United Nations Development Programme INDIA

Project Title: Improving Efficiency of Vaccination Systems in Multiple States
Implementing Partner: UNDP

UNDP Strategic Plan Outcome:
Countries have strengthened institutions to progressively deliver universal access to basic services

UNDP Strategic Plan Output(s):
Functions, financing and capacity of sub-national level institutions enabled to deliver improved basic services and respond to priorities voiced by the public

UNDAF / CPAP Outcome: Governance systems are more inclusive, accountable, decentralised and programme implementation more effective for realization of rights of marginalised groups especially women and children

<table>
<thead>
<tr>
<th>PROJECT DESCRIPTION (NOT MORE THAN 1/2 PAGE)</th>
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<tbody>
<tr>
<td>A. State the specific development challenge or gap that this AWP is addressing.</td>
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<tr>
<td>- In 12 of the 18 National Rural Health Mission (NRHM) High priority states, vaccination coverage is currently below 61%</td>
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<tr>
<td>- Significant inequities in vaccination coverage in different states are based on various factors related to individual (gender, birth order), family (area of residence, economic status, parental education), demography (religion, caste) and the society (access to health care, community literacy level) characteristics</td>
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<tr>
<td>- Cold chain infrastructure and capacity in many states – even for routine UIP vaccine is low.</td>
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<td>- Levels of awareness, communication and information sharing amongst frontline workers are very low. The HR capacity for promoting behavior change communication is also low in government institutions. These contribute to the problem of high lefts outs and drop outs in routine immunization.</td>
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<tr>
<td>- Lack of strong data collection and analysis at all levels leads to a lack of adequate evidence to support immunization related decision making in the country</td>
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<tr>
<td>B. Select one or more of the below strategies for addressing the above mentioned challenge/gap and describe in the context of this AWP:</td>
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<tr>
<td>- Changes in attitudes and access to decision making through awareness raising, brokering, convening</td>
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<td>- Changes in the lives of individuals and communities through implementation for inclusive development</td>
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<td>C. List the possible improvements in the capacities of institutions, individuals and systems that will occur as a result of this AWP.</td>
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<td>- Improve the performance of the supply chain of vaccines and syringes by building the capacity</td>
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<td>- State Governments will have the means and capacity to monitor and effectively manage cold chain temperatures, overstocking and stock out of vaccines at the state and district level</td>
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<td>D. List the gender issues in this AWP and specific ways in which they will be addressed.</td>
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<tr>
<td>Data from India reflect significant gender disparities in coverage. Despite a reduction in disease burden of VPDs through childhood immunization, considerable progress needs to be made in terms of ensuring equity of vaccination coverage. Analysis of 2001 DHS data cross-checked with MICS data suggested a difference in full coverage of 13.4% in favor of boys. Analysis of three rounds of NFHS data between 1992 and 2006 also revealed that girls consistently have lower coverage than boys, although the differentials do not appear to be as wide in these surveys. Gender disparities in coverage also varied widely by state in India. The project will work towards the increase awareness of the community so that they are able to perceive the risks for an unimmunized child and take action to complete their immunization.</td>
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<td>E. List the South-South cooperation opportunities in this AWP and specific ways in which they will be addressed.</td>
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<td>While India has a very extensive immunization programme, which has shown significant results in coverage there is still considerable scope to learn and share practices from across the world with regards to scaling up Routine Immunization (RI) and introduction of new vaccines into the national programme. India is keenly looking at learning from other countries and regions with regards to innovation and introducing better and efficient technology and strategies to include hard to reach populations which are marginalized due to various reason such as social, religious, economic and geographical reasons.</td>
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</tbody>
</table>
Atlas Project ID: 00078163
Atlas Output ID: 00088568
Local PAC meeting date: 10th September 2013
Start date: 1st January 2014
End Date: 31st December 2016
Implementation modality: DIM

2015 AWP budget: USD 4,832,444
- Regular: USD
- Donor: USD 4,832,444
- Government: USD
- In-kind Contributions (GEF):

Project Expenditure

<table>
<thead>
<tr>
<th>Total Project Budget</th>
<th>Expenditure 2014*</th>
<th>Budget 2015</th>
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</thead>
<tbody>
<tr>
<td>40,000,000</td>
<td>672,587</td>
<td>4,832,444</td>
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</tbody>
</table>

* Provisional Figure

Agreed by UNDP:

Jaco Cilliers
Country Director
### Annual Outputs 2015

<table>
<thead>
<tr>
<th>Output 1</th>
<th>Planned Activities</th>
<th>Month of Completion</th>
<th>Responsible Party</th>
<th>Planned Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen cold chain management in poor performing states through improved human resources capacity, institutional strengthening and supporting supervision</td>
<td>Scale up a system for SMS-enabled real time MIS for cold chain and VLM</td>
<td>December</td>
<td>UNDP</td>
<td>Non-Core</td>
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<td></td>
<td>Human Resource and capacity building for vaccine intelligence</td>
<td>December</td>
<td>UNDP</td>
<td>Non-Core</td>
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<tr>
<td></td>
<td>Expand Model based strategy development approaches to support policy decisions in seven additional states</td>
<td>December</td>
<td>UNDP</td>
<td>Non-Core</td>
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</table>

<table>
<thead>
<tr>
<th>Output 2</th>
<th>Planned Activities</th>
<th>Month of Completion</th>
<th>Responsible Party</th>
<th>Planned Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the evidence base for improved policy-making (at all levels) on programmatic areas through a well developed and implemented national M&amp;E plan and research framework</td>
<td>Monitoring and Evaluation of IEC/BCC interventions</td>
<td>July</td>
<td>UNDP</td>
<td>Non-Core</td>
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<td></td>
<td>Support Evidence generation to get routine actionable data on system determinants of immunization coverage, avertable burden, programme costs and cost effectiveness of UIP</td>
<td>December</td>
<td>UNDP</td>
<td>Non-Core</td>
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<tr>
<td></td>
<td>Develop and implement the National M&amp;E plan framework</td>
<td>December</td>
<td>UNDP</td>
<td>Non-Core</td>
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*2 Budget amounts including Direct Project Costs. An internal working sheet should be shared with RMU. RMU will assist on this. The costs of UNDP staff that provide direct oversight and support to the project will also be included in the project budget.*
<table>
<thead>
<tr>
<th>Secretarial Support to the Ministry</th>
<th>December</th>
<th>UNDP</th>
<th>Non-Core</th>
<th>TOTAL IN USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual audit, evaluations, micro assessment costs</td>
<td>74100</td>
<td>5000</td>
<td></td>
<td></td>
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<tr>
<td>Project Management Cost, Development Effectiveness, Spacing, DPC and project management expenses</td>
<td>60000/70000</td>
<td>215,080</td>
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<tr>
<td><strong>AWP TOTAL IN USD</strong></td>
<td>4,516,275</td>
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<tr>
<td>7% General management support (GMS)</td>
<td>75100</td>
<td>316,169</td>
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<tr>
<td><strong>AWP GRAND TOTAL IN USD</strong></td>
<td>4,832,444</td>
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</table>
The project will be directly implemented by UNDP in close cooperation and consultation with the Ministry of Health and Family Welfare (MoHFW), Government of India. UNDP Country Office will be responsible for all financial management, reporting, procurement and recruitment services. UNDP recruitment and procurement rules will apply.

The project Health System Strengthening (HSS), the primary applicant is the MoHFW to GAVI. In the project UNDP has been identified as one of the lead implementers along with UNICEF and WHO. The three implementing agencies have distinct activities and compliment the national immunisation programme. The UNDP component is essentially towards building the capacity of the National and State Governments on vaccine management, research and innovation in improving reach.

Under the Government of India (GOI)-UNDP Country Programme (2013-17), the Country Programme Management Board (CPMB) co-chaired by DEA and UNDP provides guidance and oversight to the different programme areas. This project will be reviewed at the CPMB meetings which meet twice a year.

For the purposes of this project, Project Steering Committee (PSC) will be set up to oversee the project. This committee will comprise designated representative from, Ministry of Health and Family Welfare. Special invites could include subject experts, NGOs, other UN agencies with considerable experience in public health. The PSC will be chaired by UNDP and be responsible for the project oversight functions. Specifically the PSC will carry out the following functions:

- Ensure project is in line with development priorities and objectives within the broad framework of the GAVI HSS grant.
- Provide advice when substantive changes are needed in the project’s planned results, strategies or implementation arrangements.
- Ensure project objectives are achieved within the defined timeframe.
- Monitor and review project progress and provide direction and recommendation to ensure that the agreed deliverables are produced satisfactorily according to the plan.
- Review project expenditure and financial progress against activities and outputs.
- Address project issues as raised by the project manager.

The PSC will meet at least twice in a year and/or as needed. The project will identify Responsible Parties for carrying out the different activities. In addition, the Responsible Party may manage the use of these goods and services to carry out project activities and produce outputs. Responsible Parties will carry out project activities under the overall guidance of the PSC.

