UNITED NATIONS DEVELOPMENT PROGRAMME

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PROJECT DOCUMENT

Country: INDIA

Project Title: Improving Efficiency of Vaccination System in Multiple States

Project Number (Award ID): 00098752 & 00107172

Project Number (Atlas Output ID): 00101970 & 00107550

Implementing Partner: UNDP

Start Date: 1 January 2018 **End Date:** 31 Dec 2022

Brief Description

India has made significant strides in economic growth and prosperity, however, there remain significant pockets of extreme poverty, inequality and exclusion especially under-nutrition, maternal and child health, food security, disasters etc remain areas of concern. Infant mortality rate remains high at 37 per 1000 live births and under-5 mortality rate at 43 per 1000 live births. Some of the main causes of this mortality are exposure to vaccine preventable infectious diseases like measles, diarrhoea and respiratory infections underpinned by acute and chronic malnutrition. Even though vaccines under Universal Immunization Program are provided free of cost through all the public health facilities across the country, disparities in coverage exist for different population groups. Boys generally have a higher vaccination coverage than girls as reported by most surveys conducted across the country.[1] Some of the main reasons for this include - People are not aware of their entitlements and rights to public goods and health services, they lack financial security to access and utilize the services and at times availability and access to services is limited.

UNDP introduced and scaled up the electronic vaccine intelligence network (eVIN) in 12 states under the current program cycle (2013-17) as part of supporting the Ministry of Health and Family Welfare's (MoHFW) universal immunization program (UIP). eVIN has led to improved efficiency and effectives of the vaccine distribution and consumptions from the first to the last mile of the value chain. Since its introduction vaccine stock outs have reduced by 72%, average duration of stock out has reduced from 5 to 3 days and over 95% of the primary health centres now have vaccines available at all times in a month thus ensuring that no child goes back unimmunized from these centres which will lead to an increase in immunization coverage over a period of time.

Under the new Country Programme framework (2018-22), UNDP will work on the system strengthening including supply chain management for vaccines and other health commodities – drugs, equipment. Health Systems Strengthening (HSS) program will develop and pilot integrated health service delivery models using big data architecture at the last-mile public service delivery institutions.

Contributing Outcome (UNSDF):
UNSDF outcome 3: By 2022, there is improved and more equitable access to, and utilization of, quality affordable health, nutrition, and water and sanitation services.

Indicative CPD Output(s)

Output 1.3: Improved efficiency and effectiveness in public health systems for service delivery benefitting women and the poor.

Gender marker[2]: GEN2

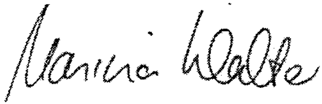
Total resources required:		52,284,303
Total resources allocated*:		
	UNDP TRAC:	
	Donor #:	40,015,053
	Government:	
	In-Kind:	
Unfunded (Government)		12,269,250

[1] Comprehensive Multi-Year Strategic Plan for UIP (cMYP 2013-18). MoHFW. Government of India

*GAVI Alliance has committed funds from 2018 to 2022 and Financing Agreement has been signed for 2 years. The Government Cost Sharing is for 2018 to 2019

Includes expenditure incurred on preparatory activities in 2017 (Annexed)

Agreed by (signatures):

UNDP (Implementing Partner)
 Marina Walter Deputy Country Director
Date:

I. Development Challenge

India has made significant strides in economic growth and prosperity, however, there remain significant pockets of extreme poverty, inequality and exclusion[2] especially under-nutrition, maternal and child health, food security, disasters etc remain areas of concern. Infant mortality rate remains high at 37 per 1000 live births and under-5 mortality rate at 43 per 1000 live births.[3] Some of the main causes of this mortality are exposure to Vaccine preventable infectious diseases like measles, diarrhoea and respiratory infections underpinned by acute and chronic malnutrition. 38% of children under 5 years of age are stunted and 35% are underweight which represents a very high number of children even though there is an overall declining trend in the malnutrition indicators over the last ten years.[4]

The major determinants of health – physical, mental, social, economic, political, governance are all linked with each other and underpin the development agenda for the country. Thus, health is a driver and a beneficiary of development. India is committed to achieving sustainable development goal by 2030 but the path to achieving the SDG agenda is precluded by weak systems and service delivery in public sector. There is a felt need to bring about a greater transparency and accountability in the system to have a positive impact on program governance overall leading to societal benefits. In addition, the last mile service delivery is often weak and the well-intentioned program benefits are not able to reach the beneficiaries. There are significant inequities in coverage and outreach related to various factors such as demography, geography, economic status etc. For example, even though vaccines under Universal Immunization Program are provided free of cost through all the public health facilities across the country, disparities in coverage exist for different population groups. Boys generally have a higher vaccination coverage than girls as reported by most surveys conducted across the country.[5] Some of the main reasons for this include - People are not aware of their entitlements and rights to public goods and services, they lack financial security to access and utilize the services and at times availability and access to services is limited.

Providing quality services to a huge population in the country through public programs in health requires a regular process of system strengthening and innovation. It is imperative to further enhance the capacity and skills of human resource working in health; improve infrastructure including supply chain systems; develop robust management information systems to improve program governance and decision making. Besides challenges in the supply side of the system, there exist demand-side issues that preclude effective service delivery to the people. The challenge of poor institutional capacity and service delivery has especially adversely impacted women and marginalized groups, with poor access to health, financial and other services, as well as access to information and justice. This leads to inequitable distribution of health outcomes and disparities in overall growth and development

II. Strategy

As described below in **Fig 1** in the Theory of Change (ToC), the project aims at improving last-mile service delivery in the public programs of the government in particular the health program, such that these services are available, accessible and affordable to all. The ToC framework leverages upon the existing UNDP India's work in health system strengthening and contributes directly to the UNSDF Outcome 3 - By 2022, there is improved and more equitable access to, and utilization of, quality affordable healthcare.

