

Joint Appraisal Update Report 2018

<b>Country</b>	Solomon Islands
<b>Full JA or JA update</b>	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
<b>Date and location of Joint Appraisal meeting</b>	Remote (1.10.2018)
<b>Participants / affiliation<sup>1</sup></b>	Remote
<b>Reporting period</b>	January 2017 – December 2017
<b>Fiscal period<sup>2</sup></b>	January 2017 – December 2017
<b>Comprehensive Multi Year Plan (cMYP) duration</b>	2016-2020
<b>Gavi transition / co-financing group</b>	<i>Accelerated Transition</i>

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

<b>Vaccine (NVS) renewal request (by 15 May)</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>HSS renewal request</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>CCEOP renewal request</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A

Observations on vaccine request

<b>Population</b>	<b>Total Live Birth: 18870</b>				
<b>Birth cohort</b>	<b>Total Surviving Life Birth: 18522</b>				
Vaccine		<b>Vaccine 1 IPV 1</b>	<b>Vaccine 2 Pentavalent 3<sup>rd</sup> dose</b>	<b>Vaccine 3 PCV 3<sup>rd</sup> dose</b>	
<b>Population in the target age cohort</b>		5186	3149	3519	
<b>Target population to be vaccinated (first dose)</b>					
<b>Target population to be vaccinated (last dose)</b>		13336	15373	15003	
<b>Implied coverage rate</b>					
<b>Last available WUENIC coverage rate</b>		72	94	81	
<b>Last available admin coverage rate</b>		72	83	81	
<b>Wastage rate</b>		15.001%	15.001%	15.001%	
<b>Buffer</b>					
<b>Stock reported</b>		20160	70000	58000	

<sup>1</sup> If taking too much space, the list of participants may also be provided as an annex.

<sup>2</sup> If the country reporting period deviates from the fiscal period, please provide a short explanation.

Pentavalent vaccine coverage for the third dose has remained consistent since 2016 (94%, WUENIC), Measles Rubella (MCV1) coverage has slightly improved (84% in 2017, 82% in 2016).

The country is planning to introduce the measles second dose (MR2) by January 2018 and considering a possible nationwide Measles Rubella Supplementary Immunization activity (SIA) in mid-2018.

The Solomon Islands, IPV vaccination had exceeded the target for 2017, with a coverage rate of 72% for IPV 1<sup>st</sup> dose.

PCV3 coverage has decreased slightly in the 2nd year of introduction (81%, WUENIC) lagging behind DTP1 (99%) and DTP3 (94%) respectively.

Whilst WUENIC data is developed in consideration of the Solomon Islands' administrative data, key differences existed in the reported DTP3 rate. In 2017, the Solomon Islands Health Information system, DHIS2, recorded DTP3 vaccine coverage at 83%. However, while the WUENIC data analysis process confirmed these figures for DTP3 vaccines, WUENIC calculated coverage in the Solomon Islands for DTP3 at 94%.

The country understands that WUENIC estimates are slightly higher than the reported country figures, but this does not represent any significant deviation from coverage rates in previous years. Additionally, this does not suggest a downward trend in coverage rates for DTP3, however, this report describes how improving data quality, service delivery, programming, and capacity building are key areas for attention to improve the quality and coverage of EPI activities in the country.

The country recognises that data quality remains a challenge, and is requesting support in this area under the upcoming HSS2 application. Specifically, it is noted that monthly health facility reporting is often incomplete or not submitted, meaning that immunisations are not always properly recorded (if at all), and DHIS2 data compiled from all facilities therefore result in lower-than-actual administrative coverage rates.

Further improvement in population data related to the planned 2019 census could help better predict the actual number of surviving infants, and therefore improve the quality of coverage data.

Furthermore, a good number of cold chain fridges are not functioning, additionally not all solar fridges have been installed. In 2017, the country supplemented its need for additional fridges and repair of existing fridges within its CCEOP Application and HSS2 Applications respectively. It is envisaged that the CCEOP will be able to allow the country to have the full complement of its cold chain, but further programming is necessary to ensure that these assets are properly maintained, services and used to improve overall vaccine storage along other key areas mentioned in the HSS application.

**Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future<sup>3</sup>**

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year		Expected introduction year	
		2018	2018	2019	2019
	HSS top-up	2018	2018	2019	2019
	Campaign - MR	2018		2019	

<sup>3</sup> Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

## 2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The Solomon Islands' National Immunization Program has continued to benefit from Gavi support both for new vaccine introduction and for health systems strengthening.

Two significant staffing changes have had a significant impact on the operation of the MHMS EPI Program since the last Joint Appraisal. In January 2018, the incumbent EPI Coordinator began a sabbatical year. The EPI Coordinator's role remained unfilled until March/April 2018, when a replacement coordinator was seconded from the MHMS. In Q2 2018, the Maternal and Child Health Technical Officer (WHO) providing technical support to the EPI program became unexpectedly unwell and took an extended leave of absence.

Similarly, human resource constraints and low capacity at provincial levels are a significant bottleneck. The targeted country assistance (TCA) by Gavi has resulted in intensified focus on programmatic support for more of bottleneck analysis, capacity building of national/provincial staff and implementation of key activities. To address the low capacity, training on microplanning and surveillance is being carried out.

In 2017, the country experienced a near stock-out of certain vaccines as a result of poor zonal stock reporting, poor communication and weak asset management at a provincial level. The MHMS EPI staff continue to focus on the preparation and submission of several Gavi applications in 2017 (HPV, Rota, HSS, CCEOP), whilst prioritizing the programming of existing grant support and operationalization of provincial service delivery.

In 2017, the country received new cold chain equipment's ((Solar) TCW 2000- 8, VLS: 024 (20), 054 (8), (Electricity) VLS: 300 (10), 350 (5) of which 31 solar fridges and 9 electricity fridges were installed this year in all provinces.

Additional to this, country also received 35 days cold boxes (2), vaccine carriers (60) and cold box (24), some vaccine carriers were distributed for replacement in provinces. The rest are stored at national medical store as reserved stock and will be distributed to provinces next year in preparation to HPV vaccine introduction and Measles Rubella supplementary immunization activity in September 2019.

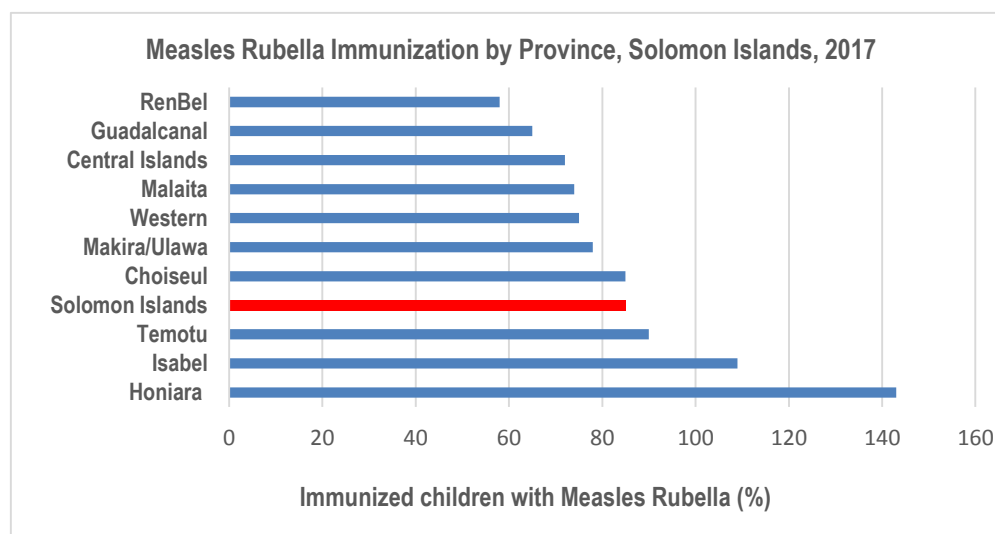
The Government of Solomon Islands has identified immunization as top priority program for the country in its new National Health Strategic Plan 2016-2020 underscoring increased focus on immunization. This has been achieved through continuous engagement and advocacy by government and relevant stakeholders, and will be of significant value towards ownership and sustainability as the country moved towards its accelerated transition phase. Provinces continue to benefit from focused micro-planning and RED strategy capacity building in very low communities to boost immunization progress and outcomes.

