



Final Report

Health Promoting Village Project

2016-2021



June 2021

Solomon Islands



This report shows footsteps taken towards the
Healthy Happy and Productive Solomon Islands

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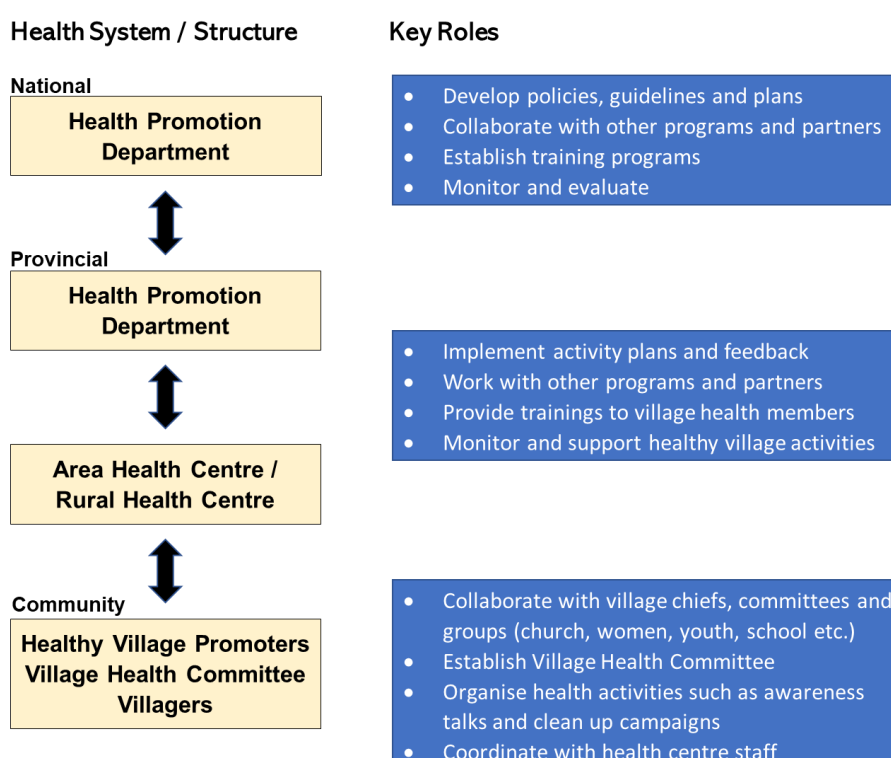
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Summary

Basic information

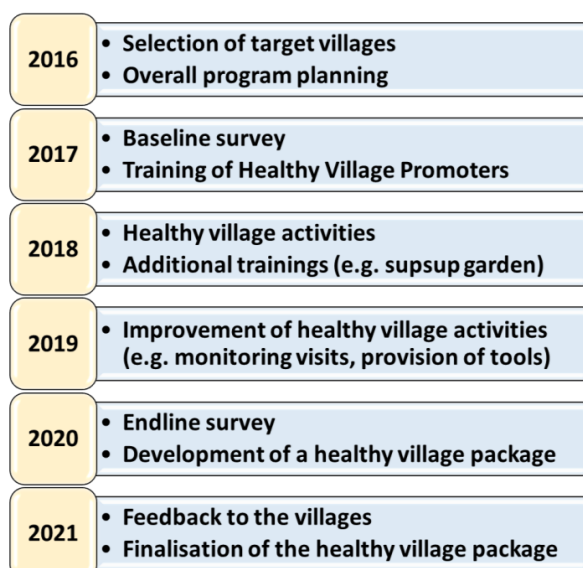
The Health Promoting Village Project (the Project hereafter) is a bilateral cooperation project between the Solomon Islands' Government and the Japanese Government. The Project was implemented by the Ministry of Health and Medical Services (MHMS) with support of Japan International Cooperation Agency (JICA) with an objective to develop a public health intervention model that prevents multiple health issues and promotes wellbeing in villages. The health issues targeted were malaria, water, sanitation and hygiene, non-communicable diseases and nutrition.

From June 2016 to June 2021, the Project team implemented a series of activities in a total of 15 villages in Guadalcanal Province and Makira-Ulawa Province. Along the process of developing a scalable model of a healthy village program, the Project aimed to strengthen the capacity of health service delivery at the national, provincial and community level.



Project's main activities

- The Project went through the preparatory phase 2016-2017, implementation phase 2018-2019 and closing phase 2020-2021.
- To develop an effective intervention model, the Project team conducted regular monitoring visits to the target villages and provided support and additional training.
- The Project organised workshops to discuss the progress and to systematise experience with officers from the national, provincial and health centre levels.
- The Project's impact was evaluated by a baseline survey in 2017 and an endline survey in 2020.



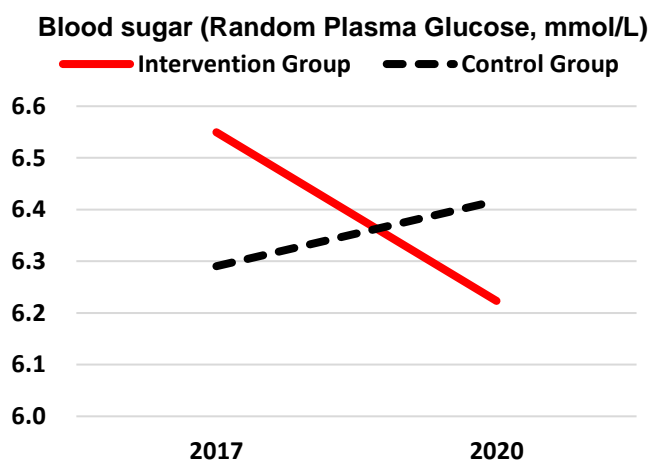
Project's achievement

Output	Achievement
1 Operational system of Health Promoting Village Program for inclusive health issues is developed in National Health Promotion Department with the relevant stakeholders	High (100%)
2 Operational capacity of Health Promoting Village Program for inclusive health issues is strengthened in Health Promotion Unit in the target provinces and the Provincial Healthy Settings Coordinating Committees	High (83%)
3 Social mobilisation and capacity to address inclusive health issues are enhanced through Healthy Village Program in the target villages	Moderate (65%)
4 Initiative necessary for the rollout of the Healthy Village Program for inclusive health issues is taken	High (80%)
Project purpose	Achievement
Standard model for Health Promoting Village that enables to address inclusive health issues is developed	High (100%)

Impact on people

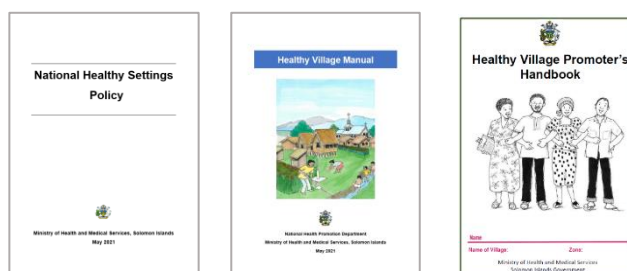
There were several notable results. For example, the blood sugar (Random Plasma Glucose, mmol/L) level among the adult population declined significantly between before and after the healthy village program in the intervention group in comparison with the control group.

During the survey in 2020, 99% of the adults in the intervention villages responded that they “live a healthier lifestyle” and “have more control over their health” than before the program began.



Project's products

The Project produced a package of guides and tools for effective rollout of the healthy village program. They consist of policy documents, technical guidelines and IEC materials.



Recommendations (to ensure achievement of the overall goal)

- MHMS makes the most of the program package developed by the Project.
- MHMS continues to demonstrate leadership at the national and provincial levels, by allocating sufficient resources, integrating relevant programs and strategically involving stakeholders through the Healthy Settings Coordinating Committees.
- MHMS allocates health promotion officers to Area Health Centres.
- MHMS actively involves health centre nurses and decentralise responsibilities to manage the program.
- MHMS organises regular progress monitoring workshops.

1. Background

1.1. Country Information



Source: [Australian National University](https://www.anu.edu.au)

Geographic Area	28,400 km ²
Population	721,455 (Census 2019)
Ethnic groups	95.3% Melanesian, 3.1% Polynesian, 1.2% Micronesian (Census 2009)
Residential area	Urban 25.6%, Rural 74.4% (Census 2019)
Life expectancy	73.0 years (WB 2019)
Population growth	2.7% (Census 2019)
Human development index	0.567 (151 st /189 countries, UNDP 2019)
UHC Coverage index	47 (142 nd /180 countries, WHO 2017)
GDP per capita	\$2,307 (IMF 2019)

1.2. Rationale

- Solomon Islanders experience various health problems including communicable diseases and non-communicable diseases (NCDs). Top five causes of mortality and morbidity are ischemic heart disease, stroke, lower respiratory infection, diabetes and diarrheal diseases (GBD 2019). NCDs are on the rise, causing 69% of deaths in the Solomon Islands (GBD 2019), while malaria hotspots continue to provoke outbreaks from time to time (MHMS Statistical Health Core Indicator Report 2019).
- The fact that close to 80% of the population live in rural villages complicates health service delivery. It is therefore crucial to strengthen primary health care with emphasis on disease prevention and health promotion. Prevention is better than cure. Improving lifestyles and living conditions in villages will contribute greatly to reduction of health problems and uprise in quality of life. Creating a healthy village setting will be beneficial for the population and the health services.
- Importantly, the healthy settings approach developed from the health promotion concept focuses on root causes of health problems and enables changes in the environment and behaviours. By addressing social determinants of health in places where people live, learn, work and play, the healthy settings approach leads the way to the vision of the Ministry of Health and Medical Services (MHMS) “Healthy, Happy and Productive People”, as well as the Healthy Islands vision agreed among all Pacific countries in 1995.
- The National Health Strategic Plan 2016-2020 encourages collaboration among different programs and partners to accomplish these visions. As its implementation guideline, the Role Delineation Policy 2018 highlights community-based programs to reduce risks associated with unhealthy lifestyles and calls for the availability of essential documents including a healthy village policy, guidelines, manuals and tools for service delivery. The government administration, which took charge in January 2019, continue to work along these policies and further stated NCDs and malaria as the top priority health issues.



2. Basic Information of the Project

- The Health Promoting Village Project (the Project hereafter) is a bilateral cooperation project between the Solomon Islands' Government and the Japanese Government.
- The Project was implemented by MHMS with support of Japan International Cooperation Agency (JICA) with an objective to develop a public health intervention model that prevents multiple health issues and promotes wellbeing in villages.
- The health issues targeted were malaria, water, sanitation and hygiene (WASH), NCDs and nutrition.

2.1. Project duration

Five years from June 2016 to June 2021

(The original plan was to end in June 2020 but extended due to the COVID-19 pandemic)

2.2. Project sites

The Project took place in Guadalcanal Province and Makira-Ulawa Province.

Target villages (total 15)

Guadalcanal Province (6 villages):

Sumate, Hulavu, Tumbosa, Babasu, Tabunoli, Kakaru

Makira-Ulawa Province (9 villages):

Asimanihoa, Mantaraibia, Tadahadi, Mwadjoa, Mwaradja, Ahi'a, Suholo, Mouta, Aroaha



2.3. Implementation agency

Management

Ministry of Health and Medical Services

- National Health Promotion Department

Field Operation

Guadalcanal Provincial Health Office

- Health Promotion Department

Makira-Ulawa Provincial Health Office

- Health Promotion Department

Project Director

Permanent Secretary of Health

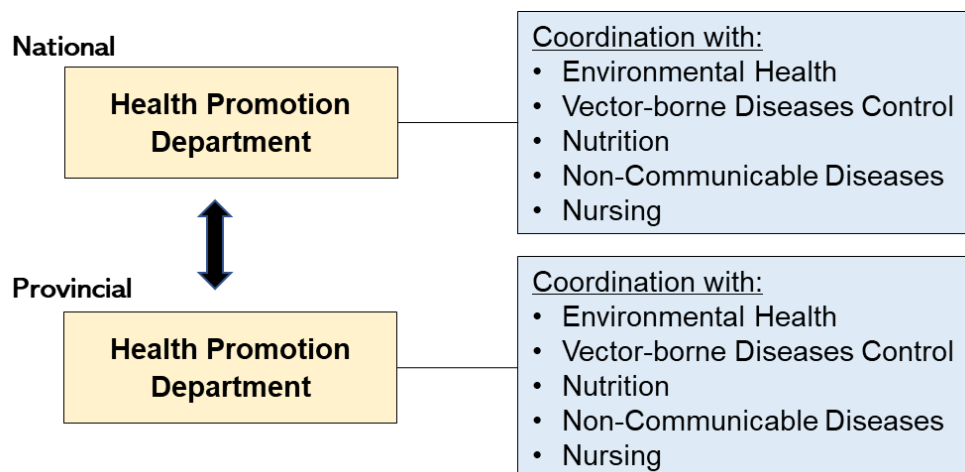
Project Manager

Director Health Promotion Services



2.4. Management structure

- Health Promotion Department is an overarching body in the MHMS headquarters and the Provincial Health Office. For effective implementation of the Project activities, the Health Promotion teams coordinated with other health programs to synergise the strengths.



2.5. Key roles at each level

- Health Promotion Officers at the national level took charge of overall management of the project by developing national policies, guidelines, materials and tools, providing technical training and assistance, as well as monitoring the progress in coordination with other health programs in the headquarters.
- Health Promotion Officers at the provincial level trained the community leaders, implemented the healthy village program and monitored the progress, in coordination with other health programs in the Provincial Health Office and health centres.
- Healthy Village Promoters who are representatives of the Village Health Committee in the community received training on the healthy village program, organised the community and implemented activities in collaboration with the Committee members and other key stakeholders.

