

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
Papua New Guinea	Programme Management - General	Longer-term technical assistance to NDOH and PHA/PHO to improve overall coordination and management of national immunisation programme: i) Strategic planning, programme design and development; ii) Vaccine forecasting, procurement and management; iii) Cold chain systems strengthening; iv) Equity-focused programming; v) Demand generation for immunisation through advocacy, communication and social mobilisation; and vi) Intensifying supportive supervision and monitoring of immunization services at sub-national levels.	UNICEF	i) NDOH Annual Implementation Plan (AIP) 2019-2020 finalised;  ii) Nation-wide measles campaign preparation completed, launched and accomplished.	iii) Annual Vaccine Forecast 2020 finalised and endorsed by ICC;  iv) Gavi Co-financing 2019 Obligation for Vaccines fulfilled;  v) At least 6 intensified supportive supervision and monitoring visits to provincial and district level conducted.	A transition plan for vaccine security and safety available		2 years	Proramme planning, management and coordination of national EPI programme improved.	a. Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity b. Countries identify under-served populations with low immunization coverage and develop and implement immunization equity improvement plans with the following specific actions: i. Formulation of comprehensive strategies to improve immunization outcomes in low coverage populations ii. cMYP (country multi-year plans) and HSIS grant	Salaries and travel of UNICEF PNG country office staff (Immunisation Specialist, P-4, FT) for 12 months (Apr 2019 to Mar 2020); and travel for CDC supported STOP team members (July 2019 to Mar 2020).	
Papua New Guinea	Programme Implementation/ Coverage & Equity	Technical support to implement equity-focused immunisation programmes: i) Update immunisation coverage and equity analysis paper using four years (2015, 2016, 2017 and 2018) NHIS data on coverage, cold chain, human resources, and outreach activities to identify most deprived rural districts and urban areas; and using the on-going social data and RCM on polio outbreak responses; to contribute to Cold Chain Expansion prioritisation, to develop ACSM strategic plan and to equity-focused micro-planning; ii) Identify the most vulnerable and deprived districts/LLGs and develop a detailed action plan. ii) Implement equity-focused immunisation services to improve coverage and equity with special focus on urban settlements and hard to reach rural districts (with highest number of unimmunized children).	UNICEF	i) PNG immunisation coverage and equity analysis paper updated.  ii) A detailed Action plan developed.	iii) At least four unreached/ underserved urban settlement in Port Moresby and Lae identified and vaccination outreach implemented.  iv) At least two Districts/LLGs identified and vaccination outreach implemented.	A strategy and operational guidelines for immunisation coverage and equity developed.		2 years	Improved capacity of NDOH and PHA/PHOs on equity-focused immunisation programming integrated into national immunisation programme.		1) Salaries and travel of UNICEF PNG country office staff (Immunisation Officer, NO-A, FT) for 12 months (Apr 2019 to Mar 2020);  2) Training/workshop to develop detailed plan on equity-focused programme.	
