

Procedure Year: 2025

Procedure Status: Approved

Procedure Department: CO - India - New Delhi

Record Owner: Ruchika Tripathi

Procedure Rating: Highly Satisfactory

Procedure Name: ASM-19518

Procedure Type: Implementation

Created by: Ruchika Tripathi,1/30/2026, 3:39 AM

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Portofolio/Project Type: Project

RELATED PORTFOLIOS/PROJECTS (1)						
NAME	PORTOFOLIO/PROJECT NAME	DEPARTMENT	STATUS	ATLAS PROJECT NUMBER	START DATE	END DATE
01001150	Improving efficiency of vaccination system in India (Health system Strengthening-HSS III)	CO - India - New Delhi	On Going		6/15/2023	12/31/2026

RELATED SESPS (2)		
PARENT PROCEDURE	PROCEDURE TYPE	PROCEDURE YEAR
ASM-04667	SESP (Social and Environmental Screening Procedure)	2023
ASM-19521	SESP (Social and Environmental Screening Procedure)	2025

Approval Information

Approval Date: Sun Feb 01 00:00:00 GMT 2026

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APPROVAL HISTORY			
STEP NAME	DATE	STATUS	ASSIGNED TO
Submitted for Approval	2026-02-01 02:16:06	Approved	Isabelle TSCHAN HARADA
Approval Request Submitted	2026-01-31 12:25:57	Started	Ruchika Tripathi

QA Questionnaire:

Strategic

Status: Complete

Quality Rating: Exemplary

1. Is the project pro-actively identifying changes to the external environment and incorporating them into the project strategy?

- ☒

3: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project board has considered the implications, and documented any changes needed to the project in response. (all must be true)
- ☐

2: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives. There is some evidence that the project board discussed this, but relevant changes may not have been fully integrated in the project. (both must be true)
- ☐

1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has remained on course to achieve its objectives, with its strategy periodically refined to address challenges and capitalize on new opportunities presented by shifts in the external environment.

The project team regularly and proactively scanned and assessed the evolving context of India's health system landscape.

There is documented evidence (IAG meeting minutes) that the project board considered the implications of these external changes.

2. Is the project aligned with the UNDP Strategic Plan?

- ☒ 3: The project responds to at least one of the development settings as specified in the Strategic Plan (SP) and adopts at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. (all must be true)
- ☐ 2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. (both must be true)
- ☐ 1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project responds to the first development setting in UNDP's 2022-2025 Strategic Plan: Structural transformation –including green, inclusive and digital transitions: working with countries to effect change in systems and structures that shape a country's sustainable development.

The project adapts the following UNDP signature solutions:

Resilience– Supporting countries and communities in building resilience to diverse shocks and crises, including conflict, climate change, disasters and epidemics.

Governance– Helping countries address emerging complexities by “future-proofing” governance systems through anticipatory approaches and better management of risk.

The project RRF is linked to SP Outcome 1: Structural transformation accelerated, particularly green, inclusive and digital transitions.

The following three SP output indicators have been added to the project's results framework:

2.3.1 Number of national institutions with strengthened public administration and core government functions for improved service delivery.

1.4.2 To what extent the country has b) deployed hyperlocal vaccine data analytics for decision making and equitable and inclusive responses; c) introduced environmentally and socially sustainable disposal of immunization waste.

Relevant

Status: Complete

Quality Rating: Exemplary

3. Are the project's targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project leaves no one behind (LNOB) and remains relevant for them?

- ☒ 3: Systematic and structured feedback has been collected over the past two years from a representative sample of beneficiaries, with a priority focus on the discriminated and marginalized, as part of the project's monitoring system. Representatives from the targeted groups are active members of the project's governance mechanism (i.e., the project board or equivalent) and there is credible evidence that their feedback informs project decision making. (all must be true)
- ☐ 2: Targeted groups have been engaged in implementation and monitoring, with a priority focus on the discriminated and marginalized. Beneficiary feedback, which may be anecdotal, has been collected over the past year to ensure the project is addressing local priorities. This information has been used to inform project decision making. (all must be true)
- ☐ 1: Some beneficiary feedback may have been collected over the past year, but this information has not been used to inform project decision making. This option is also selected if no beneficiary feedback has been collected.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project systematically engages marginalized, vulnerable, and LNOB groups to ensure the project remains relevant and equitable. Over the past two years, beneficiary feedback has been collected, most recently through the rollout of the Confidence Survey tool in December 2025. This survey, along with targeted CSO engagement and field interactions under the Community of Practice Demand (CoPD), captured the needs and experiences of discriminated and marginalized populations, especially zero-dose children in priority geographies.