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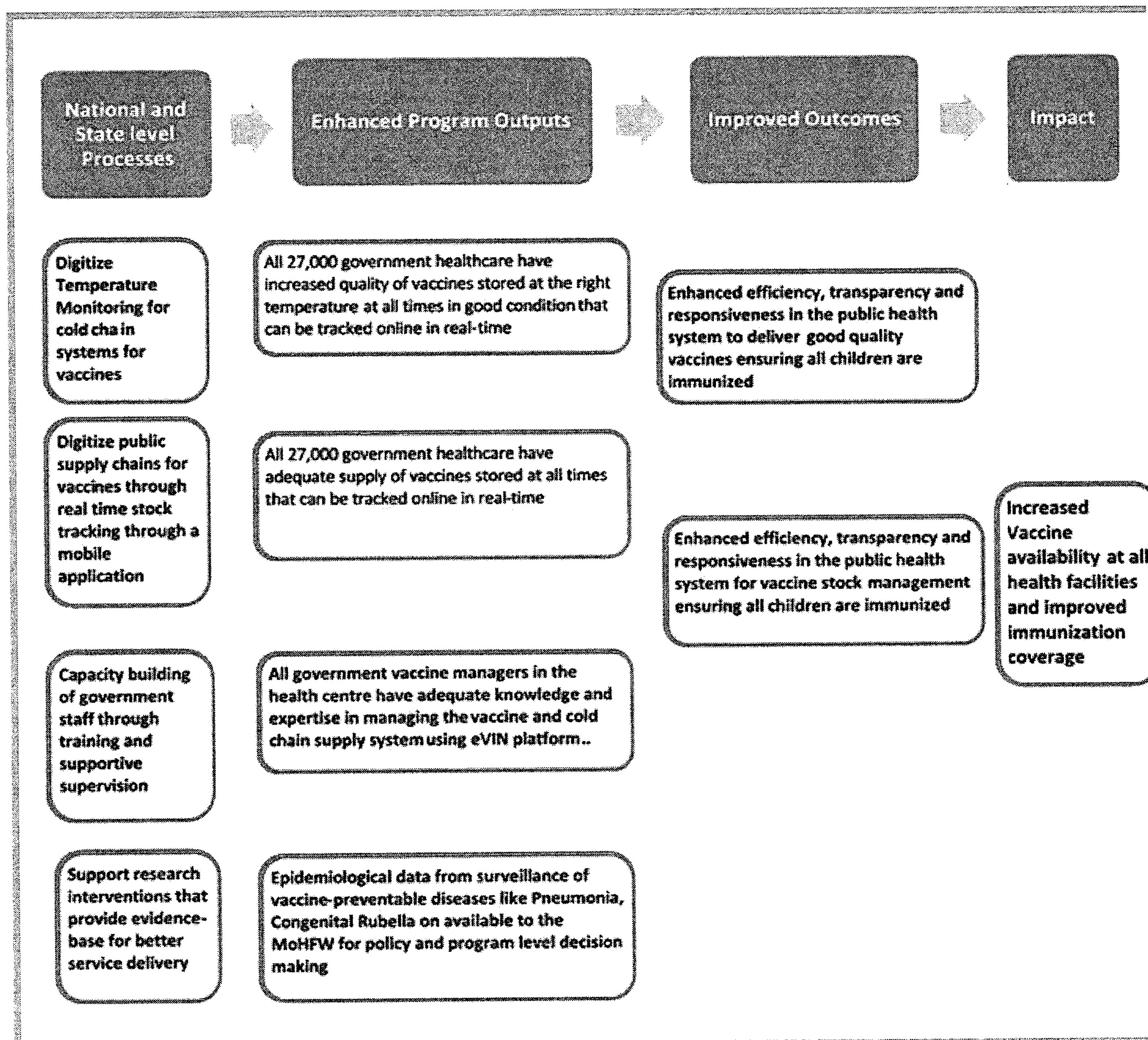
[2] Income poverty is extensive and is concentrated in rural areas in low-income states, hunger and under-nutrition persist and children's health and nutritional status remain a matter of concern. UNSDF CCA 2016

[3] SRS Statistical Report. Office of Registrar General and Census Commissioner. Govt of India.

