

**United Nations Children's Fund**  
Executive Board  
**Second regular session 2006**  
6-8 September 2006  
Item 14 of the provisional agenda\*

*For information*

## **Report on the field visit of members of the Bureau of the UNICEF Executive Board to India, 13 to 21 May 2006**

### **I. Introduction**

1. Members of the Bureau of the UNICEF Executive Board (see annex) made a field visit to India from 13 to 21 May 2006. The general purpose of the visit was to familiarize the Bureau officers with the progress, challenges and context of programming for achievement of the Millennium Development Goals in India and the contribution of UNICEF and other United Nations agencies to these efforts.
2. The Bureau would like to thank at the outset the UNICEF country team in India (in Delhi and in Uttar Pradesh and the other states involved) for organizing the visit, and for making themselves available throughout its course. The Bureau members were particularly impressed by the professionalism of the team and their excellent relationships with national and state officials, as well as by their commitment, dedication and 'family spirit'.

### **II. Progress towards the Millennium Development Goals in India**

3. The importance of India to the achievement of the global Millennium Development Goals cannot be overstated. For example, some 25 per cent of maternal deaths globally occur in India, and the country's children make up 40 per cent of the world's malnourished children.
4. India is increasingly recognized as a global power in key economic sectors. The country has also seen positive trends in certain social indicators, particularly those that respond to vertical, campaign-like approaches: the near eradication of polio; a significant increase in literacy rates; and a rise in the enrolment of boys and girls in primary school. However, progress has been slow in areas requiring systemic changes, such as in the provision of quality services (e.g., primary health care and community-based nutrition services).
5. Since the inception of the ambitious Tenth Five Year Plan (2002-2007), current rates of progress on a number of indicators have not been sufficient to meet many of the child-related

national development targets by 2007, nor the Millennium Development Goals by 2015. However, because of the size and diversity of the country, it is critical to look beyond national averages in assessing progress. Achieving the Millennium Development Goals in India will depend largely on the performance of India's more challenged states with low social indicators, notably Uttar Pradesh, Bihar, Rajasthan, Orissa and Madhya Pradesh, which also have large, fast-growing populations.

### **III. The United Nations and UNICEF in India**

6. The Government of India-UNICEF country programme 2003-2007 has built on and accelerated the recent positive developments in the socio-political environment, notably the increased commitment to the social sector, which has brought measurable, constructive change for children. Priority is given to children belonging to socially disadvantaged and marginalized communities. Key achievements of the country programme include the following:

- (a) Extraordinary inroads in polio eradication;
- (b) Significant progress in salt iodization. With the re-enactment of the ban on the sale of non-iodized salt, there is potential for 100-per-cent iodized salt consumption;
- (c) Increased vitamin A supplementation;
- (d) While sanitation coverage remains low nationwide, sanitary marts have transformed the state of West Bengal, providing a model for scale-up;
- (e) Water and sanitation facilities in schools have dramatically increased, with positive implications for girls' attendance;
- (f) Effective models have been developed for reducing mortality in the first month of life, for reducing malnutrition and for improving the performance of children in school.

7. India has developed ambitious policy documents related to children and has recently allocated significantly more resources for them. In the social sector, the Government has designated eight key flagship programmes as priorities. These include, in education, *Sarva Shiksha Abhiyan* ("Education for All"), the national programme to universalize elementary education; in health, the National Rural Health Mission; in child development, the Integrated Child Development Services; and in sanitation, the Total Sanitation Campaign. The challenge is to convert these commitments into tangible actions and benefits for children, especially those belonging to socially disadvantaged and marginalized communities.

8. The focus of the United Nations in India in the coming years will be on capacity development, advocacy and the monitoring of standards and norms as well as on emergency and post-emergency response. It is in the context of a changing India and United Nations that the role of UNICEF in India will be changing as well. In its strategic repositioning, UNICEF will be involved mainly in promoting the normative agenda, modelling innovative interventions, knowledge management and analysis, systems-strengthening at the district level, community empowerment, and behavior change at the household level.

### **IV. Uttar Pradesh**

9. With a population of 183 million people, nearly 89 million of whom are children, Uttar Pradesh is the most populous state of India and one of the worst off in terms of economic and social development. Infant and maternal mortality rates have remained stagnant over the last five years; child malnutrition levels are among the highest in the country.