Critically, representatives from targeted groups are actively involved in project governance mechanisms, such as the project board. There is clear evidence from meeting records that their input informs key decisions, ensuring the project's strategy and interventions are guided by community voices.

The integration of digital systems like U-WIN and Poshan Tracker has further enhanced last-mile inclusion, allowing tracking of vaccination status for pregnant women, children, and Particularly Vulnerable Tribal Groups (PVTGs). Collaboration with the Ministries of Tribal Affairs and Women & Child Development ensures real-time, equitable access to health services, with a focus on those most likely to be left behind.

These measures demonstrate a sustained, systematic approach to engaging and incorporating feedback from marginalized groups into decision making, fulfilling the project's commitment to leave no one behind and to address both gender and socio-economic barriers in immunization coverage.

4. Is the project generating knowledge and lessons learned (i.e., what has worked and what has not) and has this knowledge informed management decisions to ensure the continued relevance of the project towards its stated objectives, the quality of its outputs and the management of risk?

- ☒ 3: Knowledge and lessons learned from internal or external sources (gained, for example, from Peer Assists, After Action Reviews or Lessons Learned Workshops) backed by credible evidence from evaluation, corporate policies/strategies, analysis and monitoring have been discussed in project board meetings and reflected in the minutes. There is clear evidence that changes were made to the project to ensure its continued relevance. (both must be true)
- ☐ 2: Knowledge and lessons learned backed by relatively limited evidence, drawn mainly from within the project, have been considered by the project team. There is some evidence that changes were made to the project as a result to ensure its continued relevance. (both must be true)
- ☐ 1: There is limited or no evidence that knowledge and lessons learned have been collected by the project team. There is little or no evidence that this has informed project decision making.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project systematically generates, documents, and applies knowledge and lessons learned from both internal and external sources to ensure ongoing relevance, quality, and risk management. Building on the success of eVIN and CoWIN models, the project is designed with insights gained over a decade of immunization work across India.

Regular Quarterly Immunisation Action Group (IAG) meetings, chaired by MoHFW, provide a formal platform for reviewing progress and making evidence-based decisions. Discussions in these meetings are documented (see IAG MoM), with key actions including risk assessment, the formulation of mitigation strategies, and the implementation of stakeholder recommendations. The UWIN Dashboard supports real-time monitoring and data analysis to inform management decisions. The project actively incorporates findings from structured evaluations, such as the recent review of the HSS-II initiative, and adapts strategies based on recommendations. Internal reporting mechanisms, including Mid-term and Annual Progress Reports, systematically capture good practices and lessons learned, drawing insights from other projects and partners for ongoing improvement.

Additional knowledge is generated and integrated through activities like the Scoping Review report on caregiver health-seeking practices in India and other LMICs under CoP-D, and the analysis of NFHS 5 data to assess factors influencing immunization uptake.

This robust and evidence-backed process is reflected in project board meeting minutes, where actionable changes, such as targeting zero-dose children in high-risk geographies and refining social and behaviour change communication, have been made to maintain project relevance and enhance impact. Thus, credible evidence supports that lessons learned have directly

5. Is the project sufficiently at scale, or is there potential to scale up in the future, to meaningfully contribute to development change?

- ☒ 3: There is credible evidence that the project is reaching a sufficient number of beneficiaries (either directly through significant coverage of target groups, or indirectly, through policy change) to meaningfully contribute to development change.
- ☐ 2: While the project is currently not at scale, there are explicit plans in place to scale up the project in the future (e.g. by extending its coverage or using project results to advocate for policy change).
- ☐ 1: The project is not at scale, and there are no plans currently to scale up the project in the future.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Evidence:U-WIN Dashboard

The HSS III project is operating at scale nationally, already implemented in 36 states and 725 districts, directly reaching millions of beneficiaries. The U-WIN digital platform alone supports end-to-end beneficiary tracking, integrated across flagship government programs such as ABHA, RCH Portal, Poshan Tracker, and eVIN. This integration enables real-time data sharing for improved immunization coverage, especially among marginalized groups, and is being leveraged by ministries including Health, Tribal Affairs, and Women & Child Development.

