PROJECT PROGRESS REPORT

REPORTING PERIOD[1]: January 2024 to December 2024

Project Summary Information	
Project Title	Improving efficiency of Vaccination System in multiple states
Project ID	00101970 & 00107550
Project Duration	7 years (1 January 2018 to 31 December 2024)
Location	36 States & UTs in India
CPD/UNSDCF/RPD/SP Outputs	**UN Sustainable Development Cooperation Framework (2023-2027)** Outcome Area 1: By 2027, communities, especially the most disadvantaged, demand for and benefit from inclusive, universal, affordable, accessible, accountable, and quality healthcare services, while adopting positive health practices. Outcome Indicator: % Children (ages 12-23 months) fully immunised. Baseline (2021): Total: 76.4%; Target (2027): Total: 90% Output Indicator 1.2.4: Number of districts that institutionalised the real-time digital tracking of routine immunisation beneficiary coverage Baseline (2022): 0; Target (2027): 734 **UNDP Country Programme document for India (2023–2027**) Output 1.2: Improved service delivery of health care and development programmes to the last mile to ensure that no one is left behind Output Indicator 1.2.1: Number of states that institutionalized the strengthened systems for health and development programmes for equitable access to services. Baseline (2022): 0 Target (2027): 36 States and UTs Output Indicator 1.2.2: Number of people that benefited from the strengthened systems on health and development programmes. Baseline (2022): 0 Target (2027): 150 million
Gender marker	Gen Marker 2

[1] Periodicity of this project progress report will be determined based on online input; it can be used quarterly, half-yearly, or annually. Once the data from this tool is input into Quantum, one can generate multi-year, annual, or quarterly reports, as the system should be able to aggregate various periods as long as they have been reported. The minimum requirement for Project Board to meet at least once to review progress and risks is annual - per policy.

Digitalization marker	Digital Result Marker 3
Implementing Partner	UNDP
Total budget	$ 83,642,657 (as per prodoc)
Donors (funding sources)	Donor: Health System Strengthening - II Donor: COVAX Technical Assistance Donor: COVID-19 Vaccine Delivery Support-I Donor: COVID-19 Vaccine Delivery Support-II Donor: COVID-19 Vaccine Delivery Support-III Government: Co-WIN infra-structure hosting Government: eVIN Support from state PIPs UNDP: Programme Resources (ANCHAL) UNDP: TRAC (NCD TSU and oxygen generation plants
Budget (annual budget)	$ 6,439,378
Expenditure recorded for the reporting period	$ 4,009,112
Expenditure recorded for the total project	$8,48,74,024
Project Manager name:	Pankaj Somani

***Budget and expenditure include HSS-II and eVIN support combined**

Name and Designation	**Signatures**
Abhimanyu Saxena Team Lead, HSS Unit, UNDP	DocuSigned by: 4BD6B31A993E4E5...

1. Executive Summary

A brief analysis of key project results, achievements, and challenges, highlighting their contribution to the relevant CPD/RPD outcome/output. This could also be activity verification, beneficiaries' feedback, changes brought about by capacity development interventions, etc., depending on the type of intervention and guided by the objectives as per monitoring policy (track performance, analyze evidence, report on performance and lessons)

UNDP ensured adequate, easy and safe access to vaccines to 26.7 million children and 29 million pregnant women in India every year by building upon its electronic vaccine Intelligence Network (eVIN) programme. Through the eVIN programme, the cold chain and vaccine logistics were effectively managed across 30,060 Cold Chain Points (CCPs), vaccine-storing public health facilities, and over 40,000 temperature loggers were installed to ensure remote temperature monitoring of vaccines in storage. A total of 55,919 cold chain handlers were able to efficiently manage vaccine logistics through eVIN.

All States and UTs have proposed eVIN budget in National Health Mission Project Implementation Plan for April 2022 to March 2024 and April 2024 to March 2026, aiming to transition eVIN expenses to government funding starting April 2022. Simultaneously, UNDP is actively working with State Governments and UT Administrations to secure financing for eVIN by providing technical assistance and building institutional partnerships through the signing MOAs (Memorandums of Agreement) and LOEs (Letters of Exchange).
In 2024, total 28 States/UTs (Andaman & Nicobar, Assam, Arunachal Pradesh, Bihar Goa, Lakshadweep, Dadra Nagar Haveli and Daman Diu, Chhattisgarh, Chandigarh, Delhi, Haryana, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Rajasthan, Tripura, Uttar Pradesh, Uttarakhand, Sikkim, Maharashtra, Andhra Pradesh, Puducherry,Mizoram, Tamil Nadu, Kerala and West Bengal) are in the process of providing funds to UNDP for technical support through MOAs/LOEs.

