

Country	Programmatic Area	Activity	Partner	Milestones			GPF indicator code If applicable, enter the code to the Grant Performance Framework indicator to which this activity is linked	Expected Outcome	TOTAL
				Jun-20	Nov-20	Jun-21			
Ethiopia	Programme Implementation/Coverage & Equity	In support the introduction of MCV2 in Ethiopia in early 2019, technical support subnationally in one large Region (specifically Oromia Region), including a) operations research to identify and mitigate barriers to uptake of MCV2 and second year of life (2YL) services; b) support around recording/reporting of vaccines doses delivered in 2YL; c) roll-out of training materials for MCV2, with emphasis on use of MCV2 as an opportunity to catch-up children on measles vaccinations that were missed during the first year of life; d) communications messaging to increase awareness and demand for MCV2; e) capacity building for data quality assurance, analysis and triangulation for MCV1 & MCV2 at the local level (i.e. health facility level within Oromia); f) experience sharnig activities on 2YL programs	CDC Foundation	Funding received, a) IRB protocol developed and submitted for review; b-e) reference materials gathered, best practices materials gathered from other countries, and locally to strengthen implementation; f) continue work started last TCA cycle	a) Start planning for barriers study, b, c, e) report status; draft materials developed for catch-up vaccination in line with MCV2 introduction; d) assessment of impact of current messaging	a) Final report on study findings and dissemination through various forums; b, c, e) Materials pilot tested and status reported; d) recommendations on approaches aimed at increasing awareness and demand for MCV2, with focus subnationally in Oromia Region	Identification of potential barriers to uptake of MCV2 and recommendations to mitigate such barriers; development of materials for catch-up vaccination in line with MCV2 introduction; identification of approaches to increase awareness and demand for MCV2 in the Ethiopian setting	Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities	\$ 377,248
Ethiopia		Missed opportunities for vaccination due to healthcare worker reluctance to open a multi-dose vial is well described in the literature. CDC has been working with Ethiopia FMOH and immunization partners to design and implement a randomized control study to document and measure the impact of reduce Measles vial size from 10 dose/vial to 5 dose/vial. IRB approval has already been obtained and baseline data collection is planned to begin Q4 2019. We propose to continue to implement the 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 2020-2021. The funds identified are the anticipated needs to complete the full implementation, which will begin Q2 2020 with funds already received under the last TCA cycle. 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.	CDC Foundation	Funding received, HCW orientation curriculum developed, orientation workshops conducted, 3 months of implementation complete	Complete a further 6 months of the implementation phase initiated in selected zones	Complete of implementation period (runs in total for 16 months), and reporting on status. Carry out endline survey.	Assessment of whether the 5-dose presentation improves coverage over the 10-dose presentation	Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities	
Ethiopia	Vaccine-Specific Support	1.Support training of health workers on the MLM, Combined RED/IIIP focusing on (2YL) to new 8 priority zones in four big regions (Tigray, Amhara, Oromia, and SNNPR) and health workers health workers from Health facilities with underserved catchment areas in Addis Ababa and Diredawa City Administrations (urban inequalities)	WHO	40% Health facilities (health posts) in the targeted zones and urban slums developed session plans and vaccine requirements and monitor the conduct of sessions (Micro-planning)	75% Health facilities (health posts) in the targeted zones and urban slums developed session plans and vaccine requirements and monitor the conduct of sessions (Micro-planning)	>80% Health facilities (health posts) in the targeted zones and urban slums developed session plans and vaccine requirements and monitor the conduct of sessions (Micro-planning)	Health facilities in the beneficiary zones of the four big regions and urban slums in the two city administration will reach more children as a result of have an improved immunization services through training/mentoring of health workers and implementing PIRI and vaccination weeks strategies	Contribute to increased coverage, reduced drop out and inequity through implementation of immunization sessions appropriate to the community context using RED tools and PIRI implementation. Improve quality of immunization service delivery by trained staff and ensuring compliance with the national standard	
Ethiopia		2.Orient 2 HEWs per health post (1000 HEWs) in WHO supported Zones	WHO						

