

Solomon Islands National Nutrition and Healthy Lifestyle Plan 2007 – 2017



A Multi-sectoral Approach to Prevent Nutrition and Lifestyle-Related Diseases

TABLE OF CONTENT

Title	Page
1. Background Information	3
a) Health Trend	3
b) Health System and Services	4
2. National Nutrition and Healthy Lifestyle Planning.....	5
a) Principles.....	5
b) Planning Framework.....	5
3. Goal and Targets	8
4. National Nutrition and Healthy Lifestyle Plan Components, Strategies and Activities.....	9
I. Organization and Coordination of NHL Strategies	9
II. Supportive National Environment for Healthy Lifestyle	12
a) Healthy Public Policy and Legislative Strategies	12
b) Supportive National Programs	15
III. Strengthening of Community Actions	18
a) School Based Action	18
b) Workplace Based Actions	22
c) Community Based Action	25
d) Church Based Action	29
IV. Improve Management of Clinical Endpoint	31
a) Diabetes and Cardiovascular Disease Control	31
b) Cancer	34
c) Nutrition Disorders	37
V. Surveillance, Monitoring and Evaluation	38
References	41
Appendix	42
Appendix A: NHL Taskforce Members and TOR.....	42
Appendix B: Nutrition and NCD Workshop Participants.....	43
Appendix C: Abbreviations.....	44

1. BACKGROUND INFORMATION

a) Health Trend

Solomon Islands is in an epidemiological transition phase. Having to face both the control of infectious diseases and the increasing incidence of noncommunicable diseases, with very limited resources, poses a major challenge for the Government.

In 2005, cardiovascular diseases, neoplasms, malaria, respiratory diseases and neonatal causes were major public health problems in terms of mortality.

A reduction in childhood mortality and morbidity from diarrhoeal diseases is attributed to the improved status of sanitation, water supply, personal hygiene and breast-feeding. A reduction in mortality due to neonatal causes is attributed to the improved status of maternal/safe motherhood programmes and services, supported by much improved paediatric care and the current focus on the integrated management of childhood illness (IMCI) approach.

With the dissipation of ethnic conflict during 1999-2003 and with support from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the Australian Agency for International Development (AusAID), the World Bank and Rotary International in 2004, progress has been made in malaria control. Compared with 2003, 2004 saw a 3.5% and 2005 a 17.7% reduction, in malaria incidence (VBDCP, MHMS 2003, 2004, 2005). Impressive progress was seen in Isabel Province (49% reduction), Choiseul Province (45% reduction) and Western Province (34% reduction) in 2005 compared with 2004 (VBDCP, MHMS 2004, 2005). The national malaria goal is to reduce the annual malaria incidence rate to below 80 cases per 1000 populations and malaria mortality to less than 25 cases by 2010. The achievement of these targets is dependent on maintenance and continuous financial support and efforts.

A total of 393 tuberculosis cases were reported in 2005 by the Central Registry (30% increase in detected cases compared with 2004) (TB Unit, MHMS 2005). The National TB Programme is progressing well with its implementation at both provincial and national levels to achieve an 85% cure rate in the near future (seven out of nine provinces have achieved a more than 85% cure rate).

Although infectious diseases are still the major causes of morbidity and mortality, there is some evidence that non communicable diseases like cancer (cervical and breast cancers are reported to be the most common, followed by lung cancer), diabetes mellitus, hypertension, tobacco-related diseases and mental illness are increasing noticeably.

Overweight, a risk for developing non communicable diseases is also evident in the country. According to the DHS, prevalence of high BMI ($\text{BMI} > 25 \text{ kg/m}^2$) among men was 30.8% whereas the overall prevalence of high BMI ($>25 \text{ kg/m}^2$) among women was reported at 44% with 29.9% being overweight ($25 - 29.9 \text{ kg/m}^2$) and 14.5% being obese ($>30 \text{ kg/m}^2$) (SIG/SPC 2008). This data reported a 11% and 3.5% increase of overweight and obesity respectively since the National Nutrition Survey of 1989. The WHO NCD STEPS survey for Solomon Islands is currently being analysed which should provide more evidence on the prevalence of the greater NCD risk factors which should form the baseline for targets of the plan.

Despite the emerging of non-communicable diseases, undernutrition remains a problem. According to the DHS, 32.8% of the children under five years old were stunted (identified as <-2 SD below the mean) and 8.5% were severely stunted (identified as <-3 SD below the mean), and 11.8% of

children were observed to be underweight (below -2SD) and 2.4% to be severely underweight (below -3SD) compared to 1% in the NNS in 1989/90.

Micronutrient deficiencies are consequence of malnutrition and they contribute to child morbidity and mortality.

Vitamin A deficiency remains a public health problem since 1991. A review on indicator and criteria for assessing vitamin A deficiency by WHO/UNICEF Consultant in 1992 confirmed the cut-off points of > 1.0% for night blindness, > 0.5% for Bitot's spot, >0.01 for Corneal xerosis and >0.01 for corneal ulceration/keratomalacia. Based on the cut-off points stated, more than one of the biological indicators of vitamin A deficiency used (Bitot's spot (1.42%)) and corneal xerosis (0.07%)) indicated a prevalence of vitamin A well above the levels at which a public health problem exists. Even subclinical vitamin A deficiency which is likely to be found in a much greater proportion of children, if investigated, is significant associated with increased child mortality rates.

In terms of iron deficiency anemia, 29.4% of children surveyed were identified as having mild iron deficiency anaemia, with 18.6% as moderately anaemic and 0.5% as having severe anaemia. 48.5% of children aged 6-9months were identified with anaemia. These data are lacking in the NNS 1989/90 however, these data indicated that anaemia is a public health problem. Among women, 44.3% of women had anaemia of which 36% had mild anaemia compared to 23% in NNS 1989/90, 7.6% with moderate anaemia compared to 5% and 0.6% with severe anaemia compared to 1% in the NNS 1989/90. The prevalence of anaemia is highest among pregnant women at 60.1% (SIG/SPC 2008) compare to some 7%-23% in the NNS 1989/90.

There was no major disease outbreak in 2004/2005. However, the worldwide threat of avian influenza and HIV/AIDS has resulted in the development of new policies and strategies to strengthen and revitalize disease prevention, control and surveillance, as well as preparedness for action.

b. Health System and Services

Seven of the nine provinces have a public hospital: Guadalcanal Province is serviced by the National Referral Hospital, and Rennel/Bellona Province has no hospital. Additionally, there is one private hospital in the Western Province, one in Malaita Province and one in Choiseul Province. This gives a total of eight public and three private hospitals throughout in the country. The public hospital in Choiseul has recently upgraded from health centre status, while the Central Province Hospital is still without a doctor.

All provincial hospitals were at full operational capacity during 2005, although the total number of available hospital beds is yet to be confirmed. Infrastructure and refurbishment work is in progress. The area and rural health centres and nurse aide posts are well distributed throughout the provinces, based on the size and geographical distribution of their populations.

At end of 2005, a total of 89 doctors (19 doctors per 100 000 population), 52 dentists (11 dentists per 100 000 population) and 53 pharmacists (11 pharmacists per 100 000 population) were employed by the Government and were working in the country. In terms of nurses, a total 620 nurses, including nurse aides, were employed by the Ministry of Health (130 nurses per 100 000 population). Currently, there are only 4 nutritionists and/or dietitians and some 40 Health Promotion Officers employed by the MHMS, numbers unable to provide nutrition and health promotion services to the population of Solomon Islands.

