

2019 TCA				Milestones			GPF indicator code					
Country	Programmatic Area	Activity	Partner	Jun-19	Nov-19	Jun-20	If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked	Expected Duration of Activity	Expected Outcome	Link to PEF Functions, if applicable	Budget assumptions	TOTAL
Bangladesh	Programme Implementation/ Coverage & Equity	Technical support for strengthening routine immunization, implementation of HSS activities and implementation of a high quality MR SIA, with a focus on social mobilization and real time monitoring	UNICEF		80% of HSS activities are implemented as planned	MR SIA conducted with >95% coverage	OI-C 6.1.1, OI-T 4, OI-C 4.4.2, IR-C 3.0, IR-T 10 -13, PR-T 15	> 1 year	Improved RI coverage in targeted districts and city corporations	Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity	80% Salary & travel for one national officer (NOC level)	
Bangladesh	Programme Implementation/ Coverage & Equity	TA support to address inequities in immunization with a particular focus on urban population	UNICEF		Coverage improvement plan for three city corporations developed and budgeted	40% of improvement plan of three city corporations implemented	OI-C 6.1.1, IR-C1.4.1-2	6 - 12 months	Urban Immunization action plan developed and budgeted	Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities	50% salary of one national officer (NOB)	
Bangladesh	Health Information Systems (Data)	Provide technical support in develop and roll out the Android version of DHIS2 EPI e-Register (both online and offline) in 7 Upazilas and one zone of city corporation	UNICEF	Developed android version of DHIS2 EPI e-Register			OI-C 6.1.1, IR-C1.4.1-2	6 - 12 months	At least 10% of missed children reached with routine immunization services in selected low performing upazilas and urban zone	Immunization data, including monthly data on coverage at district or equivalent level, is tracked at central/province level and used to guide program decisions, including prompt pro-active actions taken to address significant declines or lack of improvement in coverage	11 months consultancy support of NOA level	\$ 265,763
Bangladesh	Programme Management - LMC	Facilitate endorsement of National Immunization Policy and Urban Immunization Strategy in partnership with WHO and other partners; Facilitate the dialogue with DGHS and MoH&FW on sustainable vaccine financing	UNICEF		Vaccine Independent Initiatives (VII) plan endorsed by MoHFW			6 - 12 months	Vaccine Independent Initiatives (VII) and National Immunization Policy endorsed	High achievement of Performance Framework	Senior National Consultant for 6 months support	
Bangladesh	Demand Promotion & ACSM	Technical support for development of Digital Communication strategy focusing Urban areas and crisis communication plan	UNICEF		Costed digital communication action plan endorsed			6 - 12 months	Digital communication strategy endorsed and implemented	Countries implement and monitor evidence-based demand promotion strategies as part of their Annual EPI Operational Plan	11 months consultancy support of NOC level	
Bangladesh	Vaccine-Specific Support	1 CDC staff to provide TA for 30 days to ensure high quality preparation, implementation and monitoring for measles-rubella follow up SIA planned in QTR 4 2019	CDC		completed readiness assessment from at least 2 upazilas and/or 2 districts; completed independent monitoring forms/analysis from at least 5 vaccination sites; completed RCM in at least 5 catchment areas			0 - 3 months	MR Follow Up SIA will be of high coverage and quality in areas monitored	Countries undertake all measles SIAs with adequate planning and preparation, with the objective of reaching 95% coverage, and actual achievement of this coverage is measured through independent surveys	cost of travel and per diem for CDC staff; requests for TA from country and WHO counterparts	\$ 12,000
Bangladesh	Vaccine-Specific Support	Provide technical support to the Bangladesh Ministry of Health (MOH) and for implementation of the country plan in alignment with the global ending cholera roadmap. Pilot the use of oral cholera vaccine in the routine immunization program in one area in collaboration with Iccdr,b (identified as a priority operational research agenda topic). Provide technical assistance for planning, monitoring and evaluation of OCV campaigns among the Rohingya refugees.	CDC Foundation	Technical assistance planning meetings with the MOH, key partners (WHO and global taskforce for cholera control, icddr).	Report of country level meetings and workshops for development of the national cholera plan. Development of protocol for piloting the use of OCV in a routine immunization setting. Report of planning meetings with partners for OCV use among the rohingya refugees and identifying key M & E questions.	Development of a draft national cholera control plan. Report on lessons learned from implementation of OCV in a routine immunization setting. Report of M & E activities and preliminary results for OCV use among rohingya refugees.		> 1 year	Country will have a national cholera control plan in alignment with the Global Roadmap, including cholera control strategies among refugee populations. Data from the pilot will be critical for developing a strategy for incorporating OCV into the routine immunization system.			\$ 84,000