[4] Data Source: UNICEF (https://data.unicef.org/topic/nutrition/malnutrition/)

[5] Comprehensive Multi-Year Strategic Plan for UIP (cMYP 2013-18). MoHFW. Government of India

Fig 1: Program Theory of Change for Systems Strengthening & Service Delivery



UNDP successfully introduced the Electronic Vaccine Intelligence Network (eVIN) that has digitized the vaccine and cold chain supply system in support of the Universal Immunization Program of Government of India[6]. The project has demonstrated UNDP's capacity to implement large scale projects that have a strong buy-in from the national and state governments. The eVIN platform comprises of cutting edge technology and a vast network of high quality human resources working across a large number of districts and states, it represents the application of a powerful theory of change for scalable SDG impact. As per the Independent CPAP Outcome Evaluation Report 2013-17 – eVIN represents a good model of integrating technological system to support a 'systems challenge' in service delivery for last mile impact. The evaluation report also says that eVIN has had high positive side effects in terms of better record keeping, promotion of accountable and transparent real-time system and use of MIS in decision making. [7]

Over the past 12 months of its implementation eVIN has had a significant impact on improving the vaccine delivery system in 12 states. Program managers can view the entire supply chain from national to last-mile

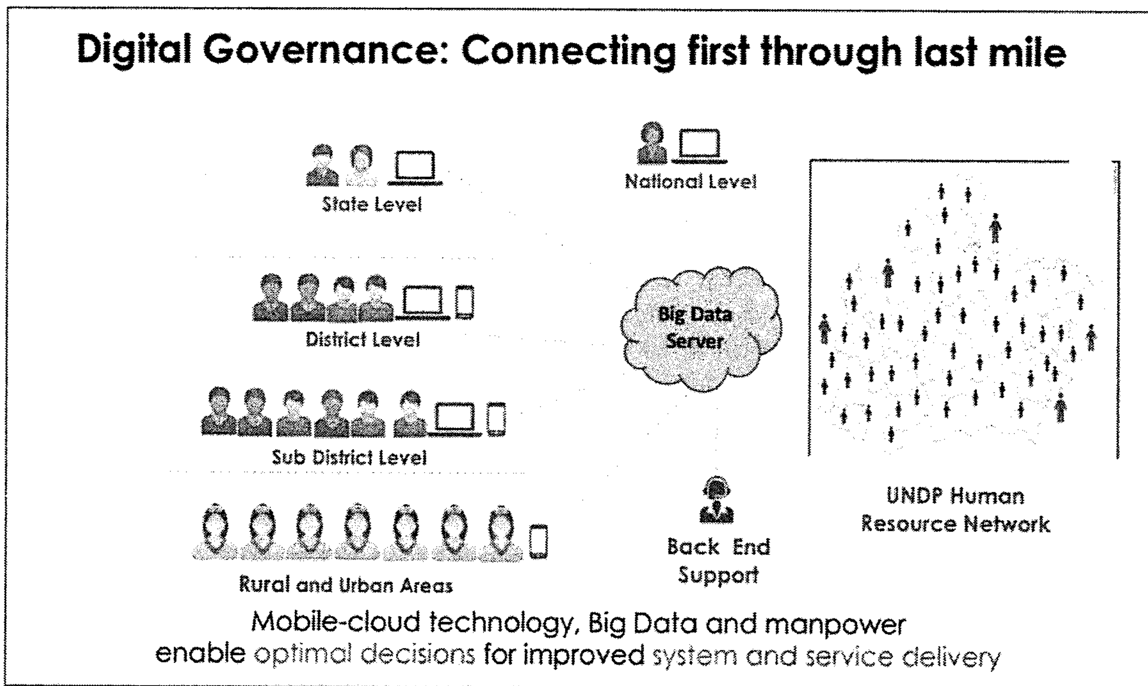
[6] www.in.undp.org/evin

[7] Independent CPAP Outcome Evaluation Report for UNDP India 2013-17

cold chain point level and track over 300 million vaccine doses and their storage temperature online in real-time for 11,000 health centres. 97% of these health centres now have vaccines available for at least 27 days in a month thus ensuring that every child coming to these centres for immunization gets the service. There has been a 72% reduction in vaccine stock outs across the cold chain points and the average duration for a stock out has reduced from 5 days to 3 days. The project has built capacities and empowered 17,000 government staff dealing in vaccine logistics 60% of whom are women. eVIN has had a significant impact in empowering female vaccine handlers as they got trained and adopted a smarter digital technology to do the daily vaccine stock management in their respective health centres.[8]

The eVIN will be scaled up in all the 27,000 health centres across 36 States/UTs deploying a strong network of human resource in districts and States during this program cycle. UNDP will expand the eVIN platform into a Big Data architecture system - with cloud servers, high quality analytics and real-time information dashboards to provide focused contextual information for improving last mile service delivery (see **Fig. 2**). Initial learnings from eVIN scale up in 12 states show that there is a strong buy-in and ownership from the state governments for the platform. The smartphone-based digital technology is readily accepted and adopted by the end-user who is government staff thus allowing the eVIN platform to cover of health service delivery from national to block level. This enables collecting relevant data on various other health programs for improved governance.

Figure 2: Big Data system for program governance and system strengthening



III. Results and Partnerships

Expected Results

The Project will work on the following key areas in health sector with a focus on system strengthening as part of supporting national programs of the health ministries -

1. Supply chain management for vaccines and other health commodities – drugs, equipment through eVIN
2. Strengthen the evidence base for improved policy-making (at all levels) on programmatic areas through a well developed and implemented research interventions

[8] http://www.in.undp.org/content/india/en/home/ourwork/health/successstories/evin-empowering--skilling-women-vaccine-managers-for-digital-hea.html?cq_ck=1488971126274

The eVIN Project under the health system strengthening Program will be supporting all the public health service delivery points in the country including tertiary and secondary level hospitals, 27,000 primary health centers. The main elements of the program will include the following:

Supply-side programming: System strengthening and service delivery

- Capacity building - training government staff, developing guidelines and SOPs, digitizing the service delivery system
- Strengthening supply chain for vaccines and health commodities – through the existing eVIN platform

The results framework in section 4 and multi-year work plan (2018-22) identifies the main CPD outputs and expected program results

Resources Required to Achieve the Expected Results

UNDP will offer high quality technical assistance and implementation support to the Ministry of Health and Family Welfare along with other partner ministries on systems strengthening for better service delivery through eVIN. The resources required to achieve the expected results are $52.28 million over a period of five years. $40.01 million will be utilized for scaling up eVIN platform to an additional 24 states and Union Territories and funding research projects which will be part of the phase-2 of GAVI health system strengthening grant to India.

