

India

Executive Summary

In 2015, UNICEF India refined its focus around five priorities: reducing stunting, neonatal mortality and open defecation; ensuring that all children are in school and learning; and protecting children from violence and exploitation. Much progress has been made, with different manifestations at the state level. For example, the West Bengal Field Office collaborated closely with the District Magistrate of Nadia District (population 5.2 million), which led to it being declared open defecation-free (ODF) as part of a district-wide approach. To sustain momentum, the district Government has requested UNICEF technical support to research/evaluate additional ODF interventions. District-wide approaches are now being rolled out in at least eight other states. An analytical review of success factors in Nadia District will inform the ODF strategy at national level. UNICEF India also has successfully leveraged high-level political support into a commitment to institutionalize group hand-washing with soap before the midday meal in all schools across India.

The first conference on 'Nourishing India's Tribal Children' brought together five Union Ministries to discuss tribal nutrition in nine high-burden states, with UNICEF India support. Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra and Rajasthan subsequently used emerging recommendations from the conference to issue specific nutrition strategies/schemes for tribal areas. In addition, the weekly Iron Folic Acid Supplementation Programme to reduce anaemia in adolescent girls, supported by UNICEF India, was scaled up to all states. Participants in the Global Meeting on Complementary Feeding, hosted by UNICEF India, adopted an agenda for action to improve complementary feeding of children. One more Nutrition Mission was established this year, totalling eight Nutrition Missions or equivalent structures nationally, to improve nutrition governance and coordination.

The Call to Action Global Summit enabled 24 countries to take stock of progress, share best practices and forge alliances for ending preventable child and maternal deaths. It was hosted by the Ministry of Health and Family Welfare and Ethiopia's Ministry of Health, the United States Agency for International Development, the Bill & Melinda Gates Foundation, Tata Trust and UNICEF India. The National Health Mission was supported to scale up online monitoring systems for more than 450 Sick Newborn Care Units in 109 districts across 17 states, with 750,000 newborns enrolled. Globally, this is one of the biggest real-time newborn databases, with potential to be adapted to other country contexts.

Following polio-free certification in 2014, a priority for 2015 was keeping up the momentum for vaccination through a new communications strategy and high-quality immunization campaigns. With UNICEF India support, the Government of India launched an equity strategy, known as Mission Indhranush, in 201 high-priority districts with the aim of increasing full immunization from 65 per cent to 90 per cent by 2020. During four special drives in 2015, 7.5 million children were immunized (1.9 million fully immunized).

Development of an innovative tool, the Digital Gender Atlas, by the Ministry of Human Resource Development in collaboration with UNICEF India is allowing the identification of areas in which

gender disparities in education are particularly high, intersecting with other factors (child marriage, child labour). This is facilitating focused programming to reach excluded/marginalized girls and promote their education. A robust monitoring and evaluation framework has been developed to measure results and learn from implementation of child marriage and adolescent empowerment programmes in eight states. To further enhance work in cash transfer and social protection, UNICEF India collaborated with NITI Aayog, a newly created institution that replaced the Planning Commission, to host a Cash Transfer Workshop for Children, showcasing social protection programmes focused on the most vulnerable children in 10 states. Building on emerging lessons, potential scale-up models will be agreed with the central Government in 2016.

With support from UNICEF India, the state Government of Bihar endorsed a Disaster Risk Reduction (DRR) Roadmap in January 2016. This builds on adoption of the Sendai Protocol for Action, agreed at the Third World Conference on DRR, as well as on an already developed comprehensive state DRR plan for communities, schools and other public services.

Increasingly, UNICEF India is playing a convening role as efforts towards convergent UNICEF programming with a child-centred and life-cycle approach significantly strengthen, for example, bringing the Tribal Ministry and local government representatives together to address specific bottlenecks affecting children/adolescents. Moreover, political support for reaching full immunization and ODF status within five years has strengthened, and UNICEF India is working hard to attain sustainable, long-term solutions. Nonetheless, internal and external challenges are still encountered, particularly due to the diverse nature of India; in turn, this has necessitated increasingly careful calibration of strategic engagement by UNICEF India to support national and state governments in achieving their goals.

Humanitarian Assistance

Through partnership with nine non-governmental organizations (NGOs), UNICEF India deepened its two-pronged strategy of direct humanitarian assistance and technical support to the state Government of Jammu and Kashmir for recovery following September 2014 floods that were the worst in more than 60 years. In the 10 worst-affected districts, 3,600 households received food and non-food items, winterized kits and shelter, while about 200,000 households benefited indirectly through the restoration of health facilities. This contributed to ensure:

- Child protection services for 29,491 girls and 31,230 boys through various programmes, including creation of 75 child-friendly spaces offering psychosocial and education support;
- Mortality and morbidity control, through safe drinking water and improved hygiene practices;
- More than 2,000 health workers receiving training to develop their skills for lasting impact, at the request of the state Government; and
- Facilitation to ensure children's voices are heard in community hygiene improvement efforts.

This programme surpassed the plan of reaching 103,485 people with life-saving action by 45 per cent, since 149,825 people, including 49 per cent girls/women, benefited from UNICEF support.

UNICEF also provided technical support for planning and coordination of humanitarian actors to enable the state Government to lead recovery action in the most-affected district, Srinagar. Four social sector plans – covering health, education, shelter and child growth/development – were formulated, leading to the creation of alliances among 16 NGOs, six corporate agencies and Government line departments. This substantially contributed to the mobilization and release of

about US\$2 million in assistance. More than 3,000 households were reached through these alliances with interim shelter/medical services, and many thousands benefited indirectly through investment in education and health systems.

In response to the most severe floods in 100 years in Tamil Nadu in November–December 2015, affecting an estimated 1 million children in six districts, UNICEF India provided targeted support to ensure basic services by building on existing partnerships with state Government departments. The Chennai Field Office provided technical advice on emergency medical services to state Government Health Control Rooms, and a senior water, sanitation and hygiene (WASH) consultant undertook a rapid needs assessment to advise district authorities. In addition, two experts in social-sector recovery planning supported the State Control Room with advice and supplies for immediate restoration of services in approximately 1,000 Anganwadi (community childcare) centres, which had stopped operations. UNICEF India financially supported NGO partners who were complementing Government efforts through provision of essential WASH services, relief-item distribution, and creation of child-friendly spaces. UNICEF India has also engaged with state authorities to promote a comprehensive school safety programme, including protection, and is exploring ways for the state Government/NGOs to further integrate risk reduction/resilience into the recovery and rehabilitation process.

In terms of disaster preparedness, UNICEF India and the World Health Organization jointly developed a Risk Communication Strategy Framework on Ebola for the Ministry of Health and Family Welfare (MoHFW), including a communication package for community-level audiences and media. Mass communication materials on swine flu were also developed and provided to the MoHFW. UNICEF India supported training of 11 high-quality disaster recovery coordinators through the United Nations Disaster Management Team.

Since 2010, UNICEF India has piloted a community-based DRR programme in 255 villages of six districts in Bihar at school and village levels. In partnership with the state Education Department, the Bihar Field Office continued to support an expanded School Safety Programme covering 3,159 schools in six hazard-prone districts. This reached 1,220,627 children and 19,055 teachers. In July 2015, this initiative became the Chief Minister's School Safety Programme and is being scaled up by the state Government to cover all 73,000 public schools in Bihar.

At village level, support was provided to establish Village Disaster Management Committees to implement the Bihar DRR programme. Task Forces, involving 8,644 participants, including children, adolescents and women, were formed to improve preparedness, prevention and mitigation of floods, earthquakes and health risks. Some villages developed a 'Vision 2020' to reduce vulnerabilities and underlying risks, through better education to eliminate child marriage; improved health access and monitoring of nutrition/child growth; and successful advocacy to end open defecation. In partnership with local NGOs, UNICEF India helped train 196 community catalysts in risk-aware planning and has engaged them to scale up the programme with district administrators to 1,300 other villages in these six districts (743,115 households).

Strong capacities built under the community-based DRR programme in Bihar enabled Village Disaster Management leaders to mobilize US\$34.48 million by 31 August 2015, per the latest available data. The return on investment, based on the ratio of UNICEF financial inputs to funds leveraged from the Government, is 1:191.

Mid-Term Review of the Strategic Plan

Significant changes have occurred in the political and social policy context in India during the first half of the Country Programme, which have created an enabling environment for UNICEF to operate. The change in central Government in 2014 following the general elections has seen strengthened commitment towards economic and social development and disparity reduction. Introduction of a number of new initiatives, policies and schemes, particularly relating to social policy, have the strong potential to rapidly affect child well-being. For example, the Beti Bachao Beti Padhao scheme is aimed at reducing gender-biased sex selection in India and takes a multi-sectoral approach by bringing together different sectors, including education, nutrition and health. Other efforts that constitute the Government's social welfare agenda include the Jan Dhan Yojana programme, targeted at bringing millions of Indians without banking into that system, and the Aadhar card, a unique biometric identification card launched by the previous Government, and linked to the bank account opened for the individual. This structure indicates that cash transfers to individuals/families will be a primary component of the developing social protection system in India.

A Mid-Term Review (MTR) was conducted through a consultative process involving a wide range of stakeholders in all 16 states where UNICEF is represented. The MTR reviewed the first 2.5 years of the 2013–2017 Country Programme, assessing progress towards planned results as outlined in the Country Programme Action Plan and determining if strategic shifts/modifications to expected results, strategies and content were necessary, based on the current country context. The MTR found that the Country Programme is aligned to UNICEF's 2014–2017 global Strategic Plan, contributing to all seven Outcomes and applying all Strategic Plan strategies. Furthermore, it was found that through the Country Programme's emphasis on a convergent, multi-sectoral approach to advance results for children and women, UNICEF's programming cooperation had increasingly focused on a core set of national priorities under the Government's 12th Five Year Plan, aligned to key national flagship programmes and schemes.

The MTR agreed that this focus should continue to evolve at national and state levels to ensure the most efficient and effective investment of UNICEF resources towards life-cycle and child-centred development in India. Notably, UNICEF cooperation continued to shift towards the provision of high-quality strategic and technical support for policy formulation and systems enhancement, including generating and promoting the use of data, new evidence and proven strategies from modelling over the first half of the Country Programme.

The MTR recommended a more focused, rigorously applied approach involving the UNICEF global Strategic Plan's strategies, particularly those related to integration/cross-sectoral synergy, innovation and gender equality. More explicitly, it recommended: (1) promotion of country- and programme-wide convergent approaches to operationalize the national Child Policy, involving all relevant sectoral ministries; (2) full integration of social and behavioural change communication (Communication for Development, or C4D) and policy advocacy into programme planning, implementation and monitoring; (3) expansion of partnerships to harness innovation and leadership within India; and (4) increasing engagement of adolescent girls and boys, in terms of empowerment, quality education and life skills, to ensure their full participation in social transformation. The last recommendation also was particularly aimed at capitalizing on the central Government's large-scale initiatives to address gender inequalities. In turn, this age group is expected to contribute to sustainable impacts on children's/women's health, nutrition and overall well-being as rights holders. All this will help to bring UNICEF India further in line with UNICEF's global Gender Action Plan through a focus on three targeted gender priorities

across Strategic Plan Outcomes: (1) promoting gender-responsive adolescent health; (2) advancing girls' secondary education; and (3) ending child marriage.

Summary Notes and Acronyms

ANM – Auxiliary Nurse Midwives
ART – antiretroviral therapy
BCC – behaviour change communication
BCP – Business Continuity Plan
BEO – Block Education Officer
CATS – Community Approaches to Sanitation
C4D – Communication for Development
CII – Confederations of Indian Industry
CMT – Country Management Team
CRC – Convention on the Rights of the Child
CSR – corporate social responsibility
CTA – Call to Action
DCT – direct cash transfer
DEO - District Education Officer
DFAM – Division of Financial and Administrative Management
DRR – disaster risk reduction
ECE – early childhood education
ERM – Emergency Risk Management
GSDA – Groundwater Surveys and Development Agency
HACT – Harmonized Approach to Cash Transfers
HPD – high-priority district
IAG – Innovations Advisory Group
ICDS – Integrated Child and Development Scheme
ICPS – Integrated Child Protection Scheme
ICT – information and communication technology
IPV – inactivated polio vaccine
IYCF – infant and young child feeding
KGBV – Kasturba Gandhi Balika Vidyalaya
LED – light-emitting diodes
LTA – Long-Term Agreement
M4D – Monitoring for Development
M&E – monitoring and evaluation
MDGs – Millennium Development Goals
MDM – Mid Day Meal
MIS – Management Information System
MIYCN – Maternal, Infant and Young Child Nutrition
MoH – Ministry of Health
MoHFW – Ministry of Health and Family Welfare
MoWCD – Ministry of Women and Child Development
MTR – Mid-Term Review
NGO – non-governmental organization
NHM – National Health Mission
NRC – Nutritional Rehabilitation Centre
ODF – open defecation-free
OR – Other Resources

ORS – oral rehydration salts
PRIME – Plan for Research and Integrated Monitoring and Evaluation
RKSK – Rashtriya Kishore Swasthya Karyakram
RMP – Rolling Management Plan
RMSA – Rashtriya Madhyamik Shiksha Abhiyan
RTE – Right to Education
SAARC – South Asian Association for Regional Cooperation
SBCC – social and behaviour change communication
SBM – Swachh Bharat Mission
SCPCR - State Commissions for Protection of Child Rights
SDGs – Sustainable Development Goals
siEQ – Spheres of Influence for Equity
SMC – School Management Committee
SNCU – Sick Newborn Care Units
SSA – Sarva Shiksha Abhiyan
T2F – Travel to Field
TISS – Tata Institute of Social Sciences
UDISE – Unified District Information System for Education
UNICEF – United Nations Children’s Fund
USAID – United States Agency for International Development
WASH – water, sanitation and hygiene
WSP - Water and Sanitation Programme
WHO – World Health Organization
WIFS – Weekly Iron and Folic Acid Supplementation

Capacity Development

The Communication for Development (C4D) programme contributes to strengthened institutional capacity to deliver social and behaviour change communication (SBCC) interventions across Government, academia and civil society. C4D adopts a three-tier process: (1) strengthening institutional arrangements for developing training plans, implementation and monitoring; (2) advocacy for creating opportunities to practice new learning or use competencies; and (3) performance assessment to establish a supportive supervision feedback system.

