MINISTRY OF HEALTH AND MEDICAL SERVICES

SOLOMON ISLANDS
NATIONAL HIV/STI PROGRAMME

Monitoring and Evaluation Plan
2014 – 2018

September 2016

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1.0 INTRODUCTION

1.1 Background

The Solomon Islands is made up of close to a thousand islands of which more than 300 are inhabited. In mid-2015, the total population was 625,000, with almost 40 per cent of the population are under 15.

The population is predominantly of Melanesian descent with small populations of Kiribati, Polynesian, Chinese and European origin. Over 90 different languages are spoken across the country with Pidgin English used as a common language. Life expectancy at birth is 69 for females and 66.2 for males.

The annual population growth rate is 2.1 percent. The infant mortality rate is 38.0 per 1,000 live births (2010-2015); the total fertility rate is 4.1 live births per woman (2010-2015), and the contraceptive prevalence is 34.6 percent (ages 15-49, 2006-201) *(UN data, 2015)*

1.2 Purpose of the M&E Plan

This M&E Plan is purposed to enable the National HIV/STI Programme to work more effectively and efficiently to:

- Gather the information needed to guide the planning, coordination, and implementation of the national HIV response
- Assess the effectiveness of the HIV response
- Identify areas for programme improvement

- Ensure accountability to those providing financial resources for the HIV response.
- Provide a communication tool that outlines various roles and responsibilities regarding monitoring and evaluation for the National HIV/STI program.
- Organize plans for data collection, analysis, use, and data quality.
- Outline specific strategies and tools to encourage informed decision-making.
- Organize the numerous M&E activities that are necessary for the successful operation of a national M&E system.
- Engage stakeholders outside of the national government to ensure an integrated and harmonized M&E system.

1.3 Goal and Objectives

This M&E Plan is linked to the National Strategic Plan for HIV& STIs, with an overarching goal and eight strategic objectives as follows:

Overarching goal:

"By 2018 to halt the spread of HIV in general population, reduce HIV prevalence among key affected populations and AIDS related mortality in the Solomon Islands".

Strategic Objectives:

Whereas the NSP has 9 strategic objectives, this M&E Plan has been tailored to only 4 of the strategic objectives listed below:

1. **Strategic Objective 1:** By 2018, to increase access to evidence-based HIV prevention in Solomon Islands
2. **Strategic Objective 2:** By 2018, to improve access, availability and effectiveness of HIV and STI testing and counselling services
3. **Strategic Objective 3:** By 2018, to maintain effective universal coverage of HIV treatment, and to increase access to quality care and support services for PLHIV
4. **Strategic Objective 4:** By 2018, to improve provision of quality, comprehensive case management of STIs

1.4 Guiding Principles

The M&E Plan has been developed based on the following guiding principles:

- Improving Results Based Management and Results Based Budgeting of the national response.
- Learning lessons from the past and not trying to "re-invent the wheel".

- Anchoring HIV within the overall national development planning process, to stress both national ownership and alignment, and foster a multi-sectoral nature of the national response to HIV.
- Harmonizing contributions and coordinating all stakeholders within the 'Three Ones' principles.
- Tying results and accountability to specific institutions and partners.

2.0 OVERVIEW OF THE NATIONAL HIV PROGRAM

2.1 Background on the national HIV epidemic and the response

2.1.1 HIV and AIDS in Solomon Islands

Solomon Islands has low HIV incidence and prevalence. Since the first HIV case was diagnosed in 1994, a total of 28 cases have been officially recorded. However, HIV data have relied almost exclusively on *client-initiated* testing and counselling at HIV testing sites.

This passive way of HIV testing is likely to reflect significant under-reporting, as uptake of HIV-testing services has been very low due to *limited availability of services* – e.g. due to frequent stock-outs of rapid test kits and limited access to health services for much of the majority of rural people – as well as due to *strong stigma* surrounding HIV and AIDS, which makes people reluctant to go for an HIV test. Thus, the low number of HIV cases found to date reflects the very limited testing that has been done so far: the most recent HIV/STI surveillance study among ANC women revealed that only 14 percent had ever been tested for HIV, with a mere 7.6 percent in the last 12 months *(MHMS, 2015)*. In a study among ANC women and youth in 2008, only 3.4 percent reported they had ever been tested *(MHMS, 2008).* Reasons given for not getting tested included the unavailability of testing services, fears that friends or neighbours will find out; lack of confidentiality and inaccessibility of the HIV Testing Centre. In this context, the 10-year period from 1994 to 2004 without new reported cases reflects the impact of limited availability and uptake: no testing results in zero reported cases.

2.1.2 AIDS mortality and ARV treatment

Since 1994 when the first HIV case was reported in Solomon Islands, the country has so far had 28 cumulative cases officially reported to date (MHMS Dec 2015): 11 of these cases have died, 03 were foreigners and hence were lost to follow-up or travelled out of the country. Therefore, currently, 14 known cases are living in Solomon Islands; 12 out of these are on antiretroviral treatment (ART). Solomon Islands will soon endorse the test-and-treat approach, which involves the enrolment of all HIV patients in ART, regardless of their CD4 or viral load status.

In Solomon Islands, more women (13) than men (4) are currently living with HIV, and one of the PLHIV is an adolescent; and out of the 11 PLHIV who have so far died in the country, 8 were male and 3 were female (GARPR 2016). The higher rate of AIDS related deaths among men is attributable to less access to HIV/AIDS

2.1.3 STI Prevalence

While HIV rates are very low, very high STI rates in Solomon Islands reveal that the underlying behavioural risks are high, with a real potential for a future increase in HIV cases. Results from routine testing in selected ANC facilities in 2014 reveal very high rates of syphilis: the overall rate is 13.5 percent, with particularly high rates of 30.6 percent in Gizo, Western Province; and higher rates of among the 15-24 year old group (15.8%) than in the 25+ group (11.8%).

A study among young people in 2008 found high rates of chlamydia (males 10%; females 18%) and lower rates of gonorrhoea (males 4%; females 2%). Table (3) shows the findings from the same study, but among ANC women: high rates of hepatitis B (13.8%) and chlamydia (10.8%) *(MHMS, 2008).*

2.1.4 Levels of Health Care

- Nurse Aid Posts (187) commonly located in remote areas and offer basic primary care, and public health and prevention services. These are about to be phased out by Government.
- Rural Health Clinics (102) offer the next level of care; they play a supervisory role to multiple Nurse Aid Posts within the same area, and arrange outreach activities.
- Area Health Centres (38) provide inpatient, outpatient, outreach and public health-care services to a wider population and act as referral facilities for a number of rural health clinics. Area Health Centres offer specific birthing facilities, as well as administration space and staff housing.
- Provincial Hospitals (8) are often the highest level of care logistically available; particularly to people residing in remote outer islands.
- The National Referral Hospital in Honiara provides the highest level of tertiary care and is staffed by local clinical specialists and also visiting specialists from overseas.

2.1.5 Human Resources for Health

Government is the main provider of health services in the country and employs 97 per cent of the country's health professionals. In 2013, Solomon Islands Government (SIG) employed 1,827 health workers of which 5.9 per cent were doctors, 44.3 per cent nurses and 5.9 per cent nurse aides. With 1.71 health workers (doctors, nurses and midwives) per 1,000 population this is well below the WHO minimum threshold of 2.3 workers per 1,000 population. Women make up 66.6 per cent of nurses and nurse aides but only 20.6 per cent of doctors.

2.1.6 Community systems

Community systems in Solomon Islands are strongly developed: traditional leaders and structures continue to play a key role in local decision making. Churches and faith-based organisations are well-organised and have a presence in all parts of the country, including

remote rural areas. However, there are no formal functioning mechanisms for community participation in the delivery or management of health services in the Solomon Islands, although there is provision for Health Boards. There are few examples of citizen-led social accountability with most advocacy being driven by CSOs.

2.1.7 Governance, policy and coordination

The Solomon Islands National AIDS Council (SINAC) is a multi-sectoral body comprising representatives from government ministries, civil society, faith based organisations and people living with HIV. It was convened in 2004 to provide the overarching authority and oversight for the national HIV and AIDS response, including guidance, coordination, approval and accountability relating to policy development and program implementation.

While SINAC is responsible for the oversight of the National HIV and Other STIs Responses, this governance and coordination is complimented by the Solomon Islands National Country Coordinating Mechanism (SINCCM) whose mandate and focus is essentially the Global Fund Grant management, coordination and implementation processes for Tuberculosis, HIV/AIDS and Malaria.