UNDP is also in discussion with other state health departments to secure government financing for providing technical support to eVIN.

Handholding support was provided to beneficiaries and system through 488 vaccine and cold chain managers, benefitting over 55,000 Cold Chain Handlers (CCH) and Alternate CCH, nearly 80% of them are female healthcare workers. These staff then supported the COVID-19 vaccination drive in the country, administering more than 2.2 billion doses. Furthermore, by easing the burden of work of female health workers, these interventions have directly addressed some of the gender-specific challenges they face in their daily tasks. The digital innovation and digital capacity building at the heart of the project has provided these workers with new skills and more efficient methods to carry out their work. This has increased their productivity, confidence and self-esteem, allowing them to engage more effectively within their communities. By reducing the digital divide, UNDP has ensured that women health workers are not left behind in an increasingly technology-driven environment, enabling them to perform their duties with renewed purpose and dignity.

2. Progress Review

a) Key results achieved

Highlight concrete results achieved/underachieved in the reported period, including progress towards gender equality and women's empowerment in the reporting period. If applicable, highlight achievements in digitalization and innovation. What implementation issues were highlighted in the previous reporting period, and how were they managed?

- During 2024, the UNDP eVIN team continued to handhold more than 55,000 CCHs and ACCH technically supporting them to maintain eVIN.
- At the national level, eVIN is fully operational across India, covering all the 30,060 CCPs in 751 districts across all 36 States and UTs. So far, UNDP has built the capacity of 55,919 CCHs and alternate CCHs.
- At the national level, 40,000 temperature loggers have been installed to ensure effective vaccine storage monitoring.

- The eVIN adherence rate (% of Cold Chain Points conducting transactions through eVIN) stands at 99.96%. Except for three States (Jharkhand, Andaman & Nicobar Islands and Ladakh), every other States have maintained adherence rates above 99%.

b) Output progress

Progress reported against each output. Link to the last report submitted, and please mention the status of previously delayed outputs.

Output statement	Indicators	Baseline	Annual Targets	End of the project target	Status: On-track/ off-track / complete	Narrative/Description of status	Means of verifications and comment to substantiate the selected response
Output result 1.3.1 Improve vaccine and other health commodity logistics system across the country through the scale up of electronic vaccine intelligence network (eVIN).	No. of states and UTs with eVIN reflected in state PIP		36	36	On track	36	Monthly eVIN Monitors and Quarterly Progress Reports
	No. of states maintaining eVIN adherence rate > 90%		36	36	On track	36	
	NO. of states and UTs with with eVIN reflected in PIP and have MOA with UNDP		36	36	On track	18	

Means of Verification: Monthly eVIN Monitors and Quarterly Progress Reports

3. Communications, visibility, and partnerships

Please provide URLs specific to this project (for example, project websites, social media sites, media coverage, etc.) as far as this is applicable. Note that some of these links would be the evidence and data sources for point no. 3 above.

On partnerships, record if new co-financing (cash contribution, parallel co-financing, or in-kind) has been generated as committed in the project (applies to Vertical Funds projects)

posts from **X (formerly Twitter)**:

1. UNDP India highlights the role of eVIN to manage vaccine supply chain supply
   Date: April 15, 2024
   Link: https://x.com/UNDP_India/status/1779755438000521316

2. UNDP India highlights women's key role in India's healthcare system, featuring Sanjana Sanghi witnessing how ANMs use eVIN to deliver vaccines, supported by UNDP & MoHFW.
   Date: March 11 2024
   Link: https://x.com/UNDP_India/status/1767072565242064960

3. UNDP India's DRR, visit to a health center in Bihar, where he observed India's digital healthcare platforms—eVIN, CoWIN, and the U-WIN pilot—enhancing last-mile vaccine delivery. It underscores UNDP's support for Bihar's government in ensuring vaccine equity.
   Date: June 13, 2024
   Link: https://x.com/UNDP_India/status/1801196228442534096

4. UNDP India highlights women's key role in India's healthcare system, featuring Sanjana Sanghi witnessing how ANMs use eVIN to deliver vaccines, supported by UNDP & MoHFW.
   Date: April 30, 2024
   Link: https://x.com/UNDP_India/status/1785226967970639889

5. Highlight on India's digital health initiatives as scalable global models. It features Head of Health at UNDP India, discussing India's immunization progress in an interview with Somrita Ghosh.
   Date: April 30, 2024
   Link: https://x.com/UNDP_India/status/1785183148730409431

