

UNICEF India Country Office

Country Office Annual Report

INDIA 2010

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India Country Office Annual Report 2010

1. Executive Summary	
<p>Highlight 2-4 most important achievements of the year;</p> <p>2-4 most significant shortfalls, compared to the expected results outlined in the Country Programme and/or CPMP; and</p> <p>2-4 most important collaborative partnerships.</p>	<p>The year 2010 has ended on a high note with the visit of Executive Director in December. It offered a great opportunity to present the challenges India faces in achieving equity and social inclusion, at the same time some remarkable initiatives such as the Village Health and Nutrition Day, which reaches out to women and children in villages and offers integrated services every month.</p> <p>The midterm review of the 2008-2012 Government of India (GoI)-UNICEF Country Programme took place in May. It was reconfirmed that interventions to ensure young child survival and development will continue to focus on accelerating reduction of undernutrition and neonatal, infant and maternal mortality; improving hygiene and sanitation; and eradicating polio. Also ensured will be protective environment for children through Education, Child Protection and HIV Programmes. Two areas of emphasis will be adolescent girls, to help break the intergenerational cycle of multiple deprivations, and equity and inclusion by design, to support the reduction of disparities and exclusion. Efforts will be made to better understand the two emerging issues of children living in urban areas and in areas affected by violence. Systemic and human resources constraints in programme implementation were identified as a significant challenge and an area of continued attention.</p> <p>In 2010, a strategy for engaging civil society and community-based organisations was developed to ensure social inclusion, guiding state-level initiatives such as capacity building of organisations of excluded communities. Strategic partnership with private sector is moving beyond resource mobilization, and international and Indian companies are increasingly engaging in programmes.</p> <p>Innovative partnership is illustrated in the School Excellence Programme, for which the Municipal Corporation of Greater Mumbai and UNICEF unite to improve the quality of teaching and learning in public schools. Different partners bring distinctive expertise. Tata Consultancy Services is supporting implementation of MIS system to track learning levels of children. State Bank of India is bringing consultants to support the cause. A number of NGOs are engaged to build the capacities of teachers and headmasters. It is fitting that this starts in Mumbai where an estimated 55% of its population lives in urban slums.</p>

2. Country Situation as affecting Children and Women	
<p>Describe the major changes in the country situation in 2010 that affected progress towards the MDGs and the achievement of children's and women's rights, particularly the most</p>	<p>This year saw a remarkable achievement with the passage of the Right of Children to Free and Compulsory Education Act (RTE) enacted on 1 April 2010 has translated the Constitutional provision under Article 21-A into a justiciable right for the children of India. This path-breaking piece of legislation provides for the right of all children to free and compulsory admission, attendance and completion of quality elementary education with the removal of all barriers.</p> <p>India is home of the largest number of children in the world and records about 27 million births per year¹. Thus the progress that India makes towards achieving the Millennium Development Goals (MDGs) and targets related to children will</p>

¹ State of the World's Children Report 2010: UNICEF

2. Country Situation as affecting Children and Women

disadvantaged children. (Build on your answer to the question “Who are the most disadvantaged children in your country context” in the Equity Tracker).

Please list (with links) the major publications issued by UNICEF or partners in 2010 which contributed to the ongoing analysis of situation of children and women in the country.

Provide links to relevant reports, tables, graphs and other materials from recent national MDG or WFFC reports, new findings from studies and research. Include references where appropriate.

continue to determine the progress that the world makes in achieving the MDGs. The country has made significant gains such as in child survival in the age-group of 1-4 years and education in recent years, while some aspects require immediate attention, such as Polio, which is yet to be fully eradicated.

A major challenge across all sectors is the issue of exclusion of groups based on social and religious categories, household poverty levels and gender. For example, the under-five mortality (U5MR) rates for Scheduled Tribes (ST) and Scheduled Castes (SC) are 96 and 88 per 1,000 live births respectively, as compared to the U5MR for the population in the general category which is 60². A child born in a household belonging to the lowest quintile of wealth is three times as likely to die before reaching age five compared a household belonging to the highest quintile. Ten more girls than boys die before reaching their fifth birthday out of the every 1,000 births in each of the categories³.

All major national data sets in India are disaggregated by social groups, SC/ST, and by gender, yet national level indicators do not reflect the highly pronounced disparities that exist between and within states. For example, while in Madhya Pradesh (MP), 92 children out of every 1,000 children die before reaching their fifth birthday, in Kerala this number is 14⁴.

UNICEF India’s support to government in the analysis of situation of children and women has included:

- Survey of Mahadalits (the most disadvantaged of SC communities) in Bihar, undertaken at the request of government.
- Gap analysis of the issues in the tea gardens of Assam where migrant workers are legally under the protection of plantation owners and not the State, suffering from many deprivations of basic needs.
- In West Bengal, work is underway to identify indicators to assess the extent of social exclusion.
- Communication for Development Programme in cooperation with the Social Policy, Planning, Monitoring and Evaluation Programme has also undertaken a barrier analysis study in six Integrated Districts, where social and behaviour communication strategies are being implemented.

The MDG India Country Report 2009 is available at Ministry of Statistics and Programme Implementation website:

http://mospi.nic.in/rept%20%20pubn/ssd04_2009_final.pdf

² National Family Health Survey (NFHS) 3 (2005-2006)

³ NFHS 3 (2005-2006)

⁴ Sample Registration System: Annual Statistical Report 2008

3. Country Programme Analysis and Results

3.1 Country Programme Analytical Overview

<p>Using the Good Programming practices given below as a reference, analyze the performance of the CO including successes and challenges, in each of the following Programme Strategies.</p>	<p><i>Please complete the analysis against the definition and good practices criteria. In the context of focus on the most disadvantaged children and groups, provide a concise analysis of UNICEF performance and experience in 2010 in each area</i></p>
<p>1. Capacity Development</p>	<p><i>Definition: The process whereby people, organizations and society as a whole unleash, strengthen, create adapt and maintain capacity over time.</i></p>
<p>Good Practices: a) Engage with partners to build agreement on the priority areas of CD for children and women; b) Design and prioritize CD strategies based on concrete evidence and analysis of capacity assets and needs, including the core capacity to deliver the CCCs in humanitarian situations; c) Build on existing capacity assets to address gaps of rights-holders and of duty-bearers to reach the most vulnerable; d) Support implementation through national/local systems and processes with an exit strategy to hand-over; and e) Systematically gather and analyse information on performance and progress towards results, including increased core capacities, documenting lessons learned and innovations.</p>	<p>A key element of the current Country Programme is the upstream work at national and state levels in terms of policy and programme influencing, advocacy and strengthening of systems and capacity development in the flagship social sector programmes of the government leading to results for children and women. This aspiration was coined ‘changing gears’ to illustrate a major strategic shift from earlier focus on programme implementation through supplies, trainings, etc.</p> <p>In 2008, the Country Management Team formulated indicators for this strategic shift. A 2010 study showed that capacity development has been adequately articulated for each of the programmes and their results. At the same time, the study found that these activities are not necessarily informed by an analysis of institutional and capacity constraints to help evolve capacity development plans, with the possible exception of HIV and Communication for Development programmes. There is also no shared understanding of the concept as it covers a broad range of activities.</p> <p>A lack of systematic evaluation makes it difficult to ascertain the extent of the strategic shift of capacity development interventions and their impact on systems strengthening. Examples demonstrate a move from training functionaries to reviving training institutions; from procurement of services to strengthening government procurement systems, a shift towards accessing and leveraging government resources and promoting convergence between its flagship programmes, and the establishment of strategic partnerships with rural development institutes and academies of administration are being established.</p> <p>There are examples of systems strengthening to promote social inclusion in Bihar (support of SC/ST Department and the Mahadalit Commission), in West Bengal (resource centre to better understand social exclusion processes), and a programme to build capacities of community based organisations of the excluded at national level and in select states.</p> <p>A capacity development framework was developed in 2009 and tested by the Maharashtra Field Office and partners in 2010. The framework ensures that interventions go beyond individual or subsystem level, and also analyzes bottlenecks and shortfalls in organizational alignment and enabling environment and UNICEF’s strategy to address these bottlenecks with partners.</p> <p>Similar tests will be rolled out in four states and two programme sections in 2011.</p>

2. Effective Advocacy	<p>Definition: <i>Deliberate efforts, based on demonstrated evidence, to directly and indirectly persuade decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of the rights of children and women, particularly the most vulnerable and excluded.</i></p>
<p>Good Practices: a) Design and prioritize advocacy based on concrete evidence and a careful analysis of the local context; b) Collaborate with partners and stakeholders to add value; c) Advocate through a strategic selection of approaches, both public and private - communication and outreach across multiple channels, platforms and audience groups; d) Engage with RO and HQ, in higher risk advocacy issues and contexts; e) Ensure results focussed, rights based advocacy that represents the most vulnerable; f) Mechanism in place to ensure that advocacy is reoriented / adapted to respond to emerging priority issues/opportunities as country context changes; and g) Systematically and regularly monitor and evaluate opportunities, progress and performance, documenting lessons learned and innovations.</p>	<p>Advocacy and Partnership (A&P) Section leads ICO’s advocacy efforts while all Programme sections and Field Offices engage in evidence-based advocacy and policy dialogue with decision-makers to generate consensus for enhanced policies, laws and resources to accelerate achievement of the MDGs.</p> <p>Strategic partnerships are key to taking forward advocacy initiatives, and the A&P partnered with a wide range of stakeholders at the national, state and district levels. These include the GoI, parliamentarians, academic institutions, the private sector, media, civil society organisations, child rights coalitions and youth groups. The section also collaborated with the National Human Rights Commission, the National Commission for Women and the National Commission for Protection of Child Rights.</p> <p>UN agencies, bilateral partners and international and national NGOs at national, state, district and village levels are also key partners. The section works closely with various UNICEF National Committees to raise the profile of ICO’s work. ICO also partners with faith-based groups, including a major HIV prevention advocacy event this year in Bangalore with more than 400 religious leaders.</p> <p>A&P works closely with the Parliamentary Forum on Children and various legislative fora and committees to ensure that children’s rights are reflected in policies and programmes. Nationally, there were Parliamentary meets in 2010 on the Right to Education (RTE), Nutrition, Maternal and Neonatal Health and Water and Sanitation. Maximizing the Executive Director’s visit in December, a special session on youth was held in the Parliament entitled “Children as Agents of Change: Voices from the Field” showcasing youth leaders from around India.</p> <p>In 2010, partnerships with vernacular media were leveraged through field visits and the strategic sharing of data. Media workshops were organised in conjunction with the Health section to build support and understanding for the second dose of measles immunization drive in Assam and MP.</p> <p>To support youth participation, a partnership was formed in 2010 with the NGO ‘Media Matters’ to work closely with children and young people in 15 states to ensure their voices are heard at important platforms.</p> <p>Please see also other sections of the report for ICO’s documentation systems and examples of evidence-based advocacy.</p>
3. Strategic Partnerships	<p>Definition: <i>Voluntary and collaborative relationships between various parties, both State and non-State, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.</i></p>
<p>Note: Covers all categories of partnerships viz. Civil Society, Private sector, Global Programme</p>	<p>A cross-cutting strategy of UNICEF’s programme of cooperation with GoI is “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”. Strategic partnerships for programme implementation are</p>

<p>Partnerships, IFIs, Inter-governmental bodies and UN agencies.</p> <p>Good Practices: a) Systematically map and prioritise partners and partner categories taking into account evolving contexts and risks; b) Identify/ establish partnerships in accordance with UNICEF guidelines, rules and procedures; c) Design, implement and coordinate partnerships that are strategic, and results oriented, with defined roles and responsibilities, leveraging capacities and resources of all; d) Communicate effectively with partners and provide opportunities for feedback; e) actively participate in relevant national/sub-national coordinating mechanisms and processes, including taking leadership roles when required or as per CCCs; and f) Monitor and evaluate partnerships and maintain partner database with info on performance, innovations, lessons learned.</p>	<p>described within programme results in later sections.</p> <p>With the introduction of new guidelines for UNICEF Programme Cooperation with Civil Society Organizations, Delhi and all 13 Field Offices conducted a mapping of implementing partners earlier this year. A notable example is the Uttar Pradesh (UP) Field Office which widely called for interested implementing partners, assessed their capacity and developed a partner database. A list of partners across the country, including information such as geographical coverage, areas of expertise, strengths and weaknesses, is maintained centrally in Delhi and available on the ICO Intranet.</p> <p>Other notable partnerships include UNICEF India’s strategic partnership with the United Kingdom’s Department for International Development (DFID). As the largest bilateral donor to ICO- the partnership has helped the office leverage its field presence to facilitate programme convergence and demonstrate evidence-based, high impact innovations for adoption and scale up by government.</p> <p>ICO’s continuing partnership with IKEA Social Initiative (IKEA SI) has helped deliver tangible benefits to the realisation of child rights, particularly in the Health, Child Protection and Child Environment programmes. IKEA SI, the largest corporate donor for ICO, shares a common vision of fulfilling the rights of children through high quality, cost-effective interventions.</p> <p>UNICEF India has also entered into strategic partnerships with the private sector that go beyond financial resources. The most recent example of this is the partnership with the Confederation of Indian Industries to influence Corporate Social Responsibility practices in the education sector, especially in light of the recently notified Right to Education Act. A one-day conference with corporates and other stakeholders like the Ministry of Corporate Affairs and civil society showcased good examples of existing corporate initiatives in the field of education. UNICEF also developed and released a toolkit with practical tips for the private sector to engage in the education sector.</p>
<p>4. Knowledge Management</p>	<p><i>Definition: The creation, organization, sharing and use of knowledge for better organizational performance and development results.</i></p>
<p>Good Practices: a) Undertake and support local research to address situation of most disadvantaged and incorporate into ongoing Situation Analysis, including impact of emergency</p>	<p>The Knowledge Community on Children in India (KCCI), a knowledge management initiative, helped promote the generation and dissemination of key research on children and women in India. The year saw the successful execution of another KCCI Summer Internship Programme, with 44 interns from renowned graduate schools documenting 12 case studies. Topics ranged from an assessment of social inclusion in tribal communities under the Integrated Child Development Scheme in Jharkhand, to the availability of basic social services in urban slums in Bihar. The KCCI Website, intended to bring experts, practitioners, and researchers</p>

<p>risks and humanitarian situations ; b) Define accountabilities and deliverables for knowledge activities in the Country Programme and support national capacities; c) Work with partners to develop knowledge products relevant and useful to them; d) Facilitate access of national partners to relevant external knowledge sources and networks; e) Maintain systems and tools for gathering and analyzing info on implementation, documenting innovations, lessons learnt; and f) Develop governance practices to ensure knowledge and knowledge products are created, managed and used efficiently, transparently and are disseminated internally and externally.</p>	<p>together to share knowledge on issues related to children and women, is being revamped and will host social networking features such as a discussion forum. Furthermore, six knowledge sharing seminars were held and external experts were invited to share their experiences and provided a space for learning for staff and partners.</p> <p>All Programmes and Field Offices also play an active role in knowledge management. Communication for Development (C4D) facilitated 3 “Sharing Experiences” seminars on topics related to communication. At state level, the Orissa Field Office is forming a knowledge management partnership with KIIT University that has a sister educational institution serving children from tribal communities. The Gujarat Field Office continued to proactively document their experiences, including lessons learnt on public-private partnership for the reduction of maternal mortality, which was featured as one of the equity focused cases in the ‘<i>In Practice</i>’ Newsletter published by NYHQ.</p> <p>In the area of system and governance, documentation guidelines were issued in 2008, including a standard format for Good Practice, Lesson Learnt, Innovation and From the Field documentation. This year ICO developed a pool of skilled writers who can visit the field, interview partners and people in communities, and document good practices and lessons learnt. The office also updated the classification of knowledge products and their review process as part of reinstating the Publication Coordination Committee. This is meant to ensure that all ICO publications meet quality standards in style and presentation. Under the leadership of Operations, the current record management system has been reviewed and is being improved with support from NYHQ.</p>
<p>5. C4D Communication for Development</p>	<p><i>Definition: A systematic, planned, evidence based strategic process that promotes positive and measurable behaviour and social change; is intrinsically linked to programme sectors; uses consultation with and participation of children, families, communities and networks; privileges local contexts; and relies on a mix of communication tools, channels and approaches.</i></p>
<p>Good Practices: a) Mobilise partners for multi-sectoral C4D task forces, including representation from communities; b) With participation of key stakeholders, systematically collect /use social, cultural, behavioural information to identify underlying causes and develop strategy using best combination of approaches; c) Use participatory</p>	<p>A cross-sectoral approach to social and behaviour change is driven by ICO’s C4D programme and applied in the Integrated District Approach, which covers 17 districts with a population of 30 million, including 13 million children. Examples of results achieved through the involvement of key stakeholders include:</p> <ul style="list-style-type: none"> - In Rajasthan, UNICEF collaborated with the State Core Committee on Infant and Young Child Feeding (IYCF) under the Ministry of Women and Child Development and the National Rural Health Mission resulting in state plans for IYCF, including capacity building of frontline workers in interpersonal communication and counselling skills. - In Lalitpur district, existing NGOs and networks have been mapped, resulting in the formation of a federation of NGO networks. Their capacity has been built over the past four years, and the federation reaches 200,000 people constantly on key behaviours. <p>Consultation with stakeholders occurs at different stages of programme implementation, depending on the programmatic level, scope and nature of the</p>

