

Executive Summary

India is on the verge of an unprecedented achievement. Since 13 January 2011, there has not been a single case of wild poliovirus or detected virus in sewage sampling, paving the way for polio-free certification by the end of March 2014. This is a truly remarkable accomplishment considering that India accounted for more than half the world's polio incidence until 2009.

In many ways, 2013 was a path-breaking year for the UNICEF India Country Office (ICO), one that will yield positive results in the coming years.

Following the Government of India's Call to Action Summit (7-9 February 2013), the Ministry of Health and Family Welfare (MoHFW) launched a three-year national campaign entitled Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A). The ICO provided technical assistance to 102 high-priority districts (81 districts in UNICEF lead states and 21 districts contributing to other partners' lead), focusing on developing capacities of state and district health managers and supervisors to carry out gap analyses towards evidence-based planning and budgeting, implementation and monitoring of services. Using government tools and complementing them with bottleneck analysis, 50 districts were analysed. The resultant recommendations will be incorporated in the Government Programme Implementation Plans at the district level, with the aim to influence state-wide policy and budgets.

Nutrition Missions/Councils were replicated and are now functional in six states. This effort builds on the remarkable success in reducing malnutrition in the state of Maharashtra, which was led by Government with support from the ICO. An additional three states are in advanced stages of discussions to establish similar structures. The aim is to reduce child malnutrition by focusing efforts on the first 1,000 days from conception, and through convergence among all concerned government departments.

The year 2013 also gave the ICO an opportunity to work in states where UNICEF has limited programming experience. In Jammu and Kashmir, a workplan is being finalised to support the Government of India (GoI) in its efforts to implement national initiatives, such as Right to Education (RTE) and the Integrated Child Protection Scheme (ICPS).

The Second High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific was held in Delhi in October, with 32 countries participating at the ministerial or senior government level. They were joined by UNICEF Executive Director Anthony Lake and Regional Directors of Asia and the Pacific and South Asia. A Delhi Declaration from the event highlights recommendations on thematic areas, namely adolescence, early childhood development and urban settings. The Declaration also includes commitments to advance child rights through further South-South cooperation such as regional forums, high-level meetings, exchange visits, web-based knowledge sharing, and bilateral and multilateral partnerships.

The ICO supported Government in conducting a rapid needs assessment for immediate lifesaving actions in the wake of the Uttarakhand Emergency. Similarly, the ICO also offered technical assistance in response to Cyclone Phailin, which affected Odisha and parts of Andhra Pradesh.

Country Situation as Affecting Children & Women

India has not had a case of wild poliovirus nor detected the virus in sewage sampling since 13 January 2011, and is considered to have interrupted transmission of indigenous wild poliovirus. It is an unprecedented achievement for the country, which until 2009 accounted for more than half the world's polio incidence. Today the country is on the brink of a historic occasion — polio-free certification at the end of March 2014. This accomplishment will undoubtedly boost progress on MDG 4 (2/3rd reduction in child mortality as compared to 1990).

As per the UN Inter-agency Group report on Child Mortality Estimation (2013), approximately 22 per cent of under-five and 27 per cent of neo-natal global deaths in 2012 occurred in India. The actual annual rate of decline in under-five mortality of 3.6 per cent (1990-2012) surpassed the expected annual rate of decline of

3.0 per cent (1990-2015) for the first time. With the accelerated pace of decline in recent years, India is likely to be very close to achieving the MDG 4 target on child mortality (42 per 1,000 live births). According to the Government's Sample Registration System, the infant mortality rate stands at 42 per 1,000 live births, a decline of 2 points at the national level over 2011.

The Maternal Mortality Estimation Inter-Agency Group report *Trends in Maternal Mortality (1990-2010)* shows that the maternal mortality ratio (MMR) in India declined sharply from 1990 to 2010, from 600 to 200 per 100,000 live births. The Sample Registration System pegs the MMR at 178 per 100,000 live births in 2010-12, a decline of about 16 per cent from 2007-09. While these reports indicate positive changes, challenges remain. India still accounts for around 19 per cent of global maternal deaths and shows stark inter- and intra-state disparities. The GoI's Annual Health Survey 2011-2012 reported high variability in the range of 155 to 437 in MMR at the sub-state level across 9 states.

As per the 2013 National Sample Survey (NSS) report on drinking water, sanitation, hygiene and housing conditions in India, 88.5 per cent of households had an improved source of drinking water in rural India against 95.3 per cent in urban areas in 2012. This is very close to the Joint Monitoring Programme estimates for 2013, which show that 96 per cent of the population in urban areas, 89 per cent in rural areas and 92 per cent at the national level used an improved source of drinking water in 2011. This prevailing trend suggests attainability of nearly universal coverage by 2015 in rural and urban areas, thus realising the MDG 7 target on access to safe drinking water.

At the same time, the report shows that the situation in rural areas is quite disturbing in other areas, with 59.4 per cent of households having no latrine facilities against 8.8 per cent in urban areas. These estimates reaffirm the findings from Census 2011. The report also shows that 31.9 per cent and 63.9 per cent of households in rural and urban areas respectively had exclusive use of latrine facilities. It further reveals that 38.8 per cent and 89.6 per cent of households in rural and urban India respectively had access to an 'improved source' of latrine. These estimates are slightly higher than the Joint Monitoring Programme estimates for 2013, which indicate that 60 per cent of the population in urban areas and 24 per cent in rural areas use an improved source of latrine facilities.

Census 2011 reports that 17.2 per cent of urban households are located in slums, and records a 37.14 per cent decadal growth in the number of slum households. The census further reveals that in 2011, 17.36 per cent of the urban population lived in slums. However, as per NSS 2012, only 10.8 per cent of urban dwelling units were situated in slums across India.

The District Information System on Education (DISE) data shows that the country has achieved 100 per cent primary education for children in the primary schooling age of 6-10 years ahead of 2015 (MDG 2 on universal primary education), with a Net Enrolment Ratio of 99.8 per cent in 2010-11. The results from the 2011-2012 DISE report show a steady increase over the years in the estimate of the indicator 'ratio of Grade 5 to Grade 1' from 78.08 in 2009-10 to 86.05 in 2011-12.

The *Annual Status of Education Report 2013* shows another positive trend. The percentage of girls aged 11 to 14 years who are not going to school declined from 17.6 per cent in 2006 to 4.6 per cent in 2013.

Country Programme Analytical Overview

The ICO formed an Envisioning Task Force to strengthen itself as a dynamic Office and examine future needs and India's evolving context. After extensive review of current operations and results from the staff survey, the Task Force recommendations were presented to the Country Management Team (CMT). The recommendations included the following: (1) refine or prioritise results to guide the modalities of engagement at the national and state level; (2) rationalise human resource capacities based on the nature of required support; and (3) cluster field governance structures through a phased approach, taking advantage of national attrition. Recommendations will be further strengthened for operationalisation and form the basis for the Programme and Budget Review process in 2014.

In order to enhance convergence and coordination programming and further strengthen performance

monitoring, the ICO established a Monitoring for Development (m4D) Unit under the direct supervision of the Deputy Representative-Programmes. The m4D Unit consists of staff members with technical expertise in monitoring and evaluation and budget management. They are responsible for monitoring and ensuring that resources translate into results, and provide timely evidence to senior management for decision-making. The Unit played a key role in promoting and facilitating convergent planning, and monitoring and reporting of programmes, and will focus on establishing an innovative user-friendly, real-time performance monitoring system in 2014.

The ICO will continue its concerted efforts to Call to Action (CTA) for child survival and development in the coming years. The engagement in Call to Action provided a tremendous opportunity in many ways, e.g. support to the states in the northeast where the ICO had had limited programming presence in the past. At the same time, it required strategic shifts from the original plan for 2013 and additional resources.

Looking forward, the ICO will continue to focus the advocacy agenda on four areas: (1) child protection: elimination of child marriage and child labour; (2) child survival: preventing neonatal death and stunting; (3) elimination of open defecation; and 4) providing quality education. Efforts will also be refocused on equity-focused programming, enhancing the Monitoring Results for Equity System (MoRES) and innovation in line with the new Strategic Plan.

Humanitarian Assistance

With regard to humanitarian assistance, the ICO supports government response. Please see progress against Programme Component Results (PCRs) and Intermediate Results (IRs) for results related to disaster risk reduction (DRR).

Effective Advocacy

Mostly met benchmarks

The ICO's advocacy strategy aims to build an enabling environment for social change, while at the same time generating pressure and demand for policy change and development. In close cooperation with Policy, Planning and Evaluation (PPE) and other programmes, the Advocacy and Communication (A&C) Programme led public and policy advocacy efforts, with the support of evidence-based communication adapted for local contexts. This year, the ICO established a Policy Group to better structure and inform the policy debate, ensure collaboration and strengthen the analysis and use of evidence.

In 2013, as noted above, the ICO defined its 2013-17 advocacy agenda on four priority areas: 1) child protection: elimination of child marriage and child labour; 2) child survival: preventing neonatal death and stunting; 3) elimination of open defecation; and 4) providing quality education. Six Internal Advocacy Briefs were developed to support staff members who advocate for the priority issues. In addition, a planning framework for 'Public Advocacy for Social and Policy Change' was developed, and orientation and planning exercises were conducted in four states.

Six states engaged with elected representatives on the advocacy priority areas, paving the way for strengthened policy making and implementation. A Parliamentarians Group for Children was established with the ICO's support, raising the profile of children's issues to the highest policy-making levels. Recognising the need to mobilise state-level leadership, the Parliamentarians Group was engaged in advocacy at the state level. This resulted in the announcement of a legislators' group for children in Odisha.

The ICO's advocacy efforts resulted in the Maharashtra Chief Minister announcing the Maharashtra Alliance against Malnutrition and a five-point agenda. The ICO is at the centre of this agenda and supporting the Nutrition Mission to fulfil its promise. Furthermore, advocacy at the state level resulted in four states (Gujarat, Madhya Pradesh, Maharashtra, and Uttar Pradesh) having Nutrition Missions, two states (Jharkhand and Odisha) having a Nutrition Council, and discussions in three states (Assam, Chhattisgarh and Rajasthan) on Nutrition Missions.

In order to support policy and social changes in the priority areas at the union and state levels, UNICEF engaged in various public advocacy initiatives through multimedia campaigns, media engagement, effective use of digital and social media, and direct engagement of key influencers. In 2013, the ICO's public advocacy focused on the right to education, ending violence against girls, open defecation, nutrition, and the Call to Action for reducing child mortality. The ICO's active media engagement led to more than 3,000 stories on children's issues in the print media this year.

With innovative social media campaigns such as 'Red Siren' to end sexual violence against girls, UNICEF positioned itself differently and as part of a social movement. With the aim to break the taboos around open defecation, another innovative campaign, 'Take Poo to the Loo', was launched using both online and offline media.

Another important strategy was advocacy with celebrities. The ICO was able to leverage the time of 15 celebrities, including Sachin Tendulkar, who was signed as regional ambassador for South Asia.

Capacity Development

Mostly met benchmarks

Please refer to progress against PCRs and the IRs for the ICO's efforts on capacity development.

Communication for Development

Mostly met benchmarks

Communication for Development (C4D) was central to the ICO's Call to Action efforts. In 2013, focus was placed on promoting child survival and child protection through supporting government in developing evidence-based, theory-driven social and behaviour change communication (SBCC) strategies. As part of this, a communication framework was finalised for the Government's RMNCH+A strategy.

SBCC strategies were also developed for routine immunisation, infant and young child feeding, maternal nutrition and menstrual health and hygiene management. The C4D Programme also led a population-level behaviour change for child survival literature review, which was presented at national and international forums and is being used to inform key interventions. A SBCC capacity analysis was also undertaken for the health and water sectors. Based on this, ten states will identify and address specific institutional gaps in their respective states. This will further strengthen the evidence base for C4D over the entire Country Programme.

A desk review on the status of adolescents in India was completed and is informing the ICO's renewed attention to adolescents, especially girls. This is being followed by more in-depth formative research across six states, which will bring insights into issues determining the development and wellbeing of adolescents. These will generate much-needed evidence in India.

In addition, particular attention was paid to the needs of adolescents living with and/or affected by HIV. Six state-level consultations were held in partnership with the Positive Women's Network. The ICO also supported the National AIDS Control Organisation (NACO) in determining the way forward for the development of a strategic framework for reaching out to adolescents who are out of school.

New partnerships were forged this year, and the partners brought together resources to expand media-based innovations developed during the previous Country Programme. The potential of the reach and use of mobile phones for behaviour change was mapped and assessed in order to apply the learning in programming.

Evidence-based advocacy led to the expansion of Meena Radio, which is now reaching more than 275,000 primary and upper-primary schools, as well as girls' residential schools in 215 districts across 6 states. Furthermore, 2 state governments committed to broadcasting in 69,000 upper-primary and residential girls'

schools starting from 2014. A monitoring system along with assessment and evaluation studies gave credence to these achievements. A random effectiveness study was done across 8 districts of Andhra Pradesh covering 1,500 students. It revealed that 92 per cent of children were regular listeners, 98 per cent engaged in discussion after the broadcast, 87 per cent reported new information gained, and 93 per cent reported extending messages among peers and friends.

In 2013, the ICO continued its efforts to create a critical mass of C4D students and professionals. Nine C4D learning modules were finalised in partnership with nine academic institutions in the country, selected through a comprehensive assessment conducted in 2012. These modules formed a basis for a C4D academic curriculum. Four out of nine partner institutions used the modules to launch C4D diploma and Master of Philosophy courses.

Service Delivery

Mostly met benchmarks

Please refer to the section on Progress towards PCRs and IRs for detail of the ICO's support to Government in service delivery.

Strategic Partnerships

Mostly met benchmarks

In 2013, India passed *The Companies Act, 2013*, which makes it mandatory for public sector enterprises as well as private sector companies to report on Corporate Social Responsibility (CSR) activities equivalent to two per cent of their profits. The ICO engaged with the Indian Institute of Corporate Affairs and ensured that children's issues are mainstreamed in the relevant parts of the Act. Also, to capitalise on this tremendous opportunity for achieving results for children and women, the ICO accelerated its corporate engagement during 2013. Continued technical assistance was provided to the National CSR Hub at the Tata Institute of Social Sciences. This helped streamline the support being extended by the Hub to the corporate sector, and the concrete results placed the ICO in a strategic position to explore areas of potential support and funding from corporations for its programming.

The ICO also continued to promote children's rights and business principles and provided technical assistance to Kuoni, a global travel service provider, in assessing the impact of their business practices on children. Kuoni developed a Human Rights Impact Assessment Toolkit, and through the assessment, gained insights into issues related to the tourism industry that are affecting children.

Other capacity development efforts led to the integration of children's rights and business principles in the curriculum for a Master's programme in Community Resource Management at the University of Delhi and the National CSR curriculum being developed by the Ministry of Corporate Affairs.

Building on the corporate partnership, the ICO also supported the MoHFW in its Roadmap for Private Sector Engagement for Call to Action for child survival and development. As part of this effort, a partnership was forged to support the development of the communication campaign for the Ministry.

The ICO works extensively with a range of partners for programming, which is described under the section on Progress towards PCRs and IRs.

One notable achievement was made in the context of discussions to amend the juvenile justice legislation concerning children aged 16 to 18 who are accused of committing serious offences. The ICO supported two national-level consultations and facilitated dialogue and discussions among civil society organisations through various platforms, including a coalition of organisations working on child protection. As a result, the civil society groups developed a well-articulated and nuanced position to oppose amendments to the existing

legislation, especially a lowering of the age at which children are tried and sentenced as adults.

Knowledge Management

Mostly met benchmarks

The ICO consolidated a concept note for a knowledge management strategy, based on a review of existing initiatives and perceived needs expressed by staff members, including management. This also aims to align ICO-level efforts with the Strategic Plan for 2014-2017 and increased focus on innovations.

Major research activities included *Adolescents in India: Desk Review of Existing Evidence and Behaviours, Programmes and Policies*, which highlights gaps in evidence and makes recommendations for adolescent programming with focus on girls; *Rapid Survey on Children*, a nationwide survey that will generate data that had not been previously available and that will help measure outcomes for children and women with equity focus; and *Study on School Readiness*, a five-year longitudinal study that will provide evidence on the impact of the participation of children in early childhood programmes on performance and continuance in school. Preliminary findings of this study already highlight several key issues, such as a need for a common curricular framework and for such a framework to be contextualised in content to address the diversity in the country.

The ICO organised a Clinic on Piloting and Scaling Up to identify potential innovations. Staff members were encouraged to submit concept notes for scalable innovations, and five submissions were made. They were peer reviewed by participating Chiefs and specialists from states and relevant programmes such as A&C, C4D, Education, Health and Monitoring and Evaluation. No cases were selected as ready to be piloted, but staff received feedback on how to improve the concepts.

The ninth annual Knowledge Community on Children in India Internship Programme was successfully completed, hosting 23 students from Master's programmes around the world. Six cases were documented, of which five are being published after technical review by subject matter experts. One exemplary case studied processes of leveraging government resources for community resilience building and how such processes could be integrated into existing schemes. Findings were discussed with the Joint Secretary of National Disaster Management Authority, along with ICO senior management and other development partners working on DRR.

The ICO's support to Solution Exchange–Gender Community of Practice and concerted efforts by its members yielded positive results. The Minister of Rural Development acknowledged in writing that the Community provided “valuable contributions” to the National Land Reforms Policy and deepened their “understanding of the concerns faced by women in the implementation of the policies”.

In Gujarat, a 'Knowledge Meet' was organised jointly with the Government to share good practices identified from 53 studies conducted by the state. In Andhra Pradesh, a Division for Child Studies was created at the Centre for Economic and Social Studies, which will conduct child-centred research to inform state policies. In Madhya Pradesh, advocacy led to the government establishing the Centre for Child Studies with an allocation of INR3.2 million. In Jharkhand, the Field Office leveraged INR1 million from the Department of Panchayati Raj to establish a Knowledge Centre at the Central University of Jharkhand. These new partnerships add to the existing one with the Kalinga Institute of Industrial Technology in Odisha.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

Please refer to the section on Progress towards PCRs and IRs.

Gender Equality

Mostly met benchmarks

Please refer to the section on Progress towards PCRs and IRs for detail.

Environmental Sustainability

Mostly met benchmarks

Please refer to the section on Progress towards PCRs and IRs for the ICO's specific work in the area of climate change, resilience building and risk reduction.

