Evaluation Results

<table>
<tr><td colspan="3">1. Outline of the Project</td></tr>
<tr><td colspan="2">Country: The Solomon Islands</td><td>Project title: The Project for Strengthening of Malaria Control in the Solomon Islands</td></tr>
<tr><td colspan="2">Issue/Sector: Healthcare</td><td>Cooperation scheme: Technical cooperation project</td></tr>
<tr><td colspan="2">Division in charge: Maternal and Child Health Division, Human Development Department, JICA</td><td>Total cost: (As of the time of evaluation) approx. 286 million yen</td></tr>
<tr><td rowspan="3">Period of cooperation</td><td rowspan="2">Record of Discussions (R/D): August 3, 2006
From January 5, 2007 to January 4, 2010</td><td>Partner country’s relevant organization: Ministry of Health and Medical Services (MHMS), National Vector Borne Disease Control Program (NVBDCP), Guadalcanal Province Health Office (GPHO), Honiara City Council (HCC), and National Referral Hospital (NRH)</td></tr>
<tr><td>Supporting period in Japan: Three years</td></tr>
<tr><td></td><td>Outsourcing contract: Kobe University, IC Net Limited</td></tr>
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1-1 Background of the Project

The incidence rate of malaria is high in the Solomon Islands, and the ratio of tropical malaria, which tends to become severe, accounts for about 60-70% of the total. The mortality rate of malaria is high even compared to other diseases, accounting for 11.7% of the causative diseases of mortality, the second highest after cancer. Malaria control measures were forced to be discontinued with the eruption of ethnic conflict in late 1998. Cases of malaria for 1000 population are increasing, from 149 in 1999 to 169 in 2001 and 184 in 2004.

MHNS is actively engaged in malaria control with the National Health Development Plan 2004-2005 and in the National Goals and Strategic Guidelines 2006. The government sets the goal of reducing the malaria incidence rate and mortality as measures to control malaria. As for specific strategies, it gives the blocking of infection sources, infection prevention using mosquito nets, enlightenment and health education of local residents, early diagnosis and appropriate treatment of malaria including severe cases, and the provision of information on malaria. However, there is no notable improvement in terms of the reduction of incidence rate.

Under such a situation, following the request from the Solomon Islands, JICA started a technical cooperation project in Guadalcanal Province (GP) and Honiara City (HC) for the period of three years.

This project is being implemented on a schedule of three years, starting from January 2007. So far, the project has been dispatching experts for the areas of malariology (chief advisor), epidemiology (deputy advisor), nursing, maintenance for medical equipment/inventory control, IEC material development, and community development. From late August to mid September, when this terminal evaluation will be conducted, three experts on malariology (chief advisor), epidemiology (deputy advisor), and IEC material development/community development are scheduled to be working on-site.

1-2. Project Overview

(1) Overall Goal: Effective management system of malaria cases is established in the Solomon Islands
Indicators: Reduction of mortality associated with malaria in the Solomon Islands, reduction in the number of malaria cases in the Solomon Islands

(2) Project Purpose: Effective management system of malaria cases is established in GP and HC.
Indicators: Reduction in the number of malaria cases in GP and HC, improvement of the result of

patients' satisfaction survey at healthcare facilities, increase in the cure rate of malaria among in-patients at NRH

(3) Outputs

1) Malaria patients are effectively treated at pilot areas (GP, HC).
   Indicator: Reduction in the number of severe malaria cases in pilot areas
2) Information produced by the Solomon Islands Malaria Information Systems (SIMIS) is effectively utilized by health staff for preventing severe malaria cases.
   Indicators: Reduction in the number of epidemic cases of malaria detected in GP, the number of nurses (registered nurses [RNs] and nurse aids [NAs]) and microscopists in GP and HC who are trained on the basic epidemiology, data collection and analysis
3) Capacity and capability (skill) of health staffs (RNs, NAs and microscopists) are improved regarding prompt diagnosis, proper management and referral system of malaria patients including severe cases.
   Indicator: Number of RNs and NAs in GP and HC who are trained in the revised treatment guidelines
4) Community-based malaria prevention activities are introduced in the pilot area.
   Indicator: Number of health committee volunteers (HCVs) who are trained in the workshop

(4) Inputs (as of the time of evaluation)

Japanese side
Dispatch of experts: 36 people in total
Equipment: 13,193,856 yen
Local costs: 32,460,000 yen

