

Investment Areas (select from dropdown)	Activities (describe the activity)	Key Results (mandatory for multi-year activities)	Primary Partner (directly c	Implementing Partner (prin	TOTAL 2022-25
7. Governance, Policy, Strategic Planning, and Programme Management	Support State EPI team in the development and implementation of annual work plan to reach zero-dose children.	Annual work plan developed and implemented in three States and two administrative areas	Access for Humanity	Access for Humanity	\$ 240,000.00
7. Governance, Policy, Strategic Planning, and Programme Management	Monitor the implementation of strategies and approaches for reaching zero-dose children and missed communities	Number (%) of zero dose children and missed communities reached quarterly	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Mentor state and County EPI managers on coordination, leadership, management activities of EPI services in the three states and two administrative areas.	Improvement in EPI performance. (e.i key EPI indicators)	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Incorporate COVID-19 vaccination into Routine immunization	Increase COVID-19 vaccine coverage	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	aSupport subnational level to monitor implementation of strategies, approach that promote gender equity and equality.	Progress made on gender equality and gender-related bearer to immunization services	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Determine gender development index and gender inequality index for zero children and Penta three dose	Improve gender development index and gender inequality index in relation to socio-demographic characteristics of parents or guidance.	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Support State EPI team with planning and conducting EPI Coordination meetings at the three states and two Administrative Areas.	All planned coordination meeting conducted, minutes shared and action points followed up.	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Support EPI Managers of the three states and two administrative areas to Process, analyse, interpret and disseminate data for decision making.	Number of states and Counties making use of immunization data for decision making focusing on zero dose and missed communities.	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Monitor implementation of national EPI policies, guidelines, and strategies.	Improve EPI key performance results and EPI services delivery are in line with policies, guideline and strategies	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Assist EPI team in planning, implementation, monitoring and evaluation of SIA at subnational level.	Planned SIA (s) is/are implemented successfully.	Access for Humanity	Access for Humanity	
7. Governance, Policy, Strategic Planning, and Programme Management	Support CHD in harmonizing BHI with other risk communication and community engagement activities at subnational level	EPI, BHI and Social mobilization activities harmonized and zero dose children/missed communities are reached	Access for Humanity	Access for Humanity	
1. Service Delivery	<p>1) Expand support given across all 47 counties to strengthen immunization service delivery at health facilities, with a focus on identifying and reaching zero dose children.</p> <p>2) Re-introduce the integration (joint micro-planning and implementation) of child vaccination with vaccination of cattle leveraging humanitarian and veterinarian actors among 30 counties with nomadic population (cattle camps) to increase acceptability of vaccination (consider some organizations dealing with animal).</p> <p>4)Support the roll- out of Ticker files in 20 facilities in year 1 and 20 in Year 2</p> <p>5) Support identification and reaching of missed &amp; zero dose children living in number of counties which host nomadic population through outreach and mobile strategies. Support the selected counties at sub-national level in developing integrated EPI micro-plans and ensuring that community leaders are closely involved in the development of these micro-plans. Coordinate monthly monitoring of activities implemented by IPs providing integrated EPI services in these counties.</p> <p>6) Tailored immunization services targeting worst flood prone counties including boat-delivered service packages integrating childhood vaccines, Td (for WCBA) &amp; Covid-19 vaccines.</p> <p>7) Implement seasonal intensification of routine immunisation activities in flood-prone and underperforming counties.</p>	<p>1. Increased number of children and women in the target population who received a recommended dose of Penta 3 vaccines and measles vaccine respectively</p> <p>2.Increased number of zero dose children reached by vaccination</p> <p>3. Increased number of nomadic populations reached by vaccination "</p>	Crown Agents	Crown Agents	\$2,704,303.32

