| | | | | Milestones | | | GPF indicator code | | | |
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| Country | Programmatic Area | Activity | Partner | Jun-20 | Nov-20 | Jun-21 | If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked | Expected Outcome | TOTAL | |
| Papua New Guinea | Programme Implementation/Coverage & Equity | Longer-term technical assistance to NDOH and PHAs to improve overall coordination and management of national immunisation programme: i) Strategic planning, programme design and development; iii) Technical support to national EPI team to improve programme coordination mechanism e.g. ICC, NLWG, CCEOP PMT iii) Vaccins forecasting, procurement and mamangament; iv) Cold chain systems strengthening; v) Equity-focused immunization planning and implementation for the marginalised and underserved population; v) Technical capacity building for NDOH and PHA in intensifying supportive supervision and monitoring of immunization services at sub-national levels. | UNICEF | Vaccine pre-financing solution action plan dratted. Immunization programme in Immunization programme EPI team through revision of ICC TOR and one ICC meeting completed. Improved skill of national EPI team in monitoring of immunization reporting and timely development of the Joint Reporting Form | EPI team is improved for vaccine forecasting and 2021 forecast completed and submitted to SD- CPH. vi) National level EPI programme | Detailed PNG Immunisation Road- Map 2021-2025 developed, finalised and endorsed. | | Proramme planning, management and coordination of EPI programme of national department of health authorities improved focusing coverage and equity in immunization. | | |
| Papua New Guinea | Programme Implementation/Coverage & Equity | Technical support to implement equity-focused immunisation programmes: 1) Update immunisation coverage and equity status 2020 using NHIS data on coverage, cold chain inventor, HR status, and outreach activities to identify most deprived rural districts and urban areas. ii) Assist PHA to develop 2PI microplan focusing the hard to reach communities are captured. iii) Assist PHA in technical skill building of the district and health hotify managers and health workers on immunization service delivery in association with WHO and other immunization support providers. v) Intensify supportive supervision, monitoring and mentoring of mid level and service delivery level immunization managers. | UNICEF | i) Immunisation coverage and equity analysis updated and the most unreached and underseed population/community identified and action plated and underseed to improve the equity in immunization. In practice training supported, facilitated and completed in two provinces in association with other partners. | iii) At least four unreached/ underserved urban settlement and rural districts/LLGs implemented coverage and equity initiative to reach 80% of the never vaccinated children with three doese of each of the Penta, PCV, OPV and MR vaccines in non PPF provinces. in susported in 4 provinces in association with PHA, WHO and PPF ISP partners | Plan developed to reach out most porty covered geographical areas based on 2020 coverage analysis. | | Improved capacity of NDOH and PHA/PHOs on equity-focused immunisation programming integrated into national immunisation programme. | | |
| Papua New Guinea | Demand Promotion & ACSM | Longer-term technical assistance to NDOH & provincial Health Promotion Units and EPI Units to coordinate the planning, designing and monitoring the implementation of Advocacy, Communication and Social Mobilisation (ACSM) interventions for national immunisation programme: i) Technical support to develop and oil out the implementation of ACSM strategic plan; ii) Technical support to AcVGSM institutional capacity building of health promotion units at national and provincial levels; iii) Support to strenthen advocacy and demend genenation activities for immunisation services. | UNICEF | Immunisation ACSM Strategic plan developed One National and 2 provincial high level advocacy meeting for immunization programme held | *iii) At least two Provinces will have Province-specific ACSM plans (based on the National Strategy) in place with specific interventions to build demand for RI services and clear plan to invest available resources to strengthen these services through engagement of decision makers, leaders, and other partners. iv) 4 provincian light level advocacy meeting for immunization regramm held. v) One national level training completed on capacity building of all province health promotion differes on immunization demand generation and scial mobilization.* | A strategic and operational guideline on advocacy and leveraging of resources for immunisation developed based on the experience and evidence on implementing the national and provincial advocacy meetings and partnerships events. | | Proramme planning, management and coordination of awareness building for EPI programme of national department of health and provincial health authorities improved. | \$ 1,309,306.68 | |