In 2015, sustained advocacy with the Ministry of Health and Family Welfare (MoHFW) led to establishment of a National Centre of Excellence in Health Communication. An SBCC training hub, established in partnership with civil society for on-site/online training, is ready for launch. A training package, developed by UNICEF and endorsed by the MoHFW, was used to enhance capacities among 215 state master trainers, 1,015 district trainers and 500 frontline functionaries in nine states. Participants objectively measured performance across 10 competencies, including knowledge, facilitation skills and attitude. Analyses of pre-/post-training assessments indicated a 10-percentage-point increase in knowledge of routine immunization and maternal/child health.

In three states, interventions for community empowerment with an equity focus were implemented among adolescent girls, parents and frontline functionaries around gender norms/misconceptions related to menstrual hygiene. About 394,000 adolescent girls from disadvantaged communities were reached, developing their leadership qualities and confidence through facilitation of 22 per cent of group meetings. Twenty-five per cent of girls constructed makeshift toilets at home.

UNICEF India also continued its in-service training efforts for frontline workers, a core strategy promoted with MoHFW and the Ministry of Women and Child Development (MoWCD).

Workshops were organized aimed at building capacities of private companies/non-governmental organizations (NGOs) on corporate social responsibility (CSR) and good business principles. This was achieved through collaboration with the Confederation of Indian Industries (CII) across three states and the National CSR Hub at the Tata Institute of Social Sciences (TISS).

Evidence Generation, Policy Dialogue and Advocacy

Release of results of the Rapid Survey on Children, which the MoWCD conducted with UNICEF technical/financial support, provided up-to-date data as the only source of national estimates on the well-being of children and women and the Integrated Child Development Scheme (ICDS) implementation. National and 29 state factsheets were disseminated with results on more than 150 indicators.

In Andhra Pradesh, Assam, Gujarat, Karnataka, Madhya Pradesh and Telangana, state Millennium Development Goals (MDGs) Reports were completed with UNICEF support, capturing state progress over the past 15 years and serving as a guiding framework for prioritization/integration of the Sustainable Development Goals (SDGs). In Andhra Pradesh, Karnataka and Telangana, the Reports were completed in partnership with the Division for Child Studies; a mobile application for the online database ChildInfo also was launched to provide disaggregated indicators in a user-friendly, interactive fashion. With UNICEF support, Jharkhand released JharStats, a database bringing together critical development data in one place for the first time, while Assam released a Tea Garden Atlas on socio-economic conditions among disadvantaged tea garden workers. Andhra Pradesh and Telangana released an analysis of drinking water and availability of toilets by constituency – the only analysis of its kind in India – facilitating state Government resource allocations.

To improve quality child protective services and management information systems under the Integrated Child Protection Scheme (ICPS), UNICEF India commissioned research on gaps in the implementation of the Protection of Children from Sexual Offences Act. The research is currently under way.

Acknowledging the data gaps regarding children/adolescents/women, the Ministry of Statistics and Programme Implementation developed a set of strategies for bridging these gaps, with UNICEF India support. This included analysis of data gaps vis-à-vis constitutional rights, legal provisions and Government planning documents. It highlighted gap areas/sectors where the Government requires more information, particularly for marginal and less-visible population groups.

Partnerships

The systematic mapping of partners, applying the common conceptual framework siEQ (Spheres of Influence for Equity), has been applied to UNICEF India priority areas to better understand levels of change and influence needed, and to better position UNICEF with new/emerging partners/platforms to achieve programmatic goals. Partnerships for advocacy include key influencers and decision makers, civil society, the corporate sector, celebrities and young people.

Under the water, sanitation and hygiene (WASH) priority to Reduce Open Defecation, focus has been given to public dialogue and advocacy as an element to assist progress in other

programmatic pillars – e.g., generating demand to create new social norms (use of toilets); systems strengthening in the enabling environment; and knowledge management. UNICEF India mapped out how different stakeholders' engagement could lead to desired policy changes/action, or to broader societal change, all aligned with the Prime Minister's Swachh Bharat programme. Networks and platforms already exist for many of these stakeholders (Global Interfaith WASH Alliance, Art of Living, Parliamentarians Group for Children, YouthKiAwaaz); however, given UNICEF India's strong positioning and engagement, interesting 'offshoots' are widening reach and influence. For example, a Legislators' Forum for WASH has been established, as have national/regional media networks for WASH and Women for WASH India, through Religions for Peace.

In line with United Nations Guiding Principles on Business and Human Rights, UNICEF India has advocated for children's rights and business principles to complement the new national law on CSR. To strengthen these CSR efforts, partnerships with CII, United Nations Global Compact, Centre for Responsible Business, Indian Institute of Corporate Affairs and National CSR Hub TISS played an important role. With CII, a new collaboration across five states resulted in the creation of a regional and multi-state CSR hub, with UNICEF India's programmatic priorities being linked to CSR actions/priorities of companies at state level.

External Communication and Public Advocacy

UNICEF India's public advocacy in 2015 focused on routine immunization, malnutrition, child sexual abuse, and ending open defecation. India's socio-political conditions provide a fertile foundation for citizen engagement and civic accountability. With the largest youth population in the world (358 million 10- to 24-year-olds), it is imperative to tap into this young population and the growing middle class (53 million households), both as rights holders and important change makers.

To support informed decision-making, 654 knowledge products were developed and used to advocate with decision makers, media and other key influencers. Issue-specific advocacy efforts helped UNICEF India boost public/policy discourse. For example, policy briefs and presentations were shared on the five priority issues with 120 elected representatives in Bihar, Delhi, Jharkhand and Odisha, leading to commitments to advance issues at Parliament/Assembly levels.

Continued use of media/celebrity engagement, digital communication and policy advocacy resulted in wider public discourse, according to media monitoring reports and digital analytics. UNICEF India undertook a further analysis of digital conversations/audiences that will inform future communication strategies.

Media advocacy resulted in 2,825 media reports reflecting adolescent issues/voices. Coverage was triggered by events/consultations held by State Offices, such as a workshop on digital media for tribal youths in Madhya Pradesh, consultation on child marriage in Odisha, and adolescent workshops in Andhra Pradesh and Assam. Advocacy led to more than 70 faith leaders endorsing/promoting issues of sanitation and prevention of violence against children.

Social media outreach resulted in 248,000 likes, 3,000 comments and 25,330 shares on Facebook, along with 13,400 retweets, 7,815 mentions and 532 replies on Twitter, reflecting increased interest/commitment towards UNICEF India priority issues. Numerous platforms were created for adolescent participation, including Child Rights Observatories in states, a national

'Seen and Heard' campaign on the SDGs with the child-led NINEISMINE alliance, and six major online campaigns.

South-South Cooperation and Triangular Cooperation

As part of its promotion of South-South initiatives, UNICEF India supported the MoHFW to co-host the third Global Call to Action (CTA) Summit in India, with the Ethiopian Government. Ministerial-led delegations from more than 15 countries reaffirmed commitments towards ending preventable child and maternal deaths. The second version of the Global Strategy for Women, Children and Adolescent Health was also presented, and later launched in a side event at the United Nations General Assembly.

UNICEF India presented work on a real-time newborn online monitoring system to a global audience at the Global Maternal Newborn Health Conference in Mexico. When more than 500 innovators and change makers from around the world met in Helsinki at the Global Innovations for Children and Youth Summit, UNICEF India and MoHFW representatives showcased a tablet-based reporting innovation by Auxiliary Nurse Midwives (ANM).

UNICEF India also hosted various study/exposure visits to the Kerala Institute of Local Administration for around 60 officials from Bangladesh's Economic Relations Division and the Ministry of Chittagong Hill Tracts Affairs, as well as Nepal's Ministry of Federal Affairs and Local Development, to learn from the Indian experience in decentralization, mainstreaming child rights in local governance, and the changing role of bureaucracy. Representatives from Bangladesh's Ministry of Primary and Mass Education visited Tamil Nadu to learn about the successful implementation of the state's Activity-Based Learning methodology. A delegation from Sri Lanka, including representatives from the Ministry of Health (MoH) and professional bodies, visited India to visit newborn care units, a neonatal database, and a transport system to reach out to pregnant women/children in remote villages of Madhya Pradesh, with coordination support from UNICEF India. This direct exchange among government officials led to high acceptance of recommendations and advice as well as uptake of reviewed programme strategies and service provision.

Identification and Promotion of Innovation

Innovations for children, adolescents and women have been central to UNICEF India's programming for some time, including the piloting and replication/scaling up of models such as Sick Newborn Care Units (SNCUs), beginning in several states. In 2015, the office has increasingly focused on widening its role as a convenor of partners for large-scale development by leveraging usage of platforms/tools and influencing the innovation landscape to benefit children. This vision is being guided by an Innovations Strategy, currently being drafted under the leadership of the internal Innovations Advisory Group (IAG). The IAG continued supporting eight innovations identified in 2014.

In 2015, UNICEF India piloted an Android-based application in Rajasthan to link ANM to deliver critical services to mothers and newborn children. Data are updated centrally, ensuring that high-impact services are not constrained by bottlenecks. The application uses multiple channels of communication, including audio-visual resources, to facilitate training and communication of client-centric, evidence-based messages. It also works as a job aid for ANMs, building their capacity and monitoring their performance in the field while tracking all mothers and children in need of services. A similar ANM online application is scheduled for release in March 2016 after successful pilot implementation in Andhra Pradesh, Himachal Pradesh and Maharashtra. Some 19,000 tablets will be used initially, with eventual expansion to 240,000 tablets nationally.

Field Offices also developed models for process innovations. For example, the Odisha Field Office has developed E-Samiksha, an online platform to track improvements in the quality of elementary education, in collaboration with the state Government. The IAG engages in discussions to see how pilots such as these can be adapted/replicated at national level. In addition, UNICEF India is working on a draft policy to ensure that design, testing and replication will all be guided through quality assurance principles.

Support to Integration and Cross-Sectoral Linkages

Inter-sectoral convergence represents the core of UNICEF India's programming strategy. Modalities of engagement between programmes have been fine-tuned, culminating in development/finalization of national priority action plans based on three years of integrated experiences. This complements the central Government's direct involvement in promoting cross-sectoral linkages in its work; for example, Nutrition Missions encompass stakeholders from at least three line ministries, local governance representatives and NGOs. The same holds true for accelerated sanitation efforts in West Bengal, where open defecation-free (ODF) programmes include a child survival component.

UNICEF India's work in stunting reduction includes convergence with WASH for demonstration of improved hygiene practices. To reduce neonatal mortality, integrated state-level programming centres around early initiation of breastfeeding and WASH facilities in health centres. Similarly, Education and WASH work to ensure functional WASH facilities and improved children's hygiene behaviours in schools. Child Protection works with Education to address violence in schools, as well as access to primary education to reduce child labour; life skills education to promote adolescent empowerment; and access to secondary education to prevent child marriage.

Innovative approaches to address the business impact of children's rights were piloted in the stone quarrying sector in Rajasthan and tea industry in Assam, through convergent Child Protection and CSR interventions. Both were supported by companies based in the United Kingdom but with a supply chain ending in India.

A conceptual framework for cross-sectoral support to the five national priorities from UNICEF India's units of Advocacy and Communication, C4D, Policy, Planning and Evaluation, and Resource Mobilization and Partnerships outlines ways to influence/engage with stakeholders and generate evidence/knowledge. This framework identifies three cross-sectoral spheres of influence (demand, and social and policy change), each of which affects achievement of results.

