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Draft country programme document**

India

Summary

The draft country programme document (CPD) for India is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$162.9 million from regular resources, subject to the availability of funds, and \$350 million in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012.

* E/ICEF/2007/8.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

Note: Submission of this document was delayed for technical reasons.

<i>Basic data† (2005 unless otherwise stated)</i>	
Child population (millions, under 18 years)	420.7
U5MR (per 1,000 live births)	74
Underweight (% , moderate and severe, 2005-2006)	46 ^a
Maternal mortality ratio (per 100,000 live births, 2001-2003)	300 ^b
Primary school attendance (% net, male/female, 2000)	79/72
Primary schoolchildren reaching grade 5 (% , 2003)	79
Use of improved drinking water sources (% , 2004)	86
Adult HIV prevalence rate (%)	0.9
Child labour (% , children 5-14 years old, 2000)	14
GNI per capita (US\$)	720
One-year-olds immunized against DPT3 (%)	59 ^c
One-year-olds immunized against measles (%)	58 ^c

† More comprehensive country data on children and women are available at www.unicef.org.

^a Data for children under age three years.

^b WHO/UNICEF/UNFPA adjusted 2000 MMR estimate is 540 per 100,000 live births, which is adjusted for misclassification and underreporting.

^c The latest National Family Health Survey 2005-2006 shows 55% for DPT3 and 59% for measles.

The situation of children and women

1. India's recent development performance is a contrast of impressive economic growth and major challenges in the social sector. The Government's commitment to child rights is reflected in national targets which relate closely to the Millennium Development Goals (MDGs). Given India's population of 1.1 billion, of whom 421 million are children, the achievement of the Goals globally depends on its success. For example, approximately 39 per cent of all underweight children worldwide and 32 per cent of all households without sanitation globally are in India. However, at the current rate of progress, many of the targets will not be reached by the deadlines.

2. National-level indicators do not adequately reflect internal disparities. Poverty is more widespread in the populous states of Uttar Pradesh, Bihar, Rajasthan, Orissa, Chhattisgarh, Jharkhand and Madhya Pradesh. There are pronounced disparities in indicators across and within states. For example, the national infant mortality rate (IMR) is 58 per 1,000 live births, but IMR ranges from 76 per 1,000 live births in Madhya Pradesh to 14 in Kerala.

3. The underlying challenge across all sectors is social exclusion. The Eleventh Five Year Plan emphasizes 'inclusive growth' and recognizes that social exclusion and inequality constrain the achievement of the MDG targets. For example, the under-five mortality rate among Scheduled Castes and Scheduled Tribes is more than 50% higher than the rest of the population and the alarming decline in sex ratios of children aged 0-6 years, from 960 females per 1,000 males in 1981 to 927 in 2001, is but one manifestation of pervasive discrimination against girls and women.

4. India is one of the world's most disaster-prone countries, with frequent floods, cyclones, earthquakes, landslides and droughts. Almost 80 per cent of India's geographical area is considered vulnerable to such natural disasters, which cause extensive loss of lives, property and livelihoods.

5. Following the 2004 observations by the Committee on the Rights of the Child on the implementation of the Convention on the Rights of the Child in India, the Government has addressed several recommendations, including strengthening child budgeting, establishing the Commission for the Protection of Child Rights and strengthening the Child Labour Act. The Government is currently preparing its combined third and fourth periodic reports for submission to the Committee in July 2008. A review by the Committee on the Elimination of all Forms of Discrimination against Women in January 2007 made a number of recommendations including strengthening the protective environment for children and women.

6. Recent policy developments have contributed towards a more enabling environment for child rights. Positive changes include the elevation of the Department of Women and Child Development to an independent Ministry of Women and Child Development (MWCD), the establishment of a Parliamentary Forum for Children and the launching of the Integrated Child Protection Scheme (ICPS). There has been a significant increase in resources to social sector programmes¹ although concerns remain about turning “outlays into outcomes” and the ability to utilize budget allocations. As the economy continues to grow in the next 10 years, the challenge will be to ensure greater equity and benefits to the social sector.

Key results and lessons learned from previous cooperation, 2003-2007

Key results achieved

7. The current Government of India-UNICEF country programme contributed to the following national policies and schemes through advocacy efforts, expanded partnerships and the provision of technical assistance:

(a) Re-instatement of the ban on the sale of non-iodized salt for human consumption increased the use of adequately iodized salt in households from 37 per cent in 2002 to 57 per cent in 2006;

(b) Adoption of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) as a key strategy for child health **within the national Reproductive Child Health Programme II (RCH II) and National Rural Health Mission (NRHM);**

(c) Acceleration of the Total Sanitation Campaign (TSC) raised household sanitation coverage from 23 to 42 per cent from 2002 to 2007;

(d) Increased convergence between the TSC and SSA resulted in 65 per cent of schools having water supply and sanitation;

(e) Improved in-service teacher training, school governance and child-friendly classroom environments;

(f) HIV/AIDS prevention education for adolescents mainstreamed in 75 per cent of all government secondary schools;

¹ National Rural Health Mission, Sarva Shiksha Abhiyan — Education for All, Total Sanitation Campaign, National AIDS Control Programme, Integrated Child Development Services, National Rural Employment Guarantee Scheme, Rajiv Gandhi Drinking Water Mission and the Jawaharlal Nehru National Urban Renewal Mission.