Health System / Structure

National

**Health Promotion
Department**



Provincial

**Health Promotion
Department**



**Area Health Centre /
Rural Health Centre**



Community

**Healthy Village Promoters
Village Health Committee
Villagers**

Key Roles

- Develop policies, guidelines and plans
- Collaborate with other programs and partners
- Establish training programs
- Monitor and evaluate

- Implement activity plans and feedback
- Work with other programs and partners
- Provide trainings to village health members
- Monitor and support healthy village activities

- Collaborate with village chiefs, committees and groups (church, women, youth, school etc.)
- Establish Village Health Committee
- Organise health activities such as awareness talks and clean up campaigns
- Coordinate with health centre staff

2.6. Main project activities

- The Project went through the preparatory phase from 2016 to 2017, the implementation phase from 2018 to 2019 and the closing phase from 2020 to 2021.
- To develop an effective intervention model, the Project team conducted regular monitoring visits to the target villages, exchanged experiences with the villagers and provided additional training and advice.
- The Project also organised workshops to discuss the progress of healthy village activities and to systematise experience with officers from the National Programs, Provincial Health Offices and Health Centres.
- The Project team carried out a baseline survey in 2017 and an endline survey in 2020 to evaluate the impact of the intervention.

2016	<ul style="list-style-type: none">• Selection of target villages• Overall program planning
2017	<ul style="list-style-type: none">• Baseline survey• Training of Healthy Village Promoters
2018	<ul style="list-style-type: none">• Healthy village activities• Additional trainings (e.g. supsup garden)
2019	<ul style="list-style-type: none">• Improvement of healthy village activities (e.g. monitoring visits, provision of tools)
2020	<ul style="list-style-type: none">• Endline survey• Development of a healthy village package
2021	<ul style="list-style-type: none">• Feedback to the villages• Finalisation of the healthy village package



2.7. Project Design Matrix

Narrative Summary		Objectively Verifiable Indicators*	
Overall Goal			
Healthy Village Program for inclusive health issues is rolled out in Solomon Islands by improving the community health system.			More than 50 villages of the target provinces implement Health Promoting Village Program for inclusive health issues.
			Other non-pilot provinces implement Health Promoting Village Program
Project Purpose			
Standard model for Health Promoting Village that enables to address inclusive health issues ** is developed.		1	1.National Healthy Village Policy, guidelines, manuals and tools (NHVPGMT) is developed 2. National Healthy Village Policy, guidelines, manuals and tools is submitted to the Ministry of Health and Medical Services Executive Committee.
Outputs			
1	Operational system of Health Promoting Village Program for inclusive health issues is developed in National Health Promotion Department with the relevant stakeholders.	1-1	Draft of the model of Health Promoting Village Program is prepared.
		1-2	More than 5 training modules and 10 IEC materials of Health Promoting Village Program for inclusive health issues are developed.
		1-3	National Healthy Settings Coordination Committee is established by approved members and TOR
2	Operational capacity of Health Promoting Village Program for inclusive health issues is strengthened in Health Promotion Unit in the target provinces and the Provincial Healthy Setting Committees.	2-1	Budget for implementation /monitoring of Health Promoting village Program for 3 villages per year and budget for Provincial Healthy Settings Committee are allocated
		2-2	More than 60 health workers participate in Training of Trainers (TOT) for Healthy Village Program for inclusive health issues.
		2-3	More than 70% of those who participated in TOT conduct training for Healthy Village Promoter /Health Committee or participate in community activities at least once by the end of the Project
3	Social mobilisation and capacity to address inclusive health issues are enhanced through Healthy Village Program in the target villages.	3-1	Knowledge, Attitude and Practice (KAP) indicators obtained from baseline and end-line surveys on inclusive health issues are improved in the target villages.
		3-2	More than 70 % of target villages implement at least 4 health issues in their community action plan
		3-3	Outreach services are improved in the target villages.
4	Initiative necessary for the rollout of the Healthy Village Program for inclusive health issues is taken.	4-1	Sharing experiences, lessons learned at the central and provincial levels
		4-2	Support budget to maintain and scale up Healthy Village Program in other public health programs is included in the AOP

Means of Verification		Important Assumptions		Remarks
1	Reports of MHMS and HPD			(*) All indicators including KAP left blank in PDM ver.1 will be analysed and agreed by the JCC held in the first year of the Project.
	Reports of non-pilot Provincial Health Divisions			
1	Draft of Healthy Village Policy, guidelines, manuals and tools	1	The government policy on health sector is not changed.	(**) The following health issues will be given priority in the Project: (1) malaria, (2) non-communicable disease, (3) rural water supply, sanitation and hygiene and (4) nutrition.
2	Project Reports	2	Health Promotion Policy and National Health Promotion Strategic Plan are not drastically changed.	
3		3	Adequate budget for Healthy Village Program is allocated.	
		4	Role Delineation Policy on health services for Universal Health Coverage is implemented.	
1	Healthy Village Policy, guidelines, manuals and tools	1	Excessive transfers of counterpart personnel at the central and provincial level do not happen.	
2	Project reports	2	National Health Promotion Policy passes through the executive committee	
3	TOR of the committee and Meeting minutes			
1	AOP of Health Promotion Division in Guadalcanal and Makira-Ulawa			
2	Project reports			
3	Project reports			
1	Project reports			
2	Project reports Monitoring reports from HVPs			
3	Monitoring reports from HVPs			
1	Project reports			
2	AOP of Guadalcanal and Makira-Ulawa Province			

Activities	
0	Conduct baseline survey and end-line survey.
1	Operational system of Health Promoting Village Program for inclusive health issues is developed in National Health Promotion Department with the relevant stakeholders.
1-1	Review the existing Healthy Village Guideline, similar programs, training modules and tools (including various formats and IEC materials)
1-2	Establish the Working Group consisting of directors of NHPD, NCD Department, RCH Department, Environmental Health Department and National Vector Borne Disease Control Program and conduct regular meetings
1-3	Develop the system of Healthy Village Promoters (HVP) to conduct the Health Promoting Village Program
1-4	Develop the draft of Health Promoting Village model for inclusive health issues, training modules, communication strategy and tools (including various formats and IEC materials)
1-5	Revise the Healthy Village Policy, guidelines, manuals and tools-based on results of monitoring and lessons learned
1-6	Facilitate and support to establish National Healthy Settings Coordination committee with National Healthy Village Sub-Committee
2	Operational capacity of Health Promoting Village Program for inclusive health issues is strengthened in Health Promotion Unit in the target provinces and the Provincial Healthy Setting Committees.
2-1	Develop the strategy of Health Promoting Village Program for inclusive health issues in the target provinces.
2-2	Conduct TOT of Health Promoting Village Program for the health workers, nurses, health promotion officers and other public health program officers) in the target provinces.
2-3	Identify the target villages for Health Promoting Village Program
2-4	Facilitate to establish Provincial Healthy Settings Coordination Committee with Healthy village Sub-Committee
2-5	Organize activities to encourage better understanding of the healthy settings approach (e.g. study tour, village visit) for the Provincial Healthy Settings Coordination Committee
3	Social mobilisation and capacity to address inclusive health issues are enhanced through Healthy Village Program in the target villages.
3-1	Conduct a village-wide meeting to introduce Healthy Village Program in the target villages
3-2	Establish Village Health Committee (VHC) and Select Healthy Village Promoters (HVPs) in the target villages
3-3	Conduct training for the HVPs and VHC.
3-4	Conduct workshops to-develop Village Action Plan (VAP) for village activities
3-5	Provide basic health services and health education*** through HVP
3-6	Implement community activities*** of health promoting village program with the initiative of HVP
3-7	Monitor and report on progress of the community activities by HVP
3-8	Conduct awareness events (e.g. health talk, mass campaign, study tours, competition and award) based on communication strategy
4	Initiative necessary for the rollout of the Healthy Village Program for inclusive health issues is taken.
4-1	Conduct activities of public relations to facilitate Health Promoting Village Program
4-2	Share experiences and lessons learned of Health Promoting Village Program with stakeholders through seminars and workshops at the central level
4-3	Share experiences and lessons learned with stakeholders through seminars and workshops at the provincial level
4-4	Discuss and Disseminate the Healthy Village Policy, guidelines, manuals and tools at the central level
4-5	Conduct budget support consultation to relevant programs in the target provinces

Inputs		Pre-conditions	
<p>Japanese Side 【Japanese experts】 1. Long-term expert as a Chief Advisor 2. Long-term expert as a Project Coordinator 3. Short-term experts (development of training material, monitoring, improvement of life style, health promotion, etc). 【Equipment】 1. Vehicles 2. Outboat with motor engine 3. PC, laptop, projector, generator and other tools that support the execution of the Project's activities 4. Other necessary equipment for the execution of the Project's activities 【Cost of Operation】 1. Cost for training and workshops 2. Material development cost 3. Other necessary cost for the execution of the Project's activities 【Training】 1. Training in Japan or third countries that focuses on community intervention</p>		<p>Solomon Side 【Counterpart Personnel (C/P)】 1. National Health Promotion Department, MHMS 2. Health Promotion Unit of Guadalcanal and Makira-Ulawa Provincial Health Divisions 【Facilities and equipment】 1. Office space for the Japanese Experts in NHPD, Guadalcanal and Makira-Ulawa Provincial Health Divisions 2. Facilities and equipment for training 【Cost of Operation】 1. Utility cost for the Project offices at the national and provincial levels 2. Personnel cost for C/P 3. Meeting cost for the Provincial Healthy Setting Committee 4. Fuel and maintenance cost for vehicles and boats 5. Part of cost for training and workshops</p>	
		1	Counterpart Personnel (C/P) is assigned as planned.
		2	Relevant organizations will not oppose the implementation of the Project.
<p>(***) The content of health service, health education and community activities will be decided at the meeting of Technical Working Group.</p>			

3. Results of Project Evaluation

- The MHMS-JICA Project team conducted a joint review to evaluate levels of achievement of the Outputs and Project Purpose in the Project Design Matrix.

3.1. Output 1

- Operational system of Health Promoting Village Program for inclusive health issues is developed in National Health Promotion Department with the relevant stakeholders
- Achievement level: High (100%)

	Objectively Verifiable Indicators	Score
1-1	Draft of the model of Health Promoting Village Program is prepared.	HIGH (100%)
1-2	More than 5 training modules and 10 IEC materials of Health Promoting Village Program for inclusive health issues are developed.	HIGH (100%)
1-3	National Healthy Settings Coordination Committee is established by approved members and TOR.	HIGH (100%)



Workshop to design a healthy village model, Mar 2019



Consultation workshop to review final drafts of technical guidelines for the healthy village program, Feb 2021



Second Meeting of National Healthy Settings Coordinating Committee, Nov 2019

3.2. Output 2

- Operational capacity of Health Promoting Village Program for inclusive health issues is strengthened in Health Promotion Unit in the target provinces and the Provincial Healthy Setting Committees
- Achievement level: High (83%)

	Objectively Verifiable Indicators	Score
2-1	Budget for implementation /monitoring of Health Promoting village Program for 3 villages per year and budget for Provincial Healthy Settings Committee are allocated.	HIGH (90%)
2-2	More than 60 health workers participate in Training of Trainers (TOT) for Healthy Village Program for inclusive health issues.	HIGH (70%)
2-3	More than 70% of those who participated in TOT conduct training for Healthy Village Promoter /Health Committee or participate in community activities at least once by the end of the Project.	HIGH (90%)

Training of Trainers, Nov 2017



First Meeting of Guadalcanal Provincial Healthy Settings Coordinating Committee, Nov 2019

3.3. Output 3

- Social mobilisation and capacity to address inclusive health issues are enhanced through Healthy Village Program in the target villages
- Achievement level: Moderate (65%)

	Objectively Verifiable Indicators	Score
3-1	Knowledge, Attitude and Practice (KAP) indicators obtained from baseline and end-line surveys on inclusive health issues are improved in the target villages.	HIGH (73%)
3-2	More than 70 % of target villages implement at least 4 health issues in their community action plan.	HIGH (96%)
3-3	Outreach services are improved in the target villages.	LOW (25%)



Action Planning in Ulawa, Mar 2018



Endline survey in Tumbosa, Guadalcanal Province, Jan 2020

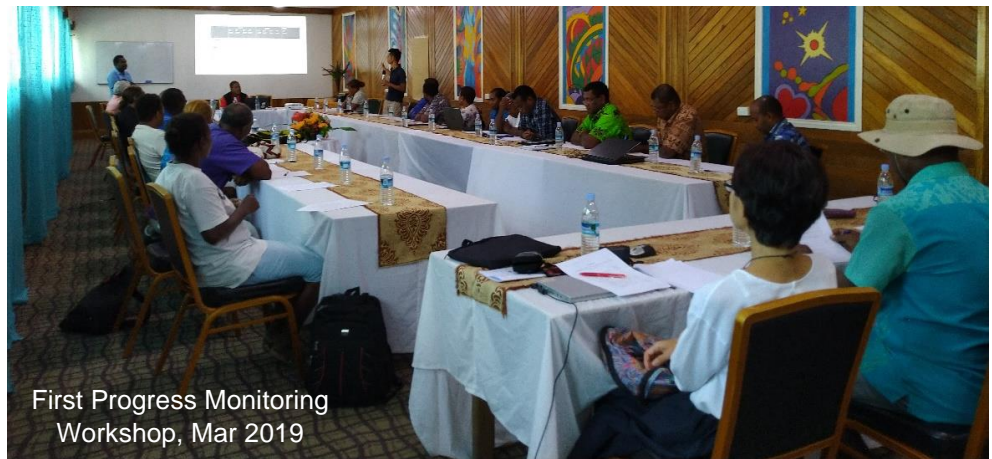
3.4. Output 4

- Initiative necessary for the rollout of the Healthy Village Program for inclusive health issues is taken
- Achievement level: High (80%)

