9TH PIRMCCM ANNUAL MEETING
SOLOMON ISLANDS MALARIA GRANT PERFORMANCE UP DATE

What is working well and what needs improvement?? Lessons learned

Sunday 18th October 2009, Nadi, Fiji

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Objectives – 2008 to 2009

The specific objectives of the NMP 2008-2009 are to:

1. To reduce the national annual parasite incidence rate (API) in Solomon Islands by 29% from 128 / 1000 population in 2007 to 110 / 1000 population by 2009 and to reduce the annual parasite incidence rate in the highest transmission rate provinces to less than 100/1,000 by 2016 (currently there are four provinces with an API of >155 / 1,000 as at December 2007);

2. To reduce annual malaria-related deaths in Solomon Islands by 49% from 2.97 / 100,000 population in 2007 to 1.47 / 100,000 population by 2009

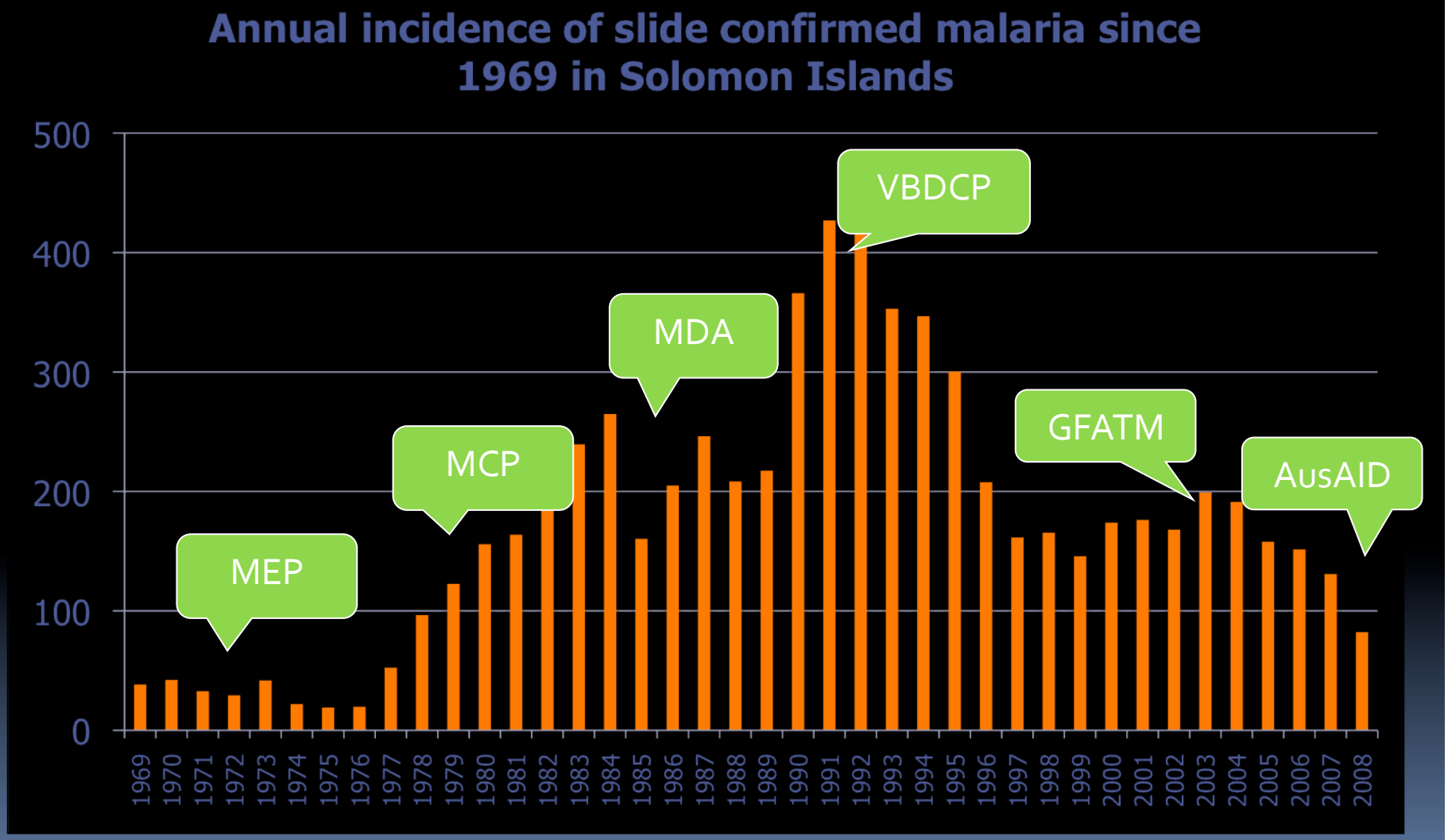
3. To eliminate falciparum and vivax malaria from Temotu Province in SI by 2014