<p>approaches in research, analysis, planning, implementation, monitoring and evaluation of C4D through ongoing consultation with stakeholders at all levels, especially vulnerable and excluded marginalized groups;</p> <p>d) Pre-test all materials with all participant groups;</p> <p>e) Integrate monitoring mechanisms in sectoral workplans;</p> <p>f) Maintain database with info on performance, innovations, lessons learned.</p>	<p>interventions. Some examples:</p> <ul style="list-style-type: none"> - Village Volunteers (VVs) collect behavioural monitoring data that is analysed and compiled at village, block and district level bi-monthly. This provides valuable inputs to district BCC cells to assist national flagship programmes in planning, implementation and monitoring (Karnataka). - Village committees and <i>panchayat</i> support-groups are formed to take C4D-related issues higher up. VVs organise monthly village meetings to discuss progress against indicators in the village plan and carry out home visits to promote key behaviours. <p>VVs also conduct social and spatial mapping to identify communication gaps and socially excluded groups in selected districts. This information is then compiled at the block level and analysed at the district level, feeding into the C4D monitoring system.</p> <p>To supplement quantitative M&E techniques, ICO uses a qualitative, participatory technique of Most Significant Change (MSC). Besides capturing change, MSC is focused on understanding the process of behaviour change which is then fed into C4D programming.</p> <p>Material pre-testing is done systematically with key participants to ensure message appropriateness and effectiveness.</p> <p>M&E system is already integrated into sectoral plans. C4D is currently working to better harmonise and integrate the system across sectors and states.</p>
<p>6. Human rights-based approach to cooperation</p>	<p><i>Definition: A conceptual framework for the process of human development that is normatively based on international human rights principles and standards and operationally directed to promoting and protecting human rights.</i></p>
<p>Good Practices:</p> <p>a) Design programmes based on human rights principles and standards, using analysis which considers all rights of all children and women, with particular focus on the most disadvantaged, including those in humanitarian situations;</p> <p>b) Base results pursued and interventions supported on the realization of rights, with a focus on the capacities of duty-bearers to respect, protect and fulfill the rights of children and women and on the capacities of rights holders to</p>	<p>Human Rights principles inform ICO’s programming focus on Social Inclusion, a main pillar of the India Country Programme intended to address the complex social and economic disparities that inhibit India's progress towards the MDGs.</p> <p>Since 2008, ICO has been consolidating understanding of the implications of an equity focus for programming, undertaking partnerships for evidence base development, integration of social inclusion as a theme in research and advocacy, and mainstreaming the focus through a series of internal workshops.</p> <p>In 2010, ICO developed 13 state Roadmaps to Social Inclusion which reflect state-specific priorities and translate the inclusive equity commitment to their specific social and geographic contexts. Also, <i>Inclusion by Design</i>, an overview of ICO’s overall commitment to equity has also been prepared for both information and advocacy purposes.</p> <p>Current strategies include strengthening a knowledge base on policy, programme and implementation gaps in reaching excluded communities with essential health, sanitation, education and nutrition services. Geographically targeted programming along with innovative service delivery models have demonstrated results, with data from the Integrated Districts showing effective closing of gaps between social groups in key indicators. Nuanced communication approaches to reach excluded groups, social change messages and advocacy contribute to creating awareness of the importance of non discrimination as a critical aspect of closing social and</p>

<p>claim their rights; c) Promote participation of rights holders at all stages of programming; d) Identify, articulate and support the accountabilities of key stakeholders; e) Take opportunities to use and support Human Rights mechanisms (e.g. national reporting to the CRC and CEDAW Committees) at all levels; and f) Consider the human rights perspective in all aspects of knowledge management, monitoring and evaluation.</p>	<p>development gaps. Work on Emergencies, Child Protection and HIV continues to provide sharper focus on vulnerabilities arising from poverty, livelihoods, social stigma and exploitation.</p> <p>Partnerships with research bodies specifically focusing on issues of equity and inclusion, and with NGOs and CBOs representing excluded social groups reflect ICO's commitment to enhance the voice of excluded communities in the development process. In 2010, a strategy for engaging CBOs was developed, and advocacy platforms are being developed in several states and at the national level.</p> <p>ICO has received funds from the NYHQ Equity Fund for monitoring and evaluation, and documenting and advocating for disparity reduction in key social sectors. Specifically, funds will be used to strengthen internal monitoring and results reporting on equity, evaluation and knowledge on best practices in 2011.</p>
<p>7. Gender Equality and mainstreaming</p>	<p><i>Definition: The process of assessing the implications for women, men, girls and boys of any planned action, including legislation, advocacy, policies or programmes, in all areas and at all levels; a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that they benefit equitably and inequalities are not perpetuated.</i></p>
<p>Good Practices: a) Design, prioritize work based on gender analysis, examining situation of girls/boys, women/men, identifying disparities and inequalities, with due consideration of intersection between gender discrimination and other forms of discrimination in all situations, including in emergencies; b) Seek to achieve and measure results and to support activities taking into account gender differences and their potential contribution to</p>	<p>The India Country Programme 2008-2012 reflects its mandate to work for women's and children's rights and for integrating gender equality concerns into every aspect of programming.</p> <p>A review of ICO programming for gender equality⁵ was completed in early 2010 to identify strategic possibilities. The Review mapped the existing national policy and identified opportunities for strengthening national policy initiatives that promote gender equality. This exercise was conducted to strengthen programming interventions for gender equality, with the specific aim of informing the Mid Term Review of the current Country Programme.</p> <p>The Review concluded that ongoing ICO interventions on girls' education, water and sanitation, nutrition, anaemia and child protection, as well as its strategy to focus on 'social inclusion', are well-designed and well-positioned to take advantage of the synergy and interconnections between women's rights and children's rights.</p> <p>The present programme portfolio includes several targeted interventions aimed at women-specific programmes (mother and child health, anaemia control for adolescent girls, girls' education) which, if successful, will make a significant</p>

⁵ 'Advancing Women's Rights and Gender Equality: Strategic Opportunities for UNICEF India' (Kalyani Menon-Sen and Ranjani K. Murthy, New Delhi, UNICEF India, 2010)

<p>gender equality; c) Provide equal opportunities for men/ women/ girls/ boys to participate in programme design, implementation and monitoring and promote empowerment of women/girls through both programme and internal operations; and d) Gather and analyse info on gender equality and gender-specific results, documenting innovations, lessons learned.</p>	<p>positive impact on women's health and nutrition status and access to services.</p> <p>ICO also has several interventions conceptualised from a gender equality perspective. These include:</p> <ul style="list-style-type: none"> - Campaigns against child marriage and trafficking - Perspective-building and capacity-building on gender equality for key institutional stakeholders (such as police and teachers) - Challenging gender stereotypes in campaign materials and teaching/learning materials - Development and application of disaggregated databases, planning tools and monitoring tools - Development and application of gendered strategies and tools for programme planning, budgeting and human resource management - Evidence-based advocacy on key issues of women's and girls' rights. <p>In 2010, the Country Management Team established a 'Gender and Diversity' working group which will address issues related to mainstreaming both the gender equality and social equity focus in programmes. In addition to finalising the country office Strategic Priority Action Plan for mainstreaming gender equality, the working group will monitor programmes using the gender marker and develop a gender mainstreaming capacity development plan for the organization.</p>
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3.2 Report on the Progress and Results in Country Programme of Cooperation

Country Programme Component: Reproductive and Child Health (RCH)

Main MTSP focus area addressed: *(check one of the six)*

Main MTSP Key result areas addressed: *(check up to five)*

<input checked="" type="checkbox"/> FA1 KRA1	<input checked="" type="checkbox"/> FA1 KRA2	<input checked="" type="checkbox"/> FA1 KRA3
<input checked="" type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3

Purpose of the Programme Component and the main results planned for 2010

The RCH programme is guided by UNDAF Outcome 1 (*strengthened policy framework and implementation capacity to reduce disparities and enhance opportunities for disadvantaged groups*) and CPAP Strategic Result 1 (*provision of quality basic services to targeted excluded populations through strengthening management, budget and delivery systems of child-related programmes*). It operates within the framework of GoI policies, specifically government's national flagship programmes, the National Rural Health Mission (NRHM) and Reproductive and Child Health Phase II (RCH II), and supports maternal, newborn and child health interventions to address high mortality at national and state level. The programme contributes to three outcomes: (a) improved quality of, and more equitable access to, health services, (b) reduce infant mortality rate from 58 to 28 per 1,000 live births, (c) reduce maternal mortality rate from 301 to 100 per 100,000 live births.

To support the planning, implementation and monitoring of maternal and child health programmes, the programme focuses on: (a) leveraging government funds for evidence-based interventions while using UNICEF funds for modelling innovations, (b) providing programme management support to State and District Health Societies, (c) monitoring, evaluating and disseminating innovations.

For 2010, the Programme focused on: a) accelerating access to and participation of excluded communities in health and nutrition services, b) improving the implementation of the Routine Immunization programme and supportive supervision therein, c) enhancing the capacities of Health Managers at block, district, state and national level to manage health system resources for maternal and child health and immunization programmes, d) using Village Health and Nutrition Days (VHND) to facilitate convergence of maternal and child survival, growth and development programmes, e) supporting the implementation of the second opportunity measles vaccination campaigns, f) supporting the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Skilled Birth Attendance (SBA), Ante-Natal Care (ANC) and Post-Natal Care (PNC) programmes, g) collecting and analysing routine data using it to inform programme design, planning, implementation and monitoring, h) support quality enhancement of Maternal Death Inquiry, i) supporting the malaria control programme, j) support introduction of newer vaccines and k) capacity development of human resources in the health sector.

Resources used:

	Approved	Available
RR	24,400,000	4,656,273
OR		18,803,016
Total	24,400,000	23,459,289

List of donors

- United Nations Foundation
- Swedish Committee – IKEA
- UK Department for International Development
- Norwegian Ministry of Foreign Affairs’ Partnership Initiative
- US Centers for Disease Control and Prevention (CDC)
- Italian Committee for UNICEF
- United States Fund for UNICEF
- Thematic – Young Child Survival & Development

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
<p>a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint</p>	<p>The programme has worked with government partners to foster synergy between the government’s Routine Immunization Programme and Maternal, Neonatal and Child Health programmes thereby preventing isolated, ineffective solutions to young child survival and development. Especially in the Integrated Districts, UNICEF supported NRHM and RCH to leverage funds for increased access and improved quality of services.</p> <p>Engagement with high-level government officials at the national level resulted in comprehensive support to the preparation and implementation of second opportunity vaccination for measles, and government’s decision to implement maternal deaths review - Maternal and Perinatal Death Inquiry and Response - in all districts. With GoI funds, the Special Newborn Care Units (SNCUs) were successfully scaled up in nine states, resulting in more than 100 units operational and more than 150 planned in almost all states. For the sustainable union-wide roll out of Integrated Management of Neonatal and Childhood Illness (IMNCI), more than 300,000 frontline workers were trained, achieving a cumulative coverage of 78.2% in more than 200 districts, above the target of 125 in the GoI’s 11th Five Year Plan. Surveys⁶ also show that the utilization of Oral Rehydration Salt, early initiation of breastfeeding, exclusive breast feeding and immunization coverage increased significantly, ultimately contributing to a reduction in neonatal and infant mortality. To ensure a Continuum of Care, UNICEF continues to support facility-based IMNCI.</p> <p>UNICEF is a key partner in the Norway-India Partnership Initiative, and expanded partnerships with academic and professional bodies like the Indian Academy of Paediatrics, Earth Institute of Columbia University, the Public Health Foundation of India, National Institute for Malaria Research and The Energy and Resources Institute.</p> <p>The national and several state cold chains are being assessed to guide the upgrading of cold chain infrastructures and resource allocation. Support to a nationwide Coverage Evaluation Survey has provided data filling the vacuum between the 2007 survey and the upcoming one planned for 2012. The results demonstrate the considerable progress made under NRHM, including an increase of full immunization rates of children from 43.5%⁷ to 61.0% nationally. These results have secured sustained government funds for this flagship programme.</p> <p>To maximise resources, the GoI has effectively prioritised its approach in making available emergency obstetric care and essential newborn care. The focus is on</p>

⁶ Coverage Evaluation Survey 2009, Baseline Survey Report of Social Marketing of ORS and Zinc for the Management of Childhood Diarrhea in Lalitpur District 2010 and 10 District Survey on Management of Diarrheal Diseases 2008.

⁷ NFHS 3 (2005-2006)

<p>Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>strategically selected primary care and referral centres and 40% of districts in the country. An assessment of obstetric practices shows that First Referral Units (FRUs) have started adopting improved tools and practices, like active management of third stage of labour and reduced ineffective routine practices.</p> <p>Constraints include continuous high percentage of vacancies, transfers and inadequate capacity combined with poor infrastructure and delays in procurement of supplies⁸, affecting programme implementation. Frontline workers have the potential to ensure improved coverage of community-based case management of childhood illnesses such as pneumonia and diarrhoea, especially in remote districts, but they are not regularly supervised.</p> <p>Lessons learnt include that C4D and adequate nutrition and sanitation contribute greatly to sustainable results in the RCH programme. This is particularly important for RI and Polio Eradication in the 107 blocks of UP and Bihar where effective synergies can address polio outbreaks. The private health sector must be involved to reach large sections of disadvantaged population groups. Building capacity of human resources in the sector is key to strengthening health systems.</p> <p>In 2011, the focus will be:</p> <ul style="list-style-type: none"> - Strengthening access to quality community and facility based services along the continuum of care, especially for the poor, disadvantaged and hard to reach populations. - Facilitating greater convergence and collaboration with other sectors. - Using upstream technical assistance, advocacy and operational research - Enhancing the scale up of successful models like SNCUs - Intensifying collaboration with NRHM with a focus on the Universal Immunization Programme and its cold chain, and the roll out of facility-based IMNCI. - Good practices for the operationalisation of FRUs will be established, and use of the Coverage Evaluation Survey data and analysis supported.
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Country Programme Component: Child Development and Nutrition		
Main MTSP focus area addressed: <i>(check one of the six)</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input checked="" type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Child Development and Nutrition (CDN) programme seeks to contribute to the achievement of MDGs 1, 4 and 5 in India and UNDAF Outcome 1.4 to reduce hunger and undernutrition.</p> <p>The CDN programme aims to deliver measurable results in five priority result areas that are essential</p>		

⁸ <http://mohfw.nic.in/nrhm.htm>

for improved child survival, growth and development outcomes:

- Improved breastfeeding practices in the first two years of life
- Improved foods and feeding practices for children 6-23 months old
- Improved micronutrient nutrition and anaemia control in infants and young children
- Improved nutrition and anaemia control in adolescent girls and mothers
- Improved feeding care for children who are severely undernourished and/or affected by HIV

The CDN programme supported the implementation of national and state government plans for the Integrated Child Development Services (ICDS) Universalisation with Quality programme. It also strengthened convergent action with NRHM through facility-based interventions in Anganwadi and Health centres, supported outreach initiatives such as Village Health and Nutrition Days (VHNDs), and community-based programmes to ensure a socially-inclusive continuum of nutrition care and support for children in the first two years of life, adolescent girls and mothers.

Key implementing partners include Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), Indian Academy of Paediatrics, WHO, the World Bank, USAID, GAIN, Micronutrient Initiative (MI) and national and international NGOs.

Resources used:

	Approved	Available
RR	15,000,000	2,084,356
OR		13,428,715
Total	15,000,000	15,513,071

List of donors

- Swedish Committee for UNICEF - IKEA
- UK Department for International Development
- USAID
- Bill and Melinda Gates Foundation (BMGF)
- Thematic – Young Child Survival and Development

Results achieved:

<p>a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefited;</p> <p>b) Most critical factors or constraints affecting performance</p>	<p>CDN supported the roll-out of WHO Child Growth and Development Standards, which recognise that children in India have the same growth and development potential as children worldwide. The use of the WHO Standards and India's Mother-Child Protection Card in ICDS and NRHM was rolled out in an additional 212 districts. Additionally, the CDN programme supported the inclusion of improved counselling on Infant and Young Child Feeding (IYCF) in the training of ICDS and NRHM staff and frontline workers. In 2010, an additional 450,000 frontline workers were equipped with skills to counsel and support mothers and families on improved breastfeeding, complementary feeding and related maternal nutrition. Furthermore, in 320 districts - VHNDs included counselling and support for improved IYCF. As a result of this, an additional 5.5 million mothers with a child 0-24 months old had access to improved counselling and support. The Coverage Evaluation Survey 2009 shows important gains in infant feeding practices. For example, the rate of initiation of breastfeeding within one hour of birth increased from 25%⁹ to 34% nationally while that within one day of birth increased from 55%¹⁰ to 74% nationwide.</p>
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⁹ NFHS 3 (2005-2006)

¹⁰ NFHS 3 (2005-2006)