1. Service Delivery	<p>1. Develop mobile and outreach vaccination strategy for 220 unsupported health facilities under HPF supported counties</p> <p>2. Support micro plan and county mobile team session plan for the catchment of 220 unsupported HF's</p> <p>3. Develop performance based incentive guideline for mobile vaccination activity</p> <p>4. Support the implementation of mobile vaccination</p> <p>5. Monitoring the vaccination activity and data triangulation "</p>	<p>1. Development of CHD mobile vaccination plan</p> <p>2. Performance based mobile vaccination incentive guideline</p> <p>3. Ensure targeted EPI mobile services at 220 unsupported HF's</p> <p>4. Maintain EPI coverage for 220 HF's as 2020 and 2021"</p>	Crown Agents	Crown Agents
1. Service Delivery	<p>1. Pilot integrated outreaches and mobile services with other child survival programs (nutrition, Education, WASH) to reach every child equitably in the 6 counties annually and scale up to 30 counties by 2026. (3 good performing &amp; 3 lower performing) in Unity, WBG, NBG and WES . Covid-19 vaccination will be provided to the clients who will attend the outreach and mobile services as part of the immunization service package for a ""whole of family immunization"" approach.</p> <p>2. Integration of EPI with OTP centres, food distribution centres, and sick child clinics - . Covid-19 vaccination will be provided to the clients who will attend the outreach and mobile services</p>	<p>1. Technical assistance provided to map low and good performing counties. Counties identified and supported to develop and implement micro plans, stakeholders identified and new possible delivery strategies developed. Linkages established with new stakeholders to develop and implement micro plans.</p> <p>2. Development of integrated WASH, Nutrition and Education Vaccine roll out strategy in place and approved by MOH.</p>	Crown Agents	Crown Agents
1. Service Delivery	<p>1. Review, analyse and collect immunization data (qualitative and quantitative) disaggregated by sex and additional factors, including age, ethnicity, socioeconomic background and disabilities to inform appropriate gender-responsive immunization services in 47 selected counties. (Assessment will include waiting times for patients, gaps in literacy, levels of education, digital access, household roles and responsibilities, decision-making power etc)</p> <p>2. Develop gender-responsive strategies and policies to address identified actions to improve quality of care. Involve communities, particularly users, in planning, designing, and monitoring of immunisation service quality. "</p>	<p>Strengthened immunisation service quality and user experience strategies, grounded in a strong context-specific gender and inclusion lens, developed and implemented.</p>	Crown Agents	Crown Agents

1. Service Delivery	<p>1. Conduct gender assessment of health systems, health facilities, household decision-making processes, power dynamics and access to resources to inform service delivery design</p> <p>2. Develop gender-responsive strategies and policies to address identified gender-related barriers (e.g. strengthening the engagement of men and fathers, holding clinics at convenient times/locations for caregivers, special clinics for young parents) and support the planning and implementation of immunisation services in selected counties</p> <p>3. Engage with women and marginalised groups and work with them to address any potential barriers and concerns.</p> <p>4. Design immunization materials, messages and interventions that challenge harmful norms, roles and stereotypes.</p> <p>5. Identify and invite change agents, including women's, men's and youth groups, and informal grassroots organizations, to participate in the planning, delivery, monitoring and evaluation of immunization services and programmes.</p> <p>7. Implement safeguarding policies and practices to ensure the safety of users and providers</p> <p>8. Train vaccinators and IPs on gender equality and social inclusion in immunisation service delivery</p>	Immunisation planning and implementation strategies, grounded in a strong context-specific gender and inclusion lens, developed and implemented.	Crown Agents	Crown Agents
1. Service Delivery	<p>1) Develop and/or revise simplified microplanning tools, adapted to the context of South Sudan, with a specific focus on identifying and reaching zero dose children</p> <p>2) Re-introduce the integration (joint micro-planning and implementation) of child vaccination with vaccination of cattle leveraging humanitarian and veterinarian actors among 30 counties with nomadic population (cattle camps) to increase acceptability of vaccination (consider some organizations dealing with animal). "</p> <p>3) Support seasonal intensification of routine immunisation activities in flood-prone and underperforming counties.</p>	<p>1. RED Micro plans available and implemented in percentage of health facilities</p> <p>2. RED Micro plans is available in percentage of Health Facilities in -- counties with large numbers of , nomadic populations and used to reduce the numbers of Zero dose children</p>	Crown Agents	AFENET