In addition, government cost sharing component will be $12.26 million which will mainly be used to provide the ongoing technical assistance support for eVIN implementation in 12 states which are part of Phase-1 of HSS project.[9]

Partnerships

Through the health system strengthening project, UNDP will leverage the current work on eVIN implementation to further strengthen its partnership with MoHFW both at national and State level across all the 36 states and union territories. The partnership will be underpinned by UNDP's mandate in providing technical assistance to Government of India in monitoring the progress to and achieving its Sustainable Development Goals by 2030.

The Health Systems Strengthening project content aligns well with the UN Sustainable Development Framework (UNSDF outcome 3) and the UN coordination framework on health. The UN coordination framework on health is a network of all UN country health teams. It is a review forum where all the teams meet once every two months and define their main activities in health. .As part of the country health group of UN and other development partners, UNDP will foster closer collaboration and synergies with other UN agencies like UNICEF, WHO, UNFPA, UNAIDS etc. both at national and state level in the spirit of one UN support to the government.

Risks and Assumptions

Some of the potential risks and assumptions include – the timely availability of government funding, unanticipated requirements in eVIN scale up plan that exceed the planned budget, retention of high quality and trained human resource in eVIN, lack of interest from private sector. The risk management matrix addresses these in section XII of the document

Stakeholder Engagement

The primary stakeholders in the eVIN project are the Central and State health departments and the project is implemented in close collaboration with them. The Ministry of Health and Family Welfare is consulted at

[9] These states include – UP, MP, Rajasthan, Gujarat, Bihar, Jharkhand, Chhattisgarh, Odisha, Assam, Manipur, Nagaland and Himachal Pradesh

every stage in project implementation starting from the planning phase and regular feedback is shared with them.

The target beneficiaries from a Health System Strengthening perspective are the vaccine managers at the health centres. These will include the last mile health workers at block level. Over 55,000 vaccine handlers will be engaged and empowered to deliver efficient and effective healthcare services at their workplace. A majority of these will be women staff.

South-South and Triangular Cooperation (SSC/TrC)

Building on our experience sharing of the eVIN Project phase-I with the countries in the Asia-Pacific region (such as Nepal, Bangladesh, Philippines, Indonesia, Thailand), UNDP will aim to expand eVIN in Africa following its successful demonstration to the Government of Sudan. Experience sharing has led UNDP to fund the eVIN pilots in Bangladesh and Indonesia (for a wider range of health commodities including vaccines). The 6-month pilot is being planned for 1-2 poor performing districts in these countries (with nearby control districts for comparison) and the final analysis will be presented to the respective governments for scale up. The investment can be leveraged with donors like Global Fund and GAVI for a longer-term partnership with UNDP. UNDP India will promote cross learning and lessons learnt with other countries and help UNDP COs in customizing eVIN solution for their own context.

Knowledge

An integral part of the eVIN project is the knowledge management and communications material. There are easy reference instruction manuals prepared for the end user government staff, State and National Factsheets and Dashboards shared with government program managers, advocacy and instructional videos, brochures and posters.

There is also active media engagement garnering interest and increasing awareness about this large- scale project.

eVIN is also featured in various national and international platforms to share the learnings generated by the project and to explore it's potential for expansion in all service delivery and supply chain aspects of health system strengthening.

Sustainability and Scaling Up

The CPAP Outcome Evaluation 2013-17 has documented UNDP's ability to implement programs that may not lie in its traditional domain of health. Through interventions on system improvement, strengthening program governance and innovations UNDP has proven to have a comparative advantage that alongside other UN agencies can strengthen last mile-service delivery.

The eVIN project, in the existing 12 states, has increased efficiency of vaccine stock management with increased availability of adequate and high quality vaccines and reduced stock outs in 11,000 health centres.

The success of eVIN implementation has led to the state governments recognizing the added value of UNDP as an important developmental partner in health sector whilst allowing UNDP to have a deep insight into the working and challenges in the health system at all levels.

MoHFW has agreed for UNDP to expand eVIN to the entire country from existing 12 states thus scaling up the coverage from 11,000 health centres to 27,000 vaccine cold chain points across 36 states and UTs. UNDP will work on a blended financing model for eVIN scale up, pooling funds from GAVI Alliance and government cost sharing.

IV. PROJECT MANAGEMENT (1/2 PAGES - 2 PAGES RECOMMENDED)

Cost Efficiency and Effectiveness

The eVIN project is implemented in close collaboration with the Ministry of Health and Family Welfare and with the State health departments. There are nearly five hundred UNDP personnel in twelve states in the country working exclusively in the eVIN project and embedded within the government system.

The UNDP-eVIN resources are housed within the state, regional and district government health offices which leads to a cost-effective model. It also ensures that the resource is readily available to the government at all times increasing the efficiency of the project.

eVIN is modelled on a Government of India standardized vaccine stock management and supply chain system that is already established. It aims at strengthening this system and increasing it's efficiency. The core of the project is real time data entry allowing for instant data visibility and increased accountability which contributes to informed and timely decision making till the last mile of the supply chain for vaccines.