Solomon Islands side
Assignment of counterparts (C/Ps): 36 people in total
Local costs: 46,560 SBD (Solomon Islands dollars)
Project offices: Utility costs and water expenses

2. Evaluation Team

Members of Evaluation Team	(1) Leader/chief advisor: Yojiro Ito Group Leader and Deputy Director, Health Administration/Maternal and Child Health Group, Human Development Department, JICA (2) Malariology: Shigeyuki Kano Director of the Department of Appropriate Technology Development and Transfer Research, National Center for Global Health and Medicine (3) Evaluation planning: Kaori Saito Junior Advisor, Maternal and Child Health Division, Human Development Department, JICA (4) Evaluation analysis: Michiko Fujimoto Senior Researcher, Overseas Research Department, Fujita Planning, Co., Ltd.	
Period of Evaluation	From August 23 to September 10, 2009	Type of evaluation: Terminal Evaluation

3. Results of Evaluation

3-1. Confirmation of achievements

The achievement of outputs and the project purpose was confirmed as follows, based on the indicators set for each output.

(1) Output 1: Malaria patients are effectively treated at pilot areas.

The project defines severe cases of malaria as: 1) malaria death cases, 2) malaria referral cases, 3) recurrent cases of malaria, 4) quinine prescribed cases, and 5) diagnosis of severe symptoms of malaria, and the number of severe malaria cases in GP and HC was compiled. From 2005 to 2007 before the project, the number of severe cases of malaria decreased from 1,742 to 889 in GP (the data from 2008 and 2009 [until June] are being compiled as of the terminal evaluation). In HC, although the number of cases increased from 67 in 2005 to 188 in 2007, it decreased to 94 in 2008. The number is 40 as of June 2009.

(2) Output 2: Information produced by the SIMIS is effectively utilized by health staff for preventing severe malaria cases.

1) Reduction in the number of epidemic cases of malaria detected in GP

A range graph was prepared through the project activity, and an effort is made to detect the epidemics of malaria in GP by using the range graph. By considering patterns where the monthly number of malaria-positive cases exceeds the upper limit of ordinary range shown in the range graph for two consecutive months to be an epidemic, although the number of epidemic months was 1-2 for 2006-2008 in GP, it increased to 6 months as of June 2009. On the other hand, in HC, the epidemic months were 3 in 2006 but reduced to 0 since 2008.

2) The number of nurses and microscopists in GP and HC who are trained on the basic epidemiology, data collection and analysis

In GP, the number of RNs and NAs is 81 and that of the microscopists is 20. 78.9% of the maximum enrollment participated in the training. In HC, the number of RNs and NAs is 41 and the number of microscopists is 17, and 93.5% of the maximum enrollment participated.

(3) Output 3: Capacity and capability (skill) of health staffs (RNs, NAs and microscopists) are improved regarding prompt diagnosis, proper management and the referral system of malaria patients including severe cases.

The actual number of participants in the training on the New Treatment Guideline, which is a revised guideline, was 81 RNs/NAs and 20 microscopists in GP, as in the indicator for Output 2, and 78.9% of the maximum enrollment l participated in the training. In HC, 41 RNs/NAs and 17 microscopists, 93.5% of the maximum enrollment, participated.

(4) Output 4: Community-based malaria prevention activities are introduced in the pilot area.

Community workshop for HCVs was held by in three cities in GP, and 43 HCV in total were trained through the project.

(5) Project purpose: Effective management system of malaria cases is established in GP and HC.

1) Reduction of malaria in GP and HC

The malaria incidence rate (fort 1000 population), which is the indicator for project purpose, increased in GP from 141 in 2001 to 406 in 2004. However, the number declined thereafter and lowered to 156 in 2008. In HC, the number dropped from 557 in 2001 to 360 in 2002, and gradually decreased thereafter until 2008.

2) Improvement of the result of patients' satisfaction surveys at healthcare facilities
Surveys were conducted before and after the project activities in the Honiara area, Tetere area and Weather Coast area where project intervention occurred for the four items of "trust for facilities" "satisfied with opening hours" "satisfied with malaria management," and "satisfied with the explanation." Although the satisfaction level of each item is generally increasing in the Honiara and Tetere areas, the satisfaction level for items other than "opening hours" is declining in the Weather Coast area.

