# **TEMPLATE**

**Solomon Islands**

**PEF Targeted Country Assistance (TCA) Narrative**

**for 2022-2023 Multi-Year Planning**

Use this template to create a narrative that contextualises your TCA plan for the planned duration and how the support that you are requesting from Gavi will help you reach your immunisation goals.

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2023** | **%** |
| $2,104,836 | **2022** | $999,526 | 47.5% |
| **2023** | $1,105,310 | 52.5% |

1. **Key objectives for the EPI program and known gaps/bottlenecks (0.5 page)**

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| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| The key objectives of the EPI program of the Solomon Islands include the prevention of 13 vaccine-preventable diseases through high vaccination coverage with quality vaccines through effective maintenance of cold chain and administration through trained staff and effective surveillance of vaccine-preventable diseases and adverse events following immunisation.Performance of the EPI has dipped recently, including a decline in routine immunisation coverage. For instance, the MCV1 national coverage in 2021 was 68.3%, a drop of nearly 20% from the pre-pandemic level, with three provinces, including the two most populated provinces showing a coverage level of <48%. The MCV2 national coverage in 2021 was 42%, with the most populated two provinces again showing the lowest coverage levels below 26%. The national DPT1 coverage in 2021 was similarly low at 83%, dropping down from 98.1% in the 2019 pre-pandemic level. The trend continues in 2022, dropping from DPT1 first quarter coverage of 91% in 2019 to 67% in 2022.If early actions are not taken, the country is dangerously poised for VPD outbreaks. There are several gaps and bottlenecks in the EPI program, some of which are longstanding and recently exacerbated by the pandemic. Limited availability of trained staff at all levels, logistic challenges including transport impacting coverage in remote islands, weak communication and community engagement, EPI data management, and digitalising data are lingering issues. In a background of female literacy rate of about 69%, low access to electronic media, e.g. households with television is 4% and radio at 55% and with limited transport and other infrastructures, and a lack of community health workers to connect the community to the health system necessitate maintaining expensive outreach activities. These activities are sensitive to the functioning of the financial system. The cash flow for provincial operations from the centre has significant issues, including outflow delays and financial management problems, leading to the freezing of funding disbursement. The lack of a fully qualified financial officer to assist the national program for financial management is a critical gap. With the above gaps and insufficient government budget exclusively allocated for EPI procurements and operations except for staff, budget already covers salaries and allowances, utilities for EPI operations, housing rental, etc., the country is underprepared for transitioning from Gavi funding in 2023. Currently, there is no government plan for such a transition. |

1. **Current TA needs of your immunisation system (1-2 pages)**

***Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s*** ***Programme Funding Guidelines******. The country can plan for the remaining duration of their current HSS grant.***