3. Supply Chain	<p>1. Where applicable, strengthen the capacity of the Ministry of Health at national and sub-national level for Cold Chain and Vaccine management at the last-mile</p> <p>2. Expanded support across all 47 counties to strengthen the last mile vaccine delivery from CHD to health facility to community in 598 HPF supported health facilities</p> <p>3. Provide technical support and guidance on the rollout of</p>	<p>1. Improvements in health facilities vaccine visibility, improved vaccine availability and vaccine potency. Health facilities are able to report vaccine usage more efficiently reducing wastage.</p> <p>2. Successful completion of Toyota Vaccine Vehicle Pilot Study</p>	Crown Agents	Crown Agents

6. Demand Generation and Community Engagement	<p>1. Expand support given across all 46 counties to strengthen intergration between the Boma Health Initiative and immunization service delivery at health facilities, with a focus on identifying and reaching zero dose children.</p> <p>2. With selected partners, pilot tracking of defaulters/ zero dose children who received immunisation after strengthen feedback mechanism and plan to scale up across 20 high zero-dose counties</p> <p>3. Work with the national TA in charge of harmonising RCCE/ demand generation and EPI activities to adapt and share activities/information and tools with the States and counties.</p> <p>4. In collaboration with the MoH-M&amp;E, review partners' performance on selected BHI/EPI indicators and provide the necessary support to improve performance</p> <p>5. Support in revision of BHI strategy to include demand generation approaches geared towards demand for immunization</p> <p>6. Revise BHI tools to include key BHI-EPI indicators and ensure it is entered in DHIS2 and monitor performance</p> <p>7. Where applicable, strengthen the capacity of Ministry of Health and national and sub-national for BHI &amp; EPI to integrate BHI and EPI activities for sustainability</p> <p>8. Support the scale up of additional BHWs in the 30 high zero-dose counties</p>	<p>1. Development of integrated EPI and BHI roll out strategy in place and approved by MOH.</p> <p>2. Strengthened coordination between BHI, demand generation and EPI activities.</p> <p>3. Increased numbers of children identified and reached for immunisation through the BHI platform</p> <p>4. Key lessons and best practices documented and shared</p>	Crown Agents	Crown Agents	
7. Governance, Policy, Strategic Planning, and Programme Management	<p>1. Act as the in-country focal point to support the MOH-EPI in development of long term strategic plans, including data collection and analysis, stakeholders consultations and follow-up of deliverables 2. Provide critical technical support and on all Gavi-funded activities and provide on-the-job mentorship of the EPI amanger and the other team members. 3. Support MOH-EPI in the development of appropriate plans and budgets for Gavi funded activities</p>	<p>1, 5 years Immunization strategy that reflects the country context (evidence based) developed. 2. Annual operational plans developed 3. Applications for Gavi -investments developed e.g. new vaccine introduction in 2024 4. EPI manager's capacity to plan is developed 4. timely reporting on progress of Gavi - investments</p>	Embedded TA	Embedded TA	\$ 791,670.00
7. Governance, Policy, Strategic Planning, and Programme Management	<p>1. Lead the development of the PCV Rota vaccine introduction application under the oversight and coordination of the MoH, with WHO technical guidance as necessary</p>	<p>1. Submitted PCV-Rota application ready for IRC review</p>	Independent consultant	Independent consultant	\$ 104,700.00
7. Governance, Policy, Strategic Planning, and Programme Management	<p>1. Suppor the development of the PCV Rota vaccine introduction application under the oversight and coordination of the MoH, with WHO technical guidance as necessary</p>	<p>1. Submitted PCV-Rota application ready for IRC review</p>	Independent consultant	Independent consultant	