2. NUTRITION & HEALTHY LIFESTYLE PLANNING

a) Principles

A few principles guided the formulation of the National Nutrition and Healthy Lifestyle Plan in that it needs to be:

1. **Comprehensive:** incorporating both policies and action on major diseases and their risk factors together.
2. **Multi-sectoral:** should involve widest of consultation incorporating all sectors of society in a 'whole of society' and not just 'whole of government' approach and to also ensure legitimacy and sustainability.
3. **Multidisciplinary and participatory:** consistent with principles contained in the WHO Ottawa Charter for Health Promotion and standard guidelines for clinical management.
4. **Evidence Based:** targeted strategies and actions based on STEPS and other evidence.
5. **Prioritized:** consideration of strata of SES, ethnicity and gender.
6. **Life Course Perspective:** beginning with maternal health and all through life in a 'womb to tomb' kind of approach.
7. **Simple:** there was consensus drawn that the document was to both set some strategic direction but also simple enough for any stakeholder to be able to quickly identify activities that it could help drive its implementation.

b) Planning Framework

In June 2007 a multi-sectoral taskforce was formed to work through the rationale and processes of development of a national strategy for nutrition and NCD (appendix A for taskforce members and TOR). The process was guided and informed by the current routine surveillance data and some anecdotal evidence indicating an increased double burden of nutrition in Solomon and the impact on infant and under five mortality rates.

It was decided that the focus be on the 4 major risk factors of **Physical inactivity, poor nutrition, Tobacco Use, Alcohol and Betel nut abuse**. The nutrition component is expanded to include both overnutrition and undernutrition which coexist in Solomon Islands community. The nutrition component is also incorporating the nine elements from the World Declaration of the International Conference on Nutrition and the recent WHO Global Strategy on Diet, Physical Activity and Health.

It was also decided that clinical endpoints be included to highlight preventive strategies and that Diabetes, Cardiovascular Disease, Cancer and Nutritional Disorders be included in the plan and crossed referenced with clinical plans of the Ministry of Health. In terms of the system and processes, it was important to consider the organization or re-organization of Nutrition and NCD within the Ministry of Health and the new multi-sectoral coordinating body which is necessary to oversee the implementation of such multi-sectoral plan. In addition, it was agreed that monitoring and evaluation needed to be highlighted as well.

There was consensus that the period of the plan be 2007- 2017. The 10- year period is chosen to coincide with the long term Ministry of Health Strategic Plan and the Millennium Development Goals (MDG). These in turn are linked to the National Development Plan of Solomon Islands.

The group used the WHO STEPS framework of planning and also the 5 Action areas of Health Promotion Ottawa Charter to model a suitable framework for Solomon Island as shown below (Figure 1 & 2).

Figure 1: WHO Stepwise framework for planning

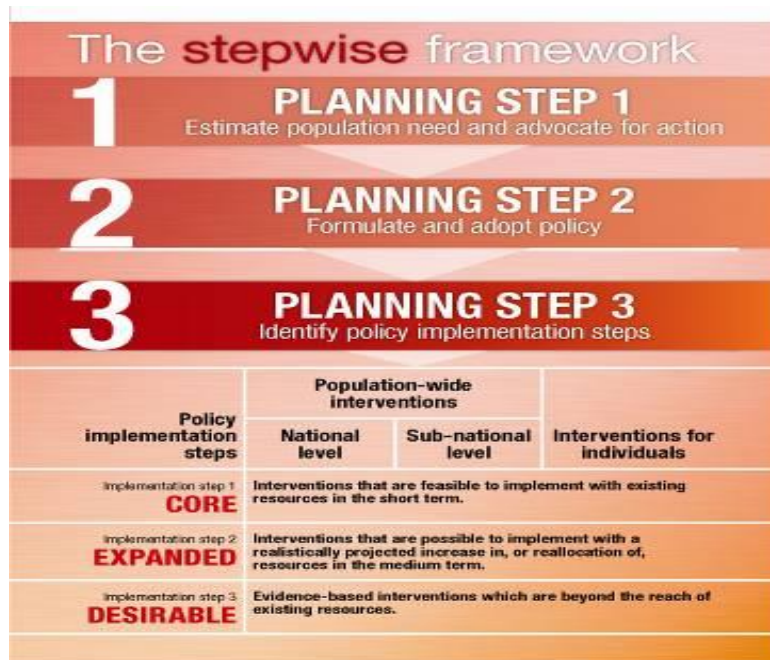
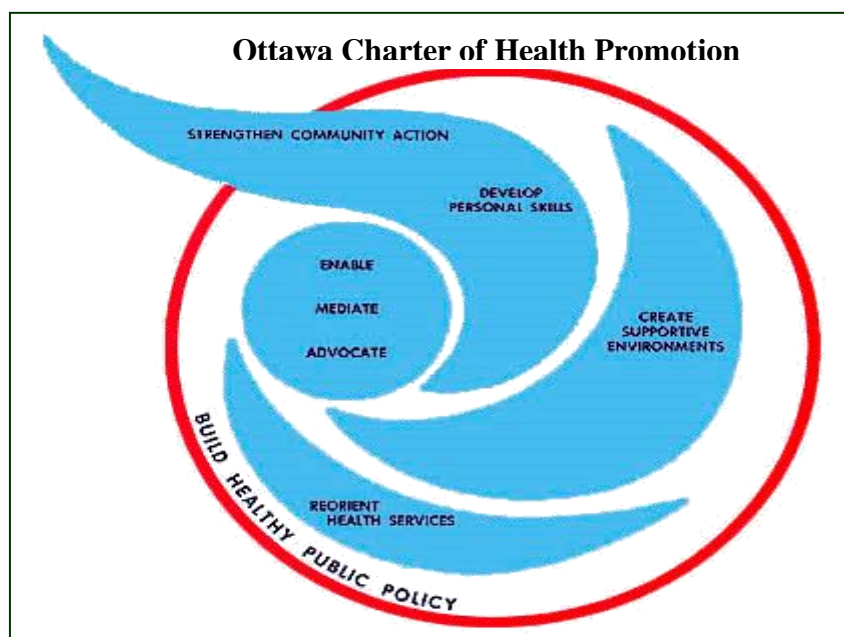


Figure 2: Ottawa Charter of Health Promotion



The main risk factors addressed in this plan are:

Poor Nutrition
Physical Inactivity
Tobacco Use
Alcohol & Betel nut Abuse

The main diseases briefly reflected and linked to MOH clinical plan are:

Diabetes & Cardiovascular
Cancer
Nutritional Disorders

The levels where strategies were considered are at:

- 1. National**
- 2. Sub-national**
 - a. Schools
 - b. Workplace
 - c. Community
 - d. Church
- 3. Individual (Clinical)**

In consideration of all these, five main components of the plan were decided on and this was used with the matrix below (Figure 3) to strategise:

- I Organization and Coordination of Nutrition & Healthy Lifestyle Strategies**
- II Supportive National Environment**
- III Strengthening Community Action**
- IV Improve individual skills & Management of end-point diseases**
- V Monitoring, evaluation & surveillance**

Figure 3: Planning Matrix Template

Strategy	Activities	Indicator	Timeline	Leading Agency	Budget (SBD)

A multi-sectoral workshop (Participants list in Appendix B) was then convened with assistance from WHO and SPC in June 2007 to agree on the framework and then formulate strategies for Nutrition and NCD. The outcome of the workshop was the development of a draft plan.