South-South and Triangular Cooperation

The Second High Level Meeting on South-South Cooperation for Child Rights in the Asia and the Pacific was held in Delhi in October, with 32 countries participating at the ministerial or senior government level. They were joined by UNICEF Executive Director Anthony Lake and Regional Directors of Asia and the Pacific and South Asia.

A Delhi Declaration from the event highlights recommendations on thematic areas, namely adolescence, early childhood development and urban settings. The Declaration also includes commitments to advance child rights through further South-South cooperation such as regional forums, high-level meetings, exchange visits, web-based knowledge sharing, and bilateral and multilateral partnerships.

Additionally, commitments were made to:

- Collaborate to improve methodologies for data collection, to access and more fully use existing and new databases, and use data for the purposes of advancing child rights;
- Enhance inter-country learning and exchange of best practices to advance the realisation of child rights through the actions of governments, in partnership with civil society and communities, as well as lessons learned from approaches that did not work; and
- Encourage multi-country research studies, including comparative and trend analysis, and longitudinal studies, in collaboration.

Meeting documents and background papers are available at <http://www.hlmdelhi2013.org>.

Narrative Analysis by Programme Component Results and Intermediate Results

India - 2040

PC 901 - Reproductive and Child Health

On-track

PCR 2040/A0/05/901 Reproductive and Child Health

Progress: PCR 1 focuses on ensuring that infants, young children and mothers have equitable access to and utilise quality services for child survival, growth and development. To meet this goal, programme sections provided technical support to national and state governments and partners to enhance the strategic direction and results of five key government flagship programmes: National Rural Health Mission (NRHM), Integrated Child Development Services (ICDS), Mid-day Meal, Rural Drinking Water Programme and the Nirmal Bharat Abhiyan. UNICEF supported the roll out of the Call to Action initiative and a continuum of care strategy to accelerate results for children with a focus on the most marginalised population in high-priority districts of India (as lead development partner in 15 states/81 districts; and providing support in 6 more states/21 additional districts).

Water, sanitation and hygiene (WASH) and health were successfully converged through the development of tools to assess and then monitor WASH compliance in health centres, specifically the delivery room, and during immediate lifesaving post-natal care of the mother and child (e.g. access to a functioning toilet, drinking water and hand washing with soap before breastfeeding).

To plan and provide responsive health services, including reproductive and sexual health services for adolescents under PCR 3, which focuses on adolescent participation and empowerment, UNICEF also successfully advocated for the integration of adolescent health in the Call to Action initiative and worked with the MoHFW to revise strategies for adolescent-friendly reproductive health services. Health interventions centred on generating evidence and real-time data for guiding policy, defining priority interventions under RMNCH+A, and bringing a public health approach to the centre of planning.

In addition, with the Positive Women's Network, UNICEF organised six state-level consultations to sensitise key government stakeholders on the needs of adolescents living with and affected by HIV and AIDS.

In 2014, efforts will be made to address the key challenge of achieving greater convergence between health and protection programmes regarding teenage pregnancy.

On-track

IR 2040/A0/05/901/001 Governments and partners can scale up programmes to improve the coverage and quality of immunisation and other outreach services for children and women, particularly in the most deprived communities

Progress: As a core group member, UNICEF together with the Immunisation Technical Support Unit and the World Health Organization (WHO) supported the GoI in the development of a multi-year plan for 2013-2017. However, its financial sustainability plan is yet to be developed before it can be disseminated to state level. A measles campaign targeting 135 million achieved 84 per cent coverage across 14 states, against the 95 per cent target. The next challenge is to achieve higher measles second dose coverage in routine immunisation, especially in districts and states with poor public health infrastructure and governance issues.

A total of six states introduced the Pentavalent vaccine in 2013. UNICEF contributed to the effort through the procurement and supply of vaccine, media and communication workshops, cold chain expansion and capacity building of front-line health workers. UNICEF is also supporting the Government's plan to expand to 11 more states in 2014. Maternal and neonatal tetanus elimination was validated in three states out of four planned for 2013; validation in Odisha is planned for 2014.

National communication branding developed by UNICEF was launched in April 2013 during a special immunisation week to boost demand generation and behaviour change communication (BCC).

An effective vaccine management assessment was carried out nationally, covering 11 states and 4 Government Medical Store Depots. Improvement plans are being developed using a consultative process. The next important step in 2014 will be to monitor and push for their implementation using GAVI health system strengthening support to reach quality immunisation coverage with equity. UNICEF supported 34 out of 35 states to implement the National Cold Chain Management Information System, to monitor the cold chain system. Two states, Odisha and Bihar, are using a real-time vaccines Logistic Management Information System.

Constrained

IR 2040/A0/05/901/002 Government and partners have the capacity to deliver essential community-based maternal, newborn and child health (MNCH) services according to set standards, particularly in the most deprived communities

Progress: The activities planned under IR 1.6 were planned prior to the introduction of the Call to Action. There was a significant conceptual shift in planning, implementation and monitoring of reproductive and child health, because of the introduction of the Call to Action in high-priority districts where the RMNCH+A strategy is to be implemented. The strategy will cover integration with WASH, nutrition, HIV and C4D throughout the continuum of care, including adolescent, maternal, newborn and child care. UNICEF was able to utilise the Call to Action platform to achieve the planned targets in a more holistic manner, using GoI tools in high-priority districts to identify the key gaps in availability, accessibility and utilisation of RMNCH+A services across the continuum of care, including community-based services. As a result of gap analyses conducted in 56 high-priority districts, evidence is being used in Project Implementation Plans (PIPs) to encourage equity-focused budgeting and planning and to accelerate equitable results for children. For

example, joint block monitoring and supportive supervision of community service providers are integrated in, and performed jointly with, other activities for improving the quality of RMNCH+A care in most-deprived area.

The Diarrhoea Alleviation through Zinc Treatment (DAZT) initiative is being implemented in eight districts in Uttar Pradesh and six districts in Gujarat in partnership with the Micronutrient Initiative and FHI 360. UNICEF provided technical, financial and mentorship support to the project. The good practices of the project will be used to influence the future related activities and scale up.

Key challenges/constraints

- While strong policies and guidelines for improving the quality of community-based RMNCH+A are in place, the actual monitoring, supportive supervision and evaluation of the services remain weak in some districts, specifically those districts with prominent equity issues.
- The home-based newborn care mechanism led to vertical implementation of services and ignored the other key components of RMNCH+A. This was a missed opportunity.
- Integration with WASH, C4D, HIV and nutrition remains a challenge, especially in coordination with various line ministries at the union level.

Way forward

UNICEF will:

- support strengthening the quality of community-based RMNCH+A services through regular generation of evidences through gap analysis, joint block real-time monitoring and advocacy from district to state for equity policy; and
- engage in policy dialogue and advocacy to review the training materials of community-based RMNCH+A services to ensure the development of an integrated training and implementation package.



On-track

IR 2040/A0/05/901/003 Government and partners have the capacity to deliver essential facility-based MNCH services according to set standards (Indian Public Health Standards), particularly in the most deprived communities

Progress: UNICEF supported the NRHM at the national and state levels in 15 states to strengthen facility-based services under RMNCH+A and the continuum of care strategy in high-priority districts. UNICEF focused at the national level on advocating and supporting development of the RMNCH+A strategy and guidelines for roll out of high-impact interventions, such as the use of antenatal steroids, kangaroo mother care and Vitamin K at birth. In addition to enhancing capacity for delivering quality care, UNICEF supported the development of guidelines for a skills lab, training modules for facility-based newborn care, a maternal and newborn health (MNH) tool kit and accreditation guidelines for Sick Newborn Care Units (SNCUs). UNICEF collaborated with the National Neonatology Forum and regional collaborative centres to support capacity building, monitoring and development of accreditation guidelines.

At the state level, UNICEF supported planning and budgeting of key RMNCH+A interventions in the state PIPs along with provisioning of necessary human resources, with states such as Maharashtra and Gujarat also leveraging funds from other departments. The majority of states supported supportive supervision for quality assurance involving medical and nursing colleges. A WASH assessment was undertaken at health facilities in Tamil Nadu and Rajasthan. States such as Madhya Pradesh and Jharkhand supported strengthening of the transport system for pregnant women and sick children, with half of the beneficiaries from marginalised groups. SNCU follow up was initiated in Madhya Pradesh, West Bengal, Uttar Pradesh and Tamil Nadu, but needs further strengthening.

These efforts contributed to an increase in reported institutional delivery to 89 per cent (Health Management Information System [HMIS], against 72 per cent Childs Environment and Sanitation Programme 2009) and SNCUs to 470 with 500,000 newborn admissions. Madhya Pradesh and Rajasthan achieved universal coverage at the district level. However, there were fewer female admissions to SNCUs (40 per cent) as compared to males, and this data was shared with the Government to provide them evidence to use to advocate for addressing social and financial barriers in seeking care of girl children. Monitoring the quality of care, data management and follow up were other challenges. UNICEF Madhya Pradesh developed an online monitoring system for SNCUs. This was taken up by the GoI for national scale up, with scale up achieved in five states. UNICEF advocacy resulted in antenatal steroids, kangaroo mother care and vitamin K at birth being part of national policy.



On-track

IR 2040/A0/05/901/004 Health managers at state, district and block level have the capacity to plan, implement and monitor MNCH programmes, including for children affected by disasters

Progress: Given that the GoI requested UNICEF to lead in monitoring the approach and capacity building under the Call to Action, the focus of the IR1.8 activities were broadened from those initially set. UNICEF in 2013 provided technical assistance to 102 high-priority districts (81 districts in UNICEF lead states and 21 districts contributing to other partners' lead). This support focused on building capacities of state and district health managers and supervisors to carry out gap analyses to develop evidence-based planning and budgeting, implementation and monitoring of the RMNCH+A services. Using GoI tools and complementing them with bottleneck analysis, 50 districts were analysed, providing recommendations to be incorporated in the districts PIPs and influencing state-wide policy and budgetary changes. The remaining districts will be completed in the first quarter of 2014. One hundred per cent of the Call to Action-supported districts have Programme Management Units and provide support to the overall planning, implementation and monitoring of RMNCH+A services. The gap analysis also contributed to identify capacity gaps, and thus the development of the capacity building plans, which will be quantified in 2014.

Challenges

From the original 82 districts, 102 districts have now been allocated to UNICEF in both UNICEF lead and non-lead states. In addition, the scope of Call to Action encompasses cross-sector convergence for equity planning, requiring additional financial and technical human

resources especially for the North Eastern States.

Way forward

Strengthened compact between the ICO, the Regional Office for South Asia (ROSA) and New York Headquarters (NYHQ) to engage in the following:

1. Continuous capacity building at state levels within and outside of UNICEF
 - a. map existing human resources and develop a future strategy/plan
 - b. Re-profile and strengthen skills of existing human resources
 - c. Secure fundraising to cover additional capacity building exercises, especially in state and districts that were not originally in the Country Programme Action Plan (CPAP)
2. Ensure documentation and dissemination on tools and results, including peer review to confirm robustness of the approach.

On-track

IR 2040/A0/05/901/005 Governments and partners have access to data, evidence, information and knowledge to guide health advocacy, policy, planning, programme and budgetary action, particularly for the most deprived children

Progress: The targets set under this IR were achieved with broadened geographic and technical scope. The following result statement reflects the broadened achievements.

Following the GoI's Call to Action Summit on 7-9 February 2013, the MoHFW launched a three-year national campaign – Call to Action – to provide special focus on health and health-related system strengthening to influence key interventions for the prevention and treatment of diseases that result in unacceptable levels of maternal and under-five mortality and morbidity in India's high-risk and vulnerable populations. UNICEF is Call to Action lead partner in 15 states (Assam, Chhattisgarh, Andhra Pradesh, Arunachal Pradesh, Gujarat, Karnataka, Kerala, Maharashtra, Manipur, Meghalaya, Mizoram, Tamil Nadu, Tripura, West Bengal), focusing in 81 high-priority districts.

Eighty per cent of the Call to Action states where UNICEF is leading completed the state consultation process, aiming to achieve consensus among national-, state- and district-level health authorities on priorities for RMNCH+A implementation, broadening the concept towards public health including WASH, HIV, nutrition and C4D, and identifying the key gaps for RMNCH+A at the macro-level.

UNICEF's contributions to the policy and technical developments were widely recognised for their quality, including the development of the RMNCH+A gap analysis document, score cards, a BCC framework, and a WASH protocol in MNH or block monitoring documents. Increased use of HMIS data through UNICEF technical support has the potential to improve the quality of PIPs for 2014.

To improve data monitoring and quality of RMNCH+A, UNICEF supported the launch and use of Maternal Death Review Software, which will be scaled up nationwide in 2014. However, the quality of the reviews varies among states and districts, which will be addressed through implementation of software use and specific technical support to the low-performing states. National-level efforts are underway to develop a perinatal death audit system in India with UNICEF support. To improve the quality of RMNCH+A services, quality assurance tools and standards were under development in 2013 with UNICEF's technical support. In addition, UNICEF supported collaborative centres that provide mentorship to state and district hospitals. Following the successful pilot, the GoI committed to funding the costs of collaborative centres. UNICEF will continue to support scale up throughout India. A SNCU online monitoring system was developed in Madhya Pradesh with UNICEF support. It was scaled up to five states and will be applied nationwide in 2014.

On-track

IR 2040/A0/05/901/006 Governments and partners have the capacity to scale programmes to ensure access to comprehensive services for the prevention of HIV transmission from parents to children (PPTCT), as part of routine antenatal and postnatal care (HIV)

Progress: The key achievement in 2013 was 'advocacy with' and 'technical assistance to' NACO for scale up of an efficacious multi-drug PPTCT regimen (also called Option B) in the country. Under the NACO's leadership and together with the WHO and the Center for Disease Control, UNICEF contributed to the development of a National Strategic Plan for roll out of Option B across 17 states in India, covering 90 per cent of the burden. This is landmark moment in India for PPTCT and comes after prolonged, persistent advocacy efforts from 2010 (Option B in two states in 2012, and only one one additional state in 2013 until May).

India's Call to Action provided another critical opportunity for integration. A rapid analysis showed a 53 per cent concordance of Call to Action districts with PPTCT multi-drug districts. HIV testing status of pregnant women was included as a quality marker of antenatal care in the bottleneck analysis conducted in 15 UNICEF-led Call to Action states. Data generated will provide evidence for further advocacy for universal testing of pregnant women and fast forward integration.

Constraints

1. Under the CPAP 2013-2017, PPTCT is integrated in health under the MNH component while maintaining a distinct IR. There might be need for revision to fully integrate PPTCT under IRs 1.6, 1.7, 1.8 and 1.9, thus avoiding verticality.

2. Deliverables in the rolling work plan were met without the need for much funding, but with major investment of staff time and strategic thinking. However, the initial budget for the IR was set at a very ambitious level. This reflects larger national ownership of NACO as seen in the quadrupling of the domestic budget from National AIDS Control Programme (NACP)-III (US\$0.636 Billion, 25 per cent of total budget) to NACP-IV (US\$2.6 Billion, 85 per cent of total budget). UNICEF's role is key for high-end technical support for strategic planning, monitoring, ensuring leveraging of NACO resources to achieve elimination and studies to document progress towards elimination of HIV.

Solutions

1. Integrate PPTCT within IRs 1.6, 1.7, 1.8 and 1.9 to ensure full integration in the Mid Term Review.

2. Strengthen technical support to states for accelerating the Option B roll out and integration of PPTCT in RMNCH+A. This requires more focus from the ICO to ensure the strengthening of the capacity of UNICEF state health specialists to address the current need for high-level technical assistance to the Government.

Constrained

IR 2040/A0/05/901/007 Governments and partners have the capacity to scale programmes to ensure access to and use of adequate treatment and care services for children living with HIV (HIV)

Progress: India has seven Paediatric HIV Centres of Excellence (PCoE), with the following mandate:

- (i) Function as treatment/ referral centres;
- (ii) Serve as state/regional centres for capacity building on paediatric HIV; and
- (iii) Conduct operations research in paediatric HIV.

In 2013, one of seven PCoEs, in Maharashtra, was fully functional. This is also the nodal centre for the Telemedicine Initiative, outlined below. Assessment of the PCoE in Hyderabad is being initiated, with the aim of taking stock and moving forward. In the PCoE in Chennai, the weakest link is operations research. A multi-way partnership is being brokered with the National Institute of Epidemiology and PCoE to jointly roll out the Cohort Study on HIV-Exposed Babies in Tamil Nadu.

To improve capacity of governments/partners to scale up treatment and care services for children living with HIV with quality, the ICO supported two models of care in 2013. The Paediatric Telemedicine Initiative uses a remote diagnosis, treatment and care model using telemedicine. The initiative was conceptualised by the ICO together with Mumbai Field Office and planned and rolled out in the state of Maharashtra. This is the first initiative of this kind in India in the area of paediatric HIV quality of care in the public health system. Leveraging the existing telemedicine system in Maharashtra, the initiative aims to:

- (i) improve the quality of paediatric HIV treatment and care in the district(s), through remote diagnosis/consultations between specialist paediatricians in PCoE Mumbai and antiretroviral therapy medical officers at district hospitals; and
- (ii) strengthen the capacity of district antiretroviral therapy functionaries on infant and young child feeding, growth and development monitoring, nutritional counselling and management of moderate/severe acute malnutrition (SAM) among HIV exposed/infected infants and children in the district(s).

The second model of care, Integrated Management of Neonatal and Childhood Illness (IMNCI) Plus, is an on-the-ground field model with a strong mentoring component. IMNCI Plus in Tamil Nadu, in five disadvantaged blocks of Krishnagiri District, was initiated to intensify implementation of the IMNCI strategy and the integration with HIV.

On-track

IR 2040/A0/05/901/008 Programme managers and service providers have the capacity to plan and provide responsive health services, including reproductive and sexual health services for adolescents

Progress: With significant advocacy on the part of UNICEF, adolescent health became an integral part of the Call to Action agenda in India. Key components of adolescent health, namely weekly iron folate for adolescents, anaemia screening and treatment, menstrual hygiene, prevention of adolescent pregnancy and specific antenatal package for adolescents, are the cornerstone of RMNCH+A, which, with UNICEF's active support, is strongly linked with the WASH, nutrition and HIV sectors. In the last quarter of 2013, UNICEF worked closely with the MoHFW's Adolescent and Reproductive Health Division to review the current models of adolescent-friendly health services.

