

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
Myanmar	Demand Promotion & ACSM	Technical assistance in development of communication prototypes for MR campaign and Rotavirus vaccine introduction	UNICEF		Communication prototypes for MR campaign pretested & developed	Communication prototypes for Rota Vaccine pretested & developed	OI-C 1.5 IR-C 1.5.1	> 1 year	MR campaign conducted with 95% coverage and Rota vaccine successful introduced into Routine Immunization	Countries implement and monitor evidence-based demand promotion strategies as part of their Annual EPI Operational Plan	a) Staff cost including 1 NOB_C4D (100%) and 1 NOC_Health Specialist (70%) for sub-national support b) Travel cost for field monitoring b) stakeholder workshop, consultative meeting and pilot testing.	
Myanmar	Health Information Systems (Data)	Technical assistance in MR campaign implementation (Nov and Dec 2019): RCA Monitoring using mobile technology and feedbacks provision to campaign implementation at National and Sub-National level	UNICEF			Real time analysis and feed back of monitoring result lead to achieve 95% MR campaign coverage	OI-C 4.4.2 IR-C 1.4.4	6 - 12 months	MR campaign conducted with 95% coverage and RCA results available to identify areas requires special intervention	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	a) The proposed budget cover the orientation workshop , travel cost for all the independent monitors from UNICEF, HQ,RO and Field Offices	
Myanmar	Supply Chain & Procurement	Consultative workshop on Effective vaccine management Assessment (EVMA) and dissemination workshop on the EVMA results and continuous improvement plan . This requires regular follow up on the implementation of IP at National/Sub-National Level.	UNICEF		Consultative workshop on EVMA conducted	EVM Assessment results available showing improvement in composite score	IR-C 3.0	6 - 12 months	EVMA and Improvement plan was endorsed by NLWGs, and the implementation is accelerated by addressing the problems or obstacles.	National Logistics Working Groups (NLWGs) review vaccine stocks at central and subnational levels (e.g. to districts) on a regular basis (e.g. monthly, quarterly), identify priority actions, and address problems	a) Staff cost including 1 NOC_Health Specialist (HSS) (100%), 1 NOC_Health Specialist (70%) for sub-national support. b) The proposed budget cover the costs associated with consultative meeting and dissemination workshop of NLWGs, Sub-national EPI focal person, and cold chain key persons.	
Myanmar	Supply Chain & Procurement	Technical assistance in operationalization of Cold Chain Equipment Optimization (CCEOP) implementation and monitoring ( Second year)	UNICEF			at least 90% of cold chain equipment installed as per CCEOP Deployment plan.	IR- T8 IR- C 6.0.2	> 1 year	Cold Chain Systems with temperature monitoring devices strengthened and expanded to address existing gaps in coverage and equity.	National Logistics Working Groups (NLWGs) review vaccine stocks at central and subnational levels (e.g. to districts) on a regular basis (e.g. monthly, quarterly), identify priority actions, and address problems	a) Staff cost including 1NOB_HO (100%) for leading EVM and long term support for CCEOP; to support planning and forecasting; b) Travel cost for Project Management Team, UNICEF and cEPI staff to regular monitor the ODP status and conduct regular team meetings as per CCEOP standard guidelines.	\$ 1,165,611
Myanmar	Health Information Systems (Data)	Technical Assistance to implementation of Use of Geospatial data and Technologies for EPI microplanning, monitoring of GIS project & Assessment in pilot area ( Yangon )	UNICEF	Health facility microplanning basemap are available in Yangon Region		GIS assessment guide the national scale up plan is being used.	Tailored indicator	> 1 year	GIS based EPI microplanning and monitoring is strengthened and addressed through effective intervention or special strategy for the low coverage communities especially peri-urban, slum, migratory population, geographically and socially hard to reach and conflict areas.	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	a) Staff cost including 1 NOC_Health Specialist (50%) a) dissemination workshop, b) travel cost for the MOHS facilitators and consultant c) Consultancy fee for GIS assessor	

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Myanmar	Supply Chain & Procurement	Capacity building of Central Cold Room Cold Chain Key Persons and pool of cold chain training facilitators as well as development of globally used job aids adopted as per country needs for improving supply chain management	UNICEF	Standardized job aids developed for primary and secondary cold chain stores		Training manual for cold chain key persons updated & 80% of townships received training on vaccine logisitcs management.	PR-T 30	> 1 year	Strengthened capacity of CEPI staff in key areas immunization supply chain management Globally used job aids adopted as per country needs for improving supply chain management Cold Chain and Vaccine Management practices including ISCM improved at central and secondary cold chain stores	Vaccine wastage rate reduced	a) Staff cost (1 NOC _ supply chain (100%) and 1 P4_ Immunization Manager (50%) b) consultancy fee c) training cost d) development and printing of simplified JOB aids, training manuals,etc.	