6. UNDP India's posts related to eVIN.
   Link:
   https://x.com/search?q=%40UNDP_India%20%2B%20eVIN&src=typed_query&f=live

7. UNDP India highlights the role of U-WIN and eVIN in supporting immunization efforts.

Link: https://x.com/UNDP_India/status/1859133931628425610

4. Project risks and mitigation measures

Define key challenges and issues noted, whether new/recurrent/persistent. Describe new risks identified and propose ways to correct a course of action and agreed with responsible members to address these and the timelines. Describe if escalation is required for Project Board or other mechanisms

Risk Identified	Course of action for correction
Disparity in staff deployment as per UNDP Third-Party Engagement Strategy	Revised contracts and engagement modalities to align with UNDP's Third-Party Strategy, ensuring equitable deployment of over 600 resources under HSS-II.
Sustainability of eVIN beyond the current project cycle	A sustainability plan is being developed in coordination with stakeholders. The MOA process with all states is ongoing to ensure long-term integration. Additionally, steps have been initiated to establish a Project Management Unit (PMU) at MoHFW for continued eVIN development and maintenance.
Minimal COVID-19 vaccination leading to underutilization of CoWIN	A CoWIN archival policy has been developed and shared with MoHFW to ensure structured data management and future usability of the platform

Risk register must be attached as an annex to the report.

5. Lessons Learned

Document any lessons that will be applied to address challenges or improve the implementation pace. Outline any good practices, as applicable.

- The advantages of eVIN include real-time information through technology-based vaccine management, a strengthened human network for immunization, and more efficient practices and procedures for vaccine management. It also encourages agency and ownership among cold chain handlers and health officials. Learnings from eVIN have been leveraged to pilot the Animal Vaccination Intelligence Network (AVIN) in two states in collaboration with the Department of Animal Husbandry.

- At present, temperature monitoring is done at all storage points. However, a key lesson learned is the need to extend this monitoring to vaccine transportation. This extension is critical to maintaining vaccine quality throughout the entire supply chain, addressing

potential vulnerabilities during transit, and ensuring the integrity of vaccines upon delivery.

- The need to implement eVIN must start from the source of production to streamline Therefore, it is envisioned to expand eVIN to the manufacturer level.
- Co-WIN, a large-scale, tech-based system, is a citizen-centric platform which can be customized and adapted to roll-out service delivery for any other health or social welfare programmes. This system has enabled knowledge building, upscaling and evolution of technology-for-good innovations like u-WIN and TBWIN which has been implemented for the Universal Immunization Program (UIP) and the National Tuberculosis Elimination Program (NTEP), respectively.
- A timely exit strategy to eVIN and COWIN has been envisioned so that health infrastructure continues to deliver services seamlessly under any circumstances.
- The gender-responsive trainings in the digital tools of eVIN has yielded positive impact on the Cold Chain handlers. The design of the trainings consider that women statistically have less initial digital skills and access to smart phones than men, and were therefore carried out in an inclusive manner, providing comprehensive handholding in use of smartphones and other digital tools, in addition to the instructions of the eVIN platforms. This proved important in order to guarantee effective and independent use of the eVIN tools, and also has shown positive results in empowering women with increased confidence.

6. **Way Forward**

Based on the above, following key issues which need to be addressed/prioritized for next reporting period

1. It's crucial to expand temperature monitoring beyond storage points to include transportation. Temperature loggers have already been procured for 900 vaccine vans and further expansion is planned. In response to this need, the programme will prioritise developing and implementing a module for vaccine van temperature monitoring during the next reporting period
2. The necessary liaison and software expansion are under progress to extend eVIN to the manufacturer level. This would enhance visibility and control over the entire vaccine procurement and distribution process.
3. The MOA process is to be streamlined with a clear sustainability plan for eVIN at both national and state levels. This plan should be officially endorsed by the Ministry of Health and Family Welfare (MOHFW) to ensure ongoing support and funding. During the next reporting period, a tracker for MOA progress will be developed and regularly updated, with focused liaison efforts involving state

governments and the UNDP regional team to facilitate timely approvals and implementation.

4. The development of an exit strategy for Co-Win in underway, outlining how the platform will transition to support other health interventions or future emergency responses. It is essential to leverage the vast database and historic data from Co-WIN, which covers 1.1 billion beneficiaries, and to prepare a comprehensive archival policy. During the next reporting period, efforts will focus on the archival policy and completing the exit strategy in collaboration with MOHFW.