The states of Gujarat and Jharkhand succeeded in modelling adolescent-responsive services/interventions, that is, services that address specific needs of adolescents with strong counselling and support components. The states of Jharkhand, Gujarat and West Bengal supported incorporating key lessons from alternative models in their implementation plans. West Bengal and Gujarat managed to carry out extensive training of service providers in adolescent health, with Gujarat being a front runner in involving the medical colleges in the training initiatives. Such models will be carefully studied and evaluated for potential scale up in 2014.

Constraints

Although Call to Action provides an appropriate platform for integration, adolescent health still emerges as a stand-alone project at the national level.

Way Forward

UNICEF will use its comparative advantage as Call to Action lead agency for advancing the integration process at the state and district levels.

On-track

IR 2040/A0/05/901/999 Technical Support to Reproductive and Child Health (staff costs)

Progress: As of the end of December 2013, of the 30 posts approved as per the organogram, there were 24 technical staff supporting the Health Programme to achieve the stipulated results across 14 states. Two positions were frozen and the recruitment processes for four posts were underway at the end of the year. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support the continuity of programme implementation.

PC 902 - Child Development and Nutrition

 On-track

PCR 2040/A0/05/902 Child Development and Nutrition (CDN)

Progress: Under PCR 1, which focuses on ensuring that infants, young children and mothers have equitable access to and utilise quality services for child survival, growth and development, Programme Sections (including the CDN Programme) provided technical support to national and state governments and partners to enhance the strategic direction and results of five key government flagship programmes: NRHM, ICDS, Mid-day Meal, Rural Drinking Water Programme and the Nirmal Bharat Abhiyan. UNICEF supported the roll out of the Call to Action initiative and the continuum of care strategy to accelerate results for children with a focus on most-marginalised populations in the high-priority districts of India (as lead development partner in 15 states/81 districts; and providing support in 6 more states/21 additional districts).

Nutrition Missions or Nutrition Councils were formed in six states for convergent and co-ordinated programmes for advancing child nutrition. Flagship programmes, plans and budgets were influenced to scale up interventions to improve infant and young child feeding, vitamin A supplementation, universal salt iodisation (USI) and treatment and care of children with SAM.

Work was started (for 2014 completion) to elucidate the association between improved WASH practices and linear growth and stunting prevalence in infants and young children in India and other South Asian countries. A review of existing literature was completed along with a secondary analysis of large-scale national- and state-level datasets collected from India and other South Asian countries.

In knowledge management, UNICEF documented good practices in the ICDS and the NRHM for scaling up essential nutrition interventions; assessing the effectiveness of facility-based care for children with SAM; accelerating USI, including making adequately iodised salt accessible to the most marginalised; gender disaggregation; WASH data monitoring; water policy; sanitation; and stunting.

Programming for adolescents: Building on 13 years of evidence generated by UNICEF and the MoHFW, the GoI universalised the adolescent girls' anaemia control programme to reach 30 million adolescent girls in and out of school. In addition, the creation of a federation of adolescent networks, the integration of a child protection module in the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (Sabla) and the convergence between child protection and nutrition in select states are some of the good practices in programming for adolescents.

 On-track

IR 2040/A0/05/902/001 Governments and partners can scale up programmes to deliver essential nutrition services to prevent undernutrition in infants and young children, particularly in the most deprived communities

Progress: The UNICEF CDN Programme continued to support state governments to form Nutrition Missions/Nutrition Councils to improve governance and inter-sectoral coordination for nutrition. By the end of 2013, a Nutrition Mission or a Nutrition Council had been formed in Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Uttar Pradesh, and the process for setting up Missions had been initiated in Assam and Rajasthan.

UNICEF continued to support the national and state governments to improve policies, programmes and budgets to scale up essential nutrition interventions to improve nutrition and development outcomes for children under two and their mothers. The CDN Programme supported the Ministry of Women and Child Development (MWCD) to reform and restructure the ICDS, India's flagship programme on child nutrition and development. UNICEF supported the development of annual implementation plans for the ICDS and influenced these plans to include interventions to scale up services to promote infant and young child feeding practices, improve ICDS service utilisation and implementation of sneha shivir (community-based nutrition care and counselling sessions) and community-based monitoring and reporting systems.

UNICEF supported the MWCD to finalise the plan for a Multi-sectoral Programme for Nutrition, which will cover 200 high-burden districts. The Multi-sectoral programme aims to bring the nutrition focus across different sectoral programmes. UNICEF provided technical support to the NRHM to scale up interventions to improve infant and young child feeding and micronutrient nutrition. The CDN Programme documented evidence and lessons learned from vitamin A supplementation programme in 15 states. Findings indicated that high political commitment, inter-departmental coordination, good district-level micro-planning, assured supply of vitamin A, social mobilisation and communication, and constant supervision and monitoring were critical to the success of the programme. In 2013, the CDN Programme facilitated the formation of a state-level coalition in Bihar and Uttar Pradesh to accelerate USI. UNICEF undertook a situation analysis of the USI programme in Tamil Nadu and Uttar Pradesh to inform programme and policy actions for USI.

UNICEF continued strengthening its partnership with development partners, academic and research institutions, training institutions, civil society organisations, professional bodies and citizens' alliances and media to influence policies and actions for improving maternal and child nutrition.

 On-track

IR 2040/A0/05/902/002 Government and partners can scale up programmes to increase demand for essential nutrition services and adoption of essential nutrition practices to prevent undernutrition in infants and young children, particularly in the most deprived communities

Progress: UNICEF continued to work closely with the national and state governments, training institutes and non-governmental organisations (NGOs) to stimulate demand for essential nutrition services and to promote optimal infant and young child feeding practices. The CDN Programme supported the ICDS and the NRHM to develop and implement strategies to bring information, counselling

and support on infant and young child feeding. These strategies included effective capacity building of frontline functionaries to counsel and support mothers and families, and training of health facility staff to provide counselling to mothers accessing health services or delivering at the health facilities. Other strategies included support for baby-friendly hospital initiatives and partnerships with NGOs, media and businesses to expand programme coverage and quality with equity. Budgets were leveraged from ICDS, NRHM and the Tribal Development Department for state-specific interventions, such as the establishment of Nutrition Counselling cum Management Centres at the health-facility level and Field Learning Sites at the community level in Assam; Dus Ka dum, a state-wide comprehensive communication strategy, in Bihar; AHOPE, a health outreach project in civil strife-affected areas; and Nawa Jatna, an intervention to prevent and reduce undernutrition in children in Chhattisgarh.

The CDN Programme in partnership with the A&C Section continued to support the MWCD in the roll out of a three-year National Nutrition Communication Campaign on Maternal and Child Nutrition (Malnutrition Quit India!). Efforts will continue to roll out the campaign at the state level in local languages.

The CDN Programme jointly with the C4D Section finalised a framework for action to improve infant and young child feeding and maternal nutrition. UNICEF, state governments and development partners are working towards the development of a comprehensive communication strategy to improve infant and young child feeding, related maternal nutrition and micronutrient nutrition. These strategies use a mix of capacity building approaches for frontline functionaries and community volunteers to counsel and support mothers and families and partnerships with civil society organisations and professional bodies for reaching the most vulnerable – the youngest, poorest and the excluded children.



On-track

IR 2040/A0/05/902/003 Governments and partners can scale up programmes to provide essential nutrition care and support for children who are severely undernourished, sick and/or affected by disasters, particularly in the most deprived communities

Progress: The facility-based management of children with SAM through the establishment of Nutrition Rehabilitation Centres (NRC) is an integral part of the NRHM state annual plans. The CDN Programme supported the states in aligning the management protocols with the national guidelines on facility-based care of children with SAM, which are based on the latest global evidence. In partnership with the MoHFW, the WHO and the Indian Academy of Paediatrics, a standard training package was developed to enhance the capacities of staff working at NRCs. To increase the pool of trainers, the CDN Programme supported the training of 52 national-level trainers and 125 state-level trainers on facility-based management of children with SAM.

NRC scale up progressed well in 2013. As of September, there were 761 functional NRCs with 8,039 dedicated beds. Over 86 per cent of tribal districts had at least one functional NRC. During the first half of 2013, over 45,000 children with SAM were treated.

To inform programme design and delivery, NRC data from Jharkhand, Madhya Pradesh and Uttar Pradesh was analysed. The evidence indicated that village-based workers can effectively identify children with SAM and that NRCs achieved good survival outcomes. However, weight gain in these children was not optimal, and only one-third of children had recovered during their stay at the NRC. This implies that the nutrient quality of therapeutic foods needs to be ensured, and that a community-based programme is required to effectively manage children without complications.

UNICEF's CDN Programme continued to advocate with the national government for finalisation of the national guidelines for community-based care for children with SAM. Release of guidelines on the Integrated Management of Severe Acute Malnutrition in children by the Indian Academy of Paediatrics is expected to facilitate the process.

Plans were drawn up to improve infant and young child feeding and nutrition of children made vulnerable or at risk of HIV/IDS. The project will be implemented in Delhi, Andhra Pradesh and Tamil Nadu, which account for 27 per cent of HIV cases in the country.



On-track

IR 2040/A0/05/902/004 Governments and partners have access to data, evidence, information and knowledge to guide multi-sectoral food and nutrition advocacy, policy, programme and budgetary action, particularly for the most deprived children

Progress: The CDN Programme in partnership with the state governments focused on strengthening the Management Information Systems (MIS) of the flagship programmes/schemes under the WMCD and the MoHFW. State Departments of Women and Child Development were supported to roll out the revised MIS for the ICDS and for analysis and use of the data for decision making.

UNICEF supported the improvement in monitoring and review of the Sabla scheme for empowerment of adolescent girls; the Indira Gandhi Matritva Sahyog Yojana (IGMSY), a conditional cash transfer scheme for care during pregnancy and lactation; weekly iron folic acid supplementation (WIFS); and care and treatment of children with SAM.

UNICEF in partnership with state governments and other development partners undertook a strategic review of the vitamin A and USI programmes, which resulted in revision of the strategy to improve coverage, especially of the most vulnerable children.

The Nutrition Mission in Maharashtra initiated the establishment of an integrated MIS, which utilises the information generated through national flagship programmes such as NRHM, ICDS, the National Rural Employment Guarantee programme and the National Livelihood Mission.

The CDN Programme consolidated evidence and data to inform policy development, programme design and research needs on maternal and child nutrition in India. In 2013, seven papers were published in peer review journals as follows: (1) The Adolescent Girls' Anaemia Control Programme: A Decade of Programming Experience to Break the Inter-Generational Cycle of Malnutrition in India; (2) Age-

appropriate Infant and Young Child Feeding Practices are Associated with Child Nutrition in India: Insights from Nationally Representative Data; (3) Providing care for Children with Severe Acute Malnutrition in India: New Evidence from Jharkhand; (4) Towards Universal Salt Iodisation in India: Achievements, Challenges and Future Actions; (5) Reaching the Poor with Adequately Iodised Salt Through the Supplementary Nutrition Programme and Mid-day Meal Scheme in Madhya Pradesh; (6) Management of Children with Severe Acute Malnutrition in India: Experience of Nutrition Rehabilitation Centres in Uttar Pradesh, India; and (7) Integrated Programme Achieves Good Survival but Moderate Recovery Rates Among Children with Severe Acute Malnutrition in India.

On-track

IR 2040/A0/05/902/005 Governments and partners have the capacity to scale up programmes to ensure a continuum of care for adolescent girls (anaemia control, nutrition care and support, personal hygiene and sanitation, health and psychological care)

Progress: The CDN Programme continued to support implementation of Sabla under the MWCD and the implementation of the WIFS Programme under the NRHM. The WIFS Programme aims to reach 130 million adolescent girls (in and out of school) and school-going adolescent boys across the country. These programmes have the potential to improve nutrition and transform lives of adolescent girls.

UNICEF's CDN Programme supported the national and 14 state governments to improve convergent linkages for Sabla and to improve review and monitoring of Sabla at the state level.

In 13 of the 14 states where UNICEF has a presence, the state governments endorsed a state-wide strategy for roll out of WIFS. Activities with commensurate budget were included in NRHM annual plans. Nine out of 14 states have a pool of state- and district-level master trainers drawn from Departments of Education, Health and Women and Child Development/Social Welfare.

While the annual plans have budgets for iron folic acid and deworming tablets, timely and adequate supplies continued to be a major challenge, and efforts are underway to support states in supply forecasting, budgeting, specifications and logistics planning.

States are designing a comprehensive communication strategy for WIFS and Sabla, which will combine the effective approaches and tools that were developed and used under the UNICEF-supported adolescent anaemia control programme.

Reporting tools and mechanisms are in place in all states for Sabla and WIFS. To strengthen the field monitoring system, UNICEF supported the development of field monitoring checklists and augmented the human resource capacity of the state governments. Additionally, a state-wide pilot for online reporting for Sabla and WIFS is under trial in one of the states, while in another state, WIFS and Sabla Programmes are monitored in partnership with NGOs.

Convergence between Sabla and WIFS is weak. Therefore, three districts in Madhya Pradesh were identified to implement a programme that integrates Sabla, Adolescent Reproductive and Sexual Health (ARSH) and WIFS. Similarly, in six districts of West Bengal, a common reporting system was developed for Sabla and WIFS.

On-track

IR 2040/A0/05/902/999 Technical Support to CDN (Staff costs)

Progress: As of the end of December 2013, of the 23 posts approved as per the organogram, there were 20 technical staff supporting the CDN Programme to achieve the stipulated results across 14 states. Three posts were under recruitment. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support the continuity of programme implementation.

PC 903 - Water, Sanitation and Hygiene

On-track

PCR 2040/A0/05/903 Water Sanitation and Hygiene

Progress: Under PCR 1, which focuses on ensuring that infants, young children and mothers have equitable access to and utilise quality services for child survival, growth and development, Programme sections provided technical support to national and state governments and partners to enhance the strategic direction and results of five key government flagship programmes: NRHM, ICDS, Mid-day Meal, Rural Drinking Water Programme and the Nirmal Bharat Abhiyan.

States implemented the national sanitation and hygiene A&C strategy to the district level, and the same approach to household and community behaviour change was launched for safe drinking water. In parallel, states began to put in place Swachhata Doots (sanitation managers) to trigger toilet use to create open defecation-free communities.

Bottleneck analysis – The Tanahashi approach and WASH-BAT (a bottleneck analysis tool) underpin convergent programming.

Work was started (for 2014 completion) to elucidate the association between improved WASH practices and linear growth and stunting prevalence in infants and young children in India and other South Asian countries. A review of existing literature was completed along with a secondary analysis of large-scale national- and state-level datasets collected from India and other South Asian countries.

WASH and health were successfully converged through the development of tools to assess and then monitor WASH compliance in health centres, specifically the delivery room and during immediate lifesaving post-natal care of the mother and child (e.g. access to a functioning toilet, drinking water and hand washing with soap before breastfeeding).

In knowledge management, UNICEF documented good practices in the ICDS and the NRHM for scaling up essential nutrition interventions; assessing the effectiveness of facility-based care for children with SAM; accelerating USI, including making adequately iodised salt accessible to the most marginalised; gender disaggregation; WASH data monitoring; water policy; sanitation; and stunting.

On-track

IR 2040/A0/05/903/001 Governments and partners have access to data, evidence, information and knowledge to guide WASH, advocacy, policy, planning, and programme and budgetary action

Progress: Good development outcomes are grounded in the application of high-quality knowledge; UNICEF therefore has focused on improved knowledge generation and acquisition, both for counterparts and internal development, with the publication of 39 quality-assured knowledge management products. UNICEF staff systematically review journal papers and disseminate summaries to colleagues and key counterparts. The WASH Section co-authored journal papers and professional reports with NGOs and Government, and national and international academia, with publication expected in 2014. Subjects include an analysis of gender-based issues in WASH; capacity development for gender, equity and behaviour change for WASH; and specific work on equity-based programming in Assam. Good progress was recorded in pursuit of understanding the sanitation and nutrition nexus. A review was undertaken of all UNICEF WASH knowledge management products since 2009 to inform work for 2014-15.

The strengthening of targeted institutions remains a longer-term plan for capacity development, in part through knowledge management at scale. It must be acknowledged that difficulties persist around human resource forecasting, and knowledge and evidence building for the sector. Inculcating the need for a strategic quality-based approach to knowledge management work remains a challenge, as UNICEF must retain and strengthen its position as the trusted steward of sector knowledge and evidence. A knowledge management plan will be developed and implemented for greater strategic consideration of the target audience, dissemination pathways and versioning for audience. In addition, there will be a greater emphasis on integrating knowledge management activities into the time and performance management systems and on generating and repackaging high-quality knowledge products and services for different audiences. This will include developing competencies in reflective practice. UNICEF, with Government, is also scoping the potential for a national sanitation institute, which will necessitate new partnerships in non-WASH sector domains, for example nutrition.

On-track

IR 2040/A0/05/903/002 Governments and partners have capacity to scale up improved service delivery of community approaches to sanitation and hygiene, especially in the most deprived communities

Progress: Overall national progress made by the sanitation sector through the flagship programme, the Nirmal Bharat Abhiyan, slowed down. In the states with UNICEF presence, 3.3m toilets were built, of which 1.7m went to families living below the poverty line. Through advocacy and capacity development, UNICEF successfully facilitated the rollout of the national Sanitation and Hygiene Advocacy and Communication Strategy Framework with promising process results, for example in planning and inter-sector convergence. States are on track in terms of the strategy; however, many state governments are not prioritising the elimination of open defecation (of which the Communication Strategy is just one component) to a level that will bring about radical transformation in behaviour and practice at the scale and pace required.

Overall, there is no institutional architecture to support national guidelines and strategy frameworks and too little focus on institutional reform. While open defecation-free communities are being reported and models to achieve this are proven, the scale is too small. Central to overcoming this issue is the availability – or lack thereof – of trained frontline workers for sanitation triggering and facilitation. While the provision exists for these workers, state action remains sporadic. Progress is being made in developing guidelines for recruitment and supervised deployment in Madhya Pradesh, Jharkhand, West Bengal and Odisha. Bottlenecks also persist around the timing of incentives and the nature of local government support to communities. UNICEF with state governments under the Community Approaches to Total Sanitation umbrella of participatory methodologies completed the piloting of various approaches to triggering toilet use. The challenge now is to drive the initiative to scale, and UNICEF will work with the most promising states to apply this through operational research and documentation of the process. With Government, UNICEF will also roll out the WASH-BAT in all states where it has a presence. Forthcoming work to assist the mitigation of constraints include: a shift to programmatic rather than project approaches; greater emphasis on advocacy (state and district); continued work to create a social movement for change; and the compliance of sanitation and hygiene at key points in the first one thousand days and throughout the life cycle.

