

**Ministry of Health
Vanuatu**

2011 MALARIA ACTION PLAN

Updated 15 July 2011

Abbreviations

ACD	Active Case Detection
ACT	Artemisinin-based Combination Therapy
APM1	Assistant Program Manager (position 1)
APM2	Assistant Program Manager (position 2)
AusAID	Australian Agency for International Development
CMS	Central Medical Store
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
GPS	Global Positioning System
HIS	Health Information System
HRD	Human Resource Development
IRS	Indoor Residual Spray
LLIN	Long Lasting Insecticide Treated Net
PacMISC	Pacific Malaria Initiative Support Centre
PDA	Personal Digital Assistant
PR	Principal Recipient for GFATM
RCC	Rolling Continuation Channel
RDT	Rapid Diagnostic Test
SCA	Save the Children Australia
VBDCP	Vector Borne Disease Control Program
WHO	World Health Organization

1 INTRODUCTION

The Vanuatu Government and development partners have developed a 6 year Malaria Action Plan (MAP) to scale up the response to malaria for the period 2008/09 to 2013/14.

The 2011 Malaria Action Plan (MAP) is an operational plan based on the consolidated donor work plan. It is a component of the 6 year MAP 2008-2014. It was developed by the Director and staff of the NVBDCP in consultation with VBDCP Programme Managers and partner organizations.

From 2012, the Malaria Action Plan (MAP) will be reflected in the Ministry of Health Annual Business Plan.

2 MALARIA SITUATION AND PROGRAMME ORIENTATION

Over the past years, Vanuatu has seen a marked decline in the incidence of malaria as calculated by the number of cases reported by the population at risk. Between 2003 and 2010 the incidence of malaria cases has dropped from around 70/1000 to 17.7/1000 *as reported RCC January 2011 per year. This decline follows an even more marked decline in malaria cases following intensified control efforts, which stated in the late 1980s, where the incidence was around 200 /1000 individuals per year.

These significant reductions in malaria, achieved by the National Malaria Control Programme through scaling of malaria prevention by massive distribution of insecticide treated bed nets and use of combination treatment (chloroquine combined with proguanil) from mid 2009, introduction of artemisinin based combination treatment and use of rapid tests, has moved the programme into the current phase of malaria 'pre-elimination'.

The programme is presently undergoing a reorientation and expansion in support of further intensified malaria control at national level and with the aim to achieve complete malaria elimination (i.e. interruption of local malaria transmission) in selected areas. This programme reorientation is an ambitious and challenging process, based on strong political, financial and technical support from in-country as well as external partners and donors.

2 GOAL

The goal of the National Malaria Program (NMP) 2008 – 2014 is effective control and elimination of malaria in one province by 2014.

3. OBJECTIVES

The specific objectives of the NMP 2008-2014 are to:

- To reduce the national annual parasite incidence rate (API) in Vanuatu by 70% from 23.3/ 1,000 population in 2007 to 7 / 1,000 population by 2014;
- To reduce annual malaria-related deaths in Vanuatu by 95% from 3 / 100,000 population in 2007 to virtually zero from 2014.
- To eliminate falciparum and vivax malaria from Tafea Province by 2014

The targets for 2011 and onward as informed by the 2009 – 2014 RCC Performance Framework and the Millennium Development Goals are:

Table One

Indicator	2010 Actual	2011 Target	2014 Target
Annual Parasite Incidence (API)	17.7	20 / 1,000	7 / 1,000
Malaria Death Rate		<1 / 100,000	<1 / 100,000
Number of malaria cases for children under 5 years with a confirmed diagnosis of malaria treated with anti-malarial drugs (MDG 6.8a)			95% (2015)
Proportion of households with insecticide—treated bed nets (MDG 6.7a)		95%	95% (2014) 100% (2015)
Proportion of children under 5 sleeping under insecticide—treated bed nets (MDG 6.7)		85%	85% (2014) 100% (2015)
Proportion of pregnant women sleeping under insecticide—treated bed nets (MDG 6.7a)		85%	TBA (2014) 100% (2015)
1.1 Number of LLINs distributed through mass campaigns	91,281	16,640	57,000
1.3 Number and percentage of target primary schools to whom BCC services and IEC materials distributed (e.g. posters, information leaflets)	95% (375 / 395)	95% (375 / 395)	95% (375/395)
2.1 Number and proportion of health facilities able to confirm malaria diagnosis using either microscopy or RDTs.	82% 308 / 361	95% 344 / 361	95%
2.2 Number and proportion of reported malaria cases confirmed either by microscopy or RDTs.	82% 3,554 / 4,338	31% 5,080 / 16,160	80%
2.3 Number of health workers trained on malaria case management	211	-	120

Indicator	2010 Actual	2011 Target	2014 Target
2.4 Number of confirmed malaria cases receiving anti-malaria treatment as per national guidelines	88.3% 3,139 / 3,554	5,080	TBD
3.1 Number and proportion of routine HIS/MIS reports submitted on time	19% 410 / 2,166	75% (1,626 / 2,166)	80%
3.2 Number and proportion of health facilities with quarterly supervision visits	43% 154 / 361	80% 290 / 361	85%
3.3 Number of community based groups actively involved in malaria control	5	4	4

In accordance with the 2010 – 2011 Malaria Elimination Plan sets out the following key performance indicators (KPIs) for measuring performance of critical components of the elimination strategy:

KPI	Description	Target	Target Timeline
1	Proportion of Tafea Province population receiving LLIN	100%	June 2010
2	Proportion of household structures within Tafea Province that are located within two miles of the coastline covered by Indoor Residual Spraying (IRS)	100%	December 2010
3	Proportion of households mapped using PDA/GIS in malarious islands in Tafea Province	100%	July 2010
4	Proportion of cases from health services recorded and reported to the NVBDCP within 48 hours	100%	February 2011
5	Proportion of malaria cases treated by Directly Observed Treatment (DOT) including the use of 14 days of primaquine for vivax cases	100%	April 2011
6	Proportion of cases fully investigated and followed up	90%	April 2011
7	Proportion of cases due to local transmission (indigenous cases)	0	December 2012

3 TARGETED INTERVENTION STRATEGIES

The objectives of the National Malaria Strategy will be achieved through a combination of strategic interventions:

- strengthen vector borne disease control through improved coordination, partnership involvement, capacity development, operational research, monitoring and program management
- reduce malaria transmission through the use of long lasting insecticide treated nets (LLINs), targeted indoor residual spraying (IRS) and locally-appropriate vector control measures such as source reduction strategies
- increase the proportion of fever patients receiving prompt parasite-based diagnosis using Rapid Diagnostic Test Kits (RDTs) and appropriate effective treatment with artemisin-based combination therapy (ACT)
- an aggressive combination of interventions coupled with innovative systems for effective monitoring and evaluation to eliminate malaria from Tafea Province and to establish a mechanism for malaria elimination throughout the Vanuatu.

4 KEY DELIVERABLES 2011

The key deliverables for 2011 are:

Vector Control

- full coverage of LLIN;
- 3rd and final round IRS for Tanna Island;
- 1st round IRS (hot spots) for Efate Island;
- establishment and capacity building of entomology operational team;
- monitor insecticide efficacy of LLIN;
- continuation of larvaciding activities in elimination province;
- implementation of strategies in line with the Elimination Plan, including completion, training and roll out of Standard Operating Procedures (SOP)

Case Management

- completion of Malaria Indicator Survey;
- completion of Drug Efficacy Study – Epi;
- completion of Pharmacovigilance reporting system and training;
- establish trial testing sites for G6PD deficiency;
- initiate clinical assessment of effect of primaquine on hemoglobin;
- continued procurement and distribution of malaria drugs and RDTs;
- continued training of health workers, with expanded modules including supply management, community mobilisation and other clinical and public health issues – IMCI etc;
- continued training of microscopists;
- implementation of microscopy maintenance and diagnostic service quality assurance measures;
- implementation of strategies in line with the Elimination Plan, including completion, training and roll out of Standard Operating Procedures (SOP)

Community Mobilisation

- continued implementation of community mobilization strategies in line with National Strategic Plan – Community Mobilisation – 2011 to 2014
- engagement of Community Mobilisation technical assistance to support the continued development of key elements of the strategy, including development of school

campaign and provision of training and development of IEC material and the provision of training and development of media initiatives.

Monitoring and Reporting

- finalization and implementation of M&E framework;
- improved timeliness and quality quarterly supervisory visits providing supportive supervision, integrated with provincial health services;
- improved timeliness and quality of malaria information systems to allow accurate and timely decision making and reporting, twinned with strengthening the MOH health information systems;
- investigate the role of mapping for malaria stratification;
- MOH-Malaria Integrated Planning Workshop – August 2011;
- Malaria program six-monthly management meetings

HSS - Human Resources

- recruitment of Surveillance Office and Elimination Officers for Tafea;
- support for MOH Human Resource Development Manager, MOH Health Information Systems Manager and MOH Infrastructure Officer;
- delivery of human resources development training activities in line with the 2011 Training Plan.

HSS – Supply Management

- engagement of Pharmacist Supply Management technical assistance to improve supply management efficiencies

HSS – Assets and Infrastructure

- engagement of an Infrastructure technical assistance to develop the MOH Infrastructure Plan, including a framework for consolidation of the Ministry's infrastructure development works.
- implementation of infrastructure works power, telecommunications, renovations of selected health facilities, TB ward Lenakel, storage sheds and staff houses in line with the MOH Infrastructure Plan
- completion of Asset Management and Maintenance Plan and procurement of assets – vehicles, motor cycles, boats large, boats small

5 CRITICAL SUCCESS FACTORS FOR 2011

The critical success factors for 2011 to attain the program objectives as set out by the indicators outlined in Table One are:

Key Priorities:

- Continued capacity building of malaria team, both national and provincial
- Effective community mobilization and behavioral change initiatives cutting across LLIN usage, ACT and RDT acceptance and IRS acceptance and knowledge of malaria amongst primary school children
- Focused integration of malaria program within the MOH
- Improved integrated information system management – Health Information Systems and Malaria Information Systems

- Engage technical assistance – assets and infrastructure planning and implementation; supply chain management; community mobilisation
- Continued support from technical partners, SPC, WHO and PacMISC
- Overseas training for key staff (2) to support the longer term program interventions and health system strengthening

6 SUMMARY BUDGET 2011

Based on indicative calculations for 2008 and 2009 it is expected that GOV contributes around 20% to the Malaria program in the form of direct salary and operating support and indirect support through the provision of national, provincial and rural health services and through the operation of hospitals, health centres, dispensaries and aid posts.

The program implementation and fund utilization will be periodically reviewed which may require funds to be re-programmed, in such cases, the VBDCP will comply with the respective partner agreements.