10. Against a backdrop of wide-ranging social disparities based on caste and class, state-initiated reforms to improve governance and the quality of human development face continuous challenges.

11. In Lalitpur District, the Bureau visited many activities of the Quality Education Package project, which is now being replicated with national funds across the entire state. During the visit to the Mirchwada Primary School, the Bureau members were able to observe the school and classroom environment and the teaching and learning materials. The delegates also interacted with teachers and students, learning about their experiences, and met with the Village Education Committee. The Bureau members were particularly impressed by the participation of the Village Education Committee in the activities of the school and by the capacity-building of teachers, including through their 'exposure' visits to well-run schools. The Bureau members also visited the Lalitpur District Institute of Education and Training, the nodal district institution in the Quality Education Package project, which provides academic support to teachers and on-the-job support. With UNICEF support, the 'package' was implemented in 872 primary schools and was reflected in the *Sarva Shiksha Abhiyan* district annual plan for 2005-2006. The difference made by this project was all the more evident when the delegation visited a non-intervention primary school.

12. In the village of Rajghat, the Bureau members visited the Upper Primary School and interacted with a Meena *Manch* ("group" of girls in the UNICEF Meena Initiative) regarding their efforts to promote girls' education. The delegates were particularly impressed by the impact of Meena on the girls themselves, notably on their leadership and community mobilization skills. The Meena *Manch* has provided a platform for the adolescent girls to come together to discuss and address issues of concern. It is notable that Meena, the title girl character in the initiative, has been taken up by the state as a mascot for girls' education; the state has also provided Meena materials to 20,000 upper primary schools.

13. In the village of Mirchwada in Lalitpur District, the Bureau members visited the Integrated Child Development Services Centre (ICDS), one of 568 such centres in the district. Activities in the centre include monitoring child growth and development, counselling mothers and other caregivers on child feeding and care, assisting in immunization sessions, providing pre-school learning activities and providing a daily meal to the children. Among the noted results of UNICEF policy advocacy and support to the improved implementation of ICDS was the increase in coverage of vitamin A supplementation in the district. Similarly, iodized salt consumption increased in Lalitpur. The delegation discussed with local officers and UNICEF staff the linkages of ICDS with reproductive health that could form part of the counselling of pregnant women and mothers.

14. Also in Mirchwada, delegates visited Total Sanitation Campaign (TSC) activities undertaken in the primary school and village. TSC is a comprehensive programme for sanitation promotion in rural areas of the country to accelerate and scale up sanitation programming through demand-driven and community-centred approaches. Sanitation is promoted for families, schools and pre-school centres (known as *anganwadi* centres). TSC is operational in 559 out of 600 rural districts, with an outlay of \$1.3 billion. In Uttar Pradesh, TSC is under implementation in all districts, with an outlay of \$179 million. Mirchwada won the President of India's Nirmal Gram Puraskar Award for having

achieved the status of a 'Total Sanitation Village' by reducing the incidence of open defecation to zero. Mirchwada is seen as a model for nearby villages.

15. The integrated district planning initiative supports the development of village-based and child-focused participatory plans that facilitate behaviour change and acceleration of the provision and use of services. In the village of Agar, the delegates were impressed by the community empowerment brought about by the village planning process as well as by results in key indicators (children going to school, exclusive breastfeeding, use of iodized salt, the repair of handpumps, hand-washing with soap in schools, birth registration, the use of toilets, knowledge of HIV/AIDS, etc.).

16. The polio eradication campaign is an example of the effectiveness of a large social mobilization network involving community mobilizers, influential leaders, politicians and teachers, as well as the effectiveness of the partnership between UNICEF and the World Health Organization (WHO). The delegation met with community leaders, who stressed the need to look beyond polio eradication to additionally tackle other basic community needs in water, sanitation and health.

17. The Bureau members visited a community-based initiative for the prevention of child labour in the carpet belt of Uttar Pradesh. With funding from the German National Committee for UNICEF and IKEA, this project is successfully addressing child labour through education, access to livelihoods and protection from exploitation and abuse.