Service Delivery

To strengthen institutional arrangements for demand generation within the health system, UNICEF India supported establishment/functioning of state- and district-level communication units/behaviour change communication (BCC) cells in nine states. In Assam and Odisha, C4D support achieved strengthened communication units in the Department of Women & Child Development and Rural Development.

C4D support through BCC cells also resulted in development of eight state-specific communication strategies/frameworks on routine immunization, and five state strategies on Maternal, Infant and Young Child Nutrition (MIYCN). The draft Gujarat State Sanitation Policy includes SBCC as an integral component. The Department of Panchayati Raj in Madhya Pradesh endorsed a policy to establish block-level teams for community mobilization and

planning/implementation/monitoring of SBCC interventions for elimination of open defecation. Relevant government programme implementation plans in Chhattisgarh, Jharkhand, Odisha and Uttar Pradesh integrated components of SBCC strategies.

Monitoring of routine immunization acceleration was supported in 14 states, using three levels of monitoring tools that provided real-time data for decision-making on improved service delivery. A monitoring system for menstrual hygiene management promotion, set up in three states, will provide data for informing programmatic decisions and advocating for adolescent services.

For supplies, UNICEF India supports the Government in procurement of pentavalent, inactivated polio vaccine (IPV) and oral polio vaccine and undertakes regular, comprehensive vaccine management by partnering with state- and central Governments. UNICEF India also has developed six training programmes for immunization supply chain managers and health workers at different levels, which became Government-managed. A National Cold Chain and Vaccine Logistics Action Plan, developed with partners and the Government, will be implemented by the two national cold chain/vaccine management centres established with UNICEF support.

C4D-developed and pre-tested communication tools, guidelines and monitoring formats were used by the MoHFW and states during Intensive Diarrhoea Control Fortnight; to promote early screening/management of development defects in children; Ebola prevention/response/treatment; and H1N1 efforts.

Human Rights-Based Approach to Cooperation

The human rights-based approach to programming underpins all UNICEF India work. Support was provided to four child rights institutions for child rights monitoring/capacity building on the Convention on the Rights of the Child (CRC). In Gujarat, a Resource Centre on Child Rights was jointly created by the Department of Social Justice and Empowerment and UNICEF Gujarat Field Office in early 2015. The Centre aims to create an enabling environment for strengthened child rights and well-being through capacity development, research and documentation initiatives. A similar initiative is under way in Rajasthan with UNICEF support.

In Assam, UNICEF and Tezpur Central University developed a module for a one-year Post-Graduate Diploma on Child Rights and Governance, to cultivate student capacities on child rights, particularly in the north-eastern part of India. UNICEF India provided technical expertise to create course materials and train professors. Roll-out is planned for June 2016. Similar efforts are under way in Odisha, also with UNICEF support.

One aim of the Country Office's human rights-based approach to programming is to align the Governments' child rights efforts. In this regard, UNICEF India supported development/updating of West Bengal's State Plan of Action, which brought together departments to work on child rights in a convergent manner. To strengthen capacities of duty bearers at different levels of government and civil society, a Resource Handbook on Child Rights was developed. This thematic handbook presents an overview of laws and policies tailored to the needs of different official categories of children. Similarly, a Charter on Child Rights was signed with 28 State Commissions across the country, aimed at garnering their effective support for the protection of child rights in line with CRC Concluding Observations for India (June 2014). Further, UNICEF India supported the Government in developing the National Plan of Action for Children to operationalize the Child Policy (2013) and implement the CRC Concluding Observations.

To better understand inequities and social policy issues across marginalized communities (devdasis, tribal groups), UNICEF India provided technical support to development of a national report on exclusion. Information from this report is expected to inform the Situation Analysis in 2016.

Gender Mainstreaming and Equality

UNICEF India uses a gender lens and a life-cycle continuum of care approach in its programming, with complementary work undertaken across sections. With support from the Gender Task Force, UNICEF India undertook a Gender Review as part of the Country Programme Mid-Term Review to assess the extent of gender mainstreaming in the Country Programme Action Plan 2013–2017; findings are being finalized. UNICEF India is recruiting a Gender Specialist to directly support work on gender.

A large number of priority interventions promote gender equality and adolescent empowerment, development and protection. UNICEF India has begun identifying gaps that require further investments. In 2015, focus also has been on developing multi-sectoral gender interventions poised for implementation at a scale to reach and impact large numbers of adolescent girls/boys (e.g., preventing child marriage, adolescent empowerment programmes). This is a multi-sectoral programme with an annual budget of US\$4 million and focuses on three targeted gender priorities of ending child marriage and improving adolescent health and secondary education. Based on identified key drivers of change, a district-level scaling-up model – relying on large Government programmes, using NGOs as intermediaries and tapping into ‘amplifiers’ such as information and communication technology (ICT), media and the private sector – has been developed in nine states. This shift in working mode (from small- to large-scale, from NGOs to Government platforms) is designed to bring about convergence and ensure accountability of all sectors. It also includes strong components on youth engagement, participation and edutainment for adolescents.

Going forward, UNICEF India will continue to strengthen the gender and adolescent focus of its priority interventions, building on what already exists to ensure scalability. Additional high-impact areas of focus may include anaemia control among adolescents, WASH in schools, and menstrual hygiene management.

UNICEF India’s cross-sectoral national and state priority action plans also are gendered, with clear accountabilities, and a mapping of all gender/adolescents activities has been developed.

Environmental Sustainability

The WASH Section of the UNICEF Mumbai State Office partnered with the Groundwater Surveys and Development Agency (GSDA), Pune, and the Institute for Resource Analysis and Policy, Hyderabad, on an action research project to produce a Drought Prediction Toolkit to plan mitigation work. The kit also enables the prediction of socio-economic outcomes such as cropping and irrigation intensities, based on annual rainfall levels, numbers of villages likely to be affected by drought, and summer water levels in wells. The toolkit has been used in 75 villages of one block by the GSDA, with UNICEF support, with expansion expected to 25 blocks of two districts in Aurangabad Division, funded through the Government of Maharashtra’s Jalswarjya-II Project.

UNICEF India worked with Climate Action Network South Asia to share findings of the review of eight State Action Plans on Climate Change with four states. These consultations are also

producing programming advice to UNICEF India on climate change, climate change adaptation, and disaster risk reduction (DRR) integration. Furthermore, a partnership with a local NGO has been formed for a scoping study on urban DRR, which will bring out provisions and mechanisms in urban governance to respond to child vulnerability and climate variability.

In DRR, UNICEF India supported the South Asian Association for Regional Cooperation (SAARC) Disaster Management Centre and UNICEF Regional Office for South Asia to prepare a child-centred regional DRR Framework and Roadmap 2015–2030. This has been adopted by SAARC member states and brings momentum to child-centred DRR work in South Asia, leading the way to reduce disaster impact on children.

UNICEF India's work on minimizing the office's carbon footprint continues through investment in solar power, light-emitting diodes (LED), and air-conditioning use reduction. The Delhi office will install a 55-kilowatt solar power plant worth US\$66,150, which will save the office about US\$860 a month. More than 290 lighting fixtures were changed to LED as well, complementing reduced office air-conditioning use, a practice initiated in 2013, and paperless office operations to the extent possible.

Effective Leadership

The 2015–2016 Rolling Management Plan (RMP) defines office priorities based on a Country Office risk analysis and is endorsed by the Country Management Team (CMT).

UNICEF India has a well-established internal control framework, enforcing accountability and in line with UNICEF's internal control policy and segregation of duties. The RMP provides guidance and oversight mechanisms, and is monitored through performance indicators. Management has focused on promoting core values of participation, inclusiveness, creativity, mutual respect, openness and better work-life balance.

With guidance from New Delhi Office, each Field Office developed its respective RMP. Governance and oversight structures were reviewed and shared with all staff to facilitate efficient and effective utilization of resources. Programme performance and operations management also were monitored and checked against established management indicators in monthly Programme Chiefs and Operations Chiefs meetings; corrective actions were taken on weaknesses and observed under performance.

An internal audit was conducted in May 2015, which confirmed that the Country Office has put in place satisfactory controls that are functioning well. The audit also made observations and recommendations to correct identified weaknesses. For example, steps to strengthen Emergency Risk Management (ERM) processes are under way, including monitoring of the action plan and better integration of ERM into UNICEF India's priorities and decisions. The ERM risk and control assessment also was reviewed, with measures taken to mitigate identified operational risks.

In 2015, all UNICEF India offices conducted Business Continuity Plan (BCP) simulations and updated their respective plans.

UNICEF had concurrent engagement with partners at all levels, which ensured participatory MTR and Country Programme Management Plan processes involving all staff and the Staff Association.

Financial Resources Management

UNICEF India utilized US\$128 million (99 per cent) of the US\$129 million allocated budget as of 31 December 2015.

Fund management was well structured with the availability of the UNICEF global online reporting system InSight. This was further strengthened with monthly performance scorecard reporting against key management indicators (number of donor reports due in the next two months, un-utilized balances from grants expiring in the next three months, outstanding direct cash transfers (DCTs). This led to an excellent track record of fund utilization and effective monitoring/reporting mechanisms.

Bank reconciliations were timely and accurately prepared for all accounts and shared with the Division of Financial and Administrative Management (DFAM).

The DCT Task Force monitored liquidation of outstanding disbursements, paying particular attention to DCTs of greater than nine months. Because of this close monitoring, UNICEF India has a 0.4 per cent outstanding balance as of 31 December 2015.

UNICEF India has increased the use of audit firms to conduct micro-assessments, spot checks, and special/regular audits. In 2015, some Field Offices also established Long-Term Agreements (LTAs) with local audit firms to conduct assessments to reduce costs of travel for the Delhi-based firms and UNICEF itself.

The Monitoring for Development (m4D) Unit in India has oversight and quality assurance roles in the management of the Harmonized Approach to Cash Transfers (HACT) management. In 2015, the m4D Unit led a desk review of assurance reports, with a focus on quality. M4D collated, compiled and provided an analysis of HACT implementation in states and programme sections, thereby ensuring that assurance activities are conducted on time and necessary follow-up occurs.

Fund-Raising and Donor Relations

Fundraising is focused on diversifying the donor base and securing unrestricted, flexible thematic funding for programmes. The Country Office's approach also encompasses long-term strategic fund-raising, including strengthening in-country fund-raising from both corporate sector and individual donors.

The largest source of Other Resources (OR) funding continues to be National Committees, with the United Kingdom, United States and Switzerland as the largest contributors. In 2015, key partners included IKEA Foundation, GAVI Alliance, Latter Day Saints Charities and Rotary International, among others. Unrestricted income also was generated through individual donors within India.

UNICEF India has undertaken a strategic shift to promote child rights as a core topic within the CSR agenda and prevailing CSR laws at national level. All programme priority areas work to identify opportunities to influence/leverage results from companies' CSR expenditures. To test this model, joint projects on child protection have been undertaken in the tea sector in Assam and stone quarrying sector in Rajasthan, whereby responsible business practices are tested as a conduit towards positive impacts on child rights. Work involving WASH in schools supported the Prime Minister's appeal to companies to build WASH infrastructure in schools. This generated funds for UNICEF India's WASH programme and promoted behavioural change and

operational maintenance.

Ninety-seven per cent of donor reports were sent on time, which was instrumental in strengthening donor relations and renewing partnerships. Measures are being put in place to further strengthen systems and processes to streamline technical/financial reports in accordance with proposals to donors.

Under the current Country Programme, UNICEF India operates at 50 per cent of the OR ceiling because of its strategic shift to state-level work and leveraging of resources for children.

UNICEF India's introduction of a tool to regularly update funding status and gaps has allowed close monitoring and identification of gaps for 2016–2017.

Evaluation

UNICEF India commissioned several evaluations to understand the effectiveness and impact of interventions to inform policy and programming. Three multi-state evaluations were completed, with management responses being finalized. Child Protection evaluation recommendations were incorporated into UNICEF India's child labour strategy, currently under development, and directly informed programming in Jammu and Kashmir, particularly on how UNICEF India works with Education, Judiciary and Police Departments. The Meena Radio evaluation in C4D allowed the office to recalibrate its engagement level after five years of intense support, and to understand how the programme's objectives fit into priorities of Education and Child Protection Sections. Findings of Activity-Based Learning in Education indicated that when the model was fully implemented, improved learning outcomes resulted. This evaluation highlighted the need to strengthen teacher education policies and institutions to enhance their knowledge and skills.

Four more evaluations were commissioned and will be completed in 2016 (one impact evaluation in 2019). The Plan for Research and Integrated Monitoring and Evaluation (PRIME) Steering Committee met regularly to provide overall guidance on evidence generation, reviewing rationales for proposed activities vis-à-vis their strategic significance, ability to fill knowledge gaps, and potential dissemination and uptake. It allocated US\$2.0 million for 27 approved PRIME activities. A memorandum on evaluation processes/accountability was issued such that evaluations are now managed by the Policy Planning and Evaluation Section and a Reference Group is required. Standard Operating Procedures were created, incorporating all requirements of UNICEF's latest quality assurance and ethical procedures.

