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
Nepal	Supply Chain & Procurement	Technical assistance to implement the EVM improvement plan (2017-2019)	UNICEF	60% of cold chain officers/supervisors(n= 96 out of 160) from Central store and 4 low performing provinces are trained on vaccine and cold chain management.	At least 2 reviews of the EVM Improvement Plan at the federal and provincial levels are conducted, feedback incorporated and monitored		IR-C 3.0	6 - 12 months	4 provinces have their Vaccine and Cold Chain Improvement Action Plan	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	staff, training, consultancy and travel	$ 345,600
Nepal	Supply Chain & Procurement	Technical assistance for timely implementation of the Cold Chain Equipment Operational Deployment Plan and monitor functionality	UNICEF			600 new cold chain equipment are installed based on Operational Deployment Plan and functional	IR-C 6.0.1 and IR-C 6.0.2	> 1 year	80% of planned outreach immunization sessions are rolled out. 20% reduction in vaccine wastage		staff, consultancy and travel	
Nepal	Programme Implementation/ Coverage & Equity	Bottleneck analysis to identify barriers to intake of vaccines, specifically MR2 conducted in 30 selected local governments of 4 low performing provinces and action plans developed	UNICEF			60% of action plans are implemented in all local governments (n=30) in 4 low performing provinces based on bottleneck analysis findings.	MR indicators to be linked once it is included in the GPF after DL is issued.	> 1 year	30 local governments of 4 low performing provinces have planned and allocated budget for microplanning, implemetation, monitoring and review of the action plan.	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	staff, training, consultancy and travel	
Nepal	Demand Promotion & ACSM	Moblize information technology through use of Rapid Pro to improve MR2 coverage	UNICEF	Reminder sms sent to 50% female community health volunteers in selected in the above 30 local governments for MR2 intake	60% of female community health volunteers refer children for MR2 vaccination. Lessons learnt are documented and shared with the government		MR indicators to be linked once it is included in the GPF after DL is issued.	6 - 12 months	20% improved MR2 coverage in these 30 local government units		staff, training, consultancy and travel	
Nepal	Health Information Systems (Data)	Technical assistance to strengthen MIS(HMIS and eLMIS	UNICEF			All health workers related to DHIS2/eLMIS from the 25% health facilities of the 4 low performing provinces are trained.	PR-T 13	> 1 year	DHIS2/eLMIS is implemented in 25% of the health facilities of the 4 low performing provinces	Countries have subnational data available on vaccination coverage and other immunization topics	staff, training, consultancy and travel	
Nepal	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
Nepal	Vaccine-Specific Support	Provide technical support for a Gavi application for typhoid conjugate vaccine, including providing critical information on disease burden and antimicrobial resistance in collaboration through existing partnerships in country and globally.	CDC Foundation	Planning meetings with MOH, in country partners and global partners regarding TCV application.	Report on progress regarding compilation of burden of disease documentation in preparation for the Gavi application.	Manuscripts and reports on burden of typhoid, including antimicrobial resistance, in selected sites of Bangladesh. Report on progess made with the Gavi application.		6 - 12 months	Country will have strong disease burden data to develop the Gavi TCV application and an impactful strategy for the Gavi application.			$ 28,000
Nepal	Vaccine-Specific Support	1. Technical support for new vaccines introduction (rotavirus vaccine, HPV possibly TCV) in National Immunization Program	WHO	1.1 Selection of new product of RVV completed and application for product switch submitted to Gavi (subject to Govt decision)	1.2 Introduction of RVV completed with readiness asssesment conducted (subject to Govt decision)	1.3 Application for HPV national introduction support completed and submitted to Gavi (subject to Govt decision)	OI-C 1.3; OI-C 1.5; OI-C 2.5; IR-C 1.5.1; IR-C 1.5.2; IR-C 2.0; IR-C 5.0; IR-T 15; IR-T 16	6 - 12 months	1.1 RVV will be successfully introduced in RI. 1.2 HPV is successfully introduced in RI. 1.3 Preparations for TCV introduction (subject to NCIP clearance) is initiated. 1.4 All Gavi support related processes/requirements such as vaccine renewal request, Joint Appraisal, etc., are completed in time	Timely introduction of vaccines	One NO-B staff (SSA) - HR costs (New Vaccines Officer)	

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Nepal	Programme Management - LMC	2. Technical support to national immunization committees (NCIP, ICC and AEFI committee, etc) and VPDs surveillance committees (NCCPE, ERC, NVCMRE, etc)	WHO	2.1 Timely committee meetings will be held with technical support to make policy recommendations and monitoring on immunization, surveillance and vaccine safety	2.2 Timely committee meetings will be held with technical support to make policy recommendations and monitoring on immunization, surveillance and vaccine safety	2.3 Timely committee meetings will be held with technical support to make policy recommendations and monitoring on immunization, surveillance and vaccine safety		6 - 12 months	2.1 All immunization and VPD surveillance committees will be strengthened to support National Immunization Program	Country coordination fora (e.g. ICC or equivalent body) demonstrate functioning oversight and coordination of EPI programmes with quarterly meetings	Committees meetings costs and committees members field visits costs	