Priority actions for the project and other teams before the next reporting cycle.

Issue/observation	Action to be taken	Responsible	Timeline
Tracker for MOA to be developed and updated	Liaison with state Governments and UNDP regional team	Project Manager/ Project coordinator	31 January 2025
Temperature monitoring vaccine van module to be developed	Module development in consultation with MOHFW and technology partner	Project coordinator	28 February 2025
CoWIN archival policy	Dialogue with MOHFW under process	Project coordinator / Head of Health Unit, Project manager	31 January 2025
PMU- eVIN sustainability	Dialogue with MOHFW under process	Project Manager, Project coordinator	31 March 2025

7. Annexures

Provide links to the sources of evidence.

I. Output Progress – Following is the link to eVIN platform which has reports section which will provide access to the necessary data which has been reported in this APR.
https://evinonline.in/#/

II. Risk Register

Risk ID	Event	Cause	Impact	Treatment	Activities for Treatment	Time plan for completing Treatment	Category	Sub-Category	Risk Valid From - To	Risk Owner	Probability	Risk Escalated	Risk Status	Risk Managers	Max Financial Impact in USD	Likely Financial Impact in USD	Min Financial Impact in USD	Financial Impact	Reputation Impact	Safety and security Impact	Operations Impact	Compliance Impact	Remarks
	The Government cost-sharing model fails in continuous flow of resources that contribute towards financially sustaining the programme.	Disagreement with the central / state Government on proposed co-financing model and related fund flow arrangement.	Severe	Continuous advocacy with central and state governments and providing them routine programmatic progress and fund utilization status.	- Establish standard MoA and fund disbursement agreement mutually agreed by government and UNDP - Regular monitoring and review of programme on the ground - Keeping track of fund disbursement and renewal of MoA	Continuous activity	Institutional arrangements	Week partnership	01 Jan, 2022 –31/12/2027	Dennis Curry	Low Likelihood	No	Open	Team Lead, HSS	10 millions	5 millions	Nil	2= Minor (5-20% deviation from applicable budget)	4=extensive (negative or positive reports/articles in several national, regional and/or International Media for a period or/week more, and/or criticism from key stakeholders)	0= NA	4=extensive (delay or eceleration of applicable operations by 1 month or longer	0= NA	None
	The CO fails to attract large donor funds that contribute towards a financially viable office	Change in government policy discouraging UN agencies to receive donor funds or change in donor policies to fund UN agencies in India.	Severe	Continuous advocacy with central government and key development sector donors.	- Aim to establish long-term MoU with central government - Aim to establish long-term MoA with leading doners at headquarter level - Share regular programme updates and involve them in planning - Regular environmental scan - Regular resource mobilization planning	Continuous activity	Delivery	Lack of resources	01 Jan, 2022 – 31/12/2027	Dennis Curry	Low Likelihood	No	Open	Team Lead, HSS	40 millions	30 millions	Nil	5=extreme (more than 50% deviation from applicable budget)	4=extensive (negative or positive reports/articles in several national, regional and/or International Media for a period or/week more, and/or criticism from key stakeholders)	0= NA	5=extreme (permanent shift for applicable operations)	0= NA	None