On-track

IR 2040/A0/05/903/003 Governments and partners have the capacity to scale up improved service delivery of safe and sustainable water, especially in the most deprived communities

Progress: UNICEF's contribution focused on advocacy for implementation in the poorest and most marginalised areas and overall strengthening of the monitoring process. UNICEF advocated for the concept of water safety planning at the state and national level, and interest in the approach gained momentum over the year. UNICEF technical advice was two-fold. First, the consultative development of key national and state behaviour change messages for safe drinking water resulted in the launch of the national Drinking Water Advocacy and Communication Strategy Framework for households and community engagement. At the same time, work with states and districts focused on strengthening water safety planning and risk-based approaches with the emphasis on corrective action, i.e. closing the water safety cycle approach from testing to action to verification. Work is now underway to see development of a monitoring framework and technical support on indicators. Capacity-building forecasting was supported through technical support and facilitation of the government sector's training needs and analysis consultation with all states. Gender remains a major issue in relation to access and use of safe water. UNICEF focused on analysis and disaggregation by gender and will now move to establish process indicators and monitoring in the sector. The bottleneck analysis introduced in four states uses data to expose bottlenecks at the community, service provider and enabling environment levels. UNICEF also continued to strengthen evidence with key partnerships with National Service Scheme (NSS) in preparation for the upcoming release of the 69th round of data that benefited from joint advocacy of UNICEF and the

Ministry of Drinking Water and Sanitation. UNICEF also supported the Ministry to revise the Uniform Water Quality Protocol and is now providing technical assistance to the Public Health Engineering Department in the states.

On-track

IR 2040/A0/05/903/999 Technical Support to WASH (Staff costs)

Progress: As of the end of December 2013, of the 22 posts approved as per the organogram, there were 19 technical staff supporting the WASH programme to achieve the stipulated results across 14 states. One position was frozen and the recruitment processes for two posts were underway at the end of the year. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 904 - Child Protection

On-track

PCR 2040/A0/05/904 Child Protection

Progress: Progress was made in promoting a protective learning environment for all children at school, in the community, and at home, focusing particularly on the most deprived and marginalised communities.

While capacity development of ICPS and juvenile justice functionaries continued as planned, implementation of ICPS is not uniform across states due to the slow pace of recruitment. A police training programme was institutionalised in Karnataka and replicated in 3 states, and more than 12,000 village child protection committees were functional across 10 states. Convergent child rights and child labour prevention programming reached over 5 million children in 20 districts across 7 states. A comprehensive scheme for the prevention of trafficking, rescue, rehabilitation and re-integration of victims was initiated in five states. The 'track child' MIS portal is functional and a framework of indicators was finalised to measure the impact of interventions on child marriage and changes in behaviours and social norms.

To strengthen adolescent programming, UNICEF supported the finalisation of the first national strategy on child marriage. Strategies to prevent child marriage, violence and child trafficking at the community level include: formation of girls' clubs (200,000 girls), life skills training, awareness raising, community mobilisation, and strengthening of community structures. The creation of a federation of adolescent networks, the integration of a child protection module in Sabla and convergence between child protection and nutrition in select states are examples of good practices.

Together with the Education Programme, the Child Protection Programme mobilised a 5-year €21 million partnership with the IKEA foundation to scale up on previous good practice and convergence across 10 states.

In addition, priorities for 2014-2015 include the promotion of greater synergies between child protection and education systems and child-friendly schools (CFS), including WASH/DRR; work on residential schools; and convergence between two national flagship programmes: ICPS and Sarva Shiksha Abhiyan (SSA) (education). Efforts will also be made to achieve greater convergence between health and protection regarding teenage pregnancy and child marriage; strengthen evidence of effective approaches to child marriage and sexual violence; and identify ways to take community mobilisation to scale.

On-track

IR 2040/A0/05/904/001 Governments and partners have the capacity to strengthen systems to protect children from child labour, violence, abuse and unnecessary family separation

Progress: Implementation of the ICPS is not uniform across states, and is primarily hampered by the slow pace of recruitment and high staff turnover. UNICEF initiated the process of developing a comprehensive workforce framework, which will directly contribute to addressing staff-related concerns. The training and capacity development of juvenile justice and ICPS functionaries is underway; additionally, the police training programme in Karnataka is now institutionalised within the state government, and three other states have initiated similar programmes.

The work on community-based preventive child protection committees progressed in 10 states with more than 12,000 committees. In order to advocate for mainstreaming these committees under the ICPS, UNICEF complemented a documentation of work in ten states, and organised state-level advocacy initiatives covering six states. The work on District Needs Assessment and District Child Protection Plans under the ICPS progressed in a non-uniform fashion across the states, largely due to the absence of personnel. While Maharashtra and Rajasthan revised guidelines to implement state-level family strengthening and non-institutional alternative care programmes, and Karnataka introduced the programme with focus on children affected by AIDS, programmes under the ICPS were not initiated in other states.

The convergent child rights and child labour prevention programmes in 20 districts across 7 states, covering more than 5 million children, progressed as per project plans. A state campaign on child labour was endorsed by the government of Uttar Pradesh. An internal inter-state consultation on child migration was held and will lead to the development of a strategy on the issue. In the area of trafficking of children, prevention efforts (community awareness, capacity of frontline workers and girls' empowerment) are ongoing in three states. Support to the implementation of an inter-state statement of procedures is under way in two states and a partnership with Save the Children was developed for the new programming in Jammu and Kashmir, and the process for the baseline in three districts was initiated. The strengthening of capacities of the Ujjawala scheme homes in terms of case management and information

management in five states is ongoing. Violence against children received special attention in at least three states through state-level consultations, capacity building on the Protection of Children from Sexual Offences Act and awareness raising. The strengthening of formal and informal systems focuses on issues to which girls are particularly vulnerable.



On-track

IR 2040/A0/05/904/002 Governments and partners have access to data, evidence, information and knowledge to guide advocacy, policy, planning, programme and budgetary action on child protection

Progress: The 'track child' MIS portal is functional, and initial training for use of portal and data entry was completed in all states. Full functionality of the 'track child' MIS under the ICPS is limited across all states for a number of reasons. There is a lack of qualified and functional staff and a number of challenges streamlining data collection and entry from various units/structures under ICPS, juvenile justice structures, and the police. In addition, there are problems relating to system integration between police missing persons' databases and the existing state-level MIS on child protection. At the state level, UNICEF supported the State Child Protection Societies to address these concerns through technical assistance, training and support through the initial phases of MIS implementation. A review of existing MIS models to strengthen a harmonised approach was initiated.

Efforts were made across states to strengthen child protection data collection at block, district and state levels through standardisation and tools to be used by functionaries. Two learning initiatives were completed – one on juvenile justice, with participation from UNICEF child protection staff and state governments, and another on trafficking of children, primarily for UNICEF child protection staff. These events led to the development of a road map for UNICEF interventions in these areas. The mid-line survey of the progress made in the child rights/child labour prevention programmes was completed in 18 districts across 6 states, and the findings were shared with the donor. An evaluation of the child rights/child labour programme is under way in Rajasthan, Gujarat and Maharashtra. A framework of indicators was finalised to measure the impact of interventions on child marriage and changes in behaviours and social norms. With this framework, a baseline study is ongoing in eight districts of eight states. Desk reviews on trafficking were completed in two states, and a qualitative study on rescue and repatriation of Bangladeshi girls was completed. Studies on child marriage, child labour and trafficking are focusing particularly on girls. The process of developing indicators to identify bottlenecks in justice for children was initiated.



On-track

IR 2040/A0/05/904/003 Governments and partners have the capacity to enable HIV-affected communities to protect and promote their rights and the rights of their children

Progress: The convergence between ICPS and children affected by AIDS (CABA) showed significant progress in the six high-prevalence states due to UNICEF's advocacy efforts, technical support for the development of guidelines, and capacity development of functionaries. Partnerships with the Positive Women Network and NACO in collaboration with the C4D Programme were made at the national level to ensure the government schemes and programmes address the needs of adolescents affected with HIV. A draft report on existing preventive strategies for adolescents was prepared with the C4D Section. Social protection schemes for CABA were streamlined with ICPS in Karnataka, and the sponsorship scheme was implemented in all districts of the state. CABA programmes for tribal adolescent children developed with technical support from UNICEF were implemented by the government with NGO partnership in Visakhapatnam District of Andhra Pradesh. Rajasthan initiated a similar process in 2 districts, and 75 per cent of eligible families were linked to social protection schemes. Guidelines were prepared for ensuring equitable access to services for HIV-affected children. Two community-based cost effective models for care of children were established in two districts of Tamil Nadu. The models are being linked with ICPS structures. In Jharkhand, children affected with HIV were included in the district action plans under ICPS. A state-wide advocacy platform was initiated in Maharashtra on child protection with HIV, and state-level consultations were organised. Awareness was built through adolescent girls' groups. The module on HIV for anganwadi (centre for basic health care in villages) workers was finalised. However, due to the delay in recruitment of staff in District Child Protection Units in many states, progress was slow. Follow up with state governments to complete recruitments is ongoing. Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra documented non-institutional alternative care models for children affected by HIV, and a similar documentation process is underway in Nagaland. As CABA is a new issue for most ICPS functionaries, implementation of the scheme has been slow. However, capacity development was initiated amongst various stakeholders to address this gap.



On-track

IR 2040/A0/05/904/004 Key stakeholders have the knowledge and the capacity to create a protected environment for adolescents

Progress: Initiatives on protection of adolescents were implemented by ten states. Four other states started planning more systematic interventions. The focus of interventions is on empowering girls, and addressing gender barriers and social norms that perpetuate gender inequality. Child marriage and child labour, followed by trafficking, are some of the child protection issues addressed. Strategies implemented include: girls' clubs, life skills training, awareness raising and community mobilisation and strengthening of community structures. More than 220,000 girls continue to be part of clubs and safe spaces where they discuss issues of their concern, acquire self-efficacy and learn how to protect themselves. Life skills programmes were implemented in four states. Innovations include: a) the creation of a federation of adolescents' networks as a robust mechanism for civic engagement and advocacy in one state; b) the integration of a protection module in Sabla in one state; and c) initiatives to mainstream the issue of violence and sexual abuse in existing activities in three states. Existing platforms are increasingly used by the Child Protection Programme to create convergence with other sectors. A framework to promote a convergent approach on adolescents was developed and sets girls and gender barriers as priorities. Some of the challenges in programming include: making adolescents visible in the policy dialogue across levels, bringing to scale community mobilisation work to change norms around adolescents, especially girls, and ensuring convergence across sectors. Mapping of interventions and positive deviance models will help address some of these challenges. Support provided to MWCD led to finalising the national strategy on child marriage and the development of a national action plan – the first specific national vision and policy on the issue. A national campaign and a series of advocacy and awareness-raising tools on child marriage are in the final stages of development. The issue of violence against girls received increased attention, and collaboration with the A&C Section led to the production of a series of tools to raise awareness on the subject.

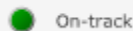


On-track

IR 2040/A0/05/904/999 Technical Support to CP (Staff costs)

Progress: As of the end of December 2013, of the 23 posts approved as per the organogram, there were 20 technical staff supporting the CDN Programme to achieve the stipulated results across 14 states. Three posts were under recruitment. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 905 - Education



On-track

PCR 2040/A0/05/905 Education

Progress: Under the Protective Environment Learning Cluster, progress was made in promoting a protective learning environment for all children at school, in the community, and at home, with a particular focus on the most deprived and marginalised communities. Completion rate for class 8 increased to 73.2 per cent from the baseline figure of 61.1 per cent, and primary and upper-primary dropout rates were reduced by 8 and by 5 percentage points respectively.

In light of the 31 March 2013, RTE deadline to achieve targets, UNICEF at the national level and across eight states organised stock-taking exercises, which were disseminated through print/broadcast/social media. A WASH component was included in RTE plans in eight states and hand washing with soap was institutionalised before the mid-day meal. The first National Early Childhood Care and Education (ECCE) Policy was approved, and a policy framework developed by MWCD with UNICEF. The GoI-UNICEF partnership in the new teacher education scheme led to Joint Review Mission across ten states and resulted in the formulation of perspective plans in four states. The roll out of special training of out-of-school children into age-appropriate classes across all states was achieved. UNICEF is working with the National Council on Education Research and Training (NCERT) on adaptation of an inclusive education curriculum.

The Protective Environment Learning Cluster mobilised a 5-year €21 million partnership with the IKEA Foundation to scale up on previous good practice and convergence across 10 states. In addition, priorities for 2014-2015 include the promotion of greater synergies between child protection and education systems and CFS including WASH/DRR, work on residential schools, and convergence between two national flagship programmes: ICPS and SSA.

A strategic framework for a convergent vision on adolescents with a strong gender focus was developed to guide UNICEF's Country Programme. UNICEF supported school-based programmes and promoted the participation of adolescents in community groups and committees in 14 states. Life skills-based education formed the core of UNICEF's strategy to equip disadvantaged girls and boys with knowledge, skills and confidence to develop healthful behaviours and protect themselves from abuse, violence and exploitation. Moreover, UNICEF's advocacy focused on enabling girls from Kasturba Gandhi Balika Vidyalayas to move on to secondary schools to improve transition and reduce drop outs.



On-track

IR 2040/A0/05/905/001 Governments and partners have increased capacity to implement RTE and CFS

Progress:

UNICEF supported the RTE stock-taking exercise at the national level and across eight states with GoI and civil society partners. This included trends analysis based on the DISE data on key indicators with the National University of Educational Planning and Administration (NUEPA). Capacity building of state- and district-level educational functionaries was undertaken on use of U-DISE, including gender disaggregated data, which enabled them to accelerate teachers' use of RTE implementation (qualifications, pupil-teacher ratio, training), schools (quality norms/standards) and curriculum (child centred). In close collaboration with the A&C Programme, data collection and field-level innovations were used to support RTE key messages through print/broadcast/social media, including a Media Round Table with the National Commission on Protection of Child Rights (NCPCR) and NUEPA. These efforts resulted in significant progress in enrolments, as well as a substantive increase in sectoral allocation and institutional reform and field-level innovation towards meeting RTE targets on an urgent basis.

An India Out-of-School Study completed in cooperation with the Ministry of Human Resources Development (MHRD) led to the development of an appropriate statistical database drawing on administrative and household-based sources, harmonisation of the definition of out-of-school children, and the identification of barriers/bottlenecks (MoRES) to the accelerated mainstreaming of all children to school.

CFS principles and documentation of best practices, including the promotion of gender equality in education, were finalised by UNICEF with MHRD, and work was initiated on integration of norms into RTE plans and budgets. CFS principles were integrated into NCPCR/MHRD monitoring tools for social audits of schools with the technical support of UNICEF.

Modules for School Management Committees were prepared and training was conducted in states incorporating CFS and WASH norms.

A partnership with the National Multilingual Consortium was strengthened to provide technical support to states on multilingual education. A national conference was supported by UNICEF to bring together the primary stakeholders and to share best practices. For the first time, multilingual education in early childhood was discussed.

WASH was included in RTE plans in eight states, and WASH indicators were incorporated into the DISE. A bottleneck analysis (MoRES) was completed at the national level and was initiated at the state level. Advocacy resulted in MHRD issuing national circulars asking all states to institutionalise mass hand washing with soap in all schools before the mid-day meal, which is now in the mid-day meal guidelines. School curricula were revised in five states to include WASH components. Innovative initiatives were launched, such as the national "Clean School Award", an incentive-based reward scheme, and the WASH in Schools Leadership course. All these results were shared with NYHQ's Global WASH in Schools Learning Exchange organised in collaboration with MHRD.

On-track

IR 2040/A0/05/905/002 Governments and partners have the capacity to provide equitable access to quality early childhood education (ECE)

Progress:

In 2013, the first National ECCE Policy was approved by Cabinet. The Policy was developed by the MWCD with UNICEF's technical support. The National ECCE curriculum framework is being finalised with a focus on children with disabilities, gender socialisation and multilingual issues. The two month ECCE curriculum was piloted in 16 states. The one-year curriculum was finalised in Odisha and West Bengal and is being finalised in Jharkhand, Madhya Pradesh, Assam and Rajasthan.

UNICEF continued its support to a large-scale ECE longitudinal study to identify good practices in ECE and their impact on early learning and holistic development of children. The partnership with multiple stakeholders including MHRD, MWCD, Ambedkar University, Pratham, and the UN Educational, Scientific and Cultural Organization (UNESCO), was strengthened through the longitudinal study. The results of the first stage of the study were shared with the Research Advisory Committee and contributed to discussions on ECE quality reforms, and development of curricula and standards.

The capacity of partners in ECCE was built through support to the National ECCE Conference. For the first time, multilingual education was discussed at an ECCE event. UNICEF was instrumental in building linkages between multilingual education and ECCE. The best international and national resource materials in ECCE were collected for uploading at the MWCD website. An expert group chaired by UNICEF is developing quality standards for ECCE centres.

After the policy was approved, the focus shifted to its implementation. A significant next step will be the establishment of a National ECCE council, and establishment of an ECE Cell within the MWCD to ensure coordination and monitoring of policy and development of a plan of action for policy implementation, which will be undertaken with UNICEF technical support. To ensure that all children in India have access to quality early learning programmes, concerned ECCE stakeholders in different sectors will need to be brought together to build consensus on standards for quality ECE and support development of state ECE policies, curriculum frameworks and quality standards, as well as advocacy for extension of RTE to ECE and for integration of ECE component into RTE state rules.

On-track

IR 2040/A0/05/905/003 State-level systems strengthened for enhancing capacities of teachers to deliver quality education with equity

Progress: UNICEF facilitated visioning workshops for the development of state teacher education plans in four states leading to a roadmap and five-year perspective plans.

A UNICEF representative participated in the GoI's Joint Review Mission on teacher education and provided technical support in preparation for the teacher education report in ten states. The Mission's recommendations were followed up with UNICEF technical support in four states, leading to revision of the quality of teacher education interventions.

One of the main constraints in teacher education is inadequate capacity and qualification of teacher education staff to meet the requirements of the new Teacher Education Scheme. Continuous support is being provided to the State Council of Educational Research and Training and District Institute of Education and Training staff at the state level to roll out good practices related to child-centred and child-friendly schools in terms of activity-based learning, curriculum renewal, continuous and comprehensive evaluation (CCE) etc.