However, challenges in reaching low performing communities still remain, due to geographical difficulties poses a significant barrier in ensuring services reach the remotest communities. Supportive supervision from the national level continued strengthening health workers at the site.

In 2019 Solomon Islands will be having its national government election for new parliamentary members in the government. This will have a direct impact since we anticipate people will be moving back to their provinces and this may distract the continuity of vaccination schedules for children who are due for vaccination. Therefore more children will be unimmunized or partially with the potential risk of having vaccine preventable diseases.

Due to the proximity of the Solomon Islands to PNG, there is a potential risk of transfer of infection to the country, although polio immunization coverage is between 75% - 80%. Although polio immunization coverage is between 75% - 80% nationally, the June 2018 polio outbreak in Papua New Guinea saw the MHMS EPI team dedicate attention to vulnerable populations, including those within the vicinity of PNG (Choiseul and Western Province). Further attention will be required in future years.

### 3. PERFORMANCE OF THE IMMUNISATION PROGRAMME



In 2017, HCC coverage was reported as unusually high (142%). Low coverage in Guadalcanal may be attributable to reporting error in Honiara, and further analysis should be prioritized in 2018 HIS activities. In 2018, further investigations will be required as to why Guadalcanal and Renbel (59%) coverage is reported as low, including analysis of reporting quality, data quality and zonal service delivery. This will be addressed, including through the country's HSS2 grant.

Human resource constraint and low capacity at the provincial levels. SI health system has significant human resource constraint both in terms of numbers and capacities, at the national and subnational levels. This has limited implementation capacity.

Low implementation capacity at the provincial level has affected program delivery. Funds transferred to the provinces have remained unutilized in some instances due to low capacity of implementation at the provincial level. Strengthening capacity of implementation and empowering the provinces more will accelerate progress of implementation.

Competing priorities with other health interventions has been reported, with health care workers having multiple responsibilities and sometimes faced with emergency responses that take staff time away from implementing planned routine immunization services.

Data availability and quality is a serious challenge impacting on coverage rates and estimates. Whilst all provincial health data is collated nationally through DHIS2, regular data reports from provinces are irregular in various provinces. Current data is modeled from the most recent national census in 2009, which at times has still led to erroneous interpretation (I.e.142% coverage of MR1 in Honiara City Council).

Administrative coverage was >100% due to denominator underestimation even though the census data were used. It is still important to use census estimated population as the denominator for reporting. Rapid Coverage Assessment Surveys and local level analysis using registered populations would provide improved coverage information that could certainly affect the calculation of coverage rates.

Capacity strengthening will need to be prioritized in the years ahead, including during the remaining years of Gavi-support through the CYMP. Specifically, the country will need to address issues around training of healthcare workers and other immunizers, asset and stock management, facility maintenance, supervisory support and zonal surveillance quality. It is envisaged that that DHIS2 will help address some of these challenges.

As noted in Section 2 above, the change of EPI Coordinator between January-April saw approximately 4 months' gap in the coordination of the EPI team, including progress loss due to poor handover to the succeeding staff member. Two SSA officers continued to oversee EPI Surveillance and Supervisory support during this period. However, the EPI team spent significantly less time during this period effectively following up with provinces as a result. It is assumed that this has played a role in poorer programming of EPI activities since the last Joint Update.

### 3.4. Immunisation financing

The national health financing framework, the medium-term and annual immunization operational plans and budgets are integrated into the wider national health plan/budget. They are consistent with the micro planning

MHMS has an approved budgeted Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) AOP for 2017 in which EPI is an integrated portion of it. The Reproductive Child Health Division (RCH) has a quarterly review meeting on RMNCAH activities. During this review the RCH reviews the planned activities with their targeted achievements as well as their budget; discusses any challenges or bottle neck and way forward. Although the EPI unit is part of the review, the unit has its own regular weekly meetings to ensure progress of immunization and all related plans are in tracked and achieved. It is during these weekly meetings that province endorsed budgets are further discussed prior to disbursement.

Gavi funds were at sufficient levels as detailed and agreed in existing grant requests, including HSS1 Support from 2013-2018.

Reports of cumbersome processing of fund disbursement at National level to the provinces (long waiting time) had led to multiple delays. As noted in previous years, the MHMS has been undergoing a reform process both structurally and financially. The processes as they evolve have largely impacted on getting funds out for program implementation, which might take weeks to months to become available.

Gavi funding has been relatively more accessible since these are largely separate from the Ministry of Health central account. The processes of the MHMS have to be streamlined to improve funds availability and accessibility, minimizing delays, now with further support from the EPI Finance Officer in 2018.

Delays in disbursement to provinces were experienced in 2017 due to delays in the transfer of funds from Central Bank Solomon Islands to ANZ Account (September 2017). Furthermore (and under MHMS policy) acquittals must be resolved prior to the continued issuance of program funding. In 2017 Guadalcanal, Western and Malaita both had owing acquittals that remained unresolved for periods of at least 2 months, leading to delays in funding further service delivery programs. Further Gavi support will need to be adequately planned and programmed to ensure further financial controls are in place, including external auditing as needed.

The government is committed and continually supporting EPI program in procurement of routine vaccines, distribution of vaccines to all second level distributing centres in the country. However, with national EPI activities supporting the provinces there is no specific allocated funds despite each program develop its AOP separately. The allocation of government funds is together with the entirety RMNCAH programs.

The government has the EPI budget on plan but not on system which makes the funds readily available for programme implementation at national and district levels. However, there are delays in the acquittal (return of used and un-used funds) by some of the provinces. These delays will further impact the distribution of more funds needed for the implementation of activities in that province.

As of November 2017, Gavi provided support to recruit a finance officer to support EPI program. This has improved a lot through tracking on EPI activities funds that are being disbursed to provinces and ensures acquittals are completed within allotted timeframes, this helped EPI unit by providing reliable financial information by way of continual updates.

The MHMS and NMS procure all vaccines through UNICEF procurement mechanisms using the Vaccines Independence Initiative (VII). While Solomon Islands vaccine co-financing is done through VII, the country continues to struggle with the VII process, as invoices are sent at a time which is not convenient to the budget and payment cycle. Gavi will be providing further support in 2018 through an EPI Finance Officer, which will provide further support towards the VII process.