(g) Availability of services for prevention of parent-to-child transmission of HIV (PPTCT) in all states tripled the network of antiretroviral (ARV) treatment centres since 2004;

(h) Development of the National Plan of Action for Children.

8. The following results in service delivery and evidence-based models were achieved through project implementation and the development of effective communication strategies for families and communities:

(a) Community-based projects in West Bengal, Rajasthan, Orissa and Bihar reduced malnutrition rates by up to 10 per cent in two years and are being scaled up by the governments in these states;

(b) Initiatives to reduce child and maternal mortality in 48 high-mortality and high-malnutrition districts in five states through support for newborn care units and nutritional rehabilitation centres resulted in a 45-per-cent reduction in neonatal mortality in these facilities;²

(c) In collaboration with the Government, the World Health Organization (WHO) and the Clinton Foundation, paediatric AIDS treatment is being scaled up in high-risk states to reach 10,000 children, constituting 33 per cent of all children with HIV/AIDS;

(d) The rate of birth registration increased from 56 to 62 per cent between 2004 and 2006.

9. As part of the United Nations Tsunami Recovery Support team, UNICEF is supporting interventions in health, nutrition, HIV/AIDS, trafficking, primary education, livelihoods, permanent shelters, water, sanitation and environmental protection. In disaster-prone states, UNICEF has been working with the Government, non-governmental organizations (NGOs) and communities to build capacities in disaster preparedness and management. UNICEF is the lead United Nations agency in supporting the Government in preparing a communication response to avian influenza and pandemic influenza.

10. The number of reported polio cases dropped from 1,600 in 2002 to 66 in 2005 although there was an increase in 2006 with 674 cases, mostly concentrated in Uttar Pradesh. Despite this temporary setback, transmission of the virus can be stopped and Government is embarking on its most aggressive and ambitious immunization schedule to date.

Lessons learned

11. Based on reviews, including the 2005 mid-term review, the following lessons have been learned: (a) the programme needs to shift to influencing policy and capacity-building by strengthening management and budget systems to plan and deliver services; (b) participatory and convergent programming in the 17 “integrated districts”³ has facilitated community empowerment, behavioural change and service delivery; (c) an increased emphasis on child protection and on disadvantaged groups, particularly the

² *The Lancet, Neonatal Mortality Trends in a level II Sick Newborn Unit in Rural India*. Vol. 366, 2005.

³ The integrated districts were selected based on a combination of indicators related to child rights and existing partnerships with district administration.

Scheduled Caste and Scheduled Tribe communities and urban poor, is required to accelerate children's rights; and (d) its state offices allow UNICEF to collaborate closely with partners and government and leverage the technical expertise of staff.

The country programme, 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Reproductive and child health	20 000	80 000	100 000
Child development and nutrition	20 000	55 000	75 000
Child environment	20 000	60 000	80 000
Child protection	15 000	35 000	50 000
Education	20 000	50 000	70 000
Children and AIDS	17 000	43 000	60 000
Social policy, advocacy and behavioural change communication	23 000	24 000	47 000
Emergency preparedness and response*	5 000	3 000	8 000
Cross-sectoral costs	22 895	—	22 895
Total	162 895	350 000	512 895

* Additional other resources will be raised in response to emergencies as needed.

Preparation process

12. Under the leadership of MWCD, the country programme was developed **within the framework of the United Nations support to the government priority programmes** through consultations with United Nations agencies, concerned ministries, bilateral and other multilateral development partners and NGOs. The programme is well grounded on available disaggregated data relevant to the situation of children and women in India as well as on an analysis of trends across child-related indicators for the Millennium Development Goals and their causal links.

Goals, key results and strategies

13. The overall goal of the 2008-2012 country programme is to advance the fulfilment of the rights of all women and children in India to survival, development, participation and protection by reducing social inequalities based on gender, caste, ethnicity or region.⁴

14. The country programme will contribute to the following strategic results:

⁴ It is important to note that the target populations in the programme interventions detailed in paragraphs 18-47 below include marginalized groups, especially Scheduled Castes and Scheduled Tribes.

(a) Quality basic services provided to target populations **with a special emphasis on excluded populations including Schedule Castes and Schedule Tribes through** strengthening of the management, budget and delivery systems of child-related government programmes;

(b) Children's rights mainstreamed into development planning, resource allocation, programme implementation and civic engagement;

(c) Increased capacities to prepare for and respond to emergencies at all levels.