A strategy paper on UNICEF's potential role in accelerating the implementation of the new teacher education scheme was finalised. The design and methodology of an activity-based learning study commissioned by UNICEF in partnership with MHRD was completed and implemented in seven states. The study will provide evidence for a child-friendly and child-centered education approach.

Technical support was provided in the preparation of CCE materials, which were prepared in partnership with NCERT. A national conference in partnership with the Regional Institute of Education, Mysore was organised on CCE to highlight good field-level practices.

In addition, in collaboration with the WASH Programme, WASH norms were embedded in in-service teacher training in nine states.

On-track

IR 2040/A0/05/905/004 Governments and partners have the capacity to stimulate demand for equitable access to quality elementary education, especially by the most deprived communities

Progress: The DISE equity analysis on critical RTE indicators was carried out from the perspective of disadvantaged areas/communities, and used to inform planning of the SSA.

UNICEF supported states to develop strategies for the roll out of special training for out-of-school children into age-appropriate classes in all states.

Recommendations from the National Consultation on Education in civil strife areas were taken forward by a Steering Committee chaired by the NCPCR and NUEPA with a focus on Assam, Chhattisgarh, Jharkhand and Odisha. A programme was initiated in Jammu and Kashmir with government and in collaboration with Save the Children. The programme focuses on finalising the State RTE Act; developing capacity for RTE implementation; developing model CFSs; strengthening teacher education; monitoring systems; and pre-school education.

Children in more than 275,000 schools and Kasturba Gandhi Balika Vidyalayas (KGBVs), residential schools for out-of-school girls, across all districts of Andhra Pradesh, Karnataka, Madhya Pradesh, Uttar Pradesh and selected districts of Bihar and Maharashtra were reached through Meena Radio, an innovative radio programme and BCC tool, to promote awareness and community empowerment to demand quality education.

In collaboration with the Child Protection Programme, Government, civil society and UN staff were trained in child labour and education courses.

UNICEF supported the launch of the 2013 *State of the World's Children* report at the national and state levels. UNICEF is working with NCERT on inclusive education curriculum adaptations. Key counterparts participated in the Regional Inclusive Education Seminar to enhance their technical capacity. A new partnership was established with the Asian Federation of Children with Intellectual disabilities, and support was provided to the Asian conference on intellectual disabilities, and to SSA (Assam) on inclusive education.

Five states created girls' collectives to accelerate girls' education programmes, by using state coalitions.

Constrained

IR 2040/A0/05/905/005 Key stakeholders have enhanced capacity to increase access to secondary education for adolescents, with a focus on reducing gender and social disparities

Progress: All states incorporated School Management Committees or Parent Teacher Associations as part of the SSA planning, which is used in elementary or lower-secondary education. The same structures are being worked out in Rashtriya Madhyamik Shiksha Abhiyan (RMSA) plans to enhance levels of community engagement in the management of secondary schools.

Four states strategically planned to link the KGBVs with the model schools under RMSA to ensure their transition to secondary education by locating them in close proximity. Five states extended the KGBVs up to class 10 – sometimes with additional funding support – which helped improve transition rates for girls from elementary to secondary education. UNICEF participated in the GoI-led National Evaluation of KGBVs in six states and contributed to making recommendations for improving the quality of education in these schools.

Physical education and sports training with life skills education were provided to adolescent girls in KGBVs in five states with the goal of integrating life skills into secondary education curriculum. Meena Manch (collectives of adolescent girls) in five states provided a platform for adolescent girls in upper primary schools.

The RMSA is a relatively new flagship scheme that has been focusing on basic infrastructure and norms. It is expected that progress against this result will accelerate in 2014 with the greater convergence with elementary education and SSA/RTE.

This result is focused on improving the participation of adolescent girls and gender equality in education. In the coming years, UNICEF will build on this foundation by improving the transition of girls from elementary to secondary education.

On-track

IR 2040/A0/05/905/999 Key stakeholders have enhanced capacity to increase access to secondary education for adolescents, with a focus on reducing gender and social disparities

Progress: As of the end of December 2013, of the 20 posts approved as per the organogram, there were 19 technical staff supporting the Education Programme to achieve the stipulated results across 14 states. Recruitment for one post was frozen. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 906 - Advocacy and Communication

On-track

PCR 2040/A0/05/906 Advocacy and Communication (A&C)

Progress: There was significant progress in the three discrete programmes (A&C, C4D and PPE) that work together to support the attainment of results in PCR 4, which focuses on advancing policies, practices, programmes, public opinion and social norms to enhance the rights of children, adolescents and women.

In A&C, significant partnerships were fostered for children, mainly at the state level, with various influencers such as legislative assemblies, media houses, academic institutions, corporate institutions, celebrities and faith-based organisations. UNICEF was then able to leverage large-scale resources, such as pro-bono services from 15 celebrities, and other resources from corporate institutions and federations. Sustained media advocacy resulted in prominent and regular media space for children's issues, despite competing media priorities, with more than 1,700 stories in the national print media. Creative social media engagements led to UNICEF India's Engagement Ratio being the highest when comparing UNICEF country-level Facebook pages in Asia and Africa and the UNICEF global Facebook page.

In 2014, the convergent priority for PPE, A&C and C4D Programmes will be policy advocacy on key issues on children, taking up those issues that are informed and based on knowledge and evidence.

Constrained

IR 2040/A0/05/906/001 Networks and platforms provided for adolescents to enhance their participation in decisions affecting their lives

Progress: As the ICO's overall adolescent participation strategy is being developed, the A&C Programme's contribution is under discussion and will be firmed up early in 2014. However, in 2013, concerted efforts were made for advocacy with diverse stakeholders on encouraging adolescent participation in community platforms. In most of the states, the Programme provided technical assistance to state government Departments such as Education, Health & Family Welfare, and Women and Child Development, to ensure greater adolescent participation in government programmes. Two states engaged with academia and corporate houses and four states engaged with block-level government officials and frontline functionaries. However, based on existing resources and inputs, it is difficult to ascertain the kind of technical assistance provided to the government.

To encourage participation and promote socialisation of boys and girls for affecting a mindset change around gender norms and raising the value of girls in society, the Programme engaged adolescent girls and boys at the state level on initiatives such as child reporters, children cabinets and Meena Manch. The efforts demonstrated encouraging results. For example, Tamil Nadu government's 12th Five-Year Plan explicitly mentioned up-scaling of adolescent participation through Bal Panchayats (children's village councils). In West Bengal, the Department of Education earmarked funds for UNICEF's piloting of adolescent participation models in two districts, which will be scaled up across the state by the end of 2014.

Though an exhaustive mapping for each government department is a challenge given the number of government programmes, a broad mapping of existing government guidelines was undertaken by some states. Five states noted the presence of government guidelines regarding adolescent participation in community platforms.

Limited media monitoring was undertaken by some states by leveraging resources, as comprehensive media monitoring has resource implications. It was observed that as a result of sustained advocacy, not only did reporting on adolescent issues increase but adolescent voices were also given space by the media. For example, in Assam, programmes focusing on child labour, RTE and clean environment were broadcast on radio by an adolescent group, and in Madhya Pradesh and Jharkhand, children were interviewed by their local radio stations. In Maharashtra, the Indira Gandhi National Open University agreed to capture and broadcast adolescent voices. States reported effective raising of adolescent issues in print media as well. However, reporting on the progress is constrained given limited media monitoring and absence of a baseline. The Programme will establish a baseline and media monitoring system in early 2014.

On-track

IR 2040/A0/05/906/002 Key decision makers and influencers are able to use information and knowledge to inform programmes, policies, planning and budget with child rights focus

Progress: The advocacy strategy in the new Country Programme aims to forge partnerships with key decision makers and influencers on priority issues and leverage their commitment to create an enabling environment for social and policy change. Partnerships were forged, mainly at the state level, with 88 influencers, such as legislative assemblies, media houses, academic institutions, corporate institutions, celebrities and faith-based organisations, paving the way for UNICEF to leverage large-scale resources, such as pro-bono services from 15 celebrities, resources from corporate institutions and federations such as CII, and ground-level mobilisation and outreach from organisations such as Art of Living.

As a key element of its advocacy strategy, more than 1,000 evidence-based and target audience-specific knowledge and advocacy products were developed and disseminated through various high-profile events and platforms among influencers and policy makers. These resulted in informed debates in the media and other policy-making platforms. There were 30 Parliamentary questions in the year citing these knowledge products and raising informed debates in Parliament.


While political developments including elections in five states posed a challenge, advocacy with elected representatives resulted in speakers of Legislative Assemblies of six states exhibiting their commitment by raising child rights issues and making available resources at their disposal. Further, at the national level, UNICEF was able to facilitate the formation of a parliamentarians' group for children with 15 committed members engaged in leader-to-leader advocacy for ensuring children's issues remain high on the policy making agenda at both the state and national levels.

Sustained media advocacy resulted in prominent and regular media space for children's issues, despite competing media priorities, with more than 3,000 stories in the print media. Acknowledging the growing reach of social media in India, the Programme devoted considerable effort to developing and implementing a new social media strategy. Currently, UNICEF India's Engagement Ratio is highest when compared to other UNICEF country Facebook pages in Asia and Africa and the UNICEF global Facebook page.

On-track

IR 2040/A0/05/906/999 Key decision-makers and influencers are able to use information and knowledge to inform programmes, policies, planning and budget with child rights focus

Progress: As of the end of December 2013, of the 20 posts approved as per the organogram, there were 18 technical staff supporting the A&C Programme to achieve the stipulated results across 14 states. One post was frozen and recruitment for one position was underway. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 907 - Disaster Risk Reduction
 On-track
PCR 2040/A0/05/907 Disaster Risk Reduction (DRR)

Progress: DRR interventions focused on three areas: efforts to mainstream DRR in development planning, capacity building and humanitarian action. The emphasis in 2013 was on integrating DRR into government programming, which is currently at its early stages of planning. The work on Multi-Hazard Vulnerability Mapping (MHVM) with the government in four states was initiated, and five line departments in six states developed plans to improve access to services for the most deprived children and adolescents (9,260 Gram Panchayats in 37 districts). UNICEF also provided support to government in response to disasters in Uttarakhand, Odisha and Andhra Pradesh. US\$29.4 million in Government funds were leveraged through UNICEF advocacy for emergency response focused on children. In addition, the DRR Programme improved service delivery for 200,000 children in civil strife and tribal areas in three states by working closely with the Health, Nutrition, and Child Protection Programmes.

A strategic framework for a convergent vision on adolescents with a strong gender focus was developed to guide UNICEF's Country Programme, which is also being mainstreamed in the DRR Programme.

 On-track

IR 2040/A0/05/907/001 Key stakeholders at all levels have enhanced capacity to ensure equitable access to services and improved protection for children and adolescents in areas vulnerable to and affected by disaster and civil strife

Progress: Indicator 1: Two out of three flagship programmes (SSA and NRDWP) in four states (BIH, Madhya Pradesh, RJ, West Bengal) incorporated child-centred DRR considerations. DRR was included in the education curricula of classes 5 to 10 in two states.

Indicator 2: Five key line departments in six out of seven hazard vulnerable and affected states six (BIH, Madhya Pradesh, RJ, Uttar Pradesh, OR, West Bengal) developed plans to improve access to services for the most deprived children and adolescents covering a total of 9,260 Gram Panchayats in 37 districts. An innovative MHVM was piloted in four states supporting risk-informed, multi-sectoral, convergent development planning. The consultation process was led by the Planning Department with the participation of key departments (Public Relations, Public Health Engineering, Health, ICDS, Education, Census). Pilot interventions in three states (CG, OR, Madhya Pradesh) provided alternative approaches to delivery of government-supported health, nutrition and protection services to 200,000 children in civil strife affected and tribal areas.

Indicator 3: More than 20,600 representatives from key government departments, civil society organisations and Gram Panchayats in six states (BIH, WB, Madhya Pradesh, RJ, Uttar Pradesh, UK) improved their knowledge and gained skills to implement and mainstream DRR and CCA considerations in planning and implementation, including social sectors' early recovery planning (through training). Government emergency response capacity in three states was enhanced through the adoption of UNICEF's Core Commitment for Children approach to emergencies. A total of US\$29.4 million of Government funds was leveraged through UNICEF advocacy for emergency response in 2013 in five states. Community resilience was enhanced through community-based DRR programmes in 460 villages of two states (BIH, Uttar Pradesh). Communities were able to leverage flagship scheme funds to address risk reduction at the community level. For every rupee invested by UNICEF in building community capacity, communities were able to raise 191 rupees for DRR and school safety implementation.

Indicator 4: Children's platforms (discussion forums) for participation in DRR, CCA and urban risk reduction decision-making in two states (BIH, Delhi) were established.

The enabling environment was ensured by Government commitment and participation in the process, as well as adoption of good practice and innovations (in the case of the MHVM and community-based DRR). Community participation at the grassroots level generated demand and triggered relevant Government actions. Gender equality was ensured through at least 50 per cent women/girls participation in each activity undertaken by UNICEF.

 On-track

IR 2040/A0/05/907/999 Key stakeholders at all levels have enhanced capacity to ensure equitable access to services, and improved protection for children and adolescents in areas vulnerable to and affected by disaster and civil strife

Progress: As of the end of December 2013, of the three posts approved as per the organogram, there were two technical staff supporting the DRR Programme. One post was frozen (non-funded). Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 908 - Cross Sectoral**PCR 2040/A0/05/800 Financial Resources and Stewardship**
 On-track

IR 2040/A0/05/800/001 Governance and Systems

Progress: A Programmes Support Centre was established to support VISION processing for all programme sections in the Delhi Office. A desk review of the business continuity plan (BCP) was carried out and alternate BCP sites were equipped. Critical staff were also equipped and oriented to respond to the business continuity needs of the Office. Peer reviews were undertaken as planned, and follow up was ongoing at the end of the year for compliance with recommendations.

On-track

IR 2040/A0/05/800/002 Financial Resources and Stewardship

Progress: Work processes were reviewed and revised for increased efficiency. To strengthen field support, peer reviews were undertaken as planned. Efficiency and effectiveness initiatives undertaken include the enhancement of e-payments to boost the response time of the centralised payments processing, and a change in copy and print solutions by implementing an outsourcing model, among other initiatives.

Constrained

IR 2040/P0/05/800/005 Sale of Greeting Cards and Gifts

Progress:
Income to date is about 50 per cent of the annual projection.

A new licensing Memorandum of Understanding was signed with Roopayan for Meena. For the first time, UNICEF will have financial gains from this partnership along with the programmatic gains. A strategy for finding new licensing partners for Meena was developed.

PCR 2040/A0/05/908 Cross Sectoral

On-track

IR 2040/A0/05/908/001 Governance and Systems

Progress: A Programmes Support Centre was established to support VISION processing for all programme sections in the Delhi Office. A desk review of the BCP was carried out and alternate BCP sites were equipped. Critical staff were also equipped and oriented to respond to business continuity needs of the Office. Peer reviews were undertaken as planned, and follow-up was ongoing at the end of the year for compliance with recommendations.

On-track

IR 2040/A0/05/908/002 Financial Resources and Stewardship

Progress: Work processes were reviewed and revised for increased efficiency. To strengthen field support, peer reviews were undertaken as planned. Efficiency and effectiveness initiatives undertaken include the enhancement of e-payments to boost the response time of the centralised payments processing, and a change in copy and print solutions by implementing an outsourcing model, among other initiatives.

On-track

IR 2040/A0/05/908/003 Human Capacity

Progress: In 2013, the ICO filled 41 positions and 11 temporary appointments. One hundred per cent of recruitment of all posts approved by the Programme Budget Review (PBR) under the new Country Programme (2013-2017) was completed. The Office made every effort to provide recruitment services in a timely, transparent and effective manner. However, challenges remained related to funding constraints, lack of qualified candidates for some specific functional areas, unavailability of panel members, and a long approval process. Ninety per cent of recruitment cases for GS positions, 50 per cent of NO recruitment cases and 70 per cent of IP cases were completed within 90 days, as of 31 December 2013. However, the Key Performance Indicator rate for 2013 recruitment improved compared to the 2012 baseline. The ICO will move forward to the utilisation of direct selection modality through Talent Groups to accelerate the recruitment time, and also proactively engage with recruitment professionals to identify viable candidates.

With regard to gender and diversity, ICO has achieved gender parity (51 per cent female, 49 per cent male). International staff composition continues to be diverse with 24 different nationalities represented.

As of 31 December 2013, the 2012 Performance Appraisal System completion (PAS) rate was 95 per cent, which exceeded the target of 90 per cent. For the 2013 PAS, 90 per cent of all staff completed the planning Phase I and II by the deadline. The Performance Management Cycle was strengthened at all levels through the organisation of 13 'Managing People and Performance for Results' workshops facilitated by ICO-certified staff (60 per cent of staff, both supervisors and supervisees, are now trained).

To improve staff competencies and skills, 62 learning events and programmes were organised for staff throughout the year. A full 99.5 per cent of staff took part in at least one learning event. The ICO organised a new initiative on conflict prevention and management that was attended by 89 per cent of staff, and launched a Respectful Workplace Facilitators Programme with a cadre of 50 certified facilitators in collaboration with UN Ombudsmen and Ethics Offices. It is the largest such programme in the UN system. In addition, 98

per cent of staff completed the online Integrity Awareness course.

On-track

IR 2040/A0/05/908/004 Engagement with the corporate sector to help achieve CPAP results (Intermediate Results pertaining to Programme Support)

Progress: The fundraising scenario is changing for UNICEF globally and even more so in India. This had a large impact on fundraising for UNICEF. IKEA seems to still be able to match its support to the last country programme. Approvals for two proposals for about US\$80 million were received.

All reports were on track.

In-country fundraising is on track with an increased number of pledges from donors in the first half of the year. While UNICEF retained most of the existing corporate donors, discussions were underway with PFP Geneva on the strategy and focus basis the recent mapping of funding gap and the CSR bill.

A new partnership will be launched in 2014 with Domestos as part of a global initiative on open defecation. Partnerships with Johnson & Johnson, Exide and Woodland will continue.

With regard to individual fundraising, efforts were made to scale up face-to-face fundraising and telemarketing operations. The objective is to diversify and make the process more sustainable. Efforts were also made to ensure Field Offices are updated and are able to handle queries as they arise.