Papua New Guinea	Supply Chain & Procurement	Support NDOH Health Facility Standard Branch, National Immunisation Programme and immunisation country stakeholders on strengthening immunisation Supply Chain and Logistics Management (iSCM): i) Technical assistance to implement the CCEOP/ODP and PSR/iSCM service delivery with procurement, distribution, installation, commissioning of CCEs and monitoring the functionality of the equipment guided by the CCEOP Project Management Team (PMT); ii) Effective functioning of National Logistics Working Group (NLWG) to guide and monitor the implementation the immunisation supply chain logistics management and strengthening the iSCM systems; iii) Develop semi-annual Cold Chain Equipment (CCE) inventory; iv) Tehcnical assistance to procurement services of vaccines, cold chain and other immunisation supplies. v) Develop/update the standard dashboard on iSCM	UNICEF	i) Recruitement of an international cold chain expert (TA P-2);  ii) At least 1 PMT meeting held;  iii) At least 2 NLWG meeting held;  iv) An updated CCE inventory available.	v) At least 3 PMT meeting held (cumulative);  vi) At least 4 NLWG meeting held (cumulative);  vii) An updated CCE inventory available;  viii) SOP on cold chain and vaccine management at national vaccine store developed and rolled-out;  ix) An updated standard	National Logistics Working Group is fully functioning with established iSCM systmes in place.  An EVM assessment is conducted and the comprehensive Improvement Plan (cIP) developed.		2 years	Improved capacity of NDOH and PHA/PHOs on immunisation supply chain, cold chain and logistics management.	a. 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 b. 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 c. Vaccine wastage rate	1) Salaries and travel of existing TA P-2 cold chain officer for 12 months (Apr 2019 to Mar 2020);  2) Salaries and travel for the newly proposed TA P-2 Cold Chain Officer for 10 months from June 2019 to Mar 2020 (to be recruited);  3) Costs of arranging the PMT and NLWG meetings;  4) Costs of stakeholders workshop on HR/Data assesment.	\$ 1,271,542
Papua New Guinea	Demand Promotion & ACSM	Longer-term technical assistance to NDOH Health Promotion Unit and EPI Unit to coordinate the planning, designing and monitoring the implementation of Advocacy, Communication and Social Mobilisation (ACSM) interventions for national immunisation programme: i) Evidence generation and strategic planning; ii) Technical support to develop and implement ACSM strategic plan; ii) Tehcnical support on ACSM institutional capacity building of health promotion units at national and provincial levels; iii) Support to strenthen advocacy and demend gereneration activities for immunisation services.	UNICEF	i) Recruitement of an international C4D expert and a national C4D officer; ii) ToR for formative research finalised and institution engaged (subject to availability of PSR funding); iii) ToR for engaging institutions to develop ACSM strategic plan is developed and endorsed by ICC.	iv) Mapping of the institutional capacity gap for C4D/ACSM at national and selected provincial level completed.  v) Draft ACSM strategy developed.  vi) Advocacy materials developed.	Health Promotion Units at NDOH and 6 focused provinces established and fully equipped.		2 years	The capacity of health promotion units at national and provincial level strengthened.	a. 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 b. Countries implement and monitor evidence-based demand promotion strategies as part of their Annual EPI Operational Plan c. Countries have risk/crisis communication plans that include capacity to respond	1) Salaries and travel of an international C4D staff (P-4) for 6 months (Oct 2019 to Mar 2020);  2) Salaries and travel of a national C4D officer (NO-A) for 12 months (Apr 2019 to Mar 2020).	

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Papua New Guinea	Programme Management - General	<ul style="list-style-type: none"> <li>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, injection safety and vaccines</li> <li>Provide technical advice to the government and international partners on the design, implementation, and evaluation of immunization program</li> <li>Support the Government to develop and evaluate strategies for improving vaccination coverage and quality of services</li> <li>Review and assist in the development of national and subnational level guideline</li> <li>Engages in strategic level dialogue to influence national policy and strategy on AEFI, NITAG, MR risk assessment, MR campaign, new vaccines introduction</li> <li>Support the National Department of Health to improve the capacity of the national immunization team in all aspects of immunization programme planning, implementation and</li> </ul>	WHO		Technical Coordinator (P5) position will be filled to play the leadership role in immunisation, engaging at a high level with NDOH and provinces and leading on coordination and planning for the sector			> 2 years / long-term	Effective coordination and collaboration within and outside the organization	Country coordination fora (e.g. ICC or equivalent body) demonstrate functioning oversight and coordination of EPI programmes with quarterly meetings	Salary and Travel of the WHO staff member in PNG from July 2019 - December 2019	