3) Increase in the cure rate of malaria among in-patients at NRH
Although the cure rate, which was 90.5% in 2006, increased to 95.5%, the rate as of June 2009 is 90.1%. This project does not implement activities related to the improvement of malaria services in NRH, which is a tertiary hospital. The target of the project is the improvement in malaria services in the primary medical facilities, so this indicator is inadequate to measure the achievement of the project purpose.

(6) Prospect of the achievement of the overall goal: Effective management system of malaria cases is established in the Solomon Islands
According to the data of the World Health Organization (WHO), the number of deaths by malaria in the entire Solomon Islands decreased from 38 in 2005 to 21 in 2008. The number is also decreasing according to the Health Information System (HIS), from 130 in 2005 to 53 in 2008. Also, the malaria incidence rate in the Solomon Islands (for 1000 population) peaked in 2003 (at 201.1), and the figure was 82.8 in 2008.

3-2. Summary of evaluation

(1) Relevance: It is judged that the relevance is high, considering the current situation and policy regarding malaria in Solomon, and in terms of support policy and technical aspects in Japan.
The Solomon Islands is ranked third in both malarial infection and death within the jurisdiction of WHO West Pacific Region Office (WPRO), following Timor-Leste and Papua New Guinea. Control of malaria is one of the important issues in the Solomon Islands. Malaria is also one of the diseases for which people must bear high costs in the Solomon Islands. In the National Health Strategic Plan (NHSP) 2006-2010 of the Solomon Islands, malaria is given as the third strategy among the eight, and is considered as the health issue that must be solved with high priority. As for the selection of the targeted area of the project, it is judged that the selection of GP is relevant because it is a province that is bearing high cost of malaria, and that it has superior infrastructure that is suited for project operation. In addition, regarding the measures on malaria control in the Solomon Islands, the Malaria Action Plan (MAP) was announced by the MHMS in May 2008, and activities based on the MAP have been implemented since then. As for the MAP, the project directly contributed to Objective 2, reduction of the annual incidence rate of slide confirmed malaria, Objective 3, the reduction of the annual number of malaria-deaths, and Objective 4, the improvement of institutional capacity to effectively implement the intervention, in GP and HC. Also, with regard to Objective 1 (reduction of the annual incidence rate of malaria), the MAP gives the increase of the coverage rate of LLIN as a specific sub-objective. Although the project does not supply mosquito nets, it implements activities in the community to promote the usage of mosquito nets, so it is indirectly contributing to this objective. As for the consistency with the ODA policy of Japan, sustainable development is included among the five important challenges of Japan for supporting the Solomon Islands, as presented in the Pacific Islands Leaders Meeting (PALM) held in 2006 and 2009.The assistance for health issues, especially assistance for the control of infectious diseases including malaria, is included here as one of the components. In addition, Japan took advantage of its

experiences on parasite control measures in the period after the World War II, and is taking an approach to increase service accessibility by identifying problems on-site and formulating solutions that also involve higher institutions. Thus, the superiority of the social technology of Japan is also high.

(2) Effectiveness: It is judged that the effectiveness is somewhat high, considering that the project aims to establish a management system of malaria cases and has actually established the basis for it.

1) Achievement of the project purpose

The purpose of the project is that "effective management system of malaria cases is established in GP and HC." According to the Project Design Matrix (PDM), the indicators to measure the achievement of the purpose are, the reduction of malaria infection rate in the targeted area, the improvement of the result of patients' satisfaction surveys at healthcare facilities and increase in the cure rate of malaria among in-patients at NRH. The result is shown in 3-4 of Chapter 3.

Although the malaria incidence rate in GP and HC had been decreasing even before the start of the project, malaria incidence in HC decreased by an even larger margin after 2006. This fact suggests that the project had contributed to the reduction. At the same time, measures such as the introduction of a new medicine according to the changes of treatment guidelines, as well as emergency measures such as the implementation of indoor residual spray (IRS) by MHMS at the time of flood in 2009, and the mass blood survey, also contributed in the reduction of malaria infection. On the other hand, vector control such as the distribution of mosquito nets and IRS should be taken before the management of disease cases, in order to reduce the malaria infection rate. However, vector control is not currently progressing due to reasons such as the delay of assistance by donors or the shortage of budgets in MHMS. It is considered that the reason the malaria infection rate is declining even under such conditions is the contribution of the case management and education activities of the project.