On-track

IR 2040/A0/05/908/005 Engagement with corporate sector to help achieve CPAP results Intermediate Results pertaining to Programme Support

Progress: Critical progress was made in engaging with the private sector to achieve results for children. Through productive partnerships and efforts to engage proactively with key stakeholders such as the Indian Institute of Corporate Affairs, the Centre for Responsible Business, state government departments as well as Chambers of Commerce, UNICEF not only created avenues for influencing private sector but also demonstrated impacts through critical policy inputs to ongoing Government initiatives. UNICEF informally provided key inputs to the draft sections of the new Companies Bill and also officially requested that child survival be included in schedule 7. State-level workshops for corporate entities were organised with CII, with IICA as the main technical resource to debundle the new bill for Corporates. Through a great deal of advocacy with the Centre for Responsible Business, the ICO succeeded in ensuring that children's rights and business principles were included in the national curriculum for CSR being developed by the Ministry of Corporate Affairs.

A series of three national capacity-building workshops were organised for transitions states, full programme states and programme chiefs and specialists for orientation to CSR and CE and to facilitate the development of a state-level/PCR-informed roadmap for CSR and CE going forward. Senior resource persons from the Geneva CSR Unit. For the first time in the region, other Country Offices were also invited to the workshop and were supported in thinking through their own country-level roll-out plans. State-level work plans were finalised and rolled out for 2013, with carry forward activities for 2014. Technical support was extended to the State Offices to continue to engage meaningfully with the private sector. Support was extended to the Gujarat Field Office for the UNICEF-government of Gujarat partnership for a state-wide private sector annual forum entitled 'Vibrant Gujarat'. In addition, the ICO coordinated and facilitated a corporate roundtable on CSR and Adolescents in Ahmedabad on the occasion of Women's Day in partnership with CII. In Jharkhand, a state-level orientation to the Principles was organised, and the government of Jharkhand was also involved in the CSR discussions. The ICO also reviewed an important international report being facilitated by the CSR Unit in Geneva on Children's Rights and Business in India and provided critical inputs.

Nasscom Social Innovation Honours were conducted successfully in partnership with Nasscom Foundation with a great deal of visibility for UNICEF's focus on tech4dev. The pilot project on the use of technology with One97 was successfully closed with very positive outcomes and results. Critical support was extended to India's Call to Action, and UNICEF was appointed the lead for the private sector sub-group. The ICO organised, planned and supported the private sector participation and sessions at the National Child Survival Call to Action launch event in February, at which time UNICEF also contributed to and facilitated the production and dissemination of the Roadmap of Private Sector Engagement for the MoHFW. Close coordination and regular liaising with the Ministry for the next steps on private sector engagement is ongoing, with the facilitation of the private sector partnership with McCann Health for the development of the communication strategy for Call to Action for MoHFW as a private sector initiative. Other partnerships are being explored. The ICO drafted and circulated the concept note on a Corporate Roundtable with the Sub-Group and the Ministry, and there is ongoing coordination on the next steps. India's CSR and corporate engagement work was presented at the Global Forum and received a great deal of appreciation and recognition.

IR 2040/A0/05/908/999 Technical Support to CS (Staff costs)

PC 909 - Policy, planning, evaluation, programme review and monitoring

On-track

PCR 2040/A0/05/909 Policy, Planning and Evaluation

Progress: There was significant progress in the three discrete programmes (A&C, C4D and PPE) that work together to support the attainment of results in PCR 4, which focuses on advancing policies, practices, programmes, public opinion and social norms to enhance the rights of children, adolescents and women.

The PPE Programme rolled out the pan-India household- and facility-based survey, the Rapid Survey on Children. The survey will provide estimates of critical outcome-level indicators on pre- and post-natal care of children, their access to nutrition-related services and ECE, educational attainment of children, etc. In addition, it will provide baseline information on implementation of the revised ICDS. A child development index was developed that provides insight into the survival, learning environment and empowerment of adolescents. UNICEF also supported the development of software for the registration of births and deaths and for generation of the requisite MIS.

In 2014, the convergent priority for PPE, A&C and C4D Programmes will be policy advocacy on key issues on children, taking up those issues that are informed by and based on knowledge and evidence.

On-track

IR 2040/A0/05/909/001 Data monitoring and evaluation systems strengthened and updated to inform policies and decision making for equity focused and inclusive programmes and policies on children and women (includes PR&M activities such as the Integrated Monitoring and Evaluation Plan [IMEP])

Progress: In partnership with the Government, a base paper on the data gap is being developed that will address gap areas/sectors and recommendations to address data gaps. After a presentation before the Secretary of the Ministry of Statistics and Programme Implementation, it will be shared at a national workshop of data users and producers. Action points from the workshop will then be presented to the National Statistical Commission for future strategies for the concerned ministries. The process was delayed because of the need to interact with all major sectors that generate data that affect children's wellbeing.

The Gujarat government agreed to a common data system on core development indicators at the state and district levels. UNICEF supported the state Directorate of Economics and Statistics in a gap analysis, in conjunction with 19 state departments.

The Andhra Pradesh government agreed to develop ChildInfo, a database of information on children along with a performance monitoring evaluation system.

As noted earlier, the Rapid Survey on Children, a household- and facility-based survey on outcomes on children, the first of its kind in India, was launched. Fieldwork commenced in all 29 states and was expected to be completed by February 2014. The results will generate much-needed and updated disaggregated information, enabling equity analysis on the current situation of children across the country.

Based on the recently released disaggregated Primary Census Abstract data, the CensusInfo Dashboard was developed supporting the government in disseminating data – down to the local (sub-district /Tehsil) level – from the 2011 Census. State Offices supported their respective governments in analysing, disaggregating and disseminating government data to inform programming.

On enhancing birth registration, the civil registration and vital statistics software was piloted in two states (Madhya Pradesh and Maharashtra) in 2013. After completion of the pilot, the software will be rolled out in three additional states.

UNICEF also worked with the Office of the Registrar General of India on the development of a database for medical institutions to enhance birth registration. This effort experienced delays but will be completed in 2014.

In Bihar, the Birth Registration Campaign reached out to 7,100 primary and upper-primary schools. It was estimated that eight to ten million children will be registered during the campaign period.

Constrained

IR 2040/A0/05/909/002 Evidence-based strategic knowledge generated on prioritised issues related to child rights to inform programmes and policies

Progress: Making an essential step towards introducing quality assurance guidelines to the Government, the ICO focused on developing internal capacity and issued the Guidelines on Piloting and Scaling-up of Innovations and Good Practices. A 'clinic on piloting and scaling up' was organised to identify potential innovations, and Programme Specialists were encouraged to submit concept notes for scalable innovations and good practices. Five submissions were peer reviewed by participating Chiefs and specialists from states and relevant Programmes such as A&C, C4D, Education, Health and Monitoring and Evaluation. No cases were selected as ready to be piloted, but technical feedback on how to improve the concepts was provided.

Other achievements included the development of a concept note for knowledge management. This aims to define the significance of knowledge management, and how the ICO should align itself with global trends and UNICEF's Strategic Plan.

At the state level, UNICEF established strategic knowledge partnerships for evidence-based programming and policymaking.

The first-ever Gujarat Knowledge Meet was organised to share good practices identified from 53 studies conducted by the state, and more than 100 senior officials participated. At the event, the Principal Secretary of the General Administration Department-Planning acknowledged the importance of knowledge management for the Government, and recognised UNICEF as a key partner in this effort.

In Andhra Pradesh, a Division for Child Studies was created at the Centre for Economic and Social Studies. UNICEF provided support

conceptualising the Division, which will implement initiatives including child-centered studies to inform state policies. Demonstrating the highest level of government support, the Chief Secretary launched it in November, followed by the advisory board meeting attended by principal secretaries of concerned departments.

In Madhya Pradesh, the government established the Centre for Child Studies with an allocation of INR3.2 million. UNICEF supported the development of the concept note and successfully leveraged the funds. As the first event, a seminar on 'Policy Issues Related to Empowerment of Women and Children' was delivered.

In Jharkhand, UNICEF leveraged INR1 million from the Department of Panchayati Raj to establish a Knowledge Centre at the Central University of Jharkhand. A joint plan of action was signed in November.



On-track

IR 2040/A0/05/909/003 Government, civil society and rights organisations' networks are able to report on the Convention on the Rights of the Child (CRC) and follow up on concluding observations in a timely manner

Progress: UNICEF's confidential report to the CRC Committee was prepared and submitted for the Pre-session Working Group Meeting in October, which contributed several issues that were sent to the GoI for a written response by February 2014. Civil society was supported for networking and finalising their inputs to the CRC Committee and these met the submission deadline of 1st July. UNICEF and civil society members briefed the CRC Committee during the Pre-session Working Group.

Regular technical liaison and support was provided to the NCPCR in Delhi, and State Offices were supported and guided for inputs to the State Commissions. Specifically, the NCPCR was supported to develop a series of Guidelines through the Lawyers Collective for effective monitoring of the implementation of Protection of Children from Sexual Offences Act. These will be disseminated widely and used to strengthen the capacity of the Commissions for monitoring the implementation of the Act in the states. The NCPCR plans to have these presented and discussed at the next meeting of the Chairpersons of the State Commissions for the Protection of Child Rights.

The MWCD developed a draft of the National Plan of Action for Children, which was circulated to the state governments and central ministries for comments in August. These have yet to be incorporated in the draft. The MWCD then proposed to have a broader consultation. In the meantime, state governments through the State Offices planned for the development of the State Plans of Action for Children, with Bihar, Chhattisgarh, Madhya Pradesh and Odisha taking the lead in agreements with state governments for technical support and other states planning for the next year.

The High Level Meeting on South-South Cooperation for Child Rights in Asia and the Pacific was held in October, with 33 countries participating at the ministerial or senior government level. A Delhi Declaration from the event highlights commitments for action and areas for South-South cooperation.



Constrained

IR 2040/A0/05/909/004 Social policy priorities and budgets for children and women are informed by quality research and policy analysis

Progress: The Office completed studies to understand the role of discrimination associated with caste and religion in access to and use of three major government schemes (ICDS, Reproductive and Child Health, and Nirmal Bharat Abhiyan, formerly known as the Total Sanitation Campaign). The studies covered three states (Uttar Pradesh, Karnataka and Madhya Pradesh), and they are expected to be disseminated to relevant stakeholders in 2014.

Budget analysis of two flagship schemes is being finalised in Assam. A review was also undertaken in Karnataka to understand how budgeting was done in the state over the last decade. The findings will be presented to and reviewed by the Advisory Group, which includes key stakeholders and is led by the Director of Women and Child Development for the state.

In Andhra Pradesh, the Division for Child Studies was established at the Centre for Economic and Social Studies, an autonomous government research institute. With UNICEF technical assistance and support for its establishment, the Division is expected to undertake quality research and analysis and use them to advocate for evidence-based policy making. A National Round Table on Child Poverty – concepts, measurements and policies – was organised by the Division. A partnership was also established with the Centre for Good Governance, which is preparing to conduct an analysis of flagship schemes.



Constrained

IR 2040/A0/05/909/005 Governments have the capacity to ensure that social protection policies and programmes are child sensitive and can scale up validated models

Progress: Prior to 2013, a mapping of state social protection schemes was conducted and draft reports were submitted in six states (Rajasthan, Gujarat, Maharashtra, Odisha, Kerala and Tamil Nadu). In 2013, an additional two states (Andhra Pradesh and Karnataka) completed the mapping. Assam organised a consultation with partners in August to update the analytical review conducted in 2010. Nevertheless, further progress was constrained due to lack of readily available expertise. Jharkhand initiated an effort to document social protection schemes in the state in partnership with the Department of Planning and Tribal Welfare. The work is expected to be completed in 2014.

With the completion of the unconditional cash transfer pilot, a high-level conference was held in May to discuss preliminary findings. The conference report is being published. The final full report on this research-based pilot is expected during the first quarter of 2014 when the partnership with SEWA Bharat will conclude. Technical support was also provided to a pilot for Anganwadi Centre cum crèche,

supported by Mobile Crèche, the World Bank and UNICEF. The pilot is still at the planning stage, and is expected to be implemented in 2014. At the state level, Uttar Pradesh is implementing a red alert system for vulnerable populations in three eastern districts, and efforts to institutionalise it within the government are underway. In Madhya Pradesh, capacity development for social audits was completed through the training academy for two focus districts. In West Bengal, technical support was provided for the design and strategy of a conditional cash transfer programme, which promotes girls' education and prevents child marriage.



On-track

IR 2040/A0/05/909/006 Child-sensitive convergent participatory planning and robust monitoring

Progress: In Maharashtra, children's issues were incorporated in the Rajiv Gandhi Panchayat Sashaktikaran guidelines with UNICEF technical assistance. In Jharkhand, UNICEF supported 40 Gram Panchayats in one district plan to address children's issues to demonstrate how this could be accomplished. UNICEF provided technical support to the Manav Vikas Mission for entitlement-based planning in Bihar. UNICEF continued to support CCDP in Kerala to build capacities at Gram Panchayat and higher levels on children's issues.

Over the years, UNICEF has supported the GoI in institutionalising a decentralised and convergent planning system in order to ensure that basic services are provided efficiently and effectively, based on the actual needs of children and women. As of the beginning of 2013, one district each in Bihar and Madhya Pradesh and all districts in Odisha had district planning and monitoring units. An additional ten districts (Chandrapur and Gadchiroli in Maharashtra, and eight in Gujarat) had established or were establishing the system as of the end of 2013. Advocacy efforts were undertaken in Tamil Nadu, and potential implementation depends on a pending government decision. In Madhya Pradesh, the Directorate of Economics and Statistics issued a letter to scale up the District Planning and Monitoring Unit across the state.

In another key effort, the capacity of local self-government, Panchayati Raj Institutions (PRIs), was developed to promote good governance for children and women.

In Gujarat, leadership development programme for women's PRIs was conceptualised. This effort aims to prepare women as leaders and enhances their voices for promoting critical and priority child issues at the local level. Also in Gujarat, an orientation programme was organised in partnership with the Rural Development Department in December, where capacity needs and priorities of Women Sarpanches were mapped. The orientation was also supported by the Innovation Foundation of India, which bore the cost of the logistics, with UNICEF providing technical assistance and communication kits. In Kerala, Operational Guidelines were finalised for use by PRIs to develop their panchayats as 'child-friendly' with relevant monitoring frameworks put in place. Partnership with SIRD in Assam resulted in the development of a handbook for PRIs illustrating their roles related to national flagship programme concerning children and women. In Bihar, UNICEF supported the Department of Panchayati Raj in the training of all Panchayat representatives.

Major constraints affecting the progress of indicators include limited institutional capacities in the PRI system. UNICEF worked with national- and state-level institutions to build planning capacity for children's issues.



On-track

IR 2040/A0/05/909/999 Governments have the capacity to ensure that social protection policies and programmes are child sensitive and can scale up validated models

Progress: As of the end of December 2013, of the 20 posts approved as per the organogram, there were 18 technical staff supporting the PPE Programme to achieve the stipulated results across 14 states. Two posts were under recruitment process. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

PC 910 - Communication for Development



On-track

PCR 2040/A0/05/910 Communication for Development (C4D)

Progress: A strategic framework for a convergent vision on adolescents with a strong gender focus was developed to guide UNICEF's Country Programme. The desk review of knowledge on services, programmes and policies for adolescents, the mapping and analysis of government guidelines on adolescent participation, and the national youth report on the post-2015 development agenda provided important sources of information to develop UNICEF's programmes for and with adolescents in India. The national life skills framework provides greater coherence for large-scale delivery of life skills to adolescent girls and boys. Life skills-based education forms the core of UNICEF's strategy to equip disadvantaged girls and boys with knowledge, skills and confidence to develop healthful behaviours and protect themselves from abuse, violence and exploitation.

The C4D Programme also made efforts to upscale and promote the use of media-based innovative products including interpersonal communication (IPC) videos on Facts for Life (FFL), Community Radio, ASHA Radio and use of traditional media like the Artists Federation in Odisha. Evidence-based advocacy led to the expansion of Meena Radio, which now reaches more than 275,000 primary and upper-primary schools and girls' residential schools in 215 districts across 6 states. To create a critical mass of C4D students and professionals, nine C4D learning modules were developed in partnership with nine academic institutions in the country leading to the launch of C4D diploma course and MPhil programme on C4D.

In 2014, the convergent priority for the PPE, A&C and C4D Programmes will be policy advocacy on key issues on children, taking up

those issues that are informed by and based on knowledge and evidence.

On-track

IR 2040/A0/05/910/001 Governments and other key stakeholders and partners can stimulate demand for services and promote practices regarding child survival, growth and development, especially among the most deprived

Progress: UNICEF supported development and endorsement of the following SBCC strategies: (a) RMNCH+A in seven states and Delhi; (b) routine immunisation strategies in two states, in addition to the roll out of already developed strategies in three states; (c) sanitation and hygiene in six states, and inputs provided to the development of the National Drinking Water Advocacy and Communication Strategy; and (d) infant and young child feeding/nutrition and maternal nutrition in five states as subsets of RMNCH+A.

Six state-level BCC cells/centres of excellence were set up and functional (Andhra Pradesh, Karnataka, Orissa, Jharkhand, Gujarat and Uttar Pradesh).

Partnerships/platforms were also created in Delhi and seven states (Rajasthan, Bihar, Chhattisgarh, Andhra Pradesh, Orissa, Jharkhand and Maharashtra) to facilitate multi-stakeholder involvement in the design/implementation of SBCC initiatives to contribute to health, WASH and nutrition outcomes.

A BCC module developed by UNICEF to train frontline workers was customised for six states (Gujarat, Orissa, Bihar, Jharkhand, Andhra Pradesh and Karnataka). Nearly 400 accredited social health activists (ASHAs), 160 ASHA facilitators, and 40 motivators were trained in SBCC, IPC and facilitation skills, in Karnataka, Gujarat and Rajasthan. About 630 health educators were trained in IPC and facilitation in Andhra Pradesh and Jharkhand, and almost 290 master trainers were trained in IPC and SBCC planning in West Bengal, Assam, Gujarat, and Rajasthan and Uttar Pradesh. Twenty trainers in AWTC, MLTS received IPC and SBCC training in Assam.

Challenges: There is limited Information, Education and Communication (IEC) funding and lack of capacity in effective resource allocation. The Government's perception of communication as only IEC impedes the recognition of participatory communication processes. As well, there is a lack of communication personnel in relevant government communication departments. The C4D Section is using different country-specific packages of evidence to advocate with Government to enhance communication programming, resource allocation and public-private partnerships.