Efforts to strengthen Government counterparts' and national partners' evaluation capacities/conduct included support to the state Government in Assam to carry out the second Executive Programme on Evaluation Methods. Field Offices also provided technical support to formulation of guidelines and manuals for evaluations in Andhra Pradesh, Assam, Bihar, Gujarat, Karnataka and Telangana.

Efficiency Gains and Cost Savings

UNICEF India continued rolling out the Travel to Field (T2F) module for in-country trips, from the initial two Field Offices in 2014 to five Field Offices and four Sections in New Delhi. With DFAM's approval of the module, UNICEF India intends to have it rolled out fully in 2016; this will significantly reduce time spent in raising travel authorizations. T2F provides two key benefits compared with the corporate (VISION) travel module:

- 1) User-friendly interface used by travellers to enter information about planned trips and certify

completed trips, as well as by supervisors to approve trips; and
 2) Accessibility to all travellers and approvers (i.e., no restrictions due to licensing).

The T2F system has re-enforced accountabilities and increased efficiency through capture of travel expenses via simple fund commitments.

During the past two years, UNICEF India achieved significant efficiency gains by centralizing VISION transactions (faster processing time, reduced transaction errors, clearer process accountabilities, increased time for programme implementation). This centralization has prepared UNICEF India for a smooth transfer of processing of selected transactions to the Global Shared Service Centre in January 2016.

In 2015, UNICEF India also rolled out its Internet protocol telephony system across the country. This has led to significant cost savings and efficiency due to:

- 1) Elimination of expensive leased telephone lines, PBXs (a type of telephone switchboard) and PBX lines with recurring monthly costs; and
- 2) Reduction of annual maintenance/support contracts for PBXs and costly long-distance charges between offices.

Cost savings estimates included:

- 1) More than US\$50,000 due to in-house meetings and trainings, usage of competitive venues such as Government-owned conference centres, and holding of meetings at locations where travel costs were minimized; and
- 2) More than US\$100,000 through video conferencing, webinars and Skype meetings across Field Offices, Regional Offices and headquarters, as well as with partners.

Supply Management

UNICEF India's supply in 2015 totalled almost US\$173 million, including procurement funded through GAVI. Procurement funded from the Country Programme (US\$ 63 million, \$18 million more than 2014) was predominantly in services for technical support to the Government; studies/evaluations/research; media-related services; and event management.

UNICEF India 2015	Value in US\$
Programme Supplies (including Offshore)	13,003,188
Procurement Services (including GAVI)	109,973,835
Total Programme Supplies	122,977,023
Total Services	48,630,324
Total Operational Supplies	1,065,356
Total Value of Procurement	172,672,704
Total Value of Procurement (excluding Procurement Services)	62,698,868

The value of inventory at UNICEF India's rented warehouse was US\$14,640 at the end of December 2015.

The Supply and Procurement Section maintained 197 LTAs for goods and services, covering 58 per cent of overall expenditure. Local LTAs were established in Field Offices, while central LTAs were kept available to all offices for direct ordering. In addition, third-party contractor LTAs for hiring human resources services were established; about 35 per cent of UNICEF India procurement was on third-party contracts. The Section also handled the contracting of 274 individual consultants.

UNICEF India procured hygiene and recreation kits and children's clothes worth US\$3.4 million to assist the Nepal earthquake emergency response.

A market survey of the most frequently procured service categories was completed, broadening vendor sourcing. Because event management remains a large spending category, the office conducted a modality review and audit of event management LTAs and contracts. The office also conducted six peer reviews of supply functions at state level, focusing on quality assurance to improve third-party contracting.

UNICEF India continued to support the Government with capacity building of cold-chain manufacturers to improve quality standards, with the aim to eventually pursue World Health Organization (WHO) pre-qualification standards. Support to the state Governments of Chhattisgarh and West Bengal for supply chain assessments was initiated.

Security for Staff and Premises

Staff safety and security continued to be a high priority. While the risk from earthquake was high in most parts of India, women's safety and air pollution remained other areas of serious concern for United Nations staff and dependents. The Women's Safety Awareness Training and Earthquake Emergency Response Training conducted by the United Nations Department of Safety and Security were mandatory for all staff.

Major achievements included:

- Commissioning of a test to identify ways to improve the Delhi office's indoor air quality. Areas with pollution exposure had air purifiers and air curtains installed, and carpets in major areas will be removed soon;
- Enhancement of Minimum Operating Security Standards compliance in Delhi and all Field Offices to upgrade/improve physical controls. X-ray baggage scanners, door-frame metal detectors and electronic access control systems were installed;
- Review of Standard Operating Procedures and adjustment as necessary;
- Ensuring a safe, efficient programme delivery environment in the field, through:
- Mandatory safety and security training for all staff and consultants;
- Cultural orientation for all international staff;
- Training in defensive driving and first aid for all UNICEF drivers;
- Updates for civil administration and police of UNICEF programmes and staff movement in high-risk areas. Vehicles were required to move in pairs, no travel after dusk was allowed, and turnaround distance was restricted to facilitate timely return for night stays in a safe hotel; and
- Implementation of staff tracking and vehicle tracking using GPS.

Communication remained a vulnerable area because of unreliable mobile network coverage. Since the Government does not permit the use of radio/satellite phones, the Designated Official has taken up this issue to press for the use of such phones in field operations.

Human Resources

An assessment was conducted to measure the capacity of UNICEF India staff and identify skills, knowledge and competencies needed to pursue organizational strategies and goals. More than 300 staff members participated, with 28 group sessions carried out. The exercise also aimed at equipping managers to better understand/address the needs of staff.

In 2015, 66 fixed-term positions and 14 temporary appointments were filled, ensuring diversity and the right mix of profiles and competencies through social media outreach, headhunting, technical/professional networks and UNICEF talent pools. The Human Resources Section established a systematic review of candidates' reference checks and work experience verification, through a specialized company. The office workforce was gender-balanced (50 per cent female).

Performance management was monitored, and UNICEF India achieved 100 per cent completion of the 2014 assessment cycle and 98 per cent completion of 2015 planning Phase I and II. Focus was given to improved consistency via better-defined goals and narrative assessment, with 83 per cent of staff trained.

UNICEF India successfully implemented a rolling Learning and Staff Development Plan to develop staff competencies required for programme implementation. More than 88 per cent of planned training was completed. Twenty staff participated in the Leadership and Management Development Programme, while 40 undertook development/surge assignments. A two-day training course was delivered for Mumbai and Gandhinagar offices to explore how DRR objectives can be mainstreamed into development planning and practices. An induction process was strengthened with a revised Welcome Booklet and enhanced Orientation for newly appointed staff.

A strategy to address three critical issues outlined in the Global Staff Survey (improved work-life balance, career development needs, office leadership) was formulated, with a Working Group established to propose action plans and monitor progress.

UNICEF UN Cares focal points met to revisit programme priorities; a work-life balance policy and flexible work arrangements were supported.

Effective Use of Information and Communication Technology

UNICEF India promoted effective use of corporate cloud-based Office 365 applications and introduced several India-specific services: full roll-out of Internet protocol telephony, high-definition videoconferencing, multi-function printing, and lightweight, agile infrastructure models to reduce hardware footprints in Field Offices. SharePoint was customised to automate and streamline several business processes. To support programmes with fund-raising and collaboration, an LTA was established with Microsoft to consolidate web hosting, which further reduced operational costs. The Country Office adopted One Drive, Citrix and Office Portal to revamp BCP strategies.

The ICT Team supervised the development work of MoH's Auxiliary Nurse Midwives Online Application to convert a lengthy paper-based manual data collection process into a real-time system with audio-visual counselling for beneficiaries and frontline health workers. The application updates records digitally, significantly reducing data collection time, while assisting health workers with counselling contents and identifying high-risk beneficiaries through dashboards and reports. It was integrated with the Government's national identification

database and designed to integrate future innovations to quicken social statistics data for decision makers.

As part of UNICEF India's innovation agenda, the Country Office launched U-Report to connect established networks of young people, ministries, academia, NGOs and faith-based organizations and enhance engagement on social/development issues. In a phased roll-out, U-Report India is expected to be a long-term strategy for the Adolescent Health programme and lays the foundation for future youth engagement.

Ongoing ICT innovations at the Country Office and state offices remain hosted by different vendors on different platforms through individually raised contracts, which requires lengthy procurement processes. To reduce ICT start-up costs, time and investments, the Country Office established LTAs with three vendors and explored solutions to establish a single-platform/multi-tenancy infrastructure to quicken ICT projects. This will also ensure pan-India visibility of innovation projects to avoid duplication and provide a converged platform for collaboration.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: Mother and child survival, growth and development.

Analytical statement of progress:

To ensure that infants, young children and mothers have equitable access to and utilize quality services for child survival, growth and development, UNICEF India focuses on reducing neonatal deaths; reducing stunting; and reducing open defecation. This is achieved through sector-specific technical advice to the Government's national health, nutrition and water and sanitation programmes and emphasizes inter-sectoral convergence (e.g., WASH facilities in health-care centres, hand-washing with soap by mothers linked to the care of children under 5 at home).

To reduce neonatal deaths, work was undertaken to reduce childhood illnesses and improve immunization coverage (GAVI), along with continued support for CTA. Coverage of SNCUs increased from a baseline of 49 per cent to 63 per cent, with total numbers of units rising to 602 and 750,000+ newborns treated. SNCU monitoring systems developed by UNICEF were scaled up to 17 states, covering 440 SNCUs and 450,000 additional newborns, an 81 per cent increase from 2014. Three in four delivery points have at least one staff trained in delivery care, and 39 per cent of high-priority districts offer at least one model labour room. All UNICEF-supported states began tracking HIV-positive pregnant women and their children.

Under immunization, India achieved maternal and neonatal tetanus elimination, while pentavalent vaccine also was scaled up across the country. A vaccine logistics action plan was developed and a cold-chain management information system expanded nationwide. Mission Indradhanush, to reach those excluded or dropped out of immunizations, was launched in 201 districts, resulting in 2 million additional children immunized.

The UNICEF-supported Integrated Action Plan for Pneumonia and Diarrhoea covered Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh, states accounting for half of under-5 deaths. Paediatric centres of excellence from Karnataka and Maharashtra were video-linked to state anti-retroviral therapy centres to strengthen paediatric HIV services. UNICEF supported 105 high-priority districts in 24 states under the CTA; this involved support for evidence-based planning, with a greater than 20 per cent budget increase in 69 per cent of districts and

supportive supervision visits. CTA scorecards, generated quarterly, track UNICEF's imprint on the CTA. Along with the United Nations Agency for International Development (USAID) and other partners, UNICEF co-hosted a global CTA meeting with the Governments of India and Ethiopia, featuring participation by health ministers from 15 countries. India was represented by the Prime Minister, and UNICEF successfully influenced the agenda to bring a focus on convergence and equity.

UNICEF also successfully advocated for integration of adolescent health in the CTA and worked with the MoHFW to revise strategies and services for adolescent-friendly reproductive health.

OUTPUT 1: Government and partners have capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

This output has become even more significant, as reducing neonatal deaths is identified as one of the five Country Office priorities. The national newborn priority action plan developed using a convergent approach encompassing mother and newborn care and linking facility-based care with community care. Focus is on improving coverage and quality of skilled attendance at birth, care of small and sick newborns with the real-time monitoring system, and community follow-up of at-risk newborns.

Percentage of delivery points in 105 high-priority districts (HPDs) having at least one skilled birth attendance trained staff increased from 28 per cent to 75 per cent. UNICEF supported the design of model labour rooms, maternal and child health wing, obstetric ICU and mini-skills lab. Some 39 per cent (41 out of 105) of HPDs have at least one model labour room. UNICEF's advocacy and a visit by the deputy commissioner and Government of India to a model labour room in Shivpuri District developed by UNICEF was a catalyst for this. Assessment of WASH in health facilities done in three states and secondary analysis of WASH indicators was completed for 105 districts.

The percentage of HPDs with functional SNCUs in the 23 states supported by UNICEF increased from a baseline of 49 per cent to 63 per cent (66 out of 105 HPDs). The number of SNCUs increased to 602 with more than 750,000 newborns treated in 2015. UNICEF is involved both in planning and monitoring quality of care. States like Chhattisgarh progressed after years of stagnation by adopting innovative approaches such as leveraging a partnership between the state and EKAM Foundation for human resources and equipment maintenance. Similarly, Karnataka mobilized corporate funds for SNCU and model labour rooms, while procurement services were supported in Jharkhand.

The SNCU monitoring system developed by UNICEF was scaled up to 17 states, covering 440 out of 602 SNCUs. This year, 450,000 additional newborns were registered, which is 81 per cent more than the 248,000 registered in 2014. States are using these data for review and providing feedback. UNICEF supported planning for scale-up, trainings, monitoring data quality and sharing of analysis with the Government for corrective actions. This was presented at the Global Maternal and Newborn Health conference in Mexico in the UNICEF session on innovations.

