1) Page 8 mentions the scope of work as "Leverage existing datasets to quantify and locate those most in need of the vaccine based on their age and socioeconomic factors." **What type of data currently exists in Ethiopia on those factors and at what spatial scale?**

> **Response:** The priority groups for COVID-19 vaccination are given here. Data on COVID-19 vaccine distribution from electronic management information system (eLMIS), data on COVID-19 vaccine administered from COVID-19 Vaccination Progress Monitoring dashboard, DHIS2 data for chronic diseases, estimate of 2022/3 Ethiopian population data including regional/zonal/woreda(district) level data with conversion factor(CF), and spatial data of administrative regions/zones/woredas/boundaries are all available. Alternative spatial data is also available here. Additionally, the vendors can use publicly available datasets like EDHS, Census, etc.

2) At page 9, "Hotspot Identification" you mention "based on existing datasets in the open sources space and MOH COVID-19 vaccine data systems, identify concentrations of COVID-19 vaccine hesitant hotspots across Addis Ababa." **What datasets exist in the MOH COVID-19 vaccine data systems and to what open source datasets do you refer?**

> **Response:** The COVID-19 Vaccination Progress Monitoring dashboard has data sets including: Target population, total vaccine doses received, total vaccine doses distributed, stock at hand, total vaccine doses administered by region/zone/vaccine type/age group/target group,people received at least one dose, total booster, adverse events following immunization (AEFI) Cases. The open source data refers to estimate of 2022/3 Ethiopian population data including regional/zonal/woreda(district) level data with conversion factor(CF) which can help us to estimate priority groups for COVID-19 vaccination in addition to the DHIS2 data of chronic diseases.

3) At page 9, "Effective Campaigns" you mention "Identify how best hesitancy factors can be addressed by social media, and how public awareness campaigns should be tailored to reflect varying media outlet consumption based on demographics and location." **How far are we expected to go in tailoring: does the work expected here include surveys or focus groups, or is this supposed to be based on a purely statistical analysis based on demographics and location?**

> **Response:** It is based on the later, statistical analysis based on demographics and location.

4) Page 9 mentions "Model levels of vaccine Confidence, Convenience, and Complacency to locate, quantify, and profile populations by their drivers of COVID-19 vaccine hesitancy. The model should consider vaccine safety and efficacy, dissatisfaction with covid-19 related services, accessibility, perceived time burden, perceived financial burden, and Infection

Concerns and Interactions with the Health System." **What data is currently available to support this modeling and at what spatial and temporal scales and what sociological granularity? Is data available on perception?**

> **Response:** Data from recent systematic review is available.

5) Under "II. Activities/Tasks (Services) or Specification (Goods)" the proposed scope under Activity 1 states "1. Leverage existing datasets" but under Activity 2 states "Hotspot identification: based on existing datasets in the open sources space and MOH COVID-19 vaccine data systems." **Will you please clarify whether the project can leverage other existing datasets that are neither open source nor MOH datasets to inform deliverables under Activity 1 and/or Activity 2?**

> **Response:** Yes, the vendor can leverage other reliable publicly available existing datasets.

6) Under Activity 1 the geography is listed as Ethiopia but under Activity 2 the geography is listed as Addis Ababa, Ethiopia. **Will you please confirm that all deliverables under Activity 1 should be national in-scope but deliverables under Activity 2 should only consider the city of Addis Ababa, Ethiopia?**

> **Response:** Yes, and the Addis Ababa, Ethiopia deliverable under activity 2 will be adapted for other parts of the country based on quantification from deliverable under activity 1.

7) **In light of the Thanksgiving holiday in the U.S. this week, would you consider moving the proposal due date to December 9th (Friday) or December 12th (Monday)?**

> **Response:** The deadline for proposal submissions has been moved to Monday, December 12 at 5:00PM EST.

8) **We understand that this exercise will largely involve leveraging existing data sets. Will JSI provide some of the relevant data sets?**

> **Response:** The COVID-19 Vaccination Progress Monitoring dashboard has data sets including: Target population,total vaccine doses received, total vaccine doses distributed, stock at hand, total vaccine doses administered by region/zone/vaccine type/age group/target group,people received at least one dose, total booster, adverse events following immunization (AEFI) Cases. The open source data refers to estimate of 2022/3 Ethiopian population data including regional/zonal/woreda(district) level data

with conversion factor(CF) which can help us to estimate priority groups for COVID-19 vaccination in addition to the DHIS2 data of chronic diseases.

9) **Will JSI introduce the vendor to the MOH team so that the vendor may have access to the MOH datasets if any?**

Response: Yes! (It is a collaborative activity of MOH,JSI & vendor)

10) The second activity mentions some deliverables that would involve leveraging machine learning algorithms such as mapping vaccine complacency based on risks of Covid-19. **The datasets for this level of analysis may not be readily available. Do you expect the vendor to conduct any surveys to collect the relevant data?**

Response: Existing data including one from recent systematic review better be used replacing the need for survey.

11) **Is this RFP open to individual consultants with relevant experience in healthcare supply chain analytics? If so, how does this impact or affect the format for submission?**

Response: Yes, our evaluation committee will consider proposals from individual consultants that follow the same format for submission as requested in the RFP.