Country	Programmatic Area	Activity	Partner	Jun-19	Milestones Nov-19	Jun-20	Expected Outcome	TOTAL	
	Vaccine-Specific Support	Provide both management and technical support to the FMOH regarding the HPV introduction preparations and post introduction follow ups. Help plan, implement and monitor the timely execution of all HPV introduction activities, including stakeholder engagement	CHAI	Final report submitted				27672.00	
		towards integration of HPV delivery and adolescent health, and post introduction monitoring activities. Coordinate and align the effort of partners and other key stakeholders in the timely introduction of HPV vaccine in Ethiopia.							
		Share country information, provide feedback and collborate within global leadership team. Relay key information to countries to facilitate introdcution and coordination at country level							
Ethiopia	Programme Management -	Support to improve leadership, management and coordination of the	Acasus	Final report against milestones and financial				231980.00	
Ethiopia		immunisation programme Planning and preparation for MCV2 introduction	JSI	report through 31 May 2019. Study tour to Tanzania completed				186042.00	
		Planning and preparation for MCV2 introduction	JSI	Job aid developed					
Ethiopia	Vaccine-Specific Support	Post introduction monitoring and support to address problems	JSI	Input provided for MCV2 supervision tools. Problem-solving tools developed.					
Ethiopia		Post introduction monitoring and support to address problems	JSI	Refresher training guide prepared					
Ethiopia Ethiopia		Post introduction monitoring and support to address problems Post introduction monitoring and support to address problems	JSI JSI	Monitoring visits conducted Input to feedback mechanisms provided	Monitoring visits conducted				
Ethiopia		Post introduction monitoring and support to address problems	JSI	Refresher training guide prepared					
Ethiopia		Support national level activity in finalizing and Implementing of new RED/C guide	PATH	New RED Guide line implemeted, prinited finalized before within the first 6 month and implemention period will be in the remaining				87207.00	
Ethiopia		Support the rollout new health pass port rollout in Afar and Somali regions	PATH	months of the project Health Passport implemented					
Ethiopia	Equity Programme Implementation/Coverage &		PATH	Training Condacted					
Ethiopia	_	Support the implementation of PIRI in 6 focal woredas (4 in Afar & 2 Somali regions)	PATH	PIRI implemeted					
Ethiopia	Programme Management - LMC	Facilitate Immunization tailored PPP consultative workshop 40 private hospitals in AA & DD		Workshop condacted					
Ethiopia		Situational Analysis for Demand Promotion (DP) & Community Engagement (CE) conducted in 6 focal woredas (4 in Afar & 2 in Somali regions)	PATH	secondary data analysed					
Ethiopia		Provide Capacity building training to 120 committee memmbers found in 6 focal woredas (4 in Afar & 2 in Somali regions)	PATH	Training Condacted					
Ethiopia		Training(OJT) for SM committee members in 6 focal woredas (4 in	PATH	Supportive supervision & OJT conducted					
Ethiopia	Demand Promotion & ACSM	Afar & 4 in Somali regions) Assisst in the planning, implemention and monitoring of national communication plan with participation in the national CWG	PATH	CWG participated & contributed in planning, implemention and monitoring national					
Fall:			DATU	communication activoities					
Ethiopia		communication plan with participation in the regional CWG	PATH	Regional level CWG meeting attnded					
·	(Data)	Support National level annual EPI bulletin preparatation and printing Provide capacity building training on DQS/DQR(TOT) for 50 Regional	PATH PATH	Bulletin prepared DQS implemented routinely					
	(Data)	& woreda level data managers in Afar and Somali region							
·	(Data)	Conduct Annual EPI program & data Quality improvement plan review in 8 focal woreda 4 in Afar & 2 Somali region Condact biannual Supportive supervision & Mentorship on EPI DQ		Review meeting Condacted SS condated					