On this basis the total 2011 budget for the Malaria program is **US\$8,278,254**.

SUMMARY BY PARTNER

Partner	Funding USD	Funding Vatu	% Allocation
Government (*)	\$ 772,160	77,988,160	9%
AusAID - PACMI	\$ 3,083,997	311,483,733	37%
AusAID – PacMISC (**)		-	0%
Global Fund - SPC (Including WHO)	\$ 4,422,097	446,631,771	54%
TOTAL	\$ 8,278,254	836,103,664	100%

(*) Based on 2010 actual expenditure direct and indirect related to malaria related health service delivery.

(**) MAP to be updated with 2011 PacMISC funding support once the work plan July – December 2011 is completed.

At this stage for 2011 the GOV's contribution to the Malaria program by activity area has not yet been quantified and therefore it is not included in the detailed budget herein.

For 2011 the total budget for activities funded by partners is **US\$7,506,094** and distributed as follows:

This budget is further dissected by Service Delivery Area (SDA) as follows:

SUMMARY BY ACTION PLAN

Partner	SDA	Funding USD	Funding Vatu	% Allocation
Planning and Administration	AC	\$ 980,666	99,047,226	12%
Procurement - Drugs	DR	\$ 143,500	14,493,501	2%
Procurement - Health Products	HP	\$ 739,948	74,734,770	10%
Procurement - Services	PS	\$ 69,590	7,028,590	1%
Human Resources - Staffing	HR	\$ 764,005	77,164,534	10%
Human Resources - Training	TP	\$ 452,432	45,695,632	6%
Human Resources - Technical Assistance	TA	\$ 229,575	23,187,075	3%
Assets and Infrastructure	IE	\$ 1,819,227	183,741,895	24%
Field Operations – LLIN/IRS	OPS	\$ 414,089	41,822,995	6%
Field Operations - Elimination	OPS	\$ 442,200	44,662,154	6%
Community Mobilisation	CM	\$ 334,193	33,753,476	4%
Monitoring and Evaluation	ME	\$ 1,116,670	112,783,656	15%
TOTAL		\$ 7,506,094	758,115,504	100%

Given the delay in receiving Global Funds, as in 2010 the program for 2011 will continue to accelerate program implementation, utilizing funds remaining in 2009 and 2010 and allocated in 2011.

The 2009 – 2011 Consolidated Budget was developed by the Malaria program with support from partners. Refer Annex 1.

7 ACTIVITY PLANS 2011

7.1 MANAGEMENT AND ACTIVITY PLAN 2011

The overall management and coordination of the 2011 MAP is the prime responsibility of the Manager and the Deputy Manager, VBDCP with support from a Deputy Manager five (5) national programme officers and six (6) provincial malaria supervisors.

Additionally, the team will be supported by professional staff from partner organisations, one (1) from SPC (based in Solomon Islands), two (2) from WHO, and two (2) from PacMISC. One (1) PacMISC Program Management Support Officer (PMSO) is located in Tanna to support the elimination program in Tafea.

A Technical Advisory Group (TAG) made up of VBDCP managers, WHO and PacMISC to meet fortnightly to provide on-going program planning, management and monitoring.

The Malaria Steering Committee (MSC) with membership from MOH, MFEM, AusAID, SPC, VCCM, WHO and PacMISC to meet monthly to provide strategic support to the program.

The Malaria Reference Group (MRG) meets once a year to provide overall technical and strategic support to inform the regional program, in both Vanuatu and Solomon Islands.

The Program Management and Planning activities and budget:

MANAGEMENT AND PLANNING

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP01C	1.1.2.2	AC	Logistics - national office	MOH-MP	\$ 19,618	1,981,412	PACMI
61MP01D	1.1.2.3	AC	LLIN Planning Workshop	MOH-MP	\$ 17,112	1,728,274	PACMI
61MP03B	1.3.1.2	CM	Community mobilisation – strategic development and capacity building	MOH-MP			PacMISC
61MP07B	2.3.2.0	AC	Produce guidelines on QA for microscopy and RDT	WHO	\$ 3,200	323,200	SPC
61MP09E	2.5.5	AC	CMS – mSupply – Phase 2	CMS	\$ 60,000	6,060,000	PACMI
61MP21A	3.4.0.1	AC	Develop assets and infrastructure management plan	MOH-MP	\$ 6,000	606,000	SPC
61MP21B	3.4.0.2	TA	Technical assistance for asset and infrastructure plan	MOH-MP	\$ 7,000	707,000	SPC
61MP21B	3.4.0.2	TA	Technical assistance for asset and infrastructure plan	MOH-MP	\$ 68,425	6,910,925	PACMI
61MP21I	3.4.1.7	TA	Technical and management support designing an infrastructure improvement plan	MOH-MP	\$ 60,000	6,060,000	SPC