	Objectively Verifiable Indicators	Score
4-1	Sharing experiences, lessons learned at the central and provincial levels.	HIGH (80%)
4-2	Support budget to maintain and scale up Healthy Village Program in other public health programs is included in the AOP.	HIGH (80%)



Experience exchange and policy review workshop in Malaita, Jun 2019



First Progress Monitoring Workshop, Mar 2019



Third Progress Monitoring Workshop, Feb 2021

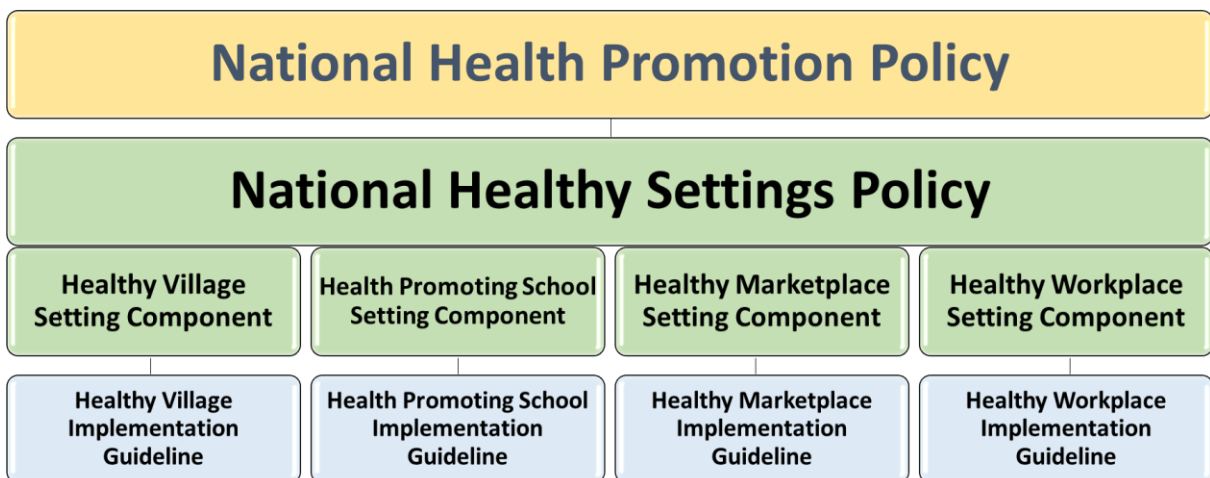
3.5. Project purpose

- Standard model for Health Promoting Village that enables to address inclusive health issues is developed
- Achievement level: High (100%)

	Objectively Verifiable Indicators	Score
1	National Healthy Village Policy, guidelines, manuals and tools (NHVPGMT) is developed.	HIGH (100%)
2	National Healthy Village Policy, guidelines, manuals and tools is submitted to the Ministry of Health and Medical Services Executive Committee.	HIGH (100%)



Launch of the National Healthy Settings Policy and its Implementation Guidelines, May 2021



Structure of the National Policies and the Implementation Guidelines endorsed in May 2021

National level

Enabling environment

- National policies, plans, manuals, guides, materials
- Multidisciplinary teams (MHMS programs, NHSCC)
- Advice and support provinces, monitoring and evaluation



Provincial level

Fostering environment

- Operational plans, equipment, materials
- Multidisciplinary teams (PHO programs, PHSCC)
- Regular field visits, support villages, write annual reports



Village level

Sociopolitical environment

- Committees and HVPs organised
- Internal/external collaboration
- Planning, action, regulation

Intellectual environment

- Health issues identified/mapped
- Root causes understood
- Preventive actions planned

Physical environment

- Tools, materials, resources
- Land use
- Houses, latrines, fences, etc.

Supportive environment created by the health village program



3.6. DAC Evaluation results

Development Assistance Committee (DAC) lays out the evaluation criteria: relevance, effectiveness, efficiency, impact and sustainability, for international development programs. The joint review team concluded the project's results as below.

- Relevance: Consistency with development policy and needs
 - Effectiveness: Degree of the achievement of the project purpose
 - Efficiency: Project cost, period, allocation, timeliness
 - Impact: Prospects to achieve the overall goal, alignment, ripple effects
 - Sustainability: Policy, structure, skills, finance of MHMS
- } **HIGH**
- } **Moderate**



3.7. Prospects of achieving the overall goal

The overall goal will be evaluated after three years of the end of the Project, that is 2024.

Overall Goal	Objectively Verifiable Indicators
Healthy Village Program for inclusive health issues is rolled out in Solomon Islands by improving the community health system.	More than 50 villages of the target provinces implement Health Promoting Village Program for inclusive health issues.
	Other non-pilot provinces implement Health Promoting Village Program

- It is probable that the overall goal will be achieved.
- To ensure achievement of the overall goal, it is vital that:
 - MHMS makes the most of the program package developed by the Project.
 - MHMS continues to demonstrate leadership at the national and provincial levels, by allocating sufficient resources, integrating relevant programs and strategically involving stakeholders through the Healthy Settings Coordinating Committees.
 - MHMS allocates health promotion officers to Area Health Centres.
 - MHMS actively involves health centre nurses and decentralise responsibilities to manage the program.
 - MHMS organises regular progress monitoring workshops.

4. Impacts on the Community

- Impacts of the Project on people's life were measured by three methods:
 - Comparison of health indicators between the baseline and endline surveys
 - Opinions of the villagers in the target villages at the endline survey
 - Epidemiological trends recorded in the health centres
- This report will present some of the results. Detailed results are found in the specific reports.

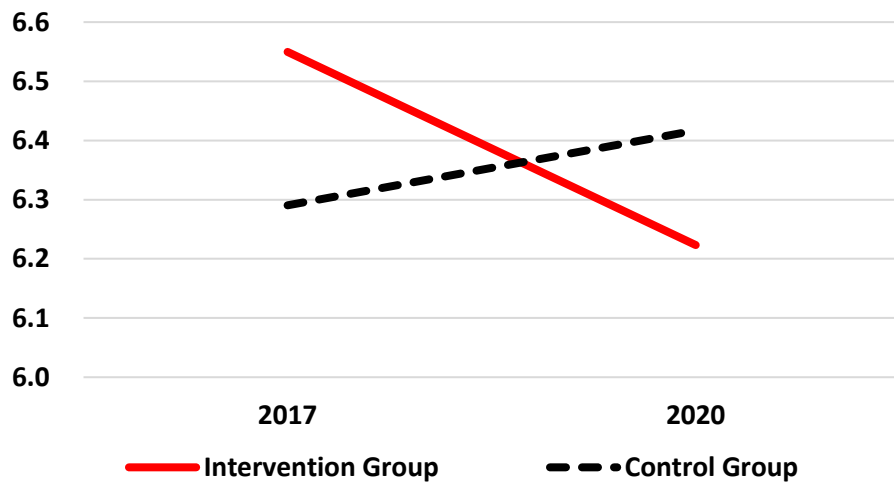
4.1. Baseline and endline surveys

- The Project team conducted a baseline survey in 2017 and an endline survey in 2020, targeting adults 18-64 years and children under five years of age in five intervention villages and two control villages.
 - Basic data of the seven survey villages
(Population and households are estimates reported by the village leaders in 2017)

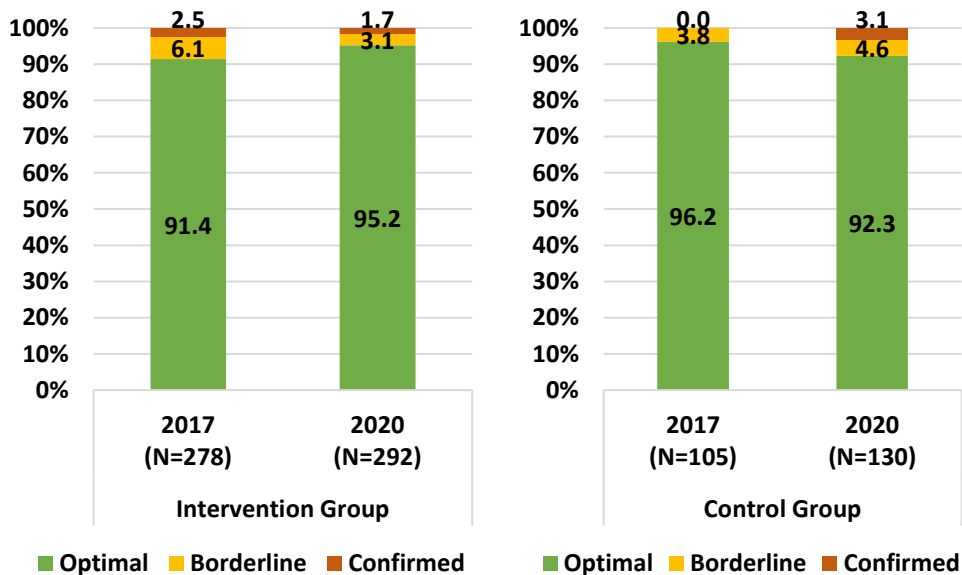
	Population	No. of Households	Distance (km) from a local health centre
Guadalcanal province			
Tumbosa	600	127	21.3
Hulavu	240	42	3.0
Babasu	500	56	9.5
Komuvaolu (control)	200	30	8.0
Makira-Ulawa province			
Tadahadi	240	42	3.2
Mwaraja	300	57	4.0
Bwauraha (control)	800	99	4.5



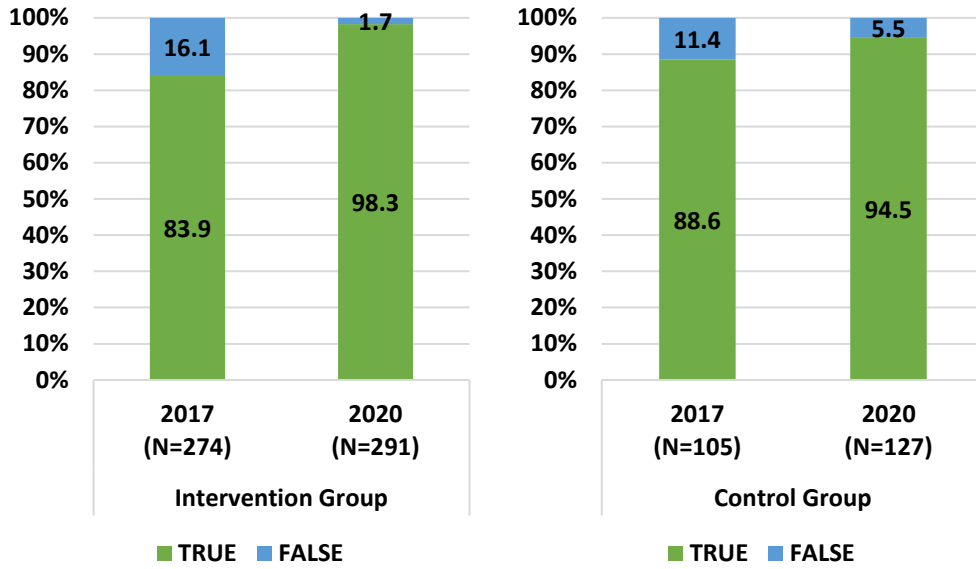
- Variables included:
 - Physical measurement (Adults) - Blood pressure, sugar level, Body Mass Index
 - Physical measurement (Children) - Height, weight
 - Knowledge, Attitudes and Practice related to Malaria, WASH, NCDs, Nutrition
- Analysis method: difference in differences
- In adults, the following variables improved significantly between before and after the healthy village program in the intervention group in comparison with the control group.
 - **Blood sugar** (Random Plasma Glucose) level – mean value (mmol/L)



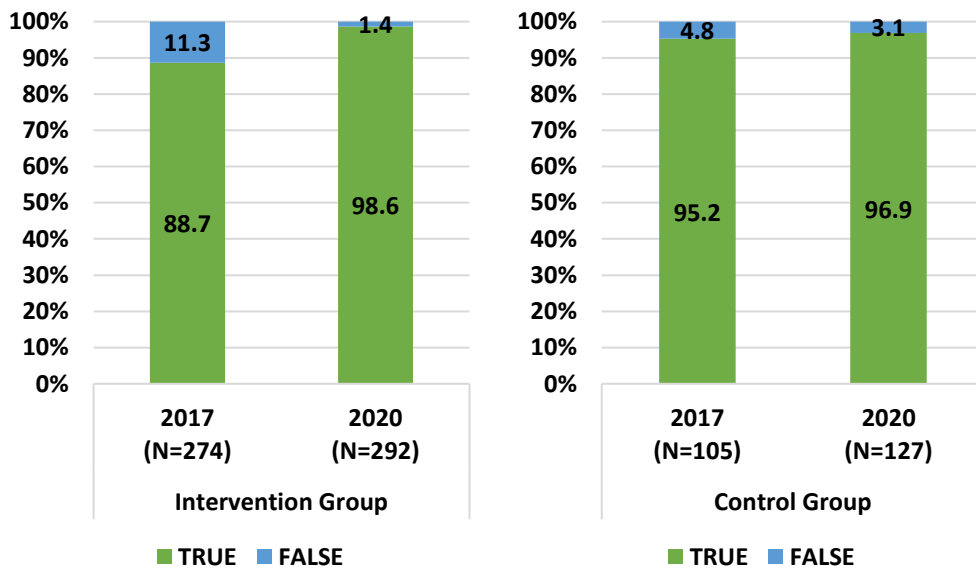
- **Blood sugar** (Random Plasma Glucose) level – proportion of optimal (4.0-8.0 mmol/L), borderline (8.1-11.0 mmol/L) and confirmed population (11.1 + mmol/L)