2) Contribution of each output in achieving the project purpose

In the project, human resources development including the components of continuous education (Output 1) and basic education (Output 3), the improvement of malaria information system (Output 2), the improvement of the quality of malaria treatment (Output 3) including the component of multilateral studies, and the primary and secondary prevention of malaria in communities through the introduction of the Community Based Malaria Prevention (CBMP) model (Output 4) contributed in achieving the project purpose, serving as the basis for creating the management system of malaria cases. In addition, community-based activities also contribute to the achievement of Output 1 in terms of increasing accessibility of community residents to diagnosis and treatment services.

3) Impacts of external conditions

The major alteration of health policies after the start of the project included the formulation of the MAP. The project was implemented by maintaining the relevancy with the MAP while trying to avoid the duplication with other donors through the coordination and linkage with the MAP implementing organizations. Thus, the formulation of the MAP could not be one of the factors inhibiting the achievement of the project purpose. On the other hand, because of the shortage of medical equipment related to malaria control due to cuts in the budget of MHMS, and the delay of the provision of mosquito nets from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and that of the new medicine Coartem from other donors, the cooperation with the project became difficult and the expected synergy effect could not be obtained in actuality.

(3) Efficiency: Although the project is implementing activities and making inputs considering efficiency,

there are also some factors that reduce efficiency, and therefore the efficiency is judged as somewhat high.

1) Efficiency of the production of outputs

(i) Training provided to primary healthcare personnel

In order to implement appropriate case management in primary medical institutions, an attempt was made to improve the skills and knowledge of healthcare personnel on the implementation of malaria control measures. As for the number of primary healthcare personnel participating in the training, which is the indicator for Output 1, the participation rate of the maximum enrollment of the training provided by the project was 93.5% in HC and 78.9% in GP as of the time of the terminal evaluation. The low participation rate in GP is partly because of the high turnover rate of staff.

Further, the project had not created a mechanism to evaluate all the training programs and to reconsider their content. In order to continuously implement training of high quality, it is also necessary to support the operation and management of training under the cycle of planning, implementation, evaluation and feedback, and to establish a mechanism for continuously implementing high-quality training.

(ii) Development and effective use of The SIMIS data and the synergy between data and action

Through the project activities, the NVBDCP created a range graph by utilizing the SIMIS data, and established a mechanism to feedback the information of each zone (each clinic in the case of HC) including the alerts on malaria epidemics, based on such data. By utilizing these data effectively, the expectation is to reinforce the malaria control measures in clinics and communities, and the months exceeding the upper limit of the range graph, which represents a alert on epidemic, have been monitored.

In addition, the Priority Village List was introduced in MHMS. This is a method to specifically detect epidemics by each village and is used to take measures such as IRS. The range graph is an epidemic alert tool for an extensive area called a “zone,” and is expected to be utilized together with the Priority Village List.

(iii) Teaching about malaria in basic education

The project prepared texts targeted to the nursing students at the Solomon Islands College of Higher Education (SICHE). At present, lessons are provided by the SHICHE nursing teachers utilizing the texts. Although the project does not directly evaluate the effect on the nursing students using textbooks, SICHE teachers are revising the textbooks according to the content of lessons.

(iv) Feedback of the clinical knowledge on malaria treatment obtained on-site to be utilized in malaria control

Through interviews of the patients of severe malaria and their families, study of cases by healthcare personnel of NRH who handle many severe malaria cases, and focus interviews, the study on the cause of malaria becoming severe was implemented multilaterally. It is considered that the quality of malaria control is improved by sharing the on-site clinical knowledge of the facilities to which the malaria treatment is referred, with the primary medical institutions, contributing in the better achievement of outputs.

(v) Community activities

The project introduced the CBMP model in three pilot communities. About 15 HCVs were appointed in each community. Training was provided to the HCV to develop a leader in promoting residents’ activities. Upon implementing the activities, understanding of the cultural

background of the Solomon Islands and the use of pidgin, the common language of the area, will be indispensable, and because it is difficult to implement activities by Japanese experts alone, the project contracted with the local non-governmental organizations (NGOs) to implement educational activities for community residents. Because the project is implemented under a shuttle-type framework, wherein the experts are not always present at the targeted region, activities tend to be discontinued during the absence of the expert under normal circumstances. However, by contracting with local NGOs, it became possible to continue the project activities. Although the community activities under the project were added during the third year, it was possible to implement them efficiently with the utilization of local NGOs.