Community follow-up of discharged newborns was initiated in 13 states; however, coverage is low.

All UNICEF-supported states line list and track HIV-positive pregnant women and their children along a cascade of indicators. However, efficiency of tracking along the indicator cascade is variable across states, with uneven loss to follow-up.

OUTPUT 2: The Government of India and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

The convergent approach within UNICEF and coordination with partners helped to bring the focus on forgotten killers – pneumonia and diarrhoea at national and state level. This is aligned to the Global Action Plan for Pneumonia and Diarrhoea strategy. The Integrated Action Plan for Control of Pneumonia and Diarrhoea was launched in four states – i.e., Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh – accounting for half of under-five deaths – with action plans prepared. UNICEF took the lead and involved partners in developing national Integrated Action Plans for the prevention and control of pneumonia and diarrhoea guidelines.

In order to address the acute need for reduction in diarrhoeal deaths, UNICEF and partners, for the second consecutive year, supported the MoH in a nationwide campaign to reduce diarrhoea deaths – 'Intensified Diarrhoea Control Fortnight' in July. UNICEF led the development of operational guidelines, supportive supervision checklists, toolkits and selection of communication materials. Nutrition and WASH interventions, along with establishment of oral rehydration salts (ORS) and zinc corners and involvement of private practitioners, were key features. To address equity, remote villages and urban slums were prioritized. At the national level, the total reported coverage of pre-positioning ORS was 51 per cent, as compared with 17 per cent of 2014.

The progress in addressing malaria was restricted to north-east states where procurement services were provided to supply of Long Lasting Insecticidal Nets.

The Reproductive and Child Health section and C4D collaborated with the MoH to develop communication materials for the Rashtriya Bal Swasthya Karyakram (Focusing on Birth Defects, Deficiencies, Development Delays and Diseases). The collaboration led to the initiation of a study on perceptions and behaviours of stakeholders towards access of specific services.

A Paediatric HIV Telemedicine Initiative conceptualized by UNICEF, established with multi-partner support in Karnataka and Maharashtra to improve 'Quality of Care' and 'Outcomes' in children living with HIV, currently links 50 per cent of antiretroviral therapy (ART) centres to Paediatric HIV Centres of Excellence. Key findings from a study to demonstrate 'proof of concept' shows significant differences in 'Quality of Care' and 'Outcomes' between 'Linked' and 'Non-Linked' ART centres. This evidence has significant policy implications globally, as the model has not been demonstrated elsewhere for paediatric HIV treatment in public health settings. Feasibility assessment to extend this model across India is ongoing in 18 of 36 states.

OUTPUT 3: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

In 2015, India saw an increase in focus on immunization with significant achievements. Diphtheria, pertussis and tetanus coverage increased from 72 per cent to 83 per cent as per recently released WHO/UNICEF estimates of 2014. Pentavalent vaccine was scaled up to the

entire country, maternal and neonatal tetanus elimination was achieved, Mission Indradhanush was launched in 201 high-focused districts, and IPV was introduced in six tier-one states as part of the end-game polio strategy.

India achieved maternal and neonatal tetanus elimination across the country, with remaining three states – namely, Jammu and Kashmir, Meghalaya and Nagaland – certified having eliminated tetanus through a lot quality survey in 2015. This led to validation of the entire country in June 2015. UNICEF actively supported data review, field validation in states and coordination with partners at national levels.

Mission Indradhanush was launched in 201 high-focused districts, identified through composite indicators of low immunization coverage, HPDs under Call to Action and polio high-risk areas. As per administrative reports, 2 million children were fully vaccinated during four special drives. UNICEF led the monitoring of communication and cold-chain activities of Mission Indradhanush, in addition to supporting planning, capacity building and communication interventions at national and state levels. Results were achieved internally through excellent convergence between the health, C4D, advocacy and communication, polio and supply sections, and externally with the Government and partners.

UNICEF supported the roll-out of newer vaccines; pentavalent vaccine in remaining states and phased introduction of IPV based on risk assessment and global vaccine availability through strategic intervention, coordination with GAVI and the supply division, and supporting national and state Governments in cold-chain communication and capacity building.

UNICEF strengthened two national centres, one in Delhi and one in Pune, for cold-chain capacity building, Management Information System (MIS) and innovations using GAVI resources. Four states – namely, Assam, Bihar, Odisha and Rajasthan – developed improvement plans, and Telangana and North-East states conducted Effective Vaccine Management assessment and implementation using state project implementation plans and GAVI health system strengthening funds. A National Cold Chain and Vaccine Logistics Action Plan was developed, and will act as a guiding document to strengthen the immunization supply chain. Two pilot batches of the effective cold chain and vaccine management course were held to build the capacity of national- and state-level programme managers. Supportive supervision was strengthened through development of an online tool and its roll-out in 21 states, which was also extensively used during Mission Indradhanush.

OUTPUT 4: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

UNICEF, as a part of its commitment to support CTA in India is providing technical assistance to 105 HPDs in 24 states across the spectrum of Reproductive, Maternal, Newborn, Child and Adolescent Health interventions. This year, the MoH requested UNICEF to additionally lead CTA in Odisha state. UNICEF successfully negotiated the take-over without incurring additional human resources. UNICEF is now lead partner in 109 out of 184 HPDs. India successfully hosted the Global CTA event, along with the Government of Ethiopia, with the participation of Health Ministers from 15 countries and India being represented at the highest level by the Prime Minister, and with leaders reaffirming their commitment to reduce preventable child deaths. UNICEF, along with USAID and other partners, co-hosted the event and successfully influenced the agenda to bring focus on convergence, equity and evidence. UNICEF's work on the SNCU

online monitoring system was selected by the Government of India for showcasing in the global market place.

Increase in budget allocation: UNICEF was able to advocate for a more than 20 per cent increase in budget allocation in 69 per cent of HPDs (72 out of 105). This is significant in view of the recent budget cuts in social-sector ministries.

Mechanisms for supportive supervision: UNICEF supported the development of the supportive supervision checklist for block monitoring under CTA. The MoH, with partners, regularly review the supportive supervision data, and feedback is shared with states and HPDs for corrective action. With constant advocacy by UNICEF, the MoHFW has agreed to review the current checklist to address the gaps based on field inputs.

Scorecards: CTA scorecards were generated on a quarterly basis for measuring progress in HPDs. CTA scorecards help to monitor UNICEF's imprint on CTA in India and to report progress to the Regional Office and UNICEF headquarters on a quarterly basis. All 24 states generated scorecards until the third quarter of 2015. The analysis of these scorecards was also shared with the CMT and Health Network Team. Focus will now be on bottom-quintile districts to improve national indicators and ensure equitable progress.

Documentation of best practices: During the health network meeting, 31 best practices across all UNICEF offices were showcased in the marketplace. These were well appreciated and the MoH has requested that UNICEF develop a compendium and share it for scale-up. Case studies, on transforming labour rooms in West Bengal and Mission Indradhanush, were captured in the global *A Promise Renewed* report.

OUTCOME 2: Mother and child survival, growth and development; PCR 3: Adolescent participation and empowerment.

Analytical statement of progress:

To ensure that infants, young children and mothers have equitable access to and utilize quality services for child survival, growth and development, UNICEF India focuses on reducing neonatal deaths, stunting and open defecation. This is achieved through sector-specific technical advice to the Government's national health, nutrition and water and sanitation programmes, and emphasizes inter-sectoral convergence (e.g., WASH facilities in health-care centres, hand-washing with soap by mothers linked to the care of children under 5 at home).

A Nutrition Mission was established in Jharkhand and a Partners' Nutrition Network in Bihar. Technical capacity has also increased for the ICDS and National Health Mission (NHM) to support delivery of nutrition-specific interventions. Maharashtra developed a comprehensive MIYCN policy. The first biannual round of vitamin A supplementation took place in all UNICEF-supported states except Bihar. Meanwhile, Bihar, Gujarat, Jharkhand, Rajasthan and Uttar Pradesh have maintained a Coalition for Universal Salt Iodization, and UNICEF continued to work with national and state governments alike for improving the functioning of Nutrition Rehabilitation Centres (NRCs). At these centres, seven states have a default rate of more than 15 per cent, in line with Government recommendations, which implies that a large majority of children with severe acute malnutrition who are admitted actually complete their treatment in the centres.

Community-based management of children with severe acute malnutrition is beginning in 13 states. Partnerships with key professional bodies, academic and research institutions, training institutions, civil society organizations, corporations and media development agencies were expanded; in particular, this included partnerships with the Indian Academy of Paediatrics, HealthPhone, Vodafone and the MoWCD to disseminate nutrition videos. A national conclave on tribal nutrition was held, involving parliamentarians, senior media personnel and celebrities, which galvanized commitment for multi-sectoral action to scale up essential nutrition actions targeting the most disadvantaged communities and with a priority focus on nine Scheduled V tribal states.

Building on 13 years of evidence generated by UNICEF and the MoHFW, the Government universalized the programme addressing anaemia control among adolescent girls to cover 130 million adolescent girls in and out of school, as well as boys. In all 15 UNICEF programming states, activities with commensurate budgets for the Weekly Iron and Folic Acid Supplementation (WIFS) and the Sabla scheme have been included in annual MoHFW plans, and all 15 are implementing WIFS. Estimated numbers of adolescent boys and girls to be covered under WIFS in the 15 states is 102,565,734. While coverage of WIFS has improved, reported coverage as of December 2014 (latest data) is 28,056,342, because of underreporting or untimely reporting.

OUTPUT 1: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

UNICEF continued to advocate for State Nutrition Missions for improving coordination for multi-sectoral actions for nutrition. The Nutrition Mission was established in Jharkhand in 2015 and is awaiting approval in Assam. UNICEF supported formation of a partners' Nutrition Network in Bihar, influenced the Social Empowerment Mission in Andhra Pradesh to integrate nutrition indicators, and provided support as Maharashtra established the phase III of the Mission with a focus on preventing stunting. UNICEF built the technical capacity of the ICDS and NHM to support delivery of nutrition-specific interventions with quality and equity. The Child Development and Nutrition programme initiated collaboration with other ministries dealing with nutrition-sensitive interventions such as women's empowerment and poverty alleviation, especially targeting marginalized population groups, such as India's scheduled tribes.

To accelerate efforts on reducing maternal undernutrition (before and during pregnancy), an in-depth situation analysis was completed for three states (Chhattisgarh, Jharkhand and Odisha). Thereafter, two states (Jharkhand and Odisha) held state-level discussions to finalize the action plan. In partnership with the MOHFW, guidelines were formulated for calcium supplementation and deworming during pregnancy, which were missing in national plans, and two states – Bihar and Chhattisgarh – formulated state-specific guidelines. To understand the role that the federation of women self-help groups can play on improving maternal and child nutrition, a study was undertaken in three states; this informed new partnership and engagement with the National Rural Livelihood Mission across four states (Bihar, Chhattisgarh, Jharkhand and Odisha). This partnership initiative, called Swabhimaan, has been rolled out in Bihar and Chhattisgarh.

In 2015, the first biannual round of vital A supplementation took place in all UNICEF-supported states, except for Bihar due to supply issues. UNICEF advocated with governments for timely and adequate supplies, and for improving coverage with equity.

Five states (Bihar, Gujarat, Jharkhand, Rajasthan and Uttar Pradesh) maintained a coalition for universal salt iodization. UNICEF extended technical support for the first-ever National Iodine and Salt Intake Survey undertaken by International Council for Control of Iodine Deficiency Disorders - All India Institute of Medical Sciences in New Delhi in 2014. UNICEF also supported the high-level dissemination meeting for survey results.

Partnerships were expanded with the Indian Academy of Paediatrics, HealthPhone, Vodafone and the MoWCD to disseminate Nutrition (Poshan) videos that address the care of pregnant women and children under 2 and breastfeeding. UNICEF also worked closely with the Parliamentarian Group for Children and Citizens' Alliance Against Malnutrition (involving parliamentarians, senior media personnel and celebrities) to galvanize commitment for multi-sectoral action for scaling up essential nutrition actions targeting the most disadvantaged communities, with a priority focus on nine Scheduled V tribal states, during a national tribal nutrition conclave in January 2015. New engagements were initiated with the Food and Agriculture Organization of the United Nations, the Ministry of Tribal Affairs and the Ministry of Rural Development to reach out to allied sectors.

The UNICEF-supported national food fortification coalition undertook advocacy with the national Government for stronger commitment for food fortification programmes. Together with other partners, UNICEF supported the national consultation on wheat flour fortification in August 2015.