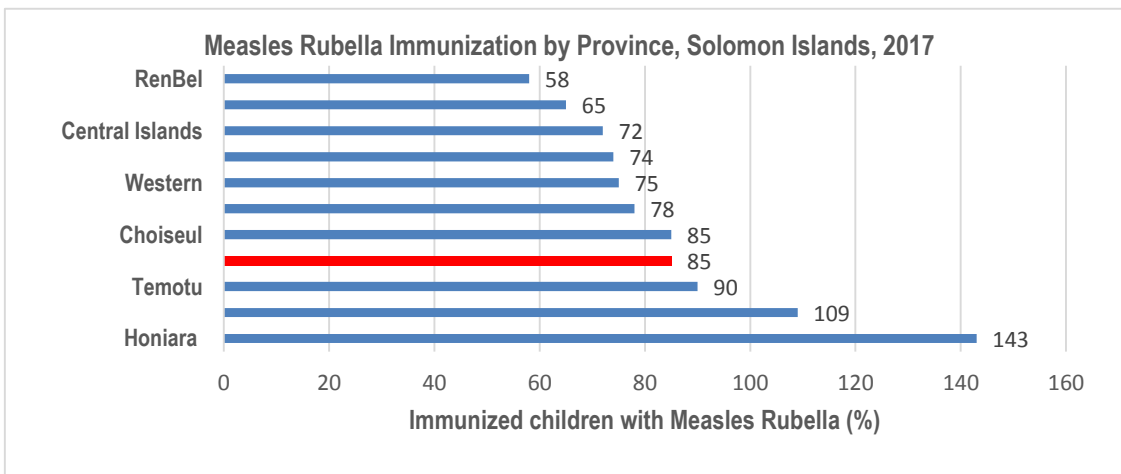
The Solomon Islands 2017 vaccines and supplies invoice totalled four hundred thousand seven hundred and eighty-one united states dollars (USD400,781) out of which One hundred and forty-four thousand seven hundred and thirty united states dollars and seventy-five cents (USD144,733.75) was donated by UNICEF. The country made a full payment of the invoice balance amounting to two hundred and six thousand and forty-seven US Dollars and twenty-five cents (USD206,047.25).

The total payment also included the Gavi vaccines co-payment for Pentavalent and Pneumococcal vaccines. In addition to these amounts, the country maintains its vaccines buffer stock at the regional warehouse based in Nadi Fiji Islands. For the buffer stock replenishment, Solomon Islands MHMS made an invoice payment of USD22,637.84 together with the 2017 vaccines invoice. Some delays do happen with the payments as in the previous years due to the exceptional approvals required in accordance with the requirements to pass large procurements more than SDB500,000 through the Central Tenders Board (CTB) at the Ministry of Finance and Treasury (MOFT). UNICEGF is working with the NMS team to streamline the process and minimize delays for sustainable vaccines procurement and payments through the VII, more so as the country transitions from Gavi support.

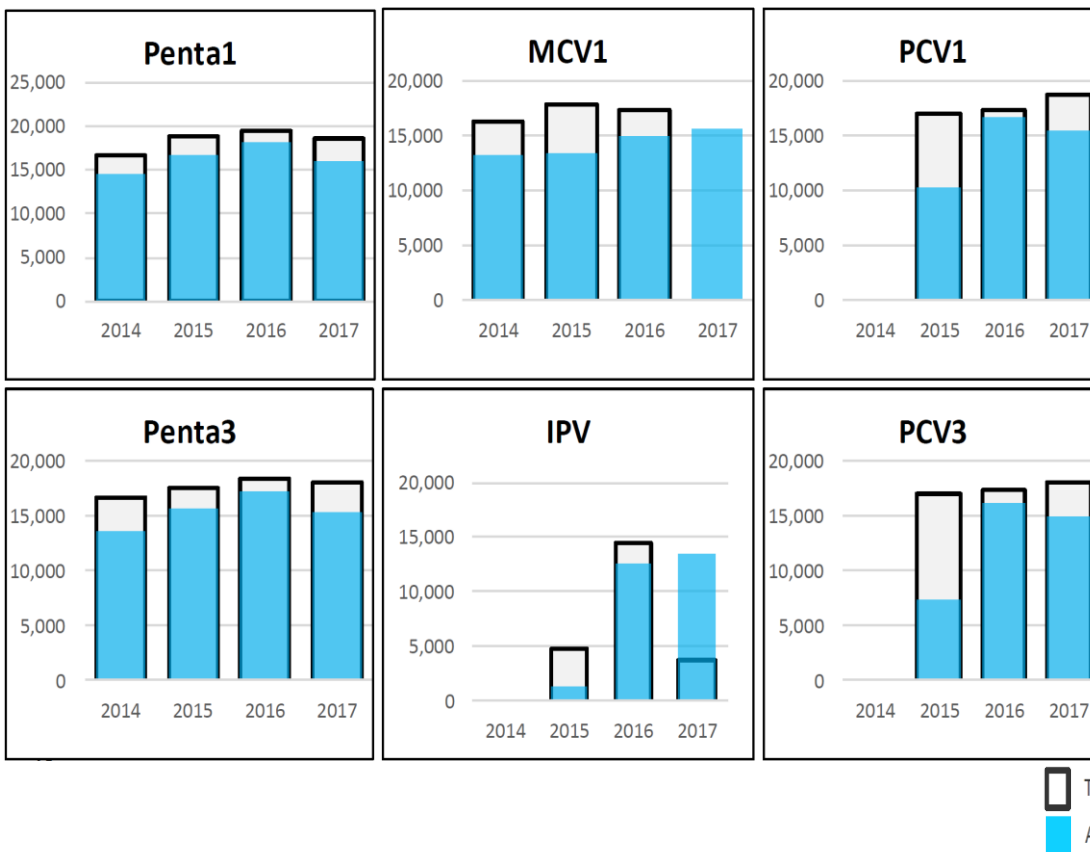
In August 2017, a Program Capacity Assessment was completed by PwC Fiji. The purpose of the assessment is to assess the current or proposed financing modality and other structures for use of Gavi support provided in the form of cash grants, vaccines and vaccine related devices. Its purpose was to allow Gavi and partners to better assess grant implementers' financial and programme management systems, to identify risks and weaknesses and to make relevant recommendations for strengthening the management of support provided by Gavi. The MHMS has taken these recommendations into condensation throughout its programming of its 2018 body of work.

**4. PERFORMANCE OF GAVI SUPPORT**

**4.1. Performance of vaccine support (need 2 yrs focussing on Gavi procured vaccines only – 2015 to 2017)**



At district level four (4) districts measles rubella coverage is above 80%, whilst six (6) districts are below 80% indicating poor accessibility by communities to health facilities.



Penta: WUENIC estimates for 2017 remained similar to 2016, with 99% coverage for the first dose, and 94 % for the third dose.

PCV: The Pneumococcal conjugate vaccine was introduced in 2015 with a PCV3 coverage in the first year of 42%. According to WUENIC, coverage has decreased slightly in the 2nd year of introduction, with PCV3 (81%) lagging behind DTP1 (99%) and DTP3 (94%) respectively. Data quality challenges are attributable to different coverage rates reported for Penta and PCV, with further attention required specifically towards the frequency and quality of zonal monthly reports. A Post Introduction Evaluation was conducted in 2016 for the HPV Demo, and it will be important to follow up on its findings, along with additional PIE measures within future workplans, specifically the VIGs in 2018 and beyond.