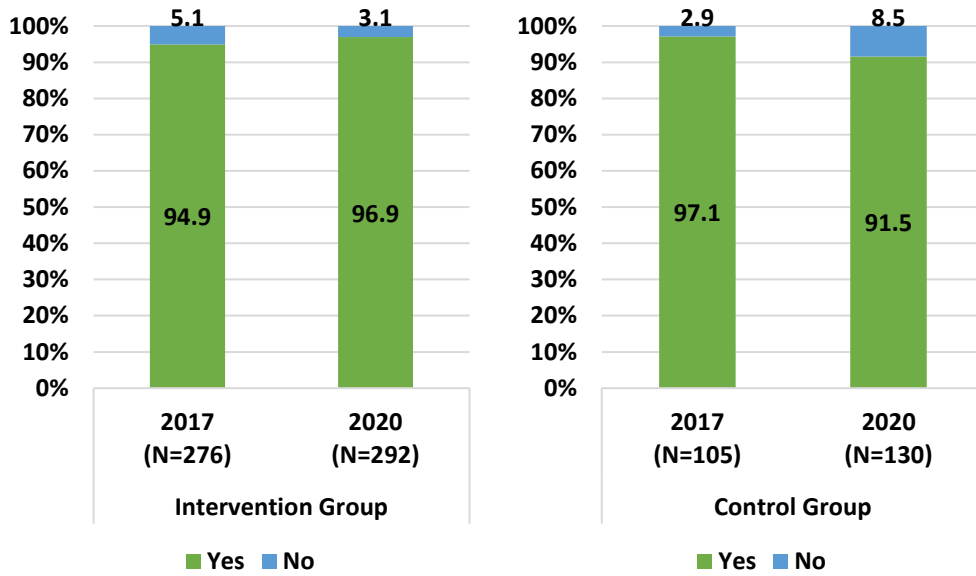
- **Knowledge on NCDs.** Question: Eating habits and exercise are effective in the diabetes prevention. True or false?



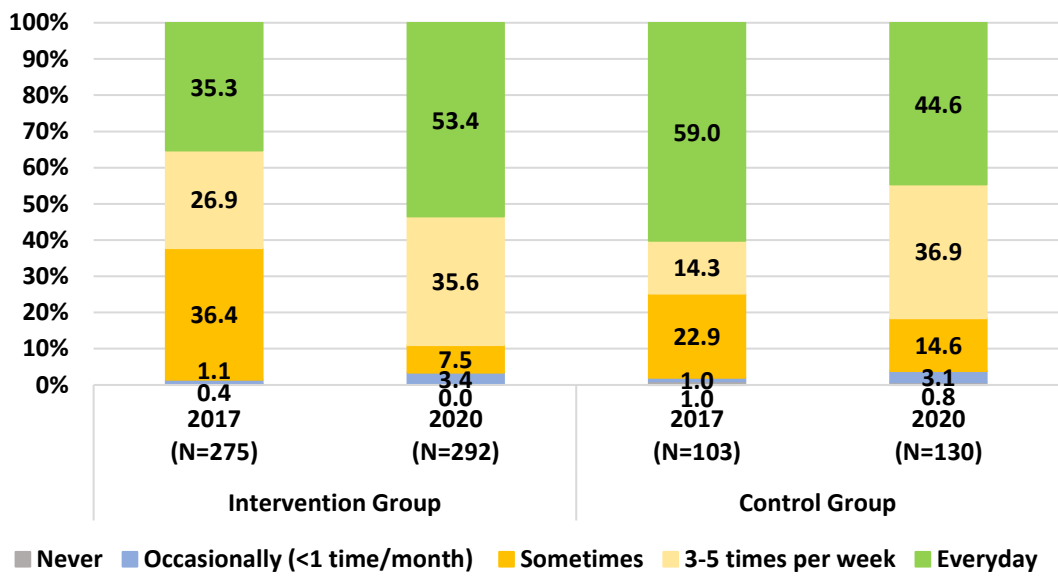
- **Knowledge on NCDs.** Question: Obese person is at high risk of diabetes. True or false?



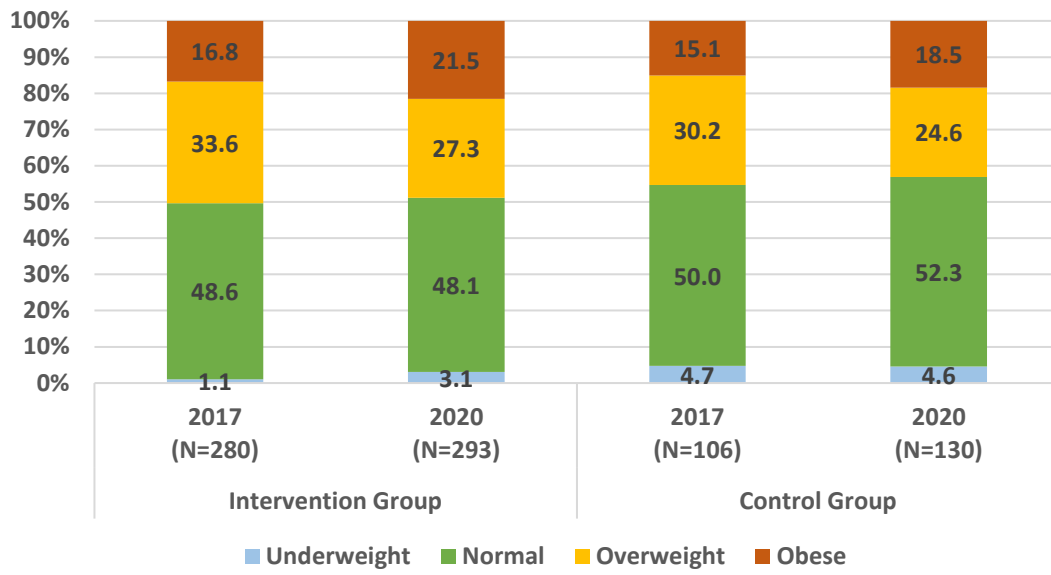
- **Attitude about NCDs.** Question: Are you worried about getting diabetes?



- **Practice related to NCDs.** Frequency of fresh fruit intake.

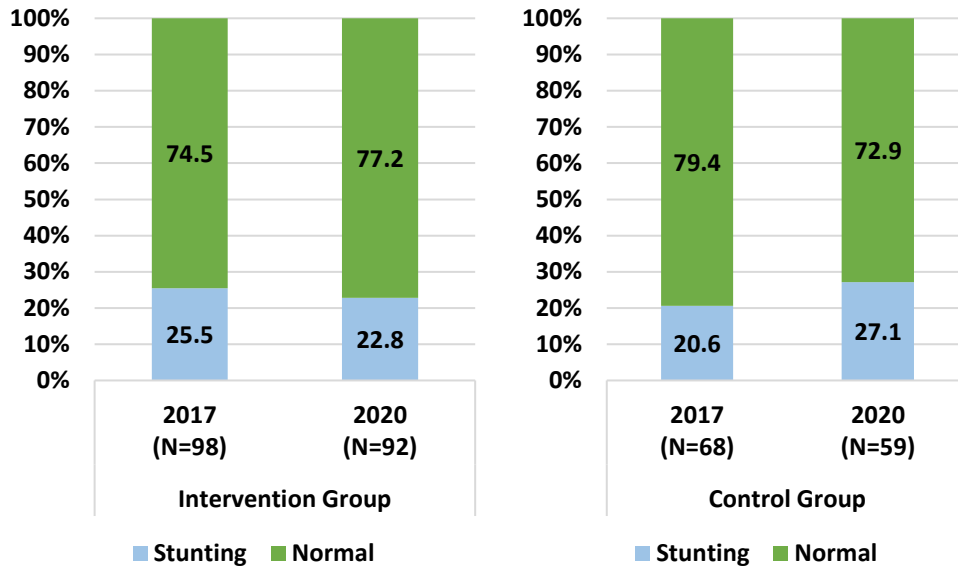


- The challenge with adults is improvement of Body Mass Index. Half the population is overweight or obese in all villages.

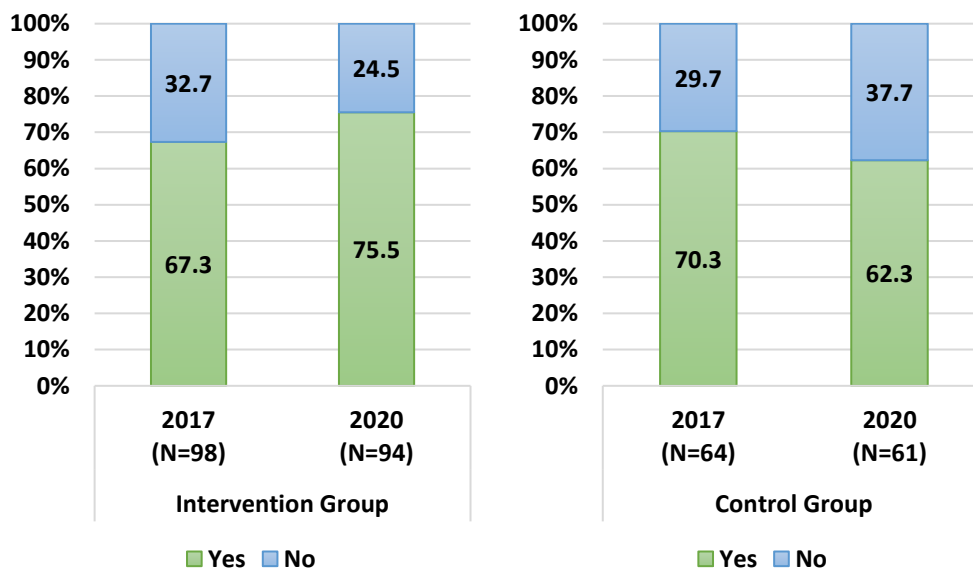


- For **children** statistical tests were not conducted due to the scarce number of samples, however the following variables improved notably between before and after the healthy village program in the intervention group in comparison with the control group.

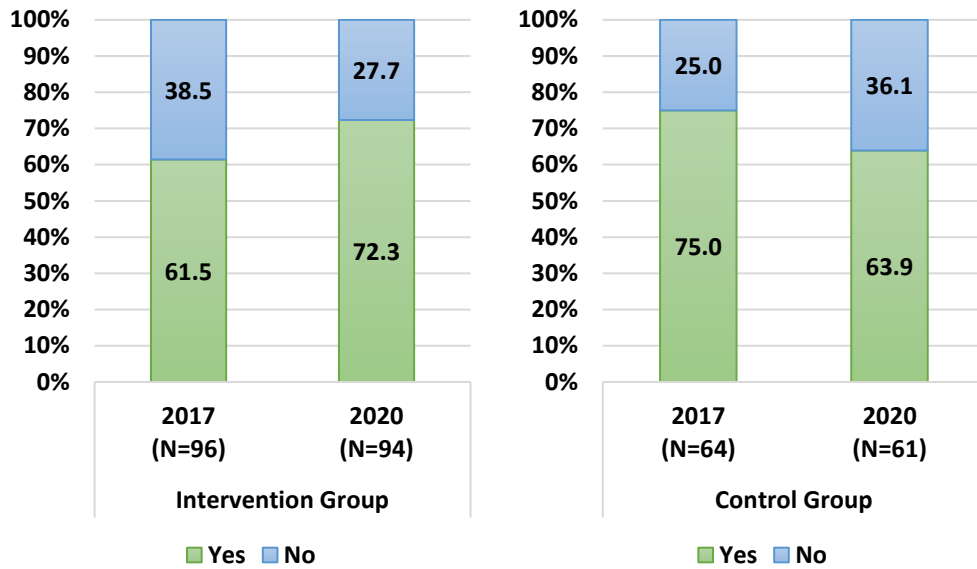
- **Stunting** (length/height for age)



