

Country	Programmatic Area	Activity	Partner	Milestones		Expected Outcome	Budget for 2018
				Pre-Joint Appraisal	30-Nov		
Papua New Guinea	Sustainability	Provide technical assistance to the National Department of Health to better understand the health sector's budget architecture and identify the areas that will require further investment as a result of donor graduation. The immunization scoping report conducted in 2017 revealed the challenges in disentangling immunization costs. Furthermore, it shed light on the lack of clarity around public funding for immunization. A core working group including staff from the National Department of Planning and Monitoring, the Department of Treasury, the National Economic and Fiscal Commission, and the National Department of Health will be organized to analyze the health sector's budget, and explore how the recently rolled out IFMS reports financial expenditure. The group, with the support of a technical advisor, will review the budget lines that reflect immunization financing and discuss how future government commitments to support immunization will be met. The technical advisor will produce a report based on this assessment, where he/she will identify a clear sequence of steps that have to be followed to promote a sustainable transition. In addition, the technical advisor will assist the National Department of Health during the 2019 budget preparation to ensure that the findings of this report will be taken into account during budget submissions.	World Bank	Final report is completed and disseminated	TA is provided to the National Department of Health during budget preparation	Knowledge about the health sector budget and immunization financing improved, government officials have a better understanding of future financial needs for immunization and immunization financing is mainstreamed in the 2019 health sector budget	\$ 200,000
Papua New Guinea	Sustainability	Support to the Immunization Financing Sustainability Plan. Building on the findings of the immunization financing assessment, the World Bank will propose a conceptual framework for the Immunization Financing Sustainability Plan and support its development.	World Bank	Conceptual Framework is completed.	Immunization Financing Sustainability plan is completed and validated.		

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Papua New Guinea	Sustainability	Conduct follow up technical assistance based on the HFSA's findings. As donors graduate, there is a risk that the knowledge gathered by the implementing agencies delivering health services (mostly NGOs) will not be transferred to the government. PNG's complex operating environment, particularly in the context of decentralization, exacerbate this risk. To mitigate this risk, the proposed technical assistance will support Provincial Partnership Committees to effectively advise newly established PHAs on how to strengthen their partnerships with non-state service providers. Furthermore, this support will allow PHAs to plan their activities (in particular outreach patrols) in coordination with service providers operating at the community level. Overall, the objective of this support is twofold: (i) advocate for immunization activities at the provincial level through existing subnational structures (Provincial Partnership Committees), and (ii) improve coordination in service delivery, while strengthening PHAs role.	World Bank	Guidelines for coordination between Provincial Partnership Committees and PHAs are developed.	Provincial AIP are developed in collaboration with non-state service providers (including microplanning for outreach patrols)	Coordination in service delivery (both at frontline facilities and at the community level) is improved and Provincial Partnership Committees strengthened	
Papua New Guinea	Sustainability	Coordination, collaboration, partnership, and advocacy with the stakeholders of EPI program both at the National and Sub National Level to ensure sustainable financing for EPI program to address coverage and equity	WHO		WHO role as a catalyst to ensure aid effectiveness to address the HSS issues of EPI program will be in place by the Technical Coordinator (P5)	Effective coordination and collaboration within and outside the organization	
Papua New Guinea	Program Implementation/Coverage & Equity	Support the NDOH to improve the capacity of the National EPI Team in all aspects of EPI planning, implementation and monitoring	WHO	WHO technical support to NDOH and Provincial Health Team will be in place by the Technical Officer (P3)		Increased HR Capacity	
Papua New Guinea	Advocacy	Support the Public Health Team at the Sub National Level to form Provincial EPI Program Management Committee	WHO	6 Provincial EPI Management Committee will be established and functional		Provincial EPI Management Committee is in place and functional to address the key gaps to improve the coverage and equity	
Papua New Guinea	Program Implementation/Coverage & Equity	Support for the implementation of the Special Integrated Routine EPI Strengthening Programme (SIREP) in low performing provinces and districts.	WHO		6 Sub national EPI Review will be conducted	Health staff identified areas for improvement, based on self evaluation to identified EPI activities	