After the multi-sectoral workshop, a series of consultations were conducted with multiple stakeholders to seek further clarifications and/or contribution to the draft ensuring legitimacy of the plan before submission to the Ministry of Health Executive and then to Cabinet.

3. GOAL AND TARGETS

Goal:

To reduce the current and future burden of NCD and nutrition related disorders in Solomon Islands.

Targets:

Through the implementation of the Plan the following targets have been set to be achieved by 2017:

1. Reduce prevalence of NCD risk factors (tobacco smoking, unhealthy diet, physical inactivity, alcohol and substance abuse by 5%.
2. Reduce prevalence of Diabetes and Hypertension by 5%
3. Reduce prevalence of malnutrition in children by 25%.
4. Reduce prevalence of iron deficiency anaemia amongst women and children to below 15% from the current baseline.
5. Reduce hospital admission rates attributable to Diabetes and Hypertension by 10%.
6. Reduce rate of Diabetes amputation by 20%.
7. Reduce cancer mortality by 10%.
8. Increase food production to maintain high level of food self sufficiency and to increase diversification of the food produced by 10%.
9. Increase coverage of health awareness by 80%.

4. National Nutrition and Healthy Lifestyle Plan Components, Strategies and Activities

I. Organisation and Coordination of Nutrition & Healthy Lifestyle Strategies

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
1. Establish multi-sectoral management council to oversee and coordinate the implementation of the plan and other lifestyle activities	a) Convene quarterly multi-sectoral - meeting	Number of meetings per year	MHMS, Nutrition Unit	Jan - Dec 2007	\$ 6,000
	b) Review TOR & advocate for high profile of chairmanship (PS or Minister) & membership	TOR Reviewed & MHMS chairmanship appointment	Appointed Chairperson & Council	"	To be considered later
	c) Establish Multi-sectoral Council Status with constitutional requirements	Council established & constitution in place	Council	2008 - 2009	\$ 100,000
	d) Form organizational structure for coordination with clearly defined roles and functions for all institutions/sectors involved (strengthen linkages with other existing councils)	Council establish	Council	2008	\$ 20,000
	e) Establish budgetary and technical support for the council	Separate budget line and provision for technical support input	Separate budget line and provision for technical support input	2008 On going	\$ 20,000
	f) Council to endorse submission of small grant proposals by related stakeholders that are part of the multi-sector	Stake holder submissions endorsed by the committee	Council	Ongoing	
2. Develop and strengthen	a) Develop and strengthen TOR for multi-sectoral management network	TOR develop and review Active and fair	Council Chair person	Ongoing	\$ 10,000

Multi-sectoral Management network for healthy lifestyle		representation of all stake holder at meetings	/Secretary		
	b) Device multi- faceted communication system to link all stakeholder	Multi-facet communication establish	Council and secretariat team	On going	\$ 5,000
	c) Establish directory of stakeholders and their specific related activities. (participation of stake holders involvement in healthy life style activities	Stakeholder directory (National, provincial, community, commercial and business) Establish and updated annually	Committee/Taskforce	2008	\$ 10,000
	d) Effective Communication of information to end users and both ways	Well define system and in place	Committee	2008 ongoing	\$ 5,000
	e) Design broad network that encompasses provincial stakeholders	Appointed provincial coordinators	Stakeholder/Committee	2008 – 2009	\$ 5,000
	f) Set up a vigorous brain trust committee to advise on healthy lifestyle issues	Committee set up	Stakeholders/Committee	2008-2009	\$ 5,000
3. Strengthen Health System Support for chronic disease prevention and healthy lifestyle promotion	a) Advocate for formalisation of a Director of Public Health post	Post established	MHMS/Committee	2008-2010	\$ 1,000
	b) Recognition and establishment of nutrition and dietetic division	Division established Staff increase and decentralize	Committee MHMS Executive.	2008/09	\$ 1,000

	c) Design a vibrant and vigorous health information system that in cooperates all department	Well define system and template put in place.	MHMS/stakeholders	2008 – 2009	\$ 10,000
	d) Review and consolidate related health policies and legislation	Health and Multi-sectoral Policies and legislation consolidated	Stakeholder/Committee	2008 - 2009	\$ 6,000
	e) Integrate mainstream healthy lifestyle into relevant health program functions	Effective service delivery Better utilization of limited resources	Stakeholder/Committee/coordinator	2008 – 2009	\$ 2,000
4. Resource Generation initiatives	a) Advocate legislating and imposing 2 – 5 % tax on all health risk food items e.g alcohol, Sugary drinks, including sugar and high fat foods. Tax to all health risk food and items revenue be allotted to Healthy Life Style Programs	Legislation finalize and submitted	Committee, MHMS-Nutrition Unit, NCD Unit, HPD	2008-2009	\$ 5,000
5. Improve baseline evidence on food production	a) Instituted modern scientific research program into food production and analysis	Research institution in place	MHMS- EHD, Agriculture	On going	\$ 100,000

II. Supportive National Environment for Healthy Lifestyle

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
a. Healthy Public Policy and Legislative Strategies					
Nutrition					
1. Review, Develop and finalise appropriate National Policies, legislations and guidelines for promotion of healthy foods, nutrition and	a) Review of Food Hygiene Act and incorporate regulation on media advertisement on unhealthy food, Food Standards (fortification)	Review and submit report with recommendations for amendments	MHMS- EHD, Nutrition Unit/ legislators/Media/ Agriculture/NGOs stakeholders	2008-2009	\$ 10,000
	b) Review nutrition and food production policy	Policy finalization and submitted for endorsement.	MHMS- Nutrition Unit/stakeholders	2008- 2009	\$ 10,000
	c) Finalize, endorse and communicate national dietary guideline	National dietary guideline in place	MHMS – Nutrition Unit/stakeholders	2007-2008	\$ 10,000
	d) Review national breast feeding policy	Review report produced	MHMS- Nutrition Unit/stakeholders	2007-2008	\$ 5,000
	e) NCD Clinical Guidelines finalised and communicated	Clinical guidelines	MHMS- NCD Taskforce	2007-2008	\$ 5,000
	f) Crisis and Disaster Management Preparedness	Guideline in place (including price control, access to healthy food and transport)	MHMS- Nutrition Unit/Price control Unit/stakeholders	2009-2010	\$ 10,00

2. Ensure safe and adequate water supply and improve sanitation through available mechanisms	a) Review and incorporate healthy lifestyle issues in environment act	Review report	MHMS-EHD/stakeholders	2008-2013	\$ 10,000
	b) Build water tanks etc to attain 100% household with safe water supply	% with safe water supply	MHMS & Provincial admin	2008 - 2013	\$ 20,000
	c) Improve workforce to support safe water & sanitation	# of workers in sanitation	MHMS- EHD	2008-2013	\$ 20,000
3. Policy development for more supportive and conducive environment for the differently able category	a) Develop a support policy including wheel chair access	Policy development	MHMS- CBR, social welfare, HCC, NGO and province Admin	2008-2009	\$ 5,000
Physical Activity					
4. Develop national policy actions for healthy life style activities	a) Mandating increase foot path and recreation areas in town and country planning	Activate all policy to full operational status	MHMS, Stakeholders, HCC and provincial Town	Ongoing	\$80,000
	b) Develop and implement leisure physical activity and health promoting policy for the work force	Policy developed and in place	Public Service, Private sectors, Committee	2008-2009	\$ 5,000
	c) Review the National Health Promoting School policy to incorporate compulsory physical activity in the curriculum	Review report and amended policy	MHMS- HPD, MEHRD, Agriculture	2007-2008	\$ 10,000