## **V. Influencing policy and going to scale**

18. It is evident that the most important contribution of UNICEF to India is not funding but rather expertise and knowledge. One of the niches of UNICEF is demonstrating what works at community and district levels and helping to scale up interventions by framing lessons learned into inputs for policy development. There are many examples of the effectiveness of this approach. One such example was India's adaptation of the global initiative Integrated Management of Childhood Illness to include neonatal illnesses, transforming the initiative into the Integrated Management of Neonatal and Childhood Illness. This latter initiative is being expanded from an initial 7 districts to 25 districts by the end of 2006. Another example was support given to the development of a joint Ministry covering Women and Child Development. In health and nutrition, UNICEF advocacy for legislation promoting iodized salt helped efforts to increase the percentage of Indian households using adequately iodized salt, from 37 per cent in 2003 to 57 per cent in 2005. In the state of Maharashtra, UNICEF supported an increase in growth-monitoring and counselling services, and promoted home visits by village-based workers to very young and undernourished children in four districts. After witnessing the reduction in severe malnutrition that resulted, the state government decided to adopt this approach as the cornerstone of a state-wide mission to reduce malnutrition and mortality, and then scaled up the approach to 10 severely affected districts.

19. Components of the Quality Education Package, initiated by UNICEF in partnership with the Government and civil society, have also been adopted by state governments. For example, with the intention to improve the quality of children's interaction and learning, UNICEF designed and supplied 'new style' desks for children in 900 schools in Lalitpur, with an investment of \$130,000. This initiative has been adopted by the Uttar Pradesh state government, which made a policy decision to provide similar desks in some 95,000 primary schools across the state, with a budget of \$52 million. The scaling-up of the education package also involved learning materials and teacher training. In the area of HIV/AIDS, UNICEF, through various advocacy events, has successfully

brought the ‘missing face of children’ to the public domain in the national response. Largely as a result, the national strategic plan for HIV/AIDS 2006-2011 now includes a range of strategies to provide treatment for HIV/AIDS and mitigate its impact on children affected (those who are made vulnerable, infected and orphaned).

20. The Government of India’s Eleventh Five Year Plan, currently being formulated, will be the main planning framework for all investments and programmes relating to the social sectors at both national and state levels. It is important to note that the new United Nations Development Assistance Framework programming cycle coincides with the national plan. As a contribution to the plan, in partnership with the Government of India, UNICEF is organizing consultations on children at the national and state levels. These consultations will contribute to state-specific child budgeting exercises in the most disadvantaged states during 2006, and will aim to both increase investments for children and address the implementation issues that prevent resources from efficiently and effectively reaching children.

## **VI. Partnership with civil society**

21. The Bureau members were particularly interested in looking at the UNICEF partnership with non-governmental organizations (NGOs), and were pleased to see a wide range of partnerships in this area. These ranged from partnerships with national Muslim universities and CORE (a consortium of international faith-based NGOs) for polio eradication; with the Indian Council for Control of Iodine Deficiency Disorders; and with various national NGOs for third-party monitoring of the Quality Education Package, capacity-building or alternative learning centres. The Indian Academy of Pediatrics, along with UNICEF and WHO, has formulated technical guidelines and is building capacity for the provision of paediatric AIDS care in public and private-sector clinics. The India Alliance for Child Rights has contributed to strengthening the civil society ‘voice on children’ with a broad range of civil society partners. Given the UNICEF mandate for meeting the needs and promoting the rights of disadvantaged children, a partnership has been developed with the Indian Institute for Dalit Studies, the Dalit being one of the country’s major groups of disadvantaged and excluded children.

## **VII. Key observations**

22. The delegation made a number of observations:

(a) The paradox of impressive economic growth combined with a lack of social development is one of the biggest challenges to be tackled in reaching the Millennium Development Goals. The Eleventh Five Year Plan for development, now in preparation, offers a great opportunity for social improvement in favour of children, women and communities;

(b) Tackling the implementation gap for social development is a critical challenge for reaching the Millennium Development Goals. If policies, strategies, legal frameworks and programmes were to be fully and effectively implemented, there would be a significant improvement in the lives of millions of children in India;

