

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
Tajikistan	Programme Management - General	Staff position (national) to support to programme management and coordination and effective implementation the Programme	WHO					> 2 years / long-term	Country is supported to implement the annual plan	Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity	12 months NPO salary; travel cost	
Tajikistan	Programme Management - General	Monitoring of Grant Performance and Immunization Programme Performance	WHO		At least one monitoring visit performed, including submission of JA and grant implementation reports	At least two monitoring visits performed, including submission of JA and grant implementation reports		> 1 year	Efficient and timely implementation of planned activities. Grant performance on track	Funds are managed in a transparent and accountable manner and donated funds are used for the intended purpose	Regional staff travel (4 technical officer engaged in programme monitoring, 2 travel per staff)	
Tajikistan	Programme Management - General	Monitoring, coordination and facilitation of HSS plan implementation	WHO	Operational plans are developed, agreed with the partners and implemented (Jan-May by 30 June)	Quarterly monitoring performed of the HSS implementation and updates submitted	Quarterly monitoring performed of the HSS implementation and updates submitted	IR-T 2 Percentage of districts with a functional waste management system IR-T 7 Percentage of districts with timely immunization reporting PR-T 1 Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training	> 2 years / long-term	Improved immunization services through strengthened capacity of health workers	Funds are managed in a transparent and accountable manner and donated funds are used for the intended purpose	Travel and Salary (partial) for RO to country to support activities within HSS plans	
Tajikistan	Health Financing/Sustainability	Maintaining commitment to immunization through communication of resource requirements and benefits of immunization to all in-country stakeholders, including external advocacy support to the national process	WHO		Preparedness for in-country resource mobilization activities finalized (materials, messages, events)	In-country resource mobilization activities conducted		6 - 12 months	Improved financial sustainability of the immunization programme (adequate funding for expenditure on vaccines)	Countries demonstrate an increase in investment and expenditure in routine immunization per child	Travel of partner agency staff; in-country resource mobilization event (meeting/conference); 3w consultancy; development of advocacy materials	
Tajikistan	Vaccine-Specific Support	Support to NITAG in making evidence based recommendations on introduction of PCV	WHO					3 - 6 months	NITAG provides evidence-based recommendations on introduction of PCV to the MoH	Timely introduction of vaccines	6 w consultancy; training of staff	
Tajikistan	Vaccine-Specific Support	Advocacy to MoH for making informed decision on introduction of PCV	WHO			Meeting with national stakeholders and MoH officials is conducted		0 - 3 months	MoH made an informed decision on introduction of PCV with GAVI support	Timely introduction of vaccines	3 w consultancy; national stakeholders meetings	
Tajikistan	Vaccine-Specific Support	Support to NIP in developing proposal to GAVI for the support with introduction of PCV	WHO			Online application is prepared and ready for submission		3 - 6 months	Proposal top GAVI for the support with introduction pf PCV is developed	Timely introduction of vaccines	6 w consultancy. National stakeholder meetings	