<p>(internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>CDN supported national and state efforts to deliver preventive vitamin A supplementation (VAS) and deworming prophylaxis for underfives. The national VAS coverage increased from 32% in 2007 to 65% in 2010, and 75 million children were reached twice yearly. Simultaneously, UNICEF reduced its direct procurement of vitamin A supplements by 41%, indicating increasing ownership of the VAS programme by state governments. Deworming was bundled with biannual VAS in six states. A three-year national plan of action to accelerate progress towards universal salt iodization (USI) was agreed upon with support by the UNICEF-GAIN-BMGF partnership. Recent data show that 4.8 of the 5.4 million metric tons (89%) of salt used for human consumption are iodised. UNICEF and its partners of the Indian Flour Fortification Network supported nine state governments in scaling up wheat flour fortification with iron and folic acid. Currently, two million metric tons of wheat flour are fortified, and it is estimated that 36 million people have regular access to fortified wheat flour.</p> <p>CDN supported ICDS and NRHM to scale-up the adolescent anaemia control programme with state funds. By the end of 2010, the programme is being scaled-up in 11 states. A total of 16.4 million adolescent girls are reached with iron and folic acid supplements weekly, deworming prophylaxis biannually, and counselling and support to improve their diets and prevent anaemia. Additionally, CDN supported MWCD in developing the framework and implementation guidelines for the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (SABLA) and the Indira Gandhi Scheme for Maternity Protection (a conditional cash transfer scheme). These two national programmes have been developed to improve women’s nutrition and opportunities throughout the life cycle.</p> <p>CDN supported NRHM to scale up care for children with severe acute malnutrition (SAM) with standardised protocols for the admission, care, discharge and follow-up of children. The Government of MP was supported in the expansion of a network of 230 Nutrition Rehabilitation Centres throughout the 50 districts of the state, and in 2010 - a total of 53,000 children were provided with life-saving care. Similar support was provided in the states of Jharkhand and UP. The CDN and HIV sections supported the National AIDS Control Organization (NACO) in finalizing the national guidelines on infant and young child feeding for HIV-exposed children.</p> <p>The two major challenges in programme implementation were: a) ICDS vacancies - anganwadi workers and supervisors – affecting programme coverage, quality and impact, b) Sub-optimal quality, adequacy, and timeliness of essential supplies to states by ICDS and NRHM.</p> <p>In 2011 CDN will prioritise support to: a) implementation of National and State Plans for ICDS Universalisation with Quality, b) scale up of initiatives for improved nutrition in children 0-24 months old and their mothers through ICDS, NRHM, VHNDs and community-based programmes with a focus on equity outcomes, c) implementation of National and State Plans for the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls and the Indira Gandhi Scheme for Maternity Protection, and d) scale up state-wide programmes for the control of micronutrient deficiencies and anaemia in children, adolescent girls and mothers.</p>
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Country Programme Component: Child Environment**Main MTSP focus area addressed:** *(check one of the six)***Main MTSP Key result areas addressed:** *(check up to five)*

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> FA1 KRA1 | <input checked="" type="checkbox"/> FA1 KRA2 | <input checked="" type="checkbox"/> FA1 KRA3 |
| <input type="checkbox"/> FA1 KRA4 | <input type="checkbox"/> FA2 KRA1 | <input type="checkbox"/> FA2 KRA2 |
| <input type="checkbox"/> FA2 KRA3 | <input type="checkbox"/> FA2 KRA4 | <input type="checkbox"/> FA3 KRA1 |
| <input type="checkbox"/> FA3 KRA2 | <input type="checkbox"/> FA3 KRA3 | <input type="checkbox"/> FA4 KRA1 |
| <input type="checkbox"/> FA4 KRA2 | <input type="checkbox"/> FA4 KRA3 | <input type="checkbox"/> FA4 KRA4 |
| <input type="checkbox"/> FA5 KRA1 | <input type="checkbox"/> FA5 KRA2 | <input type="checkbox"/> FA5 KRA3 |

Purpose of the Programme Component and the main results planned for 2010

The Child Environment (CE) programme contributes to the achievement of MDGs 4 and 7, as well as to MDGs 2, 3, and 5 and the objectives are in line with UNDAF Outcome 1.7.

The CE programme aims to deliver measurable results in five priority result areas that are essential for improved child survival, growth and development outcomes:

- Increased access to and use of improved sanitation facilities
- Improved hygiene practices for young children by caretakers and frontline workers
- Improved access to and use of wash facilities in anganwadi centres and primary schools
- Improved quality of drinking water
- Improved and sustained community based management of drinking water and sanitation facilities.

CE supported the implementation of the national and state plans for the Total Sanitation Campaign (TSC) and the National Rural Drinking Water Programme while strengthening convergence with the ICDS and NRHM through improvement of water, sanitation and hygiene (WASH) facilities in anganwadi and health centres, integration of hygiene into the training of frontline workers, with increasing emphasis on un-reached and marginalised rural communities.

The key implementing partner being the Department of Drinking Water and Sanitation (DDWS – earlier named Department of Drinking Water Supply). CE also collaborates with the Department of Elementary Education, ICDS, NRHM and the National Disaster Management Authority.

Resources used:

	Approved	Available
RR	16,000,000	3,943,571
OR		7,849,997
Total	16,000,000	11,793,568

- UK Department for International Development
- Belgian Committee for UNICEF
- Finnish Committee for UNICEF
- Swedish Committee for UNICEF – IKEA
- United States Fund for UNICEF
- UNICEF India – Private Sector Fund Raising

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
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a) The results	The programme continued its support for the implementation of the Total
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<p>achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p>	<p>Sanitation Campaign (TSC), with a focus on use of toilets. According to the GoI, the number of rural households with access to toilets further increased, up from 47% of the TSC target to 57% between Dec 09 and Dec 10¹¹, however usage of improved sanitation (32%¹²) is still seriously lagging behind. UNICEF packaged national and state level evidence to address the gap between access and use of toilets, as well as disparities between richest and poorest household quintiles. This resulted in the Union Minister calling for the first ever State Ministerial Sanitation Conference to review gains, growths and gaps in rural sanitation. As progress is hardly keeping up with population growth (27 million births annually). India requires, in order to achieve the MDG, 3.78 million new users of improved sanitation every month, up from the present rate of 1.82 million. Other key advocacy events included state reviews of progress against MDGs in Assam, Chhattisgarh, Orissa, Tamil Nadu (TN) and Kerala and regional consultations to draft 2012-2022 Sanitation and Water strategy papers. Evidence-based advocacy included social cost benefit analysis for sanitation in Orissa, Bihar, MP and Rajasthan. Social exclusion is being addressed through barrier analysis with specific communication and programme strategies (Andhra Pradesh, Bihar, Chhattisgarh, MP, Orissa, Jharkhand), trialling of innovative solutions for water supply in tribal areas (UP, Gujarat) and advocacy for specific strategies for excluded groups (Assam, Chhattisgarh, West Bengal). UNICEF's support to concurrent monitoring, as shown in Gujarat, Maharashtra, Jharkhand, Bihar and UP show that gaps between access and use can be effectively addressed.</p> <p>UNICEF is supporting the government to address the conflicting demand-led and the supply-driven subsidised approaches. In all states except three, community approaches for total sanitation are being tested. More substantial work on behaviour change and community involvement is required.</p> <p>In all states UNICEF advocates for convergence and integration of hygiene practices into health, polio, nutrition, education and tribal welfare programmes. Such convergence has enabled 2 million households receive messages on polio, RI, hygiene, sanitation and nutrition. Over 350,000 adolescent girls have been educated on personal hygiene. Children in 8,642 schools in high risk polio areas are drinking purified water. Hygiene practises have been integrated in training of frontline workers in Assam, Bihar, TN, UP, Maharashtra, Chhattisgarh, Rajasthan, West Bengal, Gujarat, and Jharkhand.</p> <p>With UNICEF support coverage of wash facilities in schools have increased from 67% in 2008-2009¹³ to 79% in 2010¹⁴.</p> <p>With joint advocacy for WASH in schools, the new RTE Act mandates water and sanitation provisions in schools. Global Hand-washing Day reached over 13 million school going children and about 5 million preschool children across 14 states.</p> <p>UNICEF supported the state governments in water safety and security planning in over 1,000 gram panchayats and 5,000 other villages. Advocacy for improved water management included addressing the Parliamentary Forum Committee on</p>
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¹¹ Department of Drinking Water and Sanitation, www.ddws.nic.in December 2010.

¹² 33% projected for 2010 using 2008 JMP usage figures and trends and projected population data

¹³ DISE 2008-09: Flash Statistics

¹⁴ DDWS Online Monitoring <ddws.gov.in>

<p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>water resource and safety concerns.</p> <p>At National level, UNICEF supported DDWS and NDMA to ensure more systematic and standardised approaches to emergency preparedness and response. Allied to this was capacity building of partners on WASH in emergencies to support the system strengthening. In Bihar and UP UNICEF supported community-based disaster risk reduction to address waterborne disease outbreaks in floods. Preparation for disaster management plans on WASH in flood-prone and cholera affected districts were developed in West Bengal, Orissa, and Rajasthan.</p> <p>In 2011 CE will focus on:</p> <ul style="list-style-type: none"> - Conceptualization and preparation for implementation of a new National Communication Strategy for Sanitation - Supporting state partners to develop and implement Community Approaches to Total Sanitation and change in social norms - Promoting convergence to integrate hygiene promotion in the training of front line health and nutrition workers and teachers - Capacity development for household water security and PRIs and village based committees to manage their water and sanitation infrastructure - Development of strategies to accelerate WASH services to vulnerable communities to reduce disparities - Integration of WASH in school concepts into child-friendly frameworks adopted by the States under the RTE.
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Country Programme Component: Education		
Main MTSP focus area addressed: FA2		
Main MTSP Key result areas addressed: (check up to five)		
<input type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input checked="" type="checkbox"/> FA2 KRA1	<input checked="" type="checkbox"/> FA2 KRA2
<input checked="" type="checkbox"/> FA2 KRA3	<input checked="" type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Education programme seeks to contribute to the achievement of MDGs 2 and 3, and MDG 7, and is aligned with UNDAF Outcome 1.3 on improving learning outcomes, completion rates and literacy levels among disadvantaged groups.</p> <p>The Education programme aims to increase enrolment, retention, achievement and completion rates in elementary education, with a special emphasis on girls and children from socially disadvantaged groups. In 2010, the programme focused on four priority results areas:</p> <ul style="list-style-type: none"> • States have increased capacity to undertake planning and implementation of Right to Education Act through child friendly schools and systems • Increased educational support programmes and investments for targeting children from disadvantaged groups • Specific goals and interventions to reduce gender disparities in elementary education documented and proposed. <p>States have increased capacity to strengthen teacher education systems</p>		

The programme supports the government’s national flagship programme, *Sarva Shiksha Abhiyan* (Education for All) in fine-tuning policies and strategies to increase the enrolment, retention, achievement and completion rates in elementary education. On 4 August 2009, The Right of Children to Free and Compulsory Education Act (Right to Education - RTE) was granted Presidential assent. Since that time, UNICEF has squarely focused on working with government and the National Commission for Protection of Child Rights to mobilise support for the Act, which was enacted in April 2010.

The main implementing partner is the Ministry of Human Resource Development (MHRD), along with leading national education institutions, teachers’ unions, civil society, private sector, and UN agencies.

Resources used:

	Approved	Available
RR	14,000,000	3,611,871
OR		11,089,473
Total	14,000,000	14,701,344

List of donors

- UK Department for International Development
- Swedish Committee for UNICEF
- Consolidated Funds from National Committees
- UK Department for International Development
- United Kingdom Committee for UNICEF
- Belgian Committee for UNICEF
- Swiss Committee for UNICEF
- French Committee for UNICEF
- Donor Pooled Fund (multiple donors)
- Thematic – Basic Education and Gender Equality
- Thematic – Global Girls Education
- UNICEF India – Private Sector Fund Raising

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;	UNICEF has been working with state governments to implement RTE through child friendly schools in teaching and learning and through improved water, sanitation, hygiene and mid-day meal scheme reaching 470,000 schools. UNICEF supported government in convening key partners, which resulted in the enactment of RTE. This has included high-level inter-department state policy forums, national and state level media advocacy including <i>AwaazDo</i> , an on-line platform which has registered 115,000 supporters in 2 months, and the “Frequently Asked Questions” publication which is being widely used by policy makers, implementers and the general public.
b) Most critical factors or constraints affecting performance	West Bengal engaged the Education Minister and Nobel Laureate Amartya Sen under the Pratichi Trust in a public convention to model social inclusion mapping. A series of state and national consultations were organised jointly with Deshkal Society, leading to the first publication on inclusive classrooms. Assam is working to bring education to children in remote river islands, which has reduced the number of out-of-school children by 96% in one year. With the National Multilingual Education Consortium, Orissa has established a multilingual

<p>(internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>education cell to upscale interventions to reach Scheduled Tribes. Andhra Pradesh has enhanced the multilingual education programme coverage in about 2,500 schools through convergence with the Department of Tribal Welfare.</p> <p>Partnerships and consultations on girls’ education have culminated in a national task force chaired by the National University of Education Planning and Administration National University of Educational Planning and Administration (NUEPA) guiding the development of a roadmap to achieve gender equality in education by 2015. Innovative work is being done in girls’ empowerment and life skills education in Bihar, Rajasthan and UP.</p> <p>International seminars dealing with pre-service and in-service teacher training were organised with key recommendations to redesign policies in alignment with RTE drawing lessons from pioneering states like Kerala. Bihar has rolled out Learning Enhancement Programme in 400 schools while revising textbooks based on the child-friendly state curriculum framework. AP, Assam, Chhattisgarh, Maharashtra, West Bengal have promoted quality physical education and social inclusion in classroom processes through the national scheme of Ministry of Youth and Sport and SSA.</p> <p>UNICEF, MHRD, MWCD, Ambedkar University, ASER Centre and UNESCO convened to identify school readiness interventions that will have the greatest impact on early learning and primary education achievement. Gujarat has developed early learning packages to improve the quality of ICDS and address child labour. Chhattisgarh has expanded ECE to 20,000 AWC centres and mobilised communities leveraging substantial resources. Maharashtra, MP, and Rajasthan are working on ECE frameworks to establish the foundational policies for quality improvements in preschool.</p> <p>Two national trainings on Community-based Disaster Risk Reduction, Education and Protection were organised. A review of emergency education response and supplies in Andhra Pradesh, Chhattisgarh and Bihar has provided the necessary evidence for the development of localised education/recreation kits and advocacy for their integration into state plans.</p> <p>Major challenges include harmonization of education data systems and surveys including on out-of-school children and lack of mechanisms for integration and on-site academic support to mainstream out-of-school children back into the education system through special training.</p> <p>Winner of the prestigious e-Governance national award, District Information System on Education (DISE), which provides on-line school report cards of more than 1.3 million elementary schools, has been strengthened through collaboration with NUEPA. In Assam, Maharashtra and Rajasthan, analysis of DISE data is being undertaken to better target the most marginalised groups. Upon request of MHRD, UNICEF conducted a review of girls’ education incentives in AP, Himachal Pradesh, Jharkhand, Karnataka, MP, Rajasthan, and Orissa. Findings have informed state partnerships and the roadmap to reduce gender disparities.</p> <p>With UNESCO, UNICEF co-chairs the UNDAF Education Cluster and works closely with ILO and Solution Exchange. All partners have focused on RTE implementation. Other common areas include teacher education reform, multi-lingual education, child labour, girls’ education, and school readiness.</p>
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For 2011 the main focus and window of opportunity for UNICEF’s partnership with GOI will be supporting RTE implementation through child friendly schools. This will involve RTE advocacy, gap analysis and road-map development, models targeting disadvantaged children, state partnerships and road-map to reduce gender disparities, strengthening teacher education systems, school readiness and the integration of emergency preparedness and response into education policy.

Country Programme Component: Child Protection		
Main MTSP focus area addressed: 4		
Main MTSP Key result areas addressed: (check up to five)		
<input type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input checked="" type="checkbox"/> FA4 KRA1
<input checked="" type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input checked="" type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Child Protection programme seeks to fulfil the intentions of Chapter VI of the Millennium Declaration and contributes to all other MDGs, especially 2 and 3. The programme will directly contribute to UNDAF Outcome 1.6 on reducing gender-based violence and Outcome 1.8 on reducing the abuse, neglect and exploitation of children.</p> <p>The goal of the Child Protection programme is to prevent violence against children and to strengthen protection services for children in vulnerable situations. The programme’s expected outcome is: “Strengthened protective environment for children with special emphasis on vulnerable and marginalised groups”. For 2010, the programme focused on the following key result areas:</p> <ul style="list-style-type: none"> • Protective environment for children: support roll out of the Integrated Child Protection Scheme (ICPS) this includes the establishment and capacity development of statutory and non statutory child protection structures at all levels, and specific interventions in the areas of juvenile justice, institutional care, alternative care and missing children. • Child marriage: development and implementation of a national strategy on child marriage, based on the completion of ongoing studies and reviews, and on existing interventions. UNICEF will also support the design and implementation of action plans of those states and districts with highest child marriage prevalence. • Child labour: increased advocacy at central level for the elimination of all forms of child labour (including child labour in agriculture) and implementation of child rights projects in 17 selected districts (including mainstreaming of child labourers into formal schools, establishment of CP structures, modification of social protection schemes). <p>The key implementing partners are Ministry of Women and Child Development (MWCD), the Ministry of Labour, the National Commission for Protection of Child Rights (NCPCR), the National Institute of Public Cooperation and Child Development, the Legal Assistance Forum and Save the Children</p>		
<i>Resources used:</i>		
	Approved	Available

RR	11,000,000	3,030,255
OR		5,633,796
Total	11,000,000	8,664,051

List of donors

- Swedish Committee for UNICEF - IKEA
- European Commission
- Belgian Committee for UNICEF
- German Committee for UNICEF
- Thematic – Child Protection: Preventing
- UNICEF India – Private Sector Fund Raising