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP21X	3.4.7.6	AC	Operating costs for VSAT system	PACRICS	\$ 27,000	2,727,000	SPC
61MP21X	3.4.7.6	AC	Contribution to IT / VSAT maintenance and connectivity	MOH-IT	\$ 7,921	800,000	PACMI
61MP21Z	3.4.7.8	AC	Contribution to national malaria office communications costs for fixed line telephony	MOH-MP	\$ 11,037	1,114,735	SPC
61MP211	3.4.7.9	AC	Contribution to provincial malaria office communications costs for fixed line telephony	MOH-MP	\$ 24,000	2,424,000	SPC
61MP23A	3.6.1.0	AC	Routine progress review/strategy development workshops each year with provincial malaria managers to plan for year ahead	MOH-MP	\$ 27,094	2,736,506	SPC
61MP23B	3.6.2	AC	Annual cross border meeting	MOH-MP	\$ 6,013	607,350	PACMI
61MP23D	3.6.4	AC	Malaria steering committee - meetings	PacMISC			PacMISC
61MP25A	3.8.1	AC	VCCM operating costs	VCCM	\$ 92,343	9,326,621	SPC
61MP25A	3.8.3	AC	PR Management Fee	PR	\$ 679,328	68,612,128	SPC
			TOTAL		\$ 1,116,091	112,725,151	

7.2 PROCUREMENT ACTIVITY PLAN 2011

For 2010 to end 2011 the Procurement Management Plan approved by the Malaria Steering Committee (April 2010) outlines in detail the procurement activities funded by AusAID (PacMI). The procurement funded by SPC is outlined in the Procurement Supply and Management Plan (May 2009). Refer Annex 2 and Annex 3.

The Malaria program in line with the health systems strengthening component will continue to support the strengthening of supply chain management and reporting. This requires supply management skills and technical assistance will be engaged to facilitate efforts within MOH Central Medical Stores and the six provincial pharmacies. It is critical that there are no stock outs, no stock waste and stock consumption data is reported.

For 2011, under the GFTAM grant, SPC as the Principle Recipient is responsible to procure all SPC funded health products, thereby maximizing cost savings and assuring quality products. Likewise for PacMI funded anti-malarials, the VBDCP will procure through the WHO global procurement system. The MOH-CMS, with support from the VBDCP, will manage and distribute medical supplies to the health facilities.

Additionally for 2011, top up stocks of LLIN (58,000) to be funded by PacMI with support from SPC and in accordance with the Government of Vanuatu procurement system.

Note second line treatment drugs and primaquine will be funded from the GOV budget.

PROCUREMENT OF HEALTH PRODUCTS AND NON-HEALTH PRODUCTS

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP01A	1.1.1.1- 1.1.1.3	HP	Large, Medium and Small size LLIN	SPC	-\$ 42,150	- 4,257,101	SPC
61MP01A	1.1.1.1- 1.1.1.3	HP	Large, Medium and Small size LLIN	MOH-MP	\$ 300,000	30,300,000	PACMI
61MP01A	1.1.1.5	PS	LLIN Port handling charges	MOH-MP	\$ 3,080	311,080	PACMI
61MP01H	1.1.3.3	HP	Procure Susceptibility kits	MOH-MP	\$ 3,406	344,006	PACMI
61MP02A	1.2.3.5	PS	IRS Shefa - Procure insecticide and equipment	MOH-MP	\$ 5,000	505,000	PACMI
61MP05A	2.1.1.1	IE	Procure Microscopes	SPC	\$ 7,488	756,298	SPC
61MP05A	2.1.1.2	PS	Freight and insurance	SPC	\$ 5,790	584,790	SPC
61MP05A	2.1.1.3	IE	Repair Kits for Microscopes	SPC	\$ 5,000	505,000	SPC
61MP05B	2.1.2.1	IE	Microscopes maintenance - spare parts and accessories	SPC	\$ 10,000	1,010,000	SPC
61MP05D	2.1.3.1	HP	Procure diagnostic consumables	SPC	\$ 103,200	10,423,200	SPC
61MP06A	2.2.1.1	HP	Procure RDTs	MOH-CMS	\$ 370,492	37,419,665	SPC
61MP06B	2.2.1.4	PS	RDTs - distribution costs	MOH-CMS	\$ 13,220	1,335,220	PACMI
61MP07D	2.3.4.0	PS	Provide batch testing for RDTs	SPC	\$ 3,000	303,000	SPC

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP10A	2.6.1.1	DR	Procure - ACT - CoArtem	WHO	\$ 100,000	10,100,001	PACMI
61MP10B	2.6.1.2	DR	Procure - Aretsunate injection	WHO	\$ -	-	PACMI
61MP10C	2.6.1.3	DR	Procure - Artesunate suppository	WHO	\$ 43,500	4,393,500	PACMI
	2.6.1.4	DR	Procure - Primaquine	MOH-CMS	\$ -	-	GOV
61MP10A	2.6.1.6	PS	ACT - distribution costs	MOH-CMS	\$ 20,000	2,020,000	PACMI
61MP10B	2.6.1.6	PS	Aretsunate injection - distribution costs	MOH-CMS	\$ 3,000	303,000	PACMI
61MP10C	2.6.1.6	PS	Artesunate suppository - distribution costs	MOH-CMS	\$ 3,000	303,000	PACMI
61MP10A	2.6.1.7	PS	Port handling charges	MOH-CMS	\$ 4,500	454,500	PACMI
61MP10A	2.6.1.8	PS	Routine distribution of anti-malarial treatments to appropriate health facilities	MOH-CMS	\$ 9,000	909,000	PACMI
61MP15A	2.11.4	PS	Lot quality sampling of anti-malarial treatment	WHO	\$ 5,000	505,000	PACMI
			TOTAL		\$ 975,526	98,528,159	

7.3 ASSET AND INFRASTRUCTURE DEVELOPMENT ACTIVITY PLAN 2011

Where possible, items will be purchased locally, with support required to determine the condition and reach of existing assets in order to prioritise the allocation of new assets, especially tele-radios, motor cycles, vehicles and boats.