	d) Lifestyle policy and guidelines for elderly and differently able category people	Policy developed and in place	MHMS- NCD Unit, Nutrition Unit, CBR	2008-2009	\$ 5,000
	e) Advocate for introduction of policy to control of importation of cheap unsafe vehicles	Policy drafted and submitted to government	Min of transport/ stakeholders	2008-Ongoing	\$ 5,000
Tobacco					
5. Advocate for enactment and enforcement of tobacco legislation incorporating elements of FCTC	a) Lobby for enactment of legislation in the parliament <ul style="list-style-type: none"> Ministers lunch Media involvement Civil societies Churches <ul style="list-style-type: none"> Design lobby advocative approval strategy 	Enactment of tobacco legislation	MHMS- HPD, Legislators/stakeholders' lobby group	Dec 2007	\$ 90,000
	b) Establish Tobacco, alcohol & betel nut (TAB) Enforcement Unit	Unit established	MHMS- HPD, HCC, EHD Committee and stakeholder/churches	2008-2009	\$50,000
6. Empowerment of Enforcement Officers in the provinces	c) Incorporate into the regulation	# of enforcement officers (EHD)	MHMS- HPD, Provincial HPD, HCC	2008 ongoing	\$50,000
Alcohol & Betel nut					
7. Explore and review current legislations on alcohol and recommend formulation of new or	a) Stock take and review legislations for alcohol and betel nut and substance use	Review of legislations	MHMS- HPD, NCD Unit, EHD	2008-2009	\$ 10,000

amendment of current	b) Drafting and Enforcement of national and council by-laws and penalties for sale and use of betel nut, kwaso and kava	Council by-laws	MHMS, EHD/HCC/stakeholders/churches	2008-2009	\$ 10,000
	c) Design lobby advocative approval strategy. Pass legislation in the parliament	Strategy in place	Committee and stakeholder	2008-2009	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
b. Supportive National Programs					
Physical Activity & Nutrition					
1. Social Marketing Campaigns [SMC]	a) Review and improve existing campaign programs <ul style="list-style-type: none"> ○ National social marketing plans ○ Involve and increase multi-sectoral participations ○ Coordinate IEC consistency information with guidelines 	SMC programs reviewed Increase number of stakeholders	MHMS/MERHD/HPD/stakeholders/churches	2008/09	\$ 50,000
	b) Change of behavioural action through multi-stakeholder ownership program	Program in place	Committee	2007/08	\$ 10,000
	c) Set up a Information and Technology and Multi-Media Unit	Unit set up	Committee	Ongoing	\$ 50,000

	d) Set Research and information analytical unit	Unit set up	MHMS- HPD	2008/09	\$ 50,000
2. Motivational programs for healthy lifestyle	a) Establish a Solomon Island healthy lifestyle program of the year award <ul style="list-style-type: none"> Develop selection guideline & criteria formulation Encourage organic farming 	Program award legitimize	MHMS- HPD/stakeholders/ churches	2008	\$ 10,000
	b) Solomon Islands Sports Men/Women Ambassador Network/role model	Network in place	Sports association/MHMS/ HCC	2008	\$ 50,000
3. Advocacy Programs	a) Streamline World Day celebration & improve <ul style="list-style-type: none"> World Food Day World Health Day World Breastfeeding Week World Physical Activity Day World Water day World Children's Day World Mental Day World Disable Day 	Campaign program for World Days	MHMS- HPD Committee, HCC	Ongoing	\$ 50,000
	b) National Nutrition Survey	Symposium held once a year	MHMS- Nutrition Unit	2008 ongoing	\$ 10,000
	c) Explore available advocacy tools and solomonise/adapt it for use in local campaigns	# of available advocacy tools	MHMS- HPD	2008 ongoing	\$ 20,000

Tobacco, Alcohol & Betel nut					
4. Social Marketing Campaigns	a) Develop social marketing plans for tobacco, alcohol & betel nut	Marketing plans in place	MHMS- HPD	2008/09	\$ 5,000
	b) Implementation of social marketing plan	Implementation	MHMS- HPD	2008/09	\$ 20,000
5. Advocacy Programs	a) World No Tobacco Day	Advocacy program in place	MHMS- HPD,HCC and Provinces	ongoing	\$ 40,000
	b) Sunshine covenant concept	Concept developed and program in place	MHMS- HPD Stakeholders	2008 ongoing	\$ 10,000
	c) Use of sports models to promote No Tobacco	# sports model promoting	Sports Association-SIFF & HFA	2008 ongoing	\$ 20,000

III. Strengthening of Community Action

Total 650 schools (Primary, Secondary, Full schools = primary + secondary) Boarding schools = 30

Strategy	Activities	Indicators	Responsibility	Timeline	Budget SID
a. School Based Actions					
Physical Activity & Nutrition					
1. Develop and implement policies and guidelines that promote good nutrition and PA	a) Develop healthy food policy for schools including boarding schools	Healthy food policy developed and in place	MEHRD /MHMS-Nutrition Unit / School Principals and school authorities	2008	\$ 10,000
	b) Educate teachers, students and parents on new policy	Policy communicated	School Principals/ stakeholders	2010	\$ 10,000
	c) Formulate safety standards for school playgrounds and equipments	Safety standards formulated and adopted	MHMS –HPD/ MEHRD/Public, Private schools, church, Landowners/communities and stakeholders	2009	\$ 10,000
	d) Develop healthy food guidelines for canteen and food vendors (monitoring & incorporate into the SHP)	Guidelines developed and adopted Healthy food available in schools	MHMS- Nutrition Unit, MEHRD - Home Economics Teacher, Consumer Affairs	2010	\$ 10,000
	e) Train food vendors and canteen operators on food safety issue and nutrition	# workshops provided	MHMS - Nutrition Unit/EHD,MEHRD	2008	\$20,000
	f) Develop nutrition and dietary guideline for food manufacturers, caterers and retailers (incorporate into	Guideline developed and in place	MHMS- Nutrition Unit/EHD	2008/09	\$ 5,000

	Food Act)				
2. Strengthen school curriculum	a) Advocate to incorporate nutrition and PA as unit into existing Teacher training and Nursing course programme	Nutrition and PA unit taught in course programme	School of education, School of nursing and health sciences	2009 ongoing	\$ 2,000
	b) Provide Nutrition and PA in-service workshops for teachers	# in-service workshops conducted	MEHRD/MHMS –Nutrition Unit/ NCD Unit	2008	\$ 50,000
	c) Develop IEC Nutrition and PA materials to supplement teacher manuals (posters and flip charts for different grades)	# IEC materials developed and distributed	MHMS –Nutrition Unit/NCD Unit MEHRD	2008	\$ 300,000
	d) Review nutrition/NCD/PA component in Primary and secondary schools curriculum	Curriculum reviewed	MEHRD- CDC /MHMS	Ongoing (every 4 years)	\$ 10,000
3. Create healthy Supportive school environments	a) Provide an opportunity and safe environment to encourage physical activity	Safe environment established	MEHRD/School management/stakeholders	2008	\$ 5,000
	b) Conduct an environmental audit to identify barriers and opportunities for physical activity	Environmental audit conducted	School Inspectors/stakeholders	2008-2010	\$ 20,000
	c) Develop award standards and criteria for schools who are working towards becoming a health promoting school including award for zero TAB	Award standards and criteria developed (3 level star awards 1 star –emerging 2 stars – progressing 5 star – full health	MEHRD/MHMS-HPD/stakeholders	2008	\$ 20,000