SINAC operates on the “Three Ones Principles” as well as a “Fourth One” dictated by PRSIP;

- One agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners
- One National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate.
- One agreed country-level Monitoring and Evaluation System
- One Funding Mechanism that unified the processes for HIV response cognizance of the different requirements of grants and funding streams

However, national level political changes, internal capacity gaps, and a reduction in the involvement of civil society stakeholders due to lack of funding and donor support, has eroded the effectiveness of SINAC, and has adversely impacted on the progress and performance of the national HIV response.

Further, an overlap of roles with Solomon Islands’ National Country Coordinating Mechanism (SINCCM), whose mandate includes managing, coordinating and implementing the Global Fund Grant for Tuberculosis, HIV/AIDS and Malaria (GFATM), has weakened SINAC’s influence and profile.

2.1.8 Strategic Programme Guidance and Implementation

Solomon Islands' national HIV response has been guided by a National Multi-sectoral Strategic Plan since 2001 (endorsed by Cabinet in 2003). A more detailed and resourced revision of this, the **National HIV Policy and Multi-sectoral Strategic Plan 2005-2010**, guided the response through addressing five key strategies:

1. Reduction of risk-behaviour and vulnerability to HIV and STIs.
2. Enhance voluntary counselling and testing for HIV as an entry point for confidential prevention and treatment services for STIs and AIDS (including blood safety).
3. Enhance HIV and STI surveillance, treatment and care.
4. Enhance capacity building for the national HIV response at both the community and institutional level.
5. Ensure sustainable development to enable an environment for behavioural change, de-stigmatization and against discrimination impacting on prevention and care.

The years 2011 and 2012 operated under the previous 2005-2010 plan. The current **National Strategic Plan for HIV and STIs 2014-2018** continues this commitment to guiding the national response through multi-sectoral collaboration and strategic direction and coordination based on evidence of the most appropriate interventions for HIV and STI prevention, treatment and care in Solomon Islands.

2.1.9 Policy and Legislation:

Solomon Islands has no specific discriminatory laws and regulations to protect the rights of people living with HIV, or those of particularly vulnerable groups, however it does have in its Constitution in Section 15 ample provision for discrimination which protects its citizen from any form of discrimination. An HIV Legislative Task Force was established in 2009 to analyse legislative gaps and examine legal reforms towards addressing these, however the progress of this group is unknown. The HIV Legislative Taskforce in its May 2012 workshop have now developed a Draft HIV Management and Prevention and Control Legislation and also produced a Cabinet Paper to guide the request for a HIV Bill, that would be passed through the Ministry of Health and Medical Services for further review and tabling of a Bill in the next Parliamentary Session. This National Strategic Plan has identified legal and policy reform as a national response priority for this period 2014-2018.

2.1.10 Resourcing

Resources for the national HIV and STI response is predominately met through international development partners, and coordinated through SINAC and the HIV/STI Department of the MHMS. The government's commitment to the national response is demonstrated through an annual budget provision[1]. A National AIDS Spending

15.Review of Laws Re: HIV, Ethics and Human Rights, Solomon Islands. UNAIDS.2013.

[1] UNGASS Country Progress Report, Solomon Islands..

Assessment (NASA) was conducted in 2011 with support from UNAIDS, and the draft report provides details of expenditure towards the national response to HIV and AIDS (not necessarily STIs)[2]. From 2008 – 2010, the total expenditure for the HIV and AIDS response was US$3,251,745, of which 41.6% was provided by international NGOs, 24.1% by multi-lateral agencies and 17.3% by bilateral arrangements (although both multi- and bilateral agencies also supported the work of many of the International NGOs).

Resourcing for the national HIV and AIDS response is strongly weighted towards prevention (34.4% of expenditure), program management and administration (25.6%), and human resources (21.4%). Consistent with the low national prevalence of HIV, treatment, care and support and all other interventions consumed less of the response expenditure (11.4% and 7.2% respectively). There has not been a comprehensive analysis on spending to address other STIs in Solomon Islands.

2.1.11 Implementation

The national response to HIV and STIs has been a truly multi-sectoral collaboration since the 1990s, both in the development of strategic priorities, and implementation of activities under these. Government activities have been coordinated and led by the MHMS' HIV/STI Department, in conjunction with a number of other Ministries for specific activities, and a large number of international and national NGOs and faith based organisations (including SIPPA, World Vision, Save the Children, Church of Melanesia, Oxfam, Solomon Islands Red Cross Society, ADRA, SPC, WHO, UNICEF, UNFPA and DFAT have contributed a range of general and targeted activities from the national down to the community level.

The national response has focused strongly on raising awareness of, and promoting the prevention of HIV and STIs amongst the general population, and more recently, amongst specific, identified vulnerable groups (such as young people and seafarers).

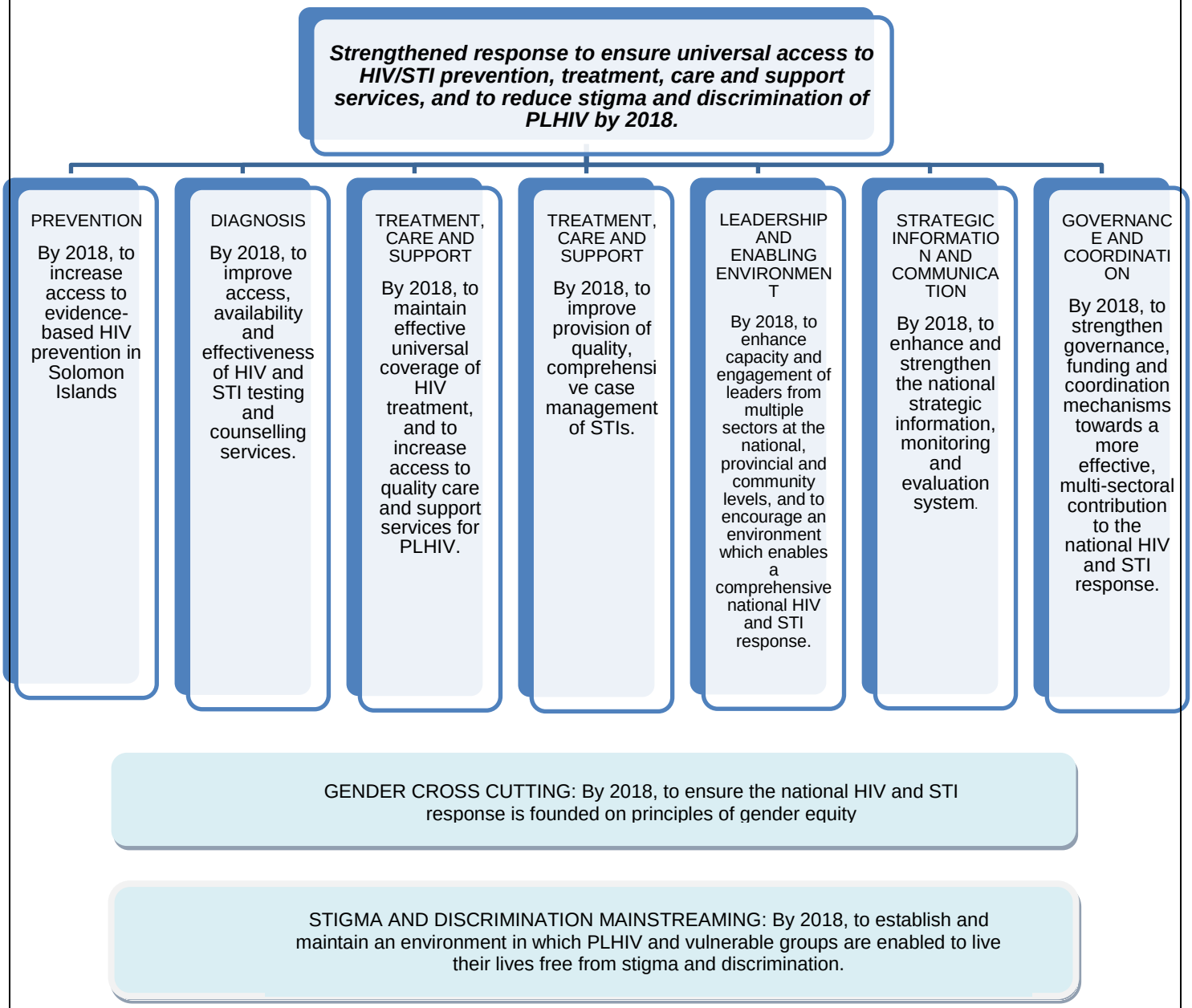
Diagnosis, treatment and care of HIV and STIs is conducted through a network of primary health care clinics and centres, HIV testing services centres and youth-focused health services run by government, NGOs and faith based organisations across the country. Over 30 health facilities are currrently screening for HIV through Rapid Diagnostic Testing. Testing facilities for many STIs are insufficient, with most health services relying on syndromic management algorithms for diagnosis and treatment.