In co-operation with MOH Corporate Services Unit, the program engaged a technical assistance to assist with the infrastructure planning, development and implementation. The MOH Infrastructure Development Plan (February 2011) informs the implementation of infrastructure works.

Additionally, the program has drafted an Assets Management and Maintenance Plan (July 2011) to guide the proper management of assets, located in Port Vila and in the provinces and through the asset maintenance plan positive impact on asset life cycle costs and asset performance in extremely challenging environments.

PROCUREMENT OF ASSETS AND INFRASTRUCTURE

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP10F	2.6.2.3	IE	CMS storage capacity in provincial pharmacies	MOH-INF	\$ 60,000	6,060,000	PACMI
61MP21C	3.4.1.1	IE	Renovate national office	MOH-INF	\$ 62,794	6,342,168	SPC
61MP21C	3.4.1.1	IE	National Program office - renovation	MOH-INF	\$ 155,310	15,686,330	PACMI
61MP21E	3.4.1.3	IE	Build new provincial storage facilities - 2 units	MOH-INF	\$ 124,033	12,527,306	PACMI
61MP21F	3.4.1.4	IE	Provide new staff accommodation - 2 units	MOH-INF	\$ 60,000	6,060,000	PACMI
61MP21G	3.4.1.5	IE	Renovate provincial and lower level diagnostic laboratory	MOH-INF	\$ 70,000	7,070,000	SPC
61MP21H	3.4.1.6	IE	Renovate provincial health facilities	MOH-INF	\$ 50,000	5,050,000	SPC
61MP21H	3.4.1.6	IE	Renovate provincial facilities - 5 units - includes TB ward	MOH-INF	\$ 600,000	60,600,000	PACMI
61MP21J	3.4.2.1	IE	Small size boat (to support M&E)	MOH-INF	\$ 67,900	6,857,934	SPC
61MP21K	3.4.2.2	IE	Large size boat (to support LLIN distribution and M&E)	MOH-INF	\$ 60,000	6,060,000	SPC
61MP21L	3.4.2.3	IE	Boats - delivery costs	MOH-INF	\$ 13,515	1,365,053	SPC

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP21M	3.4.2.5	IE	OBM - maintenance	MOH-INF	\$ 24,738	2,498,548	SPC
61MP21N	3.4.2.6	IE	OBM - procurement	MOH-INF	\$ 18,962	1,915,200	SPC
61MP21O	3.4.4.1	IE	Twin cab 4WD	MOH-INF	\$ 64,000	6,464,000	SPC
61MP21O	3.4.4.1	IE	Twin cab 4WD	MOH-INF	\$ 72,000	7,272,000	PACMI
61MP21Q	3.4.4.2	IE	Vehicles - maintenance	MOH-INF	\$ 12,769	1,289,653	SPC
61MP21Q	3.4.6.1	IE	Motor bikes	MOH-INF	\$ 15,000	1,515,000	SPC
61MP21R	3.4.6.2	IE	Maintenance & spare parts	MOH-INF	\$ 1,500	151,500	SPC
61MP21S	3.4.7.1	IE	VHF Base units	MOH-INF	\$ 73,800	7,453,800	SPC
61MP21T	3.4.7.2	IE	Solar power system	MOH-INF	\$ 160,000	16,160,000	SPC
61MP21U	3.4.7.3	IE	Set up costs for radios	MOH-INF	\$ 8,609	869,554	SPC
61MP21V	3.4.7.4	IE	Office furniture - Desk, Chair	MOH-INF	-\$ 8,220	830,186	SPC
61MP21W	3.4.7.5	IE	VSAT system	MOH-INF	\$ 12,000	1,212,000	SPC
61MP21Y	3.4.7.7	IE	Office equipment - for provincial offices to enhance M&E	MOH-INF	\$ 18,027	1,820,737	SPC
			TOTAL		\$ 1,796,739	181,470,597	

7.4 HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT (INCLUDES TRAINING AND RECRUITMENT) ACTIVITY PLAN 2011

The organogram for the program is at Annex 4.

For 2011, with the availability of RCC funding the following 20 malaria program positions continue to be filled:

Position	Place & Island	Province
Deputy Manager	Port-Vila, Efate	NATIONAL
Case Management Officer	Port-Vila, Efate	NATIONAL
Case Management Nurse	Port-Vila, Efate	NATIONAL
Vector Control Officer	Port-Vila, Efate	NATIONAL
Community Mobilisation Co-ordinator	Port-Vila, Efate	NATIONAL
Surveillance and Monitoring & Evaluation Officer	Port-Vila, Efate	NATIONAL
Financial Officer	Port-Vila, Efate	NATIONAL
Senior Accounts Clerk	Port-Vila, Efate	NATIONAL
Supply Chain Officer	Port-Vila, Efate	NATIONAL
Asset & Infrastructure Officer	Port-Vila, Efate	NATIONAL
Field Officer	Port-Vila, Efate	SHEFA
Information Officer	Port-Vila, Efate	SHEFA
Field Officer	Norsup, Malekula	MALAMPA
Information Officer	Norsup, Malekula	MALAMPA
Field Officer	Luganville, Santo	SANMA
Information Officer	Luganville, Santo	SANMA
Field Officer	Lolowai, Ambae	PENAMA
Information Officer	Lolowai, Ambae	PENAMA
Information Officer	Sola	TORBA
Field Officer	Sola	TORBA