1. Service Delivery	<p>1.The technical assistance will support the National MoH to provide context analysis of immunization in humanitarian settings especially among IDPs, returnees, nomadic and pasotoral communities and crisis affected host communities to map locations of population displacement and mobility patterns, identify missed communities and displaced communities with high numbers of zero dose children.</p> <p>2. Provide technical assistance to respective county Health departments at IOM supported counties of Malakal, Rubkona, Wau and Abyei Administrative area to use mobility data and other available evidence to identify communities with large numbers of zero dose children including crisis affected host communities, IDPs, returnees, nomadic and pastoral communities.</p> <p>3.Support the last mile delivery of vaccines and vaccination tools to 34 health facilities in hard-to-reach crisis affected locations hosting large number of IDPs and vulnerable host communities of Malakal, Wau, Rubkona counties and Abyei Administrative Area to ensure that zero dose children within displaced populations are reached with routine immunization services.</p> <p>4.Leverage on multi-sectoral humanitarian interventions including WASH, Nutrition, protection, Primary Healthcare services and epidemic response activities including COVID-19 vaccination to integrate routine immunization activities to reach zero dose children among crisis affected communities especially among IDPs, returnees and vulnerable host communities.</p>	Increased vaccination coverage to achieve and sustain a Penta 1 coverage of at least 95% (reduce zero-dose children to less than 5%) and at least 80% vaccination coverage among IDPs, returnees and host communities in IOM supported locations.	International Organization for Migration	International Organization for Migration	\$ 310,572.00
3. Supply Chain	<p>1. Development of the EVM assessment protocol, budget and operational plan</p> <p>2. Conduct EVMA training to national and sub-national team</p> <p>3. Conduct EVM assessment, facilitate stakeholder workshop to develop EVM improvement plan</p> <p>4. Develop the EVM IP tracking tool and workplan</p>	<p>1) EVMA assessment conducted</p> <p>2) EVM IP and workplan developed and disseminated to all relevant stakeholders</p> <p>3) EVM tracking tool developed and oriented to MOH ISC manager and ISC teams.</p>	UNICEF	UNICEF	\$ 3,796,059.86
3. Supply Chain	<p>1) Strengthen representation of EPI NLWG and facilitate regular coordination meeting to have an oversight on the progress of EVM IP implementation</p> <p>2) Develop optimized immunization supply chain strategy in line with the EVMA result and South Sudan fragile and emergency context</p> <p>3) Deployment of the optimized ISC strategy in coordination with partners and demonstrated the stewardship of MOH</p>	<p>1) EVM IP progress reviewed</p> <p>2) The Immunization supply Chain strategy is developed and endorsed by NLWG and TWG</p> <p>3) The ISC strategy is costed and workplan developed</p>	UNICEF	UNICEF	

1. Service Delivery	<p>1) Development of the context specific tailored integrated immunization service delivery strategies</p> <p>2) Technical assistance in implementation of integrated immunization services at OTP sites in Jonglei, Upper Nile and Unity states to address missed opportunities and zero-dose children</p> <p>3) Conduct pilot and scale up on implementation of integrated RI and C-19 vaccination in Jonglei, Unity and Upper Nile States</p> <p>4) Technical assistance in development of microplan and monitoring of the vaccination services delivery by IPs to reach improve immunization coverage and equity in Jonglei, Unity and Upper Nile States</p>	<p>1) Context specific, tailored integrated immunization services delivery strategy developed and endorsed by MOH (for Jonglei and Upper Nile States)</p> <p>2) The integration of nutrition and immunization services at OTP sites in Jonglei and Upper Nile States</p> <p>3) The RI and C-19 vaccination are integrated in 196 Health facilities of Jonglei and Upper Nile States</p> <p>4) 196 health facilities has microplan developed, reviewed and updated quarterly to address challenges and performance</p>	UNICEF	UNICEF
3. Supply Chain	<p>1) Review of the existing vLMIS tools and revision in line with iSC strategy on the vaccine inventory control system</p> <p>2) Harmonization and optimization of the vLMIS form to be used at all level of supply chain</p> <p>3) Transformation of optimized vLMIS forms into digital platform (eSMT and DHIS-2)</p> <p>4) Deployment of vLMIS and CCE inventory in eSMT and DHIS-2 platform for improved stock reporting, analysis and decision making to prevent stock outs and overstocks.</p> <p>5) Regular update on the cold chain inventory and performance</p>	<p>1) eSMT rolled out to all 10 States</p> <p>2) DHIS vLMIS customized and scaled up to 80 counties</p> <p>3) No stock out at all states and 50% of counties</p> <p>4) Vaccine visibility improved with 100% reporting from States and 80% from counties</p> <p>5) CCE inventory are updated twice a year</p>	UNICEF	UNICEF