Primary Category	Secondary Category	Event	Cause	Impacts	Risk Valid From - To	Risk Owner	Impact	Likelihood	Risk Level	Activities for Treatment	Time plan for completing Treatment	Expected effect from treatment(s)	Responsible for treatment(s)	Status	Comments
Orgizational	Human Resources	Difference in remuneration of positions of eVIN staff (SPOs as state leads and POs as Regional leads) across 36 states	The Ministry has directed to set pay scales of SPOs and POs based on the State NHM scales, to allow ease of transition of these resources into the State PIP. However, variations in the State NHM scales is leading to the difference in remuneration	Individuals with similar qualifications and job descriptions will have varying pay scales. This is a challenge for UNDP to award service contracts to similar posts with different Band and Peg.	01 Jun, 2018 –31 Dec 2022	Team Lead, HSS	3= Moderate	4= Highly Likely	Moderate	Recruitment & Payrolling through Third party vendor for lower than the UNDP payroll	31 Dec 2022	THIS ALLOWS FLEXIBILITY IN SETTING PAY GRADES CUSTOMIZED TO EACH STATE	Project Manager	Ongoing	The project is keeping on track.
Environmental	Health and Safty	The Covid-19 pandemic and the social and economic crises has impacted life and work globally.	The Covid-19 pandemic.	Due to the country-wide lock down, Many pre-planned activities are postponed. Huge workload added for COVID-19 related programmes.	01 Jan, 2020 –31 Dec 2021	Team Lead, HSS	4= High	5= Expected	High	Development and execution of the crisis management and business continuity plan	31 Dec 2021	FUNDS REQUIRED FOR NEW COVID-19 RELATED ACTIVIEIS	Project Manager	Completed	
Other	Other	Unanticipated requirement in eVIN scale up plan, due to Covid pandemic through Co-WIN and now to U-WIN to cover all 12 Routine Immunization vaccines in all 36 states of India.	New Cold chain equipment procured by the Ministry to accomodate Covid vaccines and a large set of over 1 million vaciinators and mobilisers have to be trained to operate U-WIN.	New equipment translates to increased requirement for Temperature data loggers and increased trainings load requires innovative capacitiy building methods and extra HR.	01 Jan, 2020 –31 Dec 2022	Team Lead, HSS	3= Moderate	3= Moderate Likely	Moderate	Risk will be identified well in advance and its funding options will be discussed with MoHFW	31 Dec 2022	FUNDS REQUIRED FOR INCREASED NUMBER OF DATA LOGGERS AND TRAININGS WILL BE SUPPORTED	Project Manager	Ongoing	The project is keeping on track.
Operational	Capacity Developemt of National Partners	Time Bound funding support from donor till 2022.	The project is funded by GAVI and is time bound before which it needs to be fully transitioned into Government funds.	The project will not be sustainable unless the State and National governments commit to transition the same onto their funds in a timely manner.	01 Jun, 2018 –31 Dec 2022	Team Lead, HSS	3= Moderate	3= Moderate Likely	Moderate	The key processes and financial implication is discussed with National level and with each state before implementation and the minutes of meeting are formalized	31 Dec 2021	STATE IS AWARE OF FINANCIAL IMPACT OF THE PROJECT AND COMMITS TO THE TRANSITION AND TAKES OWNERSHIP FROM DAY 1	Project Manager	Completed	
										The state decides on the pay scale of the HR and sign MoA with UNDP. So far 17 states have signed MoAs.	31 Dec 2022	THIS ALLOWS A SMOOTH TRANSITION INTO STATE MANAGEMENT	Project Manager	Ongoing	

Primary Category	Secondary Category	Event	Cause	Impacts	Risk Valid From -	Risk Owner	Impact	Likelihood	Risk Level	Activities for Treatment	Time plan for completing Treatment	Expected effect from treatment(s)	Responsible for treatment(s)	Status	Comments
Operational	Engagement of National Partners in decision-making	Delay in signing of the Memorandum of Agreement with the State Government before closure of donor funds in 2022. This is needed to fully transition the eVIN on Government funds.	Lengthy processes for approval within the Government Department Acceptance of Standard Memorandum of Agreement of UNDP by State Government	Slow down in the implementation of the project activities.	01 Jun, 2018 –31 Dec 2022	Team Lead, HSS	3= Moderate	3= Moderate Likely	Moderate	Constant engagement with the Government to expedite the process of signing MoA. So far 17 states signed MoA.	31 Dec 2022	RISK ARE WELL MANAGED AND UNDER CONTROL.	Project Manager	Ongoing	With constant engagement with the Government all the processes will stay up-to-date.
Operational	Engagement of National Partners in decision-making	Delay in disbursement of funds by the State Government to UNDP as agreed under the Memorandum of Agreement to fund eVIN activities.	Late approval of State Program Implementation Plans (PIPs) by the Central Government which hinders release of funds by the central government to the state government and then to UNDP.	Hinder the implementation of the critical activities	01 Jun, 2018 –31 Dec 2022	Team Lead, HSS	3= Moderate	3= Moderate Likely	Moderate	Country Office has funded critical activities from HSS 2 funds with approval from MoHFW and gavi, which could be reimbursed subsequently by the state.	31 Dec 2022	RELEASE OF FUNDS BY THE STATES	Project Manager	Ongoing	
Operational	Capacity Developemt of National Partners	High attrition rate of high quality and trained human resource in the state due to transition from UNDP salary range to lower salary offered by states.	Difference in salary scales offered by UNDP vis-à-vis approved by the state under the NHM norms under the Memorandum of Agreement signed with UNDP.	Effect the quality of implementation of the project in field due to insufficient technical expertise available.	01 Jun, 2018 –31 Dec 2022	Team Lead, HSS	2= Low	3= Moderate Likely	Low	Constant refresher training and provision of high level of technical handholding support from the national team	31 Dec 2021		Project Manager	Complete d	