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;	UNICEF supported the roll-out of ICPS, which aims to create a protective environment for children in India. The roll out has seen progress with the Memorandum of Understanding signed by 30 States and Union Territories and roll-out proposals submitted by 19 states. State and district Child Protection Societies and units have been widely established. District child protection plans have also been initiated in states like Bihar and Andhra Pradesh. A total of 485 Child Welfare Committees (CWC), 516 Juvenile Justice Boards and 449 Special Juvenile Police Units (SJPU) across 632 districts have been established. Notable developments are UNICEF’s support to SJPUs in MP, the development of Standard Operating Procedures for CWCs in Maharashtra and the MIS system in Orissa that aims to track children in need of care and protection and in contact with the law.
b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;	Guidelines for sponsorship and foster care schemes are being developed by MWCD, using international standards and state experiences like those from Karnataka, Orissa and Maharashtra. UNICEF advocacy contributed to a more family-centred and less institution-focused approach. In Tamil Nadu, the government mapped homes for children and is moving towards their compulsory registration. In Chhattisgarh, an innovative approach using arts-based therapy is providing psycho-social support to children affected by civil strife.
c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;	Efforts continued for recovery, return and integration of trafficked children. A first meeting of the India-Bangladesh task force led to a roadmap for repatriation of victims of Bangladesh origin. Action in West Bengal led to the repatriation of 30 children. A research on trends in trafficking of children and women in Assam has highlighted the vulnerability of communities to trafficking and the modus operandi of trafficking networks in the State and has pushed for the creation of a task force to address it.
d) Key strategic partnerships and inter-agency collaboration including with civil society organizations,	Significant progress on the issue of child marriage has been made at the state level such as the development of action plans (Karnataka, Rajasthan, Tamil Nadu, West Bengal) and establishment of girls clubs or collectives to fight child marriage (Karnataka, AP, Assam, Bihar, Rajasthan, West Bengal). Development of a national strategy against child marriage is expected to start in 2011, based on the findings from two studies (formative research on social norms and desk review) that were completed in 2010. UNICEF finalised three key studies on child labour in cotton areas which

<p>INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>informed district-level projects in 7 states (Tamil Nadu, AP, Karnataka, Maharashtra, Rajasthan, Gujarat and UP). More than five million children will be reached by these projects, which include identification of out-of-school children, establishment of child protection structures, bridge schooling, quality education, social mobilization and links to social protection schemes.</p> <p>Major constraints included the limited number of trained staff, low priority and understanding of child protection, lack of data in most child protection issues that limits evidence-based programming, and the persistence of harmful traditions and social norms (affecting especially girls), which makes it difficult to address key child rights violations (child marriage, female feticide, corporal punishment, sexual abuse, unnecessary institutionalization), which are socially accepted or tolerated.</p> <p>UNICEF works very closely with civil society and government structures, both at central and sub-national level, especially with the Department of Women and Child Development, Labour Department, the Police and with the national and state-level Commissions for the Protection of Child Rights. Working with the Judiciary is relatively new, but has proved to be strategic for the protection of children in certain states (Karnataka, UP, Orissa).</p> <p>In 2011, the Child Protection programme will focus on:</p> <ul style="list-style-type: none"> - Accelerating the roll out of ICPS, including the establishment and capacity development of statutory and non statutory child protection structures, capacity development, development of a monitoring system, anti-trafficking initiatives and open dialogue around child protection in India. - Promoting family-based forms of care for vulnerable children and rationalization in the use of residential care. - Addressing harmful social norms and practices, especially in the area of child marriage and violence against children. - Increasing advocacy at central level for the elimination of all forms of child labour and alignment of child labour legislation and policies with RTE and Juvenile Justice Acts, and support to the implementation of child rights projects in 17 selected districts.
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Country Programme Component: Children and HIV		
Main MTSP focus area addressed: <i>(check one of the six)</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input checked="" type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input checked="" type="checkbox"/> FA3 KRA1
<input checked="" type="checkbox"/> FA3 KRA2	<input checked="" type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
The Children and HIV programme contributes to the MDG 6 and to the UNDAF Outcome 1.5 on reducing HIV prevalence rate among vulnerable groups and improved quality of life for positive		

people. It operates under the framework of the National AIDS Control Programme III (NACP III) and the GoI policy framework for Children and HIV, seeking to reduce vulnerabilities, slow the rate of new infections and mitigate the impact of HIV among children 0-18 years old.

The HIV programme contributes to the national response by strengthening HIV programming for vulnerable women, children and youth in different settings and by supporting increased coverage and quality of services. This includes technical assistance and broader systems strengthening and systems integration support. In addition to national and state level inputs, UNICEF provides support to the decentralised District AIDS Prevention and Control Units to develop Integrated District models focusing on vulnerable populations, through a comprehensive district approach.

Key implementing partners include the National AIDS Control Organisation (NACO), State AIDS Control Societies (SACs), and District AIDS Programme Control Units (DAPCU). Ministry of Women and Child Development (MWCD), Networks of People Living with HIV, NGOs working with young people, women and children, media agencies and academic institutions.

Resources used:

	Approved	Available
RR	12,000,000	3,307,972
OR		5,274,258
Total	12,000,000	8,582,230

List of donors

- UK Department for International Development
- India - Ministry of Health and Family Welfare
- United Kingdom Committee for UNICEF
- UNAIDS
- Thematic – HIV and Children

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;	Globally, the goal of elimination of new HIV infections and AIDS related death by 2015 has been agreed. The commitment of India to achieve this goal was expressed by the Ministry of Health and Secretary of Health in their opening remarks at the National Conference on Paediatric HIV organised by NACO and supported by UNICEF on 1 st December 2010. The voices of children affected by HIV were brought to the opening ceremony when two children presented the recommendations made during a consultation for children organised by UNICEF prior to the Conference. UNICEF supported the launch of early HIV diagnosis initiative through procurement of laboratory commodities and development of guidelines. Field Offices provide technical assistance and support to monitor progress of the implementation.
b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;	Following the assessment of quality of paediatric HIV care conducted last year in collaboration with Baylor Institute, UNICEF in collaboration with the Clinton Foundation developed a capacity building plan that is currently under implementation. UNICEF supported a National Consultation on Prevention of Parent to Child Transmission (PPTCT) to reach a consensus on adoption of the revised WHO

<p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>guidelines. Technical and operation guidelines have been developed, and in collaboration with WHO, UNICEF helped develop the curricula for training of healthcare workers. Field Offices provided technical assistance to State AIDS Control Societies to improve the quality of services through planning, implementation and monitoring.</p> <p>A national consultation to identify and prioritise operational research for PPTCT and paediatric HIV was organised by NACO with UNICEF support. This resulted in the development of operational research proposals, two of which will be supported by UNICEF in 2011.</p> <p>UNICEF supported MWCD to mainstream HIV in their regular programmes with emphasis in integration in the Integrated Child Protection Scheme. The operational guidelines for implementation of the Policy Framework for Children and HIV have been finalised and its implementation piloted in 10 districts.</p> <p>In an effort to help women living with HIV overcome stigma and social discrimination, a comprehensive toolkit is being developed to train trainers, who will in turn support the members of self help groups (SHG) gain technical knowledge and communication skills, thereby strengthening SHGs.</p> <p>A national consultation for HIV prevention among youth at risk and vulnerable was supported, paving the way for a national strategy and relevant operational guidelines.</p> <p>UNICEF supported the implementation of the link workers programme in 25 districts and a concurrent assessment of the scheme across 44 districts, including those supported by other UN agencies. The findings of the assessment will support fine-tuning of the scheme in 2011.</p> <p>Red Ribbon Express completed its second journey, reaching 8 million people through 152 stations in 22 states with awareness activities and counselling and testing services. As a result 57,000 people were counseled and 36,000 tested. This intervention is being evaluated, and the results will inform future plans.</p> <p>Access to and quality of PPTCT and paediatric HIV services remains a matter of concern. Integration with NRHM and increased involvement of private sector are two areas that require increased attention.</p> <p>Stigma and discrimination towards people living with HIV among health care providers remains a significant barrier for women and children to access services and should be addressed in a holistic manner with a rights based approach.</p> <p>Lack of a common and harmonised platform to strategically address the needs of adolescents in the context of HIV as part of a broader context of vulnerability has delayed the implementation of a comprehensive programme for adolescents.</p> <p>UNICEF works closely with other UN agencies through the Joint UN Team on HIV lead by UNAIDS. The programme collaborates with other UNICEF Programmes, including with C4D for the Red Ribbon Express, CDN in developing nutritional guidelines for children affected by HIV, and A&P in the implementation of the International Cricket Council Think Wise initiative.</p>
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	<p>In 2011 the HIV programme will focus in three key areas:</p> <ul style="list-style-type: none"> - Elimination of new HIV infections and AIDS related death in children through improving quality and coverage of PPTCT services, early diagnosis and increased quality of paediatric care. - Ensuring protection of children affected by HIV through mainstreaming of HIV in the ICPS. - Consolidation of a strategy for reaching adolescents and young people at risk and vulnerable for HIV through consultative inter-ministerial process.
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Country Programme Component: Advocacy and Partnership

Main MTSP focus area addressed: *(check one of the six)*

Main MTSP Key result areas addressed: *(check up to five)*

<input checked="" type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3

Purpose of the Programme Component and the main results planned for 2010

In collaboration with all sections, the Advocacy and Partnerships (A&P) programme seeks to contribute to the achievement of the MDGs by catalysing national action for child rights, gender issues and social inclusion. As a cross-cutting programme, A&P will contribute to all UNDAF outcomes where UNICEF has a role to play with the following results:

- i) At the national and state levels - regular review and monitoring of policy and implementation gaps of child-related schemes by elected representatives, international and national media. Increased awareness of successful models that can be replicated, and sustained public discourse for social change to meet child-related national and international obligations
- ii) At the district level, children, youth, communities, elected representatives and media mobilised to become defenders of child rights to inform state and national public discourse

The main partners include the Ministry of Women and Child Development, National Commission for Protection of Child Rights, media, parliamentary forums, academic and research institutes, youth groups and women's organizations, civil society organizations and alliances and National Committees for UNICEF.

Resources used:

	Approved	Available
RR	4,187,500	2,922,847
OR		3,478,297
Total	4,187,500	6,401,144

List of donors

- UK Department for International Development
- UNICEF India – Private Sector Fund Raising
- Swedish Committee for UNICEF – IKEA

- German Committee for UNICEF

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
<p>a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian</p>	<p>In 2010, ICO launched an advocacy and supporter engagement campaign under the banner of “<i>AwaazDo</i>: Speak up for every child’s right to education.” The primary goals of the campaign are to raise awareness of child rights and the Right to Education Act and build a database of individual advocates for child rights. The campaign is highly innovative in its use of digital media and online social networking. In the two months of the campaign’s launch, more than 115,000 spoke out for the Right to Education on the campaign website at www.awaazdo.in. In addition the campaign has more than 17,000 supporters on the UNICEF India Facebook page www.facebook.com/unicefindia and nearly 1,700 followers on Twitter www.twitter.com/unicefindia.</p> <p>The <i>AwaazDo</i> campaign has multiple arms of promotion, engagement and partnership. It was endorsed by the Minister for Human Resource Development, who provided a recorded video message in support of the campaign. An ongoing email and social networking engagement plan with supporters is in place and multiple corporate partnerships have been established to reach out to consumers and staff of partner organizations. These include Tata Teleservices, Barista Lavazza, Park Hotels, Tupperware and the Disney Network. Importantly, Bollywood celebrity, including Priyanka Chopra who was named a UNICEF National Ambassador in August, is actively supporting the campaign, making a video statement urging people to raise their voices. She also regularly posts on her Facebook and Twitter pages on <i>AwaazDo</i>.</p> <p>A&P entered into a strategic partnership with the National Foundation of India to initiate a discourse around equity in development, with journalists from remote and marginalised parts of the country. A partnership with Times of India led to opinion editorials which enhanced visibility of child rights issues. A series of stories on malnutrition were also published in the Hindustan Times.</p> <p>Newsletters by child reporters from several states and interviews in 13 languages were placed in leading children’s magazine, reaching more than a half million children.</p> <p>A plan of engaging with top private radio channels was developed and implemented in cooperation with the Association of Radio Operators of India to take up child rights, HIV and the RTE. Pro-bono spaces were negotiated with cinema halls chains (PVR and Satyam) as well as with Park Hotels for airing of celebrity Public Service Announcements.</p> <p>In 2010, UNICEF Goodwill Ambassador Amitabh Bachchan made four public service announcements and an editorial for polio. National Ambassador, Sharmila Tagore undertook two field visits to observe key HIV interventions in Rajasthan and Maharashtra and also attended key advocacy events on women’s day. This led to extensive media coverage and visibility.</p> <p>The design and navigation of the ICO website have been significantly improved in 2010. The website had received 2.5 million page views and 4.4 million hits for the year as of 1 December. Seventeen story packages and 16 photo packages have</p>

<p>action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>been uploaded this year, along with a total of 44 media releases and related audiovisual materials.</p> <p>There has been a substantial increase in supporters on the social networking service Facebook, along with strengthened ranking in search engines. From just over 1,100 at the end of 2009, the number of fans of the ICO Facebook page has grown to more than 17,000. Videos uploaded on UNICEF India's YouTube channel have received more than a quarter of a million views to date, the majority of these in 2010.</p> <p>ICO communication activities supported the key objectives of the UNICEF-IKEA Social Initiative global communications strategy to raise awareness on child rights in cotton areas in India. This year saw two high-level visits. Michael Ohlsson, President and Chief Executive Officer, IKEA Group, visited in September. Field visits were made to UP and Rajasthan. He also participated in a highly successful media roundtable with Delhi-based international journalists. Earlier in the year, Per Heggenes, Chief Executive Officer, IKEA Foundation, visited as part of a biannual review of projects supported by IKEA Social Initiative.</p> <p>In 2011, A&P will continue to engage policymakers, celebrities and media on key children's issues. It will also further promote the engagement of stakeholders in sectoral programmes at state and national level in equity-focused and evidence-based thematic discourse, advocacy and policy development, such as the support to the RTE implementation through the <i>AwaazDo</i> campaign.</p>
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Country Programme Component: Communication for Development (C4D)		
Main MTSP focus area addressed: <i>(check one of the six)</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input checked="" type="checkbox"/> FA5 KRA1	<input checked="" type="checkbox"/> FA5 KRA2	<input checked="" type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Communication for Development (C4D) programme, formerly called Behaviour Change Communication (BCC) programme, aims at achieving results in strategic areas at different operational levels and focuses on system strengthening, capacity building and knowledge management amongst other interventions. The aim is to support specific programmes across sectors to achieve child rights, through Social and Behaviour Change Communication (SBCC). C4D supports the achievement of all MDGs. It contributes to all UNDAF Outcomes, specifically Outcome 1 and 3.</p> <p>In 2010, the C4D programme focused on ensuring that each communication initiative implemented by ICO is evidence-based and will contain a monitoring and evaluation component from the start. Other priority areas included the support to the needed social and behavioural change in the Integrated Districts of the seven priority states. In this context, media innovations will be used to further support the set objectives through video, radio and community radio.</p>		

The programme works very closely with all programme sections. The key implementing partners include Ministry of Women and Child Development, National Institute of Public Cooperation and Child Development (NIPCCD), Ministry of Health and Family Welfare (MoHFW), civil society including women’s self help groups, and media.

Resources used:

	Approved	Available
RR	13,394,000	2,505,574
OR		7,807,309
Total	13,394,000	10,312,883

List of donors

- UK Department for International Development
- Swedish Committee for UNICEF – IKEA
- India - Ministry of Health and Family Welfare
- Government of Japan
- European Commission
- Belgian Committee for UNICEF
- USAID
- UNICEF India – Private Sector Fund Raising
- Thematic – Basic Education and Gender Equality
- Thematic – Young Child Survival and Development

Results achieved:

Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)

<p>a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through</p>	<p>Mapping of academic and learning centres with potential for undertaking capacity building for C4D was completed. Components of SBCC have been incorporated into three core training programmes and the NGO training modules of the NIPCCD.</p> <p>Field Offices have supported the establishment and enhancement of BCC cells as part of System Strengthening and promoting inter-departmental convergence for communication planning, implementation and monitoring. All districts in Jharkhand now have a cell, and the Chhattisgarh cell has expanded its support to nutrition, sanitation and HIV prevention, in addition to health. In Karnataka the government issued an order which led to the establishment of a cell at the state level.</p> <p>MP and Rajasthan established two Communication Resource Centres to support maternal and child health programmes at state level. These are reflected in the state Project Implementation Plans for the National Rural Health Mission.</p> <p><i>Kyunki Jeena Isi Ka Naam Hai</i>: An additional 123 episodes of this entertainment education TV serial that has social messaging on key behaviours woven into the story line, were broadcast. The serial is consistently rated number one daily soap on <i>Doordarshan</i>, watched by over 145 million Indians out of which 61.4% are underserved women in the age group of 15-35. Midterm assessment was undertaken after the telecast of 260 episodes. It shows significant gains on knowledge and perceived importance of key issues.</p> <p><i>Meena</i> Radio, an innovative and engaging radio programme was launched and broadcast by All India Radio (AIR) in UP, designed to deliver messages that reached 6,000,000 rural school children, their educators, parents and community leaders. Capacities of about 12,500 teachers of Upper Primary Schools were enhanced to facilitate classroom listening and children’s learning.</p> <p>Five more Community radio stations are being set up in Orissa, Assam, Bihar, Jharkhand and West Bengal in districts with a high proportion of excluded groups, providing opportunities for their voices to be heard.</p> <p>Results from assessments in Integrated Districts indicate that the SBCC programme has impacted knowledge, intentions and behaviours related to child survival and development. For example in Purulia, families adopting safe hand washing practices has increased from 49% to 82%, and nine out of ten girl children are now regularly attending school.</p> <p>Insufficient levels of coordination between IEC units and programme departments of flagship programmes, high rates of vacancies, limited capacities for communication planning and implementation and need to enhance the shift from production of communication materials to a strategic approach to social and behavioural change are issues that need attention.</p> <p>A study on social inclusion was conducted in six districts. Findings provide insights on the barriers to inclusion in terms of access to services, participation and information, and will help inform communication strategies.</p> <p>Significant partners include:</p>
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<p>preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<ul style="list-style-type: none"> • <i>Doordarshan</i>, the public broadcaster providing free broadcasting platform for <i>Kyunki</i> TV serial. Likewise, the National AIDS Control Organization has reaffirmed its partnership by funding production of the serial. • A networks federation, Vyavahar Parivartan Jagriti Samiti, bringing many excluded and women led networks in UP. • Maa Bamleshwari Janhitkari Samiti, a federation of 12,000 Women Self Help Groups in Chhattisgarh. • Department of Education, UP, and AIR, in broadcasting <i>Meena</i> Radio <p>Communication strategies for H1N1 preparedness and response were developed and implemented. UNICEF produced eight TV and six radio spots in 13 languages promoting key behaviours. These were aired by MoHFW across 70 TV channels and 40 radio stations. UNICEF supported the Directorate of Field Publicity in community mobilization activities across 22 states through the provision of communication materials. In West Bengal over 10,000 people were trained, mostly on avian influenza, including over 150 government functionaries.</p> <p>Bihar, Orissa, Assam, Chhattisgarh, West Bengal, Andhra Pradesh and Karnataka field offices supported communication preparedness and response to emergency situations including floods, cyclones, and avian influenza outbreaks.</p> <p>Key strategic areas in 2011 are:</p> <ul style="list-style-type: none"> - Further enhance the shift from a production/tactical approach to a more strategic/evidence-based approach - Document and disseminate experiences and lessons learnt in C4D - Enhance academic learning (long-term) and capacity building (short term) - Improve understanding of the role and influence of social norms to affect behaviour change and promote adoption of technical innovations - Increase focus on equity and reaching out to socially excluded and marginalised communities through C4D strategies.
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Country Programme Component: Social Policy, Planning, Monitoring and Evaluation (SPPME)		
Main MTSP focus area addressed: <i>(check one of the six) FA5</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input checked="" type="checkbox"/> FA5 KRA1	<input checked="" type="checkbox"/> FA5 KRA2	<input checked="" type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
In support to all sections, the SPPME programme seeks to contribute to the achievement of all MDGs by providing input to key policy and programme formulation processes, bringing evidence to ICO advocacy efforts, enhancing analysis and use of data and strengthening the knowledge management and evaluation functions. The programme SPPME contributes to all UNDAF Outcomes and		

contributes towards the following results:

- i) At national and state level, strengthened policy frameworks, budget allocations, data systems and knowledge management in sectors related to children. Birth registration increased in low-performing states and guidance was provided for mainstreaming social inclusion in policy and programmes.
- ii) At a district level, improved monitoring systems and capacity of functionaries for analysis of flagship programmes.

