMP model for each communities on the basis of the baseline analysis results.
- 3-5) To introduce CBMP model to priority sites in accordance with "CBMP Model: Guideline for Implementation".
 - 3-5-1) To nature Malaria Prevention Volunteers (MPVs) in each sites.
 - 3-5-2) To promote community organization for malaria prevention-oriented health promotion as well as improvement of public health at the initiative of MPVs and jurisdictional health facility.
 - 3-5-3) To develop action plans and implement revision/development of CBMP media at the initiative of MPVs and jurisdictional health facility as a planning process.
 - 3-5-4) To conduct community activities in accordance with the plans under the supervisory authorities such as provincial and municipal health offices.
 - 3-5-5) To revise the action plans on the basis of self-assessment of the activities at the initiative of MPVs and jurisdictional health facility.
- 3-6) To revise the introduction plan, the Guideline, Manuals and Tools of CBMP model on the basis of regular evaluation/analysis of CBMP performances at sites.
- 3-7) To conduct an endline survey under the same condition of baseline survey,

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Record of Discussions

and verify the introduction effect of CBMP model for malaria control by comparative analysis with other communities.

- 4-1) To conduct functional assessment of AHC by baseline survey for circumstances of medical service provision, performance of medical staff, equipment and materials, stock control, administrative management, etc. at the initiative of provincial and municipal health offices.
- 4-2) To develop an AHC strengthening plan on the basis of the functional assessment at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-3) To conduct follow-up trainings for AHC medical staff to improve medical skills regarding malaria control/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-4) To improve medical infrastructure necessary for malaria prevention/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-5) To streamline intra- and inter-institutional (regional) stock control system for reagents, medicines, medical disposables, etc. in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.
- 4-6) To streamline intra- and inter-institutional (regional) medical service provision system (e.g. attendance management, support personnel, etc.) in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.

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Record of Discussions

ANNEX II

LIST OF JAPANESE EXPERTS

1. Chief Advisor / Malaria Control
2. Project Coordinator / Community Development
3. Experts in other fields mutually agreed upon as needed

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Record of Discussions

ANNEX III

LIST OF MACHINERY AND EQUIPMENT

1. Office equipment (PC, printer, projector)
2. Other necessary machinery and equipment mutually agreed upon as needed

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JW

Record of Discussions

ANNEX IV

LIST OF SOLOMON COUNTERPART AND ADMINISTRATIVE PERSONNEL

1. Project Director
Director of Public Health, MHMS

2. Co- Deputy Project Directors
Director, NVBDCP
Director, HPD

3. Co- Project Managers
Director, GPHO
Deputy Director, NVBDCP

4. Project Team Members (Counterparts)
Principal Field Officer, Malaria Division, GPHO
Provincial Director of Nursing, Nursing Division, GPHO
Principal Monitoring Officer, NVBDCP
Director, National Health Training and Research
Director, HCC
Deputy Director, HPD
Director, MPHO

5. Other personnel mutually agreed upon as needed



Record of Discussions

ANNEX V

LIST OF LAND, BUILDINGS AND FACILITIES

1. *Training and seminar facilities*
2. *Project office space and facilities*

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ANNEX VI

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

< Solomon side >

Under Secretary, MHMS

Director of Public Health, MHMS

Director, NVBDCP

Director, GPHO

Deputy Director, NVBDCP

Director, HPD

Project Team Members (see ANNEX V)

< Japan side >

Japanese experts

Officials of JICA Solomon Islands Office

Officials of Embassy of Japan in Solomon Islands (Observer)

3. Other members mutually agreed upon as needed

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Annex III Plan of Operation (PO) (Draft, Version 0)
Project Title: Project for Strengthening of Malaria Control System Phase II

Date: October 4, 2010

Output 2:
 Malaria prevention-oriented health promotion system is strengthened in communities.

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------|-----------------|---------|--------|
| | 2010 | | | 2011 | | | 2012 | | | 2013 | | | Japan | Solomon Islands | | |
| | Dec - Dec 2010 (J.F.Y.) | Jan - Mar 2011 (J.F.Y.) | Apr - Jun 2011 (J.F.Y.) | Jul - Sep 2011 (J.F.Y.) | Oct - Dec 2011 (J.F.Y.) | Jan - Mar 2012 (J.F.Y.) | Apr - Jun 2012 (J.F.Y.) | Jul - Sep 2012 (J.F.Y.) | Oct - Dec 2012 (J.F.Y.) | Jan - Mar 2013 (J.F.Y.) | Apr - Jun 2013 (J.F.Y.) | Jul - Sep 2013 (J.F.Y.) | | | | |
| | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| 3-1. To conduct training of trainers (TOT) and operational in-charge of Community-based Malaria Prevention (CBMP) model for HPD by NVBDCP as a instructor. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-2. To conduct follow-up training of CBMP model for GPHO and HCC, and introduction training for MPH0 at the initiative of HPD with the support of NVBDCP. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-3. To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-4. To select priority sites for introduction of CBMP model. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-4-1. To conduct a baseline survey for circumstances of communities, malaria control, malaria morbidity, socio, KAP (Knowledge-Attitude-Practice) and so on in the Target Areas of the Project. | Plan | Actual | ↑ | | | | | | | | | | | | | (MPHO) |
| 3-4-2. To implement feasibility evaluation of introduction of CBMP model for each communities on the basis of the baseline analysis results. | Plan | Actual | ↑ | | | | | | | | | | | | | (MPHO) |
| 3-4-3. To introduce CBMP model to the priority sites in accordance with "CBMP Model: Guideline for Implementation". | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5-1. To recruit Malaria Prevention Volunteers (MPVs) in each sites. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5-2. To promote community organization for malaria prevention-oriented health promotion as well as improvement of public health at the initiative of MPVs and Jurisdictional health facility. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5-3. To develop action plans and implement revision/development of CBMP media at the initiative of MPVs and Jurisdictional health facility as a planning process. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5-4. To conduct community activities in accordance with the plans under the supervisory authorities such as provincial and municipal health officers. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5-5. To revise the action plans on the basis of self-assessment of the activities at the initiative of MPVs and Jurisdictional health facility. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-5. To revise the introduction plan, the Guideline, Manuals and Tools of CBMP model on the basis of regular evaluation/analysis of CBMP performances at the priority sites. | Plan | Actual | ↑ | | | | | | | | | | | | | |
| 3-7. To conduct a endline survey under the same condition of baseline survey, and verify the introduction effect of CBMP model for malaria control by comparative analysis with other communities. | Plan | Actual | ↑ | | | | | | | | | | | | | |

*: Number of priority sites (communities) will be determined in accordance with the baseline survey and its feasibility evaluation.

