

GAVI HSS Grant Categorisation

This table is intended to provide ideas of HSS activities to applicants and to allow GAVI to analyse its HSS support by type of grants. This is not an exhaustive or prescriptive list of activities and countries are encouraged to identify activities to be included in their proposal based on the bottleneck analysis, as well as linking the proposed activities to a measurable outcome (or intermediate result).

The grant categories below are structured around the WHO's six health system building blocks, to which we added activities targeting the communities and program management activities. Improving immunization coverage and equity in coverage (including geographic, socio-economic and gender equity) is an outcome to which many activities across grant categories will contribute.

Grant Category	Grant Sub-Category
1. Scale-up and improve accessibility and quality of service delivery (including community level services and implementation support: outreach, access, mobilisation).	1.1. Capital Investment in infrastructure including upgrading & renovations
	1.2. Improve service organisation & facility management, including integrating immunization services within maternal and child health services [maternal, neonatal and child health (MNCH) and integrated management of childhood illness (IMCI)]
	1.3. Improve quality of care, including testing innovative service delivery models
	1.4. Improve the transportation system for vaccines and service providers for outreach activities (includes vehicle procurement)
	1.5. Improve the waste management system
	1.6. Support maintenance and operating costs (recurring costs) of the delivery of immunization services
2. Produce, distribute and retain skilled health and community workforce and human resources	2.1. Provide pre-service training of health professionals and/or improve pre-service training system
	2.2. Provide in-service training of health professionals and/or improve in-service training system
	2.3 Conduct supervision of health professionals and/or improve the supervision system
	2.4. Scaling-up trained workforce (health professionals)
	2.5. Address workforce retention of health professionals
	2.6. Scaling-up volunteer/community health workers
	2.7. Address volunteer/community health worker retention
	2.8. Train & supervise volunteer/community health worker
	2.9. Establish, support and strengthen performance-based incentives systems
	2.10. Establish and/or strengthen the human resources management information system (HRIS)
3. Strengthen procurement & supply chain management system (including access to essential medicines and commodities management)	3.1. Scaling-up or upgrading procurement and supply management (PSM) infrastructure
	3.2. Build and/or rehabilitate cold chain facilities
	3.3. Procure cold chain equipment
	3.4. Procure other immunization-related equipment and consumables
	3.5. Improve the supply chain management system for immunization services, including resources (computers, etc.) and processes (forecasting, storage, distribution, etc.)
	3.6. Procure commodities, other than drugs and vaccines (GAVI HSS funds cannot be used to procure drugs or vaccines)
4. Strengthen facility reporting and health information systems	4.1. Strengthen routine health data reporting system and harmonization of parallel reporting systems and electronic data capture (includes M&E indicators of GAVI HSS grant)
	4.2. Strengthen supportive supervision and training on data recording and data reporting practices
	4.3. Improve analytical and research capacity, including the strategic use of data and information for programme management
	4.4. Strengthen vaccine preventable disease surveillance
	4.5. Strengthen logistics management information systems (LMIS)

	4.6. Strengthen data quality through both self and independent assessments followed by costed improvement plans
	4.7 Conduct health facility surveys to assess readiness to provide immunization and other health services, including availability of staff, tracer items and valid vaccines
	4.8 Strengthen adverse events following immunisation (AEFI) monitoring systems
	4.9. Conduct household surveys to assess immunisation coverage and factors associated with non-immunisation
5. Empower community and other local actors	5.1 Support demand generation activities including: Communication for Immunization (C4I), social mobilization, (mass) media management, IPC, BCIEC, material development, and capacity building
	5.2. Enhancing enabling environment and advocacy
	5.3. Establish public private partnerships with CSOs
	5.4. Strengthen the capacity of community groups and networks
6. Create enabling legal, policy and regulatory environments , including national strategic planning and management	6.1. Strengthen the governance system of immunization programs, including regulatory and oversight mechanisms such as ICC, HSCC, and NITAGs
	6.2. Develop, ratify and execute non-discriminatory, evidence-based laws, policies, national plans, regulations, coordination and quality assurance mechanisms
	6.3. Build capacity to implement laws, policies and regulations, including strengthening capacity of any national regulatory authorities
	6.4. Develop and support independent mechanisms to supervise, monitor and report on implementation of laws and policies
7. Ensure adequate financing of the health and community system	7.1. Improve revenue collection, pooling and purchasing for ensuring financial sustainability of service delivery
	7.2. Improve equity of healthcare and community level financing
	7.3. Improve public financial management of health system, including accurate tracking of government and donor investments (national health account, mid-term expenditure framework, etc.)
8. Other	8.1. Any activity not captured in other categories. E.g. seeking effective synergies with other immunisation resources like the Polio eradication systems and their workforce, and campaigns/ supplementary immunisation activities.
9. Programme management (planning and administration)	9.1. Cover management costs (includes financial audits)
	9.2. Provision of technical support for grant implementation
	9.3. Provision of technical assistance to build local capacity of individuals (service providers, managers, etc.) institutions (EPI unit, etc.) and organizations (CSOs, NGOS, etc.)
	9.4. Conduct operations research and any special studies (such as, knowledge, attitude, and perceptions (KAP) survey) related to health system strengthening and immunisation services, relevant to the GAVI HSS grant (note that M&E is included in category 4.1 above).