15. The overarching strategies to achieve these results **and address the causes of social exclusion** are:

(a) Providing technical assistance and support to improve knowledge management systems **and sharing of lessons learned**, support establishment of concurrent systems of monitoring of child-related programmes to influence policy and **programme management**, and leverage resource allocations of government programmes.

(b) Strengthening the systems for delivery of services at the state level, with an emphasis on enhanced capacities, accountability and effective implementation of government programmes related to children;

(c) In 17 districts, improving district capacities and systems, empowering communities, promoting behavioural change **and ensuring that lessons in overcoming local obstacles in service delivery and in building government capacities and systems are replicated elsewhere to sustain efforts and results around child rights**;

(d) Partnering with communities, the private sector, mass media, civil society **organizations representing excluded populations**, and youth and children's organizations to accelerate behavioural and social change to promote the rights of children and women;

(e) Capitalizing on the UNICEF presence in 14 physical locations⁵ as follow:

(i) The Delhi office will work closely with the central Government in ensuring that children's rights are reflected and resourced in policies and programmes;

(ii) Focus resources in terms of programming, policy and advocacy in seven "priority" states with high IMR **and large marginalized groups** (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Orissa, Chhatisgarh and Jharkhand)⁶ and work in integrated districts and in districts with high IMR and high maternal mortality rates (MMR), through district administrations and *panchayats* (constitutionally established local governance institutions comprising one or more villages) to strengthen planning, implementation and delivery systems;

⁵ Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Orissa, Chhatisgarh, Jharkhand, Assam, West Bengal, Gujarat, Maharashtra, Tamil Nadu (covering Kerala), Andhra Pradesh (covering Karnataka) and New Delhi.

⁶ These are also the seven priority states identified in the UNDAF. These states have large child populations and together account for 64 per cent of infant mortality in the country.

(iii) In the eight comparatively better-off states of Assam, West Bengal, Gujarat, Maharashtra, Tamil Nadu, Kerala, Andhra Pradesh and Karnataka, where progress has been made in the social sector, continue with limited-scale programming balanced with advocacy and influencing policy, including work in selected low-performing districts;

(iv) In all other states and union territories, technical assistance will be provided to influence government programmes and resources for children.

(f) Working through coordination mechanisms with partners including donors and government in order to improve coherence, harmonization and alignment in all sectors covered by the Country Programme as well as promote synergies amongst government agencies and effectively address gaps in sectors.

Relationship to national priorities and the UNDAF

16. Within the context of the United Nations Development Assistance Framework (UNDAF), the country programme will **work in support of the government-led programmes to** accelerate progress towards the national development goals as articulated in the Government's Eleventh Five-Year Plan. The key results of the country programme contribute directly to the outcomes of the UNDAF, which in turn are aligned with the national development goals of the Eleventh Five-Year Plan. It will do so in **collaboration** with development partners, based on each partner's comparative advantage **in supporting the government through its programmes to achieve the national development goals**. The decision under the UNDAF to provide coordinated support to selected districts will facilitate joint programming by United Nations agencies.

Relationship to international priorities

17. The design of the country programme has been guided by the Millennium Development Goals, the Convention on the Rights of the Child, *A World Fit for Children* and other international and regional commitments. The country programme will contribute to results in all focus areas of the UNICEF medium-term strategic plan through support at national, state and district levels for: increased investments in young child survival and development, quality education, an increased focus on children and AIDS and through influencing social policies which will benefit children.

Programme components

Reproductive and child health

18. The programme will **operate within the framework of the government's national policies, namely the NRHM, and the RCH II. It supports national and state led maternal, new born and child health strategic interventions aimed at achieving the MDG targets** to address the causes of high mortality among children and mothers. Key implementing partners include the Ministry of Health and Family Welfare, the Indian Academy of Paediatrics, the Indian Medical Association, the National Neonatology Forum, WHO, Rotary International **and donors from the Development Partners Forum, including USAID.**

19. The programme will contribute to the following results at the national level: support the improved quality of, and more equitable access to, health services; reduce IMR from 58 to 28 per 1,000 live births; and reduce MMR from 301 to 100 per 100,000 live births. In addition, continued support will be provided to interrupt, by the end of 2008, the transmission of the wild polio virus.

20. **Through the NRHM**, the programme will contribute **at the state and district level** to the following results:

(a) Strengthened health systems through provision of technical assistance;

(b) **Supporting the implementation of IMNCI as the national strategy to decrease neo-natal and infant mortality and morbidity through home visiting, counselling, identification, classification, referral and treatment of the five killer diseases. IMNCI, taking into account the recommendations of the on-going impact evaluation, will continue to be** rolled out in all states and scaled up in states with high mortality for improved care of newborns at the household and facility levels;

(c) The ratio of deliveries by skilled attendants increased from 48 to 60 per cent;

(d) Immunization increased from a national average of 56 to 80 per cent;

(e) Roll-out of zinc implementation plan in the management of diarrhoea.