UNDP will designate a manager for the day-to-day management of the project. The Project manager will report to the Deputy Country Director (Programme) and will be responsible for: managing the overall conduct of the project; implementing activities by mobilizing goods and services; checking on progress and watch for plan deviations; ensuring that changes are controlled and problems addressed; monitoring progress and risks; and reporting on progress including measures to address challenges and opportunities. The Project Manager will be supported by a project team and will act as a secretariat of the PSC with the responsibility to call meetings, distribute information and follow up on their recommendation. The Project Manager will also follow-up on the project specific recommendations from Immunization Advisory Group (IAG) and Project Steering Committee (PSC).

Immunization Advisory Group (IAG)

MoHFW constituted a national level IAG to help intensify Routine Immunization (RI) programme. Immunization Action Group has been constituted under the chairpersonship of Joint Secretary RCH. Group
is Co-chaired by Deputy Commissioner Child Health & Immunization. The purpose of this group is to periodically advise the immunization division regarding ways to improve the coverage and to provide technical suggestions for taking up new initiatives.

IAG is a forum to

- Guide Immunization division regarding ways to improve immunization coverage
- Provide technical support to immunization division, MoHFW in strengthening UIP
- Provide suggestions on taking new initiatives to improve immunization program efforts
- Understand thematic and geographic strength & mandate of each partner organization in the field of immunization
- Coordinate between partner agencies for synergistic actions, joint assessments and program review
- Share best practices, learning experiences from states
- Review progress of implementation of immunization program including newer vaccines, campaigns and recent initiatives
- Share GoI priorities and areas of additional support required.
- Present action taken report in follow up meeting

The IAG, chaired by Joint Secretary Reproductive & Child Health, will meet every quarter to review the progress of HSS Grant, discuss challenges and to take corrective action.

IAG with HSS secretarial support will be responsible for reviewing the reports submitted by lead implementers on financial and physical progress of the HSS grant through quarterly meetings

The ministry, lead implementers and state health departments have been working with CSOs in the health sector. Key CSOs will be identified and CSOs will be included in the IAG as well as state and district coordination groups, and the planning and implementation of activities.

Key state managers will also be included as members in IAG at national level and will be invited to the meetings to review and share feedback on HSS grant.

The HSS secretariat will be supported to provide secretarial functions MoHFW and IAG.

Annual Progress Review

Under the chair of the secretary, MoHFW an annual review meeting will be undertaken to assess the programmatic and financial progress of the project also.

Project Assurance:

Project assurance will be the responsibility of UNDP. The project assurance role will support the PSC in carrying out objective and independent project oversight and monitoring functions. This role ensures that appropriate project management milestones are managed and competed. The assurance role will:

- Ensure that funds are made available to the project
- Ensure that risks and issues are properly managed and updated in ERBM
- Ensure that the project progress reports are prepared and submitted on time and according to standards in terms of format and content quality
- Ensure that the financial reports are prepared on time and reported to PSC
- Ensure periodic monitoring visits and spot checks

Fund Flow Arrangement

The project will be directly implemented by UNDP under the DIM modality. The Funds will flow from GAVI to UNDP, India country office. The release of funds will depend upon the approved annual work plan to vendors/agencies/consultants identified under UNDP’s procurement policies. The UNDP Financial Rules and Regulations as well as charges will apply for expenditure incurred under the project. The Project
Manager will be responsible for compilation and collation of the financial reports and will coordinate the preparation of financial reports with the finance section of the Country Office. Unspent funds from the approved AWP will be reviewed in the early part of the last quarter of the calendar year and funds reallocated accordingly.

Audit
Audit will be done as per UNDP norms for DIM Project

III. Monitoring Framework And Evaluation

In accordance with the programming policies and procedures outlined in the UNDP User Guide, the project will be monitored through the following:

QUARTERLY PROGRESS and FINANCIAL REPORTS: The Project Manager, in consultation with the project teams, will provide quarterly updates on progress against planned activities and budgets. UNDP shall provide to the GAVI (after having submitted to the coordinator) the following reports in accordance with UNDP accounting and reporting procedures.