Myanmar	Programme Management - Financial Management	Support CEPI and MOHS in developing Financial Management Improvement Plan , based on the key findings from the Programme Capacity Assessment (PCA), Programme Audit and implementing aiming at improving financial management capacity at central, State/Region and Township Level.	UNICEF		Financial Management Improvement Plan is developed.		Tailored indicator	> 1 year	Improved financial management at central, State/Region and Township level based on MOHS, UNICEF and Gavi assurance expectation and requirements.	Funds are managed in a transparent and accountable manner and donated funds are used for the intended purpose	a) Staff Cost (1NOB Project officer (FM) (20%) - to support capacity building in budgeting and financial management; support in developing and implementation of financial management improvement plans as well implementation of recommendation from Gavi Programme audit, spot checks  b) Financial management consulting firm to provide technical support in developing financial	
Myanmar	Programme Implementation/ Coverage & Equity	Develop, conduct and implement specific strategic plan for reaching hard to reach, migratory, peri-urban and conflict area and under performing townships.	WHO		1. Capacity Building on immunization and VPD surveillance to BHS at all level conducted. 2. Annual operational plan for all townships developed and review meetings especially at priority townships conducted. 3. AEFI surveillance, case investigation and VPD outbreak investigation conducted. 4 Follow up of the recommendations of EPI and surveillance review 2016 and Joint Appraisal	1. Cross boarder meetings conducted. 2. AEFI review meeting and committee meetings at central level conducted. 3. Quality of hospital immunization clinics at 98 hospitals ensured. 4. National EPI is assited to monitor the coverage of townships and appropriate actions taken to fill the gaps 5. All townships have operational annual workplan with identification of	OI-C 1.1, OI-C 1.2, OI-C 1.4.2, OI-C 1.9	6 - 12 months	1. Increased coverage of (penta 3) among hard to reach, ethnic and marginalized community, peri-urban, rural slum, migratory and conflict areas among prioritized townships identified during joint appraisal 2018. 2. Enhanced cross border collaborative activities (eg; Thailand Myanmar, India Myanmar). 3. Improved surveillance indicators at the national and sub national level.	Identification of under-served populations with low immunization coverage	40% of an international staff (TO EPI ) and natinal staffs (NPO/NTO) and Executive assistant (Data) in the country office, travel of country staffs (WCO) to regional meetings and workshops, in country TA. RO/HQ staff travel to provide technical support to the country	
Myanmar	Health Information Systems (Data)	Technical support for improvement of data quality	WHO		1. Data Quality self-assessment conducted. 2. Data Quality Review Meetings at central and State/Regional level conducted. 3. Implementation of data quality improvement plan supported.	Recommendation of DQIP implemented.	OI-C2.1, OI-C 2.2, OI-C 2.4, OI-C 6.1.1, OI-C 6.1.2	6 - 12 months	1. Quality EPI coverage data and useful for documented costed microplaning at all levels 2. Ensure avaiability of costed micro plan at all levels 3. Improved denominators available at all levels	Development of strategic data quality improvement plans with annual monitoring of implementation and conduct a high quality survey in the past five years	20% of an international staff and natinal staffs (NPO/NTO) and 50% of Excecutive assistant Data in the country, travel of country staffs (WCO) to regional meetings and workshops, in country TA. RO/HQ staff travel to provide technical support to the country	



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Myanmar	Vaccine-Specific Support	Implementation of MR follow up campaign and preparatory activities for rota and HPV introduction	WHO		1. MR follow up campaign implemented. 2. Technical support for MR follow up campaign provided. 3. Preparatory activities for Rota introduction assisted. 4. Nation wide EPI coverage survey conducted	1. Rota Vaccine introduction completed 2. Preparatory activities for HPV introduction completed.	OI-C 1.5, OI-C 4.4.2	6 - 12 months	MR follow up campaign implemented and achieved targeted coverage (95%) at sub national level Rota virus vaccine is introduced	Measles SIAs undertaken with adequate planning and preparation	30% of an international staff and national staffs (NPO/NTO) in the country, travel of country staffs (WCO) to regional meetings and workshops, in country TA. National consultant as Measles and Rubella focal point recruited for a year to provide technical support to the MR SIA and surveillance strengthening activities. Precampaign readiness assessment conducted by independent parties (partners, universities etc)	\$ 496,159