3. Supply Chain	<p>1. <b>Develop a practice-research framework for Indigo deployment in South Sudan</b>, in consultation with and the approval of the project's Steering Committee.</p> <p>2. Support IRB approval for research framework developed, working with Access for Humanity who will request and manage the approval request with the Ministry of Health and other government oversight bodies in country.</p> <p>3. Oversee and validate baseline data collection, in collaboration with Access for Humanity and in consultation with project partners.</p> <p>4. Support the implementation of Indigo deployment plan, working with Access for Humanity to troubleshoot implementation challenges and ensure field implementation remains aligned with the agreed research framework.</p> <p>5. Oversee and validate intervention data collection, conducting field visits as necessary to observe implementation and data collection efforts in the field, advising and guiding Access for Humanity on data management and analysis.</p> <p>6. Lead data management and analysis, working closely with Access for Humanity and communicating regularly with the project partners.</p> <p>7. Manage the development of a written case study that demonstrates project deployment results through baseline-intervention data analysis, managing inputs from all project stakeholders into a final document.</p> <p>8. Support the dissemination of results, including possible submission of research results for publication and communication of results to stakeholders in South Sudan and beyond.</p>	<p>1. A pilot deployment of Indigo devices for routine immunization and reverse cold chain for surveillance samples.</p> <p>2. The operational research components of this deployment in close coordination with the implementing partner and under the supervision of the Steering Committee completed.</p> <p>3. Practice-research framework for the deployment that facilitates baseline-intervention comparative data analysis development, execution, and monitoring developed.</p> <p>4. Data collected analysed, and case study document finalized and disseminated.</p>	UNICEF	UNICEF

6. Demand Generation and Community Engagement	<p>Responsible for the professional leadership and design, management, monitoring and evaluation of evidence-based, inclusive and innovative SBC strategies in support of immunization programme</p> <ol style="list-style-type: none"> <li>1. Generate and utilize research, data, and evidence to inform the design, measurement, and monitoring of SBC programs and outcomes in both development and emergency contexts and to build the evidence base SBC strategy for reaching ZDC</li> <li>2. Design, plan and implement SBC activities that are backed by social and behavioural evidence and strong engagement and participation mechanisms for increasing immunization coverage in targeted counties</li> <li>3. Support the harmonization of community-based structures for community engagement and demand generation for serving the community-based follow up of ZDC</li> <li>4. Promote continuous learning, strengthening and scaling up in SBC for immunization through capacity building for UNICEF staff, government and partners and documentation of good practices for reaching ZDC.</li> <li>5. Develop partnership with relevant media journalists to build their capacity and promote good reporting on immunization services and create demand. Community reporters model to be considered to make localised community voicing and amplification</li> </ol>	<ol style="list-style-type: none"> <li>1. Updated national SBC strategy for reaching ZDC in South Sudan available</li> <li>2. Increased and strengthened partnerships with FBOs, CSOs and medias to support tailored demand interventions to address underlying barriers to vaccine uptake in missed communities</li> <li>3. Capacity of key Immunization key stakeholders strengthened in demand generation, evidence-based SBC interventions and human-centered approaches for reaching ZDC</li> <li>4. Good practices and lessons learned in community-based approaches for reaching ZDC documented and disseminated among key Immunization partners</li> <li>5. Network of journalists trained and supporting the Immunization agenda and address efficiently rumors and misconceptions around Immunization</li> </ol>	UNICEF	UNICEF
3. Supply Chain	<ol style="list-style-type: none"> <li>3. <b>Oversee and validate baseline data collection</b>, in collaboration with Access for Humanity and in consultation with project partners.</li> </ol>	<ol style="list-style-type: none"> <li>1) Annual vaccine forecast, shipment plan and procurement plan submitted to UNICEF SD and Gavi</li> <li>2) Bi-annual vaccine stock report and renewal documents are prepared and submitted to Gavi by MOH ISC manager/team</li> <li>3) Develop the vaccine distribution plan for quarterly vaccine supplies for the state and county vaccine stores based on vaccine utilization, vaccination coverage, wastage rates and stock balances.</li> <li>4) Gradually increasing vaccine visibility at county and service delivery levels.</li> </ol>	UNICEF	UNICEF