Beyond national rollout, intervention components on data analytics are being implemented in 143 districts across 11 states, demonstrating significant coverage and an ability to amplify results nationwide. Under the CoPD mandate, targeted efforts systematically address last-mile and vaccine-hesitant populations, further expanding the project's reach and impact on equitable development change.

There is credible evidence (U-WIN Dashboard, CoPD Report) of policy-level integration with government systems, enhancing sustainable coverage and long-term scalability. Transition and sustainability strategies are in place, including capacity development, government ownership, partnerships, and a move to state funding post-project. UNDP's support for a blended financing model and open-source deployment further enables replication and scaling as digital public goods, with all data and IP aligned to government ownership.

These factors confirm the project's substantial scale and potential for sustainable expansion, meaningfully contributing to universal immunization and wider development objectives.

Principled

Status: Complete

Quality Rating: **Highly Satisfactory**

6. Are the project's measures (through outputs, activities, indicators) to address gender inequalities and empower women relevant and producing the intended effect? If not, evidence-based adjustments and changes have been made.

- ☒ 3: The project team has systematically gathered data and evidence through project monitoring on the relevance of the measures to address gender inequalities and empower women. Analysis of data and evidence were used to inform adjustments and changes, as appropriate. (both must be true)
- ☐ 2: The project team has some data and evidence on the relevance of the measures to address gender inequalities and empower women. There is evidence that at least some adjustments were made, as appropriate. (both must be true)
- ☐ 1: The project team has limited or no evidence on the relevance of measures to address gender inequalities and empowering women. No evidence of adjustments and/or changes made. This option should also be selected if the project has no measures to address gender inequalities and empower women relevant to the project results and activities.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Gender equality is integral to HSS III, reflected in its GEN 2 marker for significant expected contribution to women's empowerment. The project systematically gathers and analyzes gender-disaggregated data through dedicated monitoring tools and processes. Informed by gender analysis, evaluations, field experiences, and feedback from beneficiaries and frontline health workers, the project developed a comprehensive Gender Action Plan and Workplan.

Gender-responsive measures are embedded across all components—U-WIN, CoP-D, and Data Analytics. In 2025, the project digitally upskilled over 250,000 female frontline health workers (ANMs) under U-WIN, significantly enhancing their digital literacy, confidence, and professional status. CoP-D incorporates a Gender Equality and Social Inclusion (GESI) strategy, developed with technical support from the International Center for Research on Women (ICRW), ensuring gender priorities are central to both community engagement and demand-generation activities.

Gender reporting is institutionalized within project monitoring, including a dedicated confidence survey disseminated to over 4,000 healthcare workers across Maharashtra, Delhi, and Uttarakhand. Of 3,469 respondents, 3,017 were women, enabling robust gender analysis across urban, semi-urban, tribal, and hilly contexts. Findings from these surveys and routine monitoring have led to evidence-based adjustments in training, support, and outreach strategies, ensuring project activities remain relevant and effective in addressing gender inequalities and empowering women.

These actions confirm a consistent, evidence-based approach to measuring impact on women and adjusting interventions to achieve intended gender equality outcomes.

7. Are social and environmental impacts and risks being successfully managed and monitored?

- ☒ 3: Social and environmental risks are tracked in the risk log. Appropriate assessments conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for High risk projects and some level of social and environmental assessment for Moderate risk projects as identified through SESP). Relevant management plan(s) developed for identified risks through consultative process and implemented, resourced, and monitored. Risks effectively managed or mitigated. If there has been a substantive change to the project or change in context that affects risk levels, the SESP is updated to reflect these changes. (all must be true)
- ☐ 2: Social and environmental risks are tracked in the risk log. Appropriate assessments are conducted where required (i.e., Environmental and Social Impact Assessment (ESIA) for high/substantial-risk projects and targeted assessments for moderate risk projects as identified through SESP). Relevant management plan(s) developed, implemented, and monitored for identified risks. Select this option for SESP exempted projects and/or categorized as low risk through the SESP.
- ☐ 1: Social and environmental risks have not been tracked in the risk log. For projects categorized as High or Moderate Risk there is no evidence that social and environmental assessments have been completed and/or management plans or measures development, implemented or monitored. There have been substantive changes to the project or changes in the context but SESP has not been updated. (any may be true)

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has been categorized as low risk through the SESP, and subsequent reviews have confirmed that the risk profile remains low. The SESP has been updated to reflect compliance with Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) standards and to include considerations for social inclusion, ensuring alignment with evolving best practices and project context.

