

Country	Programmatic Area	Activity	Partner	Milestones		Expected Outcome	Budget for 2018
				Pre-Joint Appraisal	30-Nov		
India	Program Implementation/Coverage & Equity	Strengthening immunization in 4 urban cities identified under Intensified Mission Indradhanush (IMI) but not included in HSS-2 proposal.	WHO	Gap analysis conducted in 75% urban areas Atleast one urban task force meeting conducted in 75% urban cities	Monitoring findings discussed in urban task force in 75% of urban cities	Microplan developed/ revised in 75% of urban cities Monitoring finding used for corrective actions through task forces in 75% of urban cities	\$ 618,032
India	Leadership Management and Coordination (LMC)	Deployment of one technical officer and one technical assistant to support immunization strengthening activities	WHO	Technical officer and technical assistant in place to support immunization strengthening activities	Immunization data analysed and shared with MOHFW on monthly basis for corrective actions.	Immunization monitoring data analysed and shared to guide the program	
India	Data	District workshops for VPD surveillance	WHO	Identification of 3 states for VPD (Diphtheria, Pertusis and Neonatal Tetanus) surveillance expansion	District VPD surveillance workshops initiated within three months of state VPD surveillance workshop	District VPD surveillance workshops completed in atleast 75% districts within three months of state VPD surveillance workshop Atleast 75% district started reporting on VPD surveillance within three months of district VPD surveillance workshop	
India	Data	Data quality workshops for state program managers	WHO	Training package on data quality improvement for state program managers and state data managers developed	State workshops conducted in three states	Capacity building of districts program managers and district data managers on effective use of data by state program managers and data assistants.	
India	Demand Promotion	Applying lessons learned from polio and measles campaigns on communication and community engagement to improve RI intentions and uptake in high risk districts of India. A two-stage project, the first is to capture lessons learned from positive campaign experiences in India, how they overcame resistance or hesitance to achieve polio elimination and high coverage in the most recent MR campaign phase. The second is an attempt to capture the key elements of successful campaign strategies to secure community engagement and apply them in an operational assessment format to strengthen routine immunization programs in high-risk districts that face low coverage and contributory low demand. Methods for the first stage will rely on secondary review of accounts of polio and measles campaigns from written documents and oral interviews with immunization staff to document lessons learned. The second stage of the work would include pre- surveys mixed with qualitative data collection to monitor community attitudes towards vaccines and vaccination services. A mid-term qualitative evaluation would take place by the end of the first year, followed by continued intervention and a request for a post-intervention survey if a second year of funding would be allowed.	CDC	pre- surveys mixed with qualitative data collection to monitor community attitudes towards vaccines and vaccination services - approved protocol and instruments	Operations research protocol developed and approved	1. Lessons learned document 2. Operations research protocol approved and intervention 3. Baseline survey data with enhanced demand measurement	