Abbreviations:

J.F.Y.: Japanese Fiscal Year (starts from April 1 to March 31); NVBDCP: National Vector Borne Disease Control Program; HPD: Health Promotion Department; GPHO: Guadalcanal Province Health Office; HCC: Heilera City Council; MPH0: Malaita Province Health CA; Chief Advisor; PC: Project Coordinator; SE: Short-Line Expert; * : Leader.

Annex III Plan of Operation (PO) (Draft, Version 0)

Project Title: Project for Strengthening of Malaria Control System Phase II

Date: October 4, 2010

Output 4:
Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | |
|--|-------------------|-----------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|------------------|------------------|------------------------|--|
| | 2010 | | | 2011 | | | 2012 | | | 2013 | | | Japan | Solomon Islands | | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | | | | |
| | 2010 (J.F.Y.) | | | 2011 (J.F.Y.) | | | 2012 (J.F.Y.) | | | 2013 (J.F.Y.) | | | | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | | |
| 4-1. To conduct functional assessment of AHC by baseline survey for circumstances of medical service provision, performance of medical staff, equipment and materials, stock control, administrative management, etc. at the initiative of provincial and municipal health offices. | ↑ | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-2. To develop an AHC strengthening plan on the basis of the functional assessment at the initiative of provincial and municipal health offices with the support of NVBDCP. | | ↑ | | | | ↑ | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-3. To conduct follow-up trainings for AHC medical staff to improve medical skills regarding malaria control/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | | | ↑ | | | | ↑ | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-4. To improve medical infrastructure necessary for malaria prevention/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-5. To streamline intra- and inter-institutional (regional) stock control system for reagents, medicines, medical disposables, etc. in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-6. To streamline intra- and inter-institutional (regional) medical service provision system (e.g. attendance management, support personnel, etc.) in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |

Abbreviations:
J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31); NVBDCP: National Vector Borne Disease Control Program.
CA: Chief Advisor, PC: Project Coordinator, SE: Short-term Expert, *: Landlord.

Annex VII: Project Design Matrix (PDM)

Project Title: Project for Strengthening of Malaria Control System Phase II

Project Duration: 3 years from the date when the first expert(s) is(are) dispatched.

Target Area: Guadalcanal Province (GP) and Honiara City Council (HCC), Malaita Province (MP)*, The Solomon Islands

* : MP will be involved in activities only for Output 3, and feasibility will be investigated during the initial phase of the Project period.

Target Group

Direct Beneficiaries: Approximately 30 of Health officers engaged in malaria control

[Ministry of Health and Medical Services (MHMS)] 4 in National Vector Borne Disease Control Program (NVBDCP as a principal counterpart organization), 12 in Health Promotion Department [Guadalcanal Province Health Office (GPHO)] 4 of Health officers engaged in malaria control [Honiara City Council (HCC)] 7 of Health officers engaged in malaria control

[Malaita Province Health Office (MPHO)] 3 of Health officers engaged in malaria control

Indirect Beneficiaries: Approximately 140,000 of inhabitants in the Target Area

[Guadalcanal Province and Honiara City Council] Approximately 80,000

[Malaita province] Approximately 60,000

| Narrative Summary | | Version 1 (as of October 4, 2010) | |
|--|--|--|--|
| Overall Goal | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
| <p>Strategy of strengthening of community-based malaria control system is transferred to wider areas in Solomon Island. (To be disc)</p> | <p>1. CBMP model-based malaria control activities are practiced in more than 70% of areas in Solomon Islands.</p> <p>2. Malaria morbidity and mortality fall below the governmental goal in areas where SIMIS and CBMP are functioning.</p> | <p>(1) MAP reports</p> <p>(2) MHMS records</p> <p>(3) Health statistics reports</p> | <p>1. Solomon side properly allocates necessary budget and distribute personnel for the maintenance of the benefits derived from the Project.</p> <p>2. Malaria control related policies don't be altered.</p> <p>3. Solomon side maintain their efforts to improve malaria treatment.</p> |
| <p>Project Purpose</p> <p>Community-based malaria control system is strengthened in MHMS, GP, HCC and MP.</p> | <p>1. More than 70% of annual MAP related activities are accomplished on annual basis in the project target area.</p> <p>2. SIMIS and the feedback system are well functioning in more than 80% of health facilities in the project target area.</p> <p>3. CBMP model-based malaria control activities are practiced in more than 90% of target communities in the project target area.</p> <p>4. Malaria morbidity and mortality fall below the provincial and municipal goals on 2013.</p> | <p>(1) MAP reports</p> <p>(2) MHMS records</p> <p>(3) Health statistics reports</p> <p>(4) Project reports</p> | <p>1. Assurances from other aid arms for malaria control aren't reduced significantly.</p> |
| <p>Outputs</p> <p>1 Capacities of NVBDCP and other related bodies are enhanced for implementation of "National Malaria Action Plan (MAP) 2008-2014".</p> | <p>1. More than 75% of counterparts at central level receive training in MAP operational management by the middle of 2011.</p> <p>2. Counterparts organize MAP progress management and evaluation/analysis independently by the end of each year.</p> <p>3. Regular coordinating conferences of Malaria Steering Committee are held quarterly.</p> | <p>(1) MAP reports</p> <p>(2) MHMS records</p> <p>(3) Conference minutes of Malaria Control Sub-committee</p> <p>(4) Project reports</p> | <p>JW</p> |