Opportunities: RMNCH+A in the context of the Call to Action provided good momentum to address the identified challenges, institutionalise SBCC and integrate plans for capacity building of programme and mid-level managers on SBCC.

On-track

IR 2040/A0/05/910/002 Governments and partners have the capacity to scale up programmes including service delivery and demand generation in the Social Mobilization network (SMNet) high-risk areas, and among high-risk groups and migrant populations (Polio)

Progress: At the time of writing, India had gone 2 years and 11 months without a case of poliovirus. As of February 2014, it would be three years, a pre-requisite for polio certification. The last reported case of polio was a two-year old girl who was paralysed by poliovirus in Howrah District of West Bengal in January 2011.

The C4D Programme successfully reined in full community support for repeated polio vaccination rounds. Refusals are below one per cent in areas covered by the SMNet in Uttar Pradesh and Bihar. In both states, the SMNet was expanded to include a convergence programme to increase routine immunisation coverage in high-risk areas, addressing challenges in sanitation and exclusive breast feeding to secure gains for polio eradication, and covering the emerging high-risk districts and blocks. The capacity of SMNet was strengthened in supportive supervision and leadership, motivation, management and use of IPC material. Technical support was extended to Government for tackling resistance outside the traditional high-risk areas, which could threaten India's continued progress against poliovirus.

Renewed efforts in assessing and building capacity of frontline workers and revisiting and standardising monitoring and evaluation indicators helped keep complacency at bay.

The roll out of an extensive mass media campaign was successfully handed over to the GoI. The media continues to be engaged for accurate and positive coverage on polio and a proportionately higher positive tonality was achieved.

The Programme mobilised communities for the routine immunisation sessions, special immunisation weeks, and 87 per cent coverage was achieved during the measles campaign. Polio team designed the routine immunisation mass media campaign along similar lines to the polio campaign. The polio documentation website www.jple.in was launched and contains information on India's programmes and various communication strategies over the years, along with all the communication tools and a series of booklets on polio eradication. UNICEF is exploring options for transition of SMNet into the Government system.

The emergency response capacity was revisited with the Government and partners, with simulations to assess the ability of governments (national and state) to respond to any case of poliovirus as a public health emergency.

On-track

IR 2040/A0/05/910/003 Key stakeholders have the knowledge and the capacities to enhance life skills for adolescents, especially girls, and promote appropriate practices and social norms for adolescents' participation

Progress: A national report on the post-2015 development agenda for the youth constituency based on consultations with young people across the country was finalised and shared with the UN Secretary-General. The MWCD's Saksham scheme for adolescent boys was informed through a national expert group consultation involving 1,048 boys in 60 districts across 18 states through 45 NGO partners.

A desk review on existing evidence and behaviours, programmes and policies for adolescents was completed, disseminated and used for informing UNICEF programming on adolescents. A national framework on life skills was developed through a desk review and national expert group consultation. The NRHM in Uttar Pradesh endorsed the communication strategy and the creative route on menstrual hygiene management. The communication strategy focuses on enhancing knowledge on menstrual hygiene management and normalising menstruation-related gender norms. Knowledge and insights on menstrual hygiene were enhanced among health, women and child development, education and social welfare officials through formative and baseline studies on menstrual hygiene issues in two districts in each of Bihar and Jharkhand and three districts of Uttar Pradesh.

A total of 35,000 adolescent girls in 13 districts and girls at 36 community care institutions and KGBVs in all districts of Gujarat enhanced their self-awareness and confidence through drama-based life skills training. Adolescent groups were formed with 1,800 adolescents in two districts of Rajasthan.

A communication strategy on adolescent health in Bihar was finalised based on a rapid assessment of adolescent and reproductive sexual health clinics.

Challenges: As adolescents are a new area of work in the Country Programme, the C4D Programme focused on generating evidence required for programme planning and identification of partnerships to roll out the work. There are bottlenecks that need to be addressed, such as low priority given to adolescent programming in the national flagship programmes and lack of trainers with understanding and skills to impart life skills-based training at the grassroots level, etc. The lack of a single focal point for menstrual hygiene emerged as a challenge. The Adolescent Health Programme under NRHM provides an opportunity, while the Education and ICDS Programmes also interface with adolescent girls on various issues, including menstrual hygiene. There are limited available functional platforms that network adolescent girls.



Constrained

IR 2040/A0/05/910/004 Government and key stakeholders have the knowledge and the capacity to ensure adolescents at risk and those especially vulnerable for HIV are equipped with life skills and are able to use their skills in an enabling environment to protect themselves against HIV (HIV)

Progress: State AIDS Cells and key stakeholder departments such as Social Welfare were sensitised on the needs of adolescents living with and/or affected by HIV through five state-level consultations in partnership with the Positive Women's Network. NACO and UNICEF identified the way forward for the development of a strategic framework for reaching out to out-of-school adolescents. In 10 districts of Bihar, 859 female supervisors and master trainers had their capacity developed to conduct sessions on HIV prevention with adolescents. A total of 180 functionaries in 19 ARSH Clinics were trained in IPC and the use of seven FFL films to engage adolescents. Teen groups were formed and adolescents identified for livelihood-based programmes in a partnership established with the Network of Maharashtra by People Living with HIV & AIDS (NMP+) to nurture peer leaders, develop livelihood programmes, and provide emotional and psychosocial support to adolescents infected with and/or affected by HIV.

Challenges: This being a new area of work in the Country Programme, the C4D Programme focused on generating evidence required for program planning and identification of partnerships to roll out the work. The lack of focus on HIV prevention among adolescents most at risk is a challenge. Further, limited attention is paid to adolescents living with and/or affected by HIV. This would be addressed in 2014 by working with the NACO to develop a strategy for reaching out to out-of-school and most-at-risk adolescents.



On-track

IR 2040/A0/05/910/005 Government, international NGOs, NGOs and media know how to use C4D models, methods and media innovations as part of their programmes to promote child-friendly social and cultural norms

Progress: C4D models, methods, media innovations developed, piloted and evaluated by the C4D Programme are systematically being used by government and non-governmental organisations using their own resources with C4D technical expertise and monitoring-evaluation lead. Meena Radio reaches 276,165 primary and upper-primary schools and residential girls' (marginalised) schools with children in classrooms across 215 districts of 6 states. Government commitment was secured in 2 states for broadcasting in 69,000 upper-primary and residential girls' schools from 2014.

Eighty per cent of children are regular listeners, 80 per cent of children engaged in discussion post-broadcast, and 96 per cent reported new information gained (Endline Study UP 2012).

Eight state government departments/one international NGO/six NGOs rolled out FFL communication products using their own resources, and two states secured government commitments to roll them out in 2014.

A working paper, a white paper and a review of 12 case studies on media innovation of the use of mobile phones for SBCC were developed by multiple stakeholders (NGO practitioners/government officials/private sector stakeholders/C4D professionals). A Memorandum of Understanding was signed with Dimagi and Mother Child Trust to expand the reach of the CommCare software and Ammaji mobisodes. Meena Radio was adapted for use on mobile phones for girls collective in Andhra Pradesh. FFL mobisodes and IPC videos were used on tablets in 19 ARSH clinics in Bihar.

Four academic institutions (Xavier Institute of Communication, Gandhigram, Hyderabad University and Annamalai) launched a Diploma course and an MPhil programme on C4D using the nine learning modules of the C4D curriculum platform.

Three knowledge products on the UNICEF C4D programme were developed ('Small Steps to Big Changes' film, a C4D Programme Results booklet and a C4D Newsletter entitled 'Harbinger of Change') and disseminated amongst government, civil society partners and other development agencies. A 10 state study to understand communication systems in 34 marginalised communities was initiated with field work completed at all sites.

Opportunities: Use of mobile phones as a tool for behaviour change was demonstrated by many partners in small-scale pilots, which can be leveraged and scaled up.

Challenges: In some states, the All India Radio (AIR) signal is weak in schools located in remote areas. Sustaining the commitment on Meena radio broadcast and FFL products use every year by SSA and NRHM respectively when key government officials get transferred can be a challenge. Lack of infrastructure in remote areas hinders the use of media-based innovations.

Overcoming Challenges: AIR signal mapping provides clear indication of signal availability. Sustained evidence-based advocacy with the government ensures annual commitment in PIPs for C4D products.



On-track

IR 2040/A0/05/910/999 Government and key stakeholders have the knowledge and the capacity to ensure adolescents at risk and those especially vulnerable for HIV are equipped with life skills and are able to use their skills in an enabling environment to protect themselves against HIV (HIV)

Progress: As of the end of December 2013, of the 34 posts approved as per the organogram, there were 30 technical staff supporting the C4D and Polio Programmes to achieve the stipulated results across 14 states. Two posts were frozen and recruitment for two posts was underway. Technical staff posts' falling vacant is a recurring situation because of staff movement, resignations, etc. However, efforts are being made to identify and recruit suitable technical staff in a timely manner to ensure and support continuity of programme implementation.

Effective Governance Structure

The 2013 rolling management plan (RMP) clearly defines the Office priorities as formulated and agreed by the CMT. These priorities were an outcome of the ICO's risk mapping and in line with the rolling work plans. As per the 2013-2014 RMP, the ICO has a governance structure with the Representative as the most senior officer, supported by two Deputy Representatives – Programme and Operations – as well as a Chief of Field Services, sector heads, chiefs of Field Offices and other line managers. The ICO has a well-established internal control framework, which enforces accountability and is in line with UNICEF's internal control policy and segregation of policies. The RMP provides guidance and oversight mechanisms, which are enhanced through reporting and monitoring of key activities based on key performance indicators. In 2013, the Office updated key work processes through a participatory process.

The RMP and governance and oversight structures were shared with all staff at the beginning of the year to facilitate efficient and effective utilisation of resources. The performance of programme and operations management was monitored and checked against established management indicators in CMT meetings, as well as programme and operations management team meetings. Measures were taken to address identified areas of improvement.

As key management priorities, the Office continued to promote core values of participation, inclusiveness, creativity, mutual respect, openness, and better work-life balance. Other management priorities included Minimum Operational Security Standards (MOSS) compliance, work process review, office renovations and measures to enhance efficiency and cut costs.

During 2013, the CMT endorsed several initiatives for cost savings, efficiency and effectiveness, including the roll out of the Programme Vision Transaction Hub, a centre for all of the Delhi Programmes' transactions. This initiative had the added value of allowing programme staff to concentrate on core activities and strengthened internal controls. The Office also established the m4D unit to strengthen programme monitoring.

In 2013, the CMT met three times. Throughout 2013, senior management examined and addressed key management issues, reviewed progress against the RMP, and analysed progress and constraints against key management indicators and ROSA benchmarks.

The country environment and lack of predictable funding continued to pose significant risks to achieving results. The Office undertook an examination of various models of engagement and working upstream. This was achieved by establishing an 'Envisioning Task Force' under the leadership of the Deputy Representative-Operations to ensure staff engagement at all levels. The objective of the Task Force was to review necessary strategic shifts and efficiency gains and propose adjustments accordingly on programme priorities, results, office structure and staffing for the ICO. The recommendations were discussed at length with the CMT and will form the basis for updating the 2013-2017 Country Programme Management Plan.

Recommendations from the Internal Audit 2012 were successfully closed. In 2013, an External Audit was also conducted, and the draft audit report indicates that the Office has put in place satisfactory key controls that are functioning well. In its last CMT meeting in December 2013, the Office endorsed an action plan to address observations and recommendations.

Strategic Risk Management

The ICO has well-defined, structured approaches for identifying risks and opportunities. They are laid out in the risk profile that is developed by Delhi and in each Field Office and is an annex to the RMPs. Accordingly, mitigations for the Office risks were put in place during 2013.

The Office also built onto the active CMT, Joint Consultative Committee, and Staff Association mechanisms that support the Representative in identifying weaknesses and measures to address them in a participatory and consultative manner. The diverse mechanisms also acted as forums to review effectiveness of controls on a routine basis.

In 2013, key programmatic risks were primarily related to cash transfers, including compliance with the Harmonised Approach to Cash Transfer (HACT). These risks were managed through multiple initiatives, such as capacity building of counterparts and staff members, strengthened oversight mechanisms, enhanced spot checks, and the implementation of scheduled audits and updated work processes. Given the monetary value of cash transfers, the Office will continue to review these risks in 2014 with a view to keep improving the mitigating measures.

In addition to the above, the predictability of the Other Resources (OR) funding for India continues to be a significant risk. The ICO addressed this with realistic measures, such as enhancing local fundraising with individuals and the private sector. The Office also embarked upon efforts to leverage and advocate for continued and increased allocation of resources for programmes for children, through UNICEF and others.

The Office has an emergency response plan that is regularly updated and well understood by staff. As mentioned above, the key risks are part of the RMP risk profiles. These risks cut across the broad range of issues and are based on the Country Office setting that considers both internal and external factors. As such, all parts of the Country Programme are risk-informed, and plans are in place for a quick and immediate response.

The Office also used the risk control profile (Enterprise Risk Management) to continuously manage risks, and enforced measures to manage financial resources as per organisational standards. The updated work processes on Direct Cash Transfers management provide further guidance and mitigations.

The Office's BCP is continuously reviewed and updated. In 2013, a desk review was conducted centrally in Delhi, and areas that require attention are addressed with relevant mitigations. The BCP is an annex to the Office's RMP.

At the Field Office level, Andhra Pradesh and Odisha Offices had to activate their BCPs in 2013 in the wake of Cyclone Phailin. Their activities returned to normal after a few weeks.

Evaluation

The year 2013 ended on a high note in terms of evaluation capacity development in India. The government of Gujarat, namely the General Administration Department-Planning (GAD-Planning), led the first-ever state Evaluation Conference on 21 December, with technical support from the UNICEF Gujarat Field Office, the PPE Programme in Delhi, and ROSA. The conference aimed to promote an evaluation culture at the state level, engaging over 200 government officials from the social sector who commission and use evaluations. Encouraged by the commitment to evaluation capacity development expressed by the Minister (Planning) and Principal Secretary GAD-Planning, participants discussed their current situation and needs. This information is being consolidated to set a benchmark for the state government's continued efforts to evaluate its social sector programmes.

The ICO has an updated IMEP that was consolidated under the leadership of the IMEP Steering Committee, which is chaired by the Deputy Representative-Programmes. The IMEP was further streamlined in 2013 to 11 prioritised activities (as compared to 25 in 2012), including 3 evaluations. Of the three, one was completed, one was ongoing at the end of the year and one was slightly delayed with expected completion by the end of the first quarter of 2014. Two evaluations completed during the year 2012 were rated 'highly-satisfactory' by UNICEF's Global Evaluation Report Oversight System (GEROS). This means that all five evaluations completed by the ICO since the inception of GEROS have been rated highly satisfactory. Management responses were also developed and submitted to NYHQ, and the two evaluations completed in 2012 were used to inform the scaling up of pilot intervention and improving programme design.

Based on the ICO concept note on evaluation capacity development for 2013-2017, the ICO implemented a number of initiatives at the state level as follows:

- Andhra Pradesh: An agreement was reached with the State Planning Department regarding specific areas of support for 2013-2014, including orientation of senior government officials on evaluation and developing a state protocol. Six government officials participated in the Indian School of Business-UNICEF Executive Programme on Evaluation for Development.
- Gujarat: The first-ever Evaluation Conference was held, setting benchmarks for strengthening the state's evaluation systems. Strengthened partnership also resulted in six officials from the Directorate of Evaluation participating in the Executive Programme.
- Madhya Pradesh: Evaluation was integrated into the capacity development support to State Planning Commission (Directorate of Economics and Statistics), which included monitoring, demographic indicators, evaluation design, and how to write quality terms of reference. In April, a workshop was delivered that included sessions on what is evaluation, types of evaluation and evaluation design.
- Uttar Pradesh: A three-day evaluation programme, led by the Evaluation Division of the Planning Department, was supported in January. The course had two components: (1) understanding evaluation and various models in the context of managing results and equity, and (2) sampling and statistical tools.

As mentioned above, the third annual Indian School of Business-UNICEF Executive Programme on Evaluation for Development was delivered in November, with 33 participants from 9 states across India, as well as Afghanistan, Oman and Pakistan.

Effective Use of Information and Communication Technology

The Information and Communications Technology (ICT) Section was newly established in the ICO effective 1 January 2013, and was consolidated throughout the year.

During the reporting period several ICT-based initiatives were launched to support programme implementation, the Efficiency and Effectiveness Initiative and some business processes automation. The ICT Section was also instrumental in putting in place a tracking system for the newly established Programme VISION transaction Hub.

The section also supported the ICT4Programme initiatives and helped the Field Office develop various monitoring tools such as:

- the Audience Response System used for meetings and training;
- development of a child rights website;
- an application to be used by e-ASHA on tablets for real-time monitoring; and
- an offline dashboard to extract data on major indicators of all ICO programme sectors at the state level.

In close cooperation with the NYHQ ITSS Team, the Section initiated the Lightweight and Agile Project. This initiative supports the delivery of ICT functions with minimal hardware, and resulted in reduced infrastructure and operational costs. The Section also continued to make efforts to reduce costs and carbon footprints through promoting remote meetings via video conferencing, Skype and WebEx and using a paperless office.

The ICO is very conscientious with regard to the disposal of all electronic components and follows a stringent e-waste disposal policy. ICT equipment is reused to the extent possible, and all e-waste is properly recycled. Substantial cost savings were achieved by prolonging the IT equipment lifecycle.

The Section was responsible for coordinating all Business Continuity and Disaster Recovery activities across the 14 Offices in India. Comprehensive tools and guidelines on preparedness, implementation and testing of various Business Continuity and Disaster Recovery Plans were established. Support for simulation exercises was provided across the country.

Enhanced staff skills were achieved through regular and relevant end-user training and orientations.

Efforts to improve collaboration and knowledge management systems also continued, and training was conducted on the SharePoint-based Intranet and records centre for Intranet Focal points. The Section also extended the support in designing Intranet team sites for Regional Office and global meetings and events.

Additionally, the Section led the One UN ICT Group, promoting knowledge sharing, mutual support, synergy and networking among the UN agencies.

The Section supported the relocation of Field Office which included planning, designing, implementation and migration of data centres. Significant support was provided to the New Delhi office renovation. These were done with minimal downtime of ICT services, thereby ensuring uninterrupted programme implementation.

The Section also provides Blackberry hosting services and related technical support to India and four other Country Offices in the ROSA region.

During 2013, the IT Section successfully implemented several roll outs to keep India ICT at par with UNICEF Global ICT Standards. To keep the promise of better service delivery, the Section enhanced Information Technology Infrastructure Library (ITIL)-based best practice processes for IT service management.

