

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
Lao PDR	Programme Management - Financial Management	2. EPI Team strengthened in planning, budgeting and financial monitoring processes	GFA	2.1. Continue to sensitize EPI in Budget related issues. 2.2. Continue close mentoring of Finance Manager on the elaboration of budgets, especially on budget templates provided by GAVI 2.3. Processes for budget tracking and controls are finalized 2.4. Continue to work closely on planning, budgeting and financial monitoring with EPI staff				15-Jun-19				
Lao PDR	Programme Management - Financial Management	3. Accounting (Books and records) Management improved	GFA	3.1. Continue to train new finance manager and regional finance manager in project specific guidelines 3.2. Close monitoring in the use of the automated accounting system , data entry quality, reporting 3.3. Review the implementation of audit recommendation				15-Jun-19				\$ 74,090
Lao PDR	Programme Management - Financial Management	4. Fixed Asset Management improved	GFA	4.1. In conjunction with MCHC design and update the fixed asset register (FAR) both at central and sub-national level				15-Jun-19				
Lao PDR	Programme Management - Financial Management	5. External audit process strengthened	GFA	5.2. Review the implementation				15-Jun-19				
Lao PDR	Programme Management - Financial Management	6. Archiving at EPI level	GFA	6.1. Continue to ensure accounting and supporting documents are retained over the lifetime of the grant and for a sufficient and specified time afterwards. Archiving policy in place.				15-Jun-19				
Lao PDR	Programme Management - Financial Management	8. Coordination with partners	GFA	8.1. Liaison with partners on budgets, expenditure reporting and general project progress				15-Jun-19				
Lao PDR	Programme Management - Financial Management	9. Financial management capacities in the provinces	GFA	9.1 Ensure provincial budget proposals are well aligned with the central work plan and overall 2 years budget 9.4 Ongoing training in the provinces				15-Jun-19				
Lao PDR	Policy & Regulatory Environment	Support to the National Immunization Programme to disseminate newly passed Immunization Law	Sabin	Final report submitted from mission to support dissemination of Immunization Law				31-Mar-20				\$ 3,470

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Lao PDR	Supply Chain & Procurement	1) Provide technical support for immunisation programme with emphasis on building capacity of national MOH and NIP in forecasting, planning, monitoring, and procurement of vaccines and logistics; 2) Implement Effective Vaccine and cold chain Management (EVM and CCEOP); 3) Support implementation of the National comprehensive multiple year immunisation strategic plan, including cold chain deployment, communication for immunisation plans	UNICEF	Ensure all milestones for UNICEF as identified in the TCA proposed is achieved including: 1) Gavi-co-financing vaccines cost-estimates are provided to the NIP/MOH; 2) Funding of Gavi-co-financing facilitated; 3) Microplans on immunisation nationwide implemented; 4) Routine vaccines are available with no stock out;	1) Vaccines and cold chain logistics forecasting and costing done; 2) Procurement of vaccines and supplies as per the shipment plan. 3) No stock out of vaccines at the central level. 4) Integrated microplan guidelines in use by RI low performing targeted districts. 5) EVM improvement plan implemented.	CCEOP plan implemented	Technical assistance provided to MoH and NIP counterparts, Gavi supported activities are coordinated and implemented	24 months	1) Cold chain and vaccine forecasting and planning implemented; 2) EVM improvement plan in use at all levels of health system; 3) Web-based vaccine supply management system in place and functioning at central and sub national levels; 4) Formative supervision supported, monitoring to increase coverage and demand for immunization services with focus on equity and multi dose vaccines; 5) Introduction of new vaccines including HPV and Rota; 6) Implementation of quality SIAs and outbreak response supported.		UNICEF Laos P3 100% and 1 NOB already in place	
LAO PDR	Supply Chain & Procurement	Technical support in implementation of EVM improvement plan: policies and procedures, training on cold chain maintenance, vaccine management; provision of equipment and infrastructure, distribution, logistics information management system.	UNICEF	1) Operations development plan (ODP) for CCEOP finalized and submitted to UNICEF SD; 2) Purchase orders CCEOP equipment are in place and ODP service contracts are issued	1) 5 Cold chain maintenance hubs are in place; 2) SOPs developed for supply chain management and implemented		CCEOP Deployment plan finalized and implemented	18 months	Supply chain and vaccine management upgraded according to CCEOP; cold rooms are operational and well maintained	Countries report in-country stocks of Gavi-supported vaccines, and reporting is consistent with the PFA and guidelines communicated from Gavi to countries to inform and improve forecast	1 International consultant 6 months; 1 National consultant 12 months	