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Tajikistan	Vaccine-Specific Support	Support in establishing system for surveillance of typhoid to obtain local evidence on the disease burden and epidemiology to support decision making on introduction of typhoid vaccine	WHO		Assessment conducted	Surveillance design is defined and communicated to stakeholders		> 2 years / long-term	Surveillance design is defined and decision to establish made	Timely introduction of vaccines	4 w consultancy; training of staff		
Tajikistan	Policy & Regulatory Environment	Building capacity of NITAG through participation in ETAGE meetings and WHO meetings on immunization	WHO		NITAG participated in ETAGE meeting	NITAG participated in WHO PMM meeting		0 - 3 months	Improved capacity of NITAG to provide evidence based advice to EPI program	Timely introduction of vaccines	Cost of NITAG members travel		
Tajikistan	Supply Chain & Procurement	Conducting EVM assessment and development of EVM improvement plan	WHO		EVM assessment conducted, Assessment report & recommendations drafted	EVM Improvement plan reviewed and endorsed by national stakeholders	IR-C 3.0 Effective Vaccine Management Score (composite score)	6 - 12 months	Country aware of challenges of effective vaccine management and actions for mitigating them	Countries develop annual EPI Operational Plan focusing on improving low coverage and high inequity	Staff travel; Consultancy, 2x3w, 25k In-country training , 5k Field work travel, 10k		
Tajikistan	Health Information Systems (Data)	Minimum capacity for AEFI surveillance established (passive reporting system & functional AEFI CA committee)	WHO		At least 80% of district level managers trained on AEFI monitoring and response	National AEFI causality assessment committee established and trained	PR-T 1 Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training	> 2 years / long-term	Vaccination coverage sustained (by maintaining trust to vaccines and reducing missed opportunities)	Adverse events following immunization are reported to allow detection of vaccine safety problems	Travel of staff, 5k Consultancy, 2w, 10k In-country training,5k	\$ 483,640	
Tajikistan	Supply Chain & Procurement	Building capacity of district level EPI managers on implementing vaccine management SOPs	WHO			Training of at least 80% of district managers on EVM SOPs conducted	PR-T 1 Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training	6 - 12 months	Access to quality vaccines and immunization services ensured by institutionalizing best vaccine management practices through adoption of National EVM SOPs	Vaccine wastage rate reduced	Travel of staff, 5k Consultancy, 2w, 10k In-country training,5k		
Tajikistan	Supply Chain & Procurement	Temperature monitoring training on implementing 30DTRs	WHO		Training of at least 40% of district managers on implementing 30DTR conducted	Training of at least 80% of district managers on implementing 30DTR conducted	PR-T 1 Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training	0 - 3 months		Vaccine wastage rate reduced	Travel of staff, 5k Consultancy, 1w, 5k In-country training,10k		
Tajikistan	Supply Chain & Procurement	CCEOP Follow up	WHO		Mission to review CCEOP performance monitoring framework & NLWG performance	Recommendations to strengthen CCEOP performance monitoring & NLWG performance	IR-T 1 Percentage of districts and cities with functional cold chain stores	> 1 year	CCEOP performance monitoring & NLWG performance improved	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	Consultancy, 1w, 5k Travel of staff, 3k NLWG in-country monitoring visits, 2k		
Tajikistan	Health Information Systems (Data)	TA to support AEFI surveillance data management	WHO			National ToT on AEFI data management conducted and at least 10 trainers to be trained	PR-T 1 Number of staff trained on MLM, VPD, AEFI, EVM, WM and Safe Injection training	0 - 3 months	Tools & training provided to strengthen AEFI data management	Adverse events following immunization are reported to allow detection of vaccine safety problems	Travel of staff, 5k Consultancy, 2w, 10k In-country training,10k		
Tajikistan	Health Information Systems (Data)	Technical assistance in the development of electronic routine coverage monitoring tool as part of the recommendations from data quality improvement plan activities	WHO			Implementation of the tool along with training of health functionaries		6 - 12 months	Establishment of a system of timely reporting of immunization coverage data from the subnational levels	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	Travel of Regional Office staff to country for technical assistance and hiring of consultant/s including translation of the documents		

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Tajikistan	Health Financing/Sustainability	Support for mobilizing domestic resources for the health sector (including the national immunization program)	World Bank	Concept note, with workplan and timeline, for discussion with Gavi and RCIP	Report to Ministries of Health and Finance, including recommendations as to how fiscal space for health might be increased, with a focus on domestic resource mobilization		IO1-4, IO2-1, IO2-2	> 1 year	The Government of Tajikistan has better information as to how additional domestic resources for health -- and within this, immunization -- can be mobilized.	Countries demonstrate an increase in investment and expenditure in routine immunization per child	n/a	
Tajikistan	Health Financing/Sustainability	Reviewing the per capita payment mechanism to ensure that providers are appropriately incentivized for provision of immunization services	World Bank	Concept note, with workplan and timeline, for discussion with Gavi and RCIP	Report to Ministry of Health, including recommendations as to how per capita payment mechanism might be modified to ensure that providers are appropriately incentivized for provision of immunization services.		IO1-4, IO2-1, IO2-2	> 1 year	The Government of Tajikistan has better information as to how to adjust per capita payments so that they correlate with population health needs.	Timely introduction of vaccines	n/a	\$ 200,000
Tajikistan	Programme Management - LMC	Support leadership and management capacity development of the RCIP team	Dalberg	Milestones to be defined				May-20				
Tajikistan	Programme Management - LMC	Support the development of operational planning and monitoring capabilities of the RCIP team	Dalberg	Milestones to be defined				May-20				
Tajikistan	Programme Management - LMC	Support improved financial management processes and capabilities	Dalberg	Milestones to be defined				May-20				\$ 185,807
Tajikistan	Programme Management - LMC	Support improved engagement of MoH	Dalberg	Milestones to be defined				May-20				
Tajikistan	Programme Management - LMC	Reinforce the ICC and strengthen RCIP's day to day partner engagement	Dalberg	Milestones to be defined				May-20				