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| <p>2 Vertical relationships between MHMS, GPHO, HCC, health facilities and local communities are strengthened for streamlined malaria control.</p> | <p>1. The administrative and SIMIS monitoring and supervisory system for subordinating organizations is strengthened by the end of 2011. 2. Feedback reports are distributed monthly from the year of 2011. 3. Data in SIMIS is reported with an uncertainty of 5% at a external quality assurance survey by the year of 2013. 1. More than 90% of HPVs in selected sites are matured by the year of 2013. 2. CBMP model is installed to more than 90% of selected sites by the year of 2013. 3. More than 50% of survey subjects showed significant improvement in KAP surveys for malaria control.</p> | <p>(1) MHMS records (2) Feedback reports (3) Project reports (4) External quality assurance records for SIMIS</p> | |
| <p>3 Malaria prevention-oriented health promotion system is strengthened in communities.</p> | <p>1. More than 90% of medical staffs in AHCs received the follow-up training for malaria control by the year of 2013. 2. More than 90% of medical equipment listed in AHC strengthening plan is installed by the year of 2013. 3. Intra- and inter-institutional stock control system</p> | <p>(1) MHMS records (2) Project reports (3) KAP reports</p> | |
| <p>4 Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.</p> | <p>1. More than 90% of medical staffs in AHCs received the follow-up training for malaria control by the year of 2013. 2. More than 90% of medical equipment listed in AHC strengthening plan is installed by the year of 2013. 3. Intra- and inter-institutional stock control system</p> | <p>(1) MHMS records (2) AHC Strengthening Plan reports (3) Project reports</p> | |
| <p>1 Capacities of NVBDCP and other related bodies are enhanced for implementation of "National Malaria Action Plan (MAP) 2008-2014".</p> <p>1-1. To strengthen MAP administrative capacity of NVBDCP, HPD and related bodies at central level by conducting trainings for operational management (e.g. PDCA cycle).</p> <p>1-2. To assist NVBDCP, HPD and related bodies at central level to develop a MAP implementation annual activity plan.</p> <p>1-3. To assist NVBDCP, HPD and related bodies at central level to conduct MAP-related activities such as provision of education and training for various guidelines and materials.</p> <p>1-4. To assist NVBDCP, HPD and related bodies at central level to conduct progress monitoring and evaluation/analysis of MAP annual activities.</p> <p>1-5. To assist aid coordination among MI-IMS and cross-cutting aid organizations through the Malaria Steering Committee.</p> | <p>Dispatch of Experts (1) Chief Advisor doubled as an expert for Malaria Control (Long-term Expert) (2) Project Coordinator doubled as an expert for Community Development (Long-term Experts) (3) Other necessary Experts (Short-term Experts) Equipment and Materials (1) Necessary equipment and materials for the project activities (2) Other equipment and materials mutually agreed upon as necessary Local Costs</p> | <p>Counterparts (1) Project Director (2) Co-Deputy Project Directors (3) Co-Project Managers (4) NVBDCP and HPD, MHMS (5) Health officers engaged in malaria control in HCC, GPHO and MPH (6) Other personnel mutually agreed upon as needed. Facilities, equipment and materials (1) Office space for the Project (2) Necessary equipment and materials for the project activities Local Costs (1) Operational costs for research activities, etc</p> | <p>Japan</p> <p>Solomon Islands</p> <p>1. Trained counterparts do not leave their position so as to affect the outputs of the Project.</p> |
| <p>2 Vertical relationships between MHMS, GPHO, HCC, health facilities and local communities are strengthened for streamlined malaria control.</p> <p>2-1. To strengthen management capacity of provincial and municipal health offices, AHC supervisors and AHCs in terms of health personnel trainings (implementation of trainings and systematic evaluation/analysis), organizational administration at the initiative</p> | | | |

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| 2-1-1. | To conduct baseline survey against provincial and municipal health offices, AHC supervisors and AHCs for their organizational operation. |
| 2-1-2. | To strengthen MAP administrative capacity of provincial and municipal health offices, AHC supervisors and AHCs by conducting trainings for operational management (e.g. PDCA cycle) on the basis of baseline analysis. |
| 2-1-3. | To streamline a monitoring and supervisory system for subordinating organizations on the basis of baseline analysis. |
| 2-2. | To strengthen SIMIS and feedback system among provincial and municipal health offices, AHC supervisors, AHC and primary health facilities at the initiative of NVBDCP. |
| 2-2-1. | To conduct baseline survey against provincial and municipal health offices, AHCs and primary health facilities to verify SIMIS operation, data quality and feedback system. |
| 2-2-2. | To revise and/or develop contents, curriculum, teaching materials, etc. for SIMIS trainings on the basis of the baseline analysis. |
| 2-2-3. | To conduct follow-up (and/or introduction) trainings regarding SIMIS operation, data management and outcome feedback. |
| 2-2-4. | To conduct regular monitoring and supervision for subordinating organization to enhance SIMIS operation, data quality and feedback system. |
| 3 | Malaria prevention-oriented health promotion system is strengthened in communities. |
| 3-1. | To conduct training of trainers (TOT) and operational management of Community-based Malaria Prevention (CBMP) model for HPD by NVBDCP as an instructor. |
| 3-2. | To conduct follow-up training of CBMP model for GPHO and HCC, and introduction training for MPH0 at the initiative of HPD with the support of NVBDCP. |
| 3-3. | To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD. |
| 3-4. | To select priority sites* for introduction of CBMP model. |
| 3-4-1. | To conduct a baseline survey for circumstances of communities: malaria control, malaria morbidity, needs, KAP (Knowledge-Attitude-Practice) and so on in the Target Areas of the Project. |
| 3-4-2. | To implement feasibility evaluation of introduction of CBMP model for each communities on the basis of the baseline analysis results. |
| 3-5. | To introduce CBMP model to the priority sites in accordance with "CBMP Model: Guideline for Implementation". |
| 3-5-1. | To nurture Malaria Prevention Volunteers (MPVs) in each sites. |

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| <p>3-5-2. To promote community organization for malaria prevention-oriented health promotion as well as improvement of public health at the initiative of Moves and jurisdictional health facility.</p> | <p>Pre-Conditions</p> <p>Counterpart organizations don't stand opposed to the implementation of the Project aiming to community-based malaria control.</p> |
| <p>3-5-3. To develop action plans and implement revision/development of CBMP media at the initiative of MPVs and jurisdictional health facility as a planning process.</p> | |
| <p>3-5-4. To conduct community activities in accordance with the plans under the supervisory authorities such as provincial and municipal health offices.</p> | |
| <p>3-5-5. To revise the action plans on the basis of self-assessment of the activities at the initiative of MPVs and jurisdictional health facility.</p> | |
| <p>3-6. To revise the introduction plan, the Guideline, Manuals and Tools of CBMP model on the basis of regular evaluation/analysis of CBMP performances at the priority sites.</p> | |
| <p>3-7. To conduct an endline survey under the same condition of the baseline survey, and verify the introduction effect of CBMP model for malaria control by comparative analysis with other communities.</p> | |
| <p>4 Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.</p> | |
| <p>4-1. To conduct functional assessment of AHC by baseline survey for circumstances of medical service provision, performance of medical staff, equipment and materials, stock control, administrative management, etc. at the initiative of provincial and municipal</p> | |
| <p>4-2. To develop an AHC strengthening plan on the basis of the functional assessment at the initiative of provincial and municipal health offices with the support of NVBDCP.</p> | |
| <p>4-3. To conduct follow-up trainings for AHC medical staff to improve medical skills regarding malaria control/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.</p> | |
| <p>4-4. To improve medical infrastructure necessary for malaria prevention/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.</p> | |
| <p>4-5. To streamline intra- and inter-institutional (regional) stock control system for reagents, medicines, medical disposables, etc. in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP.</p> | |
| <p>4-6. To streamline intra- and inter-institutional (regional) medical service provision system (e.g. attendance management, support personnel, etc.) in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with</p> | |