There may also be higher prioritisation of Penta and polio vaccines by health workers in the Solomon Islands, as these vaccines have been in use longer and are better known.

IPV: The Solomon Islands, IPV vaccination had exceeded the target for 2017.

MCV: (MSD, measles SIA, MR MCV1) coverage has increased in 2017 to 84% from 82% in 2016

The country also notes the difference in figures between national government data calculations and WUENIC estimates, and has highlighted this as an important issue for discussion in following years. This will be a key focus on improving overall data quality, and use of data for all partners involved.

Wastage rate for vaccines is calculated at 15.001% (for single dose vials). To improve the quality of wastage rates and factors in the country, a wastage survey is planned for 2018/2019.

However, the country experienced a major measles outbreak in 2014 with a total of 4,406 suspected cases reported and 38 confirmed. In 2012, a Rubella out-break occurred in all provinces of the country. Over the last decade immunization coverage levels have fluctuated resulting in the coverage for all vaccines being lower in 2014 than in 2010 (with the exception of measles which reached 76 per cent).

It is also noted that provincial targets are higher than national estimates of the population, and further improvement of provincial data quality may well impact coverage estimates. As noted in previous years, limited capacities, including staff in the Government (national and provincial) and partners, have resulted in inadequate follow up on previous recommendations from previous JA and other assessments. This has been underscored as the main contributing factor to low performance in certain areas.

It is important to note that financial capacity within the ministry has been limited in 2017, with all cash support from Gavi – HSS, VIGs, operational costs – having been amalgamated together. As such, it was difficult to identify separate financial statement. There had not been any external audit carried out in 2017, and this is a strong recommendation for following years.

Other Activities related to implementation of vaccine support:

#### **Trainings**

- a) National EPI program with UNICEF support through Gavi vaccine support to provinces (Guadalcanal & Western) training was implemented on Reach Every District (RED) Micro-planning targeting the low performing zones. Total health workers trained in each provinces 15-20.
- b) A national training of EVM was done whereby provincial cold chain and EPI officers attended and who also involved in the assessment on Effective Vaccine Management in the provinces (EVM) on July 2017
- c) Hepatitis b vaccine out of cold chain training was held in Western and Makira/Ulawa provinces; cold chain officers, nurses in health facilities without cold chain fridges and zone supervisors of these catchment health facilities participated. These health facilities will be removed soon as fridges are installed to them.
- d) TA from WHO supported the program on this measles rubella second dose trainers training to 7 national staff, followed by cascade training to all provinces; cold chain, EPI, 2 health workers from each zones, health promotion officers, paediatric wards, general outpatient in the hospitals participated, total of 18 from each provinces.
- e) Training of focal surveillance officers from 6 area health centers and rural health centers around Makira Ulawa province.
- f) Vaccine preventable diseases surveillance training conducted in 5 hospital based active surveillance sentinel sites in the country.

#### **Support Supervision:**

Support supervisory visits done in 4 province zones (Western- (4 zones), Guadalcanal (2 zones), Central Islands(1 zone) and Honiara City (private owned clinics)), the purpose of this was to improve, strengthen

and capacity building of staff through one on one strategically at health facility levels. Whilst primary attention has been focused on these low-performing zones, further attention will need to be dedicated to remaining provinces to ensure equity of coverage and uniformity of training and service delivery under the CYMP.

**Communication**

A KAP survey was done in selected communities in Malaita province and IEC materials were developed. Procurement of 20 fibro-glass boats and 20 out-board motor engines and was distributed to seven provinces (Western-6, Malaita-5, Guadalcanal-5, Isabel-1, Makira/Ulawa-1, Temotu-1, Central Islands-1) in the country and was distributed directly to identified health facilities respectively

**Immunization week**

Annually immunization week is celebrated and each provinces used this opportunity to do mini immunization catch-up to reach their dropout and missing under five children.

**CCE Maintenance and installation**

16 solar fridges were installed in 4 provinces (Temotu, Makira/Ulawa, Western, Choiseul) and is still in progress since 19 is soon to be installed 5 other provinces. Whilst installing, maintenance of not functioning fridges is done along the way in some of the health facilities. In 2018, the new National Cold Chain began compiling a detailed inventory of the status of all cold chain equipment across all health facilities.

**Note:** Overall, it was noted that a systematic record of the implementation of activities in 2017 was not maintained. Furthermore, without a theory of change associated with the planned activities, it has been difficult for the current EPI team to measure the impact of these activities, including measuring the contributions of their impact on coverage rates against multiple VPDs. Therefore, one of the main recommendations in future years is to program planned EPI activities with adequate programming and evaluation (potentially log frame tools and referencing with Gavi GPF) to measure the implementation, impact and cost of activities.

**4.2. Performance of Gavi HSS support (if country is receiving Gavi HSS support)**

The Solomon Islands health sector is undergoing major reforms and restructuring, with a Role Delineation Policy (RDP) being developed as part of the New NHSP that will clarify roles and responsibilities of the National Line ministries compared to decentralized functions and authorities delegated to the Provincial, Zonal and Health facility levels. The NHSP and RDP are to provide a vision and operational framework for Health Systems Strengthening (HSS) for SIG.

While it was the plan of the MHMS to develop a specific HSS framework, based upon the RDP that could serve to quickly map and assist the government to rationalize existing HSS efforts, not much have been achieved with regards to that. However, the Partnership Coordinating Unit (PCU) of the MHMS once functional will be able to move the unified HSS approach to fruition The New National Health Strategic Plan (NHSP) 2016-2020 identifies immunization as one of its key priority interventions and targets reaching an immunization coverage of >90% in all communities of the Solomon Island.

The new comprehensive Multi-Year plan (cMYP) for Immunization 2016-2020 has been developed and aligns its strategic focus on key interventions that will help achieve targets set by the NHSP which include reaching every district/community approaches, intensified outreach services, improving cold chain equipment coverage and functionality, sustaining availability of vaccines, introducing new cost effective vaccines such as MSD and Rota.

The growing decentralization shifts focus to Provincial Government for Program implementation, with monitoring performance increasingly the role of Provincial and Zonal authorities. b) This requires that completion of the Role Delineation process be supported by all partners, so that revised job descriptions and standard operating procedures for an integrated and decentralized service delivery system can be fully implemented and ensure that HSS investments are results focused. c) New HSS activities include Provincial quarterly performance review meetings, increase supervision, and regular facility-based reviews of micro plan and outreach implementation by zonal supervisors.

The HSS1 grant had a special focus on the highly populated three low-performing provinces of Guadalcanal, Western and Malaita, as noted in the HSS proposal. The main beneficiaries under this proposal, of course, include all children and women in the country. Following the Reaching Every District (RED) strategy, special emphasis was given to Guadalcanal, Malaita and Western as they are the three most populated provinces which are also identified to have the largest geographical spread of the population; as well as a high percentage of women and children living in the poorest households compared to other parts of the country.



The proposed HSS activities therefore aim to bring a high impact to improve health of these women and children.