2.2 Overview of National Strategic Plan for HIV and STIs

2.2.1 Strategic Alignment to the NHSP

[2] Government of Solomon Islands (2011). DRAFT Solomon Islands National AIDS Spending Assessment (NASA), 2008 – 2010. Honiara. UNAIDS.

Figure 1: Showing a Conceptual Framework of the National Strategic Plan



This M&E Plan is aligned to the NSP for HIV and STIs 2014 – 2018, which emphasizes the re-direction of high impact interventions to the vulnerable, under-served and key populations. The NSP places particular emphasis on improved communication to halt the transmission of HIV and STIs through informed HIV and STIs awareness and behaviour

charge interventions, as well as improved access to quality prevention, treatment, care and support services aimed at enhancing the quality of life and dignity of PLHIV and affected persons, as well as a reduction in the transmission of HIV and STIs in Solomon Islands.

The Plan provides strategic guidance and direction to all individuals, groups, organisations and agencies responsible for contributing to the national HIV and STI response in the Solomon Islands; and it is structured around an overarching goal and nine strategic objectives comprising seven thematic areas and two cross-cutting areas as.

The plan is based upon the commitments of the Government of Solomon Islands to its people as documented in the overarching vision statement of the National Health Strategic Plan.

> "The people of the Solomon Islands will be Healthy, Happy and Productive"

Further to this, for HIV and STIs as one of the guiding principles for the plan, the specific vision is:

> "The Health and well being of the people of Solomon Islands will not be undermined due to the burden of HIV, AIDs and STIs"

The strategic priorities, concepts and processes described within this National Strategic Plan endeavour to ensure the combined efforts and resources of all implementing stakeholders are utilised in a coordinated, complementary approach which addresses the most urgent, evidence-based HIV and STI needs in the country.

The National Strategic Plan for HIV and STIs 2014-2018 is designed to assist all stakeholders to develop their annual activity plans to meet national strategic priorities. Due to the five-year duration of the National Strategic Plan, it is acknowledged that these priorities may change as a result of altered disease prevalence and patterns (perhaps resulting from changed behaviours and practices of some groups and/or improved surveillance and testing).

The National Strategic Plan therefore strongly advocates for on-going monitoring and evaluation and improved surveillance processes to inform revision of the national response priorities on a regular basis, and for annual plans, as well as a comprehensive mid-term strategic plan review to address these revisions.

2.2.2 Major Thematic Areas

Prevention:

Consistent with the low HIV prevalence, prevention has consumed the majority of resources for the Solomon Islands' HIV response to date. However, prevention will continue to be a major priority under this 2nd NSP, with added focus on a more comprehensive approach to the prevention of STIs. In addition, a priority for this Strategic Planning period is the targeting of prevention interventions to particularly vulnerable groups. A comprehensive approach to HIV and STI prevention has been articulated under this Thematic Area, incorporating general and targeted awareness campaigns, behaviour change interventions, a prevention of mother to child transmission program, improved condom supply and distribution strategies, scaling-up of youth friendly health services and integration of HIV and STI prevention activities with disaster preparedness interventions.

Strategic Objective 1: By 2018, to increase access to evidence-based HIV prevention in Solomon Islands		
	Strategic Outcomes	**Interventions**
1.1	Improved knowledge and safe behavioural practices of all target groups.	▪ Scale up prevention activities for MSM, FSWs and transgender ▪ Scale up and strengthen coordination of behavioural change and communication programs ▪ Scale up youth friendly health services ▪ Increase the availability and accessibility of condoms to the general population and most at risk population
1.2	Reduced risk and vulnerability to HIV infection of all target populations, including situations related to adverse circumstances such as disasters.	▪ Develop and integrate emergency preparedness response guidelines into the national HIV/STI Management Strategy ▪ Collaborate with the Infection Control Unit of the National Referral Hospital to expand Infection Control and Safety Training to health workers and other individuals involved in HIV/STI Response ▪ Screen all donated body fluids and organs for transfusion transmissible infections ▪ Collaborate with the National Blood Bank and Solomon Islands Red Cross (SIRC) to promote the exclusive use of Voluntary Non-Remunerated Blood Donation (VNRBD)
1.3	Improved and equitable age responsive health and sexual education for girls, boys, women and men.	▪ Mainstream gender into school curricula with MoEHRD. ▪ Collaborate with Ministry of Education to incorporate comprehensive life skills and sex education syllabus into school curriculum and national level

Diagnosis:

The new National Strategic Plan aims to increase the early detection of HIV and other STIs to reduce further infections and facilitate timely treatment through scaling-up and promotion of VCCT services and laboratory facilities, and to introduce point of care/rapid testing for HIV. Improvements in contact tracing for prevention of further transmission of HIV and STIs has also been identified for the new planning period.

Strategic Objective 2: By 2018, to improve access, availability and effectiveness of HIV and STI testing and counselling services		
	Strategic Outcomes	**Interventions**
2.1	Expanded national coverage of HIV & STI testing and counselling services	▪ Strengthen Laboratory Quality Management System (LQMS) ▪ Scale up; expand the coverage and resource HIV and STI cancelling and testing program ▪ Scale up and expand the coverage of PPTCT with particular focus to rural population ▪ Scale up diagnosis in MSM, FSWs and transgender through rapid testing;
2.2	Increased utilisation of HIV & STI testing and counselling services	▪ Scale up integration of HIV & STI counselling and testing into Sexual and Reproductive Health Services ▪ Improve quality of HIV & STI counselling and testing services by developing and implementing minimum standard guidelines in accordance with latest WHO guidelines ▪ Awareness campaign to create demand for voluntary counselling and testing services to both general population and key populations at higher risk of exposure to HIV & STI

Treatment, Care and Support:

Treatment, care and support of HIV and STIs are considered separately within the priorities set under this thematic area. A commitment to maintaining universal coverage of antiretroviral therapy for people living with HIV, and in-patient support services for people suffering from AIDS-related illness has been made with full understanding that improved testing and surveillance could influence increased incidence, and a commitment to supporting families and carers of people living with HIV with information and education has also been articulated.

Improved and promoted testing and counselling services, contact tracing and laboratory facilities have been identified for a focus on STI treatment and care within this National Strategic Plan.

Strategic Objective 3: By 2018, to maintain effective universal coverage of HIV treatment, and to increase access to quality care and support services for PLHIV		
	Strategic Outcomes	**Interventions**
3.1	Increased quality and coverage of Continuum of Care (CoC) for HIV (CoC covers all treatment related needs including mx. of HIV pregnant women, +ve infants, and TB-HIV Co-infections)	▪ Reactivate and establish new HIV Core team(This also includes collaboration and linkages with the National TB program for TB-HIV Co-infections management) ▪ Formalise the establishment of Continuum of Care frameworks
3.2	Strengthened processes for ARV with zero occurrence of stock outs	▪ Resource HIV treatment commodities
3.3	Established Post Exposure Prophylaxis Guidelines and support processes	▪ Revise existing hospital based PEP SOP for adoption as a National PEP Guideline
3.4	Increase adherence to ART treatment	▪ Community support to patients living with HIV/AIDS ▪ Provision of nutritional support to PLHIV ▪ Support for referrals and appointments

Strategic Objective 4: By 2018, to improve provision of quality, comprehensive case management of STIs		
	Strategic Outcomes	**Interventions**
4.1	Completed roll out of the new treatment regimen and guidelines for comprehensive case management of STIs based on OSSHHM recommendations	▪ Roll out and implement treatment guidelines and Standard Operating Procedures (SOP) for STI Management ▪ Monitor Health staff delivery of STI Case Management accordance to National Treatment Guidelines. ▪
4.2	Increased quality and coverage of comprehensive case management for STIs	▪ Integrate HIV, STI Comprehensive Case Management and SRH across all levels of care
4.3	Strengthened processes for STI commodities with zero occurrence of stock outs	▪ Strengthen procurement and supply management for STI commodities

Leadership and Enabling Environment:

Prioritised within the National Strategic Plan are efforts to build capacity and encourage leaders at different levels to work towards enabling environments which support engagement of people living with HIV and identified vulnerable groups to benefit from the national response.

