

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
India	Programme Implementation/ Coverage & Equity	Strengthen immunization in 4 urban cities identified under Intensified Mission Indradhanush (IMI) but not included in HSS-2 proposal. This activity initiated with support from PEF TCA 2018 needs to be continued in 2019	WHO	Capacity-building of UPHC medical officers on RI microplanning completed	City taskforce meetings conducted atleast once per quarter in 75% identified cities	RI microplans revised in 75% cities	OI-C 6 PR-T 2.4.1 PR-T 2.4.2 PR-T 2.4.3	> 1 year	"Microplan developed/ revised in 75% of urban cities Monitoring finding used for corrective actions through task forces in 75% of urban cities"	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		
India	Health Information Systems (Data)	Deployment of one technical officer and one technical assistant to support immunization strengthening activities. These HR were supported by PEF TCA 2018 and need to be continued in 2019	WHO	Technical officer and technical assistant in place to support immunization strengthening activities	Immunization data analysed and shared with MOHFW on a monthly basis for corrective actions	Immunization data analysed and shared with MOHFW on a monthly basis for corrective actions	OI-C 1 OI-C 2 IR-T 1.1.2 PR-T 1.1.1	> 2 years / long-term	Immunization monitoring data analysed and shared to guide the program	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		
India	Health Information Systems (Data)	Strengthen RI microplanning in the state of Arunachal Pradesh through deployment of Rapid Response Team (RRT) members using lessons learnt from the MR campaign. Deployment is needed considering limited capacity at the state level to undertake this activity	WHO	Existing RI microplans of select districts reviewed to identify critical gaps	Capacity-building of programme managers to bridge the gaps in RI microplans	RI microplans updated in atleast 75% (17/22) districts	OI-C 6 PR-T 2.1.2	6 - 12 months	Improved RI coverage in state of Arunachal Pradesh (currently 38% Full Immunization Coverage) as per NFHS-4	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		\$ 618,353
India	Demand Promotion & ACSM	Strengthen data quality in the state of Karnataka, identify HRAs and low performing districts using data triangulation (surveillance and immunization data, etc.), undertake gap analysis in identified districts and develop district-specific improvement plans	WHO	Key data sources identified for data triangulation	State-level analysis completed for identification of low performing districts with critical gaps	District-specific improvement plans developed in 75% identified districts	OI-T 1 IR-C 4.1	> 1 year	HRA identified using composite indicators from surveillance and immunization data. Key gaps identified and addressed through institutional mechanism of task forces.	Countries develop and implement strategic data improvement plans with annual monitoring of implementation		
India	Demand Promotion & ACSM	District workshops for VPD surveillance. Support for state workshop is available through HSS-2, district workshop support is needed to ensure capacity-building of sub-district programme managers and fast-track availability of quality data within three months of state workshop	WHO	Identification of three states for VPD (Diphtheria, Pertussis and Neonatal Tetanus) surveillance expansion	District VPD surveillance workshops completed within three months of state VPD surveillance workshop	VPD surveillance data available from 75% districts within three months of district VPD surveillance workshop	OI-T 3 IR-T 1.2.1	6 - 12 months	Quality data on VPDs available to guide programmatic decisions	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation		