Program Areas

1. Vector Control
2. Case Management
3. Monitoring and Evaluation
4. Admin./Finance/Logistics/Procurement/ Human Resource
5. Elimination

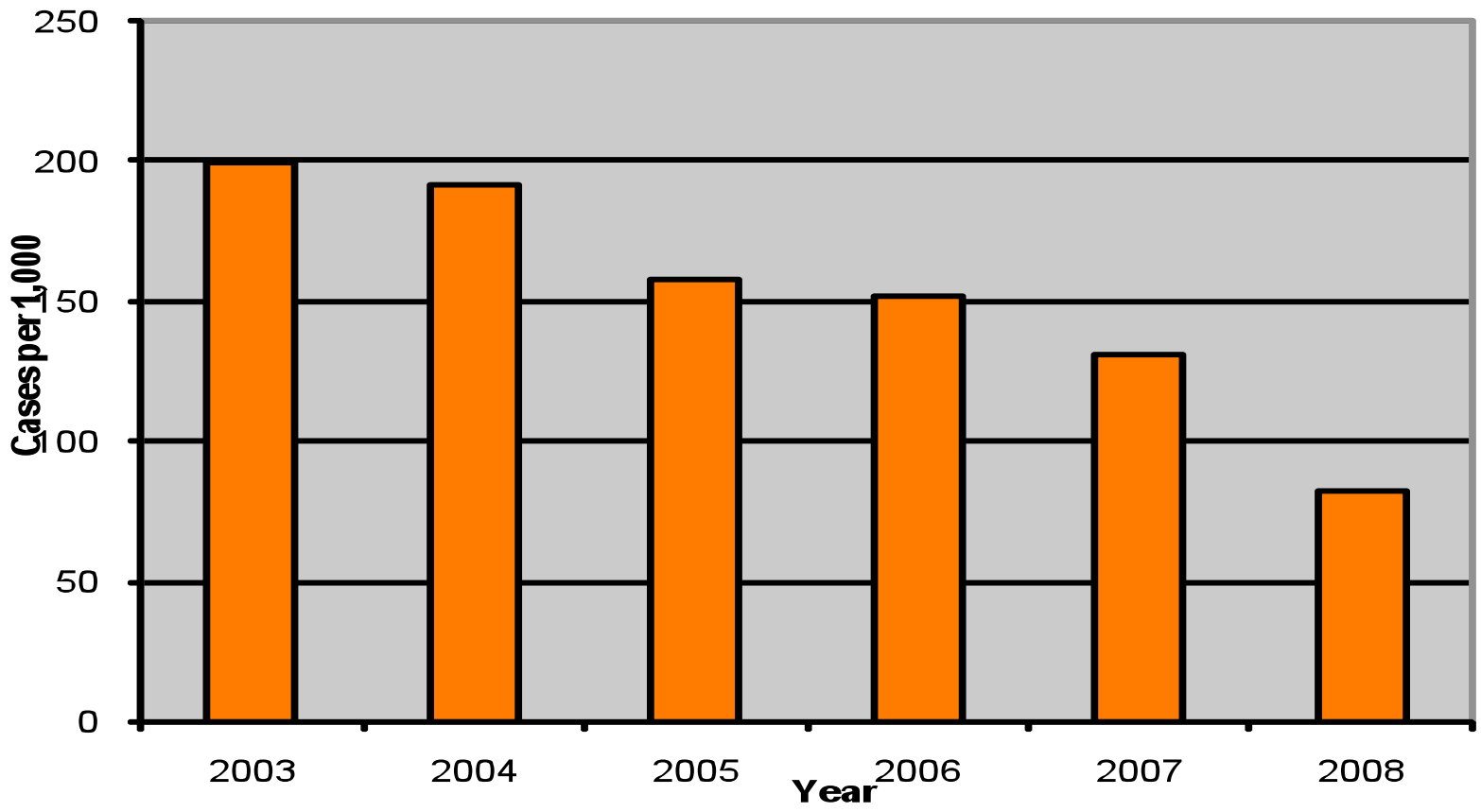
✦Community Mobilization

WHAT IS WORKING WELL



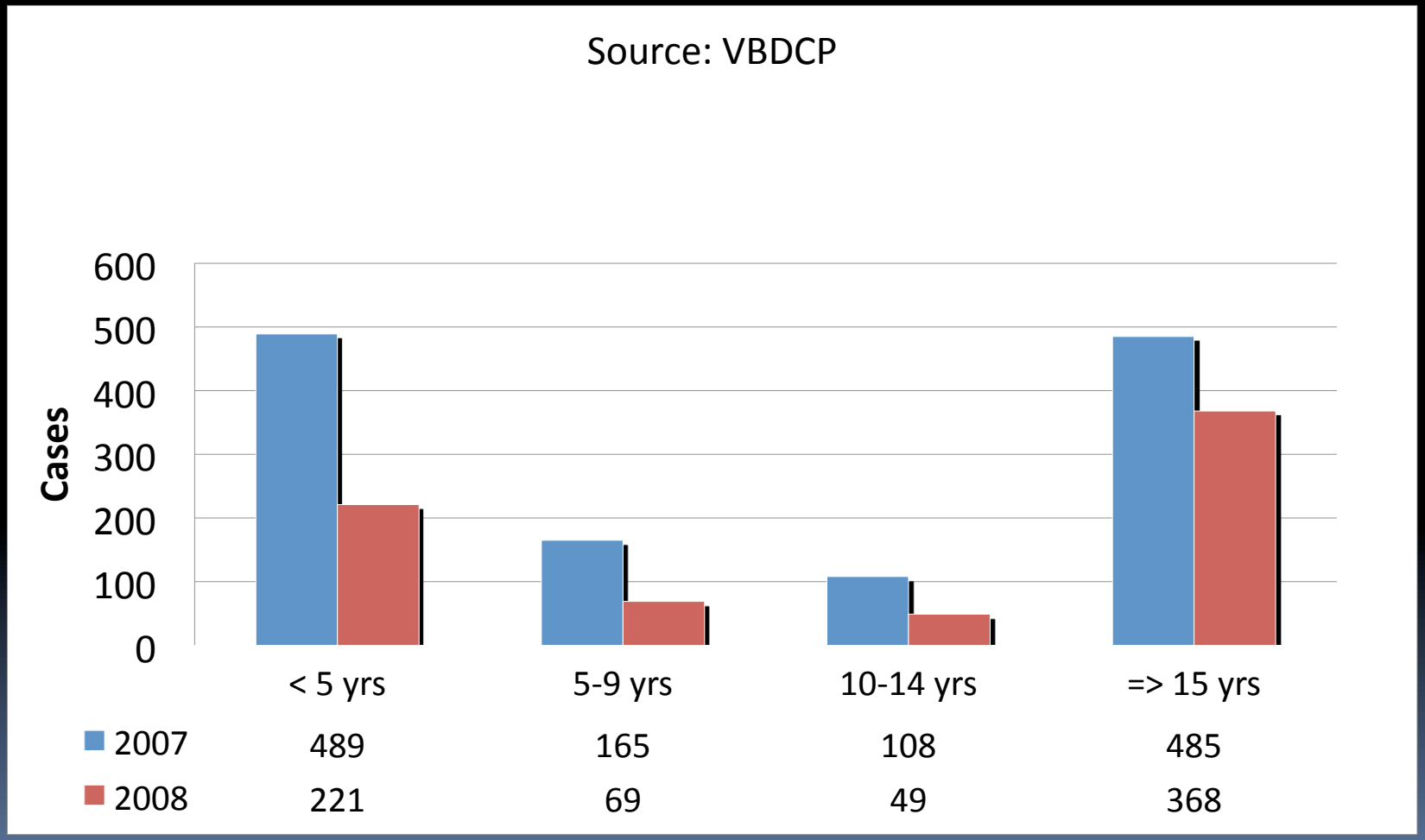
What is working well

Annual Parasite Incidence 2003 - 2008



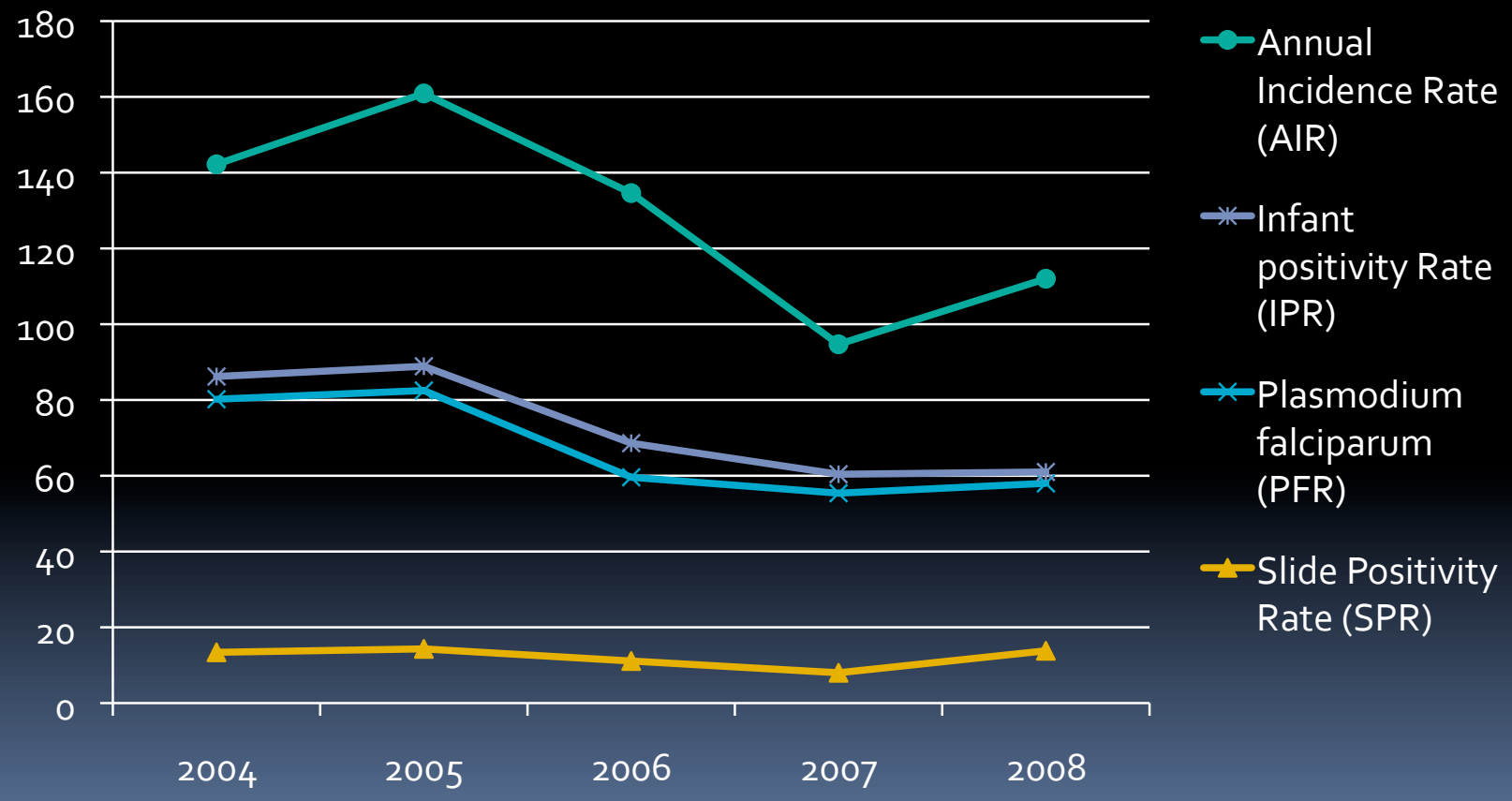
What is working well

AGE-SPECIFIC MALARIA-RELATED HOSPITAL ADMISSIONS, "07-"08



What is working well

Trends of Indicators for Temotu (Elimination Province)- 2004 to 2009



What is working well and what needs improvement in Vector Control

- Mosquito nets
  - Household census & mass distribution strategies & plans are developed
  - Delayed procurement affected availability & distribution
  - Preferred LLINs should be procured to ensure acceptability and increase usage
- Indoor Residual Sspraying (IRS)
  - Insecticide resistance tests are ongoing in 2 sentinel sites
  - Quality of Insecticides testing through WHO network is being initiated
  - Full coverage in transmission areas is the strategy in elimination provinces
  - Training of new spraymen and supervisors are ongoing
  - 85 new spray cans and spare parts is arriving on 19th October 2009