Nepal	Health Information Systems (Data)	3.Technical support to strengthen RI data to drive high coverage and equity through development of Immunization Atlas and DQSA	WHO	3.1 Technical support to develop Immunization Atlas in all 7 Provinces3.2 DQSA activity included in immuniation AWPB 2019/20		3.3 DQSA completed in four districts; 3.4 Immunization Atlas prepared for all 7 Provinces	IR-C 4.1	6 - 12 months	3.1 Immunization and VPD data monitoring system at sub-national levels will be strengthened with data prioritization for action. 3.2 Immunization Atlas will be prepared for all 7 Provinces; 3.3 Data quality is maintained and gaps are identified through DQSA	Countries have subnational data available on vaccination coverage and other immunization topics	Total cost for the development of Immunization Atlas at all 7 Provinces; travel costs to conduct DQSA in districts	
Nepal	Programme Management - General	4. Technical support for Joint supervision and monitoring of immunization program at province, district, health facility and immunization session levels to drive high coverage and equity	WHO		4.1 Joint supervision and monitoring completed in at least 3 districts (1 district per province X 3)	4.2 Joint supervision and monitoring completed in at least 4 districts (1 district per province X 4)	All OI-C, OI-T; IR-C 1.1.1 - 2.0; IR-T 16	6 - 12 months	4.1 Monitoring and evaluation core group (Immunization Program Core Group) is continued to monitor immunization program at central level including members from FWD, LMS, HMIS, WHO, UNICEF, and other stakeholders and monthly meetings are conducted to monitor immunization program. 4.2 Field level visits at province, district, health facility, immunization session and community levels are conducted by Government and partners in structured/standardized way with data feeding to central level core group for monthly monitoring/evaluation. 4.3 Immunization monitoring data from	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	Monitoring and evaluation core group secretariat/consultant costs. Core group meetings cost. Field visit costs for supervision and monitoring	
Nepal	Programme Implementation/ Coverage & Equity	5. Strengthening new vaccine introduction and routine immunization at sub-national level	WHO	5.1 Concurrent monitoring data is generated every month and sub-national/sub-province level activities for RI and all aspects of NVI is coordinated (Per month at least 4 days of exclusive immunization supervision and monitoring is conducted by each of the 15 SMOs)	5.2 Concurrent monitoring data is generated every month and sub-national/sub-province level activities for RI and all aspects of NVI is coordinated (Per month at least 4 days of exclusive immunization supervision and monitoring is conducted by each of the 15 SMOs)	5.3 Concurrent monitoring data is generated every month and sub-national/sub-province level activities for RI and all aspects of NVI is coordinated (Per month at least 4 days of exclusive immunization supervision and monitoring is conducted by each of the 15 SMOs)	All OI-C, All OI-T; IR-C 1.1.1 - 2.0; IR-T 15, IR-T 16, IR-T 10	6 - 12 months	5.1 New vaccines introduction and implementation and routine immunization is strengthened at sub-national level throughout the country in the context of federalization by generating concurrent monitoring data every month and coordinating sub-national/sub-province level activities for routine immunization and all aspects of new vaccine introduction.	High achievement of Performance Framework	WHO-IPD field office apportioned time for new vaccine introduction and routine immunization	
Nepal	Health Information Systems (Data)	6. Strengthening/support National Immunization Program through independent monitoring to improve immunization coverage and equity	WHO	6.1 Independent monitoring completed in 39 districts (first-phase from previous TCA) with data provided to central core group for action	6.2 Independent monitoring initiated in additional 39 low-performing districts (districts and number TBD based on IM data and interventions needed) with data provided to central core group for action	6.3 Independent monitoring completed in the additional 39 districts (districts and number TBD based on IM data and interventions needed) with data provided to central core group for action	All OI-C, OI-T; IR-C 1.1.1 - 2.0; IR-T 16	6 - 12 months	6.1 Immunization program will be monitored independently/external monitoring at health facility, immunization session and community level in 39 disticts to provide hands-on support and data for action to improve immunization coverage and equity. Independent monitoring data will be available to core group from low-performing district(s) of each province every month to guide action and strategies, accountability for improving immunization coverage and equity throughout the year.	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	Independent monitors daily allowance and travel costs for the monitoring for 12 days per district per month in at least 39 districts (with repitition in low-performing districts) leading to 936 days of monitoring per year. These parameters will be claibrated based on monitoring feedback and existing cost normatives within WHO and UN Nepal team.	