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India	Programme Implementation/ Coverage & Equity	Support the implementation and monitoring of 'Roadmap for attaining 90% FIC and sustaining thereafter' with focus on aspirational districts allocated to UNICEF	UNICEF	Stakeholder mapping and sensitization conducted in UNICEF supported aspirational districts	Capacity building of aspirational districts on use of Supportive Supervision tool for monitoring Mission Indradhanush and RI in UNICEF supported states with <70% FIC as identified under road map.	Communication and cold chain plan developed and monitored for states supported by UNICEF with <70% FIC as identified under road map.	OI-T 2 IR-T 3.1.1 IR-T 4.1.1 IR-T 4.2.1 IR-T 4.4.1	> 2 years / long-term	The immunization programme in high focus aspirational districts strengthened with improvement in coverage and quality of services.	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	Salary of six national staffs (Five Health and one C4D). 12 consultant months, incl. fee & travel.	\$ 947,492
India	Health Information Systems (Data)	Support in upgrading the online Immunization dashboard for data triangulation and decision making at National, State and District level	UNICEF	Compilation of user feedback and identification of new features based on feedback	Beta testing of new features completed	New version of immunization dashboard upgraded, developed and available for use	OI-T 2 IR-T 1.3.1 IR-T 3.4.1	6 - 12 months	Data from various sources (survey/administrative/monitoring) available under one system for effective program review and management	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	Hiring of IT agency for upgrading the system One national workshop to train states on the upgraded dashboard	
India	Vaccine-Specific Support	Support planning, cold chain assessment, media orientation and roll out of Pneumococcal and Rotavirus vaccine in identified states and documents the best practices for NVI in India	UNICEF	Cold chain assessment completed before introduction of new vaccine in identified states/districts	Strategic media engagement to address any negative news based on regular media monitoring	Documentation of best practices in introduction of new vaccine	OI-T 2 IR-T 3.1.1 IR-T 4.6.1	> 1 year	New vaccines successfully introduced as per plan	Timely introduction of vaccines	staff (one C4D, one Media and Communication and three health)	
India	Vaccine-Specific Support	Provide technical support to WHO-India with planning and supporting the post-introduction evaluations, coverage and costing studies in Sikkim State following first year of multi-cohort vaccination with dose 1 and 2 of HPV vaccine.	CDC Foundation	In-country planning meeting for evaluation of Sikkim multi-age cohort introduction. Dose 2 of vaccination in Sikkim planned for Q2 of 2019; post-introduction evaluation to be completed concurrent with Dose 2.	Report from Post-introduction evaluation (PIE) and completion of community-based coverage survey data collection.	Completion of Sikkim post-introduction evaluations = coverage and costing studies; recommendations and reports to state-level MOH.	Vaccine-specific support	> 1 year	Completion of Sikkim post-introduction evaluations of multi-age cohort state-wide vaccination; reports to MOH.	Timely introduction of vaccines	Staff time and travel	\$ 179,200
India	Vaccine-Specific Support	India has one of the highest disease burden estimates for typhoid fever in the world. Typhoid is becoming an urgent problem with rising antimicrobial resistance severely limiting treatment options. The first typhoid conjugate vaccine (TCV) introduction in world was implemented in India in 2018 in collaboration with the MOHFW, WHO-India, CDC, and other partners. We propose to continue working with WHO-India on the typhoid conjugate vaccine (TCV) project in Navi Mumbai India. We will conduct year 2 activities related to the economic evaluation (year 2 economic evaluation components - health facility costing and cost effectiveness study) to be conducted by the International Vaccine Institute (IVI) in collaboration with WHO-India, WHO-HQ and CDC. In addition, we will provide technical assistance to support the second phase of the TCV campaign in 2019 and multiple evaluation components including coverage, disease surveillance and continuous community	CDC Foundation	Develop tools and analytic plans for health facility costing and cost-effectiveness studies. Progress reports on disease surveillance and community survey and planning for phase 2 of the campaign. Final manuscript/report of the vaccine safety evaluation.	Initial report of economic evaluation including delivery costing and cost of illness. Report on implementation of the second phase of the campaign and coverage. Interim results of the disease surveillance and community survey.	Final report/manuscripts of vaccine delivery costing. Interim/preliminary reports of health facility costing and cost-effectiveness study. Final report/manuscript of vaccine coverage and interim analysis of vaccine effectiveness.		> 1 year	Country will have robust data on cost of illness, vaccine delivery costing and cost-effectiveness to help inform decisions on TCV introduction in the future. Country will have robust information on vaccine safety, implementation, coverage			
India	Vaccine-Specific Support	1. Identification of interventions which can be integrated with HPV vaccination in Sikkim and Punjab	Jhpiego	Report of the landscape and feasibility results from Sikkim and Punjab				15-Jan-20				\$ 250,000
India	Vaccine-Specific Support	2. Conduct a joint delivery of HPV vaccination and adolescent health interventions to field test and document experience in Sikkim and/or Punjab	Jhpiego		A draft integration strategy that outlines the findings from the field testing.			15-Jan-20				

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India	Vaccine-Specific Support	3. Support Sikkim in implementation of the second dose of HPV vaccine	Jhpiego	Report documenting promising practices for HPV vaccination program (that includes AEFI reporting, surveillance systems, data metrics and progress tracking) and 2nd dose implementation				15-Jan-20				
India	Vaccine-Specific Support	4. Gather experiences, lessons learned and promising practices for ensuring access to out-of-school girls (OoS) in the HPV vaccination program	Jhpiego		Report on the promising practices, learning and approaches for reaching out of school girls			15-Jan-20				
India	Vaccine-Specific Support	5. Prepare reports	Jhpiego			Submit final financial and technical reports		15-Jan-20				