Ethiopia		3. Conduct two sessions of post training follow-up supervisory visits and Review Meetings in the new 8 Zones and urban slums woreda in the two cities administration	WHO							
Ethiopia		4. Conduct annual post training supportive supervision and one round review meeting in 2018 and 2019 intervention zones in the four big regions (15 Zones).	WHO							
Ethiopia		5. Provide technical support to implement: <ul style="list-style-type: none"> PIRI in the targeted zones AVW in the targeted zones roll out of MCV2 to all health facilities and implementation of HPV vaccinations in the big four regions 	WHO		Reach >95% of targeted children	Reach >95% of targeted children				
Ethiopia	Programme Management - General	1. Organize consultative workshop and write up meetings to discuss on and revise the current EPI policy, implementation guide and cMYP development and write up meetings to revise/update the national IIP training modules	WHO	Epi policy and cMYP drafted and discussed	Endorsed by NITAG/ICC	Implementations of policy/cMYP	Improvement in quality of Immunization service provision: EPI Policy, implementing guideline and cMYP developed to address low coverage and inequities and newly introduced vaccines and other policy issues.	Contribute to increase the quality of immunization services by reducing missed opportunities and dropouts through guided by evidences generated from surveillance and surveys and backed by updated policy, technical guidelines and SOPs	\$	903,880
Ethiopia		2. Support advocacy workshop to promote life course approach including 2YL to achieve universal immunization coverage	WHO							
Ethiopia		3. Conduct Dropouts/MOV assessment in selected zones to determine the magnitude and reasons of Dropouts/ MOV so that to guide policy changes and design MOV interventions for improving EPI coverage and reducing inequities	WHO	Concept note & agreed upon protocol developed	Training of surveyors and data collection	Dissemination workshop	Health workers implements the recommendations to decrease MOV by screening and tracking of dropouts to improve coverage, equity and continuity			
Ethiopia		4. Support biannual meeting of national AEFI committees and national stakeholders (EPI, NRA and partners). Provide Technical and financial support to Investigation of serious AEFI cases in the field	WHO	50% of severe AEFI cases classified	60% of severe AEFI cases classified	80% of severe AEFI cases classified	AEFI reporting is increased to improve vaccine safety in the country			
Ethiopia	Health Information Systems (Data)	1. Conduct data triangulation workshop to estimate national and subnational immunization coverage estimates using global data triangulation guideline(s)	WHO	50% zones, woredas and HFs improve data as measured by DQR and data triangulations (baseline ISS, DQS)	75% zones, woredas and HFs improve data as measured by DQR and data triangulations (baseline ISS, DQS)	80% zones, woredas and HFs improve data as measured by DQR and data triangulations (baseline ISS, DQS)	Improvement in data use for action.	Valid Immunization programme data generated and uses for actions		
Ethiopia		2. Conduct joint quarterly visits to regions to evaluate data validation and data triangulation systems focusing in the four big region	WHO							
Ethiopia		3. Training on RDQA/DQS methodology for national and regional experts (30-40)	WHO							

Ethiopia	Supply Chain & Procurement	<p>1. Provide training on cIP/vaccine management, to immunization supply chain and managers, health service providers and their supervisors in 80 percent of UNICEF targeted woredas in 14 zones of three large regions (10 trainees X 14 zones (140)</p> <p>2. Implement EVM based on the national cIP in 50% of HCs in 80% of UNICEF targeted woredas and achieve ≥ 80 EVMA criteria score verified by endline assessment in reference to the national EVMA result as base line</p> <p>3. Follow-up with and support MOH/EPSA and EPHI- on cold chain inventory and explore /advocate the development of platform for real-time CCE data for monitoring.</p> <p>4. Provide support to EPSA to strengthening vaccine and cold chain information management Systems: review the cold chain formats and reporting and analysis system to improve vaccine visibility and cold chain data base</p> <p>5. Provide TA support to EPSA and FMOH on annual forecasting, regular review of vaccine stocks level and shipment plans and management</p>	UNICEF	Documentation available on 140 person (list of trainees and training report)	Effective Vaccine Management composite score reached $\geq 80\%$ of the targeted woredas		6 - 12 months	Contributes to strengthened Cold Chain and Logistics Management System including , vaccines stock management, forecasting, procurement and regular inventories. National Logistics Working Groups (NLWGs) review vaccine stocks at central and subnational levels (e.g. to districts) on a regular basis	
Ethiopia	Programme Implementation/Coverage & Equity	<p>1. Identify HFs that are not providing immunization service and explore barriers and provide appropriate solution facilitate for service provision in 80 % of 225 woredas in 14 zones of three large regions (Amhara, Oromia & SNNPR)</p> <p>2. Enhancing evidence-based, equity focused and RED/REC micro-plan with all components in place at least in 90% percent of PHCUs</p> <p>3. Implement Monitoring package (Immunization session monitoring ,community level coverage validation , data quality verification, and rapid convenience survey) for monitoring equity-focused approach in 10 percent of PHCUs and document learnings for scale.</p>	UNICEF	Percentage of health posts and health centers not providing immunization service reduced from 4 percent and 19 percent to 3 and 15 percent respectively in June 2020	<p>Lessons learned document prepared on progress of equity work in UNICEF Targeted zones</p> <p>RED/REC micro-plan in place/updated in 90% PHCUs in 80% of UNICEF targeted woredas in 14 zones</p> <p>Rapid convenience survey conducted</p>		6 - 12 months	Contributes to address key implementation bottlenecks, identified evidence for program improvement, facilitate service integration, linkage, equity focused Micro plan and implementation monitoring and evidence and data use for coverage and equity improvement service uptake. Increased coverage and equity in underserved communities and unimmunized children number reduced mainly in three regions (Amhara, Oromia & SNNPR)	
Ethiopia	Health Information Systems (Data)	<p>1. Provide technical support for HMIS data review and triangulate with RCS and vaccine consumption data and provide feedback for programme improvement.</p>	UNICEF		14 zones in three regions performed proper data triangulation analysis to inform decisions at regional level Nov 2020		6 - 12 months	Contributes to better program monitoring, better targeting, and improved recording and reporting system at health center, health posts level, woreda, zonal, regional and national levels	\$ 953,102
Ethiopia	Demand Promotion & ACSM	<p>Enhance community engagement in the UNICEF supported 14 zones of three large regions and Addis Ababa to increase immunization uptake</p> <p>Key activities</p> <p>1 Develop and implement tailored behavior and social changes strategy for remote rural, urban scattered communities , conflict affected and communities with low socio-economic status and implementation in 14 zones in Amhara Oromia and SNNPR</p> <p>2. Monitoring of community participation, especially of women, in the planning and monitoring of immunization sessions in the framework of the RED/REC</p> <p>3. Strengthen SBCC coordination at regional level and in 14 UNICEF targeted zones, among programmes, particularly of EPI and HEP, and partners including women networks and other local CSOs;</p> <p>4. Support MCV2 , Measles SIA and NVI roll out in communication planning, development/adjustment of communication tools, and monitoring</p>	UNICEF	Two Regional community engagement strategies for high risk communities available for SNNP and Oromia	three Community engagement strategy for high risk communities is implemented in 14 zones in Amhara, SNNPR and oromia	MCV2, measles, SIA and NVI communication tools available at the regional level		Contributes to increase in uptake of routine immunization by the public and caregivers in UNICEF priority zones through increased awareness on immunization and community participation to address local bottlenecks	

