

Ethiopia Asset Map (At-a-Glance)

Simulation Exercise Q1 2017

Transition plan expected by Q2 2017

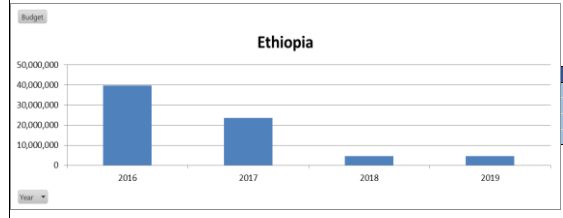
Asset Mapping Data Overview				
As of October 2016				
	WHO	CORE	UNICEF	Totals
A. Polio Funded Personnel				
Personnel funding is provided by DFID, GAVI, USAID, CDC, BMGF, NORAD, NPT, Rotary				
Function				
Implementation and service delivery	54	67	2	123
Monitoring	6	1	0	7
Surveillance	42	0	0	42
Communication and community	2	1	11	14
Resource Mobilization	0	10	0	10
Management and operations	56	59	0	115
Vacant	5	0	0	5
Total Personnel Number	165	138	13	316
Contract Type				
Continuing	53	0	0	53
Fixed Term	11	0	1	12
Temporary	1	0	0	1
One Year Contracts	0	138	0	138
Short Service Agreement	46	0	0	46
UNOPS	49	0	0	49
Technical Consultants through a third	0	0	12	12
Vacant	5	0	0	5
Gender				
Male	148	104	10	262
Female	12	34	3	49
Vacant	5	-	-	5
Total Personnel Number	165	138	13	316
Region				
Addis Ababa	41	32	1	74
Afar	5	0	1	6
Amhara	16	0	0	16
Benishangul	4	14	1	19
Dire Dawa	2	0	0	2
Gambella	5	13	1	19
Harar	1	0	0	1
Oromia	26	19	0	45
SNNP	17	6	0	23
Somali	38	54	9	101
Tigray	5	0	0	5
Vacant	5	0	0	5
Annual Personnel Cost	\$ 3,202,442.00	\$ 724,625.00	\$ 240,083.00	\$ 4,167,150.00
B. Physical Assets				
Transportation Assets				
Cars*	54	3		57
Original cost of cars	\$1,588,290	\$212,122		\$1,800,412
Motorcycles*	-	7	None purchased with polio funds	7
Original cost of motorcycles		\$18,033		\$18,033
Total Cost	\$1,588,290	\$230,155		\$1,818,445
Laboratory				
The lab is owned by the Ethiopia Public Health Institute (EPHI). 95% of the lab's funding comes from polio related funds. 90% of the lab's work is related to AFP				
Small Physical Assets				
These include computers, Phones, GPS devices, Digital cameras, PDAs*	\$202,043	\$43,860		\$245,903
Large Physical Assets (office space)/ Annual rent cost		\$76,000	Do not use Polio Funds	\$76,000
Admin space	\$100,000			\$100,000
outbreak response operational space	\$8,181			\$8,181
office space	\$13,920			\$13,920
Total Cost	\$324,144	\$119,860		\$444,004

* indicates original cost of assets

General Information Overview

GPEI Funding Ramp Down information

GPEI budget curve for polio eradication efforts in Ethiopia from 2016-2019, shows a decrease in the budget from \$39,824,000 to \$4,657,000, which an 88.5% decrease from 2016 to 2019



Year	Funding Amount
2016	39,824,000
2017	23,540,000
2018	4,621,000
2019	4,657,000

WHO Polio Activity Funders		
Donor	Amount	Funding Proportion
BMGF	8,283,551	38%
National Philanthropic Trust	7,299,375	34%
ROTARY	3,942,760	18%
USAID	1,538,049	7%
NORAD	591,287	3%
DFID		
Other		
Total	21,655,022	100%

Stakeholder Mapping: Donors that have prioritized Ethiopia:

1. Confirmed prioritization of polio transition in this country	United States, BMGF Polio, Gavi
2. Overall donor prioritization of health outcomes in this country, not necessarily specific to polio transition	UK, Norway, Japan, Netherlands, Sweden, Gavi, BMGF CH, Core Group

Country priorities beyond 2019

- Healthcare workforce development
- Improving maternal and child health with a special focus on hard to reach areas
- Improving disease surveillance systems and enhancing national laboratory capacity
- Maintain population immunity for polio, ensure containment of polio viruses in facility settings, and continue polio surveillance

Data Collection

Methodology:	Survey, interview, retrospective review of documents
Source:	National Government, GPEI, Other
Location:	Nationwide
Date:	October, 2016

Glossary of terms

Centers for Disease Control and Prevention (CDC), Department for International Development (DFID), National Philanthropic Trust (NPT), Norwegian Agency for Development Cooperation (NORAD), United States Agency for International Developments (USAID), The Bill & Melinda Gates Foundation (BMGF).

Time allotments of GPEI funded personnel by priority area in Ethiopia

Polio eradication	44.10%
Routine Immunization	17.10%
Measles and rubella	20.90%
New vaccine introduction	0.70%
Child health days or weeks	1.40%
Maternal, newborn, and child health and nutrition	2.10%
Health systems strengthening	4.40%
Sub-total immunization related beyond polio	47%
Sanitation and hygiene	0.70%
Natural disasters and humanitarian crises	2.90%
Other diseases or program areas	5.60%
% of personnel formally trained in RI	86%
% of personnel who have RI included in the ToR	43%
(N ¹ Training and RI inclusion in ToR)	7
% DTP3 coverage 2013	72
% DTP3 coverage 2015	86

Source: Contribution of Polio-Funded Personnel to Support Routine Immunization Strengthening in the 10 Polio Focus Countries (2017)