LAO PDR	Programme Implementation/ Coverage & Equity	Technical support to improve community capacity for evidence-based planning, budgeting, supervision and monitoring integrated immunization interventions following the District-Community Health Strengthening approach, as part of the implementation of the Gavi assisted Health System Strengthening programme: 1) At community level, create demand for and ensure the provision of essential quality integrated services; influence social norms or barriers that deny the rights of children and women to access care, and related behaviors; 2) Improve accountability of local health and community leaders in the key determinants of health and for health outcomes; 3) Provide overall guidance and TA support to MOH partners on the Gavi-assisted HSS programme.	UNICEF	1) Immunisation services fully integrated into community health workplans, where Community based action plans for health are being implemented as part of CPD 2017-2021; 2) Capacity of District Health Management Team in 4 provinces above to use data to inform planning, decision making and monitoring strengthened; 3) Community inputs	1) Immunisation services fully integrated into community health workplans, where Community based action plans for health are being implemented as part of CPD 2017-2021; 2) Functional coordination, reviews and feedback loops exist between the health system and communities; 3) Implementation of revised communication action plan	1) Immunisation services fully integrated into community health workplans, where Community based action plans for health are being implemented as part of CPD 2017-2021; 2) Functional coordination, reviews and feedback loops exist between the health system and communities; 3) Culturally appropriate communication, trust of Non-Lao ethnic groups, easier and greater communication with the	Functional coordination, reviews and feedback loops exist between the health system and communities. Implementation of revised communication action plan.	24 months	DHSS activities anchored and routine immunization services fully integrated in health system strengthening; and aligned with the National RMNCH strategy 2016-2025	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	1 International TA/ fixed term P4 100%	
LAO PDR	Demand Promotion & ACSM	Technical assistance to support the implementation Communication for Immunization Strategic Plan, including targeted advocacy meetings, engagement and capacity development of *NMC/PCMC/DCMC and mass organizations to address ethnic and demand side barriers, including vaccine hesitancy to immunization targeting health managers and providers, production/ reproduction of audio-video materials. *NMC = National Communication Management Committee PCMC = Provincial Communication Management Committee DCMC = District Communication Management Committee	UNICEF	1) Revised comprehensive communication strategy and action plan with costing in place, including for the introduction of HPV and Rota vaccines; 2) PCMC (18 provinces) and DCMC (148 districts) advocacy meetings conducted at provincial and district levels; 3) IPC training materials and tools developed.	1) Scale up interpersonal communication training for health staff, volunteers of LWU/LFD and village chiefs; 2) Developed capacity for the mass organizations (LWU, LFNC and media) 3) IPC training completed in 20 districts located in 7 provinces.	1) Culturally appropriate communication, trust of Non-Lao ethnic groups in majority's concern for diversity, and easier and greater communication with the Non-Lao ethnic groups	Increase number of health staff, community volunteers trained in interpersonal communication; increase participation of ethnic groups in immunization activities and implementation of updated Communication for immunization strategic plan 2015-2020	12 months	1) Increased capacity of health staff, community volunteers in interpersonal communication on immunization; 2) Increased participation of ethnic groups in immunization activities; 3) Implementation of updated Communication for Immunization Strategic Plan 2015-2020	Countries conduct barrier and enabler assessments for vaccines and vaccination services that include the perspective of end users, relevant community stakeholders and front-line providers as appropriate	1 International consultancy for 4 months; 1 national consultancies for 12 months	\$ 611,280