Key implementing partners include GoI (Ministry of Woman and Child Development – MWCD, Ministry of Statistics and Programme Implementation - MoSPI and National Commission for Protection of Child Rights - NCPCR), UN agencies (UNDP, UNIFEM, UNFPA) and research institutions (Indian Institute of Dalit Studies - IIDS, Institute for Human Development - IHD, Centre for Budget and Governance Accountability - CBGA, Indian School of Business - ISB, Academy of National Administration - LBSNAA).

Resources used:

	Approved	Available
RR	2,860,616	1,798,288
OR		5,404,732
Total	2,860,616	7,203,020

List of donors

- UK Department for International Development
- Swedish Committee for UNICEF - IKEA
- Belgian Committee for UNICEF
- German Committee for UNICEF
- Japan Committee for UNICEF
- United Kingdom Committee for UNICEF
- UNICEF India – Private Sector Fund Raising
- Thematic – Policy, Advocacy and Partnership

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;	As part of support to 2011 Census of India (with UNDP, UNIFEM, UNFPA), training of the enumerators was conducted, following the development of strategies, guides and IT-based tools. A total of 90 National Trainers, 725 Master Trainers and 54,000 Master Trainer Facilitators were trained, who will in turn train 2.7 million enumerators across the country. Diverse outreach materials, such as TV and radio spots, and digital and print media were developed with the user in mind. The National Statistical Commission has endorsed DevInfo as the tool for electronic dissemination of the statistical data in the country. The MoSPI has formed a core group to update the database for the development of version 3.
b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address	UNICEF’s proposal to provide much needed data on key indicators at the national and state level in a more regular manner has been approved by GoI. A Survey on Monitoring of Outcomes for Children (SMOC) will be conducted bi-annually by the MoSPI.

<p>constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>The Indian Forum on Child Statistics has been established to institutionalise co-ordination and collaboration for improving the scope, content, quality, consistency, and timely reporting of data on children to enable informed policy decisions and planning. The Forum has been launched by the Chairman of the National Statistical Commission.</p> <p>The Knowledge Community on Children in India (KCCI) continued to facilitate generation, sharing and exchange of knowledge. Efforts focused on revamping the website and establishment of a Special Resource Centre, while the Internship Programme welcomed 44 interns who documented 12 cases on UNICEF-supported interventions. A more detailed description on KM initiatives as well as efforts related to evaluation is provided in relevant sections of this COAR.</p> <p>The programme continued mainstreaming social inclusion and gender equality into all aspects of ICO programming and policy advocacy (see Chapter 3, sections 6 and 7). Research methodology has been developed to assess the extent to which government flagship social sector programmes reach excluded communities in a meaningful way which will be tested and findings discussed with government in 2011. In Jharkhand and Bihar, technical support provided to government departments has helped to deepen the engagement on strategies for promoting greater attention to excluded communities. Four consultations in UP enabled officials to directly hear the concerns of excluded groups on the functioning and reach of basic services.</p> <p>Social protection has been a major thrust of the programme. ICO has advocated the need for policy attention to quality child care services and the contribution of women’s unpaid care labour to promotion of child rights. A research-based pilot to assess the feasibility and relevance of unconditional cash transfers as a policy instrument has been designed for implementation in 2011. Technical support to MWCD on cash transfer schemes continued to be provided. Various papers published with eminent researchers have promoted the debate on child-centred social policies in India. Policy briefs and research summaries based on national, state and district level research on allocations and expenditures in social sector programmes impacting on children have been completed for dissemination in early 2011.</p> <p>The Convention on the Rights of the Child (3rd and 4th combined) periodic report and reports on the two Optional Protocols just finalised will provide important inputs for the government’s 12th Five Year Plan and the next country programme, as well as inform advocacy and public discourse.</p> <p>The NCPCR-led review of the National Policy for Children has been enriched by a broad-based participation of 590 NGOs and alliances in 21 states and Union Territories. Non-discrimination, disparity reduction, equity dimensions have been prime considerations in the policy formulation process, to be finalised in 2011. A new draft Sexual Offences against the Child Bill has been prepared by MWCD. Two Child Rights Observatories in MP and Karnataka are strengthening civil society’s voice on child rights.</p> <p>In 2011, the Programme will continue to focus on consolidating knowledge on successful strategies for reducing disparities and social protection instruments for promoting more effective and efficient investment for children. SPPME will also develop a Knowledge Management strategy and formulate a national evaluation</p>
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capacity development plan. On data systems, emphasis will be on support to SMOC, and for child rights, the programme will ensure lessons from CRC implementations inform the GoI 12th Five Year Plan and the next Country Programme.

Country Programme Component: District Support (Governance for Children’s Rights)

Main MTSP focus area addressed: *(check one of the six)*

Main MTSP Key result areas addressed: *(check up to five)*

- | | | |
|--|--|--|
| <input type="checkbox"/> FA1 KRA1 | <input type="checkbox"/> FA1 KRA2 | <input type="checkbox"/> FA1 KRA3 |
| <input type="checkbox"/> FA1 KRA4 | <input type="checkbox"/> FA2 KRA1 | <input type="checkbox"/> FA2 KRA2 |
| <input type="checkbox"/> FA2 KRA3 | <input type="checkbox"/> FA2 KRA4 | <input type="checkbox"/> FA3 KRA1 |
| <input type="checkbox"/> FA3 KRA2 | <input type="checkbox"/> FA3 KRA3 | <input type="checkbox"/> FA4 KRA1 |
| <input type="checkbox"/> FA4 KRA2 | <input type="checkbox"/> FA4 KRA3 | <input type="checkbox"/> FA4 KRA4 |
| <input checked="" type="checkbox"/> FA5 KRA1 | <input checked="" type="checkbox"/> FA5 KRA2 | <input checked="" type="checkbox"/> FA5 KRA3 |

Purpose of the Programme Component and the main results planned for 2010

Information on cross-sectoral costs is provided under section 4, *Operations and Programme Management*, of this COAR. The following is a description of a cross-cutting strategy which promotes inter-sectoral convergence between different programmes.

UNICEF’s District Support programme aims to promote governance for children’s rights in the country. It is housed in Social Policy, Planning, Monitoring and Evaluation Programme to ensure close coordination and collaboration with all sections. The programme contributes to all UNDAF outcomes, and carried out through two initiatives namely 1) The Integrated District Approach (IDA) and 2) The UN Joint Programme for Convergence (UNJPC).

The programme works very closely with State Governments, District Administrations, and Lal Bahadur Shastri National Academy of Administration – Mussoorie. Through UNJPC, the programme also works with UN Resident Coordinator’s Office, UNDP, UNFPA, and the Planning Commission of GoI.

Resources used:

	Approved	Available
RR	4,357,884	2,722,564
OR		2,542,123
Total	4,357,884	5,264,687

List of donors

- UK Department for International Development
- Swedish Committee for UNICEF - IKEA
- Belgian Committee for UNICEF
- German Committee for UNICEF
- Japan Committee for UNICEF
- United Kingdom Committee for UNICEF
- UNICEF India – Private Sector Fund Raising
- Thematic – Policy, Advocacy and Partnership

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
<p>a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside</p>	<p>The Integrated District Approach (IDA) implemented in 17 districts of 14 states, applies a cross-sectoral approach to social and behaviour change, promotes sectoral integration of programmes at state and district level, and improved service delivery through national flagship programmes by linking the community mobilization processes with the decentralised district planning processes.</p> <p>The five-day participatory appraisal which was completed in 95% of the villages in these districts, offered a strategic opportunity to ensure that the voices and needs of excluded communities are captured and transmitted upwards into the planning process.</p> <p>IDA has developed horizontal convergence and coordination mechanisms at the sub district and district levels to integrate the community demands into the planning process. District Planning and Monitoring Units, District Level Task Force and Block Level Task Force are some examples which are currently under review for up scaling by government in all 14 states. A comparison of the latest District Level Household Survey and the previous round shows significant progress across all indicators, except for sanitation.</p> <p>Significant also, are a number of examples of convergence between flagship programmes in the Integrated Districts as a result of UNICEF’s programming and advocacy. Some examples:</p> <ul style="list-style-type: none"> - ICDS converged with Backward Regions Grant Fund for the construction of baby-friendly toilets in Koraput, Orissa. - For capacity development and strengthening of the Nutrition Surveillance System, ICDS and National Rural Employment Guarantee Scheme have been working in tandem to ensure that parents of malnourished children are provided jobs. - Link Workers of the HIV programme have been working on identification of children vulnerable to seasonal migration, preventing child marriages, and promoting birth registration. <p>Assessments of all Integrated Districts were completed in 2010 and the findings have been consolidated as policy advocacy briefs on Decentralized Planning, Convergence, Social Inclusion and Behaviour Change Communication. Detailed road maps are being prepared jointly by the state governments and the UNICEF field offices to replicate good practices, leveraging government resources.</p> <p>GoI is launching a substantial programme being the Prime Minister’s Model Village Programme, for the upliftment of villages, in which more than 50% of the population belong to marginalised castes. Micro planning is an integral part of this programme and the five day Participatory Rural Appraisal exercise modelled in the Integrated Districts has been selected by the National Institute of Rural Development which is the nodal technical agency for this programme. This programme will eventually be rolled out in 44,000 villages across the country.</p> <p>Similarly linkages are being built with the National Rural Livelihood Mission for capacity building of women self help groups to function effectively as community volunteers and articulate community demands in fora available at the grass roots level.</p>

<p>the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>UNICEF’s key contribution to GoI-UN Joint Programme for Convergence (UNJPC) has been the placement of trained facilitators at the district level. The facilitators have been supporting efforts to analyze flagship programmes and district plans, development of district profiles, human development reports, tenure analysis, decentralised district planning process and analysis of funds allocated and utilised.</p> <p>Lessons learnt from the implementation of IDA and UNJPC have influenced government programmes and policies. For example in MP, the district planning process modelled in an Integrated District was implemented in the five UNJPC districts. Inspired by the success, the Government of MP has decided to upscale this model in all 50 districts. Two other states are also showing interest in taking this initiative to scale.</p> <p>Planning is a state subject and district planning does not rank high in the priorities of the state governments. Planning Commission’s Scheme ‘Support to District Planning at national, state and district level’ which is designed to give a fillip to decentralised district planning in the country is yet to take off.</p> <p>UNICEF has started engaging premier training institutions to build capacity of local governments and facilitate decentralised district planning. In the coming years UNICEF will build on this initiative to build a network of institutes around the country with expertise on governance for children.</p> <p>Focus will also be placed on better measurement of results and on documentation of lessons learnt and good practices to ensure the sustainability and replicability of the approach.</p>
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Country Programme Component: Polio Eradication		
Main MTSP focus area addressed: <i>(check one of the six)</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input type="checkbox"/> FA1 KRA1	<input checked="" type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Polio Eradication Programme works closely with the Health section, Communication for Development and Supply section to contribute to the eradication of polio in India by 2013. The programme contributes to UNDAF Outcome number 1.2 of improving key health indicators among disadvantaged groups, and contributes to the following Country Programme Result over the five-year CP period: (i) at national and state levels, effective models of communication are incorporated into relevant large scale state and national programmes and policies to eradicate polio, (ii) capacities of district administrations and community organizations are enhanced for effective implementation of</p>		

integrated communication strategies to eradicate polio.

Key partners include the Ministry of Health and Family Welfare, Ministry of Information and Broadcasting, WHO National Polio Surveillance Project, Rotary International, the Centres for Disease Control and USAID.

Resources used:

	Approved	Available
RR	8,000,000	81,832
OR		18,253,300
Total	8,000,000	18,335,132

List of donors

- Bill and Melinda Gates Foundation
- Rotary International
- USAID
- US Centers for Disease Control and Prevention (CDC)
- India – Ministry of Health and Family Welfare
- Government of Japan
- Swiss Committee for UNICEF
- Thematic – Young Child Survival and Development

Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>
a) The results achieved in relation to the results planned (disaggregate by sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;	2010 was a successful year for the programme as it saw the number of wild polio virus (WPV) cases drop dramatically from 650 the previous year to only 40 as of the end of November. In UP, the year marked the lowest high-season-transmission ever recorded from 602 WPV cases in 2009 to 10 WPV cases in 2010. The state has been free of WPV1 since November 2009 and free of WPV3 since April 2010. Progress has also been made in Bihar where the total polio cases dropped by 92% from 2009 to 2010. As against 117 cases in 2009 (38 P1s and 79 P3s), only nine cases have been reported in 2010 (3 P1s and 6 P3s) as of 1 December. In addition, several innovative strategies have been put into place, such as the new Learning and Training Strategy based on the Learning Needs Assessment carried out in 2010. Significant also was the development of the 2010-2013 Communication Campaign, based on the new Communication Strategy that was endorsed by all partners and the November 2010 India Expert Advisory Group. The campaign will be launched in 2011.
b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;	In UP, all members of Social Mobilization Network (SMNet) ¹⁵ were provided with management and C4D training through the new Learning and Training Strategy. In turn, the SMNet built the capacity of key community influencers and workers who act as social mobilisers during polio campaigns. In Bihar approximately 15,000 community influencers were trained and played a key role in the conversion of OPV refusal households.
c) Summary of monitoring, studies and evaluations in	In order to reach a larger number of children, transit strategies were put in place at

¹⁵ A programme communication network comprised of community mobilisers and coordinators working to ensure that all children in their assigned communities are vaccinated against Polio in every round.