21. The programme will also achieve the following results in the 17 integrated districts:

(a) At least 80 per cent of deliveries attended by a skilled birth attendant;

(b) All workers skilled in home and community-based care of the newborn, sick and severely malnourished child present and active in all villages;

(c) At least 90 per cent of children fully immunized;

(d) At least 80 per cent of children with diarrhoea using oral rehydration salts and oral rehydration treatment with zinc supplementation;

(e) Effective facility-based care for newborns available in all referral institutions.

22. The main interventions will be: (a) child survival and maternal care, which will strengthen health systems and support the scaling up of integrated neonatal and child health interventions, and improve access to quality maternal and neonatal health care and social services; and (b) immunization, which will strengthen systems through the provision of technical support and supply chain management.

Child development and nutrition

23. The programme will support interventions to improve the nutritional status of children and mothers. Behavioural change communication will form an integral part of this programme, with particular reference to exclusive breastfeeding and the introduction of timely complementary feeding. The programme will operate within the framework of government-led child development and nutrition programmes. Key implementing partners include MWCD, the World Food Programme, the World Bank, the Micronutrient Initiative, **USAID** and the private sector.

24. The programme will contribute to the following results at the national level: (a) a reduction in the level of malnutrition from 46 to 24 per cent; (b) significant reduction in micronutrient deficiencies; and (c) improvements in infant feeding.

25. At the state level, the programme will contribute to the following results: (a) prevention of undernutrition among children under three years of age; (b) strengthened monitoring and surveillance systems; (c) sustained reduced levels of micronutrient deficiencies (iron, iodine and vitamin A); and (d) improved home child-care practices, including infant and young child feeding, and care practices for newborns and pregnant and lactating women.

26. The programme will also achieve the following results in the 17 integrated districts: (a) at least 90 per cent of children receiving vitamin A supplementation; (b) all households using iodized salt; (c) at least 90 per cent of children exclusively breastfed for the first six months; and (d) no severely malnourished children and less than 24 per cent of children under five years of age undernourished.

27. The main interventions will be: (a) malnutrition reduction, which will be supported through the effective, quality implementation of universalized integrated child development services, the infant and young child feeding guidelines, early childhood development and interventions to reduce the most severe forms of undernutrition; and (b) micronutrient interventions, including vitamin A and iron supplementation, salt iodization and food fortification, which will continue to be supported to assure sustained high levels of coverage and use.

Child environment

28. The programme will support government initiatives to ensure equitable and sustainable access to and use of safe water and basic sanitation services, with particular emphasis on unreached and marginalized rural communities. It will operate within government schemes and will seek to leverage these and other government resources to scale up demand-responsive and socially inclusive approaches to water supply and sanitation. The Ministry of Rural Development is the key implementing ministry, with other partners including the Department of Elementary Education and MWCD.

29. The programme will achieve the following results: (a) at the national level, strengthened government capacities to focus policies, plans and budgets on securing sustainable, cost-effective and inclusive improvements to service delivery and hygiene behaviour change; (b) at the state level, enhanced systems and capacities to promote the adoption of hygiene practices by families, communities and in schools and *anganwadi* centres (AWCs),⁷ and the proportion of households adopting key hygiene practices increased from 35 to 55 per cent; and (c) in the 17 integrated districts, access to improved sanitation increased from 16 to 65 per cent, access to safe water increased from an estimated 50 to 80 per cent, all *panchayats* receive clean village awards,⁸ all schools and AWCs have water and sanitation and hygiene services, 80 per cent of health centres have access to and use safe water and sanitation services, and at least 100 *panchayats* have sustained community-based water resource and quality management initiatives.

⁷ Crèches that provide early childhood learning and feeding to young children.

⁸ A certification that is awarded by the TSC to villages that have met a set standard on hygiene and sanitation.

30. The main interventions will be: (a) household sanitation and hygiene promotion, which will support government schemes for sustainable and socially inclusive management of water supply and sanitation services, and the promotion of key hygiene practices; (b) water, sanitation and hygiene in schools, which will address the standards for water and sanitation facilities in schools and AWCs, ensuring that agreed norms are met and critical hygiene behaviours adopted through the active participation of children, youth and school teachers; and (c) water safety and community management, which will strengthen community-based water quality monitoring and response programmes, prioritizing water quality and wise water management.

Child protection

31. The goal of the programme is to prevent violence against children and to strengthen protection services for children in vulnerable situations. It will support the implementation of the newly launched ICPS to create a protective environment for children through the improvement and expansion of services for children in need of care and protection and children in conflict with the law under the provisions of the Juvenile Justice Act and related legislation. The programme will also support government initiatives to provide conditional cash transfers for girls on a pilot basis, promote access to education by working children, and reduce the engagement of children in hazardous work and the worst forms of child labour through the National Child Labour Project (NCLP). The key implementing partners are MWCD, the Ministry of Labour, the National Commission for Child Rights and Save the Children Fund.