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| Papua New Guinea | Demand Promotion & ACSM | Technical assistance to Health Promotion Unit in NDOH and Health Promotion officers in PHA to coordinate the planning, designing and monitoring the implementation of Advocacy, Communication and Social Mobilisation (ACSM) interventions for immunisation programme: i) Support Health promotion branch to develop and filed test communication message for immunization demand generation; ii) Technical support to national health promotion branch to develop technical capacity of provincial health promotion officers; ii) Support rational and provincial health promotion office to develop IEC materials for immunization programme; iii) Support provinces to strenthen immunization advocacy and demend generation skill among the district and health facility staffs. | UNICEF | Training of district and HF staffs for IPO skill development and immunization awareness building conducted in two provinces in association with other partners | ii) Immunisation ACSM training materials for national and provincial Health Promotion Officers developed. iii) IEC materials for immunization demand generation and social mobilization activities designed and developed. | A flip chart developed for immunization awareness building in communities, to be used by the health facility stafs during community outreach sessions and a health facility sessions. | Improved capacity of the health promotion staffs at national and provincial offices and health facility worknes on social mobilization for immunization. | |
| Papua New Guinea | Supply Chain & Procurement | Support NDOH Health Facility Standard Branch, National Immunisation Programme, provincial health authorities and immunisation stakeholders on strengthening immunisation Supply Chain and Logistics Management (ISCM): i) Technical assistance to implement the CCEOP-ODP and PSR-ISCM activities including distribution, installation & Commissioning of CCEs at health Intellities in provinces, monitoring the functionality of the equipment guided by the CCEOP Project Management Team (PMT), capacity building and mentoring of the biomedical technicians on CCE maintenance in the provinces; ii) Effective functioning of National Logistics Working Group (NLWG) to guide and monitor the implementation of the immunisation supply chain logistics management (ISCLM) and strengtheing the ISCLM systems; iii) Technical assistance to ensure Effective Vaccine Management (EVM) at all levels of supply chain and develop semi-annual Cold Chain Equipment (CCE) inventory; iv) Pichnical assistance to procurement services of vaccines, cold chain and other immunisation supplies. y) Monitoring ISCM data management guided by the newly developed SOPs to the overall supply chain reform agenda of the heatman, and wastage. vi) Ontribute to the overall supply chain low and high atrm, stock management, and wastage. N) Ontribute to the overall supply chain reform agenda of the heatth sector guided by the the ISCM HR/Data assessment recommendations. | UNICEF | SOPs on vaccine stock data management for national, provincial and district level developed. CCE inventory updating process developed and semiannual CCE inventory available. Monitoring plan for CCEOP implementation developed. | iv) Monitoring report for CCEOP implementation developed. v) Technical capacity building of provincial biomedical technicians through a hands on training at natioanl and provincial levels vi) CCE maintenance plan updated focusing post CCEOP implementation. vii) EVM assessment plan for 2021 developed and current EVM IP updated. | An EVM assessment is conducted and the comprehensive Improvement Plan (cIP) developed. | Improved immunization supply chain and cold chain management system and availability of quilty succine at service delivery level. | |
