

| Country | Programmatic Area | Activity | Partner | Milestones | | | GPF indicator code | Expected Outcome | TOTAL |
|-------------|--|---|---------|---|--|--|---|--|-------|
| | | | | Jun-20 | Nov-20 | Jun-21 | If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked | | |
| Afghanistan | Programme Management - LMC | Develop new cMYP 2020-2024 | WHO | New cMYP 2020-2024 finalized | cMYP2020-2024 is developed by June 2020 for informing FPP | | 6 - 12 months | New cMYP 2020-2024 finalized and shared with all partners. | |
| Afghanistan | Programme Management - LMC | Technical assistance in organizing NITAG meetings,MR/CRS expert committee meetings, Rotavirus/intussusception expert committee meetings | WHO | all the materials, data and information are updated and available | Two NITAG meetings conducted Quarterly VPD surveillance review meeting conducted NITAG recommendation on HPV introduction provided Application for introduction of HPV submitted | NITAG meetings and VPD surveillance review meeting conducted HSS4 application submitted | 1>Y | At least 2 NITAG meetings conducted and applications developed | |
| Afghanistan | Programme Management - LMC | Conduct EPI comprehensive review Plus immunization missed opportunity assessment | WHO | Final report submitted | EPI comprehensive review conducted by June 2020 to inform FPP MOV assessment conducted by November 2020 as part of Coverage Evaluation Survey | PoAs based on review and assessment developed for improving coverage and equity | 3-6 months | Final report with proposed plan of actions submitted | |
| Afghanistan | Health Information Systems (Data) | Technical support to NIP for continuance of MR/CRS/NNT surveillance & develop MR strategic plan | WHO | Cascade training for surveillance focal points has started | Documented training courses on surveillance for focal points from 17 provinces conducted MR strategic plan developed | Documented training courses on surveillance for focal points from 17 provinces conducted MR strategic plan developed | 1>Y | 300 surveillance focal points are trained | |
| Afghanistan | Programme Implementation/Coverage & Equity | Logistical support to 7 labs/hospital for continuation of MR/CRS surveillance | WHO | provide all the needed materials to the labs for MR/CRS | All 7 VPD labs are provided with necessary logistics including diagnostic kits. | All 7 VPD labs are provided with necessary logistics including diagnostic kits. | 1>Y | All 6 labs are functional, specimens are sent to RRL for QC and genotyping | |
| Afghanistan | Health Information Systems (Data) | Technical support to 7 /Labs/hospitals for continuance of rotavirus surveillance and intussusception | WHO | plan and preparation for training of Lab/hospital staff | 100 of lab /hospital staff are trained | All 7 labs/hospital are monitored quarterly | 3-6 months | 48 lan/hospital staff are trained | |

| | | | | | | | | |
|-------------|--|---|-----|---|--|--|---------------|--|
| Afghanistan | Programme Implementation/Coverage & Equity | Logistical support to 7 Labs/hospitals for continuance of Rotavirus /intussusception surveillance | WHO | provide all the needed materials to the labs for Rotavirus surveillance | All 7 VPD labs are provided with necessary logistics including diagnostic kits. | All 7 VPD labs are provided with necessary logistics including diagnostic kits. | 6 - 12 months | All 6 labs are functional, specimens are sent to RRL for QC and genotyping |
| Afghanistan | Programme Implementation/Coverage & Equity | Train 100 surveillance staff on Vaccines/biological registration post marketing surveillance (AEFI) and VPD surveillance and establishment of AEFI case investigation teams at provincial level | WHO | training materials are available for distribution | 50% of VPD surveillance and AEFI surveillance staff are trained | the remaining 50% of staff are trained | 6 - 12 months | All 100 staff are trained |
| Afghanistan | Programme Management - LMC | Print /distribute latest WHO global policy documents, guidelines and manuals on RI and vaccine preventable diseases surveillance | WHO | Contract for translation is signed and translation started | Seven guidelines are translated into Pashto and Dari languages and prepared for printing | 500 copies of each of seven guidelines are printed and distributed | 6-12 months | All the translated checked/corrected by NIP and printed |
| Afghanistan | Programme Implementation/Coverage & Equity | Conduct vaccination in humanitarian emergencies | WHO | National strategy and guideline are developed/adapted | 100% national and sub-national EPI staff are trained on vaccination in humanitarian emergencies | 100% of trained staff are engaged in planning, implementation and monitoring of vaccination in emergencies | 3-6 monthd | 156 national and sub-national staff are trained on vaccination in humanitarian emergencies |
| Afghanistan | Programme Implementation/Coverage & Equity | Conduct Hepatitis B serosurvey to establish a baseline | WHO | Clinical serum samples are collected and delivered to the lab | 100% staff are selected and trained on Hep B sero-survey | the final report on sero-survey is submitted | 6-12 Months | Serosurvey is conducted; report is finalised |
| Afghanistan | Vaccine-Specific Support | TA/ consultant for introduction of HPV vaccine | WHO | | An national/ internation consultant is recruited to assist in developing application | Application is submitted | 6-12 months | The preparation for NVS completed and the proposal is submitted |
| Afghanistan | Programme Implementation/Coverage & Equity | TA / EPI National Technical Officer | WHO | 100% planned activities implmented | Provided technical support to implementation of 4 rounds of PIR+SIAs are completed in 10 high risk provinces | Delivered implementation of the refresher training courses for 450 vaccinators under 50%HSS Flex grant | > 1Y | All the planned activities for VPD surveillance are completed including annual surveillance data |