  - Training on repair and maintenance of spray cans is required
  - Quality of Spraying is an issue (poor supervision)
  - System for monitoring expiry of insecticides needs establishment
  - Quality of insecticides must be verified to meet WHO standards before procurement
  - IRS training boards is available only in Honiara
- Insecticide Resistance Monitoring
  - Result shows Permethrin, deltamethrin, lambdacyhalothrin (Icon) are still effective
  - Establishment of sentinel sites must be scientifically sound
  - Training on insecticide resistance monitoring is required

What is working well and what needs improvement in Vector Control Cont.

- Manpower
  - 4 vector control Staff provide technical support for all provinces
  - Training of one local specialist is under way
  - WHO continues to boost the technical capacity for Vector control
  - 2 additional staff are required to ensure adequate capacity
  - Provincial staff need regular refresher trainings on new effective approaches
- Storage & Safety
  - Rotarians Against Malaria (RAM) continues to support infrastructure for the huge procurement of nets & IRS supplies & equipment (1 Central warehouse and 12 sheds)
  - Appropriate equipment for sea travel and IRS is slowly being purchased
  - Guidelines and procedures to be developed
  - Safety training for field staff is vital to ensure compliance to safety regulations
- Procurement & Logistics
  - Limited OBMs, Canoes and vehicles are still functioning to support field activities
  - Repair and Maintenance of equipments is vital to reaching communities
  - Prioritized and timely procurement of equipment is very essential

Lessons learned in Vector Control

- Scale up of activities including distribution of 150,00 bed nets and Spraying of 33,000 households is a very challenging business.
- Micro planning of vector control programs is essential;
- Census and distribution of nets is complicated due to the need to prioritize distribution and will be delayed due to procurement of only one size of nets
- IRS is very effective for outbreak control
- Consistent using appropriate tools and targeted community mobilization ensures acceptability of control activities by the population
- Repair and maintenance of equipment and infrastructure is vital for scaling up
- Strategic deployment of field staff ensures good coordination, timely and cost effective implementation
- Operational researches must be internationally and scientifically acceptable
- Sufficient finance, infrastructure, skilled workforce , supplies, equipment and logistics is vital for effective and timely implementation of vector control activities

What is working well and what needs improvement in Case Management

- **Diagnostic Coverage /QA**
  - **Total parasite-based diagnostic coverage – 65% coverage**
  - **Microscopy – 148/294 (50%)**
  - **RDT – 43/294 (15%)**
  - **Currently conducting QA/Refresher workshop in WP, Temotu (8) , Isabel (12)**

1. **Strengthen QA/QC activities for microscopists and RDTs**
2. **Continue 6 monthly monitoring of diagnostic coverage**

- **ACT /RDT Roll out**
  - RDT Roll out plan is completed
  - Products were distributed to 11 second level distribution points (100% coverage by province)
  - Integrated distribution & evaluation tour to peripheral health facilities in Isabel province by NMS & VBDCP

1. Continue to strengthen and support NMS procurement and supply management system to ensure timely delivery and maintenance of adequate stocks of anti-malarial commodities in all health facilities
2. Continued monitoring of peripheral facility stock levels.
3. Evaluation of procurement and supply/distribution of anti-malarial commodities
4. Evaluate feasibility of distributing diagnostics items including RDTs through a strengthened VBDCP PSM system

