

				Milestones			GPF indicator code		
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
Myanmar	Demand Promotion & ACSM	HPV communication strategy/tools including risk communication strategy for HPV vaccine introduction in adolescent girls	UNICEF		HPV communication tools available for its introduction in 9-10 aged girls		IR-T 11	Human Papilloma Virus vaccine successful introduced into Routine Immunization	\$ 1,045,764
Myanmar	Supply Chain & Procurement	EVM improvement plan implementation by development of web-based cold chain equipment inventory (electronic) management protocol	UNICEF	Web-based cold chain equipment inventory developed			IR-T 8	Database of cold chain equipments available into e-platform to facilitate inventory management	
Myanmar	Supply Chain & Procurement	Technical assistance to develop EPI eLMIS project documents (technical requirements, tender and contract management guide) & support tendering process and initial work on introducing EPI products in mSupply	UNICEF		eLMIS project document with detailed tender specifications		IR-T 4	Project document ready with technical specifications of eLMIS requirement to integrate into national m-supply	
Myanmar	Health Information Systems (Data)	Development and roll out of mobile based app for monitoring and supervision of EPI sessions in fixed and outreach areas	UNICEF		Mobile application developed and monitoring data results available		IR-T 2	Improved quality of vaccination services by real time monitoring and supervision of outreach and fixed vaccination sessions	
Myanmar	Programme Implementation/Coverage & Equity	Implementation research for GIS pilot project in Yangon to support rollout of GIS for EPI microplanning	UNICEF		Report of GIS implementation research of Yangon pilot project		IR-T 61	Research findings of Yangon GIS project to guide roll out in other state/regions	
Myanmar		Provide technical assistance to MOH, WHO-CO, and UNICEF-CO with nationwide HPV vaccine introduction. Support WHO with planning and leading in-country stakeholder meetings, readiness assessment pre-launch, and monitor vaccine introduction. Plan for post-introduction evaluation of national HPV vaccine introduction following first cohort dose 2.	CDC Foundation	Initial in-country planning meeting and stakeholder engagement	Readiness assessment report, launch nationwide HPV vaccination	Review lessons learned from Dose 1 and planning for Dose 2		Completion of Myanmar first cohort vaccination in schools; initial lessons learned will inform Dose 2 implementation.	\$ 22,400
Myanmar		Assessment of impact and effectiveness of rotavirus vaccine in Myanmar	CDC	Initiation of surveillance	Completion of first round of data cleaning	Preliminary summary of first year of data		Data on vaccine effectiveness and impact will generate continued confidence in and support of rotavirus vaccination program- Vaccine preventable disease cases are identified and reported to inform immunization program planning, implementation, monitoring, and risk mitigation	\$ 90,000