Implementation of previous recommendations is being pursued including EVM resulting in better stocks management through rationalized procurement and effective distribution of Cold Chain and Temperature Monitoring equipment, and mapping of local catchment areas and target populations as a basis for results-focused micro-panning and effective outreach. The HSS grant continues to benefit the health system as a whole through investments that benefit broader health systems such as transportation equipment used for integrated outreach services, cold chain equipment. Given that the Provincial HR capacities are weak, the Government will explore use of Gavi HSS funds to strengthen these capacities through HSS funding including the new HSS2 grant.

There are several planned changes to the current HSS arrangement, which ended in June 2017.

The EPI program and MHMS will begin a new HSS grant (HSS2) in 2018, which will continue to implement the identified strategic areas, including the appraisal recommendations noted in the HSS1 grant. The broad areas include;

- I. Accelerate programmatic interventions such as supportive supervision from national to provincial to clinics/zone supervisors (RED strategy), monitor coverage in health facilities; use data to identify missed populations.
- II. Resolve financial processes that leads to delay in implementation of program activities to minimize potential disruption in reaching targeted populations and reduction in coverage. Outreach services and periodic mop up vaccination in low coverage zones should be conducted as catch-up campaign.
- III. Develop a National integrated RCH Communication Strategy, including immunization, to create demand for services.
- IV. Improve provincial cold chain capacity through procurement, adequate maintenance and repair services.
- V. Implement effectively the system of birth registration for better tracking and estimation of service coverage. As noted earlier, the country will inform Gavi about unutilized HSS balance as of date to determine whether another tranche of HSS grant is to be approved and disbursed.

<b>Objective 1</b>	
<b>Objective of the HSS grant (as per the HSS proposals or PSR)</b>	Improved availability, access and quality of immunization services, vaccine cold chain capacity, IMCI and MNCH.
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	<p>Multiple geographies and population groups as identified in National Health Strategy.</p> <p>The main beneficiaries under this proposal include all children and women in the country. Funding will be used to provide: the necessary training for health care workers, the essential tools to assess immunization services and the strengthening of cold chain infrastructure for the increase of immunization coverage nation-wide. As a result, the primary health care structure as a whole will benefit since primary health care services are delivered in an integrated fashion.</p> <p>Following the Reaching Every District (RED) strategy, special emphasis will be given to the three most populated provinces (Guadalcanal, Malaita and Western). As noted above, these provinces not only have been identified by the analysis of the 2005/06 household income and expenditure survey (Ref 28) as the areas with higher socioeconomic disparities, but also representing a higher percentage of women and children living in the poorest households compared to other parts of the country but also coverage for the birth dose of hepatitis b and the third dose of pentavalent vaccine is disproportionate within these three provinces</p>
<b>% activities conducted / budget utilisation</b>	According to the 2017 Financial report to Gavi, 96% of the budget utilized (USD 1,640,490.60 of 1,729,465.50).

<p><b>Major activities implemented &amp; Review of implementation progress</b> including key successes &amp; outcomes / activities not implemented or delayed / financial absorption</p>	<ol style="list-style-type: none"> <li>1) In-service training and capacity building for health professionals Reach Every District, Cold chain basic maintenance, vaccine management and Micro-planning trainings done in 3 provinces (Guadalcanal – 3 zones, Isabel, Western -2 zone) levels. This training was targeting health facility nurses in building their capacity on having basic knowledge on fridge maintenance, vaccine ordering and mapping of their health facility catchment areas.</li> <li>2) Tender for cold chain equipment- process was done through UNICEF</li> <li>3) Demand generation activities- A KAP survey in Malaita province to gain insights relating to immunization in low coverage areas, moreover identifying the possible barriers to routine immunization for parent's children under 2 years of age, and to gain insights to target audience's media uses and preferences.</li> <li>4) Vehicle procurement A vehicle was procured for Malaita province, purposely to strengthen service delivery to reach the marginalize population, further distribute of vaccines to roadside health facilities.</li> </ol> <p>As noted above, a Program Capacity Assessment was completed by PwC Fiji in August 2017. The purpose of the assessment is to assess the current or proposed financing modality and other structures for use of Gavi support provided in the form of cash grants, vaccines and vaccine related devices. Its purpose was to allow Gavi and partners to better assess grant implementers' financial and programme management systems, to identify risks and weaknesses and to make relevant recommendations for strengthening the management of support provided by Gavi.</p>
<p><b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>needs for technical assistance</b><sup>11</sup>)</p>	<p>Gavi Grants Continuing in 2018:</p> <ol style="list-style-type: none"> <li>1. Conclusion of the HSS1 Grant and the commencement of the HSS2 Grant (2018-2021) under MHMS RDP, including catalysed support of Gavi CEEOP activities through UNICEF</li> <li>2. MR2 Second Dose and subsequent MR Campaign in 2019</li> </ol> <p>Additionally, and in consideration of the challenges noted in the sections above, the EPI team has proposed to revise its programing structure, and establish of workplanning controls to determine Annual EPI Departmental work planning in relation to budgeted Gavi activities per grant.</p> <p>It is expected that these workplanning controls will also improve internal financial management as well as improved quality of external reporting, including to Gavi.</p>
<p><b>Objective 2:</b></p>	
<p><b>Objective of the HSS grant</b> (as per the HSS proposals or PSR)</p>	<p>Increased demand of immunization and MNCH services.</p>
<p><b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b></p>	<p>Multiple geographies and population groups as identified in National Health Strategy</p>
<p><b>% activities conducted / budget utilisation</b></p>	<p>96% of budget utilized (USD 1,640,490.60 of 1,729,465.50).</p>
<p><b>Major activities implemented &amp; Review of implementation progress</b> including key successes &amp; outcomes / activities not implemented or delayed / financial absorption</p>	<p>Ensuring adequate outreach and supervision remains a challenge, with the central EPI team driving many of these activities at all levels. Delineating Gavi-specific activities as they relate to the 2017 workplan has been a key challenge, resulting in delays in reporting to the Gavi Secretariat and difficulty for EPI staff to track activity progress.</p> <p>Greater commitment, both in terms of programmatic, HR and financial</p>