What is working well and what needs improvement in Case Management

- Treatment Protocol Compliance Evaluation in HCC
  - 70 % of Pf cases correctly treated with AL within 24 hours of onset of fever
  - 40 % of Pv cases were correctly treated with AL+PQ combination
  - Roll out revised PCD form to capture information on prescribing practices
  - Conduct refresher trainings for nurses
  - Review and support SICHE malaria curriculum
- Health Workers Training coverage
  - Training coverage of t risk provinces: 9/9 (100 % coverage)
  - Training coverage by Health Facilities – 197/294 (67 %)
  - Training coverage by Health Workers – 339/709 (48 %)
  - Evaluation of past trainings
- HR (Recruitment)
  - Nursing Officer – Program Manager
  - Clinical Research (Malaria in Pregnancy)
    - Nursing Officer (Study Coordinator), Data Manager , Enrolment Assistants, Research/Admin Assistant (2) and Data Collectors
    - Continue process for inclusion of NO x2 for VBDCP establishment 2010
    - Resolve HR obstacles and finalize contracts
- Operational Research (IPTp)
  - MiP survey at NRH near completion (800 subjects -Target)
  - RCT implementation commenced (ANC recruitments, follow-ups and delivery survey – 2,000 target subjects)

Lessons learned in Case Management

- Quality of services provided by CBM's (60 %) in peripheral centres depend on community support. Anecdotal reports suggest that parasite-based diagnostic services are poor in these facilities
- Objective indicators for diagnostic coverage is affected by distribution of RDTs and the reliability of the microscope and or microscopist performing.
- Pressure on NMS to improve PSM for malaria commodities means establishing additional and new form for them
- Slow rollout and implementation of revised active ordering system (pull system) by NMS and end users
- Distribution of AL for first-line treatment was slow in most provinces, especially the distribution to peripheral facilities
- Infrastructure and Logistical difficulties are inherent with in the NMS 's PSM systems
- High dependency on NMS to facilitate distribution of RDTs
- Timely reporting and accuracy of distribution data is an issue

Lessons learned in Case Management Cont…

- The compliance to the new treatment guideline is dependant on availability of supplies and the confidence/understanding of the nurse on the use of new drugs.
- Difficulties in determining G6PD status throughout the country reduces compliance on use of primaquine
- Scattered islands with remote health facilities poses difficulties in bringing participants to a central location for training.
- Finalizing a suitable short term contracts for Data collectors, tailored to specific items in the SI labour acts , PS/ GO's is complicated
- PSD/MoH procedures to finalize terms and conditions for Data Manager and nursing officers is long and tedious
- Difficulties in formalising contracts for external experts to review and ensure that study is conducted according to good clinical practice (GCP) and other international guidelines (ICH) is slow
- A need for a reliable vehicle dedicated for Operational Research
- Randomized control trials are very expensive
- High dependency on donor funding
- More targeted promotion awareness activities are necessary for users and prescribers of the new ACTs and RDTs

What is working well and what needs improvement in Monitoring and Evaluation

- Standardized reporting forms
  - The "Notification of fever case form" is being reviewed and tested in Honiara
  - Need to support mass production, effective coordination of distribution to health facilities and ensure their return to provincial and national level
  - Other forms for outreach programs must also be coordinated from headquarters.
- SIMIS
  - TOR for review of SIMIS developed in 2008
  - 7 out of 9 provinces have computers and trained to use a Excel spread sheet tables to manage records and data and report to head quarters on a monthly basis.
  - The Field activity Report (FAR) provides a system for collecting and reporting of field activities
  - The PCD reporting is also in place
  - The position of a mapping officer has been identified
  - SIMIS review yet to be carried out to include writing of guidelines & Procedures
  - Need to identify and train staff for 2 provinces and computers for some.
  - Data quality is an concern
  - Establish electronic connectivity between HQ and Provinces to enhance reporting, analysis, feedback information dissemination and proper coordination
  - Surveillance must be strengthened with equipments, infrastructure, transport, communication and supplies.
  - The FAR has been inconsistent with data reported through other source by some provinces
  - The PCD also has inconsistencies and need to be monitored across the country (collection and reporting by health facility)
  - Further training of the mapping officer is necessary.
  - Training of monitoring officers in Required

Lessons learned in M & E

- A system for routine collection and reporting of data for the 3 outcome indicators related to LLINs and the impact indicator on mortality is not available by HIS or SIMIS and therefore special surveys are needed to be done to get reliable and up-dated data.
- Similarly, systems to capture some out come indicators for diagnosis and treatment and BCC coverage need to be established.
- Strengthening and standardizing reporting forms is the key to improving quality of data and needs a lot of support at the health facility level including appropriate training and mentoring
- Re-establishment of SIMIS with a user friendly database for data analysis requires TA
- Malaria mortality data is difficult to audit
- Supervisory visits have not been well understood and/or empowered to all supervisors
- Appropriate equipment , supplies and logistics must be available for accurate data collection and timely reporting.