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Papua New Guinea	Data	Support the EPI program at the national and sub national level to ensure data quality analysis and management	WHO		6 DQM training will be done in 6 Provinces to minimize the discrepancy of data in different level	Provincial and district level data analysis will be available	\$ 1,206,960
Papua New Guinea	Data	Support the EPI program at the national and sub national level to estimate immunization coverage in critical areas	WHO		Small scale surveys conducted in 4 provinces	Immunization coverage estimation in 4 provinces will be used as a proxy data to understand the routine EPI coverage data from NHIS	
Papua New Guinea	Other	Support NDOH to strengthen VPD surveillance network at the provincial and district level	WHO	1. National IDSR Policy will be finalized, 2. National VPD surveillance guideline and SOP will be updated	3. VPD surveillance network will be established in 4 major district hospitals.	Performance of VPD surveillance will be improved	
Papua New Guinea	Other	Support the rotavirus hospital-based surveillance in Goroka, Eastern Highlands Province and invasive bacterial disease surveillance at the Port Moresby General Hospital in Port Moresby, Papua New Guinea	WHO		2 major hospitals will continue Rota Virus Surveillance (Goroka) and IB-VPD surveillance (PMGH) in the country	Disease burden data on rotavirus diarrhea and invasive bacterial disease among children <5 years of age	
Papua New Guinea	Other	Establishment of NITAG and it's strengthening activities	WHO		NITAG feasibility assessment will be done	Draft concept paper to establish NITAG, visit of the key people from the country to visit a developing country to experience functional NITAG	
Papua New Guinea	Other	Establishment of AEFI Data Management tool at the national level and AEFI Surveillance and response team at the sub national level	WHO		National AEFI Data Base will be in place. 3 Sub National AEFI surveillance and response team will be in place and functional	AEFI surveillance activity will be started	
Papua New Guinea	Vaccine-Specific Support	Support the EPI programme to prepare for and conduct measles and rubella programmatic risk assessment	WHO		Trained staff will conduct subnational level programmatic risk assessment annually and submit the assessments as part of annual regional verification commission reports.	Annual programmatic risk assessment submitted to Regional Verification Commission	

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Papua New Guinea	Vaccine-Specific Support	Support the EPI program at the National and Sub National Level for planning and preparation of MR campaign in 2019 under SIREP Plus	WHO		Country will start preparation and mobilization of resources at the national and sub national level to achieve 95% coverage in MR campaign in 2019	MR campaign planning and preparation will be started	
Papua New Guinea	Program 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	Completed recruitment and training of consultants.	Completed 1st mission. Capacity building in immunization delivery in targeted provinces.	Outcome to be aligned with specific technical assistance and capacity building by the country.	
Papua New Guinea	Program Implementation/Coverage & Equity	1 CDC Staff to provide TA for 30 days to ensure high quality preparation, implementation and monitoring for measles follow up SIA expected in 2018	CDC		completed readiness assessment from all districts in at least one province and independent monitoring forms/analysis from at least 10 vaccination sites	High quality MR Catch Up SIA completed	\$ 880,720

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Papua New Guinea	Program Implementation/Coverage & Equity	<p>Technical support to implement equity-focused immunisation programmes:</p> <p>i) Update the immunisation coverage and equity analysis paper using three years (2015, 2016 and 2017) NHIS data;</p> <p>ii) Support equity-focused immunisation services to improve coverage and equity with special focus on urban settlements in National Capital District (NCD);</p> <p>ii) Support equity-focused immunisation services in 2 provinces (with highest number of unimmunized children) updating district microplans to strengthen the outreach immunization activities through expanding partnership with NGOs, Churches, and private sectors in scaling up their participation in the immunization outreach activities;</p> <p>iv) Intensify supportive supervision and monitoring of immunization services at sub-national levels using immunization coverage and vaccine utilization data (Data for Action) as well as mentoring of immunisation staff at provincial and district levels.</p>	UNICEF	<p>i) PNG immunisation coverage and equity analysis paper is updated.</p> <p>ii) At least three unreached/underserved urban settlement communities of National Capital District (NCD) identified and vaccination outreach implemented.</p>	<p>iii) All unreached/underserved LLGs in each of the districts of two provinces identified and vaccination outreach implemented.</p> <p>iv) At least 6 intensified supportive supervision and mentoring to provincial and district staff conducted.</p>	Increased Penta3 coverage in three focused provinces; Improved equity in coverage and reduce penta3 unimmunized children in three provinces.	
Papua New Guinea	Supply Chain	<p>Technical support to NDOH (Health Facility Branch and EPI unit), the Provincial Health Authority / Office (PHA / PHO) in provinces to improve the iSCL and cold chain and vaccine management:</p> <p>i) Develop and nation-wide roll-out of cold chain equipment Operational Deployment Plan (ODP) as per the National Cold Chain Rehabilitation and Expansion Plan 2018 - 2020;</p> <p>ii) Establish and support the functioning of National Logistics Working Group for improved coordination among partners and project management team (PMT) to</p>	UNICEF	<p>i) National Operational Deployment Plan (ODP) for CCEs is available;</p> <p>ii) The National Logistics Working Group (NLWG) is formalized to act as CCEOP project management team.</p>	<p>iii) Semi-annual CCE inventory update is available;</p> <p>iv) 15 District Vaccine Stores (DVS) fully equipped with continuous temperature monitoring devices.</p> <p>v) SOPs on effective vaccine management</p>	<p>Reduced breakdown rate of CCEs in the currently equipped health facilities;</p> <p>Improved vaccine management and reduction of vaccine wastage;</p> <p>Improved cold chain logistics and vaccine stock management.</p>	