	<p>resources, is needed at the provincial level and district level. An EPI communications strategy has now been developed with support from UNICEF and an implementation plan has been planned for rollout starting 2018.</p> <p>In addition this also follows a dialogue between Gavi partners and the EPI team earlier in 2017, where progress was made on financial reporting and a firm was contracted to conduct an audit of Gavi-related expenses. This is a promising step towards financial and program management developments possible through immunization stakeholders in the Solomon Islands to overcome these issues. To avoid further bottlenecks in program reporting and delays in future disbursements, the EPI team will need to revisit its workplanning and activity monitoring structure.</p>
<p><b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>needs for technical assistance</b><sup>11</sup>)</p>	<p>A greater level of detail is required in programming EPI workplans in relation to the team's own planned work, the government AOP and Gavi-supported activities. This would allow greater efficiency in processing administrative requirements, as well as more efficient planning and monitoring of EPI activities at a provincial and sub-provincial level.</p> <p>In 2018, the country will receive support from Gavi for HSS from 2018-2021. The design of this support was aligned with the National Health Strategic Plan 2016-2020 (NHSP), the cMYP 2016-2020 and the Role Delineation Policy) that defines the roles, capacities and resources in each level of service delivery in order to achieve universal health coverage in a decentralising context. This HSS support aligns with the NHSP goal, to achieve 90% coverage in immunization by 2021 (the NHSP timeframe is to 2020). In line with the activities detailed within the grant application letter, the country will need to ensure greater programmatic and financial controls to build upon the lessons identified in the implementation of HSS1 from 2013-2018.</p> <p>As noted in its September 2017 application for HSS funding, the country envisages further HSS support in the following areas (listed by objective) :</p> <p><b>Objective 1: Increase immunization coverage rates through sustainable service delivery and programme management:</b> By the end of 2021, all priority zones will attain and sustain DTP3/Penta3 coverage greater than 90% through effective national and provincial management systems with a focus on low coverage zones. Micro-planning will shift focus to community level focus through Reaching Every Child Strategy (REC). <i>Major activities</i> include expanding outreach, training for immunizers, supportive supervision, micro-planning, REC Strategy, performance reviews and planning. Support staff for administration and finance will strengthen programme implementation and monitoring. Technical assistance through this grant will support smooth transition to the Health Sector Support Program finance pool as part of the Gavi Transition Plan.</p> <p><b>Objective 2: Improving vaccine supply and cold chain planning, capacity, infrastructure and management system:</b> By the end of 2021, Essential Vaccines Management (EVM) indicators will show significant improvement at the national and provincial levels through vaccine and cold chain management trainings, procurement, installation, maintenance and replacement of CCE and minimum stock-outs especially in low coverage zones. Key interventions include annual mapping/ inventory, strengthen implementation of guidelines and protocols, human resource capacity building for stock and CCE management and preventive maintenance, monitoring and supervision, support for distribution of vaccines and contribution to the CCEOP.</p>

	<p><b>Objective 3: Ensuring good quality and timely routine information and regular surveillance systems:</b> By the end of 2021, the immunization program aims at quality and timely routine information and regular surveillance, adequately disaggregated, and regularly used for national and local planning for action. Activities include strengthening health information, analysis and disaggregation; support for DHIS2; national EPI survey; data quality assessment; strengthening data review system; provision of monitoring tools; expanding surveillance sentinel sites to all provinces; and provision of computers and radio systems to strengthen communication. An end of grant evaluation is also planned.</p> <p><b>Objective 4: Optimizing demand-generation and community engagement through development of partnerships:</b> By the end of 2021, local partnerships with civil society (CSOs), churches, NGOs and community groups in specific low performing provinces and zones to enhance community engagement and increase utilization of immunization and PHC through grants managed through UNICEF. Activities include dissemination and implementation of the National Communication Strategy for RMNCAH; advocacy for immunization; Immunization Week activities; strengthening partnership and coordination systems in provinces and zones; and capacity building for communication, community engagement, equity and gender relevant to immunization and primary health care. Finance and Programme Management support provided by Gavi through GFA Consulting to provide capacity building for staff to address this area.</p>
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#### 4.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

Solomon Islands secured approval for the CCEOP early in 2018 and received the Gavi decision letter for the CCEOP in June 2018. The funds approval for the CCEOP is put at approximately USD1.38 million which will be funded by 50% Joint Investment from the Solomon Islands Government allocated in the Gavi HSS2 grant, while the remaining 50% comes from Gavi.

While the Gavi Decision Letter for the CCEOP was awaited, the Operational Deployment Plan (ODP) for the 1<sup>st</sup> year of the CCEOP was developed and submitted to UNICEF Supply Division. This encompassed a facility readiness assessment of all health facilities and vaccines stores scheduled to receive new cold chain equipment in the first year of the CCEOP. Based on the CCEOP, a call for expression of interest/bids was advertised by UNICEF SD. At the moment the technical evaluation of the bids has been completed, where all the four bids received were certified technically acceptable. Dulas and B Medical had the highest technical scores in their proposal submission which indicates they are best prepared to take on the in-country component of the CCEOP procurement, deployment and installation.

The commercial bids evaluation are still being negotiated to obtain a financially viable bundle for the CCEOP. Once the commercial evaluations are completed, MHMS approval will be sought to proceed with the procurements as soon as feasible. In the meantime, the ODP for the 2<sup>nd</sup> year has commenced and should be ready soon.

The CCEOP proposal was initially to finance all cold chain gaps in the country to the tune of USD1.89 million. The Gavi approval leaves an unfunded cold chain need of about USD470,000 which the MHMS and partners is working on alternate funding mechanisms to meet the cold chain needs for the remaining health facilities. A supplemental request is being drafted to be submitted to Gavi.

#### 4.4. Financial management performance

In November 2017 GFA was contracted to start a Fund management program for the Gavi EPI Unit in the MHMS.

The Senior Financial Management Expert Luke Tatnell started reviewing all funds going into the EPI Unit and implemented a reconciliation tool to enable a detailed follow up and allocation of all expenses funded by Gavi. Before the implementation of the Financial Expert the Gavi Funds were not monitored specifically and financial reconciliation didn't take place.

Since the implementation of the fund management tool all financial procedures were managed in compliance with GAVI and MHMS Regulations and financial reports were submitted on time.

The correct allocation and reconciliation of Gavi Funds under GFA management goes back to January 2018.

Currently Luke Tatnell has been replaced by Ruben Baudisch as Senior Financial Expert and Lilly Gereá has taken up the position of Financial Officer in the EPI Unit working together with Ruben on the Financial and Fund Management and assuring the compliance of the financial procedures within the EPI Unit

The absorption rates, since 01/2018 status 30/09/18 are:

HSS2: 20,87 absorption, The Balance is USD 323.638,52

MR2: 60,12% absorption, The Balance is USD 38.846, 06

The closure and Audit of the fiscal year 2018 will take place in January 2019.

From January 2019 onwards Gavi HPV, and MR Campaign Grants will be added to the funding scheme.

The coming project phase includes the finalization of the assessment of the financial procedures in all 10 provinces as well as the implementation of trainings and manuals to support the financial management staff.

The MHMS Financial Officer, Lilly Gereá will strongly support this process together with Ruben Baudisch.

No recommendations from previous Gavi Audits Applicable

#### 4.5. Transition planning (if applicable, e.g. country is in accelerated transition phase)

The MHMS has developed in 2017 in consultation with WHO, UNICEF and GAVI and other partners a Transitional Plan from Gavi 2018-2022. Gavi partners and the EPI secretariat further revision to the Transitional Plan is expected in 2018. The MHMS will start implementation of the Plan in 2018.

The Solomon Island Transition Plan includes five key areas of work that is planned for programming within the MHMS EPI Workplan to ensure program adherence to the described Transition Plan outcomes:

**1. Financing (health and immunisation financing, financial planning and management)**

Immunization costs are fully financed by the Government, including Gavi and non-Gavi vaccines, as well as other operational immunization costs; Country can appropriately plan, budget, disburse and execute financial resources for immunization

**2. Immunization Performance and Service Delivery (coverage and equity)**

High (or increasing, in the case of new vaccine introductions) and equitable immunization coverage overtime; Demand for immunization is high and is maintained overtime. Information on benefits and risks is regularly updated and widely disseminated

**3. Leadership and Governance (political commitment, legislation, program management, and advisory bodies: NITAG, ICC)**

Immunization is a national political priority; Robust bodies and processes are in place to advise national health authorities and take appropriate decisions on vaccine introductions, planning, policy and implementation of immunization program

**4. Vaccine Supply (vaccine regulation, procurement and cold chain)**

Vaccines are available at central and delivery point levels and were procured at appropriate price; Country is able to ensure the quality of vaccines used

**5. Information, Data and Systems for decision making, incl. surveillance**

Strengthening surveillance of VPDs in hospitals and sentinel sites as directed in the RDP.