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Annex VIII Plan of Operation (PO)

Project Title: Project for Strengthening of Malaria Control System Phase II

Date: October 4, 2010

Output 1:
Capacities of NVBDCP and other related bodies are enhanced for implementation of "National Malaria Action Plan (MAP) 2008-2014".

| Activities | Plan of Operation | | | | | | | | | | | | | | | | Person in Charge | | Remarks |
|------------|-------------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|------------------|-----------------|---------|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | | Japan | Solomon Islands | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | | | |
| | 2010 (J.F.Y.) | | | | 2011 (J.F.Y.) | | | | 2012 (J.F.Y.) | | | | 2013 (J.F.Y.) | | | | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| Plan | ↑ | | | | | | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | | | | | |
| Plan | ↑ | | | | | | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | | | | | |
| Plan | | | | | | | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | | | | | |
| Plan | | | | | | | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | | | | | |
| Plan | | | | | | | | | | | | | | | | | | | |
| Actual | | | | | | | | | | | | | | | | | | | |

Abbreviations:

J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31); MAP: Malaria Action Plan; NVBDCP: National Vector Borne Disease Control Program; HPD: Health Promotion Department; PDCA: Plan-Do-Check-Act; MHMS: Ministry of Health and Medical CA: Chief Advisor, PC: Project Coordinator, *: Leader.

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Annex VIII Plan of Operation (PO)

Project Title: Project for Strengthening of Malaria Control System Phase II

Date: October 4, 2010

Output 2:
Vertical relationships between MHMS, GPHO, HCC, health facilities and local communities are strengthened for streamlined malaria control.

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | | | | |
|---|-------------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|------------------|-----------|---------|-----------|------------------|------------------------|-----------|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | | Japan | Solomon Islands | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | | Apr - Jun | | | Jul - Sep |
| | 2010 (J.F.Y.) | | | | 2011 (J.F.Y.) | | | | 2012 (J.F.Y.) | | | | 2013 (J.F.Y.) | | | | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| 2-1. To strengthen management capacity of provincial and municipal health offices, AHC supervisors and AHCs in terms of health personnel trainings (implementation of trainings and systematic evaluation/analysis), organizational administration at the initiative of NVBDCP. | | | | | | | | | | | | | | | | | | | |
| 2-1-1. To conduct baseline survey against provincial and municipal health offices, AHC supervisors and AHCs for their organizational operation. | Plan | Actual | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-1-2. To strengthen MAP administrative capacity of provincial and municipal health offices, AHC supervisors and AHCs by conducting trainings for operational management (e.g. PDCA cycle) on the basis of baseline analysis. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-1-3. To streamline a monitoring and supervisory system for subordinating organizations on the basis of baseline analysis. | Plan | Actual | | | | | | | | | | | | | | ↑ | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-2. To strengthen SIMIS and feedback system among provincial and municipal health offices, AHC supervisors, AHC and primary health facilities at the initiative of NVBDCP. | | | | | | | | | | | | | | | | | | | |
| 2-2-1. To conduct baseline survey against provincial and municipal health offices, AHCs and primary health facilities to verify SIMIS operation, data quality and feedback system. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-2-2. To revise and/or develop contents, curriculum, teaching materials, etc. for SIMIS trainings on the basis of the baseline analysis. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-2-3. To conduct follow-up (and/or introduction) trainings regarding SIMIS operation, data management and outcome feedback. | Plan | Actual | | ↑ | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 2-2-4. To conduct regular monitoring and supervision for subordinating organization to enhance SIMIS operation, data quality and feedback system. | Plan | Actual | | | | | | | | | | | | | | ↑ | CA PC (SE) | NVBDCP* GPHO HCC | |

Abbreviations:

J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31); Malasia Action Plan, NVBDCP: National Vector Borne Disease Control Program, MHMS: Ministry of Health and Medical Services, GPHO: Guadalcanal Health Office, HCC: Honiara City Council, AHC: Area Health Center, SIMIS: Solomon Islands Malaria Information System.
CA: Chief Advisor, PC: Project Coordinator, SE: Short-line Expert, *: Leader.

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Annex VIII Plan of Operation (PO)
Project Title: Project for Strengthening of Malaria Control System Phase II

Output 3:
Malaria prevention-oriented health promotion system is strengthened in communities.

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | | | | |
|---|--|-----------|-----------|-----------|---------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|------------------|-----------|---------|-----------|------------------|-------------------------------|-----------|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | | Japan | Solomon Islands | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | | Apr - Jun | | | Jul - Sep |
| | 2010 (J.F.Y.) | | | | 2011 (J.F.Y.) | | | | 2012 (J.F.Y.) | | | | 2013 (J.F.Y.) | | | | | | |
| | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | | | | |
| 3-1. To conduct training of trainers (TOT) and operational management of Community-based Malaria Prevention (CBMP) model for HPD by NVBDCP as an instructor. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* HPD | |
| 3-2. To conduct follow-up training of CBMP model for GPHO and HCC, and introduction training for MPHIO at the initiative of HPD with the support of NVBDCP. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-3. To develop a CBMP model introduction plan including monitoring and evaluation at the initiative of HPD. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-4. To select priority sites for introduction of CBMP model. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-4-1. To conduct a baseline survey for circumstances of communities, malaria control, malaria morbidity, needs, KAP (Knowledge-Attitude-Practices) and so on in the Target Areas of the Project. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-4-2. To implement feasibility evaluation of introduction of CBMP model for each communities on the basis of the baseline analysis results. | Plan | Actual | ↑ | | | | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-5. To introduce CBMP model to the priority sites* in accordance with "CBMP Model: Guideline for Implementation". | * Number of priority sites (communities) will be determined in accordance with the baseline survey and its feasibility evaluation. | | | | | | | | | | | | | | | | | | |
| 3-5-1. To nature Malaria Prevention Volunteers (MPVs) in each sites. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-5-2. To promote community organization for malaria prevention-oriented health promotion as well as improvement of public health at the initiative of MPVs and jurisdictional health facility. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-5-3. To develop action plans and implement revision/development of CBMP media at the initiative of MPVs and jurisdictional health facility as a planning process. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-5-4. To conduct community activities in accordance with the plans under the supervisory authorities such as provincial and municipal health offices. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-5-5. To revise the action plans on the basis of self-assessment of the activities at the initiative of MPVs and jurisdictional health facility. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-6. To revise the introduction plan, the Guideline, Manuals and Tools of CBMP model on the basis of regular evaluation/analysis of CBMP performances at the priority sites. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |
| 3-7. To conduct an endline survey under the same condition of baseline survey, and verify the introduction effect of CBMP model for malaria control by comparative analysis with other communities. | Plan | Actual | ↑ | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP HPD* GPHO HCC | |

Abbreviations:
J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31), NVBDCP: National Vector Borne Disease Control Program, HPD: Health Promotion Department, GPHO: Guadalcanal Province Health Office, HCC: Honiara City Council, MPHIO: Malaita Province Health Office, CA: Child Aid Unit, PC: Project Coordinator, SE: Short-term Expert, * : Leader.