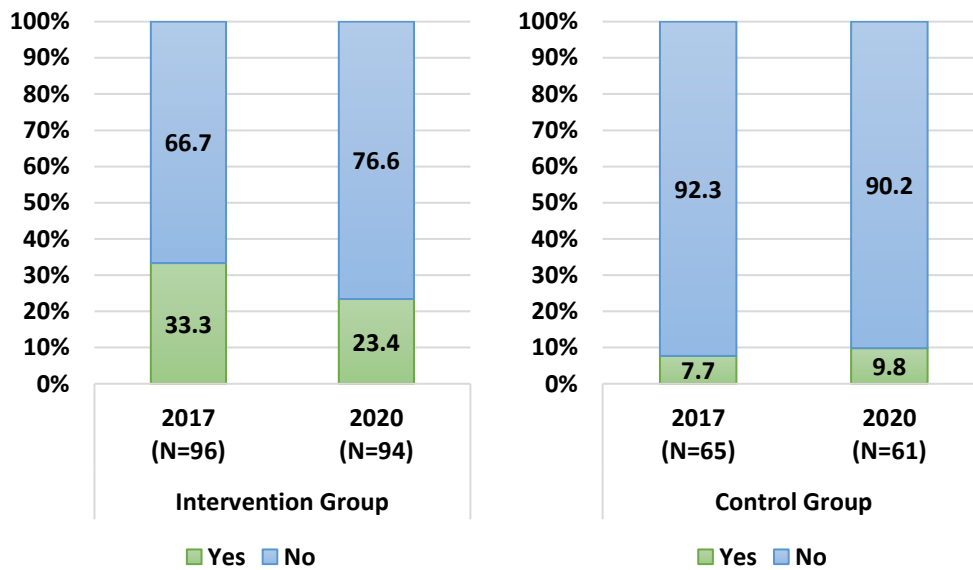
- **Child's food intake** in the last 24 hours: **Pumpkin, squash, or sweet potatoes that are yellow or orange inside.**



- **Child's food intake in the last 24 hours: Any dark green leafy vegetables.**



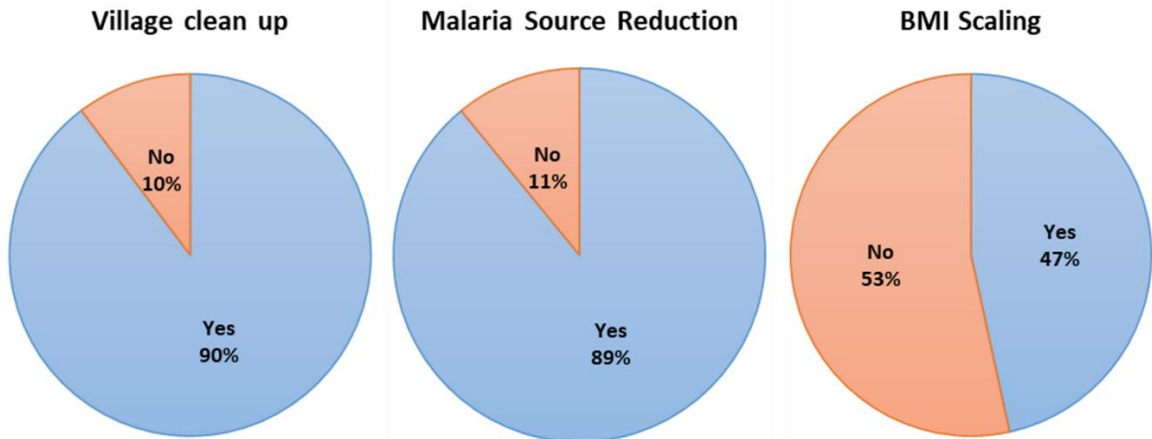
- **Child's food intake in the last 24 hours: Any oil, fats, or butter, or foods made with any of these.**



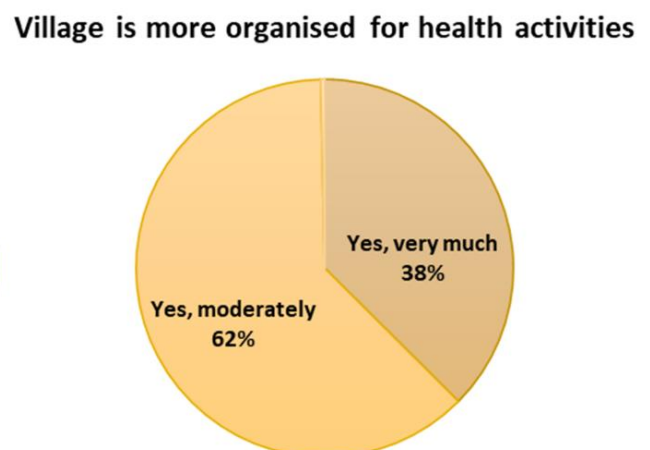
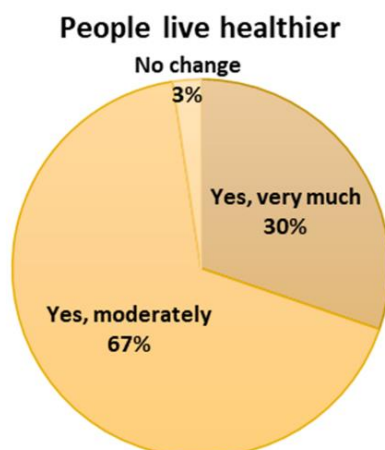
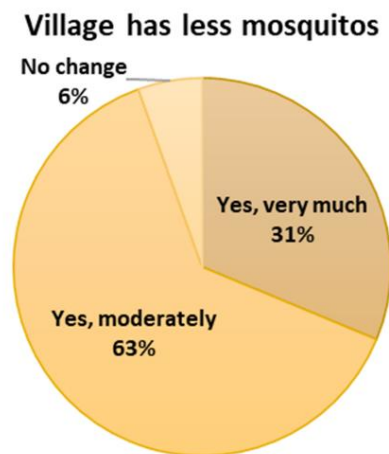
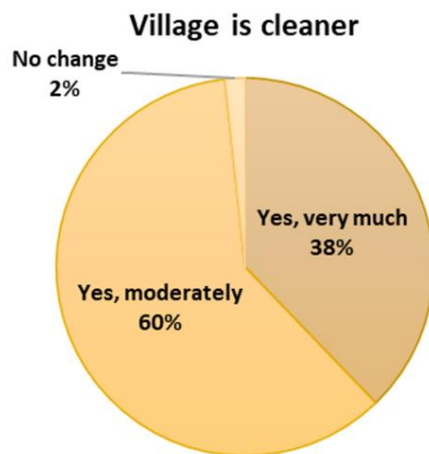
4.2. Questionnaire results

- The Project team asked the following questions to people in the intervention villages at the endline survey to hear their experiences with the healthy village program.

- Did you participate in the past year? (N=292)

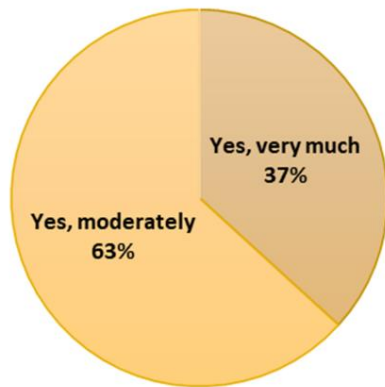


- What changes have you seen in the village through the healthy village program? (N=291)

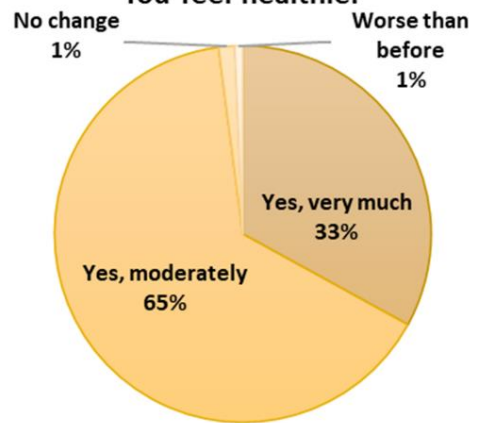


- What kind of changes did the healthy village program bring you? (N=291)

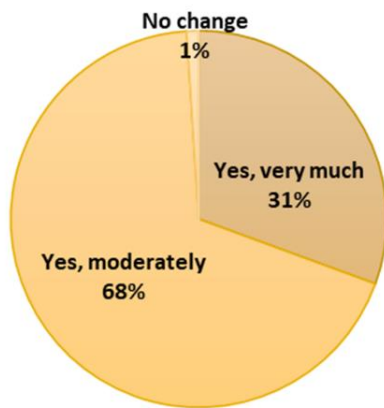
You know more about health



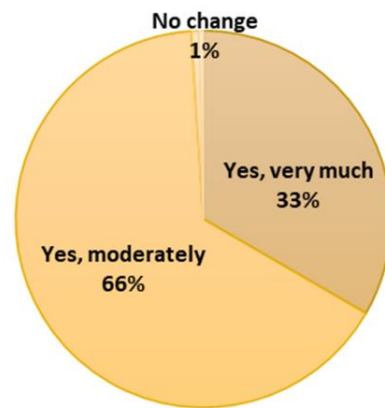
You feel healthier



You live a healthier lifestyle



You have more control over your health



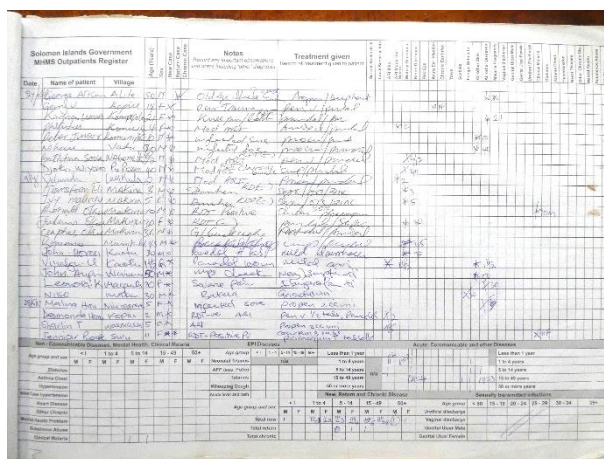
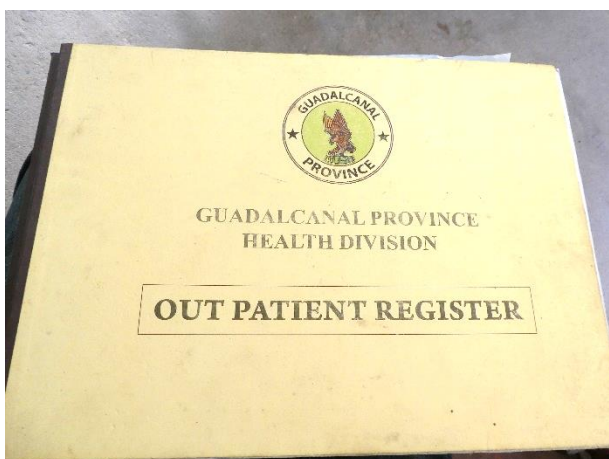
4.3. Health centre outpatient registry

- The Project team analysed outpatient registry data from three health centres in Guadalcanal Province and five health centres in Makira-Ulawa Province which served the Project's target villages.

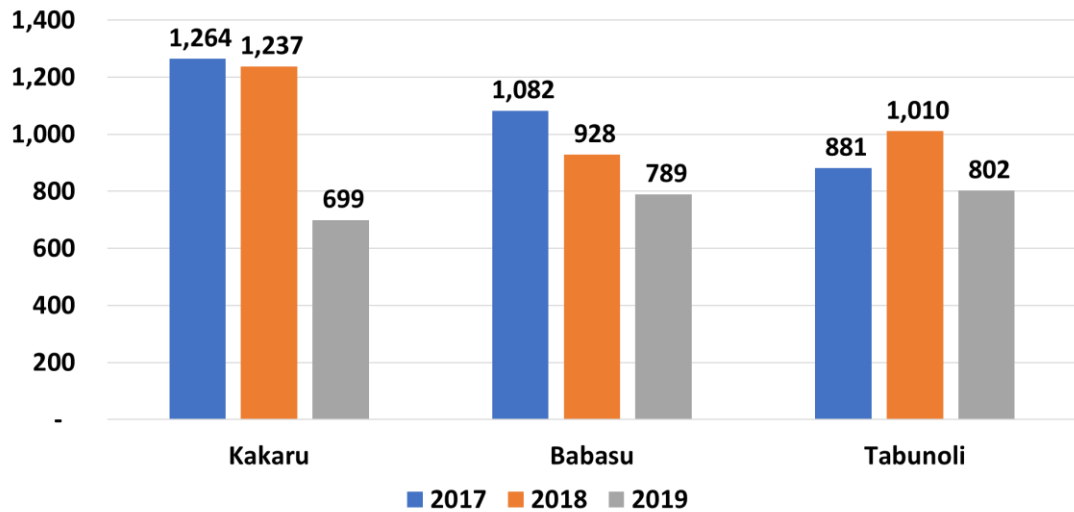
Guadalcanal Province	Makira-Ulawa Province	
<ul style="list-style-type: none"> Marau AHC* <ul style="list-style-type: none"> - Babasu, Tabunoli, Kakaru Totongo RHC** <ul style="list-style-type: none"> - Babasu, Tabunoli, Lambi RHC <ul style="list-style-type: none"> - Sumate, Hulavu 	<ul style="list-style-type: none"> Taheramo AHC Su'ulopo RHC Tawairamo RHC Haupala RHC Aringana RHC <ul style="list-style-type: none"> - Tadahadi, Mantaraibia, Asimaniaoha 	Aroaha, Mouta, Suholo, Ahi'a, Mwaradja, Mwadjoa