		promoting status)			
	d) Organise regular inter-school sports events	Inter-school sports events organised	Min of Youth, women, children and sports, MEHRD/stakeholders	2008	\$ 50,000
	e) Organised regular school “clean-up”	Regular clean-up	School Principal PTA	2008 ongoing	\$ 20,000
	f) Assist Schools to develop gardens	# of schools with gardens	School Authorities School & School committee	2008 - ongoing	\$20,000
4. Strengthening School, Home and community partnerships	a) Provide compulsory health checks and nutrition assessment for children and teachers (on consent)	regular compulsory health checks in place	MHMS- Community Health nurses	2008 Ongoing	\$ 5,000
	b) Strengthen compulsory de-worming and nutrition supplementation programme for students	De-worming programme in place and implemented	MHMS- Nutrition Unit/SIMTRI / MEHRD	Ongoing	\$ 5,000
	c) Establish PTA as the health promoting committee	# of schools consulted	School Principals/ MHMS-HPD	2008-2010	\$ 20,000
	d) Promote “Open Days” in schools where parents visit and participate in school activities	Open days become regular event in school calendar	School Management	2008	\$ 10,000
	e) Promote “ Walk to School” – parents and teachers as lead walkers (monthly and integrated with National walk day)	# of parents and students walking to school	MHMS/ Stakeholders/ School management	July 2008	\$ 50,000

	f) Promote “ Fruit Only” days in schools	# of schools with “Fruit Only” days	MHMS/ Stakeholders/ School management	July 2008	\$ 50,000
Tobacco, Alcohol & Betel nut					
5. Create healthy school policies	a) Develop and implement No tobacco smoking, chewing betel nut and no alcohol policy and educate teachers, students and parents about the policy (incorporate into school health policy)	Policy developed, incorporated, implemented and communicated	MHMS- NCD Taskforce/HPD /MEHRD/SICHE/ Public Service	2009	\$ 20,000
6. Create supportive environments that promotes healthy lifestyle behaviours	a) Support teachers as role models through setting professional standards for teacher conduct (collaborate with in-service and pre service training of teachers)	Standards established	SINTA MEHRD SICHE	2008/9	\$20,000
	b) Provide smoking cessation support services for teachers and students(include research findings on effective cessation program)	Smoking cessation services provided	MHMS- NCD Unit/HPD School Management	2009/10	\$ 20,000
	c) Provide pre-service and in-service training for teachers on smoke-free, betel nut-free and alcohol-free issues (incorporate into teachers ongoing pre-services and in-service trainings)	# in service and Pre-service training provided	MHMS - NCD Unit, MEHRD SICHE	Ongoing	\$ 20,000

7. Strengthening School, Home & Community partnerships	a) Develop and distribute IEC materials aim at promoting healthy lifestyles	IEC materials developed	MHMS MEHRD PTA/ SICA/SIFGA	2008/9	\$ 100,000
	b) Working with like minded-agencies to promote healthy lifestyles in schools–smoke-free, betel nut free and alcohol free	# of joint activities/events developed	MHMS- NCD Unit, NGOs SIDT, ADRA -7 th Day Adventist Rehab Ass	2008/9	\$ 200,000
	c) Consult parents community for their support and buy-in for the Healthy School Awards	# Consultation meetings held	School mgmt	2008	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
b. Workplace Based Actions					
Physical Activity & Nutrition					
1. Workplace Policies on Nutrition, Environment and Physical Activity	a) Check and consult with Labor Division (OHS) for what is already in place	Copy of the OHS Act acquired	MHMS - NCD/Nutrition Coordinators / Labor Division	2008	\$ 5,000.00
	b) Convene 8 meetings with stakeholders e.g. MHMS, NGOs, Labour Division to develop a Healthy Workplace Framework for promoting healthy lifestyles	# of meetings and framework developed	MHMS, NGOs, Labor Division	2008	\$ 30,000.00
	a) Promote walking to work	# of people pledged (refer sunshine convenient)	Workplaces	2008	\$ 30,000.00

2. Fostering healthy Workplace Programs in local workplaces according to the need	programmes such as WWW (Workers Walk to Work) – refer to National walking day				
	b) Encourage the set up workplace activities such as aerobics, walking etc as per Healthy Lifestyle policy	Number of activities carried out	Patriot of each ministries, public and private sectors	2008	\$ 50,000
	c) Establish annual workplace sports competitions	Total number of competitions	MHMS-NCD & Nutrition Coordinator, Workplaces	2008	\$ 200,000
	d) Encourage nutritious caterings (local food) during workshops, meetings etc.)	Availability of local food	Health Promotion, National Sporting Org. NCD & Nutrition Coordinator Catering services	2008	\$ 30,000
	e) Promote Baby friendly environment in workplaces starting with Baby-Friendly Hospital Initiative	# of Baby-friendly environment	MHMS – Nutrition/ Stakeholders	2008/09	\$ 10,000
	f) Promote BF peer management activities	Peer management guideline in place	Peer	2008/09	\$ 10,000
3. Creating workplace supportive Environment	a) Equip workplaces with kitchen (food storage facilities)	Availability of kitchen	NCD & Nutrition Coordinator	2009	\$ 10,000
	b) Equip workplaces with physical activity equipment and shower room	Number of equipment available	NCD & Nutrition Coordinator	2009	\$ 50,000
	c) Equip workplaces with rubbish bins and regular	Number of rubbish bins available.	MHMS- EHD/ HCC	Ongoing	\$ 50,000

	disposal	Weekly disposal			
	d) Create more footpath in towns to promote walking Increase toilet facilities and Parking areas in town	# of footpath established # of toilets built # of Parking places allocated	HCC/ Ministry of Infrastructure and Planning	Ongoing	\$ 100,000
	e) Office beautification (integrate with national walk day)	# of plants planted	MHMS, HCC, HBC	2008	\$ 50,000
	f) Establish Healthy Workplace award	Award system in place	MHMS Local Artists	Dec 2008/09	\$ 50,000
4. Building regulations to incorporate PA considerations	a) Check current building regulation and negotiate to include PA friendly environment	PA consideration incorporated into building regulation	HCC/ Provincial capitals	2008-2009	\$ 10,000
Tobacco, Alcohol & Betel nut					
5. Formulate and implement Healthy Workplace Policies	a) Get the Tobacco Bill passed by cabinet for Tobacco-free workplaces. Media involvement in pre-promotion (advocacy)	Copy of the Act	MHMS-HPD, NCD Unit, AG Chamber, NGO and Churches	2007-2008	\$ 50,000
	b) Formulate guidelines on Alcohol and betel nut use and selling	Copy of Alcohol Guidelines & betel nut guidelines	MHMS, HCC	2008	\$ 10,000
	c) Convene leaders and other stakeholders training workshop on the guidelines and associated risk factors of NCD	# of trainings	MHMS- NCD & Nutrition Units	2008	\$160,00.00
6. Develop Supportive					

