

| Country | HMMA Framework | Location | Programmatic Area | HSS objective | Activity | Partner | Name of subcontracted local partner, if applicable | 21-Jun | 21-Nov | 22-Jun | If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked | Expected Outcome | TOTAL |
|-----------------|----------------|------------------------|----------------------------------|--|--|------------------|--|--|---|---|---|---|--------------|
| Solomon Islands | Reach | National | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Technical assistance and accompaniment provided to MHMS on: sustainable programme management and implementation, EVM implementation, HSS & vaccine renewal requests and reporting, Multistakeholder dialogue updates to facilitate the transition process from Gavi, and vaccines security for the EPI program in view of the COVID-19 pandemic. | UNICEF | | Service delivery related barriers of missed communities to access immunisation services identified and prioritized | | Service delivery approach suitable to reach missed communities identified and endorsed | IR-C 1.2 Number of surviving infants who received the first recommended dose of pentavalent vaccine (Pent3); IR-C 1.4.1 Number of surviving infants who received the first recommended dose of measles containing vaccine (MCV1) | Immunization program implementation strengthened taking into account COVID-19 pandemic response and disruptions | |
| Solomon Islands | Reach | National & Subnational | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Assist the MHMS and EPI program to update the routine immunization microplans, strengthening routine immunization outreaches and supervision with broader integration of PHC services | UNICEF | | | Roadmap for improved integration of EPI with other PHC services | | IR-C 1.2 Number of surviving infants who received the first recommended dose of pentavalent vaccine (Pent3); IR-C 1.4.1 Number of surviving infants who received the first recommended dose of measles containing vaccine (MCV1) | Same as above | |
| Solomon Islands | Reach | National & Subnational | Supply Chain | Improving vaccine supply and cold chain planning, capacity, infrastructure and through sustainable management system | Facilitate the implementation of EVM recommendations to improve the immunization and broader PHC supply chain, and implementation of the vaccine wastage reduction strategy through dedicated technical assistance | UNICEF | | | % of target sites achieving readiness to receive cold chain (e.g. equipment on site, ready and w/ trained staff). | % of target sites (provinces/districts) that have updated CCE management documents like CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy etc.) | IR-C 6.0.3 CCE expansion in existing targeted sites; IR-C 6.0.2 CCE extension in untargeted existing and/or new sites; IR-C 2.0 Occurrence of stock out at national or district level for any Gavi-supported vaccine. | SC practices and cold chain coverage and functionality improved nationwide. | \$339,120.00 |
| Solomon Islands | Reach | National & Subnational | Demand | Optimising demand-generation and community engagement through development of partnerships | Social mobilization for EPI covering (a) continued implementation of immunization and child health communication strategy (b) evaluate and update communication plan and materials to reflect additional pandemic response challenges | UNICEF | | | Communication and social mobilization strategy developed | | IR-T 17 Increased immunization coverage through advocacy activities conducted in priority provinces and areas | Improved demand for immunization and child health services | |
| Solomon Islands | Monitor | National & Subnational | Demand | Optimising demand-generation and community engagement through development of partnerships | Provide programme monitoring and technical assurance to the implementation of the CSO demand generation project in four provinces being implemented by World Vision | UNICEF | | | NGO/CSO mapping developed | X of un(der)immunized children are located through community relays and door to door approaches | IR-T 17 Increased immunization coverage through advocacy activities conducted in priority provinces and areas | Community engagement for EPI improved | |
| Solomon Islands | | National | Financial/Operational Management | Laying out foundations for strengthened systems with an emphasis on equity, quality, efficiency and sustainability. | (i) Continue to support MHMS with improving the quality of AOP&B both at national and provincial levels and building capacity to shape stronger links between national and provincial AOP&B for the budget process submission (ii) Continue to support MHMS track financing pressures to the health sector, by updating the Medium Term Expenditure Framework Note, and the budget and expenditure tracking analysis for MHMS (including for the immunization program) to have a clearer picture of resource allocation and use across MHMS, the national division and the Provincial Divisions (iii) Continue to support the MHMS with the transition of the financing of the immunization program from off-system (outside government system) to on-system (using the government financial management system) (iv) Continue with other partners to engage in dialogue/analysis with MHMS regarding the need and options for increased domestic financing in preparation for when the country graduates from GAVI financing in 2022 | World Bank | | (i) National immunization program AOP&B for 2021 is completed and is linked to Provincial AOP&B and (ii) Complete provincial funding transition to on-system with initial review and analysis of budget and expenditure execution, including highlighting challenges and changes in financing flow and the impact on service delivery in the provinces now having transitioned to on-system | (i) Annual Ministerial budget and expenditure and trend