32. The programme will contribute to the following results: (a) at the national level, strengthened policies, budgets, laws, norms, guidelines and tracking systems on children in need of care and protection and children in conflict with the law; (b) at the state level, child protection units established, and state functionaries and caregivers have increased capacities to protect and rehabilitate children in vulnerable situations; (c) in the 17 integrated districts, community groups empowered to prevent and reduce child labour, child trafficking, child marriage and violence in the home and school, within a child rights approach.

33. The main interventions will be: (a) strengthening systems for child protection, which will contribute to setting and aligning policies, laws and standards; support building of monitoring systems and capacities for law enforcement and child protection through ICPS and NCLP and related programmes, and focus on children without parental care and children in conflict with the law; (b) “no to violence against children”, which will support state and district-level government and civil society initiatives, including children’s organizations, in mobilizing to prevent and reduce violence against children in the home, school, community, institutions and the workplace; and (c) children and cities, which will link with urban development and poverty alleviation programmes in selected cities to address the health, education, living conditions and protection needs of children in poor urban communities and other at-risk situations, including in terms of HIV/AIDS.

Education

34. The programme will support government-led **programmes** to increase enrolment, retention, achievement and completion rates in elementary education,

with a special emphasis on girls **and marginalized groups especially Schedule Castes and Schedule Tribes**. UNICEF will also contribute to the development of strategies and norms to ensure that children **from all communities** can effectively make the transition into secondary education. The main implementing partner is the Ministry of National Human Resource Development, with key collaborators including leading national education institutions, teachers' unions, civil society organizations, other United Nations agencies.

35. The programme will contribute to the following results: (a) at the national level, policies developed to ensure greater access to both elementary and secondary education and quality standards, including learning outcomes; and reduction of illiteracy among girls and women, **Schedule Castes and Schedule Tribes** (b) at the state level, policies and programmes strengthened, with budgets increased and fully utilized, to improve access and retention, as well as improved quality of education in terms of child-friendly school environments and learning outcomes; and (c) in the 17 integrated districts, at least 90 per cent of children complete primary school with basic learning competencies, and at least 80 per cent of girls complete five years of primary education, with one half of them moving on to secondary education with completion rates for **Schedule Castes and Schedule Tribes being as high or higher than the national average**.

36. The main interventions will be: (a) equity and quality promotion, which will support strengthening of system norms and standards for quality education at elementary and secondary levels to advance the retention, achievement and completion rates of all children, and provision of literacy opportunities for children aged 11-15 years who have been missed by the system; (b) **disaggregated** systems monitoring and capacity development, which will ensure that inputs are effectively reaching and being utilized at the school level through partnerships with communities and civil society; and (c) education analysis and research, which will support evidence-based policy development **aimed at reducing gaps in enrolment, retention, performance and transition**.

Children and AIDS

37. The goal of the programme is to reduce vulnerabilities, slow the rate of new infections and mitigate the impact of HIV/AIDS among children 0-18 years old. It will advocate that the special needs of children infected and affected by HIV be addressed as a cross-cutting issue. In the area of prevention, the emphasis will be on young people up to the age of 24 years as the rate of new infections is highest among the 15-24-year age group. As part of the joint United Nations programme, this programme will operate within implementation of the government programme.

38. The programme will contribute to the following results: (a) at the national level, strengthened sectoral analysis, policy frameworks and budget allocations to scale up prevention and mitigate the impact of HIV/AIDS on children; (b) at the state level, HIV/AIDS prevention education mainstreamed into the curricula and teaching of all government secondary schools; correct knowledge of HIV/AIDS and of how to reduce risk provided to 70 million out-of-school adolescents and young people; access to comprehensive PPTCT services provided to 40 per cent of all HIV-positive pregnant women; appropriate care and treatment given to all identified HIV-positive infants and adequate care and protection received by an increased proportion of children affected by HIV; and (c) in the 17 integrated districts, 90 per

cent of at-risk adolescents will receive targeted comprehensive HIV-prevention services and replicable models will be developed for HIV/AIDS prevention, care, support and treatment.

39. The main interventions will be: (a) primary prevention to reach young people in school and those who are most at risk in vulnerable communities through behavioural change and peer outreach approaches; (b) PPTCT through counselling and testing, provision of ARV prophylaxis, and follow-up home based care; (c) paediatric AIDS treatment through early diagnosis of infants below age 18 months, provision of paediatric ARV formulations and follow-up home-based care; and (d) protection and care for children affected by HIV/AIDS to strengthen minimum standards of protection and care services in institutions and build capacities of communities and parents to care for affected children.