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Annex VIII Plan of Operation (PO)

Project Title: Project for Strengthening of Malaria Control System Phase II

Date: October 4, 2010

Output 4:

Area Health Centers (AHC)-centered medical service provision for malaria patients is functioning.

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | | | | |
|--|-------------------|----|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|------------------|----|---------|---------------|------------------|------------------------|--|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | | Japan | Solomon Islands | |
| | Oct - Dec | | Jan - Mar | | Apr - Jun | | Jul - Sep | | Oct - Dec | | Jan - Mar | | Apr - Jun | | | Jul - Sep | | | |
| | 2010 (J.F.Y.) | | 2011 (J.F.Y.) | | 2011 (J.F.Y.) | | 2012 (J.F.Y.) | | 2012 (J.F.Y.) | | 2013 (J.F.Y.) | | 2013 (J.F.Y.) | | | 2013 (J.F.Y.) | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| 4-1. To conduct functional assessments of AHC by baseline survey for circumstances of medical service provision, performance of medical staff, equipment and materials, stock control, administrative management, etc. at the initiative of provincial and municipal health offices. | Plan | ↑ | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-2. To develop an AHC strengthening plan on the basis of the functional assessment at the initiative of provincial and municipal health offices with the support of NVBDCP. | Plan | ↑ | | | | ↑ | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-3. To conduct follow-up trainings for AHC medical staff to improve medical skills regarding malaria control/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | Plan | | ↑ | | | | ↑ | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-4. To improve medical infrastructure necessary for malaria prevention/treatment in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | Plan | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-5. To streamline intra- and inter-institutional (regional) stock control system for reagents, medicines, medical disposables, etc. in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | Plan | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| 4-6. To streamline intra- and inter-institutional (regional) medical service provision system (e.g. attendance management, support personnel, etc.) in accordance with the AHC strengthening plan at the initiative of provincial and municipal health offices with the support of NVBDCP. | Plan | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |
| | Actual | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC | |

Abbreviations:

J.F.Y.: Japanese Fiscal Year (Starting from April 1 to March 31); NVBDCP: National Vector Borne Disease Control Program.
CA: Chief Advisor, PC: Project Coordinator, SE: Short-term Expert, *: Leader.

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3. PDM。 精

日付: 2010年4月29日
プロジェクト期間: R/Dに記載された
プロジェクト開始日から3年間

Project Design Matrix (PDM) (Version 0)

プロジェクト名: マラリア対策システム強化プロジェクト フェーズ2

対象地域: ソロモン諸島 ガダルカナル州及びホニアラ市、マライタ州

(マライタ州での活動は成果3のみ予定であり、プロジェクト開始後のベースライン調査結果によって活動の詳細が決められる。)

直接裨益対象者

【保健医療サービス省 (MHMS)】 昆虫媒介感染症対策部 (NVBDCP) 約4人 (主要カウンターパート)、ヘルスプロモーション部 (HPD) 約12人

【ガダルカナル州保健局】 マラリア対策担当官 約4人

【ホニアラ市保健局】 マラリア対策担当官 約7人

【マライタ州保健局】 マラリア対策担当官 約3人

間接裨益対象者: プロジェクト対象地域の住民 合計 約140,000人

【ガダルカナル州 (ホニアラ市を含む)】 約80,000人

【マライタ州】 約60,000人

| プロジェクトの要約 Narrative Summary | 指標 Objectively Verifiable Indicators | 入手手段 Means of Verification | 外部条件 Important Assumptions |
|--|---|--|---|
| <p>プロジェクトの上位目標 Overall Goal</p> <p>コミュニティを中心としたマラリア対策システム戦略がソロモン諸島のより広い地域に移転される。</p> <p>プロジェクト目標 Project Purpose</p> <p>コミュニティを中心としたマラリア対策システムが、保健医療サービス省、ガダルカナル州、ホニアラ市、マライタ州で強化される。</p> | <ol style="list-style-type: none"> ソロモン諸島の70%以上の地域でCBMPモデルに基づいたマラリア対策活動が実践されている。 ソロモン諸島でSIMIS及びCBMPが機能している地域のマラリア罹患率及び死亡率が政府目標値以下となる。 | <ol style="list-style-type: none"> MAP実績報告書 保健医療サービス省記録 保健統計資料 | <ol style="list-style-type: none"> ソロモン諸島側が、プロジェクトで得られた便益を維持・発展するための予算措置・人員配置を行う。 ソロモン諸島のマラリア対策関連する政策が著しく変更されない。 ソロモン諸島側が、マラリア感染治療向上に対する取り組みが維持する。 |
| <p>成果 Outputs</p> <p>1 NVBDCP等の「マラリア行動計画 (MAP) 2008-2014」実施能力が向上する。</p> | <ol style="list-style-type: none"> プロジェクト対象地域でMAP年間活動計画の70%以上が、毎年予定どおり実施される。 プロジェクト対象地域における80%以上の医療施設でSIMIS及びファイードバック体制が機能している。 プロジェクト対象地域における90%以上の対象コミュニティでCBMPモデルに基づいたマラリア予防活動が実践されている。 プロジェクト対象地域におけるマラリア罹患率及び死亡率が2013年の政府目標値以下となる。 | <ol style="list-style-type: none"> MAP実績報告書 保健医療サービス省記録 保健統計資料 プロジェクト報告書 | <ol style="list-style-type: none"> ソロモン諸島におけるマラリア対策のための他の支援機関等からの援助が、著しく低下しない。 |