Papua New Guinea	Programme Implementation/ Coverage & Equity	<ul style="list-style-type: none"> <li>Support the National and Provincial Health Team in all aspects of EPI planning, implementation and monitoring</li> <li>Support the Public Health Team at the Sub National Level to form Provincial EPI Program Management Committee</li> <li>Organize Mid-year Review of EPI programme for sub national EPI staff on intensification of EPI activities</li> <li>Support for the implementation of the Special Integrated Routine EPI Strengthening Programme (SIREP) in low performing provinces and districts under GAVI financing.</li> <li>Support the EPI program at the national and sub national level to ensure data analysis and management</li> <li>Support provincial health team to strengthen Vaccine Preventable Disease Surveillance system at the sub national level.</li> <li>Support the sub national health team in planning and implementation of MR campaign</li> </ul>	WHO		Technical Officer (P3) will be filled to strengthen routine EPI, VPD surveillance, and data management			> 2 years / long-term	Increased HR Capacity	Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity	Salary and Travel of the WHO staff member in PNG from July 2019 - December 2019	
Papua New Guinea	Vaccine-Specific Support	Support the EPI program at the National and Sub National Level for successful implementation of MR campaign and to support post campaign survey in 2019	WHO		Country will implement MR campaign in 2019 at the national and sub national level with complete implementation in all Provinces, including mop-up activities, and post-campaign coverage assessment.			6 - 12 months	MR campaign will be completed in 2019	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	Technical Assistance from Regional Office including supportive supervision, monitoring and to conduct post campaign survey; Travel of Regional Office staff and consultancy fee on post campaign survey. These costs were not included in MR grant proposal.	
Papua New Guinea	Policy & Regulatory Environment	Establishment and support of Adverse Events Following Immunization (AEFI) Surveillance and response team at the national and sub national level	WHO	A ToT workshop on AEFI surveillance and establishing national AEFI response team to support MR SIA and strengthen RI	Training of staff on AEFI surveillance and establishing provincial AEFI response teams in 2 Gavi supported Provinces to strengthen RI	Training of staff on AEFI surveillance and establishing provincial AEFI response teams in 4 Gavi supported Provinces to strengthen RI		> 1 year	AEFI response team will be in place in national and 6 Gavi-supported provinces, and monthly AEFI reporting (including Zero Reporting) from 6 Gavi supported Provinces are in place.	Adverse events following immunization are reported to allow detection of vaccine safety problems	Technical support from RO, Staff travel, Training and Follow-up (monitoring)	
Papua New Guinea	Health Information Systems (Data)	All VPD surveillance guidelines, tools, SOPs and training materials will be strengthened at national level (finalization of work initiated during polio outbreak response and aligning to strengthening of overall national communicable disease surveillance)	WHO		Consensus achieved on integration of VPDs surveillance in national overall surveillance and materials finalized	Final set of guidelines and tools to support strengthening of VPDs surveillance		6 - 12 months	Final set of guidelines and tools to support strengthening of VPDs surveillance	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	Technical support from regional office, Training and Supervision	
Papua New Guinea	Health Information Systems (Data)	Support NDOH to strengthen VPD surveillance network at the provincial and district level	WHO			VPD surveillance established and training conducted in 6 provinces and corresponding districts		6 - 12 months	Standard VPD surveillance set up in 6 provinces	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	Technical support from regional office, Training and Supervision	

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Papua New Guinea	Vaccine-Specific Support	Support RV hospital-based surveillance in Goroka, Eastern Highlands Province and IB-VPD surveillance at the Port Moresby General Hospital in Port Moresby	WHO			Rota Virus Surveillance (Goroka) and IB-VPD surveillance (PMGH) will be functional in the country		> 2 years / long-term	Disease burden data on rotavirus diarrhea and invasive bacterial disease among children <5 years of age	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	Travel of the WHO staff; Training, Supervision & Monitoring	\$ 802,446
Papua New Guinea	Health Financing/Sustainability	Support to Workshops in priority provinces to develop annual implementation plans for 2020 budget submission.	WHO	AIP Developed in 6 priority provinces with bottom up budgeting.				6 - 12 months		Countries demonstrate an increase in investment and expenditure in routine immunization per child	Travel of Health System Team Leader	