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Nepal	Vaccine-Specific Support	7. Post MR-SIA coverage evaluation survey as per WHO protocol for a national level estimate PLUS Concurrent monitoring of MR-SIA by independent monitors.	WHO		7.1 Protcol developed for PC-CES. 7.2 Agency identified and hired . 7.3 All clearances obtained. 7.4 Independent monitors identified and deployed on daily basis	7.4 Post SIA CES completed and results shared.	For MR SIA (relevant indicators will be linked once MR SIA indicators are available)	3 - 6 months	7.1 Post MR-SIA CES completed with report . 7.2 IM data shared on daily basis.	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	$40,000 for CES and $10,000 for comncurrent IM.	$ 459,733
Nepal	Vaccine-Specific Support	8. HR (staff) for VPD and immunization program-Measles and RI officer (VPD Surveillance Focal Point)	WHO	8.1 Progress towards measles elimination and rubella/CRS control and quality VPD surveillance are sustained and achieved timely and routine immunization is strengthened.	8.2 Progress towards measles elimination and rubella/CRS control and quality VPD surveillance are achieved timely and routine immunization is strengthened. (All preparation for MR SIA completed including guideline development)	8.3 Progress towards measles elimination and rubella/CRS control and quality VPD surveillance are achieved timely and routine immunization is strengthened. (MR SIA completed achieving >90% national coverage including post SIA CES completed)	All OI-C, All OI-T; IR-C 1.1.1 - 2.0; IR-T 15, IR-T 16, IR-T 10; PR-T 12	6 - 12 months	8.1 Routine immunization is strengthened and Progress towards measles elimination and rubella/CRS control is achieved and routine immunization is strengthened with quality VPD surveillance.	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	One NO-B staff (SSA) - HR costs	
Nepal	Programme Implementation/ Coverage & Equity	9. HR (staff) for immunization program - Immunization Monitoring Officer	WHO	9.1 At least 6 Immunization Program Core Group/IPCG meetings for immunization monitoring completed for FY 2018/2019)	9.2 Immunization trainings, micro-plannings, monitoring, evaluation and supervision, full immunization will be supported timely and with quality	9.3 Immunization trainings, micro-plannings, monitoring, evaluation and supervision, full immunization will be supported timely and with quality (At least 8 IPCG meetings for immunization monitoring completed for FY 2019/2020)	All OI-C, All OI-T; IR-C 1.1.1 - 2.0; IR-T 15, IR-T 16, IR-T 10; IR-C 5.0	6 - 12 months	9.1 Immunization program will be supported in areas of training, micro-planning, evaluation, monitoring and supervision, full immunization achievement to strengthen National Immunization Program.	High achievement of Performance Framework	One NO-B staff (SSA) - HR costs	
Nepal	Programme Management - Financial Management	10. HR (staff) for immunization program - Immunization Program Assistant	WHO	10.1 NVI, RI, SIA, budgeting and financial implementation support is provided at central level and sustained in the context of federalization. (Gavi supported non-pool fund activities and budget for FY 2017/2018 is tracked with timely reporting)	10.2 NVI, RI, SIA, budgeting and financial implementation support is provided at central level and sustained in the context of federalization.(Gavi supported non-pool fund activities and budget for FY 2018/2019 is tracked and monitored continuously throughout the FY)	10.3 NVI, RI, SIA, budgeting and financial implementation support is provided at central level and sustained in the context of federalization. (Gavi supported non-pool fund activities and budget for FY 2018/2019 is closed with complete reporting)	All OI-C, All OI-T; IR-C 1.1.1 - 2.0; IR-T 15, IR-T 16, IR-T 10; IR-C 5.0	6 - 12 months	10.1 New vaccine introduction, routine immunization, supplementary immunization, budgeting and financial implementation support is provided at central level and sustained in the context of federalization to support overall National Immunization Program.	High achievement of Performance Framework	One GS-5 staff (SSA) - HR costs	