Ethiopia	(Data) Health Information Systems	for 8 focal woredas in Afar & Somali regions Assisst in the planning, implemention and monitoring of national data		M and E WG meeting participated					
		quality improvement plan, program qulity with participation in the national M and E WG Assisst in the planning, implemention and monitoring of regional data	PATH	M and E WG meeting at regional level					
	(Data)	quality improvement plan, program qulity with participation in the national M and E WG Plan & organize the 2018 African Vaccination Week (AVW) activities		participated AVW event organized					
		strengthening of national health information system (HIS) and	University of Oslo	AVW event organized				18850.00	
•	(Data)	establishing of robust and sustainable integrated systems, focusing on implementation of tools and building capacity for better quality and use of immunisation data							
Ethiopia		Support to strengthen data quality and demand generation in Afar and Somali regions	CCRDA	1.Routine data quality self-assessment 2.Purchase of EPI recording and reporting				172077.00	
				formats 3.Conduct community conversation bi- monthly on EPI in selected low coverage					
				kebeles 4.Immunization mainstreaming in to Muslim					
				religious system 5.Establish and monitor EPI Task force at woreda level					
				6.Organize vaccination sessions in the identified low performing kebeles/communities					
				7.Conduct joint supportive supervision to the HF and community level					
				8.Conduct quarterly EPI review meetings at woreda level 9.Conduct review meetings with religious					
				leaders 10.Baseline and final evaluation survey using					
				WHO 30X10 cluster sampling method.					
Ethiopia		In support the planned introduction of MCV2 in Ethiopia in 2018, operations research to identify and mitigate barriers to uptake of	CDC Foundation	submitted for review, reference materials	Initiate study, and report status; draft materials developed for catch-up vaccination in line with	Final report on study findings; Materials pilot tested and status reported; recommendations on	Identification of potential barriers to uptake of MCV2 and recommendations to mitigate such barriers; development of	579600.00	
		second year of life (2YL) services (e.g. MCV2), and recording/reporting of vaccines doses delivered in 2YL; development and roll-out of training materials for 2YL, with emphasis on use of		gathered, best practices materials gathered from other countries	MCV2 introduction; assessment of impact of current messaging	approaches aimed at increasing awareness and demand for MCV2	materials for catch-up vaccination in line with MCV2 introduction; indetification of approaches to increase awareness and demand or MCV2 in the Ethiopian setting		
		MCV2 as an opportunity to catch-up children on vaccinations that were missed during the first year of life; communications messaging to increase awareness and demand for MCV2							
Ethiopia	Programme	Missed opportunities for vaccination due to healthcare worker	CDC Foundation	Funding received, planning for role out of	Training conducted; 16 month implementation	Continuation of implementation period, and	Assessment of whether the 5-dose presentation improves		
	Equity	reluctance to open a multi-dose vial is well described int he literature. CDC has been working with Ethiopia MoH and WHO to design and implement a randomized control study to document and measure the		implementation completed	phase initiated in selected zones	reporting on status	coverage over the 10-dose presentation		
		impact of reduce Measles vial size from 10 dose/vial to 5 dose/vial. IRB approval has already been optained and baseline data collection							
		began in Q4 2018. We propose to implement 3 arms of the study (5-dose vial and trainings, 10-dose vial and trainings, and control group) and measure the impact on immunization coverage during 2019-							
		2020. The findings from this study will be highly relevant to other countries considering the cost and benefit of changing to a 5-dose measles vial.							