Further, the budget fully covers all direct project costs directly attributable to the project, including programme management and development effectiveness services related to strategic programme planning, quality assurance, pipeline development, policy advocacy services, finance, procurement, human resources, administration, issuance of contracts, security, travel, assets, general services, information and communications based on full costing in accordance with prevailing UNDP policies with the UNDP Country Office fully recovering its costs involved with project implementation.

Project Management

The project management units are independent for each state. There is a lead team at the State headquarters working closely with their government counterparts in the health department. Similarly, there are resources placed at divisional and district level as well. As mentioned these teams are embedded within the existing government structure. These UNDP- eVIN resources are a fundamental part of the project with an equivalent significance as the technology and the processes, contributing to the high-quality management of the project.

These resources will be in 27 states and union territories as outlined in the GAVI-HSS2 grant. The current resources in the completed 12 states will be supported through government cost sharing. The State team composition is mapped in the section on Governance and Management (VIII).

Funds Flow Arrangements and Financial Management for Government funding

Where programmes/initiatives are funded under the model of Government Cost Sharing, UNDP will support implementation of the project as per Direct Implementation Modality (DIM) in consultation with the concerned Department and as per the parameters and budgets laid down in the agreement.

UNDP Country Office at New Delhi, through its Programme, Human Resource and Finance teams will provide oversight and quality assurance of the services being provided. UNDP will charge a management fees of 8% on the gross expenditures against government funds.

UNDP will request for advance based on the budget of this specific activity. Upon completion of the activity, UNDP shall submit request for payment along with the utilization certificate reflecting disbursements made in settlement of the advance and request for additional funding if required. UNDP will charge its 8% management fee for the services provided.

UNDP may identify a Responsible Party to carry out activities within the project. All Responsible Parties are directly accountable to UNDP in accordance with the terms of their agreement or contract with UNDP.

Fund flow and financial management arrangements for other donors

The project will be directly implemented by UNDP. In this case, UNDP assumes the responsibility for mobilizing and applying effectively the required inputs in order to reach the expected outputs. UNDP assumes overall management responsibility and accountability for project implementation. Accordingly, UNDP would follow all policies and procedures established for its own operations and will be responsible for all financial management, reporting, procurement and recruitment services.

UNDP may identify Responsible Parties to carry out activities within a DIM project. A Responsible Party is defined as an entity that has been selected to act on behalf of the UNDP on the basis of a written agreement or contract to purchase goods or provide services using the project budget. All Responsible Parties are directly accountable to UNDP in accordance with the terms of their agreement or contract with UNDP. The Responsible Party may follow its own procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of the responsible party, does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition that of UNDP shall apply.

Project Audit

The donor funds shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules, policies and procedures of UNDP. Should the annual Audit Report of the UN Board of Auditors to its governing body contain observations relevant to the donor funds, such information shall be made available to the donor by the country office.

For funds received from the government, services will be provided by the UNDP as per the approved budget and Terms and Conditions laid down in the Agreement.

Project Closure

The project would be closed as per UNDP rules and regulations.

V. RESULTS FRAMEWORK

Intended Outcome as stated in the UNSDF Country Programme Results and Resource Framework:
UNSDF outcome 3: By 2022, there is improved and more equitable access to, and utilization of, quality affordable health, nutrition, and water and sanitation services.

Outcome indicators as stated in the Country Programme Document Results and Resources Framework, including baseline and targets:
3.1: Percentage children under five years of age who are stunted. Baseline: 38.7%. Target: 27.9% (40% reduction as per global target)

Applicable Output(s) from the UNDP Strategic Plan as mentioned in the CPD: SP Outcome:3 - Countries have strengthened institutions to progressively deliver universal access to basic services.

Project title: Improving efficiency of Vaccination System in multiple states.
Atlas Project Number: 00098752 (Output ID: 00101970)

EXPECTED OUTPUTS	OUTPUT INDICATORS[10]	DATA SOURCE	BASELINE (Indicate Project Specific Baseline derived from CPD/POD)		TARGETS (by frequency of data collection) (Indicate Project Specific Targets derived from CPD/POD)						DATA COLLECTION METHODS & RISKS
			Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5	FINAL	
Output 1.3: Improved efficiency and effectiveness in public health systems for service delivery benefitting women and the poor.	**Indicator 1.3.1**: Number of states covered through health systems strengthening benefitting women and the poor	MoHFW Annual Report	12	2017	18	28	36	36	*36*	*36*	Secondary database assessment through Government records and reports of National and State Government and UNDP. Risk: Delays in updation of Government records

[10] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

VI. Monitoring And Evaluation

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	The progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly	Slower than expected progress will be addressed by project management.	MoHFW, GAVI(donor)	30,000
Monitor and Manage Risk	The project will identify specific risks that may threaten achievement of intended results. It will also identify and monitor risk management actions using a risk log. This will include monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks will be identified by project management and actions will be taken to manage risk. The risk log will be actively maintained to keep track of identified risks and actions taken.	MoHFW, GAVI(donor)	25,000
Learn	The project will capture knowledge, good practices and lessons regularly, as well as actively source from other projects and partners and integrate back into the project.	Annually	Relevant lessons will be captured by the project team and used to inform management decisions.	UNDP MOHFW	10,000
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	UNDP MOHFW	10,000
Review and Make Course Corrections	Internal review of data and evidence will be conducted from all monitoring actions to inform decision making.	Annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	Immunization Advisory Group(IAG), MoHFW	
Project Report	A progress report will be presented to the Project Board / Project Steering Committee (PSC) and key stakeholders, consisting of progress data showing the results achieved	Annually, and at the end of the project (final report)		UNDP MOHFW	5000

	against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.				
Project Review (Project Board / PSC)	The project's governance mechanism (i.e., PSC) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the PSC will hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Bi-Annual	Any quality concerns or slower than expected progress will be discussed by the PSCand management actions agreed to address the issues identified.	IAG, MoHFW	5000