| Papua New Guinea | Programme Management - LMC | Work with the Government in the development of national policies, strategies, and plans to improve access to and coverage of immunization services, increase programme impact and strengthen the quality of services, increase programme impact and strengthen the quality of services, increase programme impact and strengthen the quality of services, increase programme impact and strengthen the quality of services, increase programme impact and strengthen the quality of services, increase program and evaluate strategies for improving vaccination coverage and quality of services. Review and assist in the development of national and subnational level guidelines Engages in cartecipic level diague to influence national policy and strategy on AEFI, NITAG, RR risk assessment, MR campaign, new vaccines introduction and monitoring Leads the WHO EPI country team to develop and exelute WHO work plans and ensures that monitoring mechanisms to be set up to track and evaluate the success. Work with government, partners, and WHO regional and head quarter staff in coordinating technical and francial assistance to the national immunization program. Coordination, collaboration, partnership, and advoccey with the Government, partners and other WHO staff to ensure sustainable financing for immunization programme concers through Interagency Coordinate on committee (ICC) as well as convene other ad hoc meetings as needed. Supervise Ho CDC STOP team | WHO | Coordinate between NDOH, PPF, PHA and provincial implementing Partners to initiate the field implementation of Accelerated Immunization ad Health Systems Strengthening Program in at least 4 provinces by Q3. | Develop PNG cMYP 2021-2025 draft document by Q4 and ensure alignment with National Health Plan | Provide leadershop and guidance to STOP team members to ensure their optimal dupt towards building capacity of subnational teams | Effective coordination and collaboration within and outside the organization | |

| Papua New Guinea | Programme Implementation/Coverage & Equity | • Support the National and Provincial Health Team in all aspects of EPI planning, implementation and monitoring • Coordinate with NDoH to organize and conduct supportive supervisory visits to provinces and districts to improve the performance of EPI programme • Collaborate with partners UNICEF, Immunization Support Providers (ISPs) and PPF (DFAT, GAVI and MFAT) to support the implementation of the Accelerated Routine EPI Strengthening Programme in 8 PPF supported provinces • Organize trainings on immunization and VPD surveillance at national and sub-national level • Support the PI program at the national and sub-national level to ensure data analysis and management • Support provincial health team to strengthen Vaccine Preventable Disease Surveillance system at the sub national level • Collaborate with CDC to support STOP programme implementation and work directly with STOP team | WHO | Support the National EPI team of NDAH to conduct three supportive supportive syists in selected PPF supported provinces to improve the RI coverage Provide technical assistance to develop one national Vaccine Preventable Disease (VPD) surveillance guideline and training materials | In Practice (IIP) in three selected | Provide technical support to the National EPI team of NDoH to plan and prepare for subnational EPI review meetings/workshops | Increased Capacity of National EPI staff | \$ 1,014,360.0 | 10 |
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| Papua New Guinea | Programme Implementation/Coverage & Equity | Logistics support to STOP team members for travel and supportive supervision | wнo | STOP team member to monitor 10 Health facility immunization sessions per quarter | Province to achieve 80% NHIS reporting completeness at end of Q3 | Field work conducted as planned | STOP team members will be enabled to give support subnationally | | |
| Papua New Guinea | Health Information Systems (Data) | Second digital health workshop building on recommendations from first workshop - to be defined further once final report and recommendations completed. | WHO | Support NDOH in planning for meeting on digital health workshop | Meeting conducted. | | Provinces with eNHIS are using data to better plan immunisation and duther PHC services; | | |
| Papua New Guinea | Health Information Systems (Data) | Introduction of STOP Immunization and Surveillance Data Specialist (ISDS)like intervention 5 STOP ISDS and 1 ISDS Coordinator deployed to priority provinces to improve immunization and VPD surveillance data management, yaulity and use, through sustained supportive supervision | CDC | STOP ISDS consultants recruited and trained | Complete routine supportive supervision of ongoing STOP ISDS transition activities | Complete year one of field activities in selected provinces | Inreased immunization coverage and decreased drop-out in the STOP ISDS provinces Sustained supportive supervision to STOP ISDS pito provinces | \$ 1,000,000.0 | 00 |
| Papua New Guinea | Programme Implementation/Coverage & Equity | 8 STOP consultants, funded by Gavi, to provide in-country continuous support, technical assistance, capacity building or activities in support of national EPI programs. CDC funds will support 3 or 4 additional STOP consultants. | CDC | STOP Field epidemiologist recruited | Mid-term review assessment completed | Second year program evaluation completed | Improved immunization program practices at the health center and provincial level | | |