<p>2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any adjustments.</p>	<p>strategic points throughout high risk districts and during festivals. Bihar reached 308,691 children with OPV during the <i>Shravani Mela</i>, and 1,281,431 during the <i>Chhat</i> festival. The transit strategy accounted for 12% of the children vaccinated during the SIAs in the state. In UP, the transit strategy at the Nepal border has reached 60,000 each month with OPV.</p> <p>The national programme continues to engage Amitabh Bachchan as UNICEF’s goodwill ambassador as well as the national Cricketers, who came together with the team from Afghanistan to “Bowl Out Polio”. Partnership with Prasar Bharati Corporation continued in 2010 with four intensive workshops, orienting over 100 writers and producers on polio and polio-plus messages. In addition, as part of an emergency response to outbreaks, a comprehensive media kit was developed which included factsheets in English, Hindi and Urdu.</p> <p>In 2010 the SMNet has become more engaged in supporting key convergent interventions (routine immunization, hand-washing promotion and use of toilets, diarrhoea management and exclusive breastfeeding) through household and community information and education in selected high risk blocks. As a result in Bihar - the SMNet monitored over 80% of the RI sessions.</p> <p>Key challenges in 2010 included increasing RI coverage in SMNet areas as well as expanding the SMNet to reach additional underserved areas and migrant populations. These issues were highlighted through the 2010 Communication Review.</p> <p>One of the most critical activities conducted in 2010 was an in depth Knowledge Attitudes and Behaviours Study on polio and polio plus practices such as RI, exclusive breastfeeding, hand washing, sanitation and diarrhoea management. The resulting data identified key strategic shifts that will guide the work for 2011 and feed into the new communication campaign.</p> <p>Partnerships and inter-agency collaboration remain central to the programme’s work. In 2010 new partnerships were formed such as the partnership with the Aidmatrix Foundation to develop a campaign focused on creating linkages with the private sector to expand the reach and scope of IEC materials. Bihar Field Office established a partnership forum with 13 partners.</p> <p>The priority activities for communication in 2011 will be to: (i) launch and implement the new communication campaign which takes into account strategic shifts from the new communication strategy (ii) expand the underserved strategy to reach and communicate more effectively to a broader group (iii) enable the SMNet to take the lead in mobilizing communities for the planning, implementation and utilization of the convergent interventions.</p>
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Country Programme Component: Emergency Preparedness and Response		
Main MTSP focus area addressed: <i>(check one of the six)</i>		
Main MTSP Key result areas addressed: <i>(check up to five)</i>		
<input type="checkbox"/> FA1 KRA1	<input type="checkbox"/> FA1 KRA2	<input type="checkbox"/> FA1 KRA3
<input checked="" type="checkbox"/> FA1 KRA4	<input type="checkbox"/> FA2 KRA1	<input type="checkbox"/> FA2 KRA2
<input type="checkbox"/> FA2 KRA3	<input checked="" type="checkbox"/> FA2 KRA4	<input type="checkbox"/> FA3 KRA1
<input type="checkbox"/> FA3 KRA2	<input type="checkbox"/> FA3 KRA3	<input checked="" type="checkbox"/> FA4 KRA1
<input type="checkbox"/> FA4 KRA2	<input checked="" type="checkbox"/> FA4 KRA3	<input type="checkbox"/> FA4 KRA4
<input type="checkbox"/> FA5 KRA1	<input type="checkbox"/> FA5 KRA2	<input type="checkbox"/> FA5 KRA3
<i>Purpose of the Programme Component and the main results planned for 2010</i>		
<p>The Emergency Preparedness and Response programme aims to fulfil the rights of children and women in humanitarian crises. It coordinates UNICEF's contribution to the specific UNDAF outcome on emergencies and emergency preparedness, with response mainstreamed into sectoral programmes. The key outcomes of the Programme are:</p> <p>i) Improved policies and practices for a coordinated and inclusive approach to emergency preparedness and response at national level.</p> <p>ii) Improved response capacities at national, state, district and community levels.</p> <p>iii) In selected disaster-prone districts, increase awareness by communities of their vulnerabilities and support to prepare, respond and adapt to or recover from sudden and slow onset of disasters.</p> <p>This programme contributes to UNDAF Outcome 4. By 2012, the most vulnerable people, including women and girls, and government at all levels have enhanced abilities to prepare, respond, and adapt/recover from sudden and slow onset disasters and environmental changes. As a cross-cutting sector, the Programme contributes to all the Millennium Development Goals.</p> <p>Key implementing partners include the National Disaster Management Authority (NDMA) / Ministry of Home Affairs, RedR India and the Indian Red Cross Society. UNICEF also plays an active role in coordinating with United Nations Disaster Management Team (UNDMT).</p>		
<i>Resources used:</i>		
	Approved	Available
RR	2,800,000	1,714,768
OR		706,905
Total	2,800,000	2,421,673
List of donors		
<ul style="list-style-type: none"> • European Commission/ECHO • UNICEF India – Private Sector Fund Raising • Thematic – Humanitarian Response 		
Results achieved:	<i>Provide an overall critical and analytical assessment of the extent to which the Programme Component progressed in 2010. (Max. 700 words)</i>	
a) The results achieved in relation to the results planned (disaggregate by	The year 2010 was relatively peaceful with no major emergencies that required national level response. There were number of flooding events which were adequately responded to by government and civil society actors with support from UNICEF field offices. Investment in inter-agency preparedness in the past few	

<p>sex, age, population groups etc). Make specific mention of the extent to which highly disadvantaged children and groups benefitted;</p> <p>b) Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints;</p> <p>c) Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component;</p> <p>d) Key strategic partnerships and inter-agency collaboration including with civil society organizations, INGOs, Pvt sector, global programme partners, media and knowledge partners, regional and sub-regional bodies; and UN Joint Programme initiatives if applicable and their impact on results;</p> <p>e) Where applicable, indicate results that were achieved through preparedness action, and/or humanitarian action or recovery. Indicate any additional funds utilized if outside the ceiling for the programme;</p> <p>f) Future Workplan – discuss priorities for 2011, including any</p>	<p>years is showing results in small scale disasters.</p> <p>UNICEF supported the National Disaster Management Authority (NDMA) in drafting a number of national guidelines. It also organised a WASH Expo to assist government agencies to select appropriate technologies for emergency WASH response, and provided a learning opportunity to a government team involved in planning of emergency warehousing through an exposure visit to UNICEF warehouse in Copenhagen. In 2011, UNICEF will contribute to vulnerability assessment initiative of NDMA.</p> <p>Through the Community Based Disaster Risk Reduction Programme, risks faced by children and women were identified, assessed and addressed in 546 villages in the states of Assam, MP, UP and Bihar. The work in Assam has demonstrated possibilities of undertaking convergent work for reducing underlying risk.</p> <p>Prepositioning of non-food items led to timely response to the floods in UP and Bihar. These supplies with additional support from other States were provided to nine affected districts in UP (Bahraich, Barabanki, Gorakhpur, Siddarth Nagar, Lakhimpur, Sitapur, Shravasti, Gonda and Balrampur) at the request of district authorities. Among these supplies were 11,580 tarpaulin sheets, 9,130 jerry cans, 7,408 buckets with mugs, 632 bags of bleaching powder, 1.7 million halogen tablets, 315,000 water purification tablets, 8,900 mosquito nets, 15 classroom tents and 50,000 Oral Rehydration Salt packets. Humanitarian assistance reached over 8,000 families and more than 2,000 students were assisted through temporary classrooms. In addition to the UP flood response, UNICEF provided technical assistance in the area of WASH and supplies for the flash floods in Leh district of Kashmir and floods in Gopalganj district of Bihar.</p> <p>Documentation of successful emergency coordination experiences of district authorities was completed, with the outcomes expected to be a basis for providing coordination and emergency planning capacity to the district authorities.</p> <p>UNICEF has also continued to enhance partnerships with State Disaster Management Authorities, Inter Agency Groups (IAG) and NGOs for innovations and capacity building. Consultation between civil society and government for disaster risk reduction (DRR) was organised in partnership with State Disaster Management Authority of Bihar. In Maharashtra, Mumbai Emergency Simulation Exercise was carried out in partnership with the Government of Maharashtra and Bombay Municipal Corporation, with technical inputs from UNICEF, Harvard Humanitarian Initiative and 14 other national and international agencies. A Multi-Cluster Rapid Assessment Methodology, a mechanism that is collaborative and requires only one needs assessment in emergency, was adopted and piloted in Orissa. Disaster Management Congress in West Bengal brought together at-risk communities, civil society and government to discuss DRR priorities.</p> <p>In an effort to build capacity, the Emergency section directly and indirectly organised 25 training courses on sectoral preparedness for humanitarian response, in which over 700 government officials, NGOs and UNICEF staff participated.</p> <p>Provision of technical support and emergency supplies at the request from government has led to improved universal response, though government's response to reach out to the most vulnerable remains a challenge. UNICEF also faced a lack of emergency programming and operations capacity at field level. As</p>
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adjustments.	<p>a medium term solution, partnerships are being built with NGOs specialised in the areas of WASH, education and child protection. These partnerships will support preparedness and response with specific focus on reaching the most vulnerable.</p> <p>In 2011 the Emergency and Preparedness Programme will focus on convergent sectoral actions in:</p> <ul style="list-style-type: none">• Capacity Building and System Strengthening: information management and coordination at district and state level will be strengthened, leading to improvement in response capacity of government to address children's needs in disasters.• Predictable Response: partnerships for humanitarian response and preparedness in the areas of child protection, education and WASH with leading specialist NGOs.• Disaster Risk Reduction: risk faced by children and women is identified and assessed at district level through vulnerability assessment. This work will be reinforced with Community Based Disaster Risk Reduction work in various states.
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4. Operations and Programme Management

4.1 Governance and Systems	
<i>Please complete against the definition and good management practices for each area, and provide a concise analysis of the performance of the Office in 2010 (350 words each)</i>	
Governance Structure	<i>Definition: Adequate governance structures and oversight, monitoring and reporting mechanisms exist to achieve planned results.</i>
<p>Good management practices:</p> <p>a) Office objectives and priorities defined and understood by staff, including for CCCs and response as per preparedness plan;</p> <p>b) Oversight structures in place and functioning, including in relation to emergency risk management;</p> <p>c) CMT has taken major initiatives in the past 12 months to improve operations and programme management performance and addressed areas of weaknesses identified in earlier annual and audit reports;</p> <p>d) Adequate mechanisms exist for reporting and CMT uses management indicators, quality assurance mechanisms and e) CO has received 'satisfactory' audit rating in governance</p>	<p>ICO establishes office objectives and priorities at the end of each year as part of Rolling Management Plan development process and shares them with all staff. This year management reviewed progress during the Mid Term Management Review, and measures to address areas of improvement, such as information management and human resources strategy, are already being implemented.</p> <p>While ICO consists of one central office in Delhi and 13 Field Offices, it has a well-established, participatory governance structure. Monthly management meetings are held at the state level, as well as within Delhi, involving both Programme and Operations Section Chiefs, while the Country Management Team meetings are held every quarter to bring all members of management from Delhi and Field Offices. Additionally, each Programme, as well as Operations, has network meetings bringing all staff members from across the country to discuss sector specific issues. The year 2010 has seen a number of convergent Programme Network meetings, ensuring greater programme convergence and providing staff opportunities to identify, discuss and resolve common and emerging issues and concerns.</p> <p>One major area of concern identified by the CMT in 2010 was internal communications and knowledge management. ICO's decentralised structure has posed a challenge in archiving documentation and information in a uniformed manner, and sharing of information has relied heavily on email communication. Given the challenge, ICO has sought support from UNICEF New York's Information and Knowledge Management Unit in reviewing the office records management system. In this regard, interim measures to restructure the shared drive has already been undertaken, and simultaneously - work has commenced on reviewing existing records/documents in light of the move to the new records management environment in 2011.</p> <p>Relative to programme implementation, ICO developed an automated programme monitoring system which provides updated, regular reporting on key management indicators such as funding implementation, donor reporting and supply and procurement status. The report is shared online with all Chiefs of sections and field offices on a monthly basis with key issues highlighted for their immediate actions.</p>
Strategic Risk Management	<i>Definition: A structured, consistent, continuous and integrated process across the organization for identifying, assessing, deciding on responses to and reporting on opportunities and risks that affect achievement of results.</i>
<p>Good management practices:</p> <p>a) Structured approach exists for identifying risks and opportunities such that risks are systematically identified, analysed</p>	<p>In the first quarter of 2010, the office completed a risk assessment exercise led by the Office of Internal Audit in Delhi, attended by the Chiefs of Field Offices. Subsequently, OIA redesigned its risk assessment methodology and ICO participated in the regional training in the fall of 2010. Since then, ICO has completed its country-wide risk assessment in accordance with the revised methodology. Concurrently, ICO has commenced the new risk assessment exercises at the state level, as part of an integrated peer review process. this</p>

<p>and managed; b) Structured approach exists for regularly assessing effectiveness of controls to mitigate risks; c) Office maintains a standing minimum level of readiness for emergency and crisis risks/all parts of the Country Programme are risk informed; d) Business Continuity issues are addressed in AWP and BC Plan is up-to-date; e) Mechanisms are in place to ensure timely response to changes in internal and external operating environment.</p>	<p>exercise has been completed in six offices during the fall of 2010 and all state risk assessment exercises will be finalised by the end of the second quarter of 2011. Participation in these peer reviews is intended to empower staff to identify risks within current processes and procedures and then implement measures to mitigate these risks through effective process reviews. With the system and capacity in place, reviews of the Risk Profile will be conducted annually and the process has been incorporated into the 2010-2011 Rolling Management Plan to ensure timely oversight and response.</p> <p>Business Continuity Plans (BCP) for Delhi and all 13 Field Offices are in place and have been updated in 2010. Warden systems, building evacuation exercises and new security measures have been put in place in Delhi and Field Offices. IT systems have been backed up with off-site remote storage and alternative office arrangements have been identified.</p> <p>The office in Delhi conducted its first BCP simulation exercise in September 2010. This included the participation of all senior management and was monitored and reviewed by UN Department of Safety and Security and UNDP. Following the exercise, action points were identified and have been implemented to improve continuity performance. In November this year, a UN Country Team Emergency Simulation exercise was also conducted under the facilitation by OCHA, UNICEF and WFP Regional Offices. This simulation has further identified areas of needed improvement in instances of major emergencies.</p>
<p>Evaluation</p>	<p><i>Definition: Rigorous and independent assessment of completed or ongoing activities and strategies to determine the extent to which they are achieving stated objectives and to contribute to decision making and learning.</i></p>
<p>Good management practices: a) Office has an up-to-date IMEP which is used to plan and implement evaluations in key programmes, strategies and management areas; b) Evaluations conducted by the Office are objective, fair and impartial; c) Capacity for evaluation exists in the country, or the Office is able to obtain quality capacity when needed; d) Findings and recommendations of evaluations are utilized by the CO; e) Office strives to further develop in-country capacity for quality evaluations; f) Management response for evaluation findings are made in a timely</p>	<p>ICO reviews and updates the Integrated Monitoring and Evaluation Plan (IMEP) annually. The effort is led by the IMEP Steering Committee, which is chaired by Deputy Representative Programme. The Steering Committee reviews a proposed plan and identifies key evaluations and other research activities, based on whether they will inform programming or policy. Once IMEP is finalised, it is routinely monitored by the Research and Evaluation Specialist and reviewed at the Country Management Team meetings.</p> <p>To improve the quality of evaluations and other research activities, ICO has implemented a number of measures, such as standardizing the format for terms of reference and developing a research agency database with performance evaluation. Additionally, there is a Peer Review Group (PRG) that reviews terms of reference for consistency, thoroughness, clarity, and the relevance of evaluation questions vis-à-vis objectives. The PRG pays close attention to the intended use of findings and their dissemination amongst key stakeholders. The PRG brings a wide range of expertise -- from research to rights issues -- and a collective voice, both of which contribute to the efforts in ensuring standards.</p> <p>With considerable and substantial technical support from UNICEF Asia Pacific Shared Services Centre (APSSC), ICO made progress towards the development of evaluation capacity. Institutionalization of an evaluation course at an academic institution is underway, and an executive course on evaluation will be conducted in May 2011 in cooperation with Indian School of Business, targeting government and other partners who manage evaluations. The Regional Advisor – Evaluation also facilitated a workshop on Managing Quality Evaluation for ICO staff in September.</p>

manner.	<p>UNICEF India, APSSC and New York Evaluation Office jointly contributed to the first global evaluation conference held in South Asia, <i>Evaluation Conclave</i>. The UNICEF team led the panel discussion titled, “From Policies to Results: National Evaluation Capacity Development” calling for development partners to support country-led evaluation through development of the country’s capacity in evaluation.</p> <p>ICO will continue to seek technical guidance from the Regional Office as it works towards building capacity for partners and its own staff.</p>
Information, Communication Technology	<p>Definition: <i>Provide innovative, timely, reliable and secure information technology services. Provide business value through business understanding, knowledge, communication, agility and a strong customer focus, and enhance UNICEF’s mission.</i></p>
<p>Good management practices:</p> <p>a) Provide ICT solutions to influence policies and actions to influence children’s and women’s rights;</p> <p>b) Promote DaO/ UN reforms for business continuity, economical access to common services and skilled resources; c) Provide remote access to network and promote use of technology for collaboration and programme results;</p> <p>d) Establish and use LTA with vendors;</p> <p>e) Dispose equipment in environmentally secure and safe manner and promote recycling; and f) Maintain UNICEF applications and interfaces as per prescribed practices and coordinate disaster recovery to meet business continuity requirements.</p>	<p>As described in the previous section on Knowledge Management, ICO is developing a collaborative application, “Knowledge Community on Children in India” website to provide a forum for UNICEF, UN agencies, government counterparts and NGOs to share experiences and knowledge related to children and women. The website is expected to be launched in 2011.</p> <p>Programme Information and Management Office (PIMO) ensured high availability of messaging and business applications to more than 600 staff and consultants spread across 14 offices. Cost effective and highly reliable communication links on fibre optics exists between Delhi and all the Field Offices. PIMO also strengthened communication between Delhi and NYHQ by implementing an automatic failover using internet access through multiple service providers. High-end boardroom quality video conference facilities integrated with Cisco WebEx were established across all the 14 offices in India and are being regularly used for much needed close communication across offices.</p> <p>Citrix Remote Access has been implemented and working successfully for more than four years and is being used by key staff in Delhi and all staff in Maharashtra, Jharkhand, Chhattisgarh and Assam offices along with critical staff identified in the Business Continuity Plan. Blackberry services have been provided to all CMT members and critical staff.</p> <p>ICO maintains a wide range of long term agreements for equipment and services, including those for records management systems and website development. It also strives to reduce electronic waste by reutilizing equipment whenever possible. Obsolete equipment is disposed of through public auctions.</p> <p>Business Continuity Plans have been established and tested. ICO is following the prescribed disaster recovery procedures as directed by NYHQ. IT Core Systems to support Business Continuity Plans have been identified, implemented and tested, including i-Direct VSAT at Delhi to act as a backup during emergency when the local service provider is unable to provide services for connectivity with HQ. BGAN systems have also been installed in field offices to access internet services during an emergency or when connectivity between field offices and Delhi fails. All offices are equipped with satellite phones that have the capacity to support both voice and data communication.</p>