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| <p>2 保健医療サービス省・州/市保健局・医療施設・コミュニティ間のマラリア対策実施体制が整備される。</p> <p>3 コミュニティにおけるマラリア予防を中心としたヘルスプロモーション活動実施体制が強化される。</p> <p>4 エリアヘルスセンター(AHC)を中心としたマラリア診療サービスが機能している。</p> | <p>1. 下位組織に対する運営管理及びSIMISに関するモニタリング・監督指導システムが2011年までに強化されている。</p> <p>2. 2011年までにフィードバック報告書が毎月作成されている。</p> <p>3. 2011年までに、外部制度管理における報告データの誤差率が5%以下となる。</p> <p>1. 2013年までに、選定地域において90%以上のMPVsが養成される。</p> <p>2. 2013年までに、90%以上の選定地域でCBMPモデルが導入されている。</p> <p>3. 住民のマラリア対策に関するKAP調査において、50%以上の調査項目で統計学的有意差を示す改善が認められる。</p> | <p>(1) 保健医療サービス省記録</p> <p>(2) フィードバック報告書</p> <p>(3) プロジェクト報告書</p> <p>(4) SIMISデータ外部制度管理記録</p> <p>(1) 保健医療サービス省記録</p> <p>(2) プロジェクト報告書</p> <p>(3) KAP報告書</p> | <p>(1) 保健医療サービス省記録</p> <p>(2) フィードバック報告書</p> <p>(3) プロジェクト報告書</p> <p>(4) SIMISデータ外部制度管理記録</p> |
| <p>1 NVBDCP等の「マラリア行動計画(MAP)2008-2014」実施能力が向上する。</p> <p>1-1. NVBDCP、HPD等に対して、PDCAサイクル等の運営管理マネジメント研修を実施し、MAP運営管理能力を強化する。</p> <p>1-2. NVBDCP、HPD等によるMAP年間活動計画の策定を支援する。</p> <p>1-3. NVBDCP、HPD等によるMAP関連活動の実施(マラリア対策関連ガイドライン等の教育訓練、教材・フォーマット類の導入など)を支援する。</p> <p>1-4. NVBDCP、HPD等によるMAP年間活動計画の進捗管理と評価分析の実施を支援する。</p> <p>1-5. マラリア運営委員会を通じて、支援組織間の分野横断的援助協力を支援する。</p> | <p>1. 2013年までに90%以上のAHC医療スタッフが行った研修を受講する。</p> <p>2. 2013年までに、AHC機能強化計画で予定されたマラリア対策/診療に必要なとされた医療器材の90%以上が設置されている。</p> <p>3. 2013年までに、80%のAHCにおいて施設内及び施設間在庫管理システムが機能している。</p> | <p>(1) 保健医療サービス省記録</p> <p>(2) AHC強化計画報告書</p> <p>(3) プロジェクト報告書</p> | |
| <p>活動 Activities</p> <p>1 NVBDCP等の「マラリア行動計画(MAP)2008-2014」実施能力が向上する。</p> <p>1-1. NVBDCP、HPD等に対して、PDCAサイクル等の運営管理マネジメント研修を実施し、MAP運営管理能力を強化する。</p> <p>1-2. NVBDCP、HPD等によるMAP年間活動計画の策定を支援する。</p> <p>1-3. NVBDCP、HPD等によるMAP関連活動の実施(マラリア対策関連ガイドライン等の教育訓練、教材・フォーマット類の導入など)を支援する。</p> <p>1-4. NVBDCP、HPD等によるMAP年間活動計画の進捗管理と評価分析の実施を支援する。</p> <p>1-5. マラリア運営委員会を通じて、支援組織間の分野横断的援助協力を支援する。</p> | <p>投入 Inputs</p> <p>日本側 Japan</p> <p>専門家派遣</p> <p>(1) チーフアドバイザー兼マラリア対策専門家(長期専門家)</p> <p>(2) 業務調整兼コミュニケーション開発専門家(長期専門家)</p> <p>(3) その他の必要な専門家(短期専門家)</p> <p>機材供与</p> <p>(1) プロジェクト活動に必要な資機材等</p> <p>(2) その他双方が必要と認められた資機材</p> <p>ローカルコスト</p> | <p>ソロモン諸島側 Solomon Islands</p> <p>カウンターパート</p> <p>(1) プロジェクト・ダイレクター</p> <p>(2) プロジェクト・マネージャー</p> <p>(3) 副プロジェクト・マネージャー</p> <p>(4) 保健医療サービス省昆虫媒介感染症対策部及びヘルスプロモーション課</p> <p>(5) マラリア対策担当官(ホニアラ市、ガダルカナル州、マライタ州)</p> <p>(6) その他双方が必要と認められた者</p> <p>施設及び資機材</p> <p>(1) プロジェクト事務スペース</p> <p>(2) プロジェクト活動の実施に必要な資機材</p> <p>ローカルコスト</p> <p>(1) プロジェクト活動に必要な経常経費 他</p> | <p>1. 指導を受けたカウンターパートがプロジェクト成果達成に影響を及ぼすほど離職しない。</p> |

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| <p>2 保健医療サービス省・州/市保健局・医療施設・コミュニティ間のマテリア対策実施体制が整備される。</p> | <p>2-1. NVBDCP主導のもと、州/市保健局、AHCスーパーバイザー、AHCに対し、研修管理(実施、体系的評価など)、組織運営管理等に関するマネジメント能力を強化する。</p> <p>2-1-1. 州/市保健局、AHCスーパーバイザー、AHCに対して組織運営、研修管理、下位組織に対する監督指導等に関するベースライン調査を実施し、マネジメント能力評価を行う。</p> <p>2-1-2. ベースライン調査結果をもとに、州/市保健局、AHCスーパーバイザー、AHCに対してPDCAサイクル等のマネジメント研修を実施し、MAP関連活動の実施能力を強化する。</p> <p>2-1-3. ベースライン調査結果をもとに、下位組織に対するモニタリング・監督指導システムを整備する。</p> <p>2-2. NVBDCP主導のもと、州/市保健局、AHCスーパーバイザー、AHC及び一次医療施設に対し、ソロモン諸島マテリア情報システム(SIMIS)データ管理とフィードバック体制を強化する。</p> <p>2-2-1. 州/市保健局、AHC及び一次医療施設に対してSIMISデータ管理とフィードバック実施状況に関するベースライン調査を実施し、SIMIS運用状況及びデータの質、フィードバック実施状況を検証する。</p> <p>2-2-2. ベースライン調査結果をもとに、SIMIS研修内容、カリキュラム、教材等を改訂/開発する。</p> <p>2-2-3. ベースライン調査結果をもとに、SIMIS運用、データ管理、フィードバックに関するフォローアップ(または導入)研修を実施する。</p> <p>2-2-4. SIMIS運用、データの質及びフィードバック体制を向上するために、下位組織に対する定期的なSIMISモニタリング・監督指導を実施する。</p> |
| <p>3 コミュニティにおけるマテリア予防を中心としたヘルスプロモーション活動実施体制が強化される。</p> | <p>3-1. NVBDCPを講師として、HPDに対してCBMPモデルに関するTOT研修及び運営管理研修を実施する。</p> <p>3-2. GPHO、HCCに対してCBMPフォローアップ研修、MPHOに対してCBMP導入研修を、NVBDCPの協力のもとHPDを中心として実施する。</p> <p>3-3. HPDが中心となり、CBMPモデル導入計画(モニタリング・評価を含む)を策定する。</p> <p>3-4. コミュニティを中心としたマテリア予防モデルを導入する優先地域を選定する。</p> <p>3-4-1. マテリア対策実施状況、マテリア罹患率、コミュニティ環境、ニーズ、KAP(知識-態度-行動)等に関するベースライン調査を実施する。</p> <p>3-4-2. ベースライン調査分析結果に基づき、各コミュニティに対するCBMPモデル導入の実現可能性を評価する。</p> |