Nepal	Health Information Systems (Data)	11. HR (staff) for immunization program - Data assistant	WHO	11.1 Support in data management in immunization and surveillance is provided including achievement of all data related activities in TCA.	11.2 Support in data management in immunization and surveillance is provided including achievement of all data related activities in TCA. (Concept note on tablet based data collection tools for immunization monitoring prepared)	11.3 Support in data management in immunization and surveillance is provided including achievement of all data related activities in TCA. (Piloting of tablet based immunization monitoring tools completed)	All OI-C, All OI-T; IR-C 1.1.1 - 2.0; IR-T 15, IR-T 16, IR-T 10; IR-C 4.1	6 - 12 months	1.1 Overall data management is strengthened in immunization and surveillance including immunization supervision and monitoring and all TCA related data activities (DQSA, joint supervision and monitoring, independent supervision and monitoring, measles rubella/VPD surveillance, sentinel surveillance), as well as introduction of new technologies for data management.	Countries have subnational data available on vaccination coverage and other immunization topics	One GS-5 staff (SSA) - HR costs	
Nepal	Health Information Systems (Data)	12. Technical support for rotavirus sentinel surveillance and preparation for post-vaccine introduction impact surveillance	WHO	12.1 Continuation of all rotavirus sentinel surveillance sites and surveillance fully implemented to monitor rotavirus pre-vaccine introduction	12.2 Continuation of all rotavirus sentinel surveillance sites with rotavirus surveillance maintaining surveillance performance indicators.	12.3 Continuation of all rotavirus sentinel surveillance sites using post-vaccine introduction rotavirus surveillance protocol. Pre-vaccine introduction surveillance data including laboratory results available.		6 - 12 months	12.1 Pre-vaccine introduction surveillance will be strengthened including expansion of surveillance with full preparation for post-vaccine introduction surveillance and impact studies.	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	Expenses to run rotavirus sentinel surveillance at all three sites including laboratory supplies	

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Nepal	Health Information Systems (Data)	13. Support for Invasive Bacterial Diseases sentinel surveillance	WHO	13.1 Quality surveillance for IBD maintaining surveillance performance indicators continued to measure impact of PCV introduction	13.2 Quality surveillance for IBD maintaining surveillance performance indicators continued to measure impact of PCV introduction	13.3 Quality surveillance for IBD maintaining surveillance performance indicators continued to measure impact of PCV introduction. Post-PCV introduction surveillance data including laboratory results available upto end 2019.		6 - 12 months	13.1 Impact of PCV introduction will be measured with data available from IBD sentinel surveillance	Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	Expenses to cover full surveillance activities at one IBD sentinel surveillance site including laboratory supplies	
Nepal	Vaccine-Specific Support	14. fIPV PIE completed 6-12 months after introduction	WHO	14.1 fIPV PIE preparations started with development of PIE protocol/proposal	14.2 fIPV PIE completed and report produced		Linked to all RI improvement, coverage and equity indicators; directly linked to OI-C 1.3, IR-C 1.3, IR-C 2.0	0 - 3 months	14.1 fIPV PIE completed and report produced and feedback implemented.	Countries have subnational data available on vaccination coverage and other immunization topics	This activity is for national staff to support consultant.	