analysis (M&TA) and the spending pressures note (MTEP) are completed and opportunities for more effective use of resources, and to inform planning and budget preparation processes within the Ministry. (ii) Staff costing of EPI program to inform annual AOP&B and budget submissions for 2022 including to inform the discussions around transition to domestic financing upon graduation | (i) National AOP&B for 2022 is linked to Provincial AOP&B and (ii) All GAVI financing has now completely transitioned to on-system | (i) Measurable improvements in the efficient use of resources in the Ministry. Strengthening the capacity of the MHMS will allow the Ministry to move away from relying on TA and build a broader team within MHMS to delivery results. (ii) MHMS manages financing pressures (including Gavi transition) in its AOP&B process and budget submission process to the Ministry of Finance and Treasury. Overall, Country is on track for successful transition; Country graduates annual EPI Operational Plan focusing on improving coverage and equity | \$200,000.00 | |
| Solomon Islands | Reach | National | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | (1) Manage and lead the health systems strengthening interventions related to policy development provision of laboratory services to the MHMS and other ministries in Solomon Islands; 2) Support the MHMS to use the recommendations included in the review report of the 2015-2021 to inform the development and finalise a new NHSP for 2022-2028; 3) Support the MHMS to develop a national digital health strategy emphasizing immunization related activities particularly those regarding data collection and sharing on immunization target groups, reporting and notification; 4) Enhance cooperation with MHMS and among health Departments and Units especially the Surveillance and EPI Units; 5) Ensure that immunization key activities and aspects are well presented and prioritized in the new NHSP and that they are in line with the Sustainable Policy (RDP) and comply with its Sustainable Policy Packages standards; and 6) Support the development and implementation of the Government's pandemic preparedness and response plan at different strategic levels with accent on immunization and provide all type of technical support to implement the GAVI NHSP Goals | WHO | | (1) Following successful development of the new NHSP, advocacy for having relevant EPI programme recommendations integrated in wider MHMS strategies including the NHSP 2022-28 Digital Health Strategy; 2) Policy advocacy and guidance MHMS. Executives adopt a Strategic Framework to guide the implementation of activities needed to meet the short, medium and long term objectives of the Sustainable Policy – highlight the activities included in health system building blocks as priorities for MHMS AOP planning. The Strategic Framework will include the attributes of the health system needed to determine country path to achieving UHC (i.e. ensuring that short-term actions lead to building robust health systems that provide comprehensive coverage of EPI and other key areas) | (1) Based on MHMS prioritization, the EPI Team will use the Transition Plan to guide resources necessary to bring about changes that benefit the Programme and enhance the overall achievement of RDP. Guided by the system building blocks alignment with 16 articles needed to realise EPI outcomes will be aligned with the System Building Blocks. 2) Support the development and implementation of further integrated frameworks and systems that can help the Programme to measure progress and meaningfully inform the pursuit of national health and development goals, focus on the generation, analysis and use of evidence that are relevant to policy-making, and guide implementation and resource allocation at all levels. Collecting EPI Disaggregated data will also be essential to determine where health inequities exist and to address health issues in an equitable manner | (1) EPI team gains support of MHMS Executives for the advocacy strategy that will be adopted in preparation for investments necessary for the sustainable provision of EPI services during and beyond transition plan period. 2) Support innovative Policy measures to help MHMS identify, test, adopt and scale up innovative approaches to address EPI and other health problems in a way appropriate to the country context. | Overall Health systems capacity strengthened to support the MHMS in achieving successful transition from Gavi funding support | | |
| Solomon Islands | Reach/Monitor | National & Subnational | Service Delivery | Ensuring good quality and timely routine information and regular surveillance systems | Technical support in finalizing draft cMYP with MHMS and partners - linkages to EPI Regional strategic plan (WHO and GAVI), consultant planning and technical support to the MHMS for Annual Operations active planning, Support linkage and integration with DHIS2 and new tracker module for COVAX, expanded to other vaccines, with capacity building for more advanced data analysis and data sharing between platforms - resulting in improved quality and timely information for decision making. Support new vaccine introduction, including support to IPV second dose and continued strengthening of HPV, Rota and MR second dose. | WHO | | Coordination and management of COVAX related technical support from WHO country TA, DIPS and RO. Linkage and integration with COVAX activities that can be leveraged for routine immunization specifically the proposed DHS2 tracker module and its roll-out. Technical support provided to the EPI review process, continue to develop linkages to EPI Regional strategic plan (WHO and GAVI), support finalization of the draft cMYP (Comprehensive Multi-Year Plan 2021-2025) | *Support for strengthening VPD surveillance and laboratory diagnostics. Molecular laboratory capacity built for conducting