The following Microscopy 19 positions are funded through RCC:

Place & Island	Province
Craig Cove West Ambrym	MALAMPA
Craig Cove West Ambrym	MALAMPA
Liro Paama	MALAMPA
Ranmuh North Ambrym	MALAMPA
South West Bay Malekula	MALAMPA
Lolowai Ambae	PENAMA
Melsisi Pentecost	PENAMA
Melsisi Pentecost	PENAMA
Nduidui Ambae	PENAMA
Pangi Pentecost	PENAMA
Luganville Santo	SANMA
Luganville Santo	SANMA
Luganville Santo	SANMA
Port Vila Efate	SHEFA
Rovo Bay Epi	SHEFA
Tongoa	SHEFA
Tongoa	SHEFA
Lenakel Tanna	TAFEA
Sola Vanua Lava	TORBA

For 2011, with the availability of PacMI funding the following program and MOH positions are filled

Position	Place & Island	Province
Manager Health Information Systems	Port-Vila, Efate	NATIONAL
Manager Human Resource Development	Port-Vila, Efate	NATIONAL
Infrastructure Officer	Port-Vila, Efate	NATIONAL

The remaining positions have not yet been recruited, with the Tafea position under recruitment in July 2011:

Position	Place & Island	Province
Malaria Officer (SPC)	Port-Vila, Efate	NATIONAL
Surveillance Officer (PacMI)	Lenakel, Tanna	TAFEA
Elimination Officers (PacMI)	Lenakel, Tanna	TAFEA

The total budget for staffing is as follows:

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP19A	3.2.1.0	HR	Human resources - staff - not microscopist	SPC	\$ 701,472	70,848,701	SPC
61MP19A	3.2.1.0	HR	Staffing - MOH - Manager HIS, Manager HRD and Infrastructure Officer	SPC	\$ 62,533	6,315,833	PACMI
			TOTAL		\$ 764,005	77,164,534	

Based on the 2010 Human Resources Development Plan the 2011 Training Plan outlines all scheduled training, refer Annex 5. The training is focused on the following areas: monitoring and evaluation, information systems, health service management and financial management, Microsoft computer applications, BCC, IRS spraying and entomology, and health worker treatment and diagnosis and microscopy training. Additionally for 2011 with technical support from the Solomon Islands the program plans to develop the Act Malaria “Malaria management in the Field Officer” program for delivery in Vanuatu.

With the recruitment of 20 staff in 2010 there is an on-going need for continued staff development and training. Additionally, capacity building is a focus for all adviser programs.

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP05E	2.1.4.1	TP	Microscopist train	MOH-MP	\$ 3,376	341,000	SPC
61MP05E	2.1.4.2	TP	Microscopists (VCH) - training	MOH-MP	\$ 15,436	1,559,000	PACMI

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP05F	2.1.5. 1	TP	Train on microscope maintenance	MOH-MP	\$ 259	26,175	SPC
61MP07A	2.3.1. 0	TP	Train on QA for microscopy and RDT	WHO	\$ 18,000	1,818,000	SPC
61MP08A	2.4.1. 1	TP	Train (and re-train) health workers on updated national treatment guidelines	MOH-MP	\$ 76,630	7,739,676	SPC
61MP09C	2.5.3. 0	TP	Produce revised SOPs on supply management for RDTs and ACTs.	MOH-MP	\$ 2,650	267,650	SPC
61MP09D	2.5.4. 0	TP	Train on SOP on supply management for RDTs and ACTs	MOH-MP	\$ 8,518	860,340	SPC
61MP16B	2.12.2	TP	Train key officers on pharmaco vigilance	MOH-MP	\$ 4,800	484,800	SPC
61MP18A	3.1.2. 0	TP	Diploma	MOH-MP	\$ 244,685	24,713,226	SPC
61MP18B	3.1.3. 0	TP	Short course (Certificate)	MOH-MP	\$ 25,959	2,621,825	SPC
61MP18C	3.1.4	TP	Training - new staff orientation	MOH-MP	\$ 17,334	1,750,727	PACMI
61MP18A	3.1.5	TP	Nutrition Degree Course Fiji SM 2011	MOH-MP	\$ 5,934	599,331	PACMI
61MP20B	3.3.2. 1	TP	Train (and re-train) key officers on M&E check list	MOH-MP	\$ 28,850	2,913,882	SPC
			TOTAL		\$ 452,432	45,695,632	

Additionally, technical assistance is needed to provide the required level of expertise and focus in the following areas:

HUMAN RESOURCES - TECHNICAL ASSISTANCE

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
	1.2.3.5	TA	Technical assistance - IRS	PacMISC			PacMISC
61MP05C	2.1.2.1	TA	Technical assistance - microscope maintenance	PacMISC			PacMISC
61MP07E	2.3.5	TA	Technical assistance for QA training - microscope & RDT	WHO	\$ 6,000	606,000	SPC
	2.4.1.3	TA	Technical assistance - Yaws strategy	WHO	\$ 25,650	2,590,650	PACMI
61MP09A	2.5.1.0	TA	Technical assistance for developing SOP on supply management	MOH-MP	\$ 15,000	1,515,000	SPC
61MP09A	2.5.1.0	TA	Technical assistance for developing SOP on supply management	MOH-MP	\$ 40,000	4,040,000	PACMI
61MP16A	2.12.1.0	TA	Technical assistance for developing the pharmacovigilance guideline	MOH-MP	\$ 7,500	757,500	SPC
61MP20H	3.3.4.2	TA	M&E malaria information system - technical assistance	PacMISC			PacMISC
61MP34A	4.9.1.0 to 4.9.4.0	TA	Technical program management support – TAFEA / PROVINCES	PacMISC			PacMISC
			TOTAL		\$ 94,150	9,509,150	

8 COMMUNITY MOBILISATION ACTIVITY PLAN 2011

For 2011, it is critical that the program continues to work with the MOH Health Promotion Unit and other partners to expand its community mobilisation effort and to institutionalize CM activities across all program activities implemented nationally and in the provinces. The engagement of local communities empowers communities to take responsibility and participate in decision making for their health.