*AHC: Area Health Centre, ** RHC: Rural Health Centre

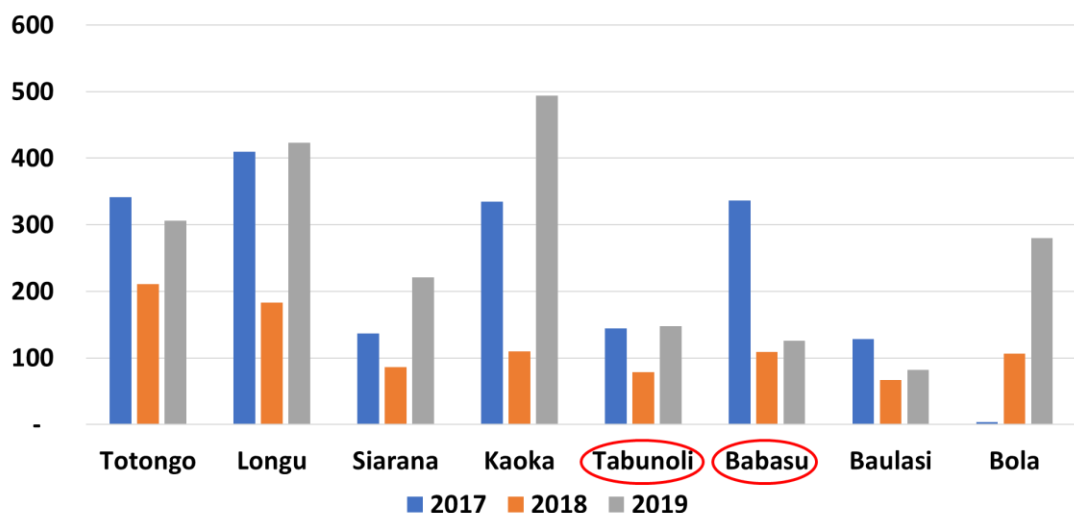
- The team analysed outpatient registry books for 2017, 2018 and 2019, which correspond approximately to the preparatory, initial and progressive phases of the intervention.
- Analysed variables were the most common communicable and non-communicable diseases registered by health centres, which were also reported monthly through the MHMS Health Information Systems.
- As a result, **notable reduction was observed in acute respiratory infection (ARI), diarrhoea and malaria cases in some of the villages intervened with the healthy village program.**
- Trends in NCDs were unobservable due to the scarce number of outpatients registered.
- This report presents epidemiological trends in Totongo RHC and Marau AHC in Guadalcanal Province for the evident changes. Complete results are found in a separate report.



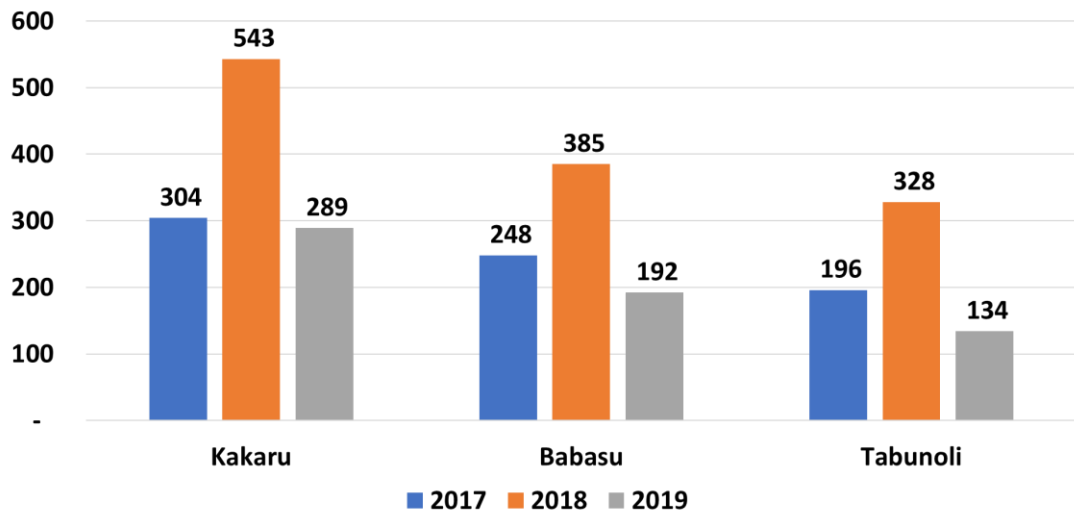
- The number of **acute respiratory infection** cases registered in Totongo RHC and Marau AHC declined notably for Kakaru, Babasu and Tabunoli between during 2017 and 2019.



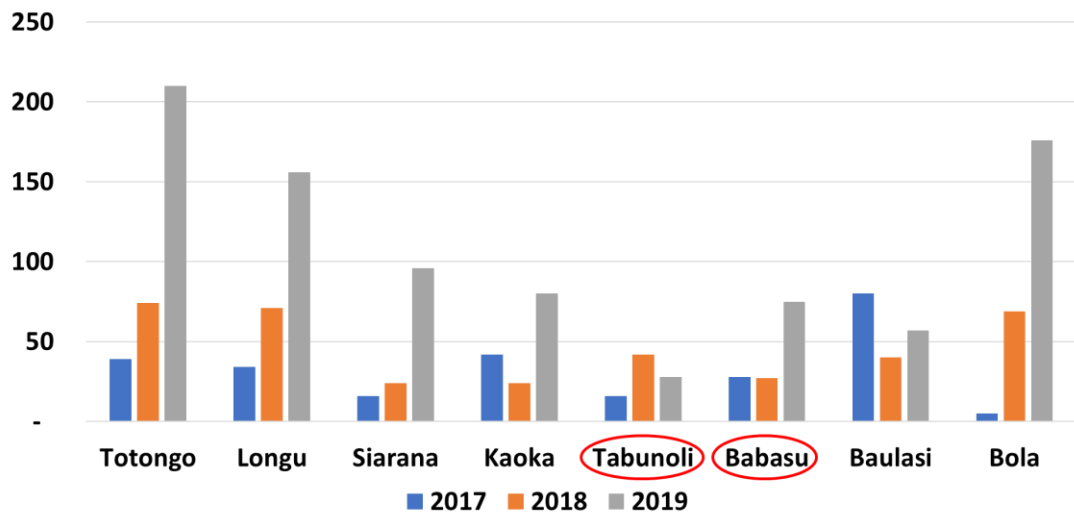
- Kakaru and Babsu are located between Totongo RHC and Marau AHC. The villagers visited any of the two and they were registered in both health centres.
- Kakaru is located very close to Marau AHC and the villagers were registered only in Marau AHC.
- The reduction of the ARI cases were not general epidemiological trends of the area but were specific to the villages with the healthy village program, as shown below.
- The reduction in the number of **acute respiratory infection** in Babsu and Tabunoli was outstanding in even comparison with other villages in the catchment area of Totongo RHC.



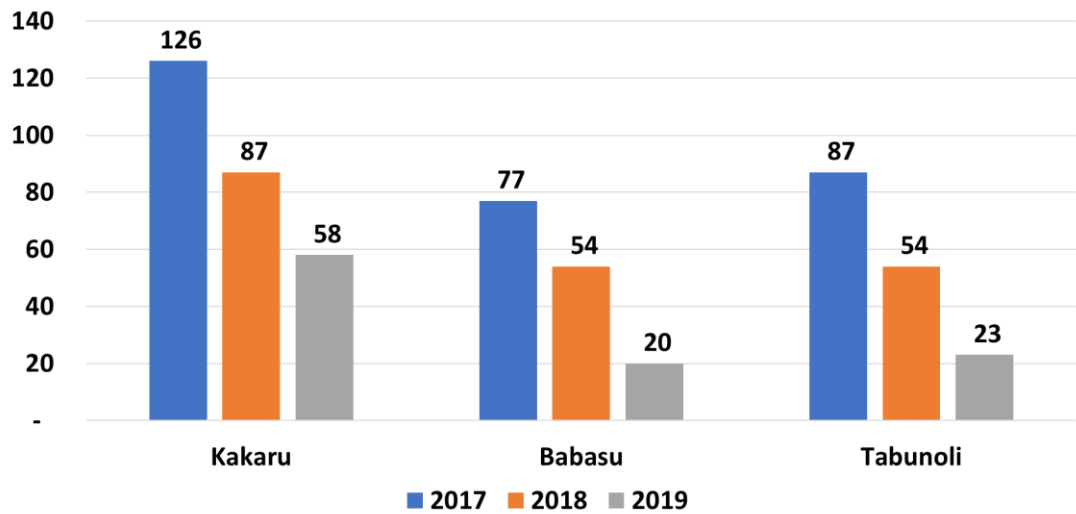
- The number of **malaria** cases registered in Totongo RHC and Marau AHC declined for Kakaru, Babasu and Tabunoli from 2017 to 2019, but with a spike in 2018.



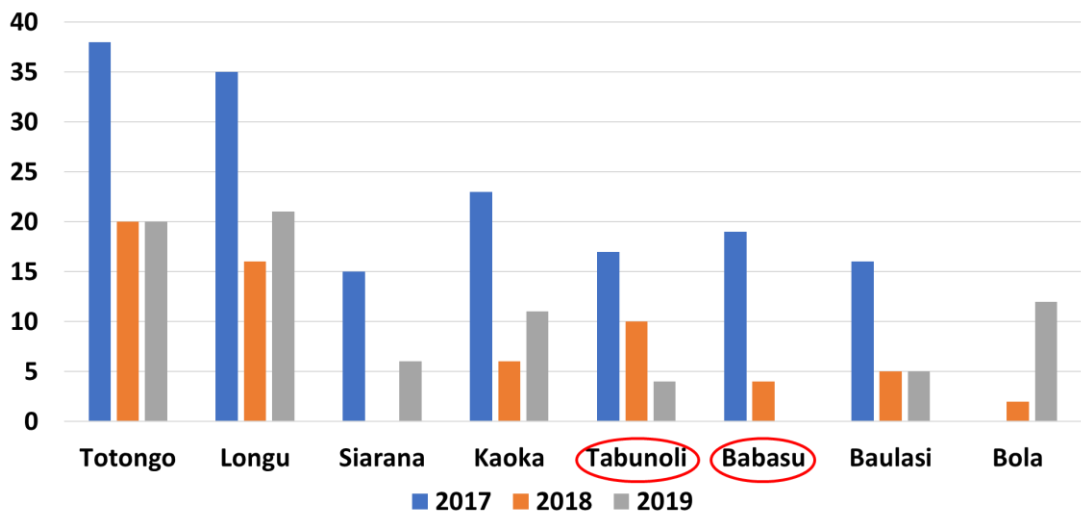
- Different epidemiological patterns were observed for **malaria** cases in other villages in the catchment area of Totongo RHC between 2017 and 2019. That is, the number of **malaria** cases considerably increased in most villages from 2017 to 2019, compared to Tabunoli and Babasu.



- The number of **diarrhoea** cases registered in Totongo RHC and Marau AHC markedly declined for Kakaru, Babasu and Tabunoli from 2017 to 2019.



- The number of **diarrhoea** cases in other villages without the healthy village program in the catchment area of Totongo RHC also declined from 2017 to 2019, but not to the same degree as that in Tabunoli and Babasu.



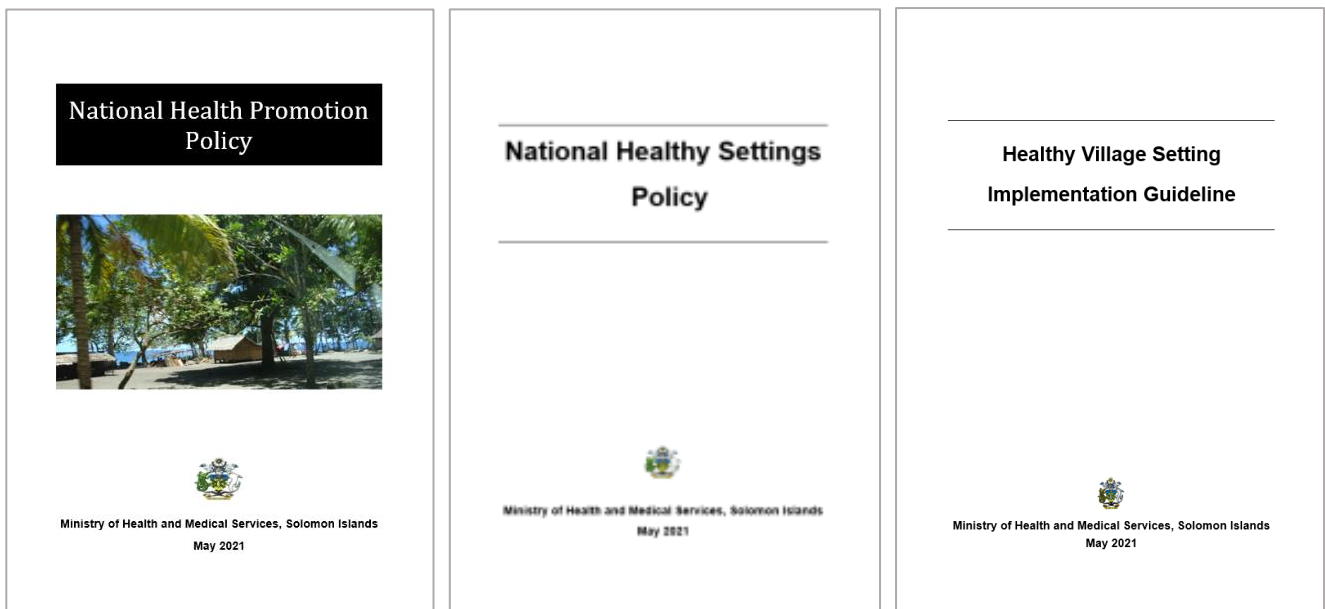
5. Products

The Project produced an implementation package for effective rollout of the healthy village program. They consist of policy documents, technical guidelines, tools and materials.