\$ 842,465

| | | | | | | | | | |
|-------------|--|--|--------|--|--|--|---------------|---|--------------|
| Afghanistan | Programme Implementation/Coverage & Equity | TA / EPI/VPD Program Officer | WHO | 100% planned activities implemented | VPD and AEFI surveillance standards are fully implemented in the country | AEFI reporting is monitored on the monthly basis; implementation of the sentinel surveillance for MR/CRS/NTT/Rotavirus is monitored regularly | >1Y | 100% planned activities for RI completed and annual coverage submitted | |
| Afghanistan | Programme Implementation/Coverage & Equity | TA / HSS National Technical Officer | WHO | 100% planned activities implemented | 1. Quarterly, semi-annual and annual Sehatmandi review reports 2. Report of comprehensive health system review 3. Updated cMYP | 1. Quarterly, semi-annual and annual Sehatmandi review reports 2. National health policy 2021-25 3. HSS 4 application is submitted | >1Y | 1. Sehatmandi review reports 2. Revised HMIS 3. Report of the HS Review 4. Report of Health Financing review | |
| Afghanistan | Programme Implementation/Coverage & Equity | TA/EPI program assistant | WHO | 100% planned activities implemented | Administrative support provided to all WHO meetings and activities GAVI meetings and relevant assessments Manage all procurement for RI and VPD surveillance Organize printing and distribution of all EPI and VPD surveillance documents provide 100% support in conducting all RI and VPD surveillance trainings facilitate NITAG meetings and other forum Assist in arranging GAVI workshops, JA, and etc including hotel and travel arrangements | Administrative support provided to all WHO meetings and activities GAVI meetings and relevant assessments Manage all procurement for RI and VPD surveillance Organize printing and distribution of all EPI and VPD surveillance documents provide 100% support in conducting all RI and VPD surveillance trainings facilitate NITAG meetings and other forum Assist in arranging GAVI workshops, JA, and etc including hotel and travel arrangements | >1Y | 100% planned activities implemented and annual report submitted | |
| Afghanistan | Programme Implementation/Coverage & Equity | EPI Admin/finance assistant | WHO | 100% planned activities implemented | Financial support provided for administration of all activities and organization of meetings/assessments Financial reports submitted in due time | Financial support provided for administration of all activities and organization of meetings/assessments Financial reports submitted in due time | >1Y | 100% planned activities implemented | |
| Afghanistan | Programme Implementation/Coverage & Equity | IPCI training for EPI managers, supervisors and frontline health workers | UNICEF | At least 80% of target staff trained on IPCI (Inter-personal communication on immunization) | Training modules and contractual arrangement completed for IPC training for the EPI managers and front line health workers at the subnational level | 120 EPI staff (managers and supervisors) at the national and sub-national level trained on IPCI | 6 - 12 months | EPI staff oriented on/understood importance of IPCI | |
| Afghanistan | Programme Management - LMC | National Technical Assistance (NTA) through MoPH | UNICEF | Technical support in areas of Data, communication, Vaccine and cold chain management, surveillance, coordination and finance | 1. Installed 250 SDDs (CCEOP) 2. Regularize supply delivery at sub-national level | 1. Installed 300 SDDs and 100 electric refrigerators (CCEOP). 2. 14 EPI buildings (warehouses and cold rooms) constructed. | 6 - 12 months | EPI programme strengthened through provision of dedicated technical human resource for cold chain, data quality, Surveillance, and communication. | \$ 1,016,634 |