Likewise in schools health promotion activities are needed to inform children on malarial topics, including malaria prevention.

As outlined in the 2011-2014 National Strategic Plan for Community Mobilisation and Communication for Malaria Control in Vanuatu seeks to achieve specific behavioural objectives through the use of seven (7) strategies:

1. Build knowledge, skills and capacity of all cadres of health workers to effectively mobilize communities for malaria control.
2. Build knowledge and capacity of village chiefs, church leaders, women's representatives and youth representatives to be advocates for malaria control within their communities.
3. Strengthen partnerships with non-government, faith-based, community-based and development organizations and equip them to disseminate information and mobilize communities for malaria control.
4. Work with the Ministry of Education to strengthen malaria control activities through health promoting schools using a healthy settings approach.
5. Strengthen advocacy for 'Malaria Free Vanuatu' through developing relationships with the mass media, particularly radio and print media.
6. Strengthen advocacy for malaria control through developing relationships with leaders and decision makers including politicians and ni-Vanuatu who inspire others.
7. Engage with the private sector to recruit a group of 'Malaria Free Vanuatu' supporters who can contribute to the longer term sustainability of malaria prevention and control activities.

In conjunction with the national planning and specific program planning the community mobilisation activities funded are:

COMMUNITY MOBILISATION

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP03A	1.3.1.1	CM	Train selected people from CBOs, schools and other non-health government staff on community based	MOH-MP	\$ 5,023	507,295	SPC
61MP03B	1.3.1.2	CM	Support mobilization efforts to reach schools with BCC activities	MOH-MP	\$ 31,127	3,143,840	SPC
61MP03D	1.3.2.2	CM	Implement school based malaria-prevention programme to reach 95% of 395 schools	MOH-MP	\$ 97,213	9,818,550	SPC
61MP03E	1.3.2.3	CM	Evaluate effectiveness of school campaign - PacMISC	MOH-MP	\$ -	-	PacMISC

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP03F	1.3.3.1	CM	Make available BCC equipment	MOH-MP	\$ 12,969	1,309,880	SPC
61MP04A	1.4.1.1	CM	Technical assistance to develop/review BCC strategy	MOH-MP	\$ 20,000	13,939,000	PACMI
61MP04B	1.4.1.3	CM	Production of BCC materials (mass media and schools)	MOH-MP	\$ 138,010	2,004,880	SPC
61MP04C	1.4.1.5	CM	Radio broadcasting in Vanuatu	MOH-MP	\$ 19,850	2,004,880	SPC
			TOTAL		\$ 334,193	34,748,356	

9 FIELD OPERATIONS ACTIVITY PLAN 2011

For 2011, it is expected that over 100,000 LLIN will be distributed across the 4 provinces (Sanma, Malampa, Penama, and Shefa) and the other two provinces (Tafea and Torba) had been already reaching full LLIN coverage.

In order to achieve full LLIN coverage to all populations across Vanuatu and to facilitate the monitoring and assessment of coverage of nets by households, routine house to house, free distribution based on sleeping places and household net census and distribution through pre-natal clinics to pregnant women are the two methods of net distribution. In addition, supplementary distribution from health facilities is also used.

Standard Operating Procedures (SOP) for LLIN distribution provide a detailed guide outlining the house-to-house census and distribution activities along with detailed stock management procedures. LLIN forecasting and distribution plan were developed using three years effective life span of the net and 1.2 peoples per net ratio. These plans are developed following the existing Provincial Health Zones and population data. LLIN routine distribution schedule maps and the health zone village maps are prepared for each province. The table below provides the number of LLIN and population covered planned for Jan-Jun in 2011.

LLIN Distribution plan in 2011 by province (exclude supplementary distribution)			
Province	First Phase (January to June 2011)		
	Population	Household	Total LLIN
Malampa	5785	1286	5512
Penama	14067	2161	13424
Sanma	11071	1869	10708
Shefa	23884	4976	21894
Total	54807	10292	51538

For 2011, 3rd round IRS is planned for Tanna under the elimination strategy from September to November. The other Islands in Tafea province will not be targeted for 2011 operation. In Tanna Island, a total of 187 villages, covering 3,412 households and 14,082 are targeted under the blanket IRS operation. In addition, the program plans to conduct IRS operation in Efate, targeted around 1,000 households in the community where most families from Tafea provinces are temporary resident in Efate. The operational data are summarized in the table below:

Island	Population protected	Households	Insecticide use sachets)
Tanna	14,082	3412	3,500
Efate	6,000	1,000	1,000
Total	20,082	4,412	4,500