Social policy, advocacy and behaviour change communication

40. The goals of the programme are to promote children's and women's rights by influencing the formulation and implementation of national policies and schemes through evidence-based advocacy and strengthening of national data systems. The programme will also accelerate fundamental development and changes in key behaviours.

41. At the national level, the programme will strengthen policy frameworks, budget allocations, data systems and knowledge management⁹ in key sectors related to children or impacting on them; promote the regular review and monitoring of policy and implementation gaps of child-related schemes; increase awareness of successful models that can be replicated; sustain public discourse for social change to meet child-related national and international obligations; and strengthen government capacities to plan, implement and monitor the effectiveness of behaviour change communication strategies.

42. At the state level, the programme will strengthen state-wide strategies for improvement of service delivery around children; increase birth registration in low-performing states; regularly review and monitor policy and implementation gaps of child-related schemes; increase awareness of successful models that can be replicated; and support communication efforts to achieve state-wide results in seven priority states to reduce IMR, slow HIV infection, promote social inclusion in schools and public life and promote behavioural change.

43. In the 17 integrated districts, the programme will strengthen administrations to effectively plan, budget and manage programmes for children and women and monitor results; mobilize children, youth, communities and media to inform national and state public discourse; and support administrations to develop integrated communication plans of action to reach and sustain 90 per cent compliance rates in the key behaviours described in the programmes.

44. The main interventions will be: (a) social policy, which will contribute to key policy formulation processes through evidence-based advocacy, enhanced use of data and a strengthened research function. It will also focus on addressing social inclusion and strengthening the capacities of all levels of government to effectively

⁹ Platforms for knowledge management include the Knowledge Community for Children in India and the United Nations Solutions Exchange.

monitor and utilize public resources; (b) advocacy, which will mobilize partnerships with the media, children, communities, civil society and elected representatives to promote civic engagement and action on children's rights. In addition, it will contribute to the mobilization of resources for children from the private sector and the public; and (c) behaviour change communication, which supplements programme communication activities in sectoral areas and promotes behavioural and social change across sectors.

Emergency preparedness and response

45. The goal of the programme is to ensure the fulfilment of the rights of children and women in humanitarian crises. It will coordinate the UNICEF contribution to the specific UNDAF outcome on emergencies; emergency preparedness and response will also be mainstreamed into sectoral programmes. Key implementing partners include the National Disaster Management Authority, RedR and the Indian Red Cross Society.

46. The programme will contribute: (a) at the national level, to improved policies and practices for a coordinated and inclusive approach to emergency preparedness and response; (b) improved response capacities from the national level to the state, district and community levels; and (c) in selected disaster-prone districts, increased awareness by communities of their vulnerabilities and support to prepare, respond and adapt to or recover from sudden and slow-onset disasters.

47. The main interventions will be: (a) community-based disaster preparedness, which will focus on participatory, inclusive and integrated planning in disaster-prone states and districts; and (b) capacity-building, which will support partners in disaster management through standby agreements and the promotion of coordination, and advocate at all levels for pre-positioning of essential emergency items in central and regional warehouses.

48. **Cross-sectoral costs** will include operating expenses, salary and travel of cross-sectoral staff and office equipment.

Major partnerships

49. Under the leadership of the government, UNICEF will work in close partnership with other United Nations agencies as outlined in the UNDAF and with the World Bank and bilateral partners. The partnership with the United Kingdom Department for International Development, which is premised on the outcomes of the Millennium Development Goals, with special emphasis on the most disadvantaged children, will continue into the new country programme. Work with both international and national NGOs will continue at all levels of programme intervention, and with civil society organizations at the district and village levels. A resource mobilization strategy will include close contacts with the National Committees for UNICEF and partnerships with the private sector and the public.

Monitoring, evaluation and programme management

50. UNICEF will work with the Government to ensure the availability, analysis and use of disaggregated data at national, state and district levels, and to promote the use of DevInfo for monitoring progress towards development goals. Joint planning, monitoring and evaluation activities will take place throughout the

UNDAF period. The integrated monitoring and evaluation plan, which will be linked to the monitoring framework of the UNDAF, will be the basis for monitoring progress, including social inclusion, and ensuring that evaluations are built into programme design.

51. MWCD will coordinate the country programme of cooperation. Annual workplans will be developed at both state and national level in conjunction with the respective line ministries. Annual reviews of both the country programme and the UNDAF will be carried out in collaboration with partners. Mid-way through the programme, a review will take place within the context of United Nations support to India.