Ethiopia		Strengthen Congenital Rubella Syndrome (CRS) Surveillance	CDC	Funds received	First supervisory visit	Annual review meeting held	Continued support for CRS surveillance	27000.00	
Ethiopia	(Data) Vaccine-Specific Support	1 CDC staff to provide TA for 30 days to ensure high quality	CDC			completed readiness assessment from at least 2	MR Follow Up SIA will be of high coverage and quality in areas		
		preparation, implementation and monitoring for measles follow up SIA planned in QTR 4 2019				sub-districts and/or 2 districts; completed independent monitoring forms/analysis from at least 5 vaccination sites; completed RCM in at	monitored		
Ethiopia	Demand Promotion & ACSM	Organize 1 workshop to finalize development of simplified RED	WHO	Simplified Job aid prepared		least 5 catchment areas	Contribute to increased coverage, reduced drop out and inequity	936458.65	
		implementation job aid for vaccinators (HEW & HWs) (translated in major local languages)			At loost 900/ of the man in the same		through implementation of immunization sessions appropriate to the community context using RED tools and PIRI implementation		
Ethiopia		Support training of health workers on the revised RED guide in 8 priority zones for the development of standard HF micoplans with engagement of community aiming to reach eligible population with	wнo	A total of 510 EPI officers & health workers trained on the revised RED/C guide	At least 80% of facilities in 80% of woredas in the 8 priority zones have RED-based microplan				
Ethiopia	Programme	apporpriate strategies identified Support preparatory activities for implementation of PIRI in the prioity	wно	At least 80% of PIRI implementing districts in					
	Equity	zones/woredas through field visit and on job support to reach eligible population and reduce un or undervaccinated children (Technical support)		the 8 priority zones conducted PIRI as per the plan	priority zones				
Ethiopia	Programme Implementation/Coverage &	Provide Comprehensive IIP training for health workers in 8 priority zones	wнo		A total of 480 health workers trained on IIP using the updated guideline		Improve quality of immunization service delivery by trained staff and ensuring compliance with the national standard		
Ethiopia		Organize consultative workshop and write up meetings to discuss on and revise the current EPI policy implementation guide	wно		A revised policy guide endorsed by FMoH				
Ethiopia	Equity Programme Management -	Support TOT on MLM at national level (Using 2018 budget) and cascaded to 8 priority zones for EPI officers using updated MLM	wнo	MLM training conducted at National level	A total of 123 EPI officers trained on MLM at national level and in 8 priority zones				
Ethiopia	Programme Management -	modules Facilitate opportunity for advanced vaccinology course for 3 FMOH	WHO	Institutions offering the course identified and	3 FMoH staff trained in advanced vaccinology				
	LMC Programme Management -	staffs through scholarship Conduct quarterly supportive supervsion in 8 priority zones to use results for improved quality of Immunizaiton services	WHO	contacted Conduct quarterly supervisions in 8 priority zones.	Report documenting remedial actions taken Supervision report submitted			-	
Ethiopia	Vaccine-Specific Support	Conduct cross sectional evaluation on defaulter tracing mechanisms in areas with high and low drop out rates to understand contributing	wнo	Protocol and concept note developed	Data collection completed		Contributes to reduction of dropout rates		
Ethiopia		factors and develop effective defaulter tracking method in selected areas of the 8 priority zones. Technical support for new vaccine introductions (MCV2 and HPV 2nd	wно	Study sites selected in priority zones MCV2 introduced nationally	Report hihglighting key findings completed HPV implemented as per the national schedule		Contributes to timely and smooth introduction of new vaccines and		
	Vaccine-Specific Support	dose) Conduct 3 regional -level review meetings post- HPV dose 1 and MCV2 vaccination introductions (Regions to be selected based on	WHO	Regional review meetings conducted and lessons learned documented for subsequent	Report documenting lessons learned developed		increased uptake		
		performance)		HPV vaccine and MCV2 implementation					
Ethiopia		Support Gavi application proposal submission for Measles SIAs, Yellow Fever Vaccine introduction (Rotine immunization and preventive mass vaccination campaign)and others as required	wнo	Applications prepared	Applications prepared and submitted		Contributes to the achievement of measles and yellow fever elimination targets		
Ethiopia	Vaccine-Specific Support	Support preparatory activities (including travel) for 2020 measles	wнo		Detailed implementation plan and chronogram				
Ethiopia	Programme Management -	SIAs to ensure quality implementation and high coverage Support training for new and exisiting NITAG members	WHO		developed for 2020 campaign 12 NITAG members received training		Evidence driven decision making enhanced		
