On our last discussion some suggestion/ question were raised on a submitted proposal of HPV Demo project. So the following are clarifications on how the issues will be addressed:

\*       Q27. The agency/person who will lead the overall demo is not provided.

**Clarification:** Dr. Ephrem Tekle, Director of the MCH Directorate will lead the overall demo project

\*       TAG members are listed; however, representatives from education, the ICC, and cancer control and prevention are missing.

Clarification: One representative from Ministry of Education will be selected to be a member of the national technical working group, there is a representative from Ethiopian cancer control society, Mr. Wondu Bekele, and ICC members are also part of the technical working groups.
\*       Unclear if country is planning for a 2-dose or 3-dose schedule.

Clarification: The country is planning a 2-dose schedule
\*       Timeline states country plans for a 3-dose schedule, but only planned for 2 months between the 1st and last doses.  There is a minimum 6 month interval between the 1st and last dose.

Clarification: Timeline corrected as per the 2-dose schedule

\*       Budget: Cash supply req: $275,791. This is above the max allowance ($195K). TA is covered by partners in the business plan, so the $24,000 should be deleted.   There is no evaluation in year 2, though country indicates plans for joint delivery.  $65,000 may be a bit much for evaluations. We estimate it should be about $32,000 in year 1.

Clarification: Budget corrected as per the suggestion to make the total request for the two years 195,000USD

For the cold chain aspect:
\*       The district selected conducted a cold chain inventory, cold chain maintenance, and replaced non-functional refrigerators before the PCV introduction in 2011. Please specify whether a similar or newer assessment of cold chain inventory/maintenance/replacement will be conducted before the demo.

Clarification: We plan to conduct rapid cold chain assessment before the Demo Project commences and corrective measures will be taken accordingly and SDD refrigerators will also be prioritized to remote areas of the woreda where there is no electricity. In addition funds are mobilized to implement the cold chain expansion and rehabilitation plan which identifies the gap by woredas.

\*       Kerosene based fridges are planned to be replaced with energy efficient refrigerators as part of the overall national cold chain rehabilitation plan. Please specify whether this equipment will be installed prior to the demo.  Also, please clarify what the added or new cold chain storage capacity will be.

Clarification: Kerosene based refrigerators will be replaced before the demo project is launched including installation of SDD. There will be adequate capacity to store HPV vaccine.

\*       Please specify equipment status and storage capacity on page 12.

Clarification: The table on page 12 is completed to give information mainly on availability of cold chain equipment. As mentioned above, the district will be equipped to have adequate cold chain space required for HPV vaccine based on the findings of the rapid cold chain assessment.

\*       Please clarify whether the cold boxes are equipped with freeze-tags.

Clarification: In Ethiopia more than 10,000 fridge tags are distributed and are in use and the district cold chain equipment are also using this continuous temperature monitoring devices.

\*       Please clarify what the expected timeline for Ethiopia's cold chain rehabilitation will be, and who will be supplying the 2000 SDD fridges.

Clarification: The SDD refrigerators are procured by the Ministry and 1000 of them have been delivered in the country and are ready for distribution before the demo project. Additional 2000 refrigerators are on a pipeline to arrive to the country.

Thanks and best regards