What is working well and what needs improvement in Administration/ Finance/ Logistics/HR

- Planning documents developed
  - Malaria Action Plan 2008/09, 6 year Action Plan 2008-2014, Provincial Plans, Elimination plan
  - 2010 action plan development in progress
  - Coordination with Stakeholders within the plan
- Financial systems (PacMISC)
  - Appropriate account to be establish with in MOH
  - Procurement office established in Ministry of health
  - Recruitment of two accountants completed
  - AusAID Project Officer – NVBDCP finance officer
  - Support – preparing documentation for smoother reporting
  - Establishment of business processes and mentoring for managers required
  - Coordination of financial reporting to be established
- HR Recruitment
  - Developing staff establishment
  - Jerry, Margie, Steven, Cynthia, Rhina , Charlie,Temotu project manager

What is working well and what needs improvement in Administration/ Finance/Logistics/Procurement/HR Cont…

- HR Recruitment cont…
  - Admin/Finance Program Manager, Procurement /Asset Manager, Finance officer, WHO technical Staff, provincial managers and retiree replacements, parasitology officer
    - Change in organizational structure
    - Review of ToRs for all staff, PDs
- HR Training
  - Competencies identified
  - Coordination required for next year
- Infrastructure
  - A Infrastructure programme Framework 2009-2011 has been approved by the PS
  - Relocation of office premises
  - SIMTRI Re-development (Honiara)
  - Staff Housing (Honiara & Provinces)
  - Securing land
- Logistics , Procurement and Distribution
  - Currently done by supply officer and NMS for ACT & RDTs
  - Skilled Personnel recruitment in progress
  - Stock out for ACTs and RDTs
  - Inventory essential
  - Computer training for Supply officer
- HSS
  - NMS/Pharmacy, HP, HIMS, Nursing, MCH, MDP/MFA

Lessons learned in Admin./Finance /Logistics/HR

- Integrated operational or action plans with all stakeholders and provincial health services is necessary
- Submission processes and procedures for recruitment, confirmation and promotion between PSD and MoH lack a monitoring and follow-up system
- The responsibility for SIMTRI re-development relied on the MoH stretched capacity and very expensive
- Land for government workers accommodation in Honiara is not specified
- Development of Human resource development plans require a TA
- Establishment of business processes require a lot of mentoring of provincial and programme managers for successful implementation
- Maintenance and sustainability issues must be considered before procurement for capital infrastructure and equipment
- Engaging stakeholders for HSS requires constant consultation and support

What is working well and what needs improvement in Elimination

- Commencement of Temotu Elimination Program
- Baseline Parasitology and Entomology Survey completed
- Household enumeration, GIS mapping completed, sprayable surfaces measured
- Bed net distribution to all outer islands completed
- Still require approximately 6,000 LLINs to complete Santa Cruz
- Establishment of Provincial Elimination Committee done
- Infrastructure development near completion
- Provincial Program Management Support Officer recruitment underway
- QA and Recruitment of 8 microscopists is under way
- Household census by Mothers Union in Isabel completed
- Baseline Parasitology and Entomology Survey under way in Isabel
- Scaling-up of IRS coverage in Elimination provinces
- Planning for Isabel Elimination Program
- Commencement of community mobilization (People Focus), especially Temotu Province

Lessons learned in Elimination

- Planning for elimination will vary by province
- Requires a lot of community mobilization and cooperation
- Requires a lot of financial and human resources, time and energy
- Baseline surveys require a lot of detailed coordination and required a lot of funds for success
- Infrastructure is vital to accommodate the scaling up of procurement and increased man power
- Quality diagnosis and accurate household mapping is essential

Thank you!!!

- "The Goal of the National Malaria Program 2008 – 2014 is effective control and progressive elimination of malaria in Solomon Islands by 2014"