(c) The harmonization of the programming cycle of UNICEF (and that of the whole United Nations) with Government planning cycles will help to ensure not only that Government

priorities will guide UNICEF and United Nations strategies and actions but also that the United Nations, including UNICEF, will be part of the policy dialogue;

(d) In a changing economic and social environment, UNICEF is managing to reposition itself strategically and to become increasingly involved in policy dialogue and leveraging resources for children, both at the central and state levels. This is made possible by the ability of UNICEF to model effective interventions and use the results and lessons learned for policy advocacy. One of the organization's comparative advantages is indeed in documenting and sharing knowledge and experience gained from the field and effectively contributing this knowledge to policy-making, planning and monitoring processes at state and national levels;

(e) Given the repositioning of the United Nations and UNICEF to more effectively promote capacity development, a reliable mechanism should be put in place to monitor progress in this area;

(f) The integrated approach, with its synergistic effect of mutually reinforcing interventions, has been a key ingredient of the positive results obtained. It was clear from the field visit that combining education activities with water and sanitation and health and nutrition interventions greatly contributed not only to programme effectiveness but also to the motivation of communities and leaders;

(g) Behaviour-change communication, coupled with well-targeted service delivery, is a very effective strategy. This was evident, for example, in the case of the Total Sanitation Programme. In Uttar Pradesh, where this approach was used, sanitation coverage rose from 14 per cent to 29 per cent. Out of the 14 states that received the President of India's Nirmal Gram Puraskar Award in recognition of achievements in sanitation behaviour change, 11 were UNICEF 'focus states', where UNICEF has supported the state governments in accelerating sanitation coverage. The effectiveness of the Integrated Child Development Services is also due to this combination of behaviour-change communication and service delivery. In a similar vein with girls' education, the impact of the behaviour-change promoted in the Meena initiative would not have been as great if concomitant efforts had not been made to open schools, improve their quality, retain girls and improve learning outcomes for all;

(h) Participatory approaches, such as village planning, are essential for community empowerment and sustainability. It was particularly heartwarming to see the enthusiasm, pride, eagerness to learn, and will to change on the part of girls, women, and community members, as well as their efforts and results in taking charge of their problems and solutions. In the village of Agar, adult males are escorting the girls to school six miles away, a true indication of the community's mobilization in support of girls' education. Participatory approaches also bring community members together—to interact with each other and with public and civil institutions for the improvement of service delivery;

(i) The potential of an effective partnership with the private sector is well illustrated in the child protection project funded both by IKEA and the German National Committee. Not only does the project succeed in protecting children from child labour in the carpet industry but it also contributes to school enrolment and retention in addition to empowering women, notably through a successful income-generating initiative. This project's increasing attention to adolescents will not

only help to protect them from exploitation but will also make it possible to introduce HIV/AIDS prevention activities for this particularly vulnerable group;

(j) The concern with social exclusion both as a national priority in the Eleventh Five Year Plan and as a cross-cutting thematic focus for the development framework of the United Nations in India augurs well for underserved communities. The challenge will be to implement policies that not only ensure the mainstreaming of social inclusion in national development planning but also specifically target underserved communities.

## **Annex**

### **List of participants in the field visit by members of the Bureau of the UNICEF Executive Board to India, 13 to 21 May 2006**

#### **President of the Executive Board**

H.E. Mr. Andrei Dapkiunas  
Ambassador Extraordinary and Plenipotentiary  
Permanent Representative  
Permanent Mission of the Republic of Belarus

#### **Vice-Presidents of the Executive Board**

H.E. Mr. Iftekhar A. Chowdhury  
Ambassador Extraordinary and Plenipotentiary  
Permanent Representative  
Permanent Mission of the People's Republic of Bangladesh

Ms. Martha Lucia Moreno  
Minister Counsellor  
Permanent Mission of Colombia  
on behalf of  
H.E. Mr. Javier Loayza Barea  
Ambassador  
Permanent Mission of Bolivia

Ms. Fathia Oudine  
First Counsellor  
on behalf of  
H.E. Mr. Roble Olhaye  
Ambassador Extraordinary and Plenipotentiary  
Permanent Mission of the Republic of Djibouti

Mr. Dirk-Jan Nieuwenhuis  
First Secretary  
Permanent Mission of the Kingdom of the Netherlands

---