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. 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	1. Conducted coordination meeting with other EHOs and local partners and provided technical support for tailored activities. 2. Provided EHOs in planning, implementation and monitoring of integrated PHC services. 3. Recruited additional MWs for strengthening immunization services in 96 prioritized townships. 4. Conducted pre-posting integrated trainings based on local context 5. Follow up recommendations of immunization and surveillance reviews and Joint Appraisal 2019.	1. Developed annual microplan at all levels and supported tailored activities to hard to reach, migratory, peri-urban, conflict affected areas and under performing townships 2. Conducted EPI annual evaluation at all levels 3. Recruited training coordinators and training assistants for training centre.	OI-C 1.1.4, OI-C 6.1.4, OI.C 6.1.6, OI.C 6.1.7, OI.T61, IR-T 60, PR-T 50	1. Increased coverage of (penta 3) among hard to reach, ethnic and marginalized community, peri-urban, slum, migratory and conflict areas. 2. Improved surveillance indicators at the national and sub national level.	\$ 534,733
Myanmar	Health Information Systems (Data)	Technical support for improvement of data quality	WHO	1. Nationwide EPI coverage survey completed 2. Operational Research on Routine Immunization at State/ Regional level conducted	1. Prepared for Data Quality self assessment and EVM assessment 2. Supported for DHIS 2 software user extension 3. Operational Research on Routine Immunization at State/ Regional level conducted	1. Data Quality self assesement completed 2. Technical support provided for EVM assesement	OI-C2.1, OI-C 2.2, OI-C 2.5, OI-C 6.1.1, OI-C 6.1.2, PR-T-56, PR-T-58	1. Quality EPI coverage data and useful for documented costed microplanning at all levels 2. Ensure availability of costed micro plan at all levels 3. Improved denominators available at all levels	
Myanmar	Vaccine-Specific Support	HPV vaccine introduction and post introduction evaluations of newly introduced vaccines	WHO	1. Rota vaccine introduction completed. 2. Preparatory activities for HPV vaccine introduction completed	1. HPV vaccine introduction completed 2. Rota Post Introduction Evaluation (PIE) completed	HPV Post Introduction Evaluation (PIE) completed	OI-C 1.5, IR-C1.5.2, OI-C 1.6.1, OI-C 1.6.2	1. HPV vaccine is introduced 2. PIE for rota vaccine conducted	
Myanmar	Vaccine-Specific Support	Support for Rota and intussusception Surveillance.	WHO	Rota and intussusception surveillance on-going	Rota and intussusception surveillance on-going	Rota and intussusception surveillance on-going	OI-C 1.5, IR-C 1.5.1, IR-C 1.5.2	Enhance Rota and intussusception surveillance in country	
Myanmar	Health Financing/Sustainability	Planning and budgeting deficits at the subnational level presents as one of the weakest links in the PFM cycle, leading to inefficient allocation and utilization of budget at the frontlines of service delivery. Communication and skills gaps, along with lack of proper SOPs and guidance, among programs and budget divisions responsible for allocating and executing the budget led to poorly prepared budgets and subsequent underspending while gaps in PHC service delivery left unfilled on the ground. MOHS/NIMU under NHP 2017-21 aimed to introduce inclusive Township Health Planning (ITHP) process to address this planning and budgeting deficit at the township level. However, with NHP into third year of implementation, progress on this front - agreement on the process, guidelines and template for participatory township level planning AND training and roll out of the reform is yet to be seen. TCA will support (i) Development of SOPs and templates for township level budget planning (based on draft ITHP guidelines and existing Township Microplan, Immunization Microplan; and integrating experience from planning under 3MDG Fund and Gavi' CTHP; (ii) Training of pilot state/region, and township MOHS staff and key CSO/NGO partners on the ground on the use of SOPs and planning tools at State/Region level; (iii) Individual township planning workshops at selected townships; and (iv) On-site and online coaching and mentoring to the townships to finalize the plans (integrated to the extent possible – i.e., including government, IDA, Gavi and other resources) in order to be able to provide timely inputs to the annual budget cycle of GoM.	World Bank	SOPs and templates for township health planning and budgeting process developed/adpated and agreed to by MOHS. Training of pilot S/R and townships completed.	Township level planning and budgeting workshops completed in pilot townships.	Township level mulityear plans with detailed annual budget for 1st year developed, reviewed and finalized by MOHS.	Improved planning and budgeting at township level for PHC activities	\$ 200,000	

Myanmar	Health Financing/Sustainability	<p>In November 2020 Myanmar will hold another general democratic election, which presents an opportunity to expand and deepen political commitment to undertake health systems reforms, in particular health financing, and social support for these reforms. To take advantage of this opportunity, there is a further need to raise awareness and build shared understanding and consensus among the various stakeholders in health prior to and after the elections. In addition, this presents also another opportunity to strengthen coordination and collaboration across health donors and development partners involved in financing health in Myanmar.</p> <p>Myanmar's stakeholders—government officials, non-governmental organizations, private sector, ethnic health providers, and civil society—desire and are motivated for learning and reflecting on the successes and failures of other countries, and for consensus building to work together towards UHC goals. As such, there are opportunities to further raise awareness, support knowledge-sharing and lessons learned garnered over recent reforms efforts and initiatives, and build skills to address UHC challenges and develop solutions through workshops, seminars, and peer-to-peer exchanges with other countries.</p>	World Bank	TA Plan developed in consultation with the government, health donors/DPs, and key CSOs	TA plan implemented	TA plan implemented	Improved understanding of health financing and sustainability leads to better dialogue and planning on transition of donor financed programs	
Myanmar	Programme Management - Financial Management	Develop and oversee a joint plan of action with the dual aim of: (a) strengthening of Government systems sufficiently to allow Gavi HSIS funds to move away from UNICEF and back into those systems, if not in whole then in part, and (b) to the extent possible, facilitate broader strengthening of the country's PFM systems which may not directly benefit Gavi's support	Independent Contractor					\$ 99,085
Myanmar	Health Information Systems (Data)	Implementation Support	University of Oslo					\$ 15,644