Strategic Objective 5: By 2018, to enhance capacity and engagement of leaders from multiple sectors at the national, provincial and community levels, and to encourage an environment which enables a comprehensive national HIV and STI response		
	Strategic Outcomes	**Interventions**
5.1	Increased political commitment backed by increased resourcing of the HIV and STI response	▪ Multi-sectoral advocacy of the NSP at all levels ▪ Advocate for political commitment and spending for HIV and STI control
5.2	Increased pool of leaders and key individuals who are well informed and knowledgeable of HIV and STIs and their impacts so as to reduce barriers for accessing effective HIV and STI services	▪ Strengthen integration and participation of leaders from Community and religious sectors in the HIV and STI response ▪ Engage and conduct HIV and STI awareness workshops for leaders at all levels ▪ Ensure HIV and STI services are responsive to the needs of PLHIV and key populations at higher risk of exposure to HIV and STIs
5.3	Increased awareness of the urgent need for a comprehensive HIV legislation among leaders (political, tribal, religious, community, private sector and informal) at all levels	▪ Advance the current HIV Legislation under review
5.4	Coordinated multi-sectoral Civil Society Organizations (CSO) response against violations and abuse of the rights of individuals particularly PLHIV	▪ Strengthen, expand and coordinate multi-sectoral CSO collaborative initiatives
5.5	Increased proportion of public and private establishments that implement HIV and STI workplace programs	▪ Develop National guidelines for HIV and STI Work Place program and advocate for its implementation in public and private organisations
5.6	Increased ability of women to participate in Sexual and Reproductive Health (SRH) decision making	▪ Conduct participatory learning workshops/programs to build knowledge and skills in relationship communication and risk awareness.(Stepping Stones)

Strategic Information and Communication:

The review of the existing national HIV and STI response identified planning, monitoring, evaluation, surveillance, research and information sharing between stakeholders and communities as considerable weaknesses, and these has therefore been prioritised in this National Strategic Plan. Specific emphasis has been placed on identifying and documenting vulnerable groups and the behaviours and practices that contribute to their vulnerability; and on building capacity of implementing stakeholders to conduct reliable field research and disseminate findings.

Strategic Objective 6: By 2018, to enhance and strengthen the national strategic information, monitoring and evaluation system		
	Strategic Outcomes	**Interventions**
6.1	Enhanced leadership and managerial competencies to deliver the national M&E system for HIV and STIs	▪ Develop a M&E software to accommodate reporting ▪ Advocate for improved political commitment and leadership support for M&E System ▪ Advocate for increased timely funding for the M&E System
6.2	Developed and enforced policy requiring multi-sectoral reporting of all STI & HIV data to the MOH HIV Unit	▪ Instil an M&E culture among stakeholders in the HIV & STI response ▪ Review and strengthen the implementation of national guidelines and SOPs on data quality, audit, and supervision at all levels of collection and aggregation
6.3	Strengthened MOH STI & HIV Unit M&E capabilities	▪ Strengthen and expand human capacity to enhance the effectiveness of M&E Systems ▪ Continue monitoring and evaluation of comprehensive HIV & STI care and support services
6.4	Integrated HIV& STI data and information systems that draw from diverse sources	▪ Implement M&E curriculum to build capacity of multisectoral cross-cutting team involved in National HIV & STI response ▪ Strengthen and support the National Health Information System to adequately cover STI & HIV information needs and requirements
6.5	Improved data quality with respect to accuracy timeliness and completeness for evidenced based decision making	▪ Improve the ability of SINAC to effectively use strategic health information to inform the national response
6.6	Improved HIV & STI Surveillance Research and Communications to inform national response	▪ Strengthen the capacity for design, conduct, and analysis of data and the use of findings from surveys, surveillance and research studies

Governance and Coordination:

The need for improved governance and guidance of the national response was identified within the review of the existing response, and this National Strategic Plan prioritises improved resourcing for SINAC to oversee donor coordination and to work with stakeholders to improve efficiency and accountability relating to financial management and reporting.

Strategic Objective 7: By 2018, to strengthen governance, funding and coordination mechanisms towards a more effective, multi-sectoral contribution to the national HIV and STI response		
	Strategic Outcomes	**Interventions**
7.1	Legislated articles on the formation, constitutionality and authority of SINAC as the single highest national body in the coordination of the national response to STI and HIV, on the basis of the Solomon Island Government commitment to the "Three Ones" principles	▪ Advocate for the tabling of a Bill to formally recognise SINAC and its roles and functions as the highest national response coordinating body ▪ Advocate for multi-sectoral recognition of SINAC ▪ Partnership and collaboration with Solomon Islands National Country Coordinating (SINCCM) as a sub complimentary Global Fund for Malaria and TB focused coordinating entity ▪ Established Solomon Islands Provincial AIDS Committees (SIPAC) at as sub-national arms of the Solomon Islands AIDS Council to enhance local community participation in the coordination of the national response
7.2	Developed periodic / mid-term review of a costed National Strategic Plan supported by an M&E framework for HIV and STIs	▪ Perform periodic review (mid-term and end-term) of 2014-2018 NSP ▪ Develop NSP 2019-2024
7.3	Strengthened capacity of the STI/HIV Unit of the MOH to manage, coordinate, integrate, plan and monitor activities of all stakeholders within and outside the health system	▪ Review, develop and advocate for a capacity strengthening plan for MOH- STI and HIV unit and for the resourcing of the implementation of the plan ▪ Put organizational structures and processes in place
7.4	Strengthened capacity and improved effectiveness of the SINAC and its sub-committees (e.g. National Aids Council Grants Committee – NAC) to direct and coordinate the national response	▪ Review, build and strengthen the capacities of SINAC, NAC, SIPAC, MOH-STI and HIV Unit, CSOs, FBOs, INGOs for the multi-sectoral national response ▪ Strengthen interaction, information sharing, resource sharing and networking between and among SINAC, NAC, MOH-STI and

	at all levels	HIV Unit, the CDO and implementing partners at all levels
7.5	Improved capacity of the SINAC and NAC to advise and oversee Financial processes including donor coordination; and improved efficiency and accountability relating to financial management and reporting at all levels	▪ Build the capacity of identified SINAC key staff in Administrative and Financial Management
7.6	Strengthened capacity of CSOs, FBOs, the private sector and other institutions to effectively implement integrated HIV and STI programs	▪ Increase participation and resourcing of FBOs, CSOs, INGOs, the private sector and other institutions implementing HIV and STI programs and knowledge bridging activities
7.7	Gender mainstreamed into all areas of the HIV and STI national response at all levels	▪ Incorporate CEDAW, GEWD and EVAW principles and policies into the implementation of this NSP

2.2.3 Cross Cutting Themes

Gender:

A consistent, gender inclusive approach was identified as missing from the existing national HIV and STI response. In further consideration of the gender-related issues which contribute to increased vulnerability of Solomon Islands women to HIV and STIs, it was agreed that a gender-focused approach should cut across all aspects of the National Strategic Plan.

The approach aims to promote awareness of HIV and STI-related gender issues amongst the general population, identified vulnerable groups and national and sub-national leaders, and to conduct regular gender audits of the response.

Strategic Objective 8: By 2018, to ensure the national HIV and STI response is founded on principles of gender equity		
	Strategic Outcomes	**Interventions**
8.1	Gender mainstreamed into all areas of the HIV and STI national response at all levels	▪ Incorporate CEDAW, GEWD and EVAW principles and policies into the implementation of this NSP
8.2	Increased collaboration between MoWYFA and SINAC and MoH in mainstreaming gender issues in SRH	▪ Promote and integrate gender sensitivity training and awareness in all HIV and STI programs at all levels
8.3	Improved capacity for gender mainstreaming by political and community leaders as well as all implementing partners at all levels of the national response	▪ Build gender mainstreaming capacity of key stakeholders at all levels
8.4	Improved gender and human rights sensitivity of all HIV and STI programs and service	▪ Advocate for equal rights of women and PLHIV within programs and among service providers
8.5	Improved equitable participation of women and men in general and sexual and reproductive health decision making and leadership	▪ Expand the roles and increase participation of men as partners in reproductive health
8.6	Reduced occurrence of all gender based violence and its sexual health implication	▪ Strengthen and expand Stepping Stones and other gender responsive BCC programs

Human Rights, Stigma and Discrimination:

A consistent approach to assuring human rights and reducing stigma and discrimination of people living with HIV and identified vulnerable groups is advocated in this National Strategic Plan. This aims to ensure all activities are planned and implemented with particular attention to consistent messages which avoid stigmatising language and concepts. Recognising that Solomon Islands has no non-discriminatory laws and regulations to protect the human rights of PLHIV or those of particularly vulnerable groups, legal and policy reform to address gaps in policy has been identified as a national response priority for the period 2014-2018.