Given the low-risk categorization, formal environmental or social management plans have not been required; however, risk monitoring is rigorous and ongoing. Risks are actively reviewed and managed through weekly check-ins with project teams and quarterly risk register reviews. Any changes in context or project scope that might affect risk levels are promptly assessed, with updates made to the SESP as needed.

This structured approach ensures that social and environmental risks, even at a low level, are effectively monitored, and that compliance is maintained throughout project implementation.

8. Are grievance mechanisms available to project-affected people and are grievances (if any) addressed to ensure any perceived harm is effectively mitigated?

- ☐ 3: Project-affected people have been actively informed of UNDP's Corporate Accountability Mechanism (SRM/SECU) and how to access it. If the project is categorized as High or Moderate Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received, they are effectively addressed in accordance with SRM Guidance. (all must be true)
- ☒ 2: Project-affected people have been informed of UNDP's Corporate Accountability Mechanism and how to access it. If the project is categorized as High Risk through the SESP, a project -level grievance mechanism is in place and project affected people informed. If grievances have been received they are responded to but face challenges in arriving at a resolution. Select this option for SESP Exempted projects.
- ☐ 1: Project-affected people not informed of UNDP's Corporate Accountability Mechanism. If grievances have been received they are not responded to. (any may be true)

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Project has been assessed as low risk through SESP. For potential incidents, there were grievance redressal systems in place at the government partners side along with the UNDP systems.

Training are conducted at different levels and grievance redressal mechanisms are informed to the stakeholders and including TP project team at the field level.

Management & Monitoring

Status: Complete

Quality Rating: Exemplary

9. Is the project's M&E Plan sufficient and adequately implemented?

- ☒ 3: The project has a comprehensive and costed M&E plan. Baselines, targets and milestones are fully populated. Progress data against indicators in the project's RRF is being reported regularly using credible data sources and collected according to the frequency stated in the Plan, including sex disaggregated data as relevant. Any evaluations conducted, if relevant, fully meet decentralized evaluation standards, including gender UNEG standards. Lessons learned, including during evaluations and/or After Action Reviews, are used to take corrective actions when necessary. (all must be true)
- ☐ 2: The project has a costed M&E Plan, and most baselines and targets are populated. Progress data against indicators in the project's RRF is collected on a regular basis, although there may be some slippage in following the frequency stated in the Plan and data sources are not always reliable. Any evaluations conducted, if relevant, meet most decentralized evaluation standards. Lessons learned have been captured but may not have been used to take corrective actions yet. (all must be true)
- ☐ 1: The project has an M&E Plan, but costs are not clearly planned and budgeted for, or are unrealistic. Progress data is not being regularly collected against the indicators in the project's RRF. Evaluations may not meet decentralized evaluation standards. Lessons learned are rarely captured and used. Select this option also if the project does not have an M&E plan.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has a comprehensive and costed M&E plan, detailed in the UNDP Project Document and Results Framework, which closely aligns with the UNSDCF outcome. Baselines, annual targets, and milestones are fully populated for all relevant output and outcome indicators, including coverage across states and progress in health systems strengthening. Specific indicators such as the number of states covered, capacity-building achievements, and inclusion metrics are tracked with clear data sources and reporting frequency.

Progress data against the RRF indicators is collected and reported regularly, through quarterly and annual reporting mechanisms, supported by robust donor reports and IAG meeting documentation. Sex-disaggregated data is captured as relevant, informing both annual progress reviews and targeted interventions.

Accountability and transparency are ensured through quarterly review by the IAG and documentation in annual reports, with regular monitoring and risk management directly informing strategic decisions.