Healthy lifestyle Programs in workplaces	a) Encourage Annual Health Checks at workplaces	# of employees checked	MHMS - NCD & Nutrition Units	2008	\$ 10,000
	b) Invite representatives from all workplaces to participate in World No Tobacco Day	# of participants	MHMS - NCD, Nutrition Units & HPD	2008 ongoing	WHO budget
	c) Nicotine Replacement Therapy(NRT) accessible & Smoking Cessation Counselling	# of chemist shops selling the products. Number of clinics established	NCD, Nutrition & Health Promotion NRH, HCC, MHMS	2008 2008/09	MHMS budget MHMS budget
	d) Encourage Alcohol and Betel nut workplace premises as part of healthy workplace	# of alcohol & betel nut free workplace	MHMS – NCD Unit /HPD	2008	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget (SBD)
c. Community-based Actions					
Physical Activity & Nutrition					
1. Development of Community Policies	a) Gathering data and reports from organizations (Mini steps)	Data compiled	National committee	2008	\$ 10,000
	b) Formulation of community policy framework (in partnership with provincial government)	Policy developed and approved	Village health committee/ MMHS/ NGOs/ provincial government/ churches	2008	\$ 50,000
	c) Encourage local community policy and formulation of ban of refined food selling at the local	Community policy in place and implemented	MHMS – HPD / MOC- Consumer Affairs/ Agriculture	2008	\$ 20,000

	market				
	d) Design criteria/ profiling of community	Criteria developed	MHMS- HPD / NGOs	2008	\$ 10,000
2. Organisation of healthy settings in communities	a) Establish a national committee quarterly meeting	National committee formed 4 meetings done (a year)	MHMS – HPD	2008	\$ 5,000
	b) Establish or strengthen health committee	Health committee formed monthly meetings done	MHMS- HPD National committee	2008	\$ 5,000
	c) Develop Health Promoting Community Models – promote such as the <i>Isabel model</i>	5 village model identified	MHMS /NGOs / Churches	2008	\$ 20,000
	d) Formulation and plan workshop for communities	-3 workshops done -report produced -no of participants attended	MHMS- HPD	2008	\$ 20,000
	e) Establishment of village information centre - seed programs - Sports program	Information centre /seed established -village sports launched	MHMS/ Agriculture/ NGO/Sports Co-ordinator	2008 On-going	\$ 30,000
3. Develop Supportive Community Environment	a) Develop reliable communication channels	radio installed	MHMS/NGOs/ Churches	2009/10	\$ 80,000
	b) Encourage Village clean up programs – (once a week) (Inline with healthy setting)	Program in place	Villages/Churches	2008 ongoing	\$ 5,000
4. Community Awareness & Education	a) Provide training of trainers on	10 trainers receive	MHMS	2009/10	\$ 50,000

	physical activity (PA) and nutrition	quality training on PA and nutrition	/NGOs/Agriculture Health committee		
	b) Raising awareness in community on Infant and Young Children Feeding (IYCF)	# of awareness conducted	MHMS – Nutrition Unit, HPD	2008 ongoing	\$ 40,000
	c) Organised food diversities affair (campaigns)	3 Food diversities affairs done	MHMS/ KGA/ Agriculture	July 2008	\$ 15,000
	d) Training of Trainers in household food production (husbandry, soil and Pest control management)	# of training conducted	KGA/Agriculture/other stakeholders	ongoing	\$50,000
	e) Promote workshop on PA and nutrition to selected communities/villages (includes cleanliness, food choices and food processing)– innovative and entrepreneur activities	3 workshops done	MHMS / Agriculture /KGA /NGOs/Health committee	2008 ongoing	\$ 5,000
5. Encourage traditional forms of physical activity	a) Promote Kastom dancing and cultural activities as way of increasing physical activities	Festival organised and implemented	MHMS-HPD Provincial HP Officers	2009/10	\$ 10,000
	b) Swimming/paddling competition	Competition organized and implemented	Provincial HP Officers	2009/10	\$ 20,000
Tobacco, Alcohol & Betel nut					
6. Development of Community Policies	a) Formulate a provincial advisory committee & community-based committee	Advisory committee formed	MHMS Provincial government	2008/09	\$ 20,000
	b) Formulate policies and	Policies drawn	MHMS	2008/09	\$20,000

	guidelines		Provincial government		
	c) Identification of 8 model communities representing 8 provinces	Pilot communities identified	MHMS	2008/09	\$5,000
7. Supportive Community Environment	a) Provide training on policy guidelines	# of training	MHMS	2008/09	\$ 20,000
	b) Mobilise social marketing through the provision of billboards, other educational materials	# materials promoted	MHMS/ NGO	2008	\$ 50,000
	c) Produced drug-free sport guidelines	Guidelines produced	MHMS/ Provincial Government	2008	\$ 5,000
	d) Mobilise community support by giving small incentives	Community participation	MHMS- HPD	2008	\$ 10,000
	e) Develop IEC materials	Materials produced	MHMS - HPD	2008	(refer to IEC)
	f) No Tobacco Environment	Tobacco free community established	MHMS	2008/09	\$ 30,000
8. Community Awareness & Education	a) Conduct a training of trainers	# training conducted	MHMS	2009/10	\$ 50,000
	b) Distribution of IEC materials	# of materials distributed	MHMS	2009/10	(refer to IEC)
9. Ensure accountability mechanisms	a)Accountability format for communities	Criteria/format in place	MHMS/ provincial government /villages	2009/10	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
d. Church-based Actions: most of these strategies would be incorporated in the church as a setting in itself					
Physical Activity & Nutrition					
1. Conceptualisation and Integration of holistic approach to health	a) Endorsement of and implementation of CHE program	Program developed	SICA / SIFGA / MHMS	2008	\$ 10,000
	b) Cross-fertilisation of health concepts b/w church & MOH	Concept and program developed	"	2008	\$ 10,000
2. Develop health promoting policies that support healthy eating and physical activity	a) Development of healthy church policies	Policies developed and copies submitted	"	2008	\$ 20,000
	b) Integration of healthy lifestyle into pulpit and congregation ministry	Program and training established	"	2008	\$ 20,000
	c) Develop catering & canteen guidelines for healthy foods	Guideline developed and submitted	SICA / SIFGA	2008	\$ 20,000
	d) Develop physical activity guidelines for ministers and members	Guideline developed	"	2008	\$ 10,000
	e) Provide mandatory annual health checks for church ministers	Program activated	"	2008	\$ 10,000
3. Supportive Environment	a) Develop health promoting church initiatives <ul style="list-style-type: none"> ○ Profiling etc 	Initiative developed and implemented	"	2008	\$ 10,000

	b) Models and success stories	Model adapted	“	2008	\$ 10,000
4. Training of church and health personnel	a) Training of trainers <ul style="list-style-type: none"> ○ Pastors/church leaders ○ Health educators 	Training implemented	SICA / SIFGA	2008	\$ 20,000
Tobacco, Alcohol & Betel nut					
5. Policies	a) Formulate No TAB policy in churches	Policy in place	SIGFA / SICA / MHMS	2008	\$ 20,000
6. Programs	b) TAB abuse counselling in churches	Program implemented	SICA / SIFGA	2008	\$ 20,000
7.Environment	a) No TAB church premises	Zero TAB setting	SICA / SIFGA	2008	\$ 20,000
	b) Church workers as role models on No TAB	# of established church as role model	SICA / SIFGA	2009	\$ 10,000

IV. Improve Management of Clinical Endpoints

RELATED NATIONAL GOALS: Prevent delayed of Diabetes complications.	
STRATEGY:	<ol style="list-style-type: none"> 1. Early detection, diagnosis of diabetes and initiation of secondary prevention of complications. 2. Treatment, improve the quality and effectiveness of diabetes Care. 3. Improve cardiovascular outcomes. 4. Rehabilitation and follow-up. 5. Capacity building
OBJECTIVES:	<ol style="list-style-type: none"> 1. Formation, provision and regular revision of standards & Guidelines. 2. Improved access to essential medications supplies and expertises 3. Ensure effective cardiac emergencies services to improve pre- hospital outcome (Accidents and Emergencies Dept). 4. Improve the quality of rehabilitation and palliative care, including follow up and home care. 5. Train health workers.