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LAO PDR	Demand Promotion & ACSM	Use of technological innovation in communication methods in targeted provinces to support supervision and monitoring, and communication for immunization.	UNICEF	Use of technological innovation such as Interactive Voice Recognition (IVR) in communication for immunization activities expanded from 4 to 10 districts	1) Scale up use of the IVR platform and other innovations to deliver customized immunization messages to ethnic groups; 2) Communication materials reproduced (Flip chart, poster, cartoons, standing banner, involve TV, radio) and used nationwide.		Use of new communication platforms and innovations to deliver customized immunization messages to ethnic groups.	12 months	Use of new communication platforms and innovations to deliver customized immunization messages to ethnic groups expanded and implemented, increased use of mobile as M-Health medium, mass dispersion of immunisation messages		1 International consultancy for 4 months; 1 Local consultancy for 12 months	
LAO PDR	Programme Implementation/ Coverage & Equity	Technical assistance to conduct a Secondary analysis of the Lao Social Indicator Survey (LSIS2) 2017 to further determine influence of social indicator deprivations on immunisation and MNCH results.	UNICEF	Multiple deprivation analysis of results and report related to child immunization, non vaccination, access and utilization of services by geographic area, ethnicity, mothers' education are available.			MODA analysis of LSIS2 results completed with information on disparities (geographical locaton, access, utilization, ethnicity, provincial disparities, multiple injections) affect full immunization of children.	6 months	MODA report available and recommendations addressed	Immunisation data, including monthly data on coverage at district or equivalent level, is tracked at central/province level and used to guide programme decisions, including prompt pro-active actions taken to address significant declines or lack of improvement in coverage	1 International consultancy for technical analysis of LSIS-2 Results	
Lao PDR	Vaccine-Specific Support	Provide technical assistance to MOH and WHO-CO in planning nationwide HPV vaccine introduction. Support WHO with planning and leading in-country stakeholder meetings on micro-planning and communication, based on lessons learned from surrounding country demonstration projects, other national introductions and lessons from Lao PDR demonstration project. Plan for evaluation of national HPV vaccine introduction.	CDC Foundation	Introductory visit for microplanning and reviewing workplan scheduled for Q1 2019. Planning and supporting subsequent stakeholder meeting in Lao PDR on HPV national introduction and implementation; discuss micro-planning and communication strategies.	Introduction of HPV vaccine in Q4 of 2019; tentative report on dose 1 implementation.	Dose 2 of multi-age cohort vaccination scheduled for Q2 of 2020; tentative report on dose 2 implementation. Conduct PIE in conjunction with Dose 2 delivery.	IR 1.6.1, D 1.6 Vaccine-specific support	> 1 year	Completion of Lao PDR multi-age cohort vaccination in schools; completion of post-introduction evaluation.	Timely introduction of vaccines	Staff time and travel (\$10,000 /person-trip)	\$ 56,000
Lao PDR	Health Information Systems (Data)	DATA QUALITY - (1) sustain and expand sub-national support on immunization and VPD surveillance data quality; (2) Support NIP to conduct high-standard quality data quality self-assessment (DQA), one per quarter	WHO	2 provincial DQA completed	2 provincial DQA completed		IR-T 10; OI-C 2.1/2.2/2.4	Jan-Dec	Overall outcome: improved data quality. Specific Outcome: 1) ISDS activity sustained/expanded in the existing 6 provinces and 4 additional provinces 2) 4 round of DQAs	Countries have subnational data available on vaccination coverage and other immunization topics; Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	6 Lao programme assistants to provide Subnational TA providing on-the-job mentoring and training for district EPI managers, surveillance managers and data officers	
Lao PDR	Health Information Systems (Data)	HMIS - (1) Revision of data recording and reporting tools, development and roll-out of data management SOP and relevant job aides; (2) Improve use of data for decision-making especially as through DHIS2 roll-out and introduction of EPI monitoring dashboards	WHO	Data management SOP is finalized and shared with provinces and districts; All 18 provinces are using DHIS2 EPI dashboard to inform decision-making	Revised EPI recording and reporting forms are available (ie to include HPV, RVV, etc)		IR-C 4.1	Jan-Dec	Overall outcome: is improved data quality Specific outcome: 1) Revised/Updated EPI recording and reporting tools 2) Final version SOP/Job aid 3) Standard and quality EPI dashboard on DHIS2 system	Countries have adequate population estimates for immunization program planning and management and calculating administrative vaccination coverage; Countries have subnational data available on vaccination coverage and other immunization topics	9 months data quality specialist STC; training on data management SOP; development of job aides to support use of data tools at lowest levels	