Myanmar	Vaccine-Specific Support	Support for invasive bacterial diseases (IBD) and Rota Surveillance.	WHO		On-going Rota virus intussusception study.	On-going Rota virus intussusception study.	NA	> 1 year	Enhance Rota and IBD surveillance system in country	Appropriate and timely VPD surveillance data is available for - Timely identification of outbreaks - Inform new vaccine introductions - Evaluate and monitor impact of vaccination	Capacity building, training, quality assurance 10% of an international staff and national staffs (NPO/NTO) in the country, travel of country staff (WCO) to regional meetings and workshops, in country TA. National consultant recruitment to provide technical support to the country.	
Myanmar	Vaccine-Specific Support	1 CDC staff to provide TA for 21 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 sub-districts 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	\$ 10,000
Myanmar	Vaccine-Specific Support	Provide technical assistance to Myanmar in planning nationwide HPV vaccine implementation. Support WHO with planning and leading in-country stakeholder meetings for implementation planning, based on lessons learned from other HPV vaccine national introductions.	CDC Foundation	Initial planning discussions with WHO and UNICEF country offices following Gavi approval	In-country planning meetings for 2020 implementation planning	Routine meeting reports and launch timeline activity report		> 1 year	Country will have timely preparation for HPV introduction and vaccination launch in 2020.			\$ 43,680
Myanmar	Programme Management - Financial Management	Capacity building for public financial management reforms, including resource allocation and budgeting.	World Bank	Review of recent analytical work to identify key bottlenecks and gaps in information	Roadmap for PFM reforms for health service delivery discussed with the government	Roadmap for PFM reforms agreed upon with the government and activities initiated (details to be determined)	From WBG monitoring framework: IO2-1: increased government understanding of opportunities to more efficient resource allocation; IO2-2: increased government understanding of opportunities to improve timelines, predictability and accountability of resource flows IO2-5: TA provided to	> 1 year	More adequate and predictable funding for operational expenditures at subnational level	Funds are managed in a transparent and accountable manner and donated funds are used for the intended purpose	Cost of H-level and G-level staff members; 1 consultant; travel	\$ 200,000

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Myanmar	Health Financing/Sustainability	Myanmar faces many challenges in mobilizing adequate resources for health and ensuring those resources are allocated in an efficient and predictable manner to allow the delivery of high-quality essential health services, including immunization. While vaccines are financed centrally, ensuring those vaccines reach children requires adequate funds to be available at the service delivery level to finance primary health care services, including outreach and mobile services, where the majority of routine vaccines are delivered. The HFSA and immunization financing assessment in Myanmar revealed major constraints in financing at the service delivery level: while inputs such as health care workers salaries are paid, funding for operational expenses is often not available. This lack of funding at the operational level is in itself an area of inefficiency and leads to poor service readiness and poor health outcomes. For example, the HFSA found that less than 50% of facilities met the	World Bank					> 1 year		Countries have subnational data available on vaccination coverage and other immunization topics		\$ 200,000
Myanmar	Programme Management - LMC	Develop framework and Terms of Reference ("ToRs") of the Programme Performance Monitoring Unit ("PPMU"), including its staffing, logistics, and related costings.	MMGH	Final roadmap, action plan and implementation timeline, including Gavi and other stakeholders inputs				31-Jan-19				\$ 44,391