Strategic Objective 9: By 2018, to establish and maintain an environment in which PLHIV and vulnerable groups are enabled to live their lives free from stigma and discrimination.		
	Strategic Outcomes	**Interventions**
9.1	Realized human rights based legislative reform to assure non-discrimination of PLHIV and key populations at higher risk of exposure to HIV and STIs.	▪ Advance policies and human rights-based legislative reforms to prevent stigma and discrimination.
9.2	Increased equitable participation and empowerment of PLHIV and key populations in the national response and decision-making.	▪ Promote active involvement of PLHIV according GIPA and MIPA principles, and empowerment of key populations.
9.3	Zero occurrences of stigma and discrimination within all sectors and at all levels	▪ Advocate to the general population, service providers and key stakeholders for zero tolerance of stigma and discrimination.
9.4	Increased championing of anti-stigma and anti-discriminatory practices by political and community leaders and key celebrities.	▪ Established anti-stigma and anti-discriminatory ‘champions’ program

3.0 MONITORING AND EVALUATION FRAMEWORK

3.1 Goal, Objectives, Indicators and Targets to be Measured 2014 - 2018

GOAL: **"By 2018 to halt the spread of HIV in general population, reduce HIV prevalence among key affected populations and AIDS related mortality in the Solomon Islands."**							
Key intervention Area: **Prevention**							
Objectives	**Indicators**	**Baseline (2014)**			**Target (2018)**		
		Numerator	**Denominator**	**%**	**Numerator**	**Denominator**	**%**
By 2018, to increase access to evidence-based HIV prevention in Solomon Islands	"Percentage of women and men aged 15–49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	N/A			N/A		
	Number and Percentage of youth accessing Youth Friendly Health Services (that provide at a minimum counseling and testing) disaggregated by gender, type of services and setting.						
	Number of youth friendly health service (YFHS) centers scaled up as per National Guidelines in last one year. Facility	N/A	N/A		N/A	N/A	
	Percentage of health centers providing the	4	315		10	315	

	package of PPTCT services disaggregated by provinces as per national standards[3] in last one year.						
	Number and Percentage of schools that provided (age-responsive gender sensitive) life-skills-based HIV education in the last academic year	0			10		
Key Intervention Area: **Diagnosis of HIV and STIs**							
By 2018, to improve access, availability and effectiveness of HIV and STI testing and counseling services	Number of health facilities offering HIV testing services in line with the 2015 WHO guidelines on 5Cs, consent, confidentiality, counseling, correct results and connection	17	315		50	315	
	Percentage of pregnant women who received an HIV test in the last 12 months and who know their result			13%		30	
	Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	18	84		100	TBD	
	Percentage of TB patients who were screened for HIV in TB care or treatment settings.	44	355				100%
	Percentage of men and women of 15-49 years who received an HIV test in the last 12 months and who know their result	N/A					

[3] Definition of minimum PMTCT package is defined in SI context. as. 1. HIV counseling and testing; 2. ARV prophylaxis to prevent MTCT; 3. Counseling and support for safe infant feeding practices; 4. Family planning services; 5. Safe obstetric practices; and 6. HIV care and treatment

	Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis						
	Percentage of antenatal care attendees who were positive for syphilis						
	Percentage of antenatal care attendees positive for syphilis who received treatment						
	Percentage of reported congenital syphilis cases (live births and stillbirth)						
	Number of men reporting urethral discharge in the past 12 months						
	Number of adults reported with genital ulcer disease in the past 12 months						
Key Intervention Area: **Treatment Care and Support**							
By 2018, To maintain effective universal coverage of HIV treatment, and to increase access to quality care and support services for PLHIV.	Number of HIV-positive patients who were screened for TB in HIV care or treatment settings						
	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	10	10	100%	18	18	100%
	Number of PHLIV who have been on ART for the last two years (24 months)						
	Number of PHLIV who have been on ART for the last three years (36 months)						
	Number of health care workers trained on ART prescription						
	Number of health facilities offering ART	4	N/A	N/A	10	N/A	N/A
	Percentage of HIV-positive pregnant women	0	0	N/A			100%

	receiving effective antiretroviral regimens or started on them						
	Number and percentage of infants born to HIV-infected women who received ARV prophylaxis to reduce the risk of mother-to-child transmission.	5	5	100%			100%
By 2018, To improve provision of quality, comprehensive case management of STIs	Proportion of targeted health facilities that have instituted the comprehensive STI care package per national guidelines (Operational at all levels of care disaggregated by setting and location)						

3.2 Indicator Summary and Reference Table

Indicator Ref # (From NSP)	Indicator	Data Source	Data Collection Tool	Data Collection Frequency	Disagregation
Indicator Category: IMPACT					
KIA-1: Prevention					
	"Percentage of women and men aged 15–49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Surveys	Questionnaires	5 years	Age, Sex, Province
KIA-2: Diagnosis of HIV and STIs					
	Percentage of men and women of 15-49 years who received an HIV test in the last 12 months and who know their result	Surveillance, Health Facility reports	HMIS tools	Monthly	Age, sex, Facility, Zone, Province
KIA-3: Treatment, Care & Support					
	Number of PHLIV who have been on ART for the last three years (36 months)	HIV Division	ART Register	Annual	Sex
Indicator Category: OUTCOME					
KIA-1: Prevention					
	Number and Percentage of youth accessing Youth Friendly Health Services (that provide at a minimum counseling and testing) disaggregated by gender, type of services and setting.	YFHS sites	Patients registers	Monthly	Age, Sex

	Percentage of health centers providing the package of PPTCT services disaggregated by provinces as per national standards[4] in last one year.	MHMS	HMIS	Annual	Provinces
	Number and Percentage of schools that provided (age-responsive gender sensitive) life-skills-based HIV education in the last academic year	MoE, MHMS AHD Programme	Peer Educators Reports	Quarterly	Provinces
KIA-2: Diagnosis of HIV and STIs					
	Number of health facilities offering HIV testing services in line with the 2015 WHO guidelines on 5Cs, consent, confidentiality, counseling, correct results and connection	HMIS, HIV/STI Division	HMIS Tools	Monthly	Provinces
	Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	HIV/STI Division, NGOs	Referral tools, annual reports	Annual	Province, facility
	Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	MHMS	HMIS	Monthly	Provinces, Facility
KIA-3: Treatment, Care & Support					
	Percentage of adults and children with HIV known to be on treatment 12 months after	MHMS HIV/STI Division, Health	ART Register	Annual	Province, Sex, Age

[4] Definition of minimum PMTCT package is defined in SI context. as. 1. HIV counseling and testing; 2. ARV prophylaxis to prevent MTCT; 3. Counseling and support for safe infant feeding practices; 4. Family planning services; 5. Safe obstetric practices; and 6. HIV care and treatment

	initiation of antiretroviral therapy	Facilities			
	Number of PHLIV who have been on ART for the last two years (24 months)	MHMS HIV/STI Division, Health Facilities	ART Register	Annual	Province, Sex, Age
	Number of adults and children on ART lost to follow-up, dead, transferred out or stopped at 12 months after initiation.	MHMS HIV/STI Division, Health Facilities	ART Register	Annual	Province, Sex, Age
Indicator Category: OUTPUT					
KIA-1: Prevention					
	Number of youth friendly health service (YFHS) centers scaled up as per National Guidelines in last one year.	HIV/STI Division, AHD Programme	Annual Health Sector Reports	Annual	Province, Gov't Facilities, NGO Facilities
KIA-2: Diagnosis of HIV and STIs					
	Percentage of TB patients who were screened for HIV in TB care or treatment settings.	MHMS TB Programme	Annual Reports	Annual	Sex, Facility
	Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis	HMIS	HMIS tools	Monthly	Province, Facility
	Percentage of antenatal care attendees who were positive for syphilis	HMIS	HMIS tools	Monthly	Province, Facility
	Percentage of antenatal care attendees positive for syphilis who received treatment	HMIS	HMIS tools	Monthly	Province, Facility
	Percentage of reported congenital syphilis cases (live births and stillbirth)	HMIS	HMIS tools	Monthly	Province, Facility
	Number of men reporting urethral discharge in the past 12 months	HMIS	HMIS tools	Monthly	Province, Facility

	Number of adults reported with genital ulcer disease in the past 12 months	HMIS	HMIS tools	Monthly	Sex, Province, Facility
KIA-3: Treatment, Care & Support					
	Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	MHMS TB Programme	Annual Reports	Annual	Sex, Province, Facility
	Number of health facilities offering ART	HMIS	ART Register	Annual	Province
	Percentage of HIV-positive pregnant women receiving effective antiretroviral regimens or started on them	HMIS	ART register	Monthly	Province, Facility
	Number and percentage of infants born to HIV-infected women who received ARV prophylaxis to reduce the risk of mother-to-child transmission.	HMIS	ART register	Monthly	Province, Facility
	Proportion of targeted health facilities that have instituted the comprehensive STI care package per national guidelines (Operational at all levels of care disaggregated by setting and location)	HMIS	HMIS monthly reporting forms	Monthly	Provinces

3.3 Data Flow Map

Mapping the flow of your data from collection to use provides a summary of the data processes and can help to consolidate process and enhance data uses.