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Lao PDR	Health Information Systems (Data)	Feasibility study for electronic immunization/health registry (eHR/eIR) including possibility of SMS reminders for parents/caregivers	WHO		Current use of DHIS2 tracker is documented and assessment of application for EPI is available including detailed workplan for implementing eHR/eIR and SMS reminder for NIP			July-Dec	recommendation on breadth and scope of eHR/eIR; recommendation on implementation of SMS reminder system		2 months STC	
Lao PDR	Health Information Systems (Data)	Vaccine safety and security - strengthening AEFI reporting and management; Address vaccine hesitancy and safety concerns especially among high-risk populations	WHO	Sub-national training on AEFI and ADR is completed	Provincial and national AEFI committees are equipped to address vaccine hesitancy and safety concerns especially among high-risk populations			Jan- Dec	EPI staff (national and subnational), NITAG members, NRA staff are trained to address vaccine safety and vaccine hesitancy issues, generating increased public demand for immunization	Adverse events following immunization are reported to allow detection of vaccine safety problems	NEW 30% of NPO NOA	
Lao PDR	Vaccine-Specific Support	Technical support to introduce HPV in 2019, switch MR presentations in 2019, and prepare for introduction of rotavirus vaccine in 2020; Technical assistance in the planning, implementation, and evaluation of MR SIA	WHO	Updated HPV introduction workplan is agreed between MOE& MOH and available	First dose of HPV administered in 5th graders as well as MAC in 6-9th graders; NITAG has updated its advice on rotavirus vaccine based on latest supply availability information	Second dose of HPV administered in 5th graders as well as MAC in 6-9th graders	OI-C 1.6/2.6	Jan- Dec	Successful introduction of HPV in 2019; MR5 dose vial is smoothly rolled-out nationwide; NIP is well prepared to introduce RVV in 2020; High coverage achieved in U5 MR SIA; population immunity is increased and confirmed cases of MR are eliminated	Timely introduction of vaccines; 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	internationnal consultant for 10 months across Jan-Dec 2019; TORs available and currently advertised	\$ 614,084
Lao PDR	Programme Management - General	Technical support and capacity building on LMC, governance, programme management including support to HSS workplan implementation from WHO CO; 50%P4; 100% NPO (NOB);	WHO	NIP annual workplan is available	at least 2 ICC meetings have been convened and minutes are available			Jan- Dec	NIP capacity is reinforced so that the programme achieves objectives, HSS activities are implemented on time; NVIs are well planned and executed, governance mechanism like ICC are high-functioning including related TWG	Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity; Country coordination fora (e.g. ICC or equivalent body) demonstrate functioning oversight and coordination of EPI programmes with quarterly meetings	50%P4; 100% NPO/NOB	
Lao PDR	Programme Implementation/ Coverage & Equity	Support programme supervision and monitoring at lowest levels; Review existing tools and develop simple supervisory tools for supportive supervision (basis is microplanning supervisory check list); Develop problem solving capacity among supervisors based on use of checklists during monitoring/supervision; Use of job aids to improve capacity at health centre level to deliver quality MCH services	WHO	Revised supervision guidelines are available for field testing	Supportive supervision tools are available and district staff are trained to use checklists during supervisory visits		OI-C 1.1/1.2/1.3/1.4/1.5; IR-T 5/6/7	Jan- Dec	Strengthening the quality of delivery of MCH/EPI services at health centres to encourage fixed site use.		International STC for approx 2 weeks per quarter; monthly trips to province; printing of job aids (for approximately 1200 health facilities); NEW 35% of NPO NOA	