FIELD OPERATIONS

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP01C	1.1.2.2	PS	LLIN - Logistics	MOH-MP	\$ 36,711	3,707,829	SPC
61MP01C	1.1.2.2	PS	LLIN - Logistics	MOH-MP	\$ 124,149	12,539,066	PACMI
61MP01B	1.1.2.1	HR	LLIN - staff costs	MOH-MP	-\$ 27,740	- 2,801,696	SPC
61MP01B	1.1.2.1	HR	LLIN - staff costs	MOH-MP	\$ 240,968	24,337,796	PACMI
61MP02A	1.2.3.5	HR/PS	IRS Shefa - staff and logistics	MOH-MP	\$ 40,000	4,545,000	PACMI
			TOTAL		\$ 414,088	41,822,888	

10 MONITORING AND EVALUATION (M&E) ACTIVITY PLAN 2011

The Consolidated National Monitoring and Evaluation Plan (NMEP) is based on routine epidemiological and programmatic data collection through the Malaria Information System (MIS) and Health Information System (HIS), supplemented with periodic surveys and operational research where appropriate.

In accordance with the Programmatic Indicators as outlined in Section (3) herein, the M&E Manual defines the indicator, provides the method of calculation, responsibility areas and the means of verification and remains in draft. The program has developed the 2012-2014 M&E Plan which will require some adjustments to be implemented in 2011 in readiness for the 2012-2014 period.

For 2011, the M&E activities cut across all program areas and include routine monitoring of program quality and impact and broader initiatives to inform program activities.

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
61MP01E	1.1.2.4	ME	LLIN distribution - house census	MOH-MP	\$ 4,270	431,247	PACMI
61MP01F	1.1.3.1	ME	Monitor the effectiveness of LLIN distribution	MOH-MP	\$ 45,404	4,585,802	SPC
61MP01G	1.1.3.2	ME	Monitor insecticide resistance for LLINs	MOH-MP	\$ 45,000	4,545,000	SPC
61MP01G	1.1.3.2	ME	Monitor insecticide resistance for LLINs	PacMISC			PacMISC
61MP03E	1.3.2.3	ME	Evaluate effectiveness of school campaign - PacMISC	PacMISC			PacMISC
61MP07C	2.3.3.0	ME	Provide supportive supervision for implementers / microscopists	MOH-MP	\$ 10,730	1,083,740	SPC
61MP05G	2.1.6	OPS	Microscopists - maintenance - operations	MOH-MP	\$ 15,792	1,595,000	PACMI
61MP08B	2.4.1.2	ME	Treatment - training of health workers - evaluation	PacMISC			PacMISC
61MP14A	2.10.1.0	ME	Conduct regular drug resistance studies	WHO	\$ 60,000	6,060,000	SPC
61MP20A	3.3.1.1	ME	Annual workshop for M&E framework	MOH-MP	\$ 45,000	4,545,000	SPC
61MP20C	3.3.2.2	ME	Produce standard checklist for M&E supervisory visits	MOH-MP	\$ 9,000	909,000	SPC
61MP20D	3.3.2.3	ME	Produce patient card as monitoring tool	MOH-MP	\$ 8,980	906,979	SPC
61MP20E	3.3.3.1	ME	Routine quarterly M&E from central to provincial level	MOH-MP	\$ 115,207	11,635,948	SPC

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
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61MP20F	3.3.3.2	ME	Routine M&E within provinces	MOH-MP	\$ 167,287	16,895,940	SPC
61MP20G	3.3.4.1	ME	M&E malaria information system - upgrade with GIS	PacMISC			PacMISC
61MP20H	3.3.4.6	ME	Mapping - Control Provinces	MOH-MP	\$ 20,000	2,020,000	PACMI
61MP20K	3.3.5.3	ME	Periodic survey (coverage indicators)	MOH-MP	\$ 200,000	20,200,000	SPC
61MP20K	3.3.5.3	ME	Periodic survey (coverage indicators)	MOH-MP	\$ 250,000	25,250,000	PACMI
61MP20L	3.3.6	ME	External programme evaluations	MOH-MP	\$ 100,000	10,100,000	SPC
61MP22C	3.5.7.0	ME	Analysing the occurrence of G6PD deficiency and the feasibility of setting up testing facilities in provincial settings	WHO	\$ 20,000	2,020,000	SPC
	4.6.1	ME	Prevalence surveys	PacMISC			PacMISC
61MP33B	4.8.2.0 - 4.8.5.0	ME	Operational research - activities	PacMISC			PacMISC
			PacMISC website	PacMISC			PacMISC
			TOTAL		\$ 1,116,670	112,783,656	

11 RELATED ACTIVITIES 2011

Activities that support malaria initiatives or are enhanced by malaria initiatives:

- Dengue, lymphatic filariasis, communicable diseases
- Health Information Systems

12 ELIMINATION ACTIVITY PLAN 2011

The Elimination Plan and Budget for Tafea is in draft refer Annex 6 and is considered a component of the 2011 Malaria Action Plan.

The key strategic components of the Tafea malaria elimination program are:

1. Prevention – Selective IRS, vector control and personal protection;
2. Case management – diagnosis and treatment;
3. Surveillance;
4. Development and facilitation of community engagement and participation

Job Code	SDA	EPR	Activity	Responsible	Budget USD	Budget Vatu	Funding Partner
Various	Various	Various	Elimination activities	MOH-MP	\$ 442,200	44,662,154	PACMI
			TOTAL		\$ 442,200	44,662,154	