The project intends to provide overall access to malaria services in the pilot areas in Guadalcanal and Honiara. Early and appropriate malaria management strategies at the primary health facilities are expected to effectively eliminate malaria cases in the areas and reduce the number of malaria carriers at the same time. SIMTRI and JICA are working closely together in cooperation to design and improve the techniques and to enhance community participation for malaria control in Solomon Islands.

The VBDCP is in charge of awareness raising activities and health education for malaria, but there are no staff allocated specifically in place. The challenge is how to implement public health services such as health education which includes vector control by utilizing the staff, because recruitments of additional staff is not likely. The activities utilizing the staff members allocation will be considered while looking at the possibility of comprehensive activities which could include other programs.

The technical cooperation of JICA has given a lot of benefit to Solomon Islands. From August to September in 2007, the project conducted the health worker training at frontline facility (First) that composed with 1) Care of Malaria Diagnostic Equipments, 2) Stock Management of Medical Supplies, 3) Malaria Treatment Guidelines, 4) Education for Malaria Prevention. The participants were the nurses and microscopists of the target areas. And also in August, the project conducted the workshop on development of curriculum and materials for SICHE nursing trainers to promote the new malaria guideline. These trainings and the workshop are very big achievements of the activities of the project. JICA has given much support and has a very clear consultation with its counterparts to make things moving in the right direction to achieve the objectives.

Albino Bobogare
Director of Vector Born Disease Control Program
It is obvious that there was a high mortality rate for malaria in the Solomon Islands, and falciparum malaria, which is likely to develop into severe case, accounts for 60% to 70% of mortality (the project for strengthening of malaria control inception report, 2007). As such, one of the key areas identified by JICA was the inadequate case management at the front line level.

With that the training of trainers workshop was organized by JICA and School of Nursing of SICHE. The aim of the workshop was to develop a curriculum and materials for SICHE nursing trainers to promote the new Malaria Treatment Guidelines. The training of trainers was conducted from 13th – 17th August 2007. Six modules were written and this is the result and outcome that are expected. Before the modules were written there were lots of inputs from the counter parts, schools and the nurses before being finalized. It is very important for every one to give their comments or opinions before the materials were published.

Basically after completing the workshops it helps a lot and it is on the plan that the training of trainers must be a continuous program that involves some other nurses participate and builds wider knowledge in this newly introduced curriculum or the subject of malaria prevention program. The plan has been set, to host another workshop on the 25thNovember 2007 to actually look on the students guide book and the tutors hand book. After the training, the materials will be published and started to be used for the Diploma nurses and others. The curriculum development is not an easy job, there should be some specialists in the areas to input, this also can help to update it and also other areas needed to improve. Things needed to be improved are to have wider consultation and to invite the experts in the various fields in regards to malaria.

JICA initiated these programs and gave a very good input. It gives a better learning and knowledge for the nurses and the trainers to develop the most needed knowledge and skills for the management of severe malaria cases.

Verzilyn Isom
Head of School of Nursing and Health Studies of SICHE

Reported Malaria: in the month of January to June, 2007

Reporting of the incidence of confirmed malaria continues mainly through passive case detection from health facilities throughout the country. Of the 278 functioning hospitals, area health centres (AHC), rural health clinics (RHC) and nurse aid posts (NAP) 163 or 59 percent of them diagnose malaria through microscopy with immediate benefit to the patient. Malaria is endemic throughout the country with varying intensities. Present trends shows that the situation in certain provinces and islands is alarming while in some provinces the levels are relatively low. High malaria endemic areas includes Guadalcanal, Honiara, Central and Malaita province. Choiseul, Western, Makira and Temotu are within moderate levels while Isabel has reached the all time lows (see figure below). There difficulty is interpreting the data with inconsistencies in microscopy coverage thus reported data. However, significant reduction has been observed in the malaria incidence rates in 5 provinces during the reported interval as compared to the same interval in the previous year. These are Temotu (56%), Makira (48%), Isabel (46%), Guadalcanal (32%), and Honiara (31%). On the contrary increase has been ob-
served in Western (34%), Malaita (15%), and Central Islands (12%) while Choiseul province remains at steady levels. Overall incidence rate shows slight improvement 81.96 cases per thousand populations compared to 89.38 cases /1000 in the previous year, a reduction of 7.86%. The following main factors could attribute to increasing malaria:

1. Expansions in the malaria microscopy coverage with more malaria cases being detected from areas not previously covered.