Evaluation Plan[11]

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Mid-Term Evaluation	MoHFW, GAVI	Countries have strengthened institutions to progressively deliver universal access to basic services.	By 2022, there is improved and more equitable access to, and utilization of, quality affordable health, nutrition, and water and sanitation services.	2019	MoHFW, State Health Departments	15,000
Terminal Evaluation	MoHFW, GAVI			2022	MoHFW, State Health Departments	25,000

[11] Optional, if needed

VII. MULTI-YEAR WORK PLAN [12][13]

EXPECTED OUTPUTS	Expected Annual Output Results	PLANNED ACTIVITIES	Planned Budget by Year					RESPONSIBLE PARTY	PLANNED BUDGET		
			Y1	Y2	Y3	Y4	Y5		Funding Source	Budget Description	Amount
Output 1.3: Improved efficiency and effectiveness in public health systems for service delivery benefitting women and the poor. *Gender marker: GEN--2*	**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).	1.3.1.1 Conduct Preparatory Assessments for metadata collection and uploading	135,000	135,000	0	0	0	UNDP	UNDP		0
									Donor	72100	270,000
									GCS		0
		1.3.1.2 Regular Review, Upgradation and Enhancement of the eVIN Software	0	0	844,860	852662	0	UNDP	UNDP		0
									Donor	72100	1,697,522
									GCS		0
		1.3.1.3 Procure and distribute Mobiles, SIM Cards and their monthly charges	0	0	0	0	0	UNDP	UNDP		0
			2,111,000	1,152,000	1,512,000	1,512,000	900,000		Donor	72400	7,187,000
			2,70,000	1,600,000	0	0	0		GCS		1,870,000
		1.3.1.4 Procure, Distribute and Install Temperature Loggers at Cold Chain Points	0	0	0	0	0	UNDP	UNDP		0
			3,740,000	140,000	70,000	0	0		Donor	72100	3,960,000
			0	500,000	0	0	0		GCS		500,000
		1.3.1.5 Procure and	0	0	0	0	0	UNDP	UNDP		0

[12] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

[13] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

		distribute Laptops and other hardware for project staff in the states	340,800	102,000	102,000	102,000	0		Donor	72800	646,800
			10,000	20,000	0	0	0		GCS	72800	30,000
		1.3.1.6 Establish and Maintain UNDP-eVIN Field Offices in Implementing States and Maintenance of Project & Professional Staff	142,550	282,392	269,406	280,830	301,196	UNDP	UNDP		0
									Donor	72200	1,276,374
									GCS		0
		1.3.1.7 Conduct eVIN Training for UNDP and Government Staff in Implementing States at National, State and District Level	0	0	0	0	0	UNDP	UNDP		0
			349,650	686,150	181,400	0	0		Donor	72100	1,217,200
			4,50,000	10,50,000	0	0	0		GCS	72100	1,500,000
		1.3.1.8 Carry out eVIN Related Communications Interventions and Managing Distribution of Materials	0	0	0	0	0	UNDP	UNDP		0
			68,000	86,000	0	0	0		Donor	74200	154,000
			1,69,762	65,238	0	0	0		GCS	74200	180,000
		1.3.1.9 Conduct eVIN Related Travel for Project Roll Out in Implementing States	110,856	487,740	536,520	590,160	147,540	UNDP	UNDP		0
									Donor	71600	1,872,816
									GCS		0
		1.3.1.10 Carry out Recruitment, Management & Remuneration of Human Resources for eVIN Implementation	0	0	0	0	0	UNDP	UNDP		0
			637,656	1,786,942	1,965,636	2,162,199	596,107		Donor	71400	7,148,570
			5,55,000	42,95,000	0	0	0		GCS	71400	4,850,000
		1.3.1.11 Carry out Recruitment, Management and Remuneration of field						UNDP	UNDP		0
			939,600	2,067,120	2,273,832	2,501,215	0		Donor	72100	7,781,767

		staff (like VCCM)	4,50,000	2,250,000	0	0	0		GCS	72100	2,700,000
		1.3.1.12 Provide GAVI Secretariat Services to the Ministry of Health and Family Welfare	96,000	126,000	96,000	96,000	96,000	UNDP	UNDP		0
									Donor	71400	510,000
									GCS		0
		1.3.1.13 Support and Maintenance Services to the Project	93,985	93,985	98,684	98,684	103,618	UNDP	UNDP		0
									Donor	72100	488,956
									GCS		0
	Output result 1.3.2 Strengthen the evidence base for improved policy-making (at all levels) on programmatic areas through a well developed and implemented research interventions	1.3.2.1 Pneumococcal Disease Surveillance	6,95,000	695,000			0	UNDP	UNDP		0
									Donor	72100	1,390,000
									GCS		0
		1.3.2.2 Congenital Rubella Syndrome Surveillance	6,95,000	695,000		0	0	UNDP	UNDP		0
									Donor	72100	1,390,000
									GCS		0
		MONITORING	17,500	12,500	0	0	0	UNDP, MoHFW, Donor	Donor	72100	30,000
		Sub-Total for Output 1.3									**48,695,975**
		EVALUATION		15,000			25,000	UNDP	Donor	72100	40,000
General Manageme			7,02,608	6,85,026	7,47,227	6,55,660	1,73,557		Donor		2,964,078

nt Support			95,238	4,89,012					GCS		584,250
TOTAL			**1,29,864,05**	**1,95,17,105**	**85,86,365**	**88,51,410**	**2,348,418**				**52,284,303** **Donor** **(40,015,053)** **GCS** **(12,269,250)**

Project start up expenditure may be incurred in 2017.