*(Please feel free to add lines as needed)*

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| **High-level Plan** | **Budget (USD)** | **%** |
| **2022** |  |  |
| Service Delivery | 1. Integrate the delivery of services to improve the efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities2. Address gender considerations in the planning and implementation of immunisation services3. Update the routine immunization micro plans, strengthening routine immunization outreaches and supervision with broader integration of PHC services 4. Develop tools and approaches to improve and sustain quality and safety of immunisation services 5.Implement Supplementary Immunisation Activities (SIA) for MR and EVM plans6. Reinvigorate and reboot vaccinations affected by the pandemic (HPV and Rotavirus vaccination)7. Conduct subnational EPI reviews  | **281,800** | 28.2% |
| Human Resources for Health | 1. Assist in maintaining human resources at critical locations and retention of health workers to improve functioning of the system and increase equitable access to immunisation services2. Support MHMS in the development of a highly motivated workforce, with adequate knowledge and skills in conducting vaccination, effective management of vaccines and cold chain through training, mentoring, supportive supervision and fostering a sound working environment | **139,100** | 13.9% |
| Health information systems and monitoring and learning | 1. Ensure timely, fit-for-purpose information is available at all levels of the system and is used regularly and systematicallyto improve programmatic reach and performance2. Ensure sustainability and system improvement to capture HPV service information in DHIS23. Strengthen HIS by introducing a digital system to collect timely, high-quality information, to enable programme to monitor performance in real-time, zero-dose/drop-outs children, vaccines stock and cold chain, and institute timely corrective action and provide strategic direction for program planning | **35,200** | 3.5% |
| VPD surveillance | 1.Use surveillance data to identify ways to improve immunisation programme effectiveness in preventing disease2. Improve integration of VPD surveillance and AEFI surveillance into DHIS | **26,000** | 2.6% |
| Governance, policy, strategic planning and program management | 1. Strengthen the capacity of governance (e.g. the Family Health Committee)/technical bodies (e.g. EPI team) for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children2. Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at alllevels, particularly for reaching zero-dose children 2. Support annual operational planning (AOP process) which will result in multi-year National Immunisation Plan that encompasses national and provincial activities, as well as key elements of the Gavi-transition planning and steps to improve financial management4. Support MHMS in strengthening capacities of technical bodies on policy development, and coordination mechanisms to enhance and sustain multi-sectoral collaboration and partnerships in planning, provision of resources in the implementation and monitoring of strong immunization systems | **224,400** | 22.4% |
| Sustainable health financing | 1. Supporting budgeting and targeting of domestic resources and donor partner contributions to PHC based on ZD and equity considerations AND reviewing provincial level expenditure against budget2. Provide support to the transition planning process and engage in high level dialogue on health financing and the budget impact of the transition. This includes presenting analytics resources develops to the EPI team and MHMS executives3. Providing training to donor and EPI team on AOP & B process, and support review of the EPI AOP and multiyear budgeting during budget process. 4. Supporting development of Gavi transition plan as part of the national health strategic plan development5. Improve the efficient use and tracking of domestic fund flows going to the frontline, including for reaching zero-dose children. These include developing tools and processes building on existing expenditure tracking activities, including BETA tracking of funding sources (domestic and external) to improve the transparency of funding flows to all stakeholders.6.Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets | **80,000** | 8% |
| Demand generation and community engagement | 1. Design and support implementation social and behavioral change interventions, through community based organisations.2. Provide programme monitoring and technical assurance to the implementation of the CSO demand generation project in four provinces 3. Conduct 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 challenges4. Engaging stakeholders and empowering local communities aimed at zero-dose and under-vaccinated children to generate demands for immunization, participate in planning, improvements in the quality of services, coverage and sustainability of the programme5. Develop tools and guidance for generating social and behavioural data for action  | **176,527** | 17.7% |
| Supply chain | 1. Facilitate the implementation of EVM recommendations to improve the immunization and broader PHC supply chain; and implementation of the vaccine wastage reduction strategy 2. Provide technical and operational support to government counterparts and partners on best practices of supply, logistics and cold chain management3. Strengthen supply, logistics and cold chain management to improve efficiency, accessibility and reliability of vaccines and other essential supplies to be readily available at all times and in good condition | **36,499** | 3.7% |