10. Is project's governance mechanism (i.e., the project board or equivalent) functioning as intended?

- ☒ 3: The project's governance mechanism is operating well, and is a model for other projects. It has met in the agreed frequency stated in the project document and the minutes of the meetings are on file. There is regular (at least annual) progress reporting to the project board or equivalent on results, risks and opportunities. It is clear that the project board explicitly reviews and uses evidence, including progress data, knowledge, lessons and evaluations, as the basis for informing management decisions (e.g., change in strategy, approach, work plan.) (all must be true to select this option)
- ☐ 2: The project's governance mechanism has met in the agreed frequency and the minutes of the meeting are on file. A project progress report has been submitted to the project board or equivalent at least once in the past year, covering results, risks and opportunities. (both must be true to select this option)
- ☐ 1: The project's governance mechanism has not met in the frequency stated in the project document over the past year and/or the project board or equivalent is not functioning as a decision-making body for the project as intended.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project's governance mechanism operates at a model standard, led by the Immunisation Action Group (IAG) comprised of the Ministry of Health and Family Welfare (MoHFW), NIHFW, GAVI, UNDP, and other key development partners.

The IAG convenes quarterly to systematically review programmatic and financial progress, risks, opportunities, and strategic decisions. Meeting minutes are recorded and on file, ensuring transparency and accountability.

Progress, risk, and results reporting to the IAG is regular and comprehensive, including evidence from the integrated data analytics dashboard, which provides real-time data to inform decision-making. The governance structure supports dynamic adaptation, with board members actively reviewing progress data, lessons learned, evaluations, and best practices as the foundation for management decisions, including updates to strategy, approaches, and work plans.

UNDP India's assurance role is clear, and focal points are designated to oversee compliance and effectiveness.

The combination of inclusive membership, documented regular meetings, systematic progress reporting, and evidence-driven management demonstrates that the governance mechanism is functioning as intended and serves as a model for similar initiatives.

11. Are risks to the project adequately monitored and managed?

- ☒ 3: The project has actively monitored risks every quarter including consulting with key stakeholders, including security advisors, to identify continuing and emerging risks and to assess if the main assumptions remain valid. There is clear evidence that relevant management plans and mitigating measures are being fully implemented to address each key project risk, and have been updated to reflect the latest risk assessment. (all must be true)
- ☐ 2: The project has monitored risks every year, as evidenced by an updated risk log. Some updates have been made to management plans and mitigation measures.
- ☐ 1: The risk log has not been updated as required. There may be some evidence that the project has monitored risks (including security risks or incidents) that may affect the project's achievement of results, but there is no explicit evidence that management actions have been taken to mitigate risks. In the case of a deteriorating security environment, no consultation has occurred with the UNDP Security Office on appropriate measures.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Risks to the project are systematically monitored and managed through robust mechanisms. The project risk register is updated regularly, both offline and on Quantum, reflecting ongoing risk analyses from weekly check-ins with senior management. Quarterly reviews are conducted to assess risk status, including consultation with key stakeholders to identify new and emerging risks and validate main project assumptions.

All identified risks are addressed through detailed treatment measures, which are documented and implemented. Progress against these plans is captured in project progress reports, with updates made in response to the latest risk assessments.

Timely financial planning and active communications with stakeholders are core strategies to maintain commitments and mitigate risks, and interventions are adapted in real time based on stakeholder feedback and changing contexts. Additionally, the development of an integrated data analytics dashboard, with capacity-building efforts already initiated, is designed to strengthen monitoring and early warning systems, ensuring data-driven risk management. Its implementation, pending Ministry approval, highlights a proactive approach to enhancing project risk oversight.

These combined efforts provide clear evidence that risks to the project are being actively and adequately monitored and managed in compliance with project standards.

Efficient

Status: Complete

Quality Rating: Highly Satisfactory

12. Adequate resources have been mobilized to achieve intended results. If not, management decisions were taken to adjust expected results in the project's results framework.

- ☒ Yes
- ☐ No

***Note: Risk management must be done when the response is "No".**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has mobilized adequate resources to achieve the intended results of the project. The project's funding is primarily sourced from Gavi, ensuring stable and consistent financial support. The total funds for the project period has been received in the UNDP account.