4.2 Financial Resources and Stewardship	
<i>Please complete against the definition and good management practices for each area, and provide a concise analysis of the performance of the Office in 2010 (350 words each)</i>	
Fund-raising & Donor relations	<p>Definition: <i>Fund-raising function in UNICEF ensures effective engagement and cooperation with public and private donors and thus contributes to mobilization a large part of the required RR, OR and OR-E</i></p>
<p>Good management practices: a) Country Office sends 100% of donor reports on time and the reports meet quality standards; b) CO mobilized 75% of resources of OR ceiling in CPD; c) CO mobilized adequate resources to meet appeal needs (at least 45% of HAR/CAP appeal); d) Funds available are utilized optimally (PBAs expiring during the reporting period should have 95% utilization level) e) Mechanisms in place to monitor use of funds and avoid unnecessary extension of PBA durations; and f) CO mobilizing resources and participating where relevant and effective in new modalities such as MDTF, Jt Programmes, Public-Pvt partnerships, South-South Cooperation, emerging donors etc.</p>	<p>The portfolio of donors has drastically changed over the past few years. In the previous Country Programme (2003-2007), bilateral donors such as DFID were the main financial partners and represented more than 75% of ICO's donor pool. In the current country programme, this proportion has decreased to less than 40%. This trend will accelerate in the near future as many bilateral partners have steered away from their traditional development aid programmes and are repositioning their relationship to India, in light of its emergence as a strong economic power.</p> <p>ICO has adapted to this new donor environment and developed new global partnerships, such as Bill and Melinda Gates Foundation and Rotary, and reinforced the importance of private sector contributions within and outside India.</p> <p>In 2010, 100% of the donor reports were sent on or before the deadline. This is a remarkable improvement in comparison with the results from 2009 (85%) or 2008 (65%).</p> <p>Private Fundraising and Partnership (PFP) activities started in 2006 for ICO. Since then, the office has increased the fund raising from private individuals and corporations in India. The year 2010 saw a 60% increase of PFP income over 2009. The gross income is USD 4.3 million. In 2010, in line with PFP global strategy, the focus was placed on recruiting monthly pledge donors. The base of active monthly donors grew from 7,500 at end of 2009 to more than 16,000 at end of 2010. The funds raised from private individual are fully unrestricted.</p>
Management of financial and other assets	<p>Definition: <i>Safeguarding the financial and other assets of the organization by maintaining and improving financial and administrative systems and procedures to ensure efficient, timely, cost-effective and transparent utilization of these resources.</i></p>
<p>Good management practices: a) CO has received 'satisfactory' internal audit rating in the area of Operations; b) Matches planned resources to planned results; c) CMT has taken clear steps to improve contributions</p>	<p>The most recent internal audit was conducted in 2009 for Delhi, as well as UP and MP field offices. Delhi and MP offices received a satisfactory rating in the area of Operations, while UP was rated as partially satisfactory mainly due to delays in recruitment. The offices have taken necessary measures to address the areas of improvement, and all audit recommendations have been successfully closed.</p> <p>As mentioned in a previous section, ICO has an automated programme monitoring system which provides regular reporting on key management indicators such as funding utilization and donor reports. Staff members can access the information on the ICO intranet. In addition, a close review of planned resources and results, as well as funding gaps is routinely done both in Delhi and at Country Management</p>

<p>management, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance; d) Good performance on key indicators: RR spent at least 95%, 100% PBAs used within the original duration of the PBA life, at least 95% of OR-E used within the original life of PBA; less than 5% of outstanding DCTs are over 9 months; e) Clear efficiency gains in resource use, costs savings and reductions achieved.</p>	<p>Team meetings. When immediate attention and action are required in terms of fund utilization or donor reporting, WebEx sessions are held in collaboration with resource mobilization section to discuss the course of action.</p> <p>As of 30 November, the Regular Resource was 98% requisitioned, and 82% expended. The utilization is being rigorously and frequently monitored, and it is expected that 100% will be spent by the end of the year.</p> <p>Between January and November 2010, 15 Programme Budget Allocations (PBA) in ICO have expired, with 100% obligation and 99% expenditure. For PBAs expiring in December, funds have been requisitioned fully, 98% obligated and 80% spent by the end of November. For Emergency funding, ICO has achieved 94% expenditure.</p> <p>Direct Cash Transfer, for which vouchers and invoices from implementing partners are pending receipt or clearance more than 9 months, is 0.17% as of 30 November.</p> <p>Efficiency gains in resource use are explained in Section 4.4.</p>
<p>Supply</p>	<p>Definition: Ensure national availability and local delivery of essential supplies in support of UNICEF assisted programmes and partners.</p>
<p>Good management practices: (a) Good functioning of the supply component of the Country Programme, including emergency interventions and, as appropriate, Procurement Services; (b) Strategic sourcing; (c) Quality and timeliness of supply inputs, whether offshore, regional or local; (d) Local market developments and local procurement; (e) Usage of supply in-kind assistance; (f) Collaboration with other UN agencies on supply and logistics aspects; (g) Roles and performance of Government and UNICEF on in-country warehousing; (h) In-country logistics and delivery to end-users; (i) Monitoring of supplies; (j) Usage of innovative</p>	<p>With the introduction of the Rolling Work Plan, ICO plans its supply operations using a two-year supply plan updated bi-annually, adding flexibility to the office procurement strategies. To further strengthen the organization's flexibility and response, Supply and Procurement (S&P) Section had more than 195 valid Long Term Arrangements (LTAs) for goods and services during the year, covering up to 80% of the overall expenditure in essential supplies and services.</p> <p>S&P section handled procurement of goods and services in the amount of USD 60 million, with Services representing 65%, Goods 30%, and Offshore via UNICEF Supply Division 5%. This includes support provided by S&P to more than 20 countries with procurement of hand pumps from the Indian market.</p> <p>The trend of increased spending in services continued, mainly due to the increased use of third-party Human Resource firms. By the end of the year ICO will have established contracts in ten of thirteen Field Offices.</p> <p>In addition, S&P supported UNICEF Supply Division, with Procurement Services of vaccines, equipment and goods required on behalf of the GoI and state governments. The amount totalled approximately USD 100 million, with funds provided by World Bank, KfW, Bill and Melinda Gates Foundation, The Measles Initiative Partnership, Government of Japan, as well as GoI and state governments.</p> <p>S&P also initiated, together with the Polio Programme and Supply Division, discussions with GoI on capacity building for vaccine security.</p> <p>In a drive to decentralise procurement within ICO, ensure local presence, develop local markets and minimise lead-times, S&P supported Field Offices to establish local LTAs. At the same time some of the central LTAs were made available to all Field Offices for Direct Ordering, using the intranet as a means of information dissemination. This was done in parallel with the ongoing capacity building and professional development of supply staff, as manifested in a two day exercise in</p>

<p>supply and technical solutions; (k) Supply related services from Supply Division; (l) Professional development of supply staff; (m) Lessons learned and partner capacity building experiences in the area of supply chain.</p>	<p>Category Management and a four day training exercise in Public Procurement. Twenty-two staff members from Operations and Programme participated, leading to a CIPS grade two certification.</p>
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4.3 Human Resource Capacity

Please complete against the definition and good management practices for each area, and provide a concise analysis of the performance of the Office in 2010 (350 words)

<p>Human Resource Capacity</p>	<p><i>Definition: Every Office and manager will act to ensure an enabling environment and take decisions in which UNICEF's people effectively deliver results for children and women.</i></p>
<p>a) Office takes a results-based approach to design its human capacity needs and consider staffing mix and profile; understand results in terms of capabilities and competencies; and plans to address gaps, including by learning; b) Performance management cycle is a natural part of the office culture with regular/honest PER discussions; clear connection between results and individual objectives; c) Office has assessed staffing gaps based on EPR to ensure effective humanitarian / early recovery in line with CCCs and staff are trained on emergency risk management and response; e) Staff are aware of staff counselling resources available locally; and f) Office is committed to UN Cares and has implemented the 10 minimum standards on HIV in workplace.</p>	<p>During the MTR, ICO used a results-based capacity needs assessment to determine the new profiles and competencies required to meet the increasing demand for the upstream work of influencing policies and advocating for the results for children. ICO is close to reaching gender parity through a better talent search, such as nationwide advertisement and contacts with technical networking groups. Designing a robust learning plan has enabled the learning of 400 out of 458 staff, with focus on the staff in the General Service category. Another innovative event was the Executive Coaching for senior managers to improve managerial and leadership capabilities.</p> <p>Performance management is a standard practice at ICO, which is evident in the 98% completion rate of the 2009 staff Performance Evaluation Report (PER), and 97% completion of the 2010 PER Key Result Areas (KRA). Improvement in consistency in rating and narrative assessment has been the focus in 2010. The rollout of online appraisal system, E-PAS, for all international staff has been completed successfully and timely. Staff training needs are linked with KRAs to develop relevant competencies to achieve results for children, which are the integral part of the learning plan.</p> <p>In 2010, the Human Resource Section supported the ICO emergency focal persons assess capacity gaps, identify learning priorities, and plan for developing most critical capacities.</p> <p>Staff counselling resources, including the trained Peer Support Volunteers, UNICEF buddy system, and UN stress management counsellor, are readily available and made aware to all staff.</p> <p>UNICEF is part of the UN Cares inter-agency programme and contributes to the reinforcement of the ten minimum standards on HIV in the workplace. Other UN agencies are invited during the quarterly orientation programme organised by UNICEF on a quarterly basis during which updated information on available local counselling services are provided. On the World AIDS Day, UNICEF actively participated in the inter-agency activities to commemorate the event by sharing information to all staff, took the initiative to support a mobile testing unit for UN staff.</p>

4.4 Other Issues: Efficiency Gains and Costs savings in Management and Operations

Provide a brief analysis of efficiency gains and costs savings achieved during 2010 in management and operations; such as through joint UN operations and other initiatives; include specific examples and estimates of cost savings, if available (100 words)

In S&P, the provision and access to LTAs to all states and other UN agencies has led to the reduction in the need to reopen negotiations for the procurement of similar items. Within Human Resources (HR), the use of HR recruitment firms has provided candidate screening for thousands of applications and allowed HR to increase focus on priorities. Indirectly, the full implementation of Harmonised Approach to Cash Transfer during 2010 has eliminated the need for 100% auditing of NGO partners and the shift to professional audit firms to complete assurance activities will allow staff to focus on substantive reviews.

Summarize significant changes envisaged in 2011's Annual Management Plan (100 words)

The 2011 Annual Management Plan will reflect the yearly requirement for conducting reviews of the country risk profile, and risk assessments will be completed in all 13 Field Offices during 2011. ICO is working with HQ to shift to Microsoft SharePoint as its IT platform which will host a new intranet site capable of providing immediate access to documentation to all 13 states and Delhi office. In addition, the Information and Knowledge Management Unit, NY is working with ICO to develop a records management system to include the development of a common taxonomy and an electronic document repository.

7. Special Report: South-South Cooperation

Describe, if applicable, any significant ways in which UNICEF promoted, supported or facilitated South-South Cooperation between partners in-country and those in other programme countries. Provide up to 3 paras on the most notable experiences in 2010, including what was achieved and the results expected. (300 words)

India participated in the High Level Meeting on Cooperation for Child Rights in the Asia Pacific Region, held in Beijing in November. At the meeting, Mr. Sudhir Kumar, Additional Secretary of Ministry of Women and Child Development, shared with other delegates India's experiences such as in Integrated Child Development Services and Integrated Child Protection Scheme. As a way forward to promote further South-South Cooperation, Mr. Kumar also suggested that participation of children is integral and should be promoted. The Government of India (GoI) has also offered to host the 2013 High Level Meeting to assess progress in strengthening South-South cooperation to advance children's rights. The offer was accepted by all 28 government delegations.

ICO's contributions to GoI's efforts in supporting other countries include the 4th International Learning Exchange, which is organised jointly by the Department of Drinking Water Supply and provides a platform for knowledge sharing and learning from recent successes and challenges in the water and sanitation sector. This year welcomed 56 participants from 17 countries. Another example is the donation of nearly 90,000 doses of Oral Polio Vaccine, requested by GoI's Ministry of External Affairs, to support the Government of Tajikistan in its response to polio outbreaks in the country. ICO also provided mission support to other Country Offices, and 13 staff members (of which 11 are Indian nationals) were assigned to 12 countries, contributing also to the national staff capacity development.

Looking towards the future, the Central Statistics Office of the Ministry of Statistics and Programme Implementation will host the 15th Commonwealth Statisticians Conference in February 2011 with support from ICO. The Conference aims to further strengthen statistical systems by providing an opportunity for statisticians from Commonwealth countries to share experience and continue dialogues. About 400 participants are expected from 52 countries.

5. Studies, Surveys, Evaluations and Publications Completed in 2010

5.1 Study/Survey/Evaluation

No.	Title	Themes (up to 4 words)	Type	Management Response ¹⁶	Upload to ERD
2009-01	Baseline Survey for Adolescent Girls Group Programme in Maharashtra	Adolescent Life Skills Education	Survey	n/a	Yes
2009-03	Formative Research on Knowledge, Attitudes and Practice around Child Labour in Cotton Growing and Cotton Seed Producing States	Child Protection, Labour, Communication	Studies	n/a	Yes
2009-04	Synthesis Report of three studies on Child Labour in Cotton Growing and Cotton Seed Producing States	Child Protection, Labour, Migration	Studies	n/a	Yes
2009-05	Study on Socio-Economic Status of Mahadalits in Bihar	Social exclusion, policy	Studies	n/a	Yes

¹⁶ Applicable to evaluations.

No.	Title	Themes (up to 4 words)	Type	Management Response ¹⁶	Upload to ERD
2009-16	District HIV Situation Analysis	HIV	Survey	n/a	Yes
2009-19	Hygiene and Sanitation Practices in Anganwadi Centres of Orissa	WES Rural, Hygiene Practices	Studies	n/a	Yes
2009-20	Study on National, State and District Level Policies and Guidelines pertaining to Child Marriage	Child Protection, Child Marriage	Studies	n/a	Yes
2009-21	Study on Child Trafficking in Assam	Child Protection, Trafficking	Studies	n/a	Yes
2009-23	Assessment of Drinking Water Safety in Kerala	WES Rural, Water Safety	Studies	n/a	Yes
2009-25	Assessment of the Quality of Centres of Excellence for Paediatric Care	Paediatric HIV, Care/Support	Studies	n/a	Yes
2009-26	Study on Perceptions and Attitudes Regarding Toilet Construction and Usage in Tamil Nadu	WES Rural, Sanitation,	Studies	n/a	Yes
2009-29	Midline Survey of <i>Kyunki Jeena Isi Ka Naam Hai</i>	Communication, Entertainment-Education	Survey	n/a	Yes
2009-30	Gap Analysis of Welfare Schemes for Tea Industry Workers in Assam	Social exclusion, policy	Studies	n/a	Yes
2009-31	Assessment of the Community Based Theatre Strategy	Communication, Entertainment-Education	Studies	n/a	Yes
2009-36	Baseline Survey for Meena Radio in Districts of Uttar Pradesh	Entertainment-Education, Life Skills, Communication	Survey	n/a	Yes
2010-99	Replicability and Sustainability Assessment of Integrated District Approach	Decentralisation, Convergence, Inclusive Programming	Studies	n/a	Yes
2010-100	Social and Economic Benefit of Improved Sanitation in Four States: Orissa, Rajasthan, Bihar and Madhya Pradesh	Social/Economic benefit of sanitation	Studies	n/a	Yes

5.2 Publication

No	Title	Intended audience	Type	Objectives of the Publication	Authors	USD
1	Governance for Children's Rights: Integrated District Approach (Policy Brief and Four Key Sheets)	Policy and Decision Makers, Planners, Practitioners	Both	To provide evidence-based knowledge to advocate for replication of integrated district approach	Overseas Development Institute	\$55,000 (Research, design & print)
2	Toolkit: "Operating Perinatal Referral Transport Services in Rural India"	Planners, Policy and Decision Makers, Practitioners	Both	To provide standardised guidelines in establishing and operating a perinatal referral transport services	UNICEF India	\$3,900 (Design & print)
3	Four Policy Briefs on the Effect of Environmental Pollution on Maternal and Child Health	Policy and Decision Makers, Researchers, Academicians, Planners	Both	To provide evidence-based knowledge and enrich policy discussions	Issued jointly with TERI and AIIMS	\$49,000 (PCA)
4	Fact Sheets: Coverage Evaluation Survey (2009)	Policy and Decision Makers, Researchers, Academicians, Planners, Practitioners	Both	To share the results of a nationwide survey in a user-friendly manner and provide an evidence-base for policy and action	Issued jointly with the Ministry of Health & Family Welfare	\$386,000 (Survey, design, print, etc)
5	Policy Briefs on Special Newborn Care Units: Optimal Utilization of equipment at SCNU and Human Resources for Facility-based Newborn Care in India	Policy and Decision Makers, Planners, Researchers, Academicians	Both	To present an evidence-base and concrete recommendations for strengthening newborn care	Issued jointly with Indian Institute of public Health Delhi	\$1,000 (Design & print) and Staff time
6	Fact Sheet: Improving Newborn Survival in India	Policy and Decision Makers, Planners Researchers, Academicians,	Both	To inform policy and programming by presenting the current status of and solutions to neonatal deaths in India	Issued jointly with World Health Organization India	\$700 (Design & print) and staff time
7	Indian Pediatrics August 2010 Vol. 47 Special Issue on Severe Acute Malnutrition	Policy and Decision Makers, Researchers, Academicians, Planners, Practitioners	Both	To increase awareness among policy decision makers and academicians on severe acute malnutrition so as to improve its management.	Issued jointly by Indian Pediatrics	\$10,000 (SSFSA)
8	"Progress of Sanitation in India" - A National Perspective based on the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation	Practitioners Policy and Decision Makers,	Both	To strategically present the striking figures that represent progress, gaps and disparities on sanitation for ministerial conference	UNICEF India	\$1,000 (Design & print) and staff time