The timely preparation and implementation of the transition plan will stimulate discussions and planning around domestic support for EPI services, which are currently heavily earmarked to donor funding. In Q4 2018, the EPI Team and partners are due to revise and finalize the Transition Plan, and it is proposed that the core areas covered under this plan.

#### 4.6. Technical Assistance (TA)

WHO and UNICEF, as well as PATH as an extended partner, provide TCA to the Solomon Islands through Gavi funding. UNICEF employs an EPI Specialist to provide continuous, dedicated support to the EPI team in MHMS. This support has proven to be invaluable to routine activities such as micro-planning and vaccine management capacity building, the development and implementation of the communications plan. UNICEF continues to work with the MHMS and NMS in procuring and distributing vaccines, thereby ensuring vaccine availability and security for the Solomon Islands. Capacity building in vaccines forecasting, stock and inventory management continues through UNICEF support to the MHMS. The preparation of the Gavi proposals in CCEOP, Rota, HPV, HSS2 were all supported by UNICEF dedicated support to the MHMS. UNICEF continues to support the MHMS with cold chain inventory updates, and implementation of the recommendations from the EVMA. UNICEF has reported that activities are on track in their recent PEF reporting.

WHO provides support on demand, and through the general engagement of their in-country and Fiji and Manila-based teams. The recent EVM, planned DQA, and preparation of the HSS, Rota and HPV applications, among other activities, benefitted from considerable support from WHO in 2016/2017. WHO has completed their PEF reporting for Solomon Islands

The Solomon Islands appear on the list of countries eligible to access additional TCA for 2018 under the recently approved Fragility, Emergencies, and Refugees Policy. These additional funds have been approved and are provided jointly with a transition grant, and include cold chain, EVM improvements, HSS support, vaccine introduction (HPV, MR2); and transition related activities such as reviewing options for a NRA and continued access to VII, and increasing domestic financing of immunisation, particularly through engagement with the provinces.

In 2017, Gavi provided financial management support through GFA Consulting Group, embedded within the EPI Team. In 2018, further financial management and program support will be provided to support the EPI team.

Turnover in WHO and other partner staff will need to be coordinated to ensure the retention of institutional knowledge, fluency of programming during departure/onboarding of staff and the mitigation of risk associated with continuity in HR planning. These areas also relate to the governance and leadership component of the Transition plan). Relevant strategies should be discussed at the ICC Meeting and weekly EPI team meetings, where appropriate.

Difficulties sourcing material and information related to this Joint Appraisal (HSS1 programming reports, financial information and planned CYMP information) were experienced, given that two responsible officers (EPI Coordinator in 2017 and responsible WHO Technical Officer overseeing work in 2017 were not available and were unavailable to provide handover to current staff in situ). Mitigating further risk will be particularly important in this regard, including a new envisaged WHO Health Systems Advisor to begin in 2018/19.

Country	Programmatic Area (2017)	Activity	Partner	Expected Outcome
Solomon Islands	Country planning Management and Monitoring	Technical support and guidance to MHMS on: 1) effective EPI programme implementation and management including support for reporting, requests for renewals, Joint Appraisals (JA) and new vaccines introduction. 2) updating microplans and implementing outreach activities in hard to reach areas with focus on the marginalized populations and reaching the unreached populations. 3) accurate vaccine forecasting, timely procurement and distribution of immunization supplies to service delivery points with strengthened supervision to health workers	UNICEF	1) Effective management of EPI Programme and enhanced technical coordination for Gavi related HSS and new vaccines introduction 2) improved coverage and equity 3) Ensuring vaccine security
Solomon Islands	Supply chain and vaccine wastage	Supporting implementation of the EVM improvement plan, roll-out of cold chain policy guidelines, regular cold chain inventory updates and procurement of cold chain equipment (CCE) with appropriate capacity and technology.	UNICEF	Strengthened immunisation supply chain system
Solomon Islands	Demand generation	Supporting finalization and implementation of the national EPI strategic communications plan.	UNICEF	improved demand for immunization services
Solomon Islands	Leadership Management and Coordination	Support immunisation programme activities to strengthen RED and REC (reaching every community) approaches	WHO	Strengthened routine immunisation, supply chain system, etc. shows annual vaccination coverage improved
Solomon Islands	Supply chain and vaccine wastage	Support conduct of EVM assessment and implementation of EVM recommendations (Implementation jointly with UNICEF)	WHO	Strengthening supply chain
Solomon Islands	Leadership Management and Coordination	Support vaccine preventable diseases surveillance with focus on acute flaccid paralysis (AFP) and acute fever and rash (AFR) surveillance	WHO	AFP and AFR surveillance indicators met
Solomon Islands	Leadership Management and Coordination	Support for national roll-out of HPV vaccine and introduction of rota vaccine	WHO	Rationale introduction of new vaccines
Solomon Islands	Leadership Management and Coordination	Support for improvement of data quality including , review of data available at all levels and from different sources, and assess possible limitations and gaps of the overall data management system, including use of data for action.	WHO	Improving data quality for action
Solomon Islands	Leadership Management and Coordination	Support for judicious use of financial support for HSS and implementation preparation	WHO	Improving financial management

Highlight

## 5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
<b>1. Conduct RED strategy/Micro planning for all low performing zones</b>	RED strategy/Micro planning work conducted in all Gavi-supported provinces (Guadalcanal, Western and Isabel)
<b>2. Support Clinic Outreach programs, in funds and logistics.</b>	Outreach supported through provision of funds and logistical support (procurement of boats expected in 2018)
<b>3. CCE installation, maintenance for Priority Provinces</b>	Planned CCE installed in Western, Makira and Choiseul, and staff trained in maintenance  10 VLS 300 A fridges

	<p>5 Vestfrost VLS 350A fridges                  20 Vestfrost VLS 024 Solar fridges                  8 Vestfrost VLS054 Solar fridges                  8 TCW 2043 Solar fridges                  60 vaccine carriers                  24 general cold boxes                  2 long-term storage Cold Box                  500 Freeze tags                  150 Thirty-day logs                  40 voltage stabilizer                  2 Solar Pathfinder tools</p> <p>TRUCKS AND BOATS                  * Vehicle bought for Malaita province in 2017</p>
<b>4. Conduct monitoring and supervision to poor performing zones</b>	<p>National EPI team conducted monitoring and supervisory visits across poor performing zones:                  Western Province- Zone 4                  Guadalcanal- Zone 2,3,4                  Central Island- Zone 6                  Honiara City- All 4 private clinics (SINU, Honiara International, NPF and Family Medical).</p>
<b>Additional significant IRC / HLRP recommendations (if applicable)</b>	Current status
<b>1. Resubmit HSS Application</b>	In progress
<b>2. Resubmit CCEOP Application</b>	In progress
<b>3. No further disbursements against HSS and PBF until financial reporting/planning requirements met.</b>	Annual financial reporting completed, partial disbursement of HSS funds completed, PBF budget and work-plan under development, external audit in progress. Disbursement projected for August 2017.