|  |  | 999,526 |  |
| **2023** |  |  |
| Investment Area | High-level objective  |  |  |
| Service Delivery | 1. Integrate the delivery of services to improve the efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities2. Address gender, disability and social inclusiveness considerations in the planning and implementation of immunisation services3. Design and implement immunisation approaches for HPV, including reviewing the revised guidelines from WHO, conducting microplanning and monitoring HPV coverage3. Support design and implementation of approaches reaching ZD children 4. TA to deliberations of any new WHO guidelines related to HPV dosing schedule (2 doses or 1 dose for girls aged 9 to 14 years)5. Improved immunization coverage through development of tailored strategies and a carefully planned, well resourced and regular integrated immunization services with full engagement of communities targeted at zero-dose and under-vaccinated children6. Develop tools and approaches to improve and sustain quality and safety of immunisation services 5.Implement EVM plans7. Reinvigorate and reboot vaccinations affected by the pandemic8. Conduct international EPI review and subnational EPI reviews  | **271,000** | 25% |
| Human Resources for Health | 1. Improve the distribution and retention of health workers to improve functioning of the system and increase equitable access to immunisation services (This includes recruitment of a Financial Officer at national level., a Project Officer to assist national coordinator EPI and a Logistics Officer to assist national cold chain officer) | **150,000** | 14% |
| Health information systems and monitoring and learning | 2. Ensure timely, fit-for-purpose information is available at all levels of the system and is used regularly and systematicallyto improve programmatic reach and performance3. Support improvement of efficiency EPI data flow in DHIS and digitalisation/digital solution efforts 4.TA for programmatic sustainability and system improvement at national and provincial level HPV data reporting and DHIS2 system modifications5. Support MHMS in the development of a highly motivated workforce, with adequate knowledge and skills in conducting vaccination, effective management of vaccines and cold chain through training, mentoring, supportive supervision and fostering a sound working environment6. Strengthening of HIS by introducing a digital system to collect timely, high-quality information, to enable programme to monitor performance in real-time, zero-dose/drop-outs children, vaccines stock and cold chain, and institute timely corrective action and provide strategic direction for program planning | **47,500** | 4% |
| VPD surveillance | Use surveillance data to identify ways to improve immunisation programme effectiveness in preventing disease TA to improve monitoring vaccine safety and adverse events following immunisation | **22,500** | 2% |
| Governance, policy, strategic planning and program management | 1. Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children2. Strengthen the capacity of governance/technicalbodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children.3. Support annual operational planning (AOP process)4. Support MHMS in strengthening capacities of technical bodies on policy development, and coordination mechanisms to enhance and sustain multi-sectoral collaboration and partnerships in planning, provision of resources in the implementation and monitoring of strong immunization systems | **287,400** | 26% |
| Sustainable health financing | 1. Supporting budgeting and targeting of domestic resources and donor partner contributions to PHC based on ZD and equity considerations AND reviewing provincial level expenditure against budget2. Provide support to the transition planning process and engage in high level dialogue on health financing and the budget impact of the transition. This includes presenting analytics resources develops to the EPI team and MHMS executives3. Providing training to donor and EPI team on AOP & B process, and support review of the EPI AOP and multiyear budgeting during budget process. 4. Supporting development of Gavi transition plan as part of the national health strategic plan development. 5. Improve the efficient use and tracking of domestic fund flows going to the frontline, including for reaching zero-dose children. This includes developing tools and processes building on existing expenditure tracking activities, including BETA tracking of funding sources (domestic and external) to improve the transparency of funding flows to all stakeholders6.Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets | **80,000** | 7% |
| Demand generation and community engagement | 1. Design and support implementation social and behavioral change interventions2. Provide programme monitoring and technical assurance to the implementation of the CSO demand generation project in four provinces 3. Conduct 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 challenges4. Engaging stakeholders and empowering local communities aimed at zero-dose and under-vaccinated children to generate demands for immunization, participate in planning, improvements in the quality of services, coverage and sustainability of the programme4. Provide assistance to use behaviour modification frameworks and evidence based data to improve communication and community engagement  | **151,210** | 14% |