Papua New Guinea	Programme Implementation/Coverage & Equity	Support PHA in planning service delivery and developing integrated outreach to improve continuum of care and reduce dropouts between immunisation and improve access.	WHO	Workshop with Provinces on developing integrated outreach	Integrated outreach protocols developed and implemented in 2 of the 6 priority provinces			> 1 year	Integrated outreach protocol available; increased number of outreaches in selected provinces.	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	Travel of Health System Team Leader	
Papua New Guinea	Health Information Systems (Data)	Support NDOH with a policy roundtable on digital transformations in the health sector to improve data for decision-making, modernise delivery systems and ensure life-saving vaccines reach all children	WHO	Policy Roundtable with partners, invite Zenysis Infuse partner				6 - 12 months	Policy position paper on digital transformation in health sector developed to identify future investment and technology gamechangers for potential implementation.	Countries develop and implement strategic data improvement plans with annual monitoring of implementation	Co-contribution to National Policy Roundtable on Digital Transformation Forum	
Papua New Guinea	Health Information Systems (Data)	Review of EPI data registration and reporting tools (currently discordant), develop SOPs and guidelines to record and report data, including through eNHIS for provinces already implementing the platform, conduct routine data quality checks and use key indicators for action (in coordination with ongoing work to strengthen microplanning).	WHO		Tools and guidelines finalised	New tools and guidelines disseminated to provinces		6 - 12 months	Data quality improved through addressing one of the issues identified in several assessments	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	Technical assistance to develop the materials, through coordination with EPI, HIS and eNHIS	
Papua New Guinea	Health Information Systems (Data)	Development of data quality improvement plan for immunization and VPD surveillance, with support	WHO		Workshop with key stakeholders to develop a data quality improvement plan			0 - 3 months	Data quality improvement plan developed	Countries have subnational data available on vaccination coverage and other immunization topics		
Papua New Guinea	Health Information Systems (Data)	Enhanced support to 6 provinces and their districts to strengthen routine immunization microplanning, data quality and use: 2 regular STOP deployed to priority provinces to support strengthening local immunization program capacity, including on-the-job training on updated tools and guidelines	WHO	STOPers deployed to provinces		On-the-job trainings conducted in all districts of targeted provinces		> 1 year	Operational capacity and data quality within priority provinces will be improved.	Countries have subnational data available on vaccination coverage and other immunization topics		
Papua New Guinea	Programme Management - Financial Management	MR campaign financial management: Support strengthening of the Health Sector Improvement Programme (HSIP) of the Department of Health to ensure proper management of funds coming from WHO and other development partners Provide assistance to HSIP/NDOH in managing the GAVI funds to enable smooth implementation of immunization programme activities (particularly that of ongoing polio and measles response); and enable timely acquittal of funds	WHO	Short (no more than 5 pages) report describing PNG's campaign readiness status (ie status of funds, vaccines, trainings), and any recommendations for further support/engagement with the HSIPs	Short report (no more than 10 pages) describing experience of working through HSIP, including any key observations, lessons learned, and recommendations (ie HSIP weaknesses, successes associated with the additional financial oversight/capacity building support, recommendations for further engagement at provincial level with the HSIPs, etc)				financial management support to the PNG MR campaign		1. One senior level P3 – P4 consultant for 12 weeks: \$53,850 2. One G6 staff under developmental assignment deployed at CO to support Polio Outbreak Response - 6 months: \$67,600 3. Two SSAs attached to HSIP as dedicated resources to manage the GAVI Grant for 10 months: \$20,000	

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Papua New Guinea	Health Information Systems (Data)	STOP and STOP ISDS-like support to provinces: 8 regular STOP, 5 STOP ISDS and 1 ISDS Coordinator deployed to priority provinces to build local immunization program operational capacity	CDC	Scoping mission to PNG for intervention design completed; Recruitment of STOPers;	Mid-term review assessment completed	First year program evaluation completed	OI-C 1.4.1. OIC 2.1 O	> 1 year	Operational capacity within priority provinces will be improved. Exact outcomes depending on final design as informed by scoping mission.	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	\$108,000 per year per STOP participant (includes training/orientation, travel, incountry subsistence costs)	\$ 880,720