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
a. Diabetes & Cardiovascular Diseases Control					
1. Strengthen Screening processes for Diabetes and cardiovascular diseases	a) Develop screening policies and guidelines on diabetes and HTN	Policy & guideline in place	MHMS- NCD Taskforce	2008	\$ 100,000
	b) Supply of diabetes toolkit materials and equipments to all health settings	Diabetes toolkit (Glucometers, strips, drugs etc.) identified and supplied, Logistic	MHMS- NCD Unit, Pharmacy, AHC	2008	\$ 20,000
	c) Training of Health & Community Workers on policies and guidelines	# training carried out	MHMS-/ NHL Council, Nutrition, NCD Unit and Diabetes Centre	2008 ongoing	\$ 15,000
	d) Incorporate Screening of complications, HBAIC and	HBAIC & Cholesterol meters	MHMS- NCD Unit, Diabetes Center	2008	\$ 50,000

	cholesterol				
	e) Improve access of public to screening	# of training carried out	MHMS- NCD Unit, Diabetes Center	2008 ongoing	\$ 5,000
2. Develop Non-Communicable Diseases (NCD) Policies	a) Develop policy on re-prescription of NCD drugs by NCD Nursing staff	Policy developed and implemented	MHMS- NCD Unit and NCD Taskforce	2008	\$ 5, 000
	b) Develop policy for Nurses to do NCD screenings	Policy developed and implemented	MHMS- NCD Taskforce	2009 ongoing	\$50,000
3. Improve Treatment of cases	a) Update clinical guideline regularly	2 yearly review	MHMS- NCD Unit, Diabetes Center	2010	\$10,000
	b) Communicate effectively & train on treatment guidelines	# trainings conducted	MHMS- NCD Unit	2008 Ongoing	\$20,000
	c) Drug procurement and distribution Policy to ensure regular supply	Policy in place	MHMS- NCD Unit, Pharmacy	2008	\$ 300,000
	d) Explore and initiate the establishment of a NCD and Diabetes ward at the National Referral Hospital	NCD and Diabetes ward established	MHMS – NCD Taskforce	2008	\$ 50,000
4. Facilitate improved cardiovascular outcome through modern models of treatment	a) Facilitate diabetes and cardiac team visits through coordinated structured approach	Cardiac and diabetes visits coordinated once per year	MHMS- NCD Taskforce	2007	\$ 50,000
	b) Explore and strengthen triaging services for asthma patient in A &E, OPD, and	Space and training in Triage Nursing provided	MHMS- Director A & E, NCD Taskforce	2008	\$ 50,000

	Diabetes Center				
5. Strengthen outreach programs	a) Ensure regular specialist outreach program and supervisory tours to provinces	Specialised teams identified and rostered	MHMS – NCD Unit NCD Taskforce	Ongoing	\$ 50,000
6. Improve on Diabetes Centre & Foot care and gestational diabetes clinic	a) Establish a system of referral and information	Referral system in place	MHMS- NCD Unit, NCDTaskforce	2008	\$ 10,000
	b) Regular training for staff, including local and overseas attachments and workshops	# of staff trained	MHMS- NCD Unit, NCD Taskforce	2008 Ongoing	\$ 50,000
	c) Regular supply of consumables	# of supply	MHMS- NCD Unit, Diabetes Center	2008	\$ 50,000
	d) Incorporate Diabetes Center with foot care clinic and gestational reducing complication	Clinics incorporated	MHMS – Diabetes Center, NCD Taskforce	2008	\$ 50,000
	e) Incorporate cardiovascular screening	Screening incorporated	MHMS- NCD Unit, Diabetes Center	2008	-
7. Strengthen Community Education on Diabetes	a) Develop specifically targeted IEC materials	IEC materials developed and communicated	MHMS- HP/NCD Unit, Diabetes Center	2008	\$ 10,000
	b) Integrate diabetes & cardiovascular education into community programs	Program in place and implemented	MHMS- NCD Unit	2008	\$ 20,000
8. Regular Training of Health Care Workers (HCW) on Diabetes &	a) Conduct regular training of health workers	# of trainings	MHMS- NCD Unit	2008	\$ 20,000

cardiovascular	b) Integrate diabetes and NCD training activities	Integrated diabetes, cardiovascular and NCD training developed	MHMS – NCD Unit	2008	\$ 20,000
	c) Develop accreditation system for HCWs for MOH recognises diabetes training according to the level and mode of training	National accreditation system developed and implemented	NCD Taskforce	2007	\$ 20,000
9. Follow-up and rehabilitation	a) Develop policy on criteria of follow up of NCD at all level	Policies developed and disseminated	MHMS – NCD Taskforce	2008	\$ 10,000
10. Ensure continue care through effective discharge and follow up clinic care	a) Develop a standard discharge policy and handing over procedures between hospitals and Public Health Staff	Forms and system in place and awareness training conducted	MHMS – NCD Unit, NCD Taskforce, Provincial NCD Coordinators	2008	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
b. Cancer					
1. Strengthen Screening processes for Cancer	a) Develop screening policies and guidelines	Policy & guideline in place	MHMS- NCD Taskforce, Oncology Nurse, Cancer Medical Officer	June 2008	\$ 10,000
	b) Training of Health & Community Workers	# training carried out	MHMS- NCD Taskforce,	Ongoing	\$ 50,000

			Oncology Nurse, Cancer Medical Officer		
	c) Improve access of public to screening	# of training carried out	MHMS- NCD Taskforce, Oncology Nurse, Cancer Medical Officer	2009	\$ 50,000
2. Improve Treatment of cases	a) Regularly update clinical guideline	2 yearly review	MHMS- NCD Taskforce, Oncology Nurse, Cancer Medical Officer	June 2008	\$ 15,000
	b) Effectively communicate & train on treatment guidelines	# trainings conducted	MHMS- NCD Taskforce, Oncology Nurse, Cancer Medical Officer	December 2008	\$ 20,000
	c) Drug procurement and distribution Policy to ensure regular supply	Policy in place	MHMS- NCD Taskforce, Cancer Medical Officer	June 2008	\$ 20,000
3. Improve on Cancer Registry	a) Procure software	Software procured	MHMS- NRH, Cancer Medical Officer	2007/08	\$ 20,000
	b) Develop reporting system	Define system developed, Cancer registry improved	MHMS- Oncology Nurse, Cancer Medical officer	2007/08	\$ 30,000
	c) Training	# of trainings	MHMS- Oncology Nurse, Cancer	June 2008	\$ 20,000

			Medical Officer		
	d) Implementation	Quarterly reports written	MHMS – Oncology Nurse	Ongoing	\$ 10,000
4. Strengthen Community Education on Cancer	a) Health awareness	# of awareness	MHMS –HP,S stakeholders, Oncology Nurse, Cancer Medical officer	Ongoing	\$ 20,000
	b) World Cancer Day	# of activities carried out	MHMS – Oncology Nurse, Cancer Medical officer	31 st May 2008	\$ 20,000
5. Regular Training of Health Workers on Cancer	a) Training of cancer Nurse, Public health	# of trainings	MHMS – Oncology Nurse, Cancer Medical officer	April 2008	\$ 50,000
	b) Clinical Attachment	# of clinical attachment	MHMS – Oncology Nurse, Cancer Medical officer	June 2008	\$ 50,000
	c) Local attachment for provincial NCD Coordinators	# of attachment	MHMS – Oncology Nurse, Cancer Medical officer	September 2009	\$ 10,000