13. Are project inputs procured and delivered on time to efficiently contribute to results?

- ☐ 3: The project has an updated procurement plan. Implementation of the plan is on or ahead of schedule. The project quarterly reviews operational bottlenecks to procuring inputs in a timely manner and addresses them through appropriate management actions. (all must be true)
- ☒ 2: The project has an updated procurement plan. The project annually reviews operational bottlenecks to procuring inputs in a timely manner and addresses them through appropriate management actions. (all must be true)
- ☐ 1: The project does not have an updated procurement plan. The project may or may not have reviewed operational bottlenecks to procuring inputs in a timely manner, however management actions have not been taken to address them.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Annual Work Plans include a detailed and updated procurement plan. The progress of the procurements and the overall project implementation are regularly monitored (including weekly check ins) to ensure alignment with the objectives, timely execution, and optimal resource utilization. Continuous assessments and feedback mechanisms are in place to make necessary adjustments and maintain project efficiency.

The procurement of data analytics implementation was delayed. However, the procurement was done in May 2025 and the development of data analytics has been initiated in September 2025.

Procurement of service provider for CoP-D timely planned and executed for the next year project cycle through a well planned systematic process.

14. Is there regular monitoring and recording of cost efficiencies taking into account the expected quality of results?

- ☒ 3: There is evidence that the project regularly reviews costs against relevant comparators (e.g., other projects or country offices) or industry benchmarks to ensure the project maximizes results that can be delivered with given resources. The project actively coordinates with other relevant ongoing projects and initiatives (UNDP or other) to ensure complementarity and seek efficiencies wherever possible (e.g. joint activities.) (both must be true)
- ☐ 2: The project monitors its own costs and gives anecdotal examples of cost efficiencies (e.g., spending less to get the same result,) but there is no systematic analysis of costs and no link to the expected quality of results delivered. The project coordinates activities with other projects to achieve cost efficiency gains.
- ☐ 1: There is little or no evidence that the project monitors its own costs and is considering ways to save money beyond following standard procurement rules.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Cost estimates are informed by UNDP's previous implementation experience, particularly towards achieving similar outcomes. This approach ensures that the project's financial planning is grounded in realistic and achievable expectations, aligning with the project's objectives and ensuring effective resource utilization. UNDP's ICF guidelines are followed.

Effective

Status: Complete

Quality Rating: **Highly Satisfactory**

15. Is the project is on track to deliver its expected outputs?

- ☒ Yes
- ☐ No

***Note: Risk management must be done when the response is "No".**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

U-WIN has significantly strengthened India's immunization ecosystem, demonstrating its pivotal role in enhancing data management, streamlining vaccination processes, and supporting targeted health interventions. By establishing a robust digital infrastructure, the platform ensures immunization efforts are timely, efficient, and comprehensive.

As of 2025, the programme has achieved full national scale, with implementation across all 36 States and Union Territories.

Community of Practice for Demand Generation (CoP-D) has established a strong foundation for enhancing immunization demand in India. The ongoing engagements of CoP-D with government agencies, global partners, thought leaders, CSOs, field-level healthcare workers, community level stakeholders and caregivers have provided valuable insights regarding the challenges and opportunities of behavior change, informing the approach to community-driven interventions.

The procurement process for engaging an agency to implement the Data Analytics component has been delayed. In the meantime, UNICC was engaged to kickstart initial activities, including landscape analysis and stakeholder consultations to ensure continuity.

16. Have there been regular reviews of the work plan to ensure that the project is on track to achieve the desired results, and to inform course corrections if needed?

- ☒ 3: Quarterly progress data has informed regular reviews of the project work plan to ensure that the activities implemented are most likely to achieve the desired results. There is evidence that data and lessons learned (including from evaluations and/or After Action Reviews) have been used to inform course corrections, as needed. Any necessary budget revisions have been made. (both must be true)
- ☐ 2: There has been at least one review of the work plan per year to assess if project activities are on track to achieving the desired development results (i.e., outputs.) There may or may not be evidence that data or lessons learned has been used to inform the review(s). Any necessary budget revisions have been made.
- ☐ 1: While the project team may have reviewed the work plan at least once over the past year to ensure outputs are delivered on time, no link has been made to the delivery of desired development results. Select this option also if no review of the work plan by management has taken place over the past year.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Yes, IAG, weekly check ins and Gavi QPRs

Yearly CoP-D work plans developed and reviewed monthly.

Yes, there have been structured and regular review mechanisms in place to ensure that the work plan remains on track and that timely course corrections are made whenever required.