9	“Nirmal Gram Puraskar: Esteemed Award At Risk...”	Policy and Decision Makers, Planners	Both	To demonstrate the relapse into open defecation in villages that had been awarded a prestigious award during 2004-2006.	UNICEF India	\$74,000 (Study, Design & print)
10	“Community Movement for Sanitation and Dignity”	Practitioners, Planners Policy and Decision Makers	Both	To provide standardised, user-friendly guidelines for Panchayati Raj Institutions and other organizations involved in implementing the Total Sanitation Campaign	Issued jointly with Ministry of Rural Development, Department of Drinking Water and Sanitation	\$1,700 (Design & print) and staff time
11	FAQ on Right of Children to Free and Compulsory Education Act	General audience	Print	To support implementation of the RTE Act and promote participation in RTE related activities.	Vinod Raina	\$10,000 (PCA, print)
12	“Changing Lives: through the Power of Sports”	General audience	Print	To support PYKKA, a nation-wide rural sports programme which promotes sports culture among boys and girls	Jointly with Ministry of Youth Affairs and Sports	\$47,000 (Design and print)
13	“National Report on Inclusive Classrooms, Social Inclusion/ Exclusion and Diversity”	Policy and Decision Makers, Planners, Researchers, Academicians, Practitioners	Print	To present the challenges related to social exclusion in education and call for action	Deshkal Society	\$78,000 (PCA inc. consultations)
14	Children and HIV: India Update on Paediatric HIV and Prevention of PPTCT	Planners, Policy and Decision Makers, Practitioners	Print	To provide a user-friendly summary of the two key components of HIV programme	UNICEF India	\$6,400 (Design & print) and staff time
15	“Children of India: Rights and Opportunities” - Working Paper Series	Policy and Decision Makers, Researchers, Academicians, Practitioners	Print	To enrich public discourse and promote public action for child rights	Several authors. Issued jointly with Institute of Human Development.	\$10,600 (PCA and printing)
16	“Marriage in Globalizing Contexts: Exploring Change and Continuity in South Asia” – Annotated Bibliography	Researchers, Academicians, Practitioners, Policy and Decision Makers	Print	To facilitate and inform further research on marriage by systematically consolidating the disparate works in South Asia	Shruti Chaudhry, Anindita Majumdar, Ravinder Kaur, Rajni Palriwala	\$21,000 (DCT to IIT Delhi)

17	“Who Cares for the Child? Gender and the Care Regime in India” - Report of the UNICEF-ISST Conference	Policy and Decision Makers, Practitioners, Researchers, Academicians	Both	To document key issues from an international workshop on gender-sensitive childcare policies and programmes thereby informing further discourse	Issued jointly with Institute of Social Studies Trust	\$10,000 (Conference, design and print)
18	Strategies for Promoting Equity and Inclusion	Practitioners, Planners	Both	To provide evidence-based information to support policy and action for children	Summaries from State Roadmaps to Equity and KCCI Internship Case Studies	\$2,000 (Design and print) and staff time

6. Innovations and Lessons Learned

Category: <i>(please choose one)</i> Lessons Learnt	
MTSP Focus Area or Cross Cutting Strategy: <i>(please choose all that are applicable)</i>	
MTSP Focus Area: FA1 X FA2 <input type="checkbox"/> FA3 <input type="checkbox"/> FA4 <input type="checkbox"/> FA5 <input type="checkbox"/>	
Cross Cutting Strategy: HRBA <input type="checkbox"/> Gender X Partnership <input type="checkbox"/> RBM <input type="checkbox"/> Capacity Development <input type="checkbox"/> C4D <input type="checkbox"/> Management Excellence <input type="checkbox"/> Knowledge Management <input type="checkbox"/>	
Key themes <i>(up to 4 words):</i> Adolescent Girls, Anaemia, India	
Title: Unlocking the Indian Enigma: Breaking the Inter-Generational Cycle of Undernutrition through a Focus on Adolescent Girls	
Related Links:	
Contact Person: Name and email. Víctor Aguayo, vaguayo@unicef.org	
Abstract <i>(Please provide 1-2 short paragraphs to describe the purpose of sharing the innovation or lessons learned)</i> 150 words	UNICEF has gained significant experience in policy and programme action to scale up a continuum of care for child survival, growth, and development, including a continuum of care for mothers during pregnancy. Pregnancy and the first two years of life are seen as the 1,000-day “windows of opportunity” to break the inter-generational cycle of nutrition deprivation. The nutrition status of children in India is poorer than in sub-Saharan Africa despite rapid economic growth; often referred to as ‘the Indian enigma’. There are a number of explanations. One is the poor nutrition status of women in general and adolescent girls in particular. The programme described here places adolescent girls at the center of programme convergence for an inter-generational approach to maternal and child nutrition. Moreover, we argue that the programme has the potential to become the backbone for the delivery of a continuum of care and empowerment for adolescent girls.
Issue/Background: <i>(Describe the context in 2 paras or 100 words)</i>	India is home to 115 million adolescent girls aged 10– 19 years; 56 per cent adolescent girls are anaemic. Anaemia limits girls’ growth and learning ability, increases their vulnerability to school dropout, reduces productivity and earnings later in life and increases the risk of maternal death and newborn low birth weight both in early wed adolescent girls and when girls become adult women. Recognizing the consequences of anaemia for adolescent girls, Government of India’s Ministries of Education, Women and Child Development, and

	<p>Health are scaling up with UNICEF technical support a programme for the control of anaemia in adolescent girls.</p>
<p>Strategy and Implementation: <i>Describe in 2-3 paras (200 words) the strategy used and how it was implemented. This should link to the issue outlined above and highlight main steps in implementing the strategy. Strategies may include in terms of advocacy, participation, gender equity, ownership, coordination and partnerships, monitoring and evaluation and replicability/sustainability.</i></p>	<p>The objective of the programme is to reduce the prevalence and severity of anaemia in school-going adolescent girls using schools as delivery channel and in out-of-school adolescent girls using community-based <i>Anganwadi Centers</i> as the delivery platform. The programme comprises three essential interventions: 1) weekly iron folic acid (IFA) supplementation (100 mg elemental iron + 0.5 mg of folic acid) for 52 weeks in a year to prevent IFA deficiency; 2) biannual deworming (albendazole 400 mg) to prevent helminth infestations; and 3) information, counselling and support on how to improve dietary intake and prevent anaemia.</p> <p>As the main partner of state governments for the adolescent anaemia control programme, UNICEF’s role has evolved from intense programme support in the initial phase (design, implementation, monitoring and evaluation) to a technical advisory role in the current scale up phase. The evaluation of the initial phase programmes showed an average 20% reduction in the prevalence of anaemia after 1-2 years of implementation. Currently UNICEF focuses on the technical support to build the capacity of programme managers and supervisors, the development of programme communication strategies and tools for girls, families, and communities, and the design of monitoring systems and tools to assess programme performance and quality.</p>
<p>Progress and Results: <i>Summarize in 2-3 paras (200 words) the progress and any verified results in implementing or applying the initiative or innovation. The results could be at output, outcome, impact levels depending on the stage of the implementation. Describe the factors that enabled or hindered progress (challenges).</i></p>	<p>By the end of 2010, the programme is being scaled-up in 11 states and is reaching 16.4 million adolescent girls; 11.4 million are school-going girls while 5 million are out-of school girls. State governments are scaling up with state budgets and funds.</p> <p>The synergy among the three state departments involved has been central to the scale up with quality. The Department of Education implements the programme for school-going girls; the Department of Women and Child Development implements for out-of-school girls; and the Department of Health is responsible for the procurement and distribution of the supplies. Four additional success factors are: 1) use of evidence-based advocacy based on internationally agreed-upon recommendations and better practices and the demonstrated benefits of the first phase of the programme; 2) the commitment of state departments to increase budgeted allocations and ensure the training of frontline workers and supervisors and the procurement and distribution of the supplies needed; 3) UNICEF-supported programme communication strategies to sensitize girls, teachers, and parents on the consequences of anaemia and the benefits of the programme; and 4) the power of adolescent girls to talk positively about the programme to peer girls and decision makers and advocate for the scale up.</p>
<p>Innovation or Lesson Learned: <i>Describe briefly the main lessons learned or innovative elements from this experience. Please include information on what worked and what did not.</i></p>	<p>What have we learned?</p> <ol style="list-style-type: none"> 1. The power of data and evidence. Existing data and evidence can be used to make a case for adolescent girls as a third window of opportunity for child survival, growth and development. Existing data and evidence can be used to generate consensus among sectors on an essential continuum of care and empowerment for adolescent girls; 2. The power of focus and scale. It is important to focus on a limited number of evidence-based interventions: it is important to start with a focus on large

	<p>scale; to avoid comprehensive (non-scalable) ‘holistic’ projects; to keep it simple but large, show results, and generate success; scale and results are of the essence;</p> <p>3. The power of today and tomorrow (pragmatism with aspiration); It is important to use existing platforms today while creating new policy opportunities for tomorrow: in India Elementary Education and the Adolescent Anemia Control Programme are two examples of here and today; the newly approved 1-billion USD Rajiv Gandhi Scheme for the empowerment of adolescent girls is an upcoming policy opportunity brought about to a large extent through pragmatism with aspiration;</p> <p>4. The power of adolescent girls: unlike undertwos, adolescent girls can be very articulate about the benefits of their programme; they can become the best advocates for programme expansion (programmatic and geographical) and inclusion with equity (castes, tribes and minorities);</p> <p>5. The power of UNICEF: UNICEF is uniquely positioned to advocate/convene for a cross-sectoral, convergent agenda for adolescent girls IF we are able to link programming for adolescent girls to national policy priorities and bring adolescent girls into the mainstream of policies and budgets: the power of UNICEF is in making programming for adolescent girls relevant, not marginal or anecdotal.</p>
<p>Potential application: <i>Describe briefly the potential application beyond the original scope in the country, region or in other settings. What are the issues that need to be considered?</i></p>	<p>India’s adolescent anaemia control programme brought to the limelight the centrality of adolescent girls in unlocking the ‘Indian Enigma’ and breaking the inter-generational cycle of undernutrition in India.</p> <p>The programme can become an important platform for intersectoral convergence among key government departments to deliver synergistically essential nutrition, health, hygiene, education and protection services to empower adolescent girls and reduce gender disparities.</p> <p>In this respect, the programme has the potential to become a key delivery platform for the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls), the newly approved one-billion USD programme by Government of India for the improvement of adolescent girls’ nutrition and life opportunities.</p>

Category: <i>(please choose one)</i> Innovation	
MTSP Focus Area or Cross Cutting Strategy: <i>(please choose all that are applicable)</i> MTSP Focus Area: FA2 Cross Cutting Strategy: HRBA <input type="checkbox"/> Gender <input type="checkbox"/> Partnership <input type="checkbox"/> RBM <input type="checkbox"/> Capacity Development <input type="checkbox"/> C4D <input type="checkbox"/> Management Excellence <input type="checkbox"/> Knowledge Management <input type="checkbox"/>	
Key themes <i>(up to 4 words):</i>	
Title: GIS (Geological Information System) based Decision Support System of School Information, State of Jharkhand	
http://www.jepc.nic.in/default.htm	
Contact Person: Name and email	
Abstract <i>(Please provide 1-2 short paras to describe the purpose of sharing the innovation or lessons learned)</i> 150 words	<p>The GIS-based Decision Support System of School Information provides integration of multi-dimensional data that helps in problem identification, measurement of problem's severity using spatial intelligence, which in turn supports effective planning, implementation, monitoring and evaluation of the programme with special focus on School Sanitation and Hygiene Education (SSHE) indicators.</p> <p>Using the interactive web-based platform, all the schools of Jharkhand are mapped and classified as per the <i>Sarva Shiksha Abhiyan</i> (Education for All) norms. With inclusion of District Information System for Education (DISE) data of Jharkhand Education Project Council (JEPC) in this database, the user has the opportunity of using multiple-indicator options to assess information regarding schools.</p> <p>This innovation has set a new standard of data collection, synthesis and analysis in the State. Earlier limited only to single-indicator, tabular representations can now be assessed in a multi-dimensional spatial framework giving the local functionaries a vivid, visual and tangible representation of situation.</p>
Issue/Background: <i>(Describe the context in 2 paras or 100 words)</i>	<p>The State of Jharkhand has a predominance of tribal and scheduled caste populations. Although the state has many development policies, there have been distortions in resource allocation and access to facilities for members of these vulnerable communities.</p> <p>The GIS-based Decision Support System of School Information is a tool developed for geographical identification of issues such as availability of functional WASH facilities in schools especially to girls, habitations without schools, and identification of inaccessible areas without basic amenities. This detailed spatial overview identifies gaps in resource apportion and informs the prioritization of the allocation of facilities to the most disadvantaged.</p>
Strategy and Implementation: <i>Describe in 2-3 paras (200 words) the strategy used and how it was implemented. This should link to the issue outlined above and highlight main</i>	<p>The strategy employed brought about a convergence between JEPC and Jharkhand Space Application Centre, with UNICEF providing technical support for developing the System. The idea was conceptualized by UNICEF in April 2008, and adopted by SSHE Cell under aegis of JEPC. The project was rolled out in two phases.</p> <p>The first phase focused on mapping school locations using village and</p>

<p><i>steps in implementing the strategy. Strategies may include in terms of advocacy, participation, gender equity, ownership, coordination and partnerships, monitoring and evaluation and replicability/ sustainability.</i></p>	<p>panchayat information from DISE data in GIS environment. Here the focus was on developing the capacity of local functionaries to understand the problem and tackle it using spatial intelligence, the availability of functional WATSAN facilities in schools, especially for girls, identification of school serving habitations, habitations without schools, identification of hard to reach areas, and also the enrolment status of children from disadvantaged communities.</p> <p>In the second phase the concept of one data is being formalized to establish a uniform database. The data from block and district levels will be updated at a central server at state level and will then be used by administrators for programme execution. The regular and timely flow of data will provide an opportunity to monitor and evaluate the activities of local functionaries and the progress of programmes at district and state levels.</p>
<p>Progress and Results: <i>Summarize in 2-3 paras (200 words) the progress and any verified results in implementing or applying the initiative or innovation. The results could be at output, outcome, impact levels depending on the stage of the implementation. Describe the factors that enabled or hindered progress (challenges).</i></p>	<p>The 2007-2008 DISE data used in the first phase of implementation has been updated in the second phase by the 2008-2009 data. Also, the web-based GIS application has been hosted on the internet.</p> <p>A dynamic query tool has also been incorporated, which provides the facility to search for schools by name and number with completed details based on one or more indicators. The thematic information of schools and administrative boundaries (village, block, district), forests, settlements, water bodies, transportation networks have been hosted on the web with GIS functionality, where dynamic tools such as pan, zoom in, zoom out are provided.</p> <p>The first phase has been completed and the present set of data is available online with the provision of schools information at village, block, district and state levels. The tabular and map representation of school information may help in epigrammatic visualization of data and in planning process. The second phase is in progress.</p> <p>The initial challenge faced was the varying number of schools being reported on a regular basis due to years of unreliable data processing. At the outset of the project 23,000 schools were mapped, but after corrective changes to the GIS features, 41,268 schools were correctly reported.</p>
<p>Innovation or Lesson Learned: <i>Describe briefly the main lessons learned or innovative elements from this experience. Please include information on what worked and what did not.</i></p>	<p>The main innovative element is the availability of a user-friendly, interactive web-based GIS platform wherein the multiple-indicator based query tool can be used to assess data at the click of a button which then further helps in problem identification and decision making. This application has also provided spatial literacy among local and district functionaries thus enhancing their capacity to analyse and solve problems in more innovative ways.</p> <p>Earlier the local functionaries of schools were not being monitored effectively at either the district or state level. In this GIS platform, responsibilities of the local functionaries as per their allocated schools are being incorporated at the state and district level, thereby making them accountable for the progress of the programmes.</p> <p>The project initially used village and panchayat information of DISE data to map individual schools. The process proved to be faulty as it located the</p>

	<p>school anywhere in the village boundary and not at its exact location. Although it helped in the identification of villages without schools, it did not provide the exact school serving areas. Now, in second phase the exact location of school is being provided by GPS data of school locations.</p>
<p>Potential application: <i>Describe briefly the potential application beyond the original scope in the country, region or in other settings. What are the issues that need to be considered?</i></p>	<p>The main innovative element is the availability of a user-friendly, interactive web-based GIS platform wherein the multiple-indicator based query tool can be used to assess data at the click of a button which then further helps in problem identification and decision making. This application has also provided spatial literacy among local and district functionaries thus enhancing their capacity to analyse and solve problems in more innovative ways.</p> <p>Earlier the local functionaries of schools were not being monitored effectively at either the district or state level. In this GIS platform, responsibilities of the local functionaries as per their allocated schools are being incorporated at the state and district level, thereby making them accountable for the progress of the programmes.</p> <p>The project initially used village and panchayat information of DISE data to map individual schools. The process proved to be faulty as it located the school anywhere in the village boundary and not at its exact location. Although it helped in the identification of villages without schools, it did not provide the exact school serving areas. Now, in second phase the exact location of school is being provided by GPS data of school locations.</p>
<p>Next Steps: <i>Describe any planned next steps in implementation and highlight any changes in strategy.</i></p>	<p>The incorporation of network facility based on real detailed road network in the database which will provide real distance between schools and habitations and the path covered by children.</p> <p>At present details are available upto village levels which will be extended to habitation level in the second phase with higher accuracies due to delineating habitations from cartosat 1 having 2.5 metre of spatial resolution.</p> <p>Upgrading primary school to middle school in an area with three primary schools will be carried out using GIS to measure the exact distance and identify the accurate location for the school.</p>