Summary Results Matrix of the Government of India – UNICEF country programme, 2008–2012					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/Baseline Estimates for these Results	Key Progress Indicators¹⁰	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	Expected Key Results in this Focus Area will contribute to:
Young Child Survival and Development	<ul style="list-style-type: none"> ▪ Improvement in key health indicators especially amongst disadvantaged groups: <ul style="list-style-type: none"> – IMR reduced from 58 to 28 per 1,000 live births – MMR reduced from 301 to 100 per 100,000 live births – Transmission of wild polio virus interrupted by end-2008 	<ul style="list-style-type: none"> ▪ IMR ▪ MMR ▪ Number of polio cases 	<ul style="list-style-type: none"> ▪ Sample registration system 	<ul style="list-style-type: none"> ▪ National Rural Health Mission (NRHM) ▪ WHO ▪ World Bank ▪ DfID ▪ Norway India Partnership Initiative ▪ USAID ▪ Indian Academy of Paediatrics (IAP), National Neonatology Forum, Federation of Obstetricians and Gynaecologists of India 	<ul style="list-style-type: none"> ▪ MDG 1 ▪ MDG 4 ▪ MDG 5 ▪ MDG 7 ▪ WFFC Goal 1 ▪ UNDAF Outcome 1.2 ▪ UNDAF Outcome 1.4 ▪ UNDAF Outcome 1.7 ▪ UNDAF Outcome 4.3
	<ul style="list-style-type: none"> ▪ Malnutrition reduced from 46 % to 24 % 	<ul style="list-style-type: none"> ▪ Proportion of children under age 3 yrs. underweight (45.9%, 2005-2006) ▪ Prevalence of micro-nutrient deficiencies ▪ Children aged 0-5 months exclusively breastfed (46.3%, 2005-2006) 	<ul style="list-style-type: none"> ▪ National Family Health Survey 	<ul style="list-style-type: none"> ▪ Integrated Child Development Services, NRHM ▪ World Bank ▪ WFP ▪ Micronutrient Initiative ▪ Breastfeeding Promotion Network of India ▪ Synergos Institute 	

¹⁰ To be disaggregated by gender, caste, tribe and district wherever possible.

Summary Results Matrix of the Government of India – UNICEF country programme, 2008–2012					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/Baseline Estimates for these Results	Key Progress Indicators¹⁰	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	Expected Key Results in this Focus Area will contribute to:
	<ul style="list-style-type: none"> ▪ Improved access to, use of and control over safe water and sanitation, and improved hygiene: <ul style="list-style-type: none"> - Household sanitation increased from 40% to 80%; - Consumption of safe drinking water increased to 95%; - Key hygiene practices of children and caretakers improved; - 100% access to safe drinking water and sanitation in primary schools and AWCs. 	<ul style="list-style-type: none"> ▪ Proportion of households using sanitary toilets ▪ Proportion of households adopting key hygiene practices (hand-washing, use of latrines, disposal of children's faecal material, safe water handling) 	<ul style="list-style-type: none"> ▪ National Family Health Survey ▪ Evidence studies ▪ Surveys 	<ul style="list-style-type: none"> ▪ Total Sanitation Campaign ▪ UNDP, WHO ▪ DfID ▪ WesNet ▪ WaterAid ▪ Oxfam ▪ Centres for Environmental Science and Education ▪ World Bank Water and Sanitation Project 	
Basic Education and Gender Equality	<ul style="list-style-type: none"> ▪ All children ages 6-14 yrs access learning ▪ 80 % of children on track or complete eight years of education ▪ 80% Scheduled Tribe/Scheduled Caste children 6-14 in schools ▪ 50% increase from baseline (2007) of girls transiting from upper primary to secondary. 	<ul style="list-style-type: none"> ▪ Enrolment rates ▪ Learning outcomes ▪ Completion rates ▪ Gaps in the literacy rate by Scheduled Tribes/Scheduled Castes ▪ Quality standards mainstreamed in SSA ▪ Number of schools with toilet and drinking water facilities 	<ul style="list-style-type: none"> ▪ Annual Status of Education Report ▪ 2011 Census 	<ul style="list-style-type: none"> ▪ Sarva Shiksha Abhiyan – Education for All (SSA) ▪ UNESCO ▪ World Bank ▪ DfID, EU ▪ National Council for Education Research and Training ▪ National University for Education Planning ▪ Pratham 	<ul style="list-style-type: none"> ▪ MDG 2 ▪ MDG 3 ▪ WFFC Goal 2 ▪ UNDAF Outcome 1.3