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use
"Percentage of women and men aged 15–49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Collected from sample population, by research team during surveys.	Aggregated by age, sex, location, etc.	Stored at HIV/STI Division, Medical Statistics/HMIS office	Analysis depends on selected study methodology	Reported to Solomon Islands Government, Donors and Development Partners	Used to inform future interventions, resource mobilization, health sector financing, and government policy.
Number and Percentage of youth accessing Youth Friendly Health Services (that provide at a minimum counseling and testing) disaggregated by gender, type of services and setting.	Collected from YFHS sites	Aggregated by age, sex and provinces	Stored at MHMS	Qualitative analysis preferred		
Number of youth friendly health service (YFHS) centers scaled up as per National Guidelines in last one year. Facility	Collected from HIV programme or AHD Programme	Aggregated by province	MHMS Planning Unit	N/A		

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
Percentage of health centers providing the package of PPTCT services disaggregated by provinces as per national standards[5] in last one year.	Collected from HMIS	Aggregated by province	Stored at MHMS Planning Unit	N/A		
Number and Percentage of schools that provided (age-responsive gender sensitive) life-skills-based HIV education in the last academic year	Collected from MoE	Aggregated by Province, Primary and Secondary Schools	Stored at MoE and MHMS Planning Unit	N/A		
Number of health facilities offering HIV testing services in line with the 2015 WHO guidelines on 5Cs, consent, confidentiality, counseling, correct results and connection	Collected from HMIS	Aggregated by Province and level of health facility (Hospital, AHC, RHC)	Stored at HIV/STI Division and MHMS Planning Unit	N/A		

[5] Definition of minimum PMTCT package is defined in SI context. as. 1. HIV counseling and testing; 2. ARV prophylaxis to prevent MTCT; 3. Counseling and support for safe infant feeding practices; 4. Family planning services; 5. Safe obstetric practices; and 6. HIV care and treatment

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	Collected from health facilities	Aggregated by facility and province	Stored at HMIS	N/A		
Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	Collected from health facilities and NGOs working with Key Populations	Aggregated by sex, target group and location.	Stored at HMIS and MHMS Planning Unit	N/A		
Percentage of TB patients who were screened for HIV in TB care or treatment settings.	Collected from the National TB programme	Aggregated by sex and facility	HMIS and National Planning Unit	N/A		
Percentage of identified key population who received an HIV test in the last 12 months and who know the result.	Collected from health facilities and NGOs working with key populations	Aggregated by key population group, sex and province	Stored at MHMS Planning Unit	N/A		
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	Collected from health facilities	Aggregated by Province	Stored at HIMS, Planning Unit	N/A		
Percentage of men and women of 15-49 years who received an HIV test in the last 12 months and who know their result	Collected from health facilities	Aggregated by Province	Stored at HIMS, Planning Unit	N/A		
Percentage of pregnant women accessing antenatal care (ANC) services who were	Collected from health facilities	Aggregated by Province	Stored at HIMS,	N/A		

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
tested for syphilis			Planning Unit			
Percentage of antenatal care attendees who were positive for syphilis	Collected from health facilities	Aggregated by Province	Stored at HIMS, Planning Unit	N/A		
Percentage of antenatal care attendees positive for syphilis who received treatment	Collected from health facilities	Aggregated by Province	Stored at HIMS, Planning Unit	N/A		
Percentage of reported congenital syphilis cases (live births and stillbirth)	Collected from health facilities	Aggregated by Province	Stored at HIMS, Planning Unit	N/A		
Number of men reporting urethral discharge in the past 12 months	Collected from health facilities	Aggregated by age and Province	Stored at HIMS, Planning Unit	N/A		
Number of adults reported with genital ulcer disease in the past 12 months	Collected from health facilities	Aggregated by sex and Province	Stored at HIMS, Planning Unit	N/A		
Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	Collected from national TB programme	Aggregated by facility / province, age and sex	Stored at HIV programme, TB Programme, Planning Unit	N/A		
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Collected from National HIV Division, Facility	Aggregated by age, sex and province	Stored at HIV/STI Division and	N/A		

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
	ART registers		MHMS Panning Unit			
Number of PHLIV who have been on ART for the last two years (24 months)	Collected from National HIV Division, Facility ART registers	Aggregated by age, sex and province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		
Number of PHLIV who have been on ART for the last three years (36 months)	Collected from National HIV Division, Facility ART registers	Aggregated by age, sex and province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		
Number of health care workers trained on ART prescription	Collected from National HIV Division, Facility ART registers	Aggregated by age, sex and province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		
Number of health facilities offering ART	Collected from National HIV Division, Facility ART registers	Aggregated by age, sex and province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		
Percentage of HIV-positive pregnant women receiving effective antiretroviral regimens or	Collected from National HIV	Aggregated by age and	Stored at HIV/STI	N/A		

Indicator	Collection →	Compilation →	Storage →	Analysis →	Reporting →	Use →
started on them	Division, Facility ART registers	province	Division and MHMS Panning Unit			
Number and percentage of infants born to HIV-infected women who received ARV prophylaxis to reduce the risk of mother-to-child transmission.	Collected from National HIV Division, Facility ART registers	Aggregated by sex and province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		
Proportion of targeted health facilities that have instituted the comprehensive STI care package per national guidelines (Operational at all levels of care disaggregated by setting and location)	Collected from HMIS	Aggregated by province	Stored at HIV/STI Division and MHMS Panning Unit	N/A		

3.4 Data Use

3.4.1 Data Use Plan

Once data are collected and analyzed, they will be used to inform decision-making and increase the efficiency and effectiveness of the national HIV/STI programme. The results of the analysis will be disseminated to all relevant stakeholders and shared with implementers through a systematic feedback mechanism such as stakeholders meetings, website (when developed) etc. This section of the M&E plan therefore describes the types of products and publications that will be used to share the information collected by the programme; including periodic reports or statistical abstracts, fact sheets etc.

The section also includes an information dissemination strategy, ensuring the exchange of feedback and information to the community and facility level as well as to national and international stakeholders.

The section further summarizes planned uses for the collected data, including to make informed program decisions at all levels (National, Provincial, or facility/ site), and lays out the steps that can help ensure that data collected get to the right person in the right time and in the right format.

Data Use Plan

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
"Percentage of women and men aged 15–49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number and Percentage of youth accessing Youth Friendly Health Services (that provide at a minimum counseling and testing) disaggregated by gender, type of services and setting.	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of youth friendly health service (YFHS) centers scaled up as per National Guidelines in last one year. Facility	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of health centers providing the package of PPTCT services	For advocacy; To inform future interventions, government planning and prioritization,	Political Leaders, Government Leaders, Civil Society,	Stakeholders meetings, media	Reports, Fact sheets,	Timely data collection, compilation,

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
disaggregated by provinces as per national standards[6] in last one year.	government financing, population behaviour change, resource mobilization from donors	Development Partners, Donors and the Public (general population)	programs, IEC materials	news articles	reporting, and dissemination.
Number and Percentage of schools that provided (age-responsive gender sensitive) life-skills-based HIV education in the last academic year	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of health facilities offering HIV testing services in line with the 2015 WHO guidelines on 5Cs, consent, confidentiality, counseling, correct results and connection	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.