4. Health Information Systems and Monitoring & Learning	<ol style="list-style-type: none"> <li>5. <b>Oversee and validate intervention data collection</b>, conducting field visits as necessary to observe implementation and data collection efforts in the field, advising and guiding Access for Humanity on data management and analysis.</li> </ol>	<ol style="list-style-type: none"> <li>1) Improved GIS microplanning, &amp; modelling is rolled out/piloted in four counties and DHIS-2 LIMS in all states and counties</li> <li>2) 600 health facilities in four counties are equipped to implement Immunization Information System and 93 cold chain facilities with DHIS-2 LMIS</li> <li>3) 1500 health workers and 250 vaccine cold chain focal persons acquire knowledge and skills to implement Immunization Information System</li> </ol>	UNICEF	UNICEF

3. Supply Chain	6. <b>Lead data management and analysis</b> , working closely with Access for Humanity and communicating regularly with the project partners.	1) Remote temperature monitoring system for NVS, 10 states and 80 counties are installed and are operational 2) The CCEOP deployment is implemented and the CCE coverage and functional status improved to 80% 3) Cold Chain complaints are recorded and responded timely (within 2-4 weeks) 4) Cold Chain Inventory is updated every 6 months and used for informed decision making. 5) Conduct cold chain capacity gap analysis to inform the expansion of the cold chain infrastructure to improve access. 6)	UNICEF	UNICEF
6. Demand Generation and Community Engagement	1. Support MOH in mapping of different community mobilizers; nutrition volunteers, hygiene promoters, boma health workers for harmonization and coordinated demand generation activities. 2. Revise the state communication strategies based on finding from KAP surveys, behavioral studies and community rapid assessments 3. Strengthen MOH capacity in conducting Immunization Demand generation subworking group meetings at the national and state levels. 4. Support the sub-national coordination and capacity building of the Health Education and Promotion Officers and BHI teams. 5. Support subnational teams in designing contextualized demand approaches for reaching zero-dose children and women in hard-to-reach communities. 6. Support community participation in microplanning at the subnational level. 7. Support mentorship of the state communication officers to enhance their skills in planning, coordinating, monitoring and evaluation of community mobilization activities at sub-national level.	1. Improved quality of microplans through community participation using Human Centred Design approaches adopted in the microplan 2. Tailored approaches for reaching disadvantaged populations adopted 3. Influencers identified among the disadvantaged groups and used to advocate for vaccination services - increased demand - Increased Knowledge and intent to get the vaccine - Engagement of community gatekeepers (religious, community leaders) to advocate for RI among prioritised, vulnerable population groups. 4. Communities involved in monitoring vaccination services uptake - social accountability mechanism put in place to advocate for better quality of vaccination services 5. Increased awareness on EPI - Increased demand for vaccination services - Increased trust into the vaccine / Increased acceptance of the vaccine in the targeted areas	UNICEF	UNICEF
6. Demand Generation and Community Engagement	1. Support to MOH for better coordination of the three departments of Health Education and Promotion, the BHI and EPI for better effectiveness to reach ZDC 2. Support the coordination and guide advocacy and dissemination of BHI at the national and sub-national and support the BHI national coordinator to develop annual implementation plans for the BHI 3. coordination of the scale-up and implementation of the Boma Health Initiative 4. Leveraging on available resources and infrastructure recruit additional BHI staff who will target 150 bomas with the highest numbers of zero dose children	1. Harmonized community engagement strategy for increasing immunization coverage and reaching zero-dose communities 2. BHI managers, health workers and volunteers strengthened in community mobilization for tailored approaches for reaching HTR communities and ZDC 3. Improved defaulters tracking and referral of zero dose children 4. Communities involved in monitoring vaccination services uptake - social accountability mechanism put in place to advocate for better quality of vaccination services 5. Improved coordination of actions by various Demand generation Immunization actors - efficiency and effectiveness achieved.	UNICEF	UNICEF