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India	Demand Promotion	Building capacity to detect and respond rapidly and effectively to AEFI, rumors or misinformation arising on media, social media, and other public platforms in India. This activity will gather lessons learned on a regional level from country responses to vaccine hesitance in general and social media threats in specific. Ability to respond effectively to sudden AEFI, rumors or misinformation that arise in media or social media is critical for protecting robust demand for vaccines and vaccination services. We propose to pilot media monitoring strategies that could be combined with AEFI monitoring systems, then to rapid communication response teams for EPI working with EPI, WHO and UNICEF, and finally to develop guidance for State-level programs on how to prepare one or both systems.	CDC	1. Social media monitoring strategy developed for Whatsapp and Facebook platforms 2. Social media strategy piloted	Simulation workshop modeling response to AEFI and corresponding media	1. Guidance document on rapid response to threats to vaccine confidence. 2. Preparedness for rapid response to vaccine related events combining AEFI and media response submitted for government review	
India	Program Implementation/Coverage & Equity	Provide technical assistance to state-specific or nationwide HPV vaccine implementation planning including, but not limited to: assistance to WHO with completion of Punjab State phase I introduction of HPV vaccine, planning and supporting WHO with post-introduction evaluation in Punjab State, introduction and implementation micro-planning in other states planning for HPV introduction, evaluation of HPV introduction in other states, supporting decision-making to India's MOH and NTAGI, technical assistance with application (as needed) to Gavi for national introduction.	CDC	Planning and supporting Punjab state post-introduction evaluation, drafting reports with WHO and providing to MOH, providing NTAGI with necessary technical information for national introduction decision-making.	State-wide scale-up planning in Punjab State, implementation planning complete in other interested states, report of national introduction decision-making status and plans.	Post-introduction evaluation report of Phase I introduction in Punjab, scale-up plans for Punjab state, implementation plans and operational guidelines in other states planning HPV introduction, report of status of decision-making for nationwide HPV vaccine introduction plans.	
India	Data	The National Institute of Cholera and Enteric Diseases (NICED), a body of the Indian Council of Medical Research (Government of India) is in discussions with the State Government of West Bengal to conduct a oral cholera vaccine intervention in a high cholera burden area in West Bengal. CDC-GID has offered technical assistance with monitoring and evaluation of the campaign, primarily monitoring the impact of the campaign on disease burden. We will combine this activity with another CDC-funded project working closely with WHO-India to, 1) A desk review of existing data on laboratory-confirmed cholera cases to identify 2 sites for prospective surveillance for cholera. 2) A pilot project to adapt the existing polio infrastructure of health facility and community-based polio surveillance to conduct surveillance for cholera. This project will provide more robust data on the burden of cholera in these areas and provide pre-campaign data for a vaccine impact assessment.	CDC	Desk review of existing data sources completed and 2 sites for prospective surveillance identified aligning with the area where the campaign will be conducted. Surveillance study protocol will be completed and approved by appropriate IRBs.	Preliminary report for disease surveillance completed. Final report of campaign implementation completed, if the campaign occurs during this timeframe.	Increased information on cholera burden data and applied to OCV introduction planning in India and impact of OCV campaign in a high burden area in India.	\$ 467,610
India	Data	Support the government of India for assessing and documenting facilitators and barriers of successful implementation of ANMOL in 2 selected states.	CDC	Assessment methodology developed	Assessment completed in two states	1) Documented facilitators and barriers for successful implementation and scale-up of ANMOL, 2) assessment methods to share with other states	
India	Program Implementation/Coverage & Equity	4 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for MR Catch Up SIAs planned in April 2018 for 6 states: Jharkand, W. Bengal, Delhi, Punjab, Haryana, Chandigarh	CDC	completed readiness assessment from at least 4 divisions and independent monitoring forms/analysis from at least 20 vaccination sites	completed mission and report	High quality MR Catch Up SIA completed in the targeted states	
India	Program Implementation/Coverage & Equity	1 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for MR Catch Up SIAs planned for August 2018 in Chhattisgarh state	CDC	identification of staff	completed readiness assessment from at least 1 division and independent monitoring forms/analysis from at least 5 vaccination sites	High quality MR Catch Up SIA completed in the targeted states	

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India	Program Implementation/Coverage & Equity	4 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for MR Catch Up SIAs planned in October and November 2018 in 7 states:Gujarat, Man & Diu, D & N Haveli, Maharashtra, Meghalya, Tripura, Nagaland	CDC		completed readiness assessment from at least 4 divisions and independent monitoring forms/analysis from at least 20 vaccination sites	High quality MR Catch Up SIA completed in the targeted states	
India	Program Implementation/Coverage & Equity	4 CDC Staff to provide TA for 30 days each to ensure high quality preparation, implementation and monitoring for MR Catch Up SIAs planned in January 2018 in 2 states: Uttar Pradesh and Rajasthan	CDC		identification of staff	High quality MR Catch Up SIA completed in the targeted states	
India	Program Implementation/Coverage & Equity	(see above HPV activity, cost-shared with CDC)	CDC Foundation				\$ 44,800
India	Data	(see above cholera activity, cost-shared with CDC)	CDC Foundation				
India	Program Implementation/Coverage & Equity	Support the implementation and national monitoring of Mission Indradhanush, with a focus on 5 high priority states	UNICEF	Intensified Mission Indradhanush dashboard especially for communication and cold chain	Web based dashboard for routine immunization	Improvements in immunization coverage are inclusive of the children in the most marginalized, remote and poorest communities and overall inequities within the immunization program are reduced	
India	Demand Promotion	Support the implementation of a high quality MR SIA, with a focus on social mobilization and real time monitoring (not funded from MR operational cost)	UNICEF	Documentation of communication intervention in phase II of MR campaign	MR campaign monitoring results MR camapign IEC materials and prototypes Social mobilization Network deployment to support MR campaign	Successful implementation of MR campaign	\$ 947,493
India	Supply Chain	Support planning, cold chain assessment, media orientation and roll out of Pneumococcal and Rotavirus vaccine in identified states	UNICEF		Rota virus vaccine operational guidelines with sections on demand generation and cold chain	Enabling preparedness for the introduction of new vaccines	
India	Demand Promotion	CSO platforms have improved governance and operations	CRS	CSO platform annual reports		CSO platforms have improved functionality	*