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
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c. Nutrition Disorders					
1. Improve teamwork to Medical Nutrition Therapy (MNT)	a) Incorporate diet prescription guidelines into medical treatment booklet	Diet prescription guideline incorporated and used	MHMS- Nutrition and Dietetics Unit	2008	\$20,000
	b) Training of Medical officers on different nutrition guidelines and requirements	# training carried out and diets properly prescribed	MHMS- Nutrition and Dietetics Unit	2008	\$ 20,000
	c) Training of nurses and health workers and general public on micronutrient deficiency issues	# of trainings conducted	MHMS- Nutrition and Dietetics Unit	2008-ongoing	\$20,000
	d) Improve nutritional assessment of patients	Assessment properly done	MHMS- Nutrition and Dietetics Unit	2008	\$ 5,000
2. Strengthen nutrition counselling at clinical level	a) Improve counselling of patients with NCDs and IYCF for postnatal mothers	# of patient assessed and counselled	MHMS- Nutrition and Dietetics Unit	2008/2009	\$5,000
3. Regular training of special diet cooks	a) Train special diet cooks on preparation and presentation of special diets	# of trainings done and improvement seen	MHMS- Nutrition and Dietetics Unit	2008 ongoing	\$ 50,000
4. Post-training of dietitians and nutritionists	a) Send dietitians and nutritionists for further training as according to training plan	# trained	MHMS- Nutrition and Dietetics Unit	2008-ongoing	\$100,000

V. Surveillance, Monitoring & Evaluation

Strategy	Activities	Indicators	Responsibility	Timeline	Budget
Monitoring, Evaluation and Surveillance					
1. Development of M & E Framework\	a) Stock take and coordinate monitoring & evaluation done by different stakeholders	Stock take report	MHMS	2008	In-built
	b) Consultant to draft M & E Framework in consultation with key stakeholders	M & E frame work developed	Consultant	2008	\$5 000
	c) Communication and training of frontline workers on the framework	# of officers trained and	NHL Council	Yearly	\$10 000
	d) Implementation of framework	Implementation rate	MHMS	On-going	\$20 000 yearly
2. Strengthen System support for M & E	a) Supervisory visits and/or meetings oriented towards different settings	# of visits and/or meetings	MMHMS – NHL Council	2008-2010 ongoing	\$ 50,000
	b) Review forms for reporting including printing and distribution, and purchasing of equipment (province- national level)	Reporting system established	MHMS – NHL Council	2008	\$ 100,000
	c) Annual conferences for activities at national and provincial levels on NCD risk factors	Reports produced	MHMS – NHL Council	2008 Ongoing	\$ 70,000

	d) Training on M & E for capacity building (on the spot, study tours, attachment)	# of trainings	MHMS- NHL Council	2008	\$ 100,000
	e) Training on basic epidemiology to ensure analysis of data for different settings including effective feedback mechanism	# of trainings	MHMS – NHL Council	2008	\$ 20,000
	f) Establish a central data collection system including Epi-Info data base	Central system established	MHMS – NHL Council	2008	\$ 200,000
	g) Establish a Surveillance center for Nutrition and NCD	Center established	MHMS – NHL Council	2010	\$25 000
	h) Create or designate NCD M & E and surveillance officer	Post established	MHMS – NHL Council	2010	\$ 35,000
3. National Inventory of Indicators	a) Conduct consultation meetings to create and standardise inventory of indicators at national level-HIS	# of indicators incorporated into the HIS	MHMS – NHL Council	2008	\$ 20,000
	b) Communicate and train workers on indicators and use of it	# of reports using indicators	MHMS - NHL	Yearly	\$20 000
4. Strengthen current national research initiative for healthy lifestyle	a) Establish research priorities for Nutrition and NCD	Research priority listing	MHMS - NHL	yearly	420 000
	b) Mobilise resources and conduct priority surveys	# research carried out	MHMS - NHL	On-going	-

5. Conduct regular NCD STEPS survey for national risk factor surveillance	a) Analyse and publish STEPS survey result 2006	STEPS results analysed and published	MHMS	2008-2009	\$ 5,000
	b) Dissemination of DHS results	DHS result disseminated	MHMS	2008	\$ 2,000
	c) Dissemination of STEPS results	STEPS result disseminated	MHMS	2008-2009	\$ 5,000
	d) Repeat sentinel sites NCD stepwise survey every 5 years	As indicated in previous surveys	MHMS	2010	\$ 100,000
	e) Different settings based mini-STEPS surveys	# of mini-STEPS carried out and results	MHMS- NHL Council	2011	\$ 50,000

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APPENDIX A:

Solomon Islands

National Nutrition and Healthy Lifestyle Taskforce

Terms of Reference

- To facilitate legitimization, finalization and endorsement of the Nutrition & Healthy Lifestyle Plan by Ministry of Health for cabinet decision
- Explore and recommend the possible multisectoral mechanism to oversee the implementation of the plan once endorsed
- Advocate for initiation of implementation of the plan and advising the multisectoral body on it

Members

1. Alby (Chairperson)	MHMS
2. Jillian (v/chair)	MHMS
3. Nevalyn (v/chair)	MHMS
4. Joy (secretary)	SICA
5. Gideon	MOE
6. Tom	City Council
7. Oliver	Health Promotion
8. Claudina	Kastom Garden
9. Dr Tenneth	NRH
10. Dr Baerado	NRH
11. Alfred	Export Marketing
12. Geoffrey	SIFGA
13. Rosemary	MHMS
14. Dr Divi	MHMS
15. Hugo	National Planning Office
16. Josephine	Media
17. Nicky	MOA
18. Daniel Evans	Public Solicitor's Office

Advisors

19. Catherine	Unicef
20. Polini	UNFPA
21. Karen	SPC
22. Temo	WHO

APPENDIX B: Participants for the Nutrition and NCD Workshop- June 2007

Workshop Objective: To update and finalize the 1995 National Plan of Action for Nutrition (NPAN).

Names	Organisation	Address/Email	Phone #
Dr Dudley Bae'rodo	National Referral Hospital	stepha2fred@yahoo.co.uk	
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Dulcie Darcy	National Referral Hospital		
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Dr Pritacha	MHMS		

APPENDIX C: ABBREVIATION

1. ADRA – Adventist Development and Relief Agency
2. AHC – Area Health Center
3. CBR - Community Based Rehabilitation
4. CDC – Curriculum Development Center
5. EHD – Environment Health Division
6. FCTC – Framework Convention on Tobacco Control
7. HBC – Honiara Beautification Association
8. HCC – Honiara City Council
9. HFA – Honiara Football Association
10. HP – Health Promotion
11. HPD – Health Promotion Division
12. KGA – Kastom Gaden Association
13. MEHRD – Ministry of Education and Human Resource Development
14. MHMS - Ministry of Health and Medical Services
15. MOC – Ministry of Commerce
16. NCD – Non Communicable Diseases
17. NGO – Non Government Organization
18. NRH – National Referral Hospital
19. PTA – Parents Teachers Association
20. SIFF – Solomon Islands Football Federation
21. SHP – School Health Policy
22. SICHE – Solomon Islands College of Higher Education
23. SINTA – Solomon Islands National Teachers Association
24. SICA – Solomon Island Christian Association
25. SIFGA – Solomon Islands Full Gospel Association
26. SIDT – Solomon Islands Development Trust