The project follows a multi-tiered review system involving the MoHFW, development partners, and UNDP. At the strategic and partner-coordination level, progress is reviewed through regular Pre-IAG and IAG (Inter-Agency Group) meetings. These platforms bring together the Ministry and key donors, enabling a consolidated review of implementation status, alignment with national priorities, and identification of systemic or policy-level issues that may affect progress. These forums are particularly useful for assessing whether the project's outputs and milestones continue to support the broader immunization and health systems strengthening agenda, and for securing consensus on any required shifts in approach.

At the operational and programmatic level, monthly review meetings are conducted with the Joint Secretary (RCH) and the Additional Commissioner (Immunization). These meetings serve as a core mechanism for detailed progress tracking against the approved work plan. Physical and financial progress, key performance indicators, implementation bottlenecks, and state-level challenges are discussed in depth. This allows for close monitoring of timelines, deliverables, and coverage-related outcomes. Importantly, these reviews are action-oriented: specific follow-up points are agreed upon, responsibilities are assigned, and timelines for resolution are defined. This structured engagement ensures that emerging issues, such as delays in field implementation, technology adoption challenges, or coordination gaps, are identified early and addressed.

17. Are targeted groups, and particularly those marginalized, vulnerable and left further behind (LNOB), being systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results are achieved as expected?

- ☐ 3: The project is targeting specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted groups are being reached as intended. The project has engaged regularly with targeted groups over the past year to assess whether they are benefiting as expected and adjustments were made if necessary to refine targeting. (all must be true)
- ☒ 2: The project is targeting specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There has been some engagement with beneficiaries in the past year to assess whether they are benefiting as expected. (all must be true)
- ☐ 1: The project does not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are deprived and/or excluded from development opportunities relevant to the project area of work. There may have been some engagement with beneficiaries to assess whether they are benefiting as expected, but it has been limited or has not occurred in the past year.
- ☐ Not Applicable

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project's Output 3 (COPD component) is designed and implemented with a strong focus on demand generation for vulnerable groups, particularly marginalized communities- women and children, while integrating principles of human rights, gender equality, and social inclusion. The project has improved inclusivity for marginalized communities by leveraging its technological interface to enhance vaccine availability at the last-mile locations. Recognizing that marginalized groups often face inadequate immunization coverage, the project ensures that everyone has equitable access to vaccines.

CoPD conducted a scoping review and is currently working on analysing the results of qualitative formative research to identify local barriers and enablers of immunization for the underserved and left out population groups. CoPD has been conducting a series of co-designing workshops with community-level functionaries to tailor communication and mobilization strategies suited to specific geographic and socio-cultural contexts.

While the project has made significant progress in promoting gender equality and social inclusion, there is an opportunity to further strengthen tracking mechanisms by incorporating social inclusion indicators into periodic reviews. This would enhance the project's ability to measure and optimize its impact on vulnerable populations, justifying a rating of 2.

18. If there is a digital or data technology solution in the project: is the implementation in line with good practices to manage technology and data risks, like UNDP's digital standards and data principles

- ☒ 3: Yes, a) the implementation follows good practices to manage technology and data risks, such as: closing the digital divide and balancing information asymmetries; driven by user demand; b) sustainability and scalability are considered from the start; c) re-using proven technologies where possible and data is managed across the lifecycle in line with the UNDP data guiderails. (All must be true)
- ☐ 2: Technology and data risks are managed appropriately. UNDP's digital standards and data principles are followed as much as possible, and deviations can be justified.
- ☐ 1: Standard UNDP project risk management is applied but no specific practices to address technology risks are followed.
- ☐ The project does not utilize a data or digital technology solution.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project's digital and data technology solutions align with UNDP's digital standards and data principles, ensuring secure, scalable, and sustainable implementation. Key aspects of compliance include:

1. Closing the digital divide – The project enhances last-mile vaccine access through a technology-driven approach, reducing information gaps and ensuring equitable distribution.
2. User-driven design – The system is built with a focus on accessibility and ease of use, enabling seamless adoption by healthcare workers and beneficiaries.
3. Sustainability & scalability – From inception, the project has prioritized long-term sustainability, leveraging existing digital health infrastructure to expand and integrate with different flagship programmes.
4. The data analytics dashboard has been developed by keeping the Role based access mechanism (RBAC). It is also planned to host this dashboard under MoHFW domain.

The project's digital and data technology solutions are implemented in line with UNDP's Digital Standards and Data Principles, with robust safeguards to manage technology, cybersecurity, and data-related risks across the system lifecycle, while ensuring long-term sustainability and institutional ownership.