OUTPUT 2: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

The development and implementation action plans to bring comprehensive infant and young child feeding (IYCF) services closer to families progressed in 2015. Against the target of seven states at mid-term, all seven states (Andhra Pradesh, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Uttar Pradesh and West Bengal) validated the framework of action for accelerating IYCF and related maternal nutrition services. States are using different modalities for developing state action plans, which includes development of state IYCF plans (Uttar Pradesh) or integration of IYCF as a sub-component of Reproductive, Maternal and Child Health + Adolescents or ICDS programmes (Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and West Bengal). In Maharashtra, a comprehensive state Maternal and Infant and Young Child Nutrition policy led by the Department of Public Health was developed, which is awaiting state cabinet approval. The policy aims to raise awareness and create mother support groups to promote MIYCN at community and family level.

The Child Development and Nutrition programme, jointly with C4D, continued to support the ICDS programme and NHM to develop and implement strategies to bring information, counselling and support on IYCF closer to families. UNICEF supported the development of advocacy and training tools to build the capacity of facility-based health workers (Angnawadi) to improve IYCF. UNICEF also supported the Governments of Bihar, Odisha and Uttar Pradesh in setting up IYCF counselling centres in Medical Colleges and supported the Governments of Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh in setting up IYCF corners in health facilities with high numbers of deliveries. Additionally in Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal, UNICEF supported the state

Government in implementing district-based interventions to deliver MIYCN counselling through the platform of the Anganwadi centres. The focus of these interventions has been on improving coverage and quality of counselling services available to most deprived communities. Two states (Maharashtra and Odisha) have completed a study using ProPan as a tool for improving the quality of complementary foods and feeding, and dissemination of the learnings is planned for early next year.

India hosted the Global Meeting to improve complementary foods and feeding in young children. The meeting recommendations provide a road map for improving complementary foods and feeding in India.

OUTPUT 3: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

Presently there are more than 900 functional NRCs in more than 17 states, treating more than 125,000 children suffering from severe acute malnutrition annually. The MoHFW is scaling up NRCs across the country. UNICEF's support in scaling up NRCs is in the area of planning (in tribal-dominated districts and HPDs); ensuring that adequate budget provisions are kept in the NHM Programme Implementation Plans; monitoring, capacity building (national- and state-level master trainers); developing counselling materials; etc.

In all 13 states, scale-up of NRCs is well reflected in the NHM Programme Implementation Plans, along with commensurate budgets. To ensure uniformity and standardized care, the country is using the standard training package developed by the MoHFW in collaboration with academia, WHO and UNICEF. UNICEF supported the development of a pool of more than 30 National-Level Trainers, as well as a pool of State-Level Trainers.

UNICEF continued to work with the national and state Governments for improving the functioning of the NRCs. In all, 11 states have developed a mechanism for periodic monitoring and review of the functioning of NRCs, and state reports show that bed occupancy rates at the NRCs vary between 40–60 per cent in most of the states, which is a reason of concern. In seven states – Assam, Bihar, Chhattisgarh, Gujarat, Maharashtra, Odisha and West Bengal – the default rate is less than 15 per cent, which is in line with the Government of India's recommendations, implying that a large majority of children with severe acute malnutrition who are admitted complete their treatment in the NRCs.

UNICEF was successful in advocating with the MoHFW for focusing on the quality of services being delivered at the NRCs. In collaboration with MoHFW and Kalawati Saran Children's Hospital, UNICEF is supporting a rapid assessment of selected NRCs in six states of Bihar, Gujarat, Madhya Pradesh, Maharashtra, Odisha and Rajasthan. The assessment also included the analysis of the composition of therapeutic milk being provided there.

Two states (Maharashtra and Odisha) initiated pilot programmes for the community management of acute malnutrition. Others, including Bihar, Kerala, Madhya Pradesh and Rajasthan, are in the planning stages for piloting such programmes.

UNICEF received approval from the MoHFW for piloting community-based management of children with severe acute malnutrition in selected districts across the programme states.

OUTPUT 4: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

Support was provided for strengthening the MIS of the flagship programmes/schemes under the MoWCD and the MoHFW. UNICEF has supported the State Departments of Women and Child in the roll-out of revised MIS for the ICDS and for the analysis and use of the ICDS monitoring data for decision-making. Additionally, in selected states (Assam, Chhattisgarh, Odisha and Tamil Nadu), independent concurrent monitoring of the ICDS programme was supported with validation of data and the use of mobile technology for monitoring.

The MoHFW approved a Comprehensive National Nutrition Survey among preschoolers (0–4 years old), school-age children (5–9 years old) and adolescents (10–19 years old) in 30 states in India. A detailed survey protocol was developed in consultation with key technical advisory committee members, which describes the survey design, data collection methodology and instruments, as well as the implementation plan. All concerned partners were recruited and trained by national and international experts, and ethical approval was obtained at the national level.

In collaboration with Ministry of Tribal Affairs, UNICEF organized a national conclave – Nourishing India’s Tribal Children – with participation from five Union Ministries. The conclave focused on tribal children from nine Scheduled V tribal states of central India – where child stunting numbers are the highest – while specific recommendations from the national conclave are being discussed at the state level. Partnerships forged with the National Institute of Rural Development for building the capacity of functionaries of allied sectors such as Rural Development, Panchayati Raj, Tribal Affairs, Education, Forest and Environment for nutrition. Numerous ripples post-conclave have taken place in six tribal-dominated states, with advanced state discussion with the Ministry of Tribal Affairs for a formal engagement with them at the national level.

An internationally acclaimed consortium led by Johns Hopkins University was recruited to conduct the nutrition WASH demonstration programme. An inaugural meeting brought all concerned partners together to discuss project details and the way forward, and an inception meeting with all partners on a scoping study also took place.

OUTPUT 5: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

UNICEF commissioned a study in support of the Adolescent Health Division of the MoHFW to examine undesirable effects following iron folic acid supplementation. The findings of the study were disseminated and, subsequently, UNICEF provided technical support to the state Governments of Delhi and Haryana to draft guidelines for preventing and managing undesirable effects following supplementation. At least seven states have an emergency response system in place based on the draft guidelines. In Gujarat, Jharkhand, Maharashtra, Odisha, Maharashtra, Madhya Pradesh and West Bengal, UNICEF supported the planning and monitoring of Adolescent Health Day and linked this to the Kishori Diwas organized under the Sabla scheme.

Accuracy of WIFS coverage reporting continues to be a challenge. To address this issue, the WIFS reporting formats have been simplified and are currently being pre-tested in four states. Six states have set up external field monitoring and review mechanisms for WIFS, of which two have been showcased at the national level for replication. An ongoing evaluation of various UNICEF-supported innovations was completed for strengthening of the WIFS programme in the country. Two new initiatives were undertaken to improve knowledge and awareness of the importance of adolescent nutrition and care. In Jharkhand, a positive deviance-informed communication trial for improving compliance of WIFS is ongoing. As a by-product, job aids for use of positive deviance for designing a communication strategy are now available. The famous Bollywood celebrity, Priyanka Chopra, has joined as a brand ambassador for a national-level media advocacy campaign for the WIFS programme. The campaign started from 1 July 2015 onward. Collaboration between key ministries – the MoHFW, MoWCD and Ministry of Human Resource Development– remains a major challenge. Two national-level convergence meetings took place between these key sectors to streamline supply bottlenecks and reporting through schools. Over the past six months, all 13 states organized at least one review meeting of Sabla and WIFS with related ministries (Ministry of Education, Ministry of Tribal Affairs, and the MoHWD).

OUTCOME 3: Mother and child survival, growth and development; and PCR 2: Protective and learning environment.

Analytical statement of progress:

During the first full year of the Swachh Bharat Mission (SBM) drive to accelerate sanitation, UNICEF’s technical assistance aimed at improving implementation and effectiveness, ensuring that children, mothers and families are using quality sanitation facilities and practicing good personal hygiene. Nadia District in West Bengal (population 5 million) became the first district to be ODF under the SBM; at the same time, several states issued new guidelines to align with the SBM. The adoption of district-wide approaches is under way in Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Odisha and Uttar Pradesh, while a draft sanitation policy was prepared in Gujarat. In Bihar, support has assisted the restructuring of the Bihar State Water and Sanitation Mission (SWSM), and in Jharkhand, all Junior Engineers and Assistant Engineers were oriented on the SBM and are now Block Sanitation Officers. In Odisha and West Bengal, the Chief Secretaries lead monthly reviews of the SBM, with UNICEF-supported technical assistance. Bihar, Madhya Pradesh, Maharashtra and West Bengal have all progressed in the development of mechanisms for ODF verification, while the Ministry of Drinking Water and Sanitation is being presented with a quarterly independent analysis of data to strengthen reviews with state governments. Continued development of human resources for Community Approaches to Sanitation (CATS) took place in Bihar, Madhya Pradesh, Odisha and Uttar Pradesh. Notably, in Malda, West Bengal, the CATS demonstration resulted in the first example of SBM implementation without an incentive payment, as well as novel use of government workers as sanitation motivators. In health facilities, assessments of WASH compliance were undertaken in Chhattisgarh, Gujarat, Jharkhand, Karnataka, Maharashtra, Tamil Nadu and West Bengal.

OUTPUT 1: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

The output focuses on water safety planning and supporting with a monitoring framework and guidelines. Interventions are based on supporting the central and state governments on their water programmes. UNICEF India is working with the Central Ministry on the Water and

Sanitation Programme (WSP), and developing monitoring systems.

UNICEF engaged the National Environmental Energy Research Institute for a workshop in September, in which state participants were oriented to initiate planning for WSP. The WASH Section of UNICEF India in September collaborated with Tufts University on an international research and action study to strengthen WSP planning/implementation globally.

Results among states included:

- Andhra Pradesh: Assistance given on WSPs in two districts as pilots, and for fluorosis mitigation in two other districts through the National Fluoride Knowledge Action Network and the effective participation of media.
- Assam: UNICEF provided technical inputs to Arsenic and Fluoride Knowledge Action Networks on quality issues focusing on 'public health'. The Assam Water Quality and Health Resource Centre was set up in April 2015 to fill in gaps in public health aspects.
- Bihar: Accreditation of a state-level water quality laboratory was supported.
- Chhattisgarh: Water Safety Cycle Approach Plan with community operation and maintenance was developed. Piloting community management of schemes in fluoride-affected Korba, Mahasamund districts was completed.
- Jharkhand: A national workshop on Water Quality and WSPs was assisted by UNICEF. Development of WSPs in two water quality-affected districts was supported.
- Karnataka: Drinking-water safety and security planning was supported by capacity building. A monitoring mechanism for water quality was developed. Plans for four Gram Panchayats (local self-government organization) were developed with detailed analysis for replication.
- Maharashtra: WSPs were prepared for Chandrapur, along with a state protocol. A state-level Training of Trainers module for district water safety planning was developed, linking with the communication strategy. Support to prepare district water safety plans in 15 quality-affected and sanitation high-burden districts. A web/Android based, real-time tracking system of drinking-water scarcity for monitoring of groundwater resources was developed.
- Rajasthan: Development of Water Services Rules for better service delivery. For monitoring, a consumer satisfaction-level survey and a toll-free complaint redressal number was facilitated, with the analysis of more than 100,000 complaints registered on two online platforms and a toll-free number.
- Tamil Nadu: WSPs for 15 panchayats in tribal blocks of Krishnagiri were developed, and implementation was facilitated.
- Telangana: Support was provided to the District Fluoride Monitoring Centre in Nalgonda, and a workshop was held and a district-level framework was developed with the National Institute of Nutrition.
- Uttar Pradesh: Evidence from sanitary improvement of 200 hand pumps and its impact on water quality was advocated. Gorakhpur, affected by encephalitis, has scaled this up in 106 Lohiya Villages (priority), with 1,000 hand pumps.
- West Bengal: Painting of contaminated hand pumps taken up; pilots on arsenic and fluoride mitigation taken up in Malda.

OUTPUT 2: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

UNICEF supported the Government of India in rolling out the Swachh Vidyalaya Mission in states. High-level strategic support was provided to the Government of India and the states, to implement the 'essential package' as envisaged in the Mission. As part of this, 12 state-level roll-out workshops were organized, state-level guidelines were issued, district-level plans were developed; and time-bound targets were set in 12 states. Some 417,000 new toilets were constructed in schools, under the Swachh Vidyalaya campaign, to fill the infrastructure gap in schools. The capacities of about 93,000 education officials, including head teachers, DEOs, block education officers (BEOs), Sarva Shiksha Abhiyan (SSA) Civil Wing officials, were built to implement the campaign 'Swachh Bharat, Swachh Vidyalaya' (SBSV) – Clean India, Clean Schools - in order to strengthen the delivery mechanisms and monitor progress.

In Telengana, in partnership with ASHOKA, information, education and communication materials were developed, with an aim to reach 117,000 cooks turned helpers of Mid-Day Meal (MDM). With UNICEF'S direct support, in about 2,200 new schools, group hand-washing infrastructures were set up, benefiting about 330,000 children. In five states of Andhra Pradesh, Assam, Chhattisgarh, Maharashtra, Pradesh and West Bengal, the Three Star Approach was piloted and is ready to go to scale. In Maharashtra, all residential schools were benchmarked, reaching out to 200,000 children. In Assam, the Nirmal Vidyalaya Puraskar was rolled out, in the presence of the Minister of Education. The Government of Andhra Pradesh allocated an additional Rs 16 crores for operation and maintenance of school WASH through an institutionalized outsourcing mechanism.