6. Demand Generation and Community Engagement	<ol style="list-style-type: none"> <li>1. Evidence generation through BeSD surveys and rapid assessments around ZDC and hard-to-reach communities for increasing Immunization coverage</li> <li>2. Support MoH in using evidence for informing Immunization programming and design of demand generation interventions for reaching ZDC</li> <li>3. Support MoH in integrating quality demand generation indicators into the national health information system</li> <li>4. Build the capacity of health managers and frontline workers in collecting and analysing regularly demand generation performance data and community perceptions data around immunization</li> <li>5. Monitor and assess the impact of SBC strategies and activities for Immunization on the EPI programme goals to achieve measurable behavioral and social change in targeted counties</li> </ol>	<ol style="list-style-type: none"> <li>1. Regular behavioral and demand generation performance data available</li> <li>2. Tailored demand generation interventions and broader Immunization strategies based on community perceptions / social and behavioral data</li> <li>3. Study results dissemination workshops organized</li> <li>4. Impact of SBC strategies and activities for Immunization on the EPI programme goals in targeted counties and lessons learned documented</li> </ol>	UNICEF	UNICEF
6. Demand Generation and Community Engagement	<ol style="list-style-type: none"> <li>1. Direct and oversee the design, planning, and implementation of SBC and Community Engagement (CE) activities for the Immunization programme, that are backed by social and behavioural evidence and strong engagement and participation mechanisms.</li> <li>2. Ensure smooth demand generation programme delivery for immunization by providing strategic guidance to the partners for reaching ZDC</li> <li>3. Advocate for community participation and demand generation for Immunization, coordinating across the various in-country level, networking and partnership building</li> <li>4. Promote continuous learning around SBC for increasing Immunization coverage, strengthening and scaling up in SBC through capacity building for partners</li> </ol>	<ol style="list-style-type: none"> <li>1. High-level partners engagement for demand generation to support the Immunization agenda - Resources mobilized from other sources to support demand generation for Immunization</li> <li>2. Strategic approaches to reach ZDC and HTR communities in place supported by a large range of key stakeholders</li> <li>3. Knowledge sharing events organized among Immunization and the broader health sector key stakeholders</li> </ol>	UNICEF	UNICEF
6. Demand Generation and Community Engagement	<ol style="list-style-type: none"> <li>1. Support to strategy design and development of SBC activities for reaching ZDC by conducting comprehensive SBC situation analysis of social, communication, cultural, economic and political issues in the country/region</li> <li>2. Collaborate and/or consult with internal and external partners to provide operational and technical support to research, develop, and produce evidence-based strategies and test, produce and use quality SBC materials for increasing demand for immunization</li> <li>3. Build and maintain partnerships through networking and proactive collaboration with national and international civil society organisations, community groups, leaders and other critical partners in the community and civil society for supporting the immunization agenda</li> </ol>	<ol style="list-style-type: none"> <li>1. Situation analysis on demand generation and community perceptions around vaccination available</li> <li>2. Innovative and culturally sensitive SBC tools available and utilized for strengthened community participation in immunization and reaching ZDC</li> <li>3. Strengthened partnerships with FBOs, CSOs, media, academic institutions and community leaders for supporting immunization</li> </ol>	UNICEF	UNICEF

7. Governance, Policy, Strategic Planning, and Programme Management	Management, Capacity, and Strategic direction - Support the development of national immunization policies, SOPs, guidelines, and work plans. 2. Ensure the functionality of decision-making bodies at the national level to facilitate the implementation of Immunization activities.3. Coordinates the WHO immunization team and get support from regional and HQ levels to inform sound strategic and technical direction. 4, Strengthen the Capacity of theNational EPI programme to manage and oversee the programme.5.Support planned vaccine campaigns and ensure evaluation. 6. Support improved coverage of traditional vaccines via innovative strategies.7. Support the introduction of the new and underutilized vaccine into the immunization schedule. Provide strategic guidance for VPDs activities and ensure their implementation. 8. Advocate for co-financing by the government and other partners	1. National Immunization Strategy Developed, and endorsed annual work plans, implementation supported, and monitored. 2. Evidence-based guidance used for decision-making in EPI. 3. Regional and global strategies used to develop available national strategies and policies. 4. Capacity building efforts supported (IIP, MLM, among others) with trained health workers. 5. Immunization advisory meetings supported, documented, and action points implemented and monitored .6. Planned campaigns conducted with PCE results availed 6. VPDs surveillance and implementation done and ensure data is available and used for action.7. Functionality of AEFI, NITAG, and other committees with regular meetings held. 8. Mobilized funds for immunization as part of Government co finance and other partners	WHO	WHO	\$ 2,143,157.14