(a) From the country office (or relevant unit at headquarters in the case of regional and global projects):
   (i) quarterly unaudited financial reports of HSS Programme progress for the duration of this Agreement no later than 45 days after the end of each quarterly reporting period. The quarterly reports shall include detailed actual expenditure of the GAVI HSS funds by GAVI activity versus the Annual Work Plan and Budget and notes providing reasons for variances; and
   (ii) the latest available approved budget for the Annual Work Plan and Budget and the Annual Procurement Plan in order for it to be submitted to Immunisation Action Group for approval and submission to the Donor prior to the start of the relevant financial year.
   (iv) A joint UNICEF-WHO-UNDP annual (calendar year) technical report by 31 March of the subsequent year in which funds are expended.

FINANCIAL REPORT: ATLAS provides the management information system to ensure accuracy and transparency of financial information. Existing UNDP forms and formats for financial reporting and use at the country office level will be adapted to the project. The report should provide quarterly information on expenditures made by budget line against approved budgets and allotments and should also show available balances. The project manager will coordinate the preparation of financial reports with the finance section of the country office.

UNDP shall, together with UNICEF and WHO, participate in monthly technical discussions to coordinate the implementation of the HSS Programme. UNDP shall submit its reports to the HSS Secretarial Support for the Ministry of Health and Family Welfare (the “HSS Support Unit”), which is responsible for compiling the programmatic and financial information from each of the reports from UNDP, UNICEF and WHO into one consolidated financial report for submission to the Immunisation Action Group.

In line with the agreed and signed project document evaluations and review will be carried as and when required. At the end of the project period, process evaluation will be undertaken to capture results and lessons learnt.

ANNUAL REVIEW REPORT: An Annual Review Report shall be prepared by the Project Manager UNDP and shared with the IAG and PSC. The annual results will be presented at the CPMB meeting.
ANNUAL PROJECT REVIEW: Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the Project Board and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

IV. LEGAL CONTEXT — CLICK HERE FOR THE STANDARD TEXT.

CONSISTENT WITH THE ABOVE SUPPLEMENTAL PROVISIONS, THE RESPONSIBILITY FOR THE SAFETY AND SECURITY OF THE IMPLEMENTING PARTNER AND ITS PERSONNEL AND PROPERTY, AND OF UNDP’S PROPERTY IN THE IMPLEMENTING PARTNER’S CUSTODY, RESTS WITH THE IMPLEMENTING PARTNER. TO THIS END, THE IMPLEMENTING PARTNER SHALL:

a) 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;

b) Assume all risks and liabilities related to the Implementing Partner’s security, and the full implementation of the security plan.

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 Implementing Partner’s obligations under this Project Document [and the Project Cooperation Agreement between UNDP and the Implementing Partner]².

The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document 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/Docs/sc/committees/1267/1267ListEng.htm. This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.

² Use bracketed text only when IP is an NGO/IGO
### Annex 1 – Monthly progress report format

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Implementing Partner</th>
<th>Month/Year</th>
<th>Annual Outputs</th>
<th>Planned activities</th>
<th>Month of completion</th>
<th>Responsible party</th>
<th>Budget</th>
<th>Monitoring framework</th>
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<td>TOTAL IN USD</td>
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### Annex 2 – Annual progress report format
<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Outputs</th>
<th>Allocated budget</th>
<th>Total expenditure</th>
<th>Progress towards meeting AWP annual outputs</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>3</td>
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<tr>
<td>TOTAL IN USD</td>
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<tr>
<td>Policy results and any additional results achieved</td>
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<tr>
<td>Lessons learned, project shortcomings and solutions</td>
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<tr>
<td>Follow-up actions</td>
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Annex 3 - Agreements: as applicable, any additional agreements, such as cost-sharing agreements, project cooperation agreements signed with NGOs (where the NGO is designated as the implementing partner) should be attached.

Annex 4 - Capacity Assessment: as applicable, results of capacity assessments of implementing Partner (including HACT Micro Assessment)

Annex 5 - Guidance Checklists

FREQUENTLY ASKED QUESTIONS ON PROGRAMME AND PROJECT MANAGEMENT (PPM) – includes gender and capacity development
https://intranet.undp.org/global/popp/pom/Pages/FAQs-on-PPM.aspx?#_Toc316481178

CHECKLIST FOR REVIEW OF PROJECT DOCUMENTS – includes gender

ENVIRONMENTAL AND SOCIAL SCREENING PROCEDURE FOR UNDP PROJECTS

PROGRAMME DESIGN QUESTIONS FOR SCALING UP

PRINCIPLES UNDERLYING THE IDEA OF HUMAN DEVELOPMENT
http://www.in.undp.org/content/dam/india/docs/principles-underlying-the-idea-of-human-development.pdf