| | | | | | | | | |
|-------------|-----------------------------------|--|--------|---|--|--|---------------|--|
| Afghanistan | Supply Chain & Procurement | Staff support (P3) | UNICEF | 1. Installed 300 SDDs and 100 electric refrigerators (CCEOP). 2. Conducted temperature mapping in all Walk-in cold rooms in one national and 7 regions. 3. Training manual for vaccine management and cold chain available. | Finalized and shared the result of Temperature Monitoring Study (Summer and winter modules) | 1. EVM assessment completed, and comprehensive EVM improvement plans developed for five years which will be fed into the development of upcoming HSS4 proposal. 2. Functionality rate of cold chain equipment improved. 3. PSR* related to Portfolio planning pertaining to cold chain developed with support from country partners. | 6 - 12 months | Decrease in sickness rate of CCE and wastage rate of vaccines |
| Afghanistan | Health Information Systems (Data) | Staff support (P3) | UNICEF | 2. 80% (out of the total released by MoF) utilization of DQIP funds. | One capacity building workshop conducted for EPI managers/coordinators of the national and sub national level on the metrics of coverage and equity. | National and sub-national data managers trained on use of DHIS2 with focus on immunization. | 6 - 12 months | High quality data is generated and presented |
| Afghanistan | Demand Promotion & ACSM | Staff support (NO-B) | UNICEF | 1. CD+ implemented in 13 low performing districts. 2. Religious leaders training completed in 25 provinces. | 1. Contract for Community Dialogue Plus (CD+) project is in place, and work initiated in 13 target districts. 2. EPI IEC materials printed for raising awareness. | 1. CD+ implemented in 13 low performing districts. 2. Religious leaders training completed in 25 provinces. 3. PSR* related to Portfolio planning pertaining to demand generation developed with support from country partners. | 6 - 12 months | 1. Communities in 13 low performing districts are well informed of the importance of immunisation. 2. 10,700 religious oriented who disseminate key EPI messages in 25 provinces. |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | Acasus | User manual and documentation for new performance management meetings | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Capacity building diagnostic report | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Third workshop held | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Report on progress during the third quarter | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Final Data Pack design | | | | \$ 244,765 |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Presentations from inaugural performance management meetings | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Capacity building implementation plan | | | | |

| | | | | | | | | | |
|-------------|--|--|--------------------|---|--|--|--|--|-----------|
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | Acasus | Final workshop held | | | | | |
| Afghanistan | Programme Management - LMC | Update population mapping, and develop national service delivery insights and provincial service delivery guidelines. Increase accountability by improving monitoring and supervision of EPI | | Final project report; milestone reporting due via Partner Portal | | | | | |
| Afghanistan | Programme Implementation/Coverage & Equity | Development of urban coverage diagnostic and costed immunization strategy | GDS | Submit the costed strategy to Gavi, EPI, MOH, WHO, UNICEF and other key stakeholders | | | | | \$ 98,770 |
| Afghanistan | Programme Implementation/Coverage & Equity | Development of urban coverage diagnostic and costed immunization strategy | GDS | Prepare bibliography of all documents on best practices and lessons learned and submit to Gavi, EPI, MOH, WHO, UNICEF and other key stakeholders, along with copies of the documents. | | | | | |
| Afghanistan | Health Information Systems (Data) | Development of urban coverage diagnostic and costed immunization strategy | GDS | Submit the draft report to Gavi, EPI, Ministry of Health (MOH), WHO, UNICEF and other key stakeholders | | | | | |
| Afghanistan | Health Information Systems (Data) | Implementation Support | University of Oslo | | | | | | \$ 804 |