[6] Definition of minimum PMTCT package is defined in SI context. as. 1. HIV counseling and testing; 2. ARV prophylaxis to prevent MTCT; 3. Counseling and support for safe infant feeding practices; 4. Family planning services; 5. Safe obstetric practices; and 6. HIV care and treatment

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
	mobilization from donors	(general population)			
Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of TB patients who were screened for HIV in TB care or treatment settings.	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of men and	For advocacy; To inform future	Political Leaders,	Stakeholders	Reports,	Timely data

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
women of 15-49 years who received an HIV test in the last 12 months and who know their result	interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	meetings, media programs, IEC materials	Fact sheets, news articles	collection, compilation, reporting, and dissemination.
Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of antenatal care attendees who were positive for syphilis	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of antenatal care attendees positive for syphilis who received treatment	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of reported congenital syphilis cases (live births and stillbirth)	For advocacy; To inform future interventions, government planning and prioritization,	Political Leaders, Government Leaders, Civil Society,	Stakeholders meetings, media	Reports, Fact sheets,	Timely data collection, compilation,

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
	government financing, population behaviour change, resource mobilization from donors	Development Partners, Donors and the Public (general population)	programs, IEC materials	news articles	reporting, and dissemination.
Number of men reporting urethral discharge in the past 12 months	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of adults reported with genital ulcer disease in the past 12 months	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
	mobilization from donors	(general population)			
Number of PHLIV who have been on ART for the last two years (24 months)	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of PHLIV who have been on ART for the last three years (36 months)	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of health care workers trained on ART prescription	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Number of health facilities offering ART	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Percentage of HIV-positive	For advocacy; To inform future	Political Leaders,	Stakeholders	Reports,	Timely data

Indicator	Uses of the Information	Target Audience / Stakeholders	Mechanism Of Dissemination	Format	Next Steps
pregnant women receiving effective antiretroviral regimens or started on them	interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	meetings, media programs, IEC materials	Fact sheets, news articles	collection, compilation, reporting, and dissemination.
Number and percentage of infants born to HIV-infected women who received ARV prophylaxis to reduce the risk of mother-to-child transmission.	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.
Proportion of targeted health facilities that have instituted the comprehensive STI care package per national guidelines (Operational at all levels of care disaggregated by setting and location)	For advocacy; To inform future interventions, government planning and prioritization, government financing, population behaviour change, resource mobilization from donors	Political Leaders, Government Leaders, Civil Society, Development Partners, Donors and the Public (general population)	Stakeholders meetings, media programs, IEC materials	Reports, Fact sheets, news articles	Timely data collection, compilation, reporting, and dissemination.

3.4.2 Data Use - Stakeholder Analysis

In order to ensure that data is used and the right information is collected, it is important to have key stakeholders involved and informed. Understanding a specific information users' background and characteristics will better help to meet their information needs and lead to more informed decision making. A rapid stakeholder analysis has been done during the development of this M&E plan. The information gathered here informs the data use plan, and the selection / prioritization of indicators from the NSP.

Stakeholder	**Stakeholder Description** (Potential Role)	**Potential role** (Vested interest in the issue or activity)	**Level of knowledge on issue** (Specific areas of expertise)	**Level of commitment** (Support or oppose the activity, to what extent, and why?)	**Available resources** (Staff, volunteers, funds, technology, information, influence)	**Constraints** (Limitations: need funds to participate, lack of personnel, political or other barriers)
Government sector						
Line Ministries (MoE, MoFT, MoWYD)	Implementation	Integration of programmes	Planning, Implementation	Close collaboration already exists but integration of activities is still limited	Government Staffing	Limited coordination and no inter-sectoral planning
MHMS	Implementation	Integration of programmes, Clinical Services provision	Planning, Programme management, M&E and Clinical Services	Highly committed to improve the health and wellbeing of Solomon islands people	Staffing	Some staffing gaps especially in clinics, staff turnover at HIV Division
Political sector						
Cabinet	Budget Approvals	Gov't Financing	Health Minister and Advisors to Cabinet are knowledgeable	Moderate	Influence	Not easy to get audience with them for advocacy

Stakeholder	**Stakeholder Description** (Potential Role)	**Potential role** (Vested interest in the issue or activity)	**Level of knowledge on issue** (Specific areas of expertise)	**Level of commitment** (Support or oppose the activity, to what extent, and why?)	**Available resources** (Staff, volunteers, funds, technology, information, influence)	**Constraints** (Limitations: need funds to participate, lack of personnel, political or other barriers)
Parliament	Gov't Policy, Laws, enabling environments	Gov't Policy	N/A	Moderate	Influence	Not easy to get audience with them for advocacy
Commercial sector						
Financial Institutions	Public Private Partnerships	Social Corporate Responsibility	Financing	Non-existent, advocacy needed.	Funds	Profit-oriented
Media Companies	Communications, Information Dissemination	Information Dissemination & Social Corporate Responsibility	Communications expertise	Committed to supporting HIV/STI awareness	Technology	N/A
Telecommunication Companies	Communications Partnerships	Social Corporate Responsibility	IT	Non existent so far	Technology	Profit-oriented
Non-governmental sector						
Civil Society	Implementation and Advocacy	Programme Dev't & Resource mobilization	Programme implementation, advocacy	Willing to be actively involved	Staff, volunteers, information	Funding
INGOs	Implementation and advocacy	Programme development and resource mobilization	Programme management, M&E	Actively engaged in the sector	Staff, volunteers, information	Funding

Stakeholder	**Stakeholder Description** (Potential Role)	**Potential role** (Vested interest in the issue or activity)	**Level of knowledge on issue** (Specific areas of expertise)	**Level of commitment** (Support or oppose the activity, to what extent, and why?)	**Available resources** (Staff, volunteers, funds, technology, information, influence)	**Constraints** (Limitations: need funds to participate, lack of personnel, political or other barriers)
Other civil society target audiences						
NNGOs, CBOs, FBOs	Implementation and Advocacy	Community Mobilization	Community mobilization, awareness and advocacy	Willing to be actively involved	Staff, volunteers, information	Funding
CSO Networks (PLHIV)	Implementation and Advocacy	Community Mobilization	Community mobilization, awareness and advocacy	Willing to be actively involved	Staff, volunteers, information	Funding
International donors						
Country Development Partners / Donors	Funding, TA	Resource Mobilization and Partnership	Resource mobilization, TA, Health expertize	Highly committed to evidence based funding and planning	Staff & Consultants (TA), funding and information	Limited funding
External Donors	Funding	Global Health	Grants management, Project Mgt	Committed to achievement of SDGs	Funding	N/A

3.5 Data Quality Management Plan

This section includes practices and mechanisms required for ensuring data quality. Here, we consider the five criteria for data quality:

- Validity,
- Reliability,
- Integrity,
- Precision, and
- Timeliness.

It encompasses the following:

1. Data quality assurance mechanisms for ensuring the quality of data during data collection, transfer, compilation, analysis and storage. This also includes how late, missing and incomplete data is accounted for.
2. Human resources and technical capacity needs for data management and for ensuring data quality.
3. Plans for assessing consistency of primary data during data analysis.
4. Data Quality Assessments.
5. Development and utilization of tools and guidelines / checklists for data quality assurance/assessments and for supervision.
6. Supportive supervision for M&E and data quality.

Data Quality Management Plan

Indicator	Data Quality Issues (Possible risks to the quality of data collected)	Actions Taken or Planned to Address this Limitation	Additional Comments
"Percentage of women and men aged 15–49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A
Number and Percentage of youth accessing Youth Friendly Health Services (that provide at a minimum counseling and testing) disaggregated by gender, type of services and setting.	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A
Number of youth friendly health service (YFHS) centers scaled up as per National Guidelines in last one year.	N/A	N/A	YFHS Operational Guidelines have been developed and define the minimum package of services
Percentage of health centers providing the package of PPTCT services disaggregated by provinces as per national standards in last one year.	• Untimely reporting on services provided	• Close follow-up by M&E staff	PPTCT package is well defined as per the SI context
Number and Percentage of schools that provided (age-responsive gender sensitive) life-skills-based HIV education in the last academic year	N/A	N/A	AHD programme has rolled out Sexuality Educ in Schools, Peer Educators have

Indicator	Data Quality Issues (Possible risks to the quality of data collected)	Actions Taken or Planned to Address this Limitation	Additional Comments
			been trained in some schools
Number of health facilities offering HIV testing services in line with the 2015 WHO guidelines on 5Cs, consent, confidentiality, counseling, correct results and connection	N/A	N/A	N/A
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	Uncoordinated reporting by different units of the health facility eg ANC/MCH, Lab and YFHS etc could lead to under reporting or double reporting	Assign a single focal person per facility to report on HIV/STIs	N/A
Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A
Percentage of TB patients who were screened for HIV in TB care or treatment settings.	N/A	N/A	N/A
Percentage of identified vulnerable population who received an HIV test in the last 12 months and who know the result.	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A
Percentage of pregnant women who received an HIV test in the last 12 months and who know their result	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A

Indicator	Data Quality Issues (Possible risks to the quality of data collected)	Actions Taken or Planned to Address this Limitation	Additional Comments
Percentage of men and women of 15-49 years who received an HIV test in the last 12 months and who know their result	• Low capacity in research and surveillance • Inadequate funding for a quality survey	• Use of research consultant • Training of local research assistants	N/A
Percentage of pregnant women accessing antenatal care (ANC) services who were tested for syphilis	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field fisits to support reporting	N/A
Percentage of antenatal care attendees who were positive for syphilis	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field fisits to support reporting	N/A
Percentage of antenatal care attendees positive for syphilis who received treatment	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field visits to support reporting	N/A
Percentage of reported congenital syphilis cases (live births and stillbirth)	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field visits to support reporting	N/A
Number of men reporting urethral discharge in the past 12 months	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field visits to support reporting	N/A
Number of adults reported with genital ulcer disease in the past 12 months	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field visits to support reporting	N/A
Number of HIV-positive patients who were screened for TB in HIV care or treatment settings	• Low reporting rate in some provinces gives incomplete data at the end of the year	• Closer follow-up including field visits to support reporting	N/A
Percentage of adults and children with	• Poor coordination between the HMIS	• Quarterly meetings of the HIV	N/A