Ethiopia	Vaccine-Specific Support	1. Technical support provided to planning, procurement services, trainings, Demand generation and monitoring of Measles SIA and to ensure the implementation of quality campaign 2. Provide Technical support to improve coverage of MCV2 and 2019 HPV new cohort (focusing in schools and out of schools)	UNICEF		Progress on Measles SIA, HPV and MV2 roll out and other RI priorities in 14 low UNICEF supported zones including TCA implementation reviewed & reported to FMOH and partners		6 - 12 months	Contributes to increase uptake of NV1 (MCV2, new Cohort of HPV)	
Ethiopia	Health Information Systems (Data)	Implementation Support	University of Oslo						\$ 16,190
Ethiopia	Health Information Systems (Data)	Implementation Support							
Ethiopia	Programme Management - General	Strengthen data qualities of health facilities rendering routine immunization services	CCRDA						\$ 189,918
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme	Acasus		Presentations from National and Regional stocktakes (three regions)	Presentations from National and Regional stocktakes (three regions)			\$ 325,248
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme			Update on implementation of light support to other regions	Updated data packs from regions and zones			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme			Analysis of variance between data from supervision and administrative data, and performance data	Sustainability plan for the intervention			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme			Quarterly progress report	December 2020: Quarterly progress report			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				December 2020: Presentations from National and Regional stocktakes (three regions)			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				Implementation plan for the second household survey			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				Analysis of remaining gaps in immunization activity and availability of critical inputs in			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				March 2021: Quarterly progress report			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				June 2021: Presentations from National and Regional stocktakes (three regions)			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				Description of results from light support to other regions			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				Results and analysis from the second household survey			
Ethiopia	Programme Management-LMC	Support to improve leadership, management and coordination of the immunisation programme				Final report from the project			
Ethiopia	Programme Management - General	Technical support to FMOH to monitor 2nd Year HPV dose 2 implementation progress, identify challenges, propose solutions	PATH						\$ 513,020
Ethiopia	Programme Management - General	Technical support to Afar and Somali regions to monitor 2nd Year HPV dose 2 implementation progress, identify challenges, propose solutions							
Ethiopia	Programme Management - General	Participate in Gavi's annual Joint Appraisal and grant renewal processes to ensure continuity of HPV TA support							

Ethiopia	Programme Management - General	Prepare brief refresher training guide	JSI	Refresher training guide prepared					
Ethiopia	Programme Management - General	Conduct post-launch monitoring visits		Monitoring visits conducted					
Ethiopia	Programme Management - General	Provide input to feedback mechanisms from FMOH on MCV2 performance		Input to feedback mechanisms provided					
Ethiopia	Programme Management - General	Revise QRM processes to address MCV2 and 2YL vaccination		Revised QRM processes for MCV2					
								\$	58,517