2. True increase reflected by delayed action for intervention or the lack of it.

3. Logistic problems such as availability of supplies, transport and moneys for the timely implementation of control measures at strategic areas.

4. A highly mobile population aided by improved transportation and increased economic activities.

Luke Honiola (SIMTRI)

The Community Malaria Prevention Program (CMPP) is community based activity program for malaria prevention basically implemented by the community groups and school students and teachers. The main objective of the program is to change behavior of the target group for malaria prevention.

Michael Sarapidena
Community Leader, Kakabona

Before the program was introduced there were lots of problems had been seen especially within our community. There was no cooperation, the surroundings was not clean and also the biggest problem we had was no access to any information of the malaria or any other important programs for the community.

I hope I will carry out the opportunity to advice the people and do much work in the community. It was really seen clearly that people have been serious about the program (CMPP). In this community we have our weekly community working days, on Wednesdays. This has contributed to the action plan and it is an on going thing that needed to monitor. It is really believed that things are changing as times goes on working together or being togetherness.

In this process of change we hope to see that malaria cases will be reduced and children have healthy environment to live in. The program of malaria prevention should be a continuous activity taken by the Government, the local government, NGOs, the community people and so on. As malaria is the main sickness that attacks many of the Solomon Islands, the project should be introduced yearly. It is hope for the community to see change in all attitude of the community people.

Hon. Michael Liliau
Minister for Tourism, Youth, Sport and Women’s Affairs
Guadalcanal Province

The problem of malaria prevention activities and behaviors in our community rises, it is because of lack of information, awareness programs and also the togetherness of people in the community in which we find hard times to be together or to learn something good for the community, as this comes to introduce more on the malaria prevention it gives more clear information to the people in the community and they learn how they will introduce them within their family.

It is a great approach has been done to improve the better living of the people in the community and to reduce the record of the malaria and also the important one is to destroy the breeding places where mosquitoes can lay their egg. There is something learned and it makes a different, so far after the
days of presentation, people have gathered information and think wider about malaria prevention. As experience after the meeting on 24th September 2007 in Tamboko, there has been a committee formed, an annual plan made, also a fundraising. Made for the committee to set up funds that can help enable themselves without waiting for donors and also they can help to continue their own programs of prevention of Malaria (CMPP).

Things have been changed and people seriously started lots of clearing in their surroundings and also have engaged other people who are not having much information about the prevention or the CMPP. They have started to record something so important in the chart of “Home-based Malaria Prevention and Clinical Record” and engaging others to be involve to solve the problem.

The gaining knowledge each of the community people will improve and develop the community itself and prevent them from the sickness. Also the standard of living in the community will be looking good and children will be in good health and always attending schools. The participation of the people will be improved and I wish that they will work to prevent them from the sickness.

The very important is that working together. It is the main things that the community needs. And we’ll achieve the objective of our action plan. The community people are starting to learn something and it should be an ongoing project that builds relationship to prevent malaria. Now we are looking forward for the second phase in 2008.

A community based survey on residents’ satisfaction for health service and social capital was conducted in September 2007. The purpose of this survey was to assess health services from the view point of the residents and to study the social status of the people. SIMTRI and The Project for Strengthening of Malaria Control (PSMC) jointly worked on the survey by developing a questionnaire and submitting it to the National Ethics and Review Committee, selecting surveyors, and doing the actual survey. The survey was done within a period of two weeks in September at Honiara, Grove, and Tanganare. These are areas where PSMC activities are actively done. Total sample obtained was 613 (Honiara: 320, Grove: 209, Tanganare: 84). We are currently in the process of analyzing the data. Recognizing of people’s satisfaction of health service is an approach to uncover the needs of communities. Such information could be used for monitoring PSMC activities and the impact of its strategy. Similarly social capital survey demonstrates the invisible community network vital for the efficient implementation of the PSMC, for a successful outcome.

The same community based survey will be done again at the end of the project to compare the results and determine changes made as the result of the impact of the PSMC. SIMTRI fully supports the PSMC and will always cooperate in the programs.

Dr. Bernard BAKOT'EE
Director of SIMTRI

The Project for Strengthening of Malaria Control (PSMC) in Solomon Islands
Postal address: c/o JICA Solomon Islands Office
P.O. Box 793, Honiara, Solomon Islands
Tel. +677-30656
E-mail address : jicamalariproject@yahoo.co.jp

The location of the Project office:
The building of Solomon Islands Medical Training and Research Institute (SIMTRI) near the fishing village.
Date of issue: October 2007