In the states of Assam, Chhattisgarh, Gujarat, Rajasthan, Uttar Pradesh and West Bengal, UNICEF successfully leveraged about INR 89 million for construction of group hand-washing facilities. In Andhra Pradesh, Gujarat, Rajasthan and Telengana, another INR 80 crores were leveraged for operation and maintenance of WASH facilities. The Government of West Bengal has planned to observe 2016 as the year for 'Group Hand Washing'. North 24 Parganas District created a Guinness record, when more than 2.5 million people washed their hands with soap, including people in 5,000 schools. Some 69 schools were selected for Nirmal Vidyalaya Puraskar awards this year and more than 6 million children joined the campaign. Improved WASH in Schools monitoring systems were piloted in the states. A new mobile-based toolkit and website to monitor progress was developed by the Government of Telengana. In Uttar Pradesh, hand-washing with soap is now included in daily MDM monitoring. In Uttar Pradesh, the Quality Monitoring Tools developed by SSA include indicators on WASH and is being monitored by SSA.

A new strategic partnership aimed at leveraging high-level advocacy outcomes and modelling of sustainable behaviour change approaches in 10,000 schools was signed with Rotary Foundation. UNICEF supported the drafting of the National Guidelines for Menstrual Hygiene Management, launched by the Ministry of Drinking Water and Sanitation and the Government of India, and drawing on research conducted by the Liverpool School of Tropical Medicine, which was validated in a national consultation. In Maharashtra, districts reaching out to nearly 75,000 adolescent girls were reached through trainings and skills-building exercises.

OUTPUT 3: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

This statement covers the first full year under the new sanitation programme – the SBM. UNICEF's technical assistance to governments is aimed at improving SBM implementation and

effectiveness, ensuring that children, mothers and families are using quality sanitation facilities and practicing good personal hygiene. Over the year, UNICEF's assistance has led to positive outcomes, as detailed below:

- Nadia District in West Bengal became the first district to be ODF under the SBM – 30 April 2015.
- Several states have issued new guidelines to align with the SBM.
- UNICEF's advocacy for the adoption of district-wide approaches has seen this being attempted in: Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Odisha and Uttar Pradesh.
- A (draft sanitation policy) was prepared in Gujarat.
- In Uttar Pradesh, UNICEF supported the development of an SBM operational framework (Clean and Green UP Mission).
- In Bihar, UNICEF's technical assistance led to a proposal for the restructuring of the Bihar State Water and Sanitation Mission, which awaits government approval.
- In Jharkhand, all Junior Engineers and Assistant Engineers were oriented on the SBM and are now Block Sanitation Officers.
- In Odisha and West Bengal, the Chief Secretaries lead monthly reviews of the SBM.
- In several states, including Bihar, Maharashtra, Madhya Pradesh and West Bengal, UNICEF has supported the development of mechanisms for ODF verification.
- Bihar, Chhattisgarh, Jharkhand and Uttar Pradesh are performing poorly (below 2.5 per cent) based on Ministry of Drinking Water and Sanitation MIS data. Gujarat, Karnataka and Odisha are above the 6 per cent target.

UNICEF supported capacity development of CATS resource persons in Bihar, Madhya Pradesh, Odisha and Uttar Pradesh. Meanwhile, in Malda in West Bengal, the CATS demonstration led to the first example of SBM implementation without an incentive payment, as well as novel use of existing government workers as sanitation motivators.

At the national level, UNICEF:

- Prepared a draft capacity development strategy framework for the Ministry of Drinking Water and Sanitation.
- Is supporting the quarterly analysis of the Government of India's MIS data, underpinning its reviews with state governments.
- Is working with the Ministry of Drinking Water and Sanitation to increase the capacity of its Key Resource Centres to provide quality training of Community-Led Total Sanitation master trainers, facilitators and motivators.

In health facilities, assessments of WASH compliance were undertaken in Chhattisgarh; Gujarat, Jharkhand, Karnataka, Maharashtra, Tamil Nadu and West Bengal. Some states have also developed improvement plans.

The above outlines progress made in improving service delivery across states. The programme will remain focused on identifying interventions that lead to positive change at scale.

OUTCOME 4: Protective and learning environment; PCR 3: Adolescent participation and empowerment.

Analytical statement of progress:

To ensure and promote the protective and learning environment, greater synergies between the child protection and education sectors have contributed to achieving progress for all children, especially the most deprived and marginalized, and to strengthening convergence between two national flagship programmes, namely, ICPS and Sarva Shiksha Abhiyan (Education for All).

Implementation of ICPS is progressing in terms of setting up structures at state, district, block and village levels, as well as in recruitment and capacity development of staff. District Child Protection Units were established in 15 states. Training and capacity development of ICPS functionaries (staff of district protection units, statutory body members, police) is on track, and a road map for social workforce development has also been developed. Likewise, work on community-based preventive Child Protection Committees progressed in 15 states, with more than 15,000 such committees established and functioning at village and block levels. To assess implementation of the Juvenile Justice Act and enhance the monitoring role of the judiciary, a partnership with the Supreme Court led to round tables in five regions.

The convergent child labour prevention programme in three districts of eastern Uttar Pradesh and in two districts of Andhra Pradesh and Karnataka concluded, with evaluation under way. State action plans on child labour elimination were completed by eight states. In particular, the Bihar Labour Department launched a media campaign with UNICEF to raise awareness on child domestic labour, while in Uttar Pradesh an anti-child labour campaign was rolled out in three districts. At the national level, discussions were initiated on scaling up initiatives on reducing child labour across states, while a national consultation was held in convergence with the Education section and with the National Institute of Labour towards strengthening systems for the prevention of child labour and rehabilitation of child labourers.

As a part of the adolescent participation and empowerment programming, UNICEF developed a new district-level scale-up model for programmes to empower adolescents and end child marriage. This model relies on large Government programmes, using NGOs as intermediaries and tapping amplifiers such as ICT, media and the private sector. Eight states developed state plans and began programme implementation, following three planning workshops and two inception evaluation workshops. These have allowed for: (a) further understanding of the programme and Theory of Change; (b) identifying key strategies and interventions; and (c) unpacking activities. The baseline for the adolescent empowerment programme was completed and the impact table prepared by UNICEF. Three internal frameworks were developed: (a) roles and responsibilities at different levels; (b) responsibility by key performance indicator (target); and (c) comprehensive monitoring and evaluation (M&E) framework. A third-party monitoring agency is being hired to implement the M&E framework. In eight states, UNICEF also supported mapping and identification of interventions for convergence and/or scaling up initiatives on adolescent empowerment and child marriage, underpinning Government commitment, ownership and partnership for implementation.

UNICEF and the United Nations Population Fund supported a national conference on reducing child marriage and adolescent pregnancy, which resulted in development of a partnership network and joint plan of action. UNICEF developed a comprehensive set of standardized guidance/activities for programming with and for adolescents at the community level; the modules have been designed to be delivered by government service providers or community-based organizations. A pool of resource persons (three in priority states, two in other states) was trained, and a '360 media' campaign on adolescents is being developed with BBC Media Action. Gender equity is addressed through all activities.

OUTPUT 1: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

The progress on building evidence and knowledge has enabled partners to have access to information, which has resulted in guiding the work on advocacy and planning of the programme. A district-level tracking tool for ICPS was rolled out in eight states and 15 districts after the pilot in one state conducted this past year. This will be used to monitor ICPS progress. In Gujarat, this is already leading to actions initiated by the district and state on bottlenecks they identified. A study on Protection of Children from Sexual Offences implementation was initiated focusing on Delhi and Mumbai, and this is leading to recommendations for implementation and policy changes. In Bihar, an innovative dashboard was developed to measure quarterly progress of Juvenile Justice Boards and Child Welfare Committees. This compilation is supported by UNICEF based on a reporting template shared by the Supreme Court Committee on Juvenile Justice. In Rajasthan, 20,000 children under the juvenile justice system are tracked and regularly monitored.

An online portal for registration of Palanhar, an alternative-care scheme for children, was initiated with technical support from UNICEF, resulting in more than 10,000 new registrations within three months of the portal being set up. In West Bengal, a study on the juvenile justice system was initiated with the High Court, leading to identifying and addressing specific challenges in implementation. UNICEF, in collaboration with the labour department in Andhra Pradesh, analysed the state-level census data for child labour. A partnership with the National Labour Institute was initiated for an in-depth analysis of child labour census data for India. This will enable a further understanding on the high concentration areas of child labour in the districts where UNICEF India working.

In addition, the draft report for the situational analysis of four states affected by civil strife was completed. An evaluation for the child rights project in Kurnool and Raichur was initiated to assess challenges and constraints that may have caused impediments in interventions and to document findings, lessons learned and recommendations to inform similar models of programming. An end-line study for the Eastern Uttar Pradesh child rights project was completed to assess the progress that has been made. A desk review and analysis of the situation of the stone quarrying and processing sector and its impact on children was completed for two districts in Rajasthan, and a consultation with key stakeholders was organized to share findings. The evidence gathered from the analysis will enable responsive programming and inform the programme design on the issue of child labour.

Two publications were produced on child marriage: 1) district data analysis by International Center for Research on Women; and 2) the model paper by Jyotsna Jha. A scoping study on child online protection was initiated that will inform UNICEF's strategy in this sector in the coming years. Two pilots for the Monitoring Results for Equity System toolkit on child marriage in Karnataka and Rajasthan were completed. A snapshot of the data and strategies that are effective need to be developed. A comprehensive M&E framework was developed for adolescent empowerment and the child marriage programme.

OUTPUT 2: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

In Jammu and Kashmir district needs assessments were completed in two districts, and an assessment is ongoing in one district. A model of community-based care and child safe migration was successfully piloted in Maharashtra. At the national level, development of training modules on alternative care is in progress. The partnership with the Supreme Court led to round tables in five regions to assess the implementation of the Juvenile Justice Act and enhance the monitoring role of the judiciary, and culminated in a national consultation presided by the Chief Justice of India, Secretary, MoWCD and UNICEF Representative.

A report identifying key challenges and solutions within the juvenile justice system was prepared. This is being continued with a second round of consultations focusing on the rehabilitation of children. The role of judiciary in trafficking issues, especially inter-state concerns, was initiated through a colloquium by the High Court in Chhattisgarh, where concrete suggestions were made. Child online protection has emerged as a new area for UNICEF linked to a global programme, and a scoping study was initiated to understand the situation in India. Partnership with the Indian Medical Association resulted in a training module for doctors on handling child sexual abuse. Maharashtra developed a training module for empowering adolescents affected/infected with HIV. Work on school safety is being carried out with the Education section to develop standard operating procedures. Some six states have made progress on developing child protection policies for schools.

In Maharashtra, the standard operating procedures and protocols for alternative care and services for children of migrants were developed by UNICEF and the Department of Women and Child Development. The convergent child labour prevention programme targeting three districts of eastern Uttar Pradesh and two districts of Andhra Pradesh and Karnataka concluded in 2015, and evaluation is under way. A state action plan on child labour elimination was completed by eight states. Bihar Labour Department launched a media campaign with UNICEF to raise awareness on domestic child labour and in Uttar Pradesh, an anti-child labour campaign in three districts was rolled out. At the national level, discussions were initiated on scaling up work for the reduction of child labour, and a national consultation was held in convergence with National Institute of Labour Education and Management towards strengthening of systems for the prevention and rehabilitation of child labour.

OUTPUT 3: The Government and partners have the capacity to scale up improved service delivery at community- and facility-level sanitation and hygiene, especially for the most deprived communities.

Analytical statement of progress:

UNICEF established government commitment, ownership and partnerships for implementation. In Assam and West Bengal, district adolescent cells/units were established under the DC/DM. The World Bank has supported the development of NGO guidelines, proposals, M&E plans, trained implementing partners, and finalized the social mapping of villages. In Andhra Pradesh, Assam, Gujarat, Jharkhand and Rajasthan, district-level consultations with key stakeholders were conducted.

OUTCOME 5: Protective and learning environment; PCR 3: Adolescent participation and empowerment.

Analytical statement of progress:

Continued support was provided towards implementation and monitoring of the Right to Education Act; promotion of Child-Friendly Schools, including support for WASH in schools, DRR, and school-related protection issues; implementation of the National Early Childhood Care and Education Policy at national and state levels; and attendance campaigns and community mobilization. A number of initiatives were undertaken to improve learning, and several states focused on conducting state learning assessments. In addition, an evaluation of the impact of activity-based learning and a review of continuous and comprehensive evaluation were completed, providing evidence to improve learning outcomes as well as inform efforts to enhance teacher education.