7. Governance, Policy, Strategic Planning, and Programme Management	. 1. The TA will continue to be embedded in the EPI/MOH. The role is mainly operational and translates agreed Immunization strategies to activities 1. Support the implementation of guidelines, action points, and SOPs in immunization. Support the monitoring and evaluation of national immunization programme (NIP) strategies. 2. Support the Ministry of Health or other partners in the country conducting quality vaccination campaigns 3. Support the EPI Manager in conducting training and offer feedback on mechanisms to improve EPI training. Monitor implementation of recommendations. Conduct field visits to monitor immunization practices and provide improvement plan feedback.	1. Operationalization and implementation of annual work plans, 2. Planned Vaccination campaigns conducted. 3. Participate, conduct, and monitor capacity-building efforts (IIP, MLM, among others), provide improvement feedback, and implement them with HWs trained 4. Implementation of WHO-tasks activities agreed upon in the EPI review meetings with feedback provided. 4. Meetings, trainings held for Immunization advisory bodies ( NITAG), and minutes available. 5. Quarterly field visits to monitor immunization activities and provide feedback to stakeholders and improvement plans	WHO	WHO	
4. Health Information Systems and Monitoring & Learning	1. Monitor and guide VPD surveillance activities, using international and national indicators to support evidence-based decision-making for routine immunization. 2. Track zero-dose children, missed communities, etc through case-based surveillance data and provide regular feedback to guide the vaccination component of the EPI programme. 3. Support sentinel surveillance for Rotavirus and other diseases as the Ministry of Health planned. 4. Work with other partners to ensure the early detection and reporting of vaccine preventable disease outbreaks to allow the Immunization team to respond timely. 5. Ensure capacities for VPD surveillance by supporting capacity building and technical support. Lead the technical end of the AEFI surveillance system, and serve as the secretariat for the National aAEFI committee, supporting the timely investigation of all AEFI cases.	1. Data generated from Vaccine Preventable Disease Surveillance is used to inform immunization strategies and improve immunization performance through the identification of zero-dose children to inform vaccination strategy. 2. Rotavirus sentinel surveillance implemented and data generated used to support the introduction of Rotavirus vaccine and for impact post-introduction impact assessment. 3. Technical Assistance provided to the national surveillance team to improve surveillance functions and data. 4. Investigation and final reports of all severe AEFI cases.	WHO	WHO	

4. Health Information Systems and Monitoring & Learning	<p>1. Support the EPI M&amp;E team to routinely update the roll of facilities offering immunization services, designing and updating tools.2.Develop an EPI dashboard at sub-national levels to facilitate the correct interpretation and use of EPI data. The dashboard will form part of the accountability framework for the EPI program and feed into the AF for the directorate of primary health care.3.Conduct data desk review or triangulation analysis performed (coverage, surveillance, operational, others) to support population estimates and planning of services.4.Assist the EPI program to develop EPI score cards to be discussed in the quarterly county review meetings and monthly facility-community (BHI) engagement meetings. 5. Continuously assess training needs and support the ministry's capacity-building efforts in data management. 6.Support Data Quality Assessments, draft the Data Quality Improvement plans, and monitor its implementation.</p>	<p>1.Updated list of facilities providing immunization services.2.Subnational dashboards developed. 3. Improved data triangulation for decision-making and program implementation. 4. Scorecards developed for discussion during county review meetings. 5. Training needs to be assessed to support capacity building efforts. 6. Accountability and indicators on EPI activities to be reported</p>	WHO	WHO
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