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|---|---|
| <p>3-5. 「CBMPガイドライン」に則り、優先地域にCBMPモデルを導入する。</p> <p>3-5-1. 各地域でマリアア予防ボランティア(MPVs)を育成する。</p> <p>3-5-2. MPVs及び管轄する医療施設が中心となり、マリアア予防啓発を中心としたヘルスプロモーション、公衆衛生向上のための住民組織化を実施する。</p> <p>3-5-3. MPVs及び管轄する医療施設が中心となり、コミュニケーション活動計画策定、CBMPメディア見直し・開発を実施する。</p> <p>3-5-4. 州/市保健局等の監督指導のもと、計画に基づいてコミュニケーション活動を実施する。</p> <p>3-5-5. MPVs及び管轄する医療施設が中心となり、自己評価に基づいた活動の見直しを実施する。</p> <p>3-6. 定期的にサイトでの実績を評価・分析し、CBMP導入計画、ガイドライン、マニュアル、啓発用ツールを改訂する。</p> <p>3-7. ベースライン調査と同じ条件でエンドライン調査を実施し、対象地域との比較分析によりCBMPモデル導入効果を検証する。</p> | <p>4 エリア・ヘルスセンター(AHC)を中心としたマリアア診療サービスが機能している。</p> <p>4-1. 州/市保健局主導のもと、AHCに対して診療体制、医療スタッフの力量、資機材の整備状況、在庫管理、運営管理等に関するベースライン調査を実施し、AHC機能評価を行う。</p> <p>4-2. NVBDCPの協力のもと、州/市保健局主導で機能評価結果に基づいたAHC機能強化計画を策定する。</p> <p>4-3. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいたAHC医療スタッフに対してマリアア予防/診療を中心とした医療技術に関するフォローアップ研修を実施する。</p> <p>4-4. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいたマリアア予防/診療に必要な医療機材の整備を実施する。</p> <p>4-5. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいた試薬、医薬品、消耗品等の施設内及び施設間(地域内)在庫管理システムを整備する。</p> <p>4-6. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいた施設内及び施設間(地域内)診療サービス提供体制(医療スタッフの勤務体制、他施設への支援体制など)を整備する。</p> |
| | <p>前提条件 Pre-Conditions</p> <p>カウンターパート機関が、コミュニティを中心としたマリアア対策を目標としたプロジェクトの実施に反対しない。</p> |

Plan of Operation (PO) (Version 0)

Date: April 29, 2010

プロジェクト名: マラリア対策システム強化プロジェクト フェーズ2

成果 1:
NVBDCP等の「マラリア行動計画 (MAP) 2008-2014」
実施能力が向上する。

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | |
|--|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|------------------|----------------|--|
| | 2010 | | | 2011 | | | 2012 | | | 2013 | | | Japan | Solomon Islands | | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | | | | |
| | 2010 (J.F.Y.) | | | | | | | | | | | | 2013 (J.F.Y.) | | | |
| | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| 1-1. NVBDCP, HPD等に対して、PDCAサイクル等の運営管理マネジメント研修を実施し、MAP運営管理能力を強化する。 | ↑ | ↑ | ↑ | ↑ | | ↑ | | | | | | | | CA PC (SE) | NVBDCP* HPD | |
| 1-2. NVBDCP, HPD等によるMAP年間活動計画の策定を支援する。 | ↑ | | | | ↑ | | | | ↑ | | | | | CA PC (SE) | NVBDCP* HPD | |
| 1-3. NVBDCP, HPD等によるMAP関連活動の実施(マラリア対策関連ガイドライン等の教育訓練、教材・フォーマット類の導入など)を支援する。 | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* HPD | |
| 1-4. NVBDCP, HPD等によるMAP年間活動計画の進捗管理と評価分析の実施を支援する。 | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* HPD | |
| 1-5. マラリア運営委員会の組織化、定期的な調整会議開催等を通じて、支援組織間の分野横断的援助協力を促進する。 | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* HPD | |

略語:

J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31.), MAP: Malaria Action Plan, NVBDCP: National Vector Borne Disease Control Program, HPD: Health Promotion Department, PDCA: Plan-Do-Check-Act, MHMS: Ministry of Health and Medical CA: Chief Advisor, PC: Project Coordinator, *: Leader.