A digital gender atlas was developed to identify areas with large gender disparities in relation to education and other critical indicators (e.g., child marriage), thereby facilitating targeted programmes to address these issues. Support was also provided for special training programmes to integrate out-of-school children into school and for the education of children with disabilities, all aimed towards increased retention of children in primary grades. Some overall progress was recorded, with the Class 8 completion rate increasing to 76.2 per cent from the baseline figure of 61.1 per cent; primary and upper primary drop-out rates were reduced by 9 and 6 percentage points, respectively.

Building on previous work, efforts in education around adolescent programming focused on promoting access of adolescents to secondary education and on equipping disadvantaged girls and boys with the knowledge, skills and confidence to develop healthful behaviours and protect themselves from abuse, violence and exploitation. In this regard, advocacy efforts led to several states incorporating adolescent-friendly and socially inclusive norms/standards into elementary and secondary plans and strengthening School Management Committees (SMCs) and School Development and Monitoring Committees. Furthermore, support was provided to Kasturba Gandhi Balika Vidyalayas (KGBVs) to promote girls' education through the development of capacity-building plans and training of staff, as well as through tracking enrolment and retention of girls in KGBVs and their transition to secondary education. A number of states also made progress in integrating life skills education into the secondary education curriculum, thereby promoting adolescent empowerment.

At the national level, efforts are under way for convergent programming in relation to ending child marriage and to promoting adolescent empowerment among the education, child protection and other sectors. Brainstorming workshops were held to identify key education strategies and interventions in these areas. In addition, a digital Gender Atlas was developed as a tool to identify geographic areas with critical gender issues (based on key gender indicators) and to facilitate targeted action.

OUTPUT 1: Capacity is enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Mostly on track: Following the launch of the Child-Friendly Schools and Systems package in late 2014, the focus in 2015 was on state-level roll-out towards promoting quality education. With technical support from UNICEF, key elements of the package were integrated in state government/district-level annual plans (Bihar, Jharkhand, Rajasthan, Uttar Pradesh and West Bengal) and in the Government's monitoring frameworks (Bihar, Gujarat and Maharashtra) in relation to elementary education. Advocacy continues on this in other states. Implementation of child-friendly schools principles is also being modelled and demonstrated in schools in some states, towards further replication in the future (Assam, Bihar and Gujarat). Promoting girls'

education and gender equality is one important aspect of the Child-Friendly Schools and System package and the principle of ensuring inclusion. A number of initiatives are being implemented in this regard, including in Uttar Pradesh with the development of guidelines for girl-friendly schools as part of the package.

UNICEF worked with national and state governments and civil society Right to Education (RTE) forums annually to take stock of implementation of the RTE Act at the national level and across 10 states, looking at progress made and gaps that still persist. This included trends analysis based on Unified District Information System for Education (UDISE) data on key indicators with the National University of Educational Planning and Administration and in building capacity of state functionaries on the use of a semi online database and on newly developed software. Further, UDISE 2014–2015 data were analysed for six states (Bihar, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh) to understand the critical gaps and to identify the barriers and bottlenecks for RTE implementation at state level, and the capacity building of state education functionaries on UDISE has been completed in eight states (Assam, Bihar, Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra, Uttar Pradesh and West Bengal). Development of state and district profiles on the status of RTE has helped with the review of progress and bottlenecks and to align education sector plans accordingly to support acceleration of RTE implementation. Further, real-time monitoring of education indicators are being implemented in four states (Assam, Chhattisgarh, Karnataka and Madhya Pradesh), covering 16,000 schools in nine districts. This innovative initiative is showing positive results, such as increased follow-up on the levels of attendance among children, and rationalization of the allocation of resources for the midday meal programme. The Government of Chhattisgarh has agreed to upscale real-time monitoring across the state with the support of monitoring officers.

While training modules for SMCs are in place in all states, the focus continues on ensuring the quality of this training at the state level. UNICEF, in partnership with the RTE forum and other partners, organized a national review on the functioning of SMCs wherein the best practices and challenges were discussed and a road map was prepared for advocacy and support to state governments. With regard to multilingual education, a guidance note was prepared and technical support is being provided in Assam, Jharkhand and Odisha.

OUTPUT 2: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Progress is on track. The focus continues to be on implementation of the National Early Childhood Care and Education Policy (2013). Technical support was provided to states on the development of state policies, establishment of state Early Childhood Care and Education councils, training, roll-out of state early childhood education (ECE) curricula, and demonstration of model ECE centres with key elements of quality ECE programmes used as training and mentoring sites for front-line workers, replication and expansion. A state policy was drafted in Maharashtra, while Bihar has developed a road map for implementation of the programme, in line with the National Policy. Odisha has developed a mother tongue-based ECE curriculum in 10 tribal languages, while model ECE centres have been established in West Bengal. State councils were established in four states (Bihar, Jammu and Kashmir, Madhya Pradesh and West Bengal), and Assam has initiated the process. UNICEF provided technical support to these developments and there is continued follow-up in this regard. There is also a need for substantial capacity-building initiatives on ECE and, hence, Chhattisgarh and Uttar Pradesh initiated Leadership Development Programmes for government personnel in the ICDS. While

the National Policy is in place, the technical capacities of government institutions on ECE are limited, and UNICEF's technical support has been important in this regard.

UNICEF continued supporting the first ECE longitudinal study in India, which is tracking children from preschool to the early primary grades to explore the sustained impact of quality preschool programmes. The study is set to be completed in 2016, but the emerging findings and recommendations have been informing technical and advocacy work on ECE. A policy brief was developed on the basis of the key findings thus far and shared with the Ministry of Human Resource Development and with the drafting committee of the new National Education Policy. It notes the factors that impact the quality of preschool education programmes and contribute towards improvement in children's learning outcomes. The policy brief also makes a strong case for viewing preschool and primary education as a continuum.

UNICEF is also supporting development of Early Learning and Development Standards for India. Draft standards have been developed, with the validation process to take place next year. The India Country Office Early Childhood Development Task Force, co-chaired by the Deputy Representative-Programmes and the Education section, has been revived and aims to foster coordination and cross-sectoral work on early childhood development within the office.

OUTPUT 3: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Progress is on track. Teacher education visioning workshops led to preparation of state teacher education road maps, and five-year perspective plans were developed in six states (Assam, Bihar, Jharkhand, Maharashtra, Odisha and Uttar Pradesh). Continued support is being provided in these states annually in preparation of state teacher education plans, and to strengthen teacher education institutional structures, including State Councils of Educational Research and Training and District Institutes of Education and Training. In Maharashtra and Odisha, there is a significant advancement towards revamping the teacher education structure and in-service training programmes through 'think tanks' and partnerships with other resource organizations. As part of building the capacity of teacher educators, 15-day mentoring workshops were organized for functionaries in four states (Assam, Bihar, Gujarat and Odisha). Further, Assam and Odisha organized facilitative training programmes to support monitoring officers and head teachers to impact change in classroom transactions.

A multi-state impact evaluation on activity-based learning was completed, which provides evidence around child-centred pedagogies to learning and the learning process. The study will be launched in February 2016 and state workshops are planned to support strengthening teacher preparation and development. In continuation to providing technical support to implementation of Comprehensive and Continuous Evaluation in states, a review of implementation of the evaluation was completed and the report will be finalized in January 2016. Furthermore, UNICEF is providing support to states on large-scale assessments and how to use them effectively to strengthen curricula, training and systems.

OUTPUT 4: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Progress is on track. Marginalized children are being reached through UNICEF's technical support in developing strategies to identify and mainstream out-of-school children (Madhya

Pradesh, Rajasthan), strengthening Special Training Programmes (Gujarat, Jammu and Kashmir, Rajasthan and West Bengal) and conducting campaigns to combat child labour (Bihar, Jharkhand). In partnership with the National Labour Institute, a multi-sector training module and handbook are being developed to ensure a coordinated approach to prevention of and response to child labour in eight states. A first-time teacher training module and handbook on teaching early grades developed with UNICEF support will help improve teaching-learning processes in schools across Jammu and Kashmir. The initial 60 schools converted into child-friendly schools aim to demonstrate how this approach can improve children's learning. The standard operating procedures on school safety and security that has been drafted will contribute to creating supportive school environments. Of the four television and radio spots on regular school attendance that were developed, two were broadcast by the Ministry of Human Resource Development on 60 television channels; an assessment of their reach and coverage is in progress. Two motivational training films on regular attendance targeting teachers and SMCs are being used in relevant training programmes.

With respect to inclusive education of children with disabilities, the focus has been on consultations to understand the issue, orientation of education functionaries on the issue, and capacity building. A joint project with the United Nations Partnership on the Rights of Persons with Disabilities is being implemented with the United Nations Educational, Scientific and Cultural Organization, in which two states (Assam and Odisha) have oriented key education officials on and translated and adapted to local contexts a handbook developed by the National Council for Educational Research and Training to make the primary education curriculum more inclusive of children with disabilities. This will be followed by teacher training based on the handbook, and preparations for this have begun. The handbook will be rolled out in additional states in 2016. In Maharashtra, a consultation was held to better understand the situation of children with disabilities, and in Gujarat, consultations on good practices in including children with special needs are being held, with future action to build on the outcomes of these meetings.

UNICEF provided technical support to integrate gender and to promote girls' education in the Sarva Shiksha Abhiyan (SSA) annual work plans. Uttar Pradesh supported the roll-out of the high-profile Beti Bachao Beti Padhao programme. The Meena radio programme in eight states spread messages on the right to education and equity in education to approximately 700,000 children. A recent evaluation of the programme in three states indicated that it is effective in increasing knowledge levels among students exposed to it. The physical education and sports initiative at the elementary level in eight states has helped student participation. Rajasthan's strategy for education of tribal children in two districts demonstrates a replicable model that UNICEF is advocating with the state government for upscaling. Nationally, areas of collaboration with the Ministry of Tribal Affairs is under discussion.

OUTPUT 5: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for most disadvantaged children.

Analytical statement of progress:

Progress under this result has been slow, though on track. Promotion of increased access of adolescents to secondary education attempted through development of adolescent friendly frameworks/norms in SSA/Rashtriya Madhyamik Shiksha Abhiyan (RMSA) plans, training modules to strengthen community structures, and support the development of life skills training opportunities. While this past year's focus was to advocate with SSA and RMSA to integrate activities for strengthening SMCs and School Development and Monitoring Committees in their annual work plans and budgets, this year, UNICEF has technically supported rolling out the planned activities in Bihar, Gujarat, Jharkhand, Rajasthan and West Bengal. However, the

progress made across the states vary. While some states, such as Bihar and Gujarat, have developed a training module for SMCs/School Management Committees, the work is still to gain momentum in other states.

UNICEF provided technical support to strengthen KGBV through capacity-building plans and training staff in Bihar, Maharashtra and Rajasthan. Gujarat, Rajasthan and Jharkhand undertook mapping/tracking girls' transition from Grade 8 to Grade 9, as well as their enrolment and retention in KGBVs. At the national level, a digital Gender Atlas was developed as a tool to identify geographic areas with low performance of gender indicators (more than 20 indicators have been identified) to enable targeted planning, implementation and monitoring.

Towards incorporating adolescent-friendly and socially inclusive norms and standards into SSA/RMSA plans, four states have made progress. Tamil Nadu now has a government order on school safety for adolescents in place, and technical support has been provided to develop an adolescent-friendly framework and Comprehensive and Continuous Evaluation in Jharkhand. Towards adolescent empowerment, eight states have made progress in integrating life skills in the secondary education curriculum: Assam, Bihar, Chhattisgarh, Telangana and West Bengal are implementing life skills education in secondary schools (some state-wide, some in selected districts), and Jharkhand and Rajasthan are in the stage of developing the life skills education curricula. In Madhya Pradesh, preparatory discussions on life skills education are in progress. All of these are state-specific efforts.

At the national level, education is now actively a part of the convergent programming on ending child marriage and adolescent empowerment. At a recent brainstorming workshop, the education strategies and interventions were deliberated in light of the project results, and this has helped clarify the activities for inclusion in the SSA/RMSA state plans.

OUTCOME 6: Policy advocacy and social change for child rights.

Analytical statement of progress:

Partnerships with key influencers raised the equity agenda of the Country Programme by amplifying outreach to the last child. A total of 63 partnerships (31.25 per cent increase) were forged with stakeholders including the Government, elected representatives, media, celebrities, corporations, civil society and faith leaders. This paved the way for UNICEF to leverage large-scale resources, including pro bono services by 21 celebrities. Efforts also were made to create mutually reinforcing linkages between key influencers to harness social movements; for example, editors' round tables with members of the Global Interfaith WASH Alliance were organized on sanitation issues, resulting in a joint declaration of support to end open defecation.

The programme also expanded platforms to share knowledge and experience, created opportunities for influencing decision makers, and promoted inclusion and equity issues with a national campaign on the SDGs. More than 724 knowledge products addressing priorities such as routine immunization, girls' education, sanitation and