5.1. Policy documents

Two policy documents and four guidelines were developed and endorsed by the MHMS. The implementation guidelines help materialise the National Healthy Settings Policy in specific settings i.e., village, school, marketplace and workplace.

- National Health Promotion Policy
 - National Healthy Settings Policy
 - Implementation Guideline
 - Healthy Village Setting
 - Health Promoting School Setting
 - Healthy Marketplace Setting
 - Healthy Workplace Setting
 - TORs for the National/Provincial Healthy Settings Coordinating Committees
- } For understanding the rationale and overall picture
- } For preparing the program and organising the team



5.2. Technical documents

The Project developed the Healthy Village Manual for the operation managers and seven Facilitator's Guides for those facilitate implementation in the field i.e., nurses and public health officers at the health centres, Ward Committee members etc.

- Healthy Village Manual
- Healthy Village Facilitator's Guide
 - Malaria
 - Water, Sanitation and Hygiene
 - Non-Communicable Diseases and Nutrition
 - Respiratory Diseases
 - Community Development in Health
 - Health Communication for Behaviour Change
 - Supsup garden

(Presentation slides for these guides are also available)

} For guidance of implementation and management of the program

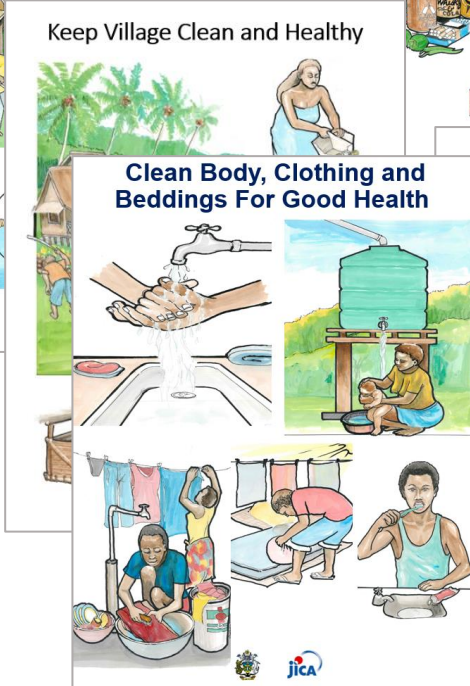
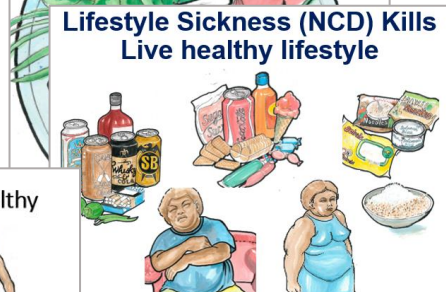
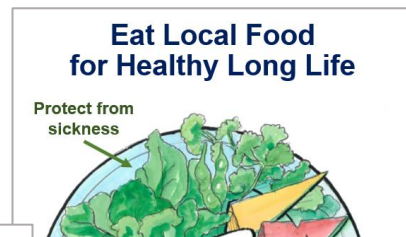
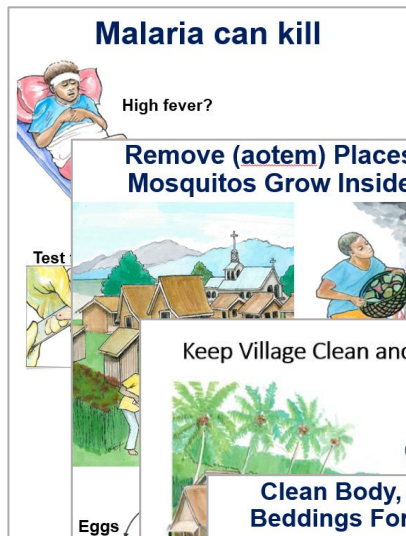
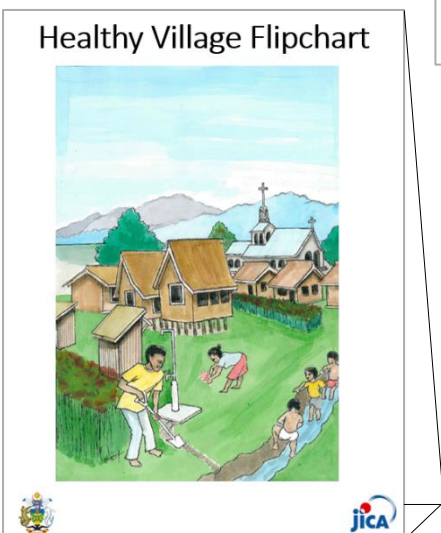
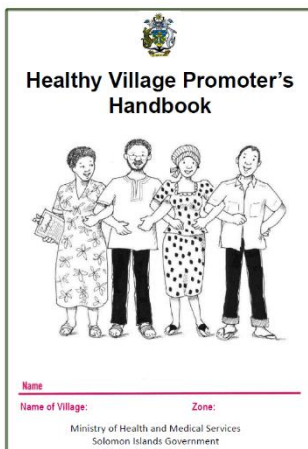
} For training of facilitators and their use



5.3. Tools and materials

The healthy village program package also includes the Healthy Village Promoter's Handbook, Flipchart, seven Posters and four Radio Spots.

- Healthy Village Promoter's Handbook } For training of community leaders and their use
 - Healthy Village Flipchart
 - Healthy Village Posters
 - Malaria: prevention
 - Malaria: test and treatment
 - NCDs: promotion of healthy lifestyle
 - Nutrition: promotion of local kaikai
 - WASH: promotion of environmental hygiene
 - WASH: promotion of personal hygiene
 - Healthy family
 - Healthy Village Radio Spots
 - Malaria
 - Non-Communicable Diseases
 - Nutrition
 - Water, sanitation and hygiene
- For orientation of the population



The MHMS website (<https://solomons.gov.sb/ministry-of-health-medical-services/essential-services/>) stores all the Project's products, as well as key presentation slides, a public relation video clip and the Project's final report listed below.

- Presentation slides (presented in Honiara on 26-27 May 2021)
 - Final Report: Health Promoting Village Project 2016-2021
 - Launch of the National Healthy Settings Policy
 - Healthy Village Package
- Video
 - Project Public Relation Video
- Report
 - Project Final Report



6. Lessons learned

- It was difficult to establish the link between health centre nurses and the key village members. One reason is that the Project was designed through the Health Promotion Department (HPD) command line whose focal points are located at the national and provincial offices, but not at the health centres. It is recommended that projects of this nature (community health) frame local health centres as focal points, nurses as managers and provincial officers as supervisors.
- Submission of monthly reports by Healthy Village Promoters (HVPs) was too demanding in terms of complexity of data management and accessibility to the local health centres for submission and lack of motivation especially when feedbacks were rarely provided by the health services. There should be a more practical approach to design a self-monitoring mechanism by the villagers themselves with support of local health services.
- Provision of digital weight scalar to HVPs complicated their scaling activities. Most HVPs found difficulties in inputting the age, height and sex for each participant. Some discontinued using the scalar once it ran out of batteries. It is recommendable to provide simple and durable scalars especially when the targets are the rural communities.
- The Project measured impact of the Healthy Village Program by comparing results of a baseline and an end-line survey using the NCDs related physical parameters and KAP scores on malaria, NCDs, nutrition, water and sanitation. It was also considered pertinent to monitor changes in existing health data, that is outpatient data collected in health centres, so that they could provide some feedback and could be utilised as monitoring indicators after the Project ends.
- The Project could have reinforced the activities and coordination between the National and Provincial stakeholders by dispatching JICA volunteers in the target Provincial Health Offices. Volunteers could support capacity strengthening of counterparts at the provincial and health centre levels, for instance, in management of data, activities, budgets, resources and materials, as well as coordination with other health programs institutions and the media.



7. Recommendations

- The National Health Promotion Department distributes the policy and technical documents to the MHMS national programs, provincial health offices and stakeholders involved with guidance to effectively roll out the Healthy Village Program, once they are printed and become available.
- MHMS utilises the package of policy documents, manuals, guides and tools of the Healthy Village Program for its rollout. It is important that officers in charge of implementation and management are trained and supported continually, so that their capacity can be developed.
- MHMS organises quarterly meetings of the National Healthy Settings Coordinating Committee, update the members with progress on implementation of the Healthy Village Policy, discuss relevant topics and coordinate the efforts of stakeholders.
- The NHPD organises the National Healthy Settings Conference every two years, collect and analyse data related to the Healthy Village Program from all provinces and discuss progress, experiences and lessons. Because data management skills need be improved at the provincial level, it is recommended that the NHPD utilises this occasion to train the provincial officers.
- Directors of the NHPD and Provincial Health Offices ensure availability of sufficient funding for the Healthy Village Program. Oftentimes, certain programs have too much budget to expend before the end of a fiscal year. It will be beneficial to reallocate such funds to the inclusive and preventive Healthy Village Program.
- Director of the NHPD coordinates with Directors of other programs in MHMS and key stakeholders in other ministries and partner organisations to enhance communication and collaboration. Despite that such willingness for partnership prevails among programs and institutions, it is rarely witnessed. The NHPD as an overarching program should take the lead and improve its capacity in strengthening the intra- and inter-institutional partnership.
- Director of the NHPD presents a brief report on progress of the Healthy Village Program during the MHMS Annual Health Conference.
- National Healthy Settings Coordinator communicates with Provincial Healthy Settings Coordinators on a regular basis to discuss progress related to the Healthy Village Program and to provide support.
- National Healthy Settings Coordinator reviews the adequacy of the Healthy Village Policy, its Implementation Guideline, Progress Monitoring Framework, manuals and tools on a regular basis, especially by receiving feedback from the field.
- Directors of Provincial Health Offices in collaboration with program coordinators and Health Promotion Supervisors and Provincial Healthy Settings Coordinators, develop AOPs, organise field operation and implement the Healthy Village Program in an integrated manner.

- Directors of Provincial Health Offices with Provincial Healthy Settings Coordinators organise quarterly meetings of the Provincial Healthy Settings Coordinating Committee, discuss plans and progress and facilitate implementation of the Healthy Village Program.
- Health centre nurses provide continuous support to HVPs and VHCs by means of regular visits, feedback, retraining and monitoring to sustain the Healthy Village Program and to develop their capacity. Currently, nurses rarely make outreach visit to the villages. It is necessary that MHMS staffs a sufficient number of nurses to each health centre and regulates outreach, so that health care delivery shifts its focus from treatment to prevention of diseases and health promotion.
- The National Healthy Settings Coordinator coordinates with the Health Statistics Department, Provincial Healthy Settings Coordinator and health centre nurses, and review the reporting system on regular basis to improve its efficacy.
- It is vital that MHMS persistently strengthen the program, not to discontinue, even in the face of challenges, such as outbreaks, disasters and limited resources, taking them as opportunities to improve the service capacity.
- MHMS utilises the media such as radio and newspapers to promote the Healthy Village Program among the population and entities which support the initiative.



Acknowledgement

We thank the Ministry of Health and Medical Services and Japan International Cooperation Agency for their political, technical, financial and logistic support throughout the Project period.

The MHMS Senior Executive Management and the JICA Headquarters and Solomon Islands Office always demonstrated political will for the Project by assuring its place in the ministerial agenda and facilitating disposition of resources. Their efforts were indispensable for the Project to complete the activities, outputs and purpose and to build its credibility especially in the face of the prolonged national emergency due to COVID-19.

The Project was successfully implemented with considerable contribution by the Environmental Health Department, Vector-Borne Diseases Control Program, Non-Communicable Diseases Department, Reproductive Child Health Department, Nutrition Unit and Nursing Division at the MHMS Headquarters and the Provincial Health Offices in Guadalcanal and Makira-Ulawa.

We convey our special thanks to the Village Health Promoters, Village Health Committee members and villagers in Hulavu, Sumate, Tumbosa, Babasu, Tabunoli and Kakaru in Guadalcanal Province and Tadahadi, Mantaraibia, Asimanioha, Mwajoa, Mwaradja, Ahi'a, Suholo, Mouta and Aroaha in Makira-Ulawa Province for their collaboration in developing a national model for the healthy village program.

Thank you.