	LMC								
Ethiopia	LMC	Facilitate at least 2 NITAG meetings	WHO	At least 1 NITAG meeting held	At least 2 NITAG meetings held as per workplan and recommendations followed up				
Ethiopia	Programme Management -	Support 1 field assessment by NITAG members based on issues that emanate from discussion or requested by EPI team/ICC	WHO		1 field assessment conducted based on thematic areas that arise from discussion and review				
Ethiopia	Health Information Systems (Data)	Conduct bi-annual review meeting to strengthen sentinel surveillance (Rota, PBM and CRS)	wнo		2 review meetings conducted Detailed report submitted on review meetings		Improved data quality and surveillance performance indicators		
Ethiopia	Health Information Systems	Support sample collection and transportation reimbursement for lab-	wно	Monthly surveillance data generated and			Improved performance of measles and rubella surveillance system		
Ethiopia		based measles and rubella surveillance as per the national guideline Support Post-introduction Evaluation (HPV and/or MCV2)	wнo	Monthly ADC report produced and shared			Improve quality of service delivery based on outcome of PIEs		
	Health Information Systems (Data)	Conduct data triangulation workshop to estimate national and subnational immunization coverage estimates using global data	WHO	, see production and shalled	One national data triangulation workshop conducted and national and regional estimates		Subnational coverage estimates obtained for program evaluation and better decision making process		
Ethiopia	Health Information Systems	triangulation guideline(s) Conduct joint quarterly visits to regions to evaluate data validation and data triangulation systems	WHO		produced Strengths and weaknesses of the existing data validation and data triangulation systems		Contributes to better data quality		
Ethiopia	Health Information Systems	training on RDQA/DQS methodology for national and regional experts	wно		identified National and regional EPI and HMIS capacitated	1			
Ethiopia	_	Priortize woredas on a quarterly basis using RED categorization and provide feedback	wнo	areas with persistent access/utilization problems identified and feedbck given	on RDQA/DQS Methodology Corrective measures taken to improve situation		contributes to program performance		
Ethiopia	Equity Supply Chain & Procurement	Conduct workshop (40-50 participants for 2 days) to disseminate	WHO	Findings disseminated and improvement plan			Improves vaccine management (reduced wastage and availability of		
•		EVMA findings and finalize report write up incorporating inputs from review and dissemination workshop		strengthened			potent and adequate vaccine)		

						1		
Ethiopia	Supply Chain & Procurement	Technical support for the following: 1. Implementation and Roll out of CCEOP - Procurement services	CEF	Training of 13 bio-medical technician on basic cold chain maintenance	Cold chain down time is reduced from 7 days to 2 days at natinoal and subnational levels		Contributes to strengthened Cold Chain and Logistics Management System including increasing CC space, vaccines stock	954614.16
		including arrival, clearance, end user delivery & installation, on site					management, forecasting, procurement and regular inventories.	
		trainings certifications; national level coordination and monitoring including support on EVMA and improvement plan.					National Logistics Working Groups (NLWGs) review vaccine stocks at central and subnational levels (e.g. to districts) on a	
		Develop/adopt decommissioning protocol for old/obsolete cold chain equipment and assist the Kick of its implementation					regular basis	
		3. Participation to TWG on development of CCEI						
		tools/training/monitoring data collection at selected areas prepare rehabilitation, expansion and maintenance plan;						
		Quarterly tracking of vaccine shipments and stock levels, analyze against the forecast - utilized - advice support implement of corrective actions and Report Submission						
		5.Conduct pre-service training for bio-Medical Technicians on basic cold chain equipment (13)						
		6 Develop interactive audio-visual training course and administer to						
		100 cold chain/ EPI focal staff in 14 Zones (SNNP and Amhara						
		regions. tool trainings). One national orientation on the Audio- Visual Training						
Ethiopia	Programme	Technical Assistance at regional and zonal level focusing on low UNI	CEE	Capacity for national and sub-national EPI	RED/REC implemented in all UNICEF-targeted		Contributes to address key implementation bottlenecks, identified	
Енпоріа	Implementation/Coverage &	performing zones and woredas to strengthen performance capacity	OLI	managers (in 4 regions) on program	zones and regions to increase the coverage and		evidence for program improvement, facilitate service integration,	