Fund-raising and Donor Relations

The ICO continued to ensure timely reporting, and 100 per cent of donor reports were sent on time in 2013.

This year, the ICO mobilised US\$77 million in OR. Key growth areas were funding from National Committees for UNICEF (from US\$5 million in 2012 to US\$15.9 million in 2013) and global donors (from US\$12.4 million in 2012 to US\$25 million in 2013). In-country incomes grew from US\$3.6 million in 2012 to US\$4.7 million in 2013. The top three contributors were: Global donors (32 per cent), National Committees (21 per cent) and IKEA (19 per cent). The ICO also mobilised new donors, including GAVI, Mittal Foundation and Tech Resources. A new donor toolkit on child protection was completed for the funding marketplace, providing an easy reference for the National Committees to develop thematic proposals for donors. This adds to a similar toolkit on education that has been in the marketplace since 2012.

A substantial change in donor relations is the conclusion of the strategic partnership between DFID and UNICEF as of December 2013. While DFID will remain a key development partner for UNICEF in India, the ICO continues its efforts to expand and diversify its funding portfolio to support programming.

The IKEA Foundation approved its support to the ICO from 2014 to 2018 for €59.55 million, of which \$22.08 million was received for programmes in 2014 and 2015. Additional funds are in the pipeline for planning activities (desk review, baseline survey and formative research) to support adolescent programming. The IKEA Foundation partnership has expanded beyond direct support to the ICO, and has been enhanced by converging field-level operations with other Foundation partners such as Save the Children, PRADAN, and the Clinton Health Access Initiative. This will help collective efforts and maximise results for children and women.

The ICO has an unprecedented and tremendous opportunity to work with new partners with the passing of the Companies Act, 2013, which makes it mandatory for the corporate sector to report on CSR activities equivalent to two per cent of profits. At the same time, the current interests related to CSR focus primarily on service delivery or supply distribution, which is not completely aligned with the ICO's increased attention to upstream work. A partnership task force was formed at the ICO to explore how the Office can capitalise on a few large partnerships with the private sector.

Management of Financial and Other Assets

In 2013, the ICO initiated the process of strengthening internal controls by conducting periodic peer review assessments in all field locations for both programmatic and operational areas. All risks identified during the peer review assessment were addressed and documented.

In 2013, the ICO continued to improve on its contributions management, budget control and financial procedures with strict monitoring of expenditure, grant expiry and donor conditionalities. As a result, financial resources were planned by IR in each Programme, and the ICO allocated 95 per cent of the planned amount.

The ICO also had a healthy financial implementation rate of 91 per cent utilisation (regular resources [RR], OR and other resources-emergency) with RR implementation at 98 per cent utilisation as of 11 December 2013.

HACT assurance activities were carried out by both programme and operations staff, including programme monitoring and schedule audits. The outstanding Direct Cash Transfers of 9 months and more was 0.5 per cent as of 10 December 2013.

The Office ensured that monthly accounting processes including bank reconciliations were strictly and consistently adhered to. The ICO is globally amongst the biggest users of cash in view of its large programme size and by following strict funds optimisation policy with good cash forecasting. Close monitoring of bank closing balances contributed a great deal to the global savings in treasury operations. During the year, the ICO continued to enjoy the efficiencies of centralised payments processing enhanced by an integrated electronic banking solution from Standard Chartered bank to process payment transactions for the Country Office and 13 Field Offices. During the year, the Office implemented an operational outsourcing of its print and copying requirements with a projected 10 to 30 per cent cost savings.

The ICO continued its efforts to sustain staff awareness to be more environmentally friendly both in the office and at home. To reduce and keep low the carbon footprint of the office, efforts were made to hold paperless meetings, reduce waste and prevent pollution, and save resources in the office, at home and with our partners. The Office also made arrangements with approved e-waste disposal companies for disposal of e-waste.

Supply Management

The ICO Supply and Procurement (S&P) Section focuses predominantly on supporting the Programmes with procurement of technical assistance. This applies also to emergency supplies, as the Programme strategy is geared towards DRR, and provides technical assistance to the Government rather than supplies. The current value of inventory at the ICO's rented warehouse was US\$18,000 as of November 2013, comprising printed materials.

In 2013, ICO supplies and services totalled US\$60 million including Procurement Services. Services represented 90 per cent of the ICO's procurement of US\$35.5 million (excluding Procurement Services). ICO Procurement was predominantly done locally, and off-shore procurement totalled only 3 per cent (US\$965,668).

Breakup of ICO Procurement	
Programme Supplies including Off-Shore	\$2,221,039
Procurement Services	\$24,553,290
Total Programme Supplies including PS and GAVI	\$26,774,330
Services	\$31,390,911
Construction	\$500,000
Total Services	\$31,890,911
Total Operational Supplies	\$1,366,056
Total value of Procurement by ICO including GAVI	\$60,031,296
Total value of Procurement by ICO excluding PS	\$35,478,006

The S&P Section maintained a high number (253) of long-term agreements (LTA) for both goods and services, covering up to 62 per cent of the overall expenditure of locally procured services (excluding individual consultants) and supplies. With continued efforts to make procurement more efficient, local LTAs were established in State Offices, and central LTAs were kept available to all State Offices for direct ordering.

Half of the ICO's expenditure, i.e. US\$16 million was on third party Human Resources contracts, and the S&P Section established local third-party LTAs in the State Offices and in Delhi.

Following the Administrative Instruction CF/AI/2013-001 on individual consultants and "best value for money" principle for the fees, the procurement of individual contracts was transferred to the S&P Section effective July 2013. ICO processes for procurement of institutional and individual contracts are now standardised to the extent possible, and the ICO online procurement portal and transfer link to VISION is available both for institutional and individual consultants. The system makes supplier registration effective and transparent as it provides automatic feedback to the supplier and service provider on their registration status.

The S&P Section continued to pursue professional development of staff members from Supply, Programme and Operations. Twenty-three staff members who previously passed Chartered Institute of Procurement and Supply (CIPS) certification level II and III participated in CIPS level IV one week training in October 2013 conducted by the UN Development Programme (UNDP).

Supply Division with support from the ICO S&P Section organised the ROSA Supply Community Network meeting and training in institutional contracting in August in Delhi. The ICO shared the India experience and best practices, including supply-related risk management. The modality of third party contracting for hiring large numbers of consultants to work at Government premises was of particular interest to the participants.

The ICO conducted peer reviews of supply functions covering all 13 Field Offices, focusing on quality assurance of procurement practices at the state level and providing advice on how to improve. Training on preparation of terms of reference and related risk management was an important part of the peer reviews. This training was also provided to all Delhi staff. Furthermore, the S&P Section participated in various Programme network meetings to enhance supply-programme integration and to initiate discussions on the ICO's assistance for the capacity development of supply chain systems at the state level.

The S&P Section supports Programmes with strengthening of cold chain systems. It has been agreed with the MoHFW and the National Health Systems Resource Centre that the ICO will facilitate capacity building of cold chain manufacturers to improve the quality standard and eventually to pursue WHO pre-qualification standards. The MoHFW and the ICO will convene the industry, Indian innovation institutions and academia to identify gaps and seek solutions.

With regard to cost reduction, the ICO had 16 photocopying machines of different capacities and configurations, and many were outdated. A decision was taken not to buy new machines and instead to lease. Printing was also added to the leasing agreement. The ICO annual volume of printing is approximately 1.4 million copies. The photocopy cost is INR0.40 and for printing it is INR0.80 per page, plus the cost of the machine and maintenance. With this new arrangement the ICO is paying INR0.51 per page for multi-function machines (copying, printing & scanning connected to LAN network). The saving from the new print arrangement is approximately INR206,000 per year. Moreover the net savings will be many-fold as the ICO no longer procures machines and printers and incurs related maintenance cost.

Human Resources

Attention was given to wider talent search and recruitment of high-calibre talent with the required mix of profiles, competencies, gender and geographic diversity. In 2013, the ICO filled 41 positions and 11 temporary appointments ensuring diversity through outreach, 'headhunting', technical networks and UNICEF talent pools. The ICO successfully reached a 49 per cent male to 51 per cent female gender balance ratio. International staff composition continues to be diverse with 24 different nationalities represented.

The ICO systematically monitored performance management and achieved 100 per cent completion of the 2012 assessment cycle and 90 per cent completion of 2013 planning Phase I and II. The Performance Management Cycle was strengthened at all levels by 13 workshops on Managing Performance for Results facilitated by trained staff (60 per cent of staff, supervisors and supervisees, are now trained). Noticeable

improvements were achieved in the understanding of the PAS process, the clear connection between results and individual objectives, improved communication between supervisor and supervisee, the quality of the outputs, and improved completion rates (a 7 percentage point increase at mid-year: 90.4 per cent in 2013 from 83.4 per cent in 2012).

The ICO has an approved 2012-2013 Rolling Learning and Staff Development Plan to develop staff competencies required for the Country Programme's implementation. Over 95 per cent of planned training was completed. The ICO supported staff participation for the Leadership Development Programme (3 staff members) and development assignments within/outside the duty station (14 staff members). In addition, 31 programmes were delivered on key topics including media skills for Chiefs, monitoring and evaluation, social norms, IT skills, VISION, media orientation, risk management strategies, DevInfo, streamlining skills, corporate social responsibility, coaching, and wireless and emergency telecoms. All ICO emergency focal points went through an emergency simulation exercise.

Staff well-being and security continued to be a priority. A number of security refresher sessions were held. Three Joint Consultative Committee meetings were held between the India Staff Association and management. There was active involvement by the Association in all committees including the Envisioning Task Force. This provided staff with additional assurance that their voices were being heard. The Staff Association participates in CMT meetings and continued its tradition of organising welcome, farewell, and commemorative events.

In response to the outcomes of the Global Staff Survey, and to strengthen a harmonious workplace environment and effective communication, ethics training was undertaken by all staff: 98 per cent of staff completed the online Integrity Awareness course and four workshops were held on Embracing Diversity. Staff were sensitised in both the hidden and visible processes of inclusion and exclusion within the Office environment. Furthermore, the ICO organised conflict prevention and management training involving all staff, and launched a Respectful Workplace Facilitators programme with a cadre of 50 certified facilitators. They form a qualified collaborative peer network throughout the Field and Delhi Offices to prevent the occurrence, or reduce the intensity, of conflicts by addressing them promptly and at their source. The ICO's Programme has become the largest in the UN system.

Efficiency Gains and Cost Savings

With the commencement of VISION/SAP in the ICO, some challenges were noted, especially at the inception level of the new system and due to the Country Office's decentralised nature. Despite this, the ICO was able to reap some efficiency gains, especially during the second and third quarters of 2013 when all Delhi Programme transactions were put under the 'Programme Vision Transaction Hub'. As a result, transaction costs were lowered, and immediate responses to issues were facilitated. Furthermore, additional efficiencies were achieved in the following areas:

- a) The Hub creation resulted in a reduction of the number of actors, enabling the ICO to streamline its key work processes, including contracting, cash transfers, finance, and travel management.
- b) Having a fewer number of actors in the work process has made for better processes management, thereby enhancing internal controls and accountability.
- c) The elimination of non-value-added steps in the work process enabled the affected staff to concentrate more on programme core activities.

In addition to the establishment of the Hub, the Office achieved the following efficiency gains and savings in 2013:

- a) Savings of more than US\$50,000 were made by encouraging in-house meetings and training activities, identifying competitive venues such as government-owned conference centres, and holding meetings at locations where travel costs are minimised.

b) Savings of over US\$100,000 were achieved through system enhancement, which enabled more effective video conferencing, webinars and WebEx meetings across Field Offices and with partners in remote locations.

c) The increased use of multi-trip travel authorisations reduced the numbers of TA transactions substantially.

These actions not only contributed to increased cost efficiencies and reduced transaction times, but also to reduced overtime, DSA and other associated costs.

Additionally, due to the lower RR and OR levels and a number of unfunded OR posts, salary savings were made and will continue to be made through natural attrition.

UNICEF continues to lead inter-agency procurement through joint LTAs and UN intranet-based information sharing. At year-end, there were 35 LTAs in place that supported the Office and other participating UN agencies in securing favourable rates and reducing transaction times for commonly procured supplies and services.

The Office also continued to be successful in processing and receiving timely refunds of VAT from the Government for the local procurement of programme supplies and equipment.

Following the introduction of VISION, the bank reconciliation process was centralised at the Country Office. This resulted in savings of about US\$520,000, representing the costs that the Office would have incurred for hiring a finance assistant at each of its 13 Field Offices.

Changes in AMP & CPMP

In light of the discussions and agreements emanating from the above-noted Envisioning Task Force, the ICO plans to undertake some structural and staffing adjustments and revisit the current Country Programme Management Plan for 2013-2017. Furthermore, with the increasing responsibility of the ICO VISION Hub, which will eventually be responsible for processing all transactions for Delhi as well as the State Offices, some structural and staffing patterns will be reviewed in support of programme delivery. In the same regard and due to the Hub presence, a staffing needs analysis will be conducted and immediate attention will be paid to staffing issues.

The significant changes that are envisaged in the 2014 Annual Management Plan (AMP) will include an updated risk profile, and performance management tools and indicators. The AMP will in addition focus on the implementation of External Audit recommendations.

In view of the Global Shared Services, the Office will start its preparation in consultation with NYHQ.

The 2014 AMP will also be influenced by the Office's considerable past and ongoing efforts, as described in the previous section. The Office will also contribute to the organisation's global efforts to boost efficiencies and effectiveness, and to the global transaction efficiency feasibility study and business process review as a Field Reference Group member.

Finally, the 2014 AMP will outline how the Office plans to sustain the actions taken in response to audit recommendations, particularly in the planning, disbursement, liquidation and monitoring of cash assistance, and to continue efforts to support the full implementation of VISION in an environment compliant with the International Public Sector Accounting Standard (IPSAS).

Summary Notes and Acronyms

A&C — Advocacy and Communication
 AMP — Annual Management Plan
 ARSH — Adolescent Reproductive and Sexual Health
 ASHA — Accredited Social Health Activist
 BCC — Behaviour Change Communication
 BCP — Business Continuity Plan
 C4D — Communication for Development
 CABA — Children Affected by AIDS
 CCE — Continuous and Comprehensive Education
 CDN — Child Development and Nutrition
 CFS — Child-Friendly Schools
 CMT — Country Management Team
 CPAP — Country Programme Action Plan
 CRC — Convention on the Rights of the Child
 CSR — Corporate Social Responsibility
 DFID — Department for International Development
 DISE — District Information System on Education
 DRR — Disaster Risk Reduction
 ECCE — Early Childhood Care and Education
 ECE — Early Childhood Education
 FFL — Facts for Life
 GoI — Government of India
 HACT — Harmonised Approach to Cash Transfers
 HMIS — Health Management Information System
 ICDS — Integrated Child Development Services
 ICO — India Country Office
 ICPS — Integrated Child Protection Scheme
 ICT — Information and Communications Technology
 IMEP — Integrated Monitoring and Evaluation Plan
 IMNCI — Integrated Management of Neonatal and Childhood Illness
 IPC — Interpersonal Communication
 IR — Intermediate Result
 KGBV — Kasturba Gandhi Balika Vidyalayas
 LTA — Long-Term Agreement
 M4D — Monitoring for Development
 MHRD — Ministry of Human Resources Development
 MHVM — Multi-Hazard Vulnerability Mapping
 MIS — Management Information System
 MMR — Maternal Mortality Ratio
 MNCH — Maternal, Newborn and Child Health
 MNH — Maternal and Newborn Health
 MoHFW — Ministry of Health and Family Welfare
 MoRES — Monitoring Results for Equity System
 MWCD — Ministry of Women and Child Development
 NACO — National AIDS Control Organisation
 NCERT — National Council of Educational Research and Training
 NCPCR — National Commission on Protection of Child Rights
 NGO — Non-Governmental Organisation
 NRC — Nutrition Rehabilitation Centre
 NRHM — National Rural Health Mission
 NSS — National Sample Survey
 NUEPA — National University of Educational Planning and Administration
 NYHQ — New York Headquarters
 OR — Other Resources
 PAS — Performance Appraisal System

PCoE — Paediatric Centre of Excellence
 PCR — Programme Component Result
 PIP — Project Implementation Plan
 PPE — Policy, Planning and Evaluation
 PPTCT — Prevention of Parent-to-Child Transmission
 PRI — Panchayati Raj Institutions
 RMNCH+A — Reproductive Maternal, Newborn, Child and Adolescent Health
 RMP — Rolling Management Plan
 RMSA — Rashtriya Madhyamik Shiksha Abhiyan
 ROSA — Regional Office for South Asia
 RR — Regular Resources
 RTE — Right to Education
 S&P — Supply and Procurement
 SAM — Severe Acute Malnutrition
 SBCC — Social and Behaviour Change Communication
 SMNet — Social Mobilisation network
 SNCU — Sick Newborn Care Unit
 SSA — Sarva Shiksha Abhiyan
 USI — Universal Salt Iodisation
 WASH — Water, Sanitation and Hygiene
 WHO — World Health Organization
 WIFS — Weekly Iron Folic Acid Supplementation

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of Social Mobilisation Network in India for Eradication of Polio	2013/001	Evaluation

Other Publications

	Title
1	Desk Review to Identify Key Knowledge Gaps: A Longitudinal Study of Environmental Enteropathy and Stunting in India
2	Integrated program achieves good survival but moderate recovery rates among children with severe acute malnutrition in India
3	Management of children with severe acute malnutrition in India: Experience of Nutrition Rehabilitation Centres in Uttar Pradesh, India
4	Towards salt iodization in India: achievements, challenges and future actions
5	Reaching the poor with adequately iodized salt through the supplementary nutrition programme and midday meal scheme in Madhya Pradesh, India
6	Providing care for children with severe acute malnutrition in India: Evidence and lessons learned in Jharkhand, Madhya Pradesh and Uttar Pradesh
7	Situation of Children in Civil Strife Affected Areas
8	Study on Access to and Quality of Services under Three National Flagship Schemes with Focus on Scheduled Caste and Muslim Households
9	Evidence Review on Population Level Social and Behavior Change in South Asia for Enhancing Child Survival and Development
10	Girls Today Women Tomorrow: Knowledge, Practice, Attitude and Norms on Menstrual Hygiene

11	Adolescents in India: A Desk Review of Existing Evidence and Behaviours, Programmes and Policies
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