2) Quality and volume of input and utilization thereof

The quality and volume of the input was appropriate in general. Among the equipment provided, the specifications of microscopes supplied were different from those used on-site because of the shortage of inventory on the manufacturer's side. Thus, although they were originally planned to be supplied to primary medical facilities, they were allocated to the Solomon Islands Medical Training and Research Institute (SIMTRI) for use in training. Instead, the inventory microscopes at the SIMTRI were provided to the primary medical facilities.

(4) Impact: It is expected that the effect of the project is extended beyond the border of the project framework even during the project implementation period.

1) Prospect of the achievement of the overall goal

Because each donor provides financial aid and technical support for malaria control under the MAP, if these supports are maintained and MHMS actively utilizes the output of the project, it is expected that the outputs at GP and HC will be absorbed in other areas. The prospect of the achievement relies on the success of the MAP.

2) Positive and negative impacts

The application of equipment for training, range graphs and materials for community education activities in other provinces is currently being suggested by the MHMS and the Australian Agency for International Development (AusAID).

The Solomon Islands is also making a request regarding the introduction of the knowledge/outputs of the project in community activities to other provinces. At present, the size of the MAP is too large, and the implementation method is too complicated with the involvement of various institutions and parties including AusAID and the GFATM. Therefore, it is necessary to discuss in details how to utilize the know-how of the CBMP model in the remaining period of the project with the relevant parties.

No negative impact is observed as of the time of the terminal evaluation.

(5) Sustainability: It is judged that the sustainability is moderate, considering the fact that there are issues to be addressed in the future for various aspects.

1) Policy and organizational aspects

The MAP was formulated in the Solomon Islands in 2008. This policy is planned to be implemented from 2008 to 2014, and therefore the implementation of malaria control is guaranteed up to 2014 in terms of policy. From the human resources aspect, the turnover rate of personnel is high, and the stabilization of personnel should be addressed in the future. At the terminal primary medical facilities in GP, there are clinics that still do not have a microscope, and the number of microscopists who serve an important role in microscopic diagnosis is also insufficient.

2) Technical aspects

The staff of the NVBDCP, GPHO and HCC already had experience providing training before the start of the project, and they are able to implement training using the modules that have already been prepared even after the termination of the project. However, in terms of training management, because the project had not been focusing on C/Ps being able to implement the cycle of planning, implementation, evaluation and feedback related to training, there is a large room for assistance in the future regarding the training management ability of C/Ps to evaluate the training after the termination of the project with the intention to improve the quality of the next training.

Further, in terms of the development of the information system, the NVBDCP created range graphs, and quarterly feedback reports notifying the epidemics in each zone can be distributed to primary medical facilities. Thus, skills on the utilization of data after the termination of the project are being acquired.

Regarding the community activities, because the preparation of the CBMP model guidelines is also implemented as the project activity, the GPHO is establishing a basis for maintaining the activities. The NGOs to which the activities are consigned are acquiring abilities to work as resources in the future.

3) Financial aspect

The MHMS cut the health budget for this fiscal year. As for the health budget allocated to the GPHO and HC in 2009, there was a cut for both the GPHO and HC, and activities not only for malaria control but also for the entire health area are scaled down. Thus, it is judged that it is impossible for the MHMS to provide funds necessary to continue the project effect after the termination of the project on its own. As for the GFATM, which is in charge of bearing half of the financial aid on malaria control based on the MAP, although it is also planning financial aid in communities, the majority of the budget is for equipment and materials and there is only a limited amount of funds for activities. Allocation of budget to the area of training is also limited. Thus, the financial sustainability of the project in this area cannot be evaluated as high. Therefore, the financial plan to continue with the activities in the area of this project must be discussed with the MHMS and other donors in the remaining period of the project. AusAID is expressing its intention to reprint the educational tools such as calendars to be used in community activities in other provinces.

3-3. Factors that promoted the realization of effects

(1) Factors related to planning

- According to the revision of the treatment guidelines in the Solomon Islands, the project implemented training that corresponds to the revision in a timely manner. By implementing activities in conjunction with the changes in malaria control measures in the Solomon Islands, it was possible to provide clinical treatment smoothly on-site when the new medicine was introduced, so the training had an immediate effect.

(2) Factors related to the implementation process

Nothing in particular

3-4. Problematic issues and factors that caused such issues

(1) Factors related to planning

- Because the relationship between the indicators in the PDM and the achievement level of the project purpose and the overall goal was unclear, the PDM was not used effectively in project operation.