range of VPD diagnostics. Countries cMYP 2021-25 submitted for endorsement* | Continue technical support to the MHMS on COVAX and EPI implementation, linkage within COVAX activities including case based reporting and digital AEFI notification systems. Seroprevalence and coverage survey report are taking place. All submitted and reporting on GAVI portal for all technical activities in TCA. New vaccine introduction support including support for proposed IPV2 introduction | Development of key EPI strategic document - cMYP 2021-2025. Support for data strengthening and linkage with Covid-19 vaccines HIS tracker module introductions. Support new vaccine introductions, preparations for IPV 2nd dose, monitor newly introduced RV, MR2 and HPV strengthening activities. Continued support for laboratories in VPD surveillance activities and development of potential new molecular diagnostics | \$494,390.00 | |
| Solomon Islands | Monitor | National & Subnational | Vaccine-Specific Support | Increase immunisation coverage rates through sustainable service delivery and programme management | Strengthening VPDs surveillance including case-based national surveillance with focus on acute flaccid paralysis (AFP) and acute fever and rash (AFR). SSA in country support and RO Staff travel (when required) to provide technical support to the country for ongoing surveillance assessment, logistics for the lab testing of samples. Organize training for staff when needed. Coordinate with global and regional reference labs for results troubleshooting, interpretation, reconfirmation. | WHO | | In country SSA staff support for continued surveillance strengthening and RO Staff to provide technical support to the country (as needed) for ongoing surveillance assessments to strengthen reporting. Monthly surveillance report on AFP and AFR, supervision and training of the current sentinel sites. Support for new AEFI reporting systems and trainings. | Monthly and Quarterly reports will be available. Continuous support to the Surveillance Unit in the EPI unit by the SSA. Sentinel sites provided with staff trainings to support reporting and case diagnosis. Additional support for new AEFI reporting system and review DHS2 new AEFI module data and follows-up. | Monthly reporting for VPD SSA and AEFI cases | Sentinel Surveillance for VPDs and strengthened AEFI reporting, newly developed AEFI committee and investigators processes | | |
| Solomon Islands | Monitor | National | LMC | Ensuring good quality and timely routine information and regular surveillance systems | Technical support to EPI coordinator for new vaccine introductions, (HPV, MSD, IPV), with focus in 2021 on HPV | Expanded Partner | PATH | n/a | Assistance provided to implement and monitor HPV, MSD and other recently new vaccines introduced | Assistance provided to implement and monitor HPV, MSD and other recently new vaccines introduced | | | |
| Solomon Islands | Monitor | National & Subnational | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Monitor progress of HPV vaccine rollout through data review in DHIS and direct follow up with provinces, zones, facilities | Expanded Partner | PATH | n/a | DHIS data of HPV reporting reviewed by province, zone, and facility | DHIS data of HPV reporting reviewed by province, zone, and facility | | | |
| Solomon Islands | Identify | Subnational | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Assist with identification of low performing areas for HPV vaccines (in 2021) | Expanded Partner | PATH | n/a | No reporting or low performing facilities and zones identified from DHIS data review | No reporting or low performing facilities and zones identified from DHIS data review | | | |
| Solomon Islands | Reach | Subnational | Demand | Optimising demand-generation and community engagement through development of partnerships | Work with low performing areas and/or areas of vaccine hesitancy in 2021 to develop coverage improvement plans for HPV and other new vaccines | Expanded Partner | PATH | n/a | Coverage improvement plans developed for identified low performing HPV areas or areas of vaccine hesitancy | Coverage improvement plans developed for identified low performing HPV areas or areas of vaccine hesitancy | | \$99,999.97 | |
| Solomon Islands | Reach | Subnational | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Assist with monitoring and mentoring activities with provinces/zones to implement coverage improvement plans for HPV (in 2021) or other new vaccine coverage, with focus on those zero-dose or missing follow-up doses | Expanded Partner | PATH | n/a | Mentoring and monitoring provided to areas implementing coverage improvement plans, using DHIS reported data review to track progress | Mentoring and monitoring provided to areas implementing coverage improvement plans, using DHIS reported data review to track progress | | | |
| Solomon Islands | Reach | Subnational | Service Delivery | Increase immunisation coverage rates through sustainable service delivery and programme management | Provide direct support to HCC to restart HPV vaccinations (dose 2 MAC and dose 1 new cohort) | Expanded Partner | PATH | n/a | Support to HCC provided and HPV vaccinations restarted | Continued mentoring to HCC for HPV vaccinations, using data reported in DHIS to track progress | | | |

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| Solomon Islands | Measure | National | Data | Ensuring good quality and timely routine information and regular surveillance systems | Work with DHIS manager to improve data recording and reporting for HPV and other new vaccines | Expanded Partner | PATH | n/a | Review of HPV data improvements conducted with DHIS manager; plan for implementing improvements outlined | Data recording and reporting improvements documented through DHIS review of HPV data | | |
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