MHMS-JICA Health Promoting Village Project Team



Annex

1) Plan of Operation

Outputs	Activities	Responsibility		Year	2016												2017											
		SI	JICA		Month	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12				
0. Conduct baseline survey	0.1 Conduct baseline survey and end-line survey.	NC	SE1/CA	Plan																								
				Actual																								
1. Operational system of Health Promoting Village Program for inclusive health issues is developed in National Health Promotion Department with the relevant stakeholders.	1.1 Review the existing Healthy Village Guideline, similar programs, training modules and tools (including various formats and IEC materials) .	NC	CA	Plan																								
				Actual																								
	1.2 Establish the Working Group consisting of directors of NHPD, NCD Department, RCH Department, Environmental Health Department and National Vector Borne Disease Control Program and conduct regular meetings.	PM	CO	Plan																								
				Actual																								
	1.3 Develop the system of Healthy Village Promoters (HVPs) to conduct the Health Promoting Village Program.	NC	CA	Plan																								
				Actual																								
	1.4 Develop the draft of Health Promoting Village model for inclusive health issues, training modules, and tools (including various formats and IEC materials).	NC/PHP	SE2/CA	Plan																								
				Actual																								
	1.5 Revise the Healthy Village Policy, guidelines, manuals and tools based on results of monitoring and lessons learned	NC	CA	Plan																								
				Actual																								
	1.6 Facilitate and support to establish National Healthy Settings Coordination Committee with National Healthy Village Sub-Committee.	NC	CA	Plan																								
				Actual																								
2. Operational capacity of Health Promoting Village Program for inclusive health issues is strengthened in Health Promotion Unit, the target provinces and the Provincial Healthy Setting Committees.	2.1 Develop the strategy of Health Promoting Village Program for inclusive health issues in the target provinces.	PHP	CA	Plan																								
				Actual																								
	2.2 Conduct TOT of Health Promoting Village Program for the health workers (nurses, health promotion officers and other public health program officers) in the target provinces.	PHP	SE2/SE4	Plan																								
				Actual																								
	2.3 Identify the target villages for Health Promoting Village Program.	PHP	CA	Plan																								
				Actual																								
2.4 Facilitate to establish Provincial Healthy Settings Coordination Committee with Healthy village Sub-Committee.	PHP	SE2/SE4	Plan																									
			Actual																									
2.5 Organize Activities to encourage better understanding of the healthy settings approach (e.g. study tour, village visit) for the Provincial Healthy Settings Coordination Committee.	PHP	SE2/SE4	Plan																									
			Actual																									
3. Social mobilisation and capacity to address inclusive health issues are enhanced through Health Promoting Village Program in the target villages.	3.1 Conduct a village-wide meeting to introduce Healthy Promoting Village Program in the target villages.	PHP/AHC	CA	Plan																								
				Actual																								
	3.2 Establish Village Health Committee (VHC) and Select Healthy Village Promoters (HVPs) in the target villages.	PHP/AHC	CA	Plan																								
				Actual																								
	3.3 Conduct training for the HVPs and HVC.	PHP/AHC	SE2/SE4	Plan																								
				Actual																								
	3.4 Conduct workshop to develop Village Action Plan (VAP) for village activities.	HPS/AHC	SE3	Plan																								
				Actual																								
	3.5 Provide basic health services and health education through HVP.	AHC	SE2/SE4	Plan																								
				Actual																								
3.6 Implement community activities of health promoting village program with the initiative of HVP.	PHP/AHC	CA	Plan																									
			Actual																									
3.7 Monitor and report on progress of the community activities by HVP.	PHP/AHC	CA	Plan																									
			Actual																									
3.8 Conduct awareness events (e.g. health talk, mass campaign, study tours, competition and award) based on communication strategy of health Promotion Unit.	PHP/AHC	CA	Plan																									
			Actual																									
4. Initiative necessary for the rollout of the Health Promoting Village Program for inclusive health issues is taken.	4.1 Conduct activities of public relations to facilitate Health Promoting Village Program.	NC	CA	Plan																								
				Actual																								
	4.2 Share experiences and lessons learned of Health Promoting Village Program with stakeholders through seminars and workshops at the central level.	NC	CA	Plan																								
				Actual																								
	4.3 Share experiences and lessons learned with stakeholders through seminars and workshops at the provincial level.	NC	CA	Plan																								
Actual																												
4.4 Discuss and Disseminate the Healthy Village Policy, guidelines, manuals and tools at the central level	NC	CA	Plan																									
			Actual																									
4.5 Conduct budget support consultation to relevant programs in the target provinces	NC	CA	Plan																									
			Actual																									

PM Project manager
 NC National Coordinator on Healthy Setting
 PHP Chief/Principle Health Promotion Officer in Province
 AHC Area Health Center Manager
 JCC

2) List of project members

No.	Name	Title	Period	
Long-term Experts			From	To
1	Toru Rikimaru	Chief Adviser	Jun 2016	Jun 2018
2	Ken Hashimoto	Chief Adviser	Jan 2019	Oct 2020
3	Mitsuru Ohno	Coordinator	June 2016	Dec 2016
4	Mikiko Tazawa	Coordinator	May 2017	May 2019
5	Toshihiro Tsuchiya	Coordinator	May 2019	Oct 2020
Short-term Experts				
1	Marika Nomura	Baseline survey	Mar 2017	Mar 2017
2	Marika Nomura	Monitoring	Sept 2017	Oct 2017
3	Marika Nomura	Endline survey	Jan 2020	Jan 2020
4	Hiroshi Kikuchi	Training and IEC material development	Jan 2017	Jul 2017
5	Miho Ando	Project management	Apr 2017	May 2017
6	Tsuyoshi Gomi	Rural livelihood development	Jan 2018	Apr 2018
7	Izumi Murakami	Health promotion	Jan 2018	Jul 2018
8	Sachiko Kuno	Health promotion	Oct 2018	Dec 2018
9	Risa Asamura	Community empowerment	Jan 2019	Mar 2019
10	Sae Tanaka	Endline survey	Jan 2020	Jan 2020
Local staff and consultants				
1	Joan Sale	Office cleaning	Jan 2017	Jun 2021
2	Erick Kiko	Logistic assistance	Feb 2017	Jun 2021
3	Kaddy Victor Cruz Beu	Admiration assistance	Apr 2017	Jun 2017
4	Roxsley Basil	Admiration assistance	Jun 2017	Aug 2019
5	Emarly Boka	Admiration assistance	Aug 2019	Mar 2020
6	Claudia Tobasala	Admiration assistance	Mar 2020	Oct 2020
7	Alby Lovi	Technical advisory	Jun 2017	Jun 2021
8	Alfred Maedaudau	Technical assistance	Jun 2017	Jul 2017
9	Joe Lyndsay	IEC Material Production	Sept 2019	Mar 2020
10	Shenella Viga	Data analyst	Nov 2019	Jun 2021
11	Pasepa Hugo	Data analyst	Dec 2019	Oct 2020
12	Pasepa Hugo	Admiration assistance	Oct 2020	Jun 2021

3) List of counterparts MHMS

	Department/Unit	Title	Name	Period	
Ministry of Health and Medical Services, HQ				From	to
1	Executive	Permanent Secretary	Tenneth Dalipanda	Jun 2016	Dec 2018
2		Permanent Secretary	Pauline Boseto McNeil	Feb 2019	Jun 2021
3		Deputy Secretary Health Improvement	Nemia Bainivalu	Jun 2016	Oct 2020
4	Health Promotion Department	Director	Alby Lovi	Jun 2016	Mar 2017
5		Director (Ag)	Ben Rickie	Apr 2017	Dec 2018
6		Director (Ag)	Adrian Laemana	Feb 2019	Jun 2021
7		Deputy Director	Adrian Laemana	Jun 2016	Mar 2017
8		Deputy Director (Ag)	Peter Kafa	Apr 2017	Mar 2020
9		Deputy Director (Ag)	Annie Toncan	Mar 2020	Jun 2021
10		National Healthy Settings Coordinator	Ben Rickie	Jun 2016	Jun 2021
11		National Healthy Settings Coordinator	Kelton Sikala	Apr 2017	Jan 2019
12	Nursing Division	Director	Michael Larui	Jun 2016	Jun 2021
13		Deputy Director	Susan Taragwanu	Feb 2019	Jun 2021
14	Policy and Planning	Director	Ivan Ghemu	Jun 2016	Jun 2021
15		Chief Policy Officer	Ernest Mae	Feb 2019	Dec 2019
16	Non-Communicable Diseases	Director	Geoffery Kenilorea	Jun 2016	Jun 2021
17		Coordinator	Nevalyn Laesango	Jun 2016	Jun 2021
18	Malaria	Director (Ag)	Albino Bobogare	Jun 2016	Dec 2020
19		Director (Ag)	Leonard Boas	Feb 2021	Jun 2021
20	Environmental Health	Director (Ag)	Leonard Olivera	Jun 2016	Feb 2021
21		Director (Ag)	Bobby Patterson	Feb 2021	Jun 2021
22	Maternal Child Health	Director	Divinol Ogaoga	Jun 2016	Jun 2021
23		Nutrition Officer	Salome Diatalau	Jun 2016	Dec 2018
24		Nutrition Officer	Muffet Taro	Mar 2018	Jun 2021
Guadalcanal Provincial Health Office					
25	Director's Office	Director	Joel Denty	Jun 2016	Jun 2021
26	Health Promotion Unit	Health Promotion Supervisor	Aloysius Vakeke	Jun 2016	Jun 2021
27		Healthy Settings Coordinator	Cliff Panda	Jun 2016	Dec 2018
28		Healthy Settings Coordinator	Martin Wauki	Jun 2016	Jun 2021
29		Health Promotion Officer	Mercy Walani	Jun 2016	Jun 2021
30	RWASH Unit	RWASH Coordinator	Derrick Willie	Jan 2019	Jun 2021
31	Nursing Division	Nurse Training Coordinator	Barol Manetarai	Jun 2016	Jun 2021
32		Community Nursing Supervisor	Jackson Beikera	Jan 2017	Jun 2021
33		NCDs Coordinator	Rex Saemae	Jun 2016	Jun 2021
34	Good Samaritan Hospital	Registered Nurse	Rose Vavanga	Jun 2016	Dec 2019
35		Registered Nurse	Billy Ngatonga	Jan 2019	Jun 2021
36		Registered Nurse	Agustine Geve	Jun 2016	Jun 2021

	Department/Unit	Title	Name	From	To
37	Lambi RHC	Registered Nurse	Emmanuel Tangu	Jan 2017	Dec 2020
38		Registered Nurse	Veronica Pukuni	Jun 2016	Jan 2018
39		Registered Nurse	Norma Anisi	Apr 2021	Jun 2021
40		Registered Nurse	Brightleen Longatabo	Apr 2021	Jun 2021
41	Totongo RHC	Registered Nurse	Absalon Haikau	Jun 2016	Jun 2021
42		Registered Nurse	Gladis Haikau	Jun 2016	Jun 2021
43		Registered Nurse	Noela Surumoua	Jan 2017	Dec 2018
44		Registered Nurse	Ribbecca Masodo	Jan 2019	Dec 2020
45		Registered Nurse	Steward Boruboru	Jan 2021	Jun 2021
46	Marau AHC	Registered Nurse	Adrian Manikera	Jun 2016	Jun 2021
47		Registered Nurse	Judith Manikera	Jun 2016	Jun 2021
48		Registered Nurse	John Ruben	Jun 2016	Jun 2021
49		Registered Nurse	Nancy Tiaro	Jan 2018	Dec 2019
50		Registered Nurse	Noela Surumoua	Jan 2019	Dec 2020
51		Registered Nurse	Diane Ligo	Jan 2021	Jun 2021
52		Health Promotion Officer	Lazarus Galua	Jun 2016	Apr 2020
Makira-Ulawa Provincial Health Office					
53	Director's Office	Director	John Harara	Jun 2016	Feb-00
54	Health Promotion Department	Health Promotion Supervisor	Dicksion Mae	Jun 2016	Jun 2021
55		Health Promotion Supervisor	Selwyn Warito	May 2021	Jun 2021
56		Healthy Settings Coordinator	Joel Miriki	Jun 2016	Jun 2021
57		Assistant Health Promotion Officer	Angela Aramara	Jun 2016	Jun 2021
58	RWASH Department	RWASH Coordinator	Dudley Hirohavi Nixon	Jun 2016	Jun 2021
59		RWASH Officer	James Mageme	Jun 2016	Jun 2021
60	Nutrition Unit	Nutrition Coordinator	Esme Harara	Jun 2016	Jun 2021
61	Nursing Division	Community Nursing Officer	Eddie Gapu	Jan 2018	Jun 2021
62		Provincial NCDs Coordinator	Markroy Rakei	Dec 2016	Jun 2021
63	Aringana RHC	Registered Nurse	John Wawusi	Jan 2017	Dec 2019
64		Registered Nurse (retired contracted)	Ester Waokahi	Jun 2016	Jun 2021
65		Registered Nurse	Harrison Gao	Apr 2021	Jun 2021
66		Registered Nurse	Glenda Gao	Apr 2021	Jun 2021
67	Tawairamo RHC	Registered Nurse Aid	Solvya Riwa	Jan 2018	Dec 2018
68		Registered Nurse	Philistas Horokeni	Feb 2019	Feb 2021
69		Registered Nurse	Delwin Saha	Feb 2021	Jun 2021
70	Taheramo AHC	Registered Nurse	Judith Rose Ahukela	Feb 2019	Feb 2021
71		Registered Nurse	Angela Alahanimae	Jan 2018	Jun 2021
72	Haupala RHC	Registered Nurse	Joy Haupala	Jun 2016	Jun 2021
73		Registered Nurse Aid	Solvya Riwa	Feb 2019	Nov 2020
74		Registered Nurse	Isom Jonathan Wakohe	May 2021	Jun 2021
75	Su'ulopo RHC	Registered Nurse Aid	Alwin Naeson	Jun 2016	Dec 2019
76		Registered Nurse	Ben Figua	Jul 2020	Jul 2021

4) Investment by JICA and MHMS

Input by the Japanese side

- A total of JPY 281 million (SBD 21 million) including equipment and human resources.

Input by the Solomon Islands side

- Office space (with electricity)
 - National Health Promotion Department, MHMS
 - Health Promotion Department, Guadalcanal Provincial Health Office
 - Health Promotion Department, Makira-Ulawa Provincial Health Office
- Other items borne by the counterpart government:
 - Labour cost of the MHMS employees
 - Partial travel cost of Provincial Health Officers for their field monitoring
 - Fuel and maintenance cost for the Project's vehicle and boat in Makira-Ulawa Provincial Health Office