成果 2:
保健医療サービス省・州/市保健局・医療施設・コミュニティ間のマラリア対策実施体制が整備される。

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | | | | |
|--|-------------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|---------------|-----------|-----------|-----------|------------------|-----------|---------|-------|-----------------|------------------|------------------------|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | Japan | Solomon Islands | | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | | | | Apr - Jun | Jul - Sep |
| | 2010 (J.F.Y.) | | | | 2011 (J.F.Y.) | | | | 2012 (J.F.Y.) | | | | 2013 (J.F.Y.) | | | | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | |
| 2-1. NVBDCP主導のもと、州/市保健局、AHCスーパーバイザー、AHCに対し、研修管理(実施、体系的評価など)、組織運営管理等に関するマネジメント能力を強化する。 | | | | | | | | | | | | | | | | | | | |
| 2-1-1. 州/市保健局、AHCスーパーバイザー、AHCに対して組織運営、研修管理、下位組織に対する監督指導等に関するベースライン調査を実施し、マネジメント能力評価を行う。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-1-2. ベースライン調査結果をもとに、州/市保健局、AHCスーパーバイザー、AHCに対してPDCAサイクル等のマネジメント研修を実施し、MAP関連活動の実施能力を強化する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-1-3. ベースライン調査結果をもとに、下位組織に対するモニタリング・監督指導システムを整備する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-2. NVBDCP主導のもと、州/市保健局、AHCスーパーバイザー、AHC及び一次医療施設に対し、ソロモン諸島マラリア情報システム(SIMIS)データ管理とフィードバック体制を強化する。 | | | | | | | | | | | | | | | | | | | |
| 2-2-1. 州/市保健局、AHC及び一次医療施設に対してSIMISデータ管理とフィードバック実施状況に関するベースライン調査を実施し、SIMIS運用状況及びデータの質、フィードバック実施状況を検証する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-2-2. ベースライン調査結果をもとに、SIMIS研修内容、カリキュラム、教材等を改訂/開発する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-2-3. ベースライン調査結果をもとに、SIMIS運用、データ管理、フィードバックに関するフォローアップ(または導入)研修を実施する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |
| 2-2-4. SIMIS運用、データの質及びフィードバック体制を向上させるために、下位組織に対する定期的なSIMISモニタリング・監督指導を実施する。 | ↑ | | | | | | | | | | | | | | | | | CA PC (SE) | NVBDCP* GPHO HCC |

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J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31); Malaria Action Plan, NVBDCP: National Vector Borne Disease Control Program, MHMS: Ministry of Health and Medical Services, GPHO: Guadalcanal Health Office, HCC: Honiara City Council, AHC: Area Health Center, SIMIS: Solomon Islands Malaria Information System.
CA: Chief Advisor, PC: Project Coordinator, SE: Short-time Expert, *: Leader.

成果 3.
コミュニティにおけるマリアア予防を中心としたヘルス
プロモーション活動実施体制が強化される。

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | | |
|--|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|-----------|---------|-------|-----------------|
| | 2010 | | | | 2011 | | | | 2012 | | | | 2013 | | | Japan | Solomon Islands |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | | | |
| | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | | |
| | Plan | Actual | | | | | | | | | | | | | | | |
| 3-1. NVBDCPを講師として、HPDに対して CBMPモデルに関するTOT研修及び運営管理研修を実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-2. GPHO, HCCに対しCBMPコアチーム研修、MPHOに対しCBMP導入研修を、NVBDCPの協力のもとHPDを中心として実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-3. HPDが中心となり、CBMPモデル導入計画（モニタリング・評価を含む）を策定する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-4. コミュニティを中心としたマリアア予防モデルを導入する優先地域を選定する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-4-1. マリアア対策実施状況、マリアア罹患率、コミュニティ意識、ニーズ、KAP(知識-態度-行動)等に関するベースライン調査を実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-4-2. ベースライン調査分析結果に基づき、コミュニティに対するCBMPモデル導入の実現可能性を評価する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-5. 「CBMPガイドライン」に則り、優先地域にCBMPモデルを導入する。 | | | | | | | | | | | | | | | | | |
| | Plan | Actual | | | | | | | | | | | | | | | |
| 3-5-1. 各地域でマリアア予防ボランティア(MPVs)を育成する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-5-2. MPVs及び管理する医療施設が中心となり、マリアア予防啓発を中心としたヘルスプロモーション、公衆衛生向上のための住民組織化を実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-5-3. MPVs及び管理する医療施設が中心となり、コミュニティ活動計画策定、CBMPモデルの見直し・開発を実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-5-4. 州/市保健局等の監督指導のもと、計画に基づいてコミュニティ活動を実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-5-5. MPVs及び管理する医療施設が中心となり、自己評価に基づいた活動の見直しを実施する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-6. 定期的にサイトでの実施を評価・分析し、CBMP導入計画、ガイドライン、マニュアル、啓発用ツールを改訂する。 | ↑ | | | | | | | | | | | | | | | | |
| 3-7. ベースライン調査と同じ条件でエンドライン調査を実施し、非対応地域との比較分析によりCBMPモデル導入効果を検証する。 | ↑ | | | | | | | | | | | | | | | | |
| | Plan | Actual | | | | | | | | | | | | | | | |

*: Number of priority sites (communities) will be determined in accordance with the baseline survey and its feasibility evaluation.

略称:
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CA: Chief Advisor, PC: Project Coordinator, SE: Short-time Expert, *: Leader.

成果 4:
エリア・ヘルスセンター (AHC) を中心としたマラリア
診療サービスが機能している。

| Activities | Plan of Operation | | | | | | | | | | | | Person in Charge | | Remarks | |
|--|-------------------|-----------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|---------------|-----------|-----------|------------------|-----------------|---------|--|
| | 2010 | | | 2011 | | | 2012 | | | 2013 | | | Japan | Solomon Islands | | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sep | | | | |
| | 2010 (J.F.Y.) | | | 2011 (J.F.Y.) | | | 2012 (J.F.Y.) | | | 2013 (J.F.Y.) | | | | | | |
| 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | 3Q | 4Q | 1Q | 2Q | | | | | |
| 4-1. 州/市保健局主導のもと、AHCに対して診療体制、医療スタッフの力量、資機材の整備状況、在庫管理、運営管理等に関するベースライン調査を実施し、AHC機能評価を行う。 | Plan | ↑ | | | | | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |
| 4-2. NVBDCPの協力のもと、州/市保健局主導で機能評価結果に基づいたAHC機能強化計画を策定する。 | Plan | ↑ | | | | ↑ | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |
| 4-3. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいたAHC医療スタッフに対してマラリア予防/診療を中心とした医療技術に関するフォローアップ研修を実施する。 | Plan | ↑ | | | | ↑ | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |
| 4-4. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいたマラリア予防/診療に必要な医療機材の整備を実施する。 | Plan | | | | | | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |
| 4-5. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいた医薬品、消耗品等の施設内及び施設間(地域内)在庫管理システムを整備する。 | Plan | | | | | | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |
| 4-6. NVBDCPの協力のもと、州/市保健局主導で、AHC機能強化計画に基づいた施設内及び施設間(地域内)診療サービス提供体制(医療スタッフの勤務体制、他施設への支援体制など)を整備する。 | Plan | | | | | | | | | | | | | | | |
| | Actual | | | | | | | | | | | | | | | |

略語:

J.F.Y.: Japanese Fiscal Year (starting from April 1 to March 31); NVBDCP: National Vector Borne Disease Control Program.
CA: Chief Advisor, PC: Project Coordinator, SE: Short-time Expert, *: Leader.