VIII. Governance and Management Arrangements

i. **Immunization Advisory Group(IAG)** :

The Immunization Advisory Group is chaired by the Joint Secretary (RMNCH+A), Ministry of Health and Family Welfare, Government of India. It includes as its members MoHFW Officials, NIHFW, ICMR, Gavi, and other development partners.

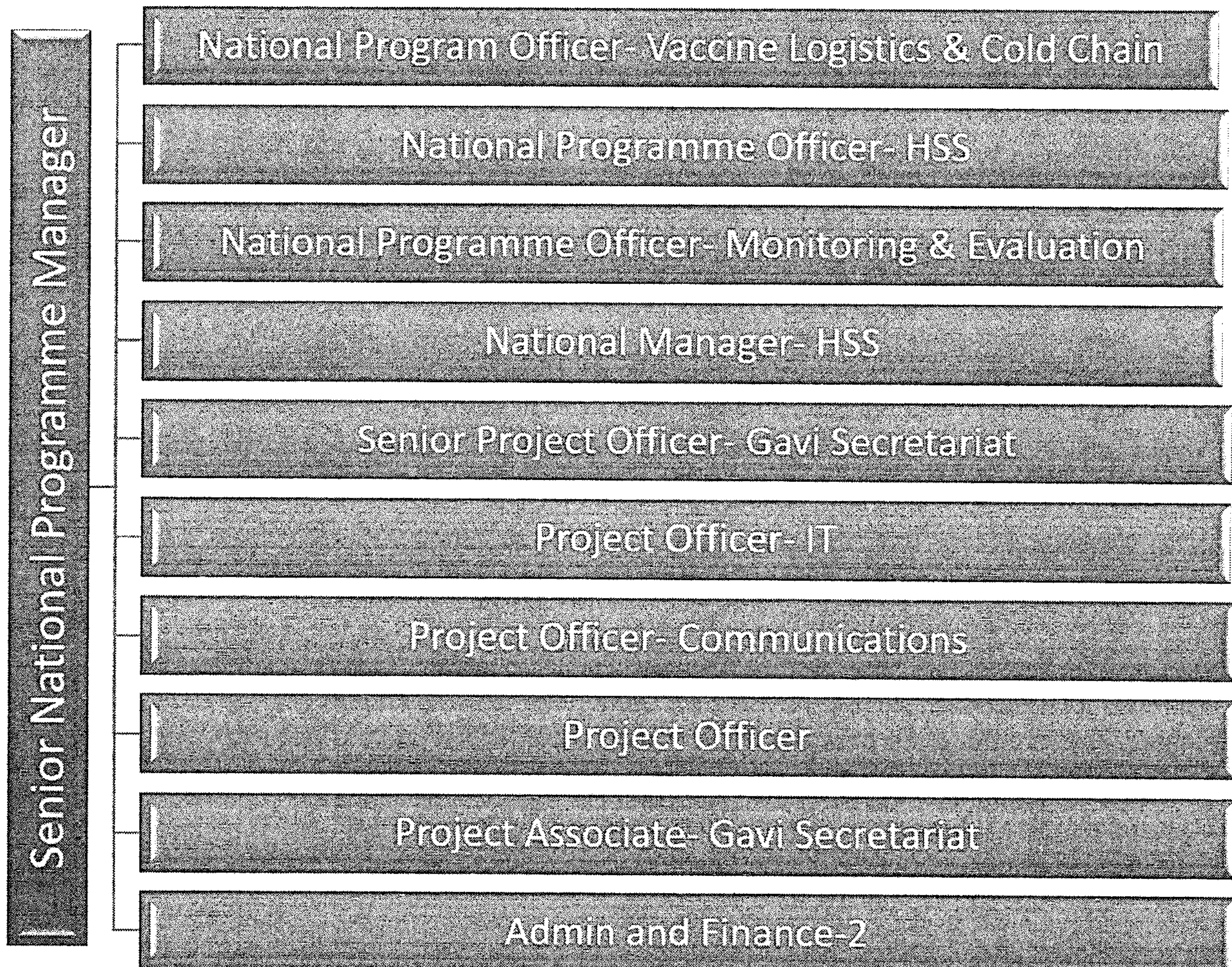
The advisory group meets quarterly to review and monitor the programmatic and financial progress, policy decision, and implementation of the Gavi health system strengthening fund.

It also makes decisions to endorse and approve and new applications, re-appropriation of funds and activities planned under Gavi support.