	Equity	though implementation of RED/REC approach - PIRI and planning and implementation/monitoring though equity lens. (SNNP, Oromia,		management improved through training	utilization through improved analysis, planning, and program management		linkage. equity focused Micro plan and implementation monitoring and evidence and data use for coverage and equity improvement	
		Amhara, AA, B.Gumuz)					service uptake. Increased coverage and equity in underserved communities and unimunized children number reduced mainly in 5	
		2. Assess the existing assets and practice of EPI program					regions	
		management and develop capacity of EPI managers on program management for national EPI members and three RHBs						
		3. Explore root causes on why some vulnerable groups (e.g. poorest,						
		illiterate, etc.) are not using immunization service or drop out from service						
		4.Conduct three Advocacy/orientation session on linking and						
		integration of routine immunization and MCV2 with Comprehensive						
		Nutrition Services (CINS) for children 6-23 months through community mobilization, service delivery integration and strengthening						
		linkage with pro-poor policy such as with PSNP both rural and urban						
		Liaise and facilitate execution of at least three imbedded implementation researches in selected areas						
		Deployment of Consultant to support Measles and Yellow fever SIA						
		application						
Ethiopia	Health Information Systems	Conduct rapid convenience survey among target children in three UNI	CEF		Rapid convenience surveys on vaccination		Contributes to better program monitoring, better targeting, and	
	(Data)	hard to reach areas per woreda to understand vaccination status and validate with administrative report for better planning			status conducted in low performing woredas, and corrective actions taken and reported		improved recording and reporting system at health center and health posts level.	
							poote level.	
		Improving coordination with HF and woreda authorities and CRVS office to promote linkage of immunization cohort registries and birth						
		registration in project woredas in coordination with WB.						
		3. Provide technical support on JRF reporting to improve quality						
		4. Technical Support on HMIS (DQR) focusing on Zones in SNNPR, Amhara, BG and Gambella regions with immunization focus:						
		5. Technical Assistant on M and E. at National level						
		3. Technical Assistant of Mi and L. at National level						
Ethiopia	Demand Promotion & ACSM	Technical support on the development and implementation/roll out, UNI	CEF	Crisis Communication Plan for MCV2	National engagement strategy for reaching high-		Contributes to increase in uptake of HPV and MV2 introduction and	
		monitoring of Social mobilization and Crisis Communication Plan on HPV ,MCV2 , yellow fever and Measles SIA (focusing on two		implemented and rolled out during MCV2 introduction	risk communities developed and being implemented in the targeted regions and zones		more trust on routine immunization by the public and caregivers.	
		agrarian regions and B.Gumuz)						
		2.Technical support on the development of specific and tailored						
		community engagement strategies for high-risk communities: mobile populations, urban poor and geographically and socially isolated						
		population						
		Conduct an assessment of the disseminated IPC tools (manual and table flipchart) aiming at enhancing HEW's IPC skills						
		4.Use new technology by introducing mobile phone reminders for						
		immunization appointments and putting in place a mobile based light surveys for monitoring EPI KAP in the communities						
Ethiopia	Vaccine-Specific Support	Technical support in planning, procurement services, trainings, and UNI monitoring for introduction of HPV second dose, MCV2, Measles	CEF		Training on vaccinology, procurement of vaccines, and mid-year EPI review meeting are		Contributes to increase uptake of NVI	
		SIA and yellow fever to ensure timely and quality delivery of the services.			timely facilitated and documented			
Ethiopia	Vaccine-Specific Support	Support capacity development of national and sub-national staff on UNI basic vaccinology course	CEF	1				
Ethiopia	Vaccine-Specific Support	Support mid-year meetings on RI implementation and TCA UNI	CEF	1				
Ethiopia		Inrodress		·			1	
1	Vaccine-Specific Support	Technical support to FMOH to monitor HPV dose 2 implemention	PATH	Participation in initial dose 2 review meetings	Participation in continued dose 2 review		Participation in continued dose 2 review meetings completed	
Ethiopia		1 9	PATH PATH	completed Participation in initial dose 2 review meetings	meetings completed Participation in continued dose 2 review		Participation in continued dose 2 review meetings completed Participation in continued dose 2 review meetings completed	
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