| Supply chain | 1. Facilitate the implementation of EVM recommendations to improve the immunization and broader PHC supply chain; and implementation of the vaccine wastage reduction strategy 2. Provide technical and operational support to government counterparts and partners on best practices of supply, logistics and cold chain management3. Strengthen supply, logistics and cold chain management to improve efficiency, accessibility and reliability of vaccines and other essential supplies to be readily available and in good condition | **95,700** | 9% |
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| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| The requested TA supports are primarily the felt needs of the EPI program identified together by partners and program managers. The TA will further strengthen and increase the effectiveness of SIG investments and immunization partners. There is a need for ongoing support at the national level of the immunization program to improve their service delivery to provide regular and reliable immunization services, including outreach activities to reach the hard-to-reach individuals, as part of an integrated package of health services. These include short term TA for EPI Review and the development of a multi-year National Immunization Plan. Both an annual operational plan (AOP) and a multi-year national immunisation plan should be developed. AOP is an annual operational budgeting for immunization which is done through “AOP” process, an annual corporate planning exercise for the MHMS. But multi-Year National immunization plan should outline annual objectives of the Immunization program, define SIA and ongoing strengthening of the RI activities. This is a document that should also guide annual budgeting at national and provincial level. In the context of evolving pandemic impact and recent drastic drop in routine immunization coverage, efficient coordination and management of partnerships and financial resources for immunization program has gained central attention. Pandemic has stalled the progress of recently introduced vaccines such as HPV and Rotavirus. HPV vaccination requires rebooting and fine-tuning to upgrade with potentially new strategies and integrate with other services. Interventions must also address low coverage of MCV that is poising the country at risk measles outbreak and TA in this regard include support for planning and conducting SIA in 2022. Further, the proposed TA will provide a consolidated effort working closely with partners and the MHMS for an evidence-based planning and build a stronger health systems towards a well-functioning immunization programme. Strong health systems requires a motivated and trained workforce along with functioning and integrated logistics, supplies and cold management systems and provision of adequate resources and funding to reach-out marginalized zero-dose children and missed communities with an integrated immunization services and primary care. In addition, creating demand by improving community awareness and engagement regarding the benefits of immunization will improve coverage and sustain the programme in the long-term. For instance, the long-term TA proposed in the TCA (WHO P5) would provide direct support to MHMS Partnership Coordination Unit to coordinate and strengthen partnerships between development partners and the Government, including technical support to the MHMS for strengthening the health system. This would require regular support for monitoring, evaluation, provincial linkages and a synchronized approach in various aspects of Health System support to deliver for immunization program. TA proposed (e.g. through UNICEF) will assist MHMS in improving logistics, supplies and cold management systems, demand generation and microplanning to reach out to remote communities, including marginalized zero-dose children. These TAs will create opportunities to engage local staff, support their leadership, and for the MHMS workforce to take ownership.Targeted investments are needed to support innovative context-specific policy measures to help MHMS identify, test, adapt and scale up such approaches to address challenges faced by EPI. Further strengthening of the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children, is needed. There is a continuous need to improve the distribution and retention of health workers to increase equitable access to immunization services. These include the need for long-term, ongoing TA to be provided to coordinate and strengthen partnerships between development partners and the Government, including technical support to the MHMS Partnership Coordination Unit, to overcome the delays and obstacles in implementing the previous GAVI agreement. Continuous TA, throughout this grant (15 months), would need to be provided to support the health system in delivering the Immunization Program, including Annual Operational Planning support at the national and sub-national levels. Short term TA will be needed to develop human resources strategy and health workforce by mapping against target populations, including zero-dose and under-immunized children. Ongoing TA will be required to strengthen systems for the use of data to improve programmatic performance and reach zero-dose children and routine facility-reporting; strengthen health information systems for decision-making at the programme level and immunization programme planning and management at national and provincial levels. Surveillance of VPD and AEFI needs improvement. There is also a need for incorporating them into one system (DHIS2) and improve regular reporting. Technical assistance to the MHMS in this regard is proposed in the TCA.EPI considers the proper communication