Summary Results Matrix of the Government of India – UNICEF country programme, 2008–2012					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/Baseline Estimates for these Results	Key Progress Indicators¹⁰	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	Expected Key Results in this Focus Area will contribute to:
HIV/AIDS and Children	<ul style="list-style-type: none"> ▪ Reduction in HIV prevalence rate among vulnerable groups: <ul style="list-style-type: none"> – 70 million young people have correct knowledge of HIV/AIDS – 40 % of all HIV-positive pregnant women have access to PPTCT services – 40,000 HIV-positive infants on ARVs 	<ul style="list-style-type: none"> ▪ National HIV/AIDS prevalence rate ▪ Percentage of HIV-infected young people aged 15-24. ▪ Number of HIV-positive infants on ARVs 	<ul style="list-style-type: none"> ▪ National Family Health Survey ▪ Annual data from sentinel sites 	<ul style="list-style-type: none"> ▪ Nat'l AIDS Control Programme III ▪ UNAIDS, UNFPA, UNDP, WHO ▪ World Bank ▪ Bilateral donors ▪ Network of People Living with HIV/AIDS ▪ IAP 	<ul style="list-style-type: none"> ▪ MDG 6 ▪ WFFC Goal 4 ▪ UNDAF Outcome 1.5
Child Protection	<ul style="list-style-type: none"> ▪ Strengthened policies, budgets, laws, norms, guidelines and tracking systems on children in need of care and protection and children in conflict with the law 	<ul style="list-style-type: none"> ▪ Existence and implementation of specific legislation and policies on child protection issues ▪ Expenditure on child protection as percentage of GDP 	<ul style="list-style-type: none"> ▪ Mid-term review ▪ Child budgeting studies 	<ul style="list-style-type: none"> ▪ Integrated Child Protection Scheme, Nat'l Child Labour Project ▪ Ministries of Tribal Affairs; Urban Affairs; and Social Justice and Empowerment ▪ ILO ▪ Save the Children 	<ul style="list-style-type: none"> ▪ Millennium Declaration, Section VI ▪ WFFC Goal 3 ▪ UNDAF Outcome 1.6 ▪ UNDAF Outcome 1.8 ▪ UNDAF Outcome 2.4
Policy Advocacy and Partnerships for Children's Rights	<ul style="list-style-type: none"> ▪ Strengthened policy framework and implementation capacity of large-scale state and national programmes to reduce disparities among disadvantaged groups 	<ul style="list-style-type: none"> ▪ Public expenditure on eight flagship schemes as percentage of GDP ▪ Availability of data disaggregated by gender, caste and district 	<ul style="list-style-type: none"> ▪ Child budgeting studies ▪ Mid-term review ▪ National Conference on Social Inclusion (2008) 	<ul style="list-style-type: none"> ▪ MWCD ▪ Planning Commission ▪ Indian Institute for Dalit Studies ▪ Centre for Budget Governance and Accountability 	<ul style="list-style-type: none"> ▪ MDG 8 ▪ WFFC Goal 1, 2, 3 and 4 ▪ UNDAF Outcome 2.1 ▪ UNDAF Outcome 2.2 ▪ UNDAF Outcome 2.3

Summary Results Matrix of the Government of India – UNICEF country programme, 2008–2012					
UNICEF MTSP Focus Area	Key Results Expected in this Focus Area/Baseline Estimates for these Results	Key Progress Indicators¹⁰	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	Expected Key Results in this Focus Area will contribute to:
	<ul style="list-style-type: none"> ▪ Informed public discourse on the status of children, MDG realization, the required policy framework and the reality of the implementation of flagship schemes 	<ul style="list-style-type: none"> ▪ Existence of specific policies, public monitoring of schemes, use of data in public discourse 	<ul style="list-style-type: none"> ▪ Policy analysis ▪ Media analysis 	<ul style="list-style-type: none"> ▪ Parliamentary forum on children ▪ Commission for the Protection of Child Rights ▪ Child Rights coalitions ▪ Media 	<ul style="list-style-type: none"> ▪ UNDAF Outcome 3.1 ▪ UNDAF Outcome 4.1
	<ul style="list-style-type: none"> ▪ Capacities of public administration and community groups enhanced for effective implementation of integrated behaviour change communication strategies 	<ul style="list-style-type: none"> ▪ 15% of annual communication budgets in flagship schemes earmarked for review of communication strategies ▪ Target audiences in priority states reached and influenced by entertainment-education initiatives 	<ul style="list-style-type: none"> ▪ Annual budget allocations and utilisation certificates ▪ Reach and recall media studies; Total Audience Measurement surveys 	<ul style="list-style-type: none"> ▪ Ministry of Health & Family Welfare, MWCD, Rural Development, Nat'l AIDS Control Org. ▪ Information and Broadcasting Ministry ▪ Prasar Bharti ▪ Johns Hopkins University ▪ Communication Initiative 	
	<ul style="list-style-type: none"> ▪ Coordinated and timely response by national, state and district officials to disasters and critical environmental changes 	<ul style="list-style-type: none"> ▪ No. of response plans developed among in selected districts ▪ No. of communities provided with preparedness and rehabilitation support 	<ul style="list-style-type: none"> ▪ Existence of preparedness and response plans to ensure achievement of the UNICEF CCCs in an emergency situation ▪ Mid-term review 	<ul style="list-style-type: none"> ▪ National Disaster Management Authority ▪ RedR ▪ The Red Cross ▪ Sphere India 	