- There was a large gap between the output and the achievement of the project purpose in the plan, and the achievement of the project purpose within the period and input as planned relied heavily on external conditions.
- Regarding the implementation of project training, because the PDM did not include clear information on the technology transfer regarding the management of training, the C/Ps were able to provide training using modules prepared in the project but were not engaged in training management with the components of planning, implementation, evaluation and feedback of training. Thus, it is difficult for C/Ps to maintain and improve the quality of training on their own according to the training cycle.

(2) Factors related to the implementation process
- Because this is a type of project wherein the work is outsourced, long-term experts were not dispatched, and the experts were shuttled from Japan to the project site. Under such a system, experts were unable to provide sufficient support at the start of the project, which caused difficulty in project operation.

3-5. Conclusion

This project aimed to establish a case management system for malaria patients, and had been implementing the development of human resources in the area of continuous/basic education, the improvement of the malaria information system, the improvement of malaria treatment quality with the component of multilateral studies and the primary and secondary preventive activities against malaria in communities by introducing the CBMP model. As of the time of this terminal evaluation, human resource development and the establishment of basis for the improvement of the malaria information system have been achieved. However, there remain some technical issues for maintaining the quality after the termination of the project. Some of the outputs related to the studies on the improvement of the quality of malaria control measures and the CBMP model introduced in community activities could not be confirmed, but it is expected that the achievement indicators for these outputs will be confirmed before the end of the project. In general, it can be said that the outputs contributed to the achievement of the MAP. Some outputs such as the range graph and the preventive activities in communities are likely to be applied in provinces other than those targeted by the project. However, it is difficult to continue these effects of the project only with the financial resources of the MHMS. It is desirable that a further detailed plan is sufficiently discussed with the MHMS and other donors for reinforcing the sustainability before the end of the project.

3-6. Recommendations

- In order to improve the quality of the SIMIS, it is necessary to establish a close and continuous collaboration framework regarding the data report and feedback among the NVBDP, GP and HC.
- It is important to systematically evaluate the output of the training for healthcare personnel and community activities, thus it is necessary to formulate a method for the NVBDP, GP and HC to continuously implement self evaluation as a project.
- After the termination of the project, the MHMS will be in charge of improving the quality of the training module. In order to do so, it is necessary to reinforce the training management system based on the training management cycle of planning, implementation, evaluation and feedback.
- It is desirable to continue and expand the community activities by using the CBMP model developed and introduced in the project. The NVBDP should discuss with relevant parties the specific measures to continue community activities financially and technically. Further, it is desirable that the MHMS

construct a framework to respond to the various health needs in the community, based on the CBMP model in the future.

- In order to accurately implement data collection, feedback, the management of equipment and materials and activities related to patient transportation, the development of communication network is an important issue. It is desirable that appropriate measures be taken in the Solomon Islands.
- It is desirable to upgrade the Area Health Center (AHC) as the secondary medical facility, in order to efficiently implement the referral of patients, the supply of medical equipments and materials, information management and the training for primary healthcare personnel.
- Scientific verification of the project output is necessary for notifying other institutions and securing funds. It is desirable to publish an article on the output of the project in an academic journal.

3-7. Lessons leaned

- Formulation of a project plan with limited information on the actual site of the project may result in cases where the output, project purpose and indicators do not match the reality or where activities irrelevant to the actual situation will be included in the plan. In such cases, it is necessary to take sufficient time in preparing the PDM.
- When the project activities include training activities, it is necessary to keep in mind the transfer of technology related to the management of training. The plan should clearly include the intention to develop an ability to implement training according to the training management cycle (planning, implementation, evaluation and feedback), and it should be shared among the relevant parties of the project.
- If the allocation of experts is insufficient shortly after the start of the project, there is a risk that the direction of the project activities will veer away from the original intention. At the early stage of the project, it is necessary that the direction of the project activities be clearly defined under the continuous support by the experts (for at least six months).
- Because it is difficult to implement activities at the beginning and end of the fiscal year in the Solomon Islands (December and January), it is necessary to consider the timing of the dispatch of experts and the period of the work of C/Ps and adjust the period of the dispatch of experts according to the situation of each country to ensure efficient implementation of activities.
- The synergy effect of JICA activities and the research activities funded by the National Center for Global Health and Medicine was confirmed (under the condition that the group to which the project was outsourced implemented research activities other than the project at the project site). Active collaboration with the research activities for the achievement of project outputs is expected to be continued in the future.