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Papua New Guinea	Supply Chain	<p>Support NDOH and immunisation country stakeholders on strengthening immunisation Supply Chain and Logistics (iSCL) management systems:</p> <p>i) assess the current situation for immunisation supply chain data availability, quality and use (including reviewing existing tools and processes for data collection, reporting and use) to identify weaknesses and available opportunities as well as development of strategies to improve performance;</p> <p>ii) conduct an iSC HR assessment to define specific HR improvement actions, training needs analysis, planning and costing;</p> <p>iii) develop a standard iSCL indicator dash board with a minimal set of indicators;</p> <p>iv) support NDOH to develop EVM continuous improvement Plan (cIP) linked to the 2016 EVMA results;</p> <p>v) support NDOH on vaccine stock management by introducing new tools such as ViVA to create visualizations of vaccine stock levels and stock projections in the future and provides an overview of all vaccine alert levels in the country.</p>	UNICEF	<p>i) Assessment report on immunisation supply chain data availability, quality and use with the recommendations is available.</p> <p>ii) Assessment report on immunisaiton supply chain human resources with the recommendations is available.</p> <p>iii) iSCL standard dashboard developed.</p>	<p>iv) The cIP for improved iSCL developed in line with EVM assessment and shared with partners.</p> <p>v) ViVA tool introduced into the EPI system at national level.</p>	Improved iSCL management with systems approach of planning, implementaiton and monitoring.	\$ 1,096,200

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Papua New Guinea	Demand Promotion	<p>Technical support to the Health Promotion Unit of National Department of Health (NDOH), PHA/PHOs, District Health Offices, and non-public partners to improve demand generation for immunisation services:</p> <p>i) Implement communication and social mobilisation plan for routine immunisation through engaging and applying the community-based communication and social mobilization avenues and platforms (CBO, NGOs, Churches, women groups, local radios, adolescent forum, mothers club etc.) to reach the care-givers of children in focused provinces.</p> <p>ii) Desk review of available studies on Knowledge, Attitude, Practices and Behaviours (KAPB) on immunisation services;</p> <p>iii) Develop communication materials on routine immunisation based on the findings of KAPB.</p>	UNICEF	i) Provincial communication and social mobilisation plan implemented in two provinces (NCD and ESP)	ii) KAPB desk review on immunisation conducted; iii) Selected communication materials designed and developed.	Community and care-givers awareness on immunization improved;	
Papua New Guinea	Advocacy	<p>Support NDOH and Provincial Health Department to improve advocacy and resource mobilisation for immunisation:</p> <p>i) Analyse three years (2015, 2016, and 2017) immunisation data to prepare provincial immunisation profile and advocacy tools;</p> <p>ii) Conduct advocacy meeting with NDOH, high level provincial government and districts officials, member of parliaments, NGOs, churches, and civil society organisations;</p>	UNICEF	i) Advocacy tools with provincial immunisation profiles developed for 3 provinces (NCD, EHP, ESP).	ii) Advocacy meeting to leverage resources for immunisation conducted in 3 provinces (NCD, EHP, ESP);	<p>i) Active engagement with partners at sub-national levels increased;</p> <p>ii) Resource allocation from provincial government for routine immunization increased.</p>	