The platform is built predominantly on open-source technologies, ensuring no vendor lock-in, promoting transparency, interoperability, and flexibility. This approach enables future enhancements, technology upgrades, and integrations to be undertaken independently, reducing long-term costs and dependency on proprietary vendors.

Sustainability & National Ownership

Status: Complete

Quality Rating: **Highly Satisfactory**

19. Are stakeholders and national partners fully engaged in the decision-making, implementation and monitoring of the project?

- ☐ 3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) are used to fully implement and monitor the project. All relevant stakeholders and partners are fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. (both must be true)
- ☒ 2: National systems (i.e., procurement, monitoring, evaluation, etc.) are used to implement and monitor the project, but other support (such as country office support or project systems) may also be used if necessary. All relevant stakeholders and partners are fully and actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. (both must be true)
- ☐ 1: There is relatively limited or no engagement with national stakeholders and partners in the decision-making, implementation and/or monitoring of the project.
- ☐ Not Applicable

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

Being a DIM project, systems are in place to implement and monitor the project, in alignment with UNDP Policies and Procedures, ensuring compliance with national systems where applicable. All relevant stakeholders and partners (including the state government, national government, UNDP Country Office, and state offices) are actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. Regular inputs and feedback are solicited to guide

decision-making, with a strong emphasis on knowledge exchange and adaptation of best practices to achieve the desired results.

20. There is regular monitoring of changes in capacities and performance of institutions and systems relevant to the project, as needed. The implementation arrangements have been adjusted according to changes in partner capacities.

- ☒ 3: In the past two years, changes in capacities and performance of institutions and systems have been comprehensively assessed/monitored using clear indicators, rigorous methods of data collection and credible data sources including relevant HACT assurance activities. Implementation arrangements have been formally reviewed and adjusted, if needed, in agreement with partners according to changes in partner capacities. (both must be true)
- ☐ 2: In the past two years, aspects of changes in capacities and performance of relevant national institutions and systems have been monitored by the project using indicators and reasonably credible data sources including relevant HACT assurance activities. Some adjustment has been made to implementation arrangements if needed to reflect changes in partner capacities. (both must be true)
- ☐ 1: Some aspects of changes in capacities and performance of relevant national institutions and systems may have been monitored by the project, however changes to implementation arrangements have not been considered. Also select this option if changes in capacities and performance of relevant national institutions and systems have not been monitored by the project.
- ☐ Not Applicable

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project is implemented under Direct Implementation Modality (DIM), regular monitoring was conducted using credible data sources. The project regularly assesses the capacities and performance of stakeholders and Government staffs involved in the implementation of MOHFW vaccination drives of the national immunization program using indicators and provides handholding to fix the gaps. However, no significant changes in partner capacities necessitated adjustments to the implementation arrangements.

21. The transition and phase-out arrangements are reviewed regularly and adjusted according to progress (including financial commitments and capacity).

- ☒ 3: The project's governance mechanism has reviewed the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project is on track in meeting the requirements set out by the plan. The plan has been adjusted according to progress as needed. (both must be true)
- ☐ 2: There has been a review of the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project is on track in meeting the requirements set out by the plan.
- ☐ 1: The project may have a sustainability plan, but there has not been a review of this strategy since it was developed. Also select this option if the project does not have a sustainability strategy.

***Note: Risk management must be done for criteria with score of 1.**

Evidence (Enter a short explanation or upload a document that provides evidence for your response)

The project has a well-defined sustainability plan. Sustainability of the project's results in a large degree depend on ability to sustain and mobilize additional resources and skills needed for continuation of initiatives. Based on the experience from HSS-II transition to the Govt funding the transition plan for HSS-III will be prepared. In the Transition plan Firstly, the program funding was gradually transferred to the state Project Implementation Plans (PIPs), so that the funding for the project continues, post planned exit by UNDP. Secondly, collaboration with local authorities and regular supportive supervision framework, acted towards institutionalization of certain practices and behaviors. Furthermore, documentation and use of innovative measures like Knowledge Management System (KMS) for transmission of the project know how to the ministry, shows that the program was sustainable. An iterative and evidence-based decision system helped in better program implementation. By integrating these systems into routine processes, state and district authorities have institutionalized evidence-based decision-making, ensuring long-term sustainability.