**6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL**

- The MHMS has identified the month of May, 2019 for the introduction of HPV and rota. The preparations will end of 2018
- After the approval of the introduction of MR second dose in 2016, the MHMS is planning to roll-out the MR2 in September, 2018. Preparation for the roll-out will start in May 2018.
- Gavi has approved the implementation of MR SIG campaign in 2019.
- The current HSS grant ends in July 2018.
- Both the implementation of HSS2 and preparation for CCEOP implementation will begin in 2018
- Wastage study (not sure if it has started )
- The MHMS has launched the immunization Health Communication Strategy in 2017 with focus on formalisation of engagement with NGOs (demand generation, etc)
- The MHMS to improve transition preparation and planning supported by partners
- The MHMS is planning to scale-up of hep B outside cold chain in three provinces in 2018
  - Developed clear estimates of immunisation costs with clear co-financing of the government part.
  - Strengthened immunisation budgeting and planning between central and provincial levels with the support of the finance officer recruited by Gavi
  - Through its RMNCAH has identified areas for integration between EPI and RMNCAH for greater efficiencies and to reduce health sector/immunisation costs
  - While drafting the Transitional Plan from Gavi MHMS had identified needed HR for EPI to enhance accountability for immunisation-related activities at the provincial level
  - The processes and guidelines in has been streamlined order to continue procurement through UNICEF



- The TOR for a National Interagency Coordinating Committee Family Health (ICCFH) has been approved since 2014 by the MHMS. This committee supports the EPI unit to approve high level activities related such as introduction of new vaccines, MR 2 rollout in 2018, MR SIA proposals 2018, plans for introducing HPV and Rota in 2019
- Exploring RITAG option on Conducting NRA self-assessment
- The MHMS to liaise with National Statistics Office, WHO, UNICEF and other related partners to improve data quality, surveillance, data communication and capacity building, specifically around zonal syndication of data and communication between provinces and MHMS statistics office.
- Further activities to support M&E and information strengthening related to HSS include support to integrate EPI in DHIS2 and ensure adequate disaggregation, a nation-wide EPI survey, data reviews and analysis, surveillance of vaccine-preventable diseases and strengthening information infrastructure through two-way radios and computers. Supportive supervision, monitoring and field visits will be conducted as part of programme management. Monitoring of activities are based on the NHSP M&E and the annual immunisation work plan.

<b>Key finding / Action 1</b>	New Vaccine introductions in 2018.
Current response	The MHMS has identified the month of May, 2019 for the introduction of HPV and rota. It will start the preparations end of 2018. After the approval of the introduction of MR second dose in 2016, the MHMS is planning to roll-out the MR2 in September, 2018. Preparation for the roll-out will start in May 2018.
Agreed country actions	Roll- out Preparations for introduction of HPV vaccine in Q4 2018.
Expected outputs / results	Preparation of HPV introduction in 2019. Rollout of MR second dose in 2018.
Associated timeline	Introduction of MR Second dose in May 2018, preparations for HPV in late 2018.
Required resources / support	Finance and Programme Management support provided by Gavi through GFA Consulting to provide capacity building for staff to address this area.
<b>Key finding / Action 2</b>	Completion of CCEOP application and relevant implementation
Current response	EPI team has submitted an application for CCEOP support, with expected support starting in 2018.
Agreed country actions	CCEOP application submitted by MHMS in 2017. For consideration of Gavi Secretariat before scheduled start date in 2018. EPI team also to coordinate a wastage survey in 2018 associated with CCEOP support.
Expected outputs / results	Procurement and use of additional cold chain equipment. Improved M&E of national and provincial inventory, including potential asset register and integration with mHealth system.
Associated timeline	2018
Required resources / support	Financial management support provided by Gavi through GFA Consulting to provide capacity building for staff to address this area. UNICEF and WHO will provide technical assistance, including through its Supply Division.
<b>Key finding / Action 3</b>	Implementation of EPI Communication Strategy
Current response	EPI Communications strategy and implementation will be revised in 2018
Agreed country actions	EPI team to implement Communications Strategy Annual Plan
Expected outputs / results	Rollout of updated National communication strategy in priority provinces (including Guadalcanal & Malaita)
Associated timeline	2018-2020
Required resources / support	EPI team will require technical support from partners including UNICEF
<b>Key finding / Action 4</b>	Strengthened EPI workplanning and financial management, including of current Gavi HSS2 and MR2 grants

Current response	EPI team has developed a Government annual operating plan, but also draws upon Gavi grant activity and GPF structures. A new HSS grant will begin in July 2018, following the close of the previous HSS grant.
Agreed country actions	Revised program reporting structure drawing upon Gavi activities and Annual AOP
Expected outputs / results	Improved programmatic and financial reporting for all EPI activities under revised AOP, including all Gavi grants and budgeted activities. Improved M&E of decentralized activities and assets. Reduced administrative burden on EPI staff. Mitigate risk of untimely implementation of program funds. Greater integration with MHMS Role Delineation Policy.
Associated timeline	Ongoing
Required resources / support	Finance and Programme Management support provided by Gavi through GFA Consulting to provide capacity building for staff to address this area.
<b>Key finding / Action 5<sup>45</sup></b>	Development of medium-term RCH integration strategy
Current response	The EPI team is in the process of developing its 2018 AOP as well as working with partners to develop its Gavi Transition plan.
Agreed country actions	Programming and monitoring of transition plan in line with Annual MHMS AOP and CYMP.
Expected outputs / results	Greater efficiencies and to reduce health sector/immunisation costs. Enhance accountability for immunisation and other RMNCAH-related activities at the provincial level. Mitigate risks associated with sustained programming beyond Gavi transition.
Associated timeline	2016-2020 (CYMP)
Required resources / support	Finance and Programme Management support provided by Gavi through GFA Consulting to provide capacity building for staff to improve ongoing management and implementation of CMYP in 2018.

**7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS**

The MHMS has an ICCFH to review all the EPI activities before they are endorsed by the EPI unit.

<sup>4</sup> The following additional action was noted in the 2016 Joint Appraisal and has since been completed: Post-introduction evaluation (PIE for HPV was completed in 2016, with a final report shared with executive)

<sup>5</sup> The following additional action was noted in the 2016 Joint Appraisal and has since been completed: EPI review and EVM follow up actions (Update on EVM improvement plan was completed and shared in 2016).

8. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
<b>Grant Performance Framework (GPF) *</b> reporting against all due indicators			
<b>Financial Reports *</b>			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
<b>End of year stock level report</b> (which is normally provided by 15 May as part of the vaccine renewal request) *			
<b>Campaign reports *</b>			
Supplementary Immunisation Activity technical report			
Campaign coverage survey report			
<b>Immunisation financing and expenditure information</b>			
<b>Data quality and survey reporting</b>			
Annual data quality desk review			
Data improvement plan (DIP)			
Progress report on data improvement plan implementation			
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
<b>Annual progress update on the Effective Vaccine Management (EVM) improvement plan</b>			
<b>CCEOP: updated CCE inventory</b>			
<b>Post Introduction Evaluation (PIE)</b>			
<b>Measles &amp; rubella situation analysis and 5 year plan</b>			
<b>Operational plan for the immunisation programme</b>			
<b>HSS end of grant evaluation report</b>			
<b>HPV specific reports</b>			
<b>Reporting by partners on TCA and PEF functions</b>			