Lao PDR	Programme Implementation/ Coverage & Equity	In line with HSS workplan, support NIP in implementation of HSS activities related to developing stronger linkages between health system and communities; Support 6 provinces to implement quarterly community meetings (QCM) between HFs and the communities they serve; Monitor reports and data output from each health centre through districts to NIP; Revise and finalize the microplanning guidelines to include simple guide for quarterly community meetings (QCM), Monitoring and action on MCH and immunization data provided by QCM, Backpack outreach guide	WHO	Guide for conducting QCM is available; Revised microplan guidelines are approved	QCM guide has been distributed to 6 provinces; Revised microplan guidelines disseminated at microplanning training; Qualitative evaluation of MCH/EPI backpack is completed		OI-C 1.1/1.2/1.3/1.4/1.5; IR-C 1.1/1.2; OI-T 4/5/6/7	Jan- Dec	MCH/EPI data from QCM to encourage better use of fixed site MCH services; un/under-vaccinated children are identified and vaccinated	Countries implement and monitor evidence-based demand promotion strategies as part of their Annual EPI Operational Plan	International STC for approx 2 weeks per quarter; printing of QCM guide and revised microplan; NEW 35% of NPO/NOA	
Lao PDR	Health Financing/Sustainability	Support development of Health Financing Strategy (HFS) 2021-2025 building on the cMYP	WHO		HFS 2021-2025 accurately reflects immunization programme transition financial requirements (vaccine procurement, service delivery)		IR-C 5.0; IR-T 3	Jan- Dec	Co-financing payments are on-time; Countries demonstrate an increase in investment and expenditure in routine immunization per child; Countries demonstrate an increase in investment and expenditure in routine immunization per child	Co-financing payments are on-time; Countries demonstrate an increase in investment and expenditure in routine immunization per child; Countries demonstrate an increase in investment and expenditure in routine immunization per child	1 international STC for 8 weeks to support translation of projected immunization programme costs into HFS and EHSP prioritization	

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Lao PDR	Transition	Continued TA to HGNDP and HANSA design and implementation, specially on the new performance scorecard and immunization elements therein	World Bank	Plan for TA developed	HANSA performance scorecard includes Immunization performance indicators		WBG Monitoring Framework Indicator IO3-6: WBG project designed to increase quality of service delivery, including immunization	> 1 year	Improved quality of service delivery including immunization		Much of this activity will include staff time with some domestic travel and a few trainings	
Lao PDR	Health Financing/Sustainability	HC and ESP costing to include focus on EPI- facility level and outreach costing	World Bank	Plan for costing study developed	Early results of costing study available Report/update on status of integration and capacity building for integration of information systems	Continued progress in immunization DLIs under HGNDP as confirmed from the independent verification report	WBG Monitoring Framework Indicator IO1-5: government budget informed by WBG analytics and TA	> 1 year	Improved understanding of service delivery costs result in more accurate budgets and plans for primary health care		Costing study will mainly be done by a level 3 consultant, with inputs, review and dialogue from staff and some domestic travel	
Lao PDR	Transition	TA for SOPs to continue support for information system integration with DHIS2, and improvements in quality of data entry	World Bank	Plan for TA developed	Technical assistance for integration of DHIS2 provided	High reliability of immunization data reported through DHIS2 as per independent verification report.	WBG Monitoring Framework Indicator IO4-6: WBG project designed to increase integration of immunization service delivery, outreach, supervision and other immunization-specific interventions	> 1 year	Increased capacity of government to take on key immunization program functions in sustainable way		Bulk of costs are workshops and staff time	\$ 200,000
Lao PDR	Transition	Analytical work on status of Direct Event Capture and its MCH and EPI potential	World Bank	Terms of reference for Direct Event capture developed	Analytics drafted to understand the status of Direct Event capture	Final analytics discussed and disseminated, outlining the status of Direct Event capture	WBG Monitoring Framework Indicator IO4-6: WBG project designed to increase integration of immunization service delivery, outreach, supervision and other immunization-specific interventions	> 1 year	Increased capacity of government to take on key immunization program functions in sustainable way		Bulk of cost is consultant time	
Lao PDR	Transition	Capacity building of national level staff -making sure they understand data entry and analysis	World Bank	Terms of reference for Direct Event capture developed	Trainings held on data entry and analysis	Training assessment conducted showing increase from baseline	WBG Monitoring Framework Indicator IO4-4: increased integration of immunization data in HMIS	> 1 year	Increased capacity of government to monitor performance of primary health care program		Bulk of cost is workshop, jointly covered with other WBG sources	