and community engagement as the cornerstone for achieving high coverage; thus, there is a strong desire to improve EPI communication; TA is required for 6 – 12 months. Gender analysis of health policy is a critical element of effective and efficient health systems and services. The proposed TA (within proposed WHO TA) will assist in strengthening gender analysis and gender costing of health issues in Ministry of Health and Medical Services budgeting, strategic planning, and programming. It will help enhance health sector data collection, monitoring, and evaluation at local levels to assess improvements in health outcomes and identify specific constraints to health service delivery across different provinces. TAs for public financial management (PFM) strengthening activities is aimed at addressing PFM bottlenecks, developing tools and processes building on existing expenditure tracking activities, including BETA tracking of funding sources (domestic and external) to improve the transparency of funding flows to all stakeholders. They will also encompass capacity building on the planning and budgeting process (AOP) which includes for vaccines, both with Ministry and DPs, adherence to co-financing agreements for vaccine as well as considering improving commitments of domestic financing to vaccine procurement and integration of vaccine cost pressures into the Medium-Term Expenditure Frameworks for health.The Solomon Islands will transit from Gavi support by 2023, and SIG must prepare. TA will be required to assist SIG in integrating transition activities into National Immunisation Plans. A plan of this transition will need to be developed, which among various other things, will also need to outline what financing will be needed from Government. To support these efforts, the specific technical assistance to the EPI program will focus on: Actively engage with GAVI and other Partners to support the transition planning process and engage in high level dialogue on health financing and the impact this transition will have on domestic health financing and budgets; Engage with the MHMS during the annual budgeting process to highlight the need for increased domestic resourcing for procurement and co-financing of vaccines, as well ensure that this is highlighted in the joint medium term expenditure pressures (MTEP) and budget expenditure trend analysis (BETA); and support the Ministry and working with other partners, try to identify how key barriers can be addressed and opportunities harnessed to enable moving funding from off-system to on-system as part of strengthening the country’s public financial management systems, improving financial reporting of the immunization program, and improving the financing of the immunization program at the provincial levels. |
| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:***
* ***identifying and reaching zero-dose and consistently missed children and communities;***
* ***improving stock reporting and vaccine management at sub-national level;***
* ***enhancing strong leadership, management and coordination, including use of data for decision-making;***
* ***introduction and scale up of vaccines;***
* ***programmatic sustainability.***
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| Service Delivery for immunization will need to be continuously supported to provide regular and reliable immunization sessions, including outreach, for targeted individuals, particularly zero-dose and consistently missed children and communities, packaged as part of integrated health services. Such interventions will need to be further fine-tuned, and new context-specific innovations might be developed following the ZD analysis. The suitable technical expertise provided at the critical positions of the national program through the requested TA could be expected to improve LMC and assist in the use of data for decision-making. TA support to enhance the existing stock management capacity will enable addressing existing issues on stock reporting and vaccine management at all levels.The short term TA for an EPI Review will be expected to increase the understanding of the current bottlenecks in the program. Developing a multi-year National Immunization Plan and other TAs would further streamline and strengthen immunization coverage, AEFFI and VPD surveillance. TA component is identified as required to provide support to coordinate and strengthen partnerships between development partners and the Government, including technical support to the MHMS Partnership Coordination Unit, to overcome the delays and obstacles in the previous GAVI agreement. Continuous TA, throughout this grant, is requested to provide support Health System to deliver for the Immunization Program, including Annual Operational Planning at the national and sub-national levels. The continuous short-term TA must support the Human Resources strategy and health workforce development by mapping against target populations, including zero-dose and under-immunized children. Ongoing TA is needed to strengthen systems for the use of data to improve programmatic performance and reach zero-dose children and routine facility reporting ensuring capacity strengthening and addressing critical gaps, thus contributing to programme sustainability. TA will coordinate with partners/stakeholders and work closely with MHMS to provide technical guidance on the overall programme planning. It will contribute to the development of national immunization strategy, particularly in strengthening service delivery to zero-dose or under-immunized children and improving vaccination coverage to reduce immunity gaps and prevent future outbreaks of vaccine-preventable diseases. It will include capacity building and mentoring of human resources to effectively carry out and manage the immunization programme. The TA will incorporate guidance and actions to maximize the efficiency of the supply chain and cold chain system and improve its accessibility, creating demand for immunization through stakeholders and community engagement and timely collection of high-quality information for immediate corrective action, decision making and programme planning direction. The Director-RMNCAH, the head of the immunization programme in SI, will be taking time off abroad for higher studies for two years. A new officer would take charge during the period, which coincides with the current TCA period. Most of the TAs requested above would also have indirect hand-holding assistance to mitigate any additional stress from the top-level changes to the programme and contribute to programme sustainability.Sustaining the programme without any deterioration beyond 2023 is also being considered. One of the critical aspects for maintaining services is a good HR plan. Under the umbrella of the development of the new NHSP (that is currently ongoing with GAVI support), one of the key aspects identified is development of the 10 year HR strategy for the Ministry, applying the lens of UHC and with accent on PHC. One of the deliverables by WHO would be this Plan. |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2?***  |
| There is no planned new vaccine introduction in the current TCA period. However, the new vaccines, HPV and Rotavirus, introduced during the last TCA provided opportunities to strengthen the RI further. Vaccine introductions further enhance better planning and building staff capacity through training on various immunization programme areas such as service delivery strategies, safe injection practices and waste management; supply and cold chain management; and demand creation through effective communication, social mobilization and community engagement. Likewise, vaccine introduction can be maximally used to improve overall EPI coverage and high-impact health interventions such as Vitamin A supplementation and de-worming. However, the pandemic was the likely most substantial cause that prevented full benefits and implementation. Current TCA will focus on rebooting HPV vaccination by fine tuning the delivery approaches. |
| ***2.4 Describe how the TCA support will help re-establish routine immunisation services and any other COVID-19 related recovery activities.*** *Please indicate any COVID-19 related reallocation that may have occurred for previous TCA funds (if applicable); does this reallocation remain relevant for this proposal.* |
| As described under 1.1 above, the pandemic significantly impacted the RI, reducing coverage levels by almost 20%. What contributed to the decline of RI coverage during the pandemic period is not investigated yet. However, the RI is now in the recovery mode, and the proposed TCA includes TA assistance for initiatives such as SIA and EPI review. The TCA support also drives the effort of re-establishing routine immunization services through a planned activity of integrating COVID-19 vaccination roll-out and routine vaccination whenever feasible and ensuring that the safety and protection of health personnel and the public are not compromised. The Plan to Accelerate the COVID-19 Vaccination Roll-out for Solomon Islands 2022 includes the integration of routine immunization and has been approved for implementation by the senior management. |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunisation activities. Please respond to how each partner can help address this.*** |
| To understand the barriers to immunization activities, WHO, UNICEF, and other partners such as NCIRS, DFAT and World would jointly conduct EPI Review, identifying gaps and bottlenecks in EPI Program implementation, including gender-related barriers. Gender Equality, Disability and Social Inclusion (GEDSI) are core values of their organizations. The TA provided would directly develop a multi year National Immunization Plan and Human Resource Strategy, keeping gender equity as a core principle. Furthermore, the EPI Program would benefit from gender and health system barriers analysis from ZD analysis and those conducted by other Ministry surveys, including for Malaria, GBV Program and UNFPA.The TCA will support identifying and overcoming gender-related barriers by timely monitoring and analysis of the coverage data by introducing an Electronic Immunisation Registry (EIR) and Master Patient Index (MPI) in the Health Information System. In addition, in line with the work of the Demand Generation consultant, mapping and profiling of target populations, particularly those in zero-dose and under-immunized children and communities, would provide strategic direction in planning, engagement of communities and provision of immunization services to address gender-related issues and barriers. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| A consultative and brainstorming session was held led by the national EPI coordinator of the MHMS with the representatives of the partners requested to be involved in TCA. The national program presented the program's progress, gaps and issues and identified the priorities together with the partners. Each partner provided inputs to this TCA. The partners and the national program will work together in a coordinated fashion in the proposed TCA activities to produce the expected results. |

1. **Partner diversification (0.5 page)**

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** ***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning*** ***for the type of institutions considered global versus local partners and CSOs.)*** |
| Under the current TCA, Ministry would explore opportunities to partner with both the core traditional partners and new partners to improve the EPI performance. The partners mapped in the proposed TA include Core partners and Expanded partners, both Global TA partners and Local TA partners. The Core partners in the proposed TCA are WHO, UNICEF and the World Bank. An Expanded Global partner included in the TCA is the National Centre for Immunisation Research and Surveillance (NCIRS), Sydney, Australia. NCIRS has previously provided technical assistance to the EPI program as a bilateral partner under the Australian Experts’ Technical Assistance Program (AETAP). The other Expanded Global partner included is PATH. PATH has provided TA for HPV introduction and rollout in the Solomon Islands in the past few years. The Local TA partners are World Vision and ADRA (Adventist Development and Relief Agency), who have already worked with the MHMS and UNICEF.The University of Oslo has provided technical support to MHMS for upgrading DHIS2. They would also support upgrading the DHIS2 system to accommodate improved electronic EPI data modules. The Health Information Unit of the MHMS will further discuss with the University of Oslo a workplan for their engagement in the TCA period. UNICEF is also consulting with SanteSuite to establish Electronic Immunisation Register (EIR) in the Solomon Islands, and a TA in this regard is included in the TCA. |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** |
| WHO and UNICEF are the longstanding technical partners of the MHMS and EPI program. WHO and UNICEF collaborate with the MHMS through several mechanisms, including collaboration through the Partner’s coordination committee meetings, National Technical Working Group and other related bodies and mechanisms available. UNICEF is working closely with partners like World Vision, ADRA and with personnel posted at Malaita and Western provinces to coordinate with government counterparts and other partners on the ground. World Bank supports the MHMS & EPI unit in its budget process, developing AOP&B, providing training, participating in the EPI technical working group meetings, participating in the National Coordinating Committee for C19, and participating in the Ministry Budget Committee meetings.PATH has already worked in partnership with the MHMS to provide technical support on HPV vaccination, and it has also hired a local consultant for the ground-level support. NCIRS has already deployed an EPI expert to the Solomon Islands since March 2022. He sits at the EPI Unit Honiara to provide technical assistance. He is supported remotely by various units at the NCIRS and other specialised institutions in Australia partnering with the NCIRS. This support is expected to continue during the proposed TCA period. |
| ***3.3 Please note the allocation of TCA to Local Partners (only) and describe the approach you will use to comply with the recommendation of allocating 30% of TCA to Local Partners over the course of 2022-25.*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| The allocated TCA amount to the local partners would be through UNICEF and depended on their capacity and the amount of work |
| ***3.4 Please note the allocation of TCA to CSOs only (either Global or Local Expanded Partners) and describe the approach you will use to comply with the requirement of allocating 10% of combined TCA, EAF and HSS ceilings for CSO implementation (e.g. if less than 10% of TCA funding is allocated to CSOs, please indicate how this will be compensated through the allocation of HSS and EAF funding to CSOs).*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| The MHMS/EPI will follow the PEF TCA Planning Guidelines and the proposed TCA has not exceeded the 10% ceiling for CSOs |

1. **Lessons learnt from past TA experience (0.5 page)**

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| ***4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.***  |
| The proposed TCA and continuing support to the Solomon Islands have considered previous performances, lessons learned, and best practices for continuity. The program's advantages from the Gavi TCA included support to the program in the areas of need, enabling getting the work done on time and additional capacity building in the program. However, a few areas could not be leveraged to advantage as desired; some gaps still exist after TA left due to insufficient mentoring. The knowledge transfer was incomplete or inadequate related to some TAs. It is also recognised the in-country and sub-national presence of TA experts is more effective. A vital gap identified is the need for an experienced financial expert to assist with the financial management on behalf of the EPI at the national level. Issues, including delays in sending financial reports and responding to a financial query, led to the freezing of the operational account. As a result, the provincial-level implementation, particularly the outreach activities, was significantly curtailed.  |

1. **Alignment of the One TCA plan with future Gavi planned investments (0.5 page)**

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| ***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.*** |
| The proposed TCA will be aligned with the upcoming Gavi investments. Forthcoming Gavi support for zero dose analysis will fully align with the current TCA. UNICEF’s TCA planned activities are guided primarily by the recommendations of the EVM Improvement Plan and CCEOP Workplan for the Solomon Islands. Likewise, the communication plan and the regional plan for vaccine introductions and re-vitalization of routine immunization programme during/post-COVID-19 will be aligned with the ongoing support and existing plan of activities for the Solomon Islands.  |

1. **TCA Monitoring (1 page)**

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| The respective partners will request periodical and end of mission reports from the deployed technical experts. Partners will discuss and share the information with the EPI program regularly. In addition, the EPI TWG meeting and Operational Planning meetings of the MHMS which the TCA partners also participate, are platforms for monitoring the TCA. The results/outcomes from TA will be shared/discussed at the EPI TWG meetings held regularly (fortnightly) and at the Operational Planning at the national level. Periodical and End of Mission reports will also be shared among the partners and summaries discussed at the EPI TWG and Operational Planning meetings.The EPI program will conduct regular national and provincial level meetings to discuss the coverage, challenges and issues. The link between national and sub-national levels will be improved to strengthen the programme. The introduction of the Electronic Immunization Registry will assist in providing data on time and aid in the program management, performance meeting and recommendations/actions. |