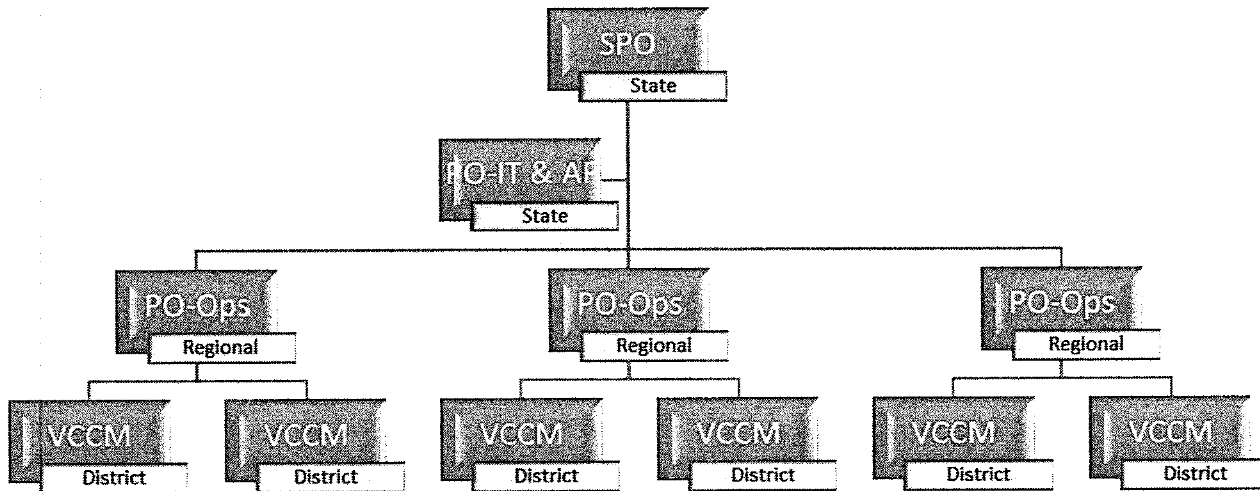
ii. **Project Steering Committee:** As part of the audit recommendations, the country office has set up the GAVI Project Steering Committee for providing overall governance oversight to the GAVI HSS project. It is chaired by the Country Director UNDP India Country Office and its members include the departments of Operations, Finance, Procurement and the Senior National Program Manager of the eVIN project.

The PSC meets bi-annually to carry out and internal overall review of the project.

i. Country Office Team Composition:



ii. State team composition:



IX. LEGAL CONTEXT

Option b. Where the country has NOT signed the Standard Basic Assistance Agreement (SBAA)

The project document shall be the instrument envisaged and defined in the Supplemental Provisions to the Project Document, attached hereto and forming an integral part hereof, as "the Project Document".

This project will be implemented by UNDP in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

*[NOTE: Please choose **one** of the following options that corresponds to the implementation modality of the Project. Delete all other options.]*

Option b. UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds][14] [UNDP funds received pursuant to the Project Document][15] are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any

[14] To be used where UNDP is the Implementing Partner

[15] To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner

concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the SBAA *[or the Supplemental Provisions to the Project Document]*, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
        i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
        ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

    b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

    c. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

    d. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

    e. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

    f. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

       Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

    g. *Choose one of the three following options:*

       Option 1: UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of this Project Document. Such amount may be deducted by UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement. Recovery of such amount by UNDP shall not diminish or curtail any responsible party's, subcontractor's or sub-recipient's obligations under this Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

h. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

i. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

j. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. Project Quality Assurance Report – (Attached)

2. Social and Environmental Screening (Attached)

3. Risk Analysis.

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Management response	Owner	Submitted, updated by	Last Update	Status
1	There may be unanticipated requirements in eVIN scale up plan that exceed the planned budget	March 2017	Operational	P=3 I=3	As far as possible such a risk will be identified well in advance and its funding options will be discussed with MoHFW	Dr Manish Pant *(in Atlas, use the Management Response box)*	Dr Manish Pant	Oct 2017	In Progress
2	GCS fund disbursement to UNDP may get delayed	Aug 2017	Financial	P =2 I = 2	CO will fund critical activities from its project funds and reimburse the same when GCS is received	Dr Manish Pant	Dr Manish Pant	Oct 2017	In Progress
3	Retention	Nov 2015	Organizatio		HR team will be	Dr	Dr	Sept	In

	of high quality and trained human resource		nal	P =3 I = 5	engaged to work on steps for retaining the service contract staff as best as possible to prevent large scale turnover	Manish Pant	Manish Pant	2017	Progress
4	A possible lack of interest from some private sector organizatio ns	Jan 2017	Strategic	P=2 I=3	A wide range of private sector organizations will be engaged with in consultation with the CO partnership and resource mobilization team	Dr Manish Pant	Dr Manish Pant	July 2017	In Progres s

4. **Capacity Assessment:** UNDP follows Harmonized Approach to Cash Transfer approach for partnering with/ and transfer of funds to project responsible parties. It undertakes capacity assessments of such partners. UNDP ensures spot checks, internal control audits and financial audits of such partners as required.

5. **Project Board Terms of Reference and TORs of key management positions – Attach as Annex**

The Immunization Advisory Group is chaired by the Joint Secretary (RMNCH+A), Ministry of Health and Family Welfare, Government of India. It includes as its members MoHFW Officials, NIHFW, ICMR, Gavi, and other development partners.

The advisory group meets quarterly to review and monitor the programmatic and financial progress, policy decision, and implementation of the Gavi health system strengthening fund.

It also makes decisions to endorse and approve and new applications, re-appropriation of funds and activities planned under Gavi support.