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Bangladesh	Vaccine-Specific Support	Provide technical support for a potential Gavi application for typhoid conjugate vaccine, including providing critical information on disease burden and antimicrobial resistance in collaboration through existing partnerships in country and globally.	CDC Foundation	Planning meetings with MOH, in country partners and global partners regarding TCV application.	Report on progress regarding compilation of burden of disease documentation in preparation for the Gavi application.	Manuscripts and reports on burden of typhoid, including antimicrobial resistance, in selected sites of Bangladesh. Report on progress made with the Gavi application.		6 - 12 months	Country will have strong disease burden data to develop the Gavi TCV application and an impactful strategy for the Gavi application.			
Bangladesh	Programme Implementation/ Coverage & Equity	Technical support for mapping of hard to reach, indigenous and urban slum population and developed tailored innovative strategies to ensure high immunization coverage	WHO	Identify CC or municipality for intervention, meeting with urban health sector on identification of hard to reach areas and strategy	Complete mapping of hard to reach urban population at least 2 in City Corporation and develop and implement tailored strategy	Monitoring of implementation of strategy		6 - 12 months	Hard to reach and high risk population identified and mapped in atleast 2 CC atleast 10% increase in Penta3 coverage compared to baseline data		staff salary, consultancy, workshop and monitoring	
Bangladesh	Programme Management - LMC	Leadership, management and coordination support to EPI and advisory bodies (NITAG, NVC, ICC, NCCPE, LC and others) including exposure visit outside country, develop annual EPI work plan	WHO	Conduct leadership and management training to EPI, develop EPI annual WP and support meeting of advisory committee	Leadership and management training completed, meeting conducted as per plan,	implementation of activity with evaluation, exposure visit completed		6 - 12 months	Performance indicator outlined in annual EPI work plan achieved, bi-yearly meeting of advocacy bodies held		Consultancy, management training, exposure visits and coordination	
Bangladesh	Health Information Systems (Data)	Detailed data improvement plan followed by implementation of data improvement plan including strengthening data quality to drive public health intervention through data visualization, eMIS monitoring information system, A2I, RI application that includes immunization trackers, SMS tracking system, reminders, complain and suggestion from public, data triangulation between various sources and other innovative tools	WHO	develop detailed budgeted data improvement plan		Data improvement plan fully implemented and monitored		6 - 12 months	Atleast 80% of activities implemented as per data improvement plan in given time frame		Consultancy, workshop, meetings and monitoring visit	
Bangladesh	Programme Implementation/ Coverage & Equity	Develop and implement innovative approaches for community mobilization and build ownership for full immunization including verification of full immunization and exposure visit	WHO	Conduct orientation on full immunization in selected area	Pilot innovative approaches for full immunization through community participation in 5 upazilas	Full immunization declaration in at least few upazilas		6 - 12 months	Full immunization declared in atleast 3 Upazilas with community participation and ownership		Consultancy, meeting and travel	\$ 649,490
Bangladesh	Demand Promotion & ACSM	Conduct advocacy meeting with political leaders and professional organizations (paediatric association, Lions Club International etc) and religious bodies to seek their support for achieving measles elimination goal	WHO	Conduct advocacy meeting subnational level	Professional organization actively involved in advocacy for measles elimination	Review involvement of professional organizations		6 - 12 months	Atleast 80% of advocacy meeting concluded in given timeframe		Consultancy, meeting and travel, support to PR company for advocacy	
Bangladesh	Vaccine-Specific Support	Technical support for preparation, implementation and evaluation of new vaccine introduction (Rota, HPV and others) and exposure	WHO	Preparation of application and introduction plan	Rota vaccine introduction plan implemented	Review implementation of rota and HPV application		6 - 12 months	Rota vaccine introduced into routine immunization in given time frame		Meeting, workshop, training, travel, consultancy	
Bangladesh	Health Information Systems (Data)	Technical support for vaccine safety surveillance including management of adverse event following immunization and support to NRA	WHO	Build capacity of AEFI committee and develop IEC materials on AEFI	AEFI cases reported using the software, surveillance information on AEFI available and AEFI cases investigated by Expert Review	All AEFI cases reported and investigated		6 - 12 months	At least 80% serious AEFI cases with causality assessment conducted by AEFI committee in given time frame		Meeting, field investigation, capacity building training	
Bangladesh	Health Information Systems (Data)	Technical support for JE and VPD surveillance, detail investigation of suspected measles outbreak with review of coverage and micro planning to identify disadvantaged and leftout population, develop SoP and ensure catch up vaccination	WHO	Training on JE surveillance and review/develop SoP on measles outbreak investigation	Outbreak investigation as per SoP	Review of JE surveillance data and outbreak investigation and provide recommendation for improvement		6 - 12 months	At least 80% of suspected measles outbreaks fully investigated as per SoP, At least 80% of all AES cases laboratory diagnosed in given timeframe		Training, data management, travel cost, meeting, accreditation	

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Bangladesh	Health Financing/Sustainability	Assessment of budget planning and execution for the EPI in Bangladesh: Budgeting and financial management are two key strategies to increasing the reliability of financing for the immunization program, which is currently constrained by inefficient budget processes, insufficient funds, human resource practices, and challenges transitioning from concessional financing. The proposed task will assess budget planning and execution for the EPI in Bangladesh. In addition, the activity will assess the funding of vaccines, operation and human resource costs, and challenges related to transitioning from concessional financing. Attempts will be made to identify bottlenecks in the flow of funds for routine immunization services from national to sub-national levels. The assessment will help to address barriers and inefficiencies through an action plan.	World Bank	n/a	Consultations with relevant MoH and/or MoF officials underway to understand constraints	Action plan to address budgetary process and transition inefficiencies finalized	IO2-1, IO2-2, IO4-2, IO4-3	> 1 year	Improved public financial management and ability to plan for vaccine procurement needs	Co-financing payments are on-time	Mix of staff time, consultants, 2 trips, and partial financing of a workshop (to be costshared with other sources)	\$ 200,000