Indicator	Data Quality Issues (Possible risks to the quality of data collected)	Actions Taken or Planned to Address this Limitation	Additional Comments
HIV known to be on treatment 12 months after initiation of antiretroviral therapy	team, HIV Division and HIV Core Care team updating the ART register	core care team should be sustained, and should involve HMIS and M&E staff	
Number of PHLIV who have been on ART for the last two years (24 months)	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve HMIS and M&E staff	N/A
Number of PHLIV who have been on ART for the last three years (36 months)	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve HMIS and M&E staff	N/A
Number of health care workers trained on ART prescription	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve HMIS and M&E staff	N/A
Number of health facilities offering ART	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve HMIS and M&E staff	N/A
Percentage of HIV positive pregnant women receiving effective antiretroviral regimens or started on them	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve HMIS and M&E staff	N/A
Number and percentage of infants born to HIV-infected women who received ARV prophylaxis to reduce the risk of mother-	• Poor coordination between the HMIS team, HIV Division and HIV Core Care team updating the ART register	• Quarterly meetings of the HIV core care team should be sustained, and should involve	N/A

Indicator	Data Quality Issues (Possible risks to the quality of data collected)	Actions Taken or Planned to Address this Limitation	Additional Comments
to-child transmission.		HMIS and M&E staff	
Proportion of targeted health facilities that have instituted the comprehensive STI care package per national guidelines (Operational at all levels of care disaggregated by setting and location)	N/A	N/A	N/A

3.6 Reporting Plan

Type of report	Frequency of reporting	Recipient	Responsible Entity / Person
GARPR	Annual	UNAIDS	National HIV/STI Programme
Health Sector Report	Annual	MHMS Planning Unit	National HIV/STI Programme
Donor Reports (Global Fund)	Bi-annual (Every 6 months)	GFATM	National HIV/STI Programme
Health Facility Reports	Monthly	HIV/STI division, MHMS Planning Unit (Medical Statistics Office)	Provincial HIV/STI Programme Officers
NGO HIV/AIDS Reports	Quarterly	MHMS	NGO Focal Persons
Partner Updates	Monthly	Development Partners Coordination Meetings	National HIV/STI Coordinator

3.7 M&E Staff

Staff Position	Role / Responsibility
Director	• Ensure timely reporting by Division Staff • Communicate regular updates and reports to stakeholders during meetings • Participate in research and surveillance committee • Supervise research consultants hired by the MHMS • Liaise with Development Partners on M&E Support and TA matters
National HIV/STI Coordinator	• Collate and compile all monthly reports from provinces • Supervise the M&E Officer • Regular Monitoring of HIV/STI Activities in the provinces • Support supervision to health facilities on quality reporting and data collection tools
SINAC Coordinator	• Follow-up on HIBV/STI reports from NGOs • Attend coordination meetings and communicate M&E developments to NGOs and SINAC members • Regular Monitoring of HIV/STI Activities in the provinces • Support supervision to health facilities on quality reporting and data collection tools
M&E Officer (TBD)	• Manage M&E database • Write National HIV/STI reports including GARPR and Health Sector Annual Reports • Liaise with HMIS office on compilation of HIV/STI data and indicators • Support MHMS Sub-receipients and NGO partners on quality reporting • Develop simplified data collection tools together with the HMIS team • Regular Monitoring of HIV/STI Activities in the provinces • Support supervision to health facilities on quality reporting and data collection tools
HIV Testing Supervisor	• Submit activity reports • Support supervision • Regular Monitoring of HIV/STI Activities in the provinces • Support supervision to health facilities on quality reporting and data collection tools

HIV Counselor	• Submit monthly activity reports • Regular Monitoring of HIV/STI Activities in the provinces • Support supervision to health facilities on quality reporting and data collection tools

4.0 M&E COSTED WORK PLAN / BUDGET

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
6.1: Enhanced leadership and managerial competencies to deliver the national M&E system for HIV and STIs	6.1.1: Develop a M&E software to accommodate reporting	Engage consultant to develop national HIV database	1	Consultancy	150,000	1	0	0	150,000	0	0	150,000
		Conduct training of HIV Unit staff on HIV database and reporting	20	3 days training for HIV unit staff and implementing partners	4,500	1	0	0	0	90,000	0	90,000
	6.1.2: Advocate for improved political commitment and leadership support for M&E System	Link HIV database to the MHMS HIS	1	N/A	0	1	0	0	0	0	0	0

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
	6.1.3: Advocate for increased timely funding for the M&E System	Conduct Annual National M&E Conference (1-day advocacy and orientation of MHMS planning and budget committees, as well as development partners on M&E)	1	workshop	8,000	5	8,000	8,000	8,000	8,000	8,000	40,000
6.2: Developed and enforced policy requiring multisectoral reporting of all STI & HIV data to the MOH HIV Unit	6.2.1: Instil an M&E culture among stakeholders in the HIV & STI response	Develop and distribute a standard monthly reporting tool to be used by all HIV / STI implementing partners	240	printing costs	1	5	240	240	240	240	240	1,200

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
		Conduct quarterly joint support supervision visits to HIV/STI project sites together with the implementing partners	8	visit	5,000	5	40,000	40,000	40,000	40,000	40,000	200,000
	6.2.2: Review and strengthen the implementation of national guidelines and SOPs on data quality, audit, and supervision at all levels of collection and aggregation	Conduct 1 day onsite training of provincial HIV coordinators and RH coordinators on M&E and data quality audits	20	DSA, travel, accomodation	3,500	1	0	0	70,000	0	0	70,000
		Conduct quarterly data quality audits at random sites selected per province	40	trip and DSA	300	5	12,000	12,000	12,000	12,000	12,000	60,000

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
6.3: Strengthened MOH STI & HIV Unit M&E capabilities	6.3.1: Strengthen and expand human capacity to enhance the effectiveness of the M&E Systems	Conduct 3 days training of provincial HIV coordinators and RH coordinators on M&E	20	training in honiara, residential	5,000	1	0	0	0	100,000	0	100,000
	6.3.2: Continue monitoring and evaluation of comprehensive HIV & STI care and support services	Conduct regular monitoring visits (quarterly)	40	trip costs	3,500	5	140,000	140,000	140,000	140,000	140,000	700,000
6.4: Integrated HIV& STI data and information systems that draw from diverse sources	6.4.1: Implement M&E curriculum to build capacity of	Conduct 3 days non residential workshop to develop national M&E Curriculum	1	Conference and catering costs for 30 participants for three days	24,000	1	0	0	0	24,000	0	24,000

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
	multisectoral cross-cutting team involved in National HIV & STI response	Orientation of HIV stakeholders on M&E curriculum (1 day workshop for 15 participants per province)	10	hall hire and catering costs for 1 day for 15 participants	4,000	1	0	0	0	40,000	0	40,000
	6.4.2: Strengthen and support the National Health Information System to adequately cover STI & HIV information needs and requirements	Training of provincial STI/HIV teams on HIS	10	trainings	35,000	1	0	0	0	350,000	0	350,000
		printing and distributionj of reporting forms	1,200	copies	1	5	1,200	1,200	1,200	1,200	1,200	6,000

Strategic Outcomes	Activities	Operational tasks	Annual Target	Unit / inputs	Unit Cost (SBD)	Yrs	Total Cost Per Year (SBD)					Cost over 5 Yrs (SBD)
							2014	2015	2016	2017	2018	
6.5: Improved data quality with respect to accuracy timeliness and completeness for evidenced based decision making	6.5.1: Improve the ability of SINAC to effectively use strategic health information to inform the national response	Involve SINAC members in all M&E trainings	3	trainings (cost already covered)	0	5	0	0	0	0	0	0
6.6: Improved HIV & STI Surveillance Research and Communications to inform national response	6.6.1: Strengthen the capacity for design, conduct, and analysis of data and the use of findings from surveys, surveillance and research studies	Training of medical statistics team on HIV/STI surveillance and reporting for decision making and advocacy	1	training for 3 days, non residential, at MHMS headquarters	12,000	1	0	0	0	12,000	0	12,000
Sub-total Objective 6							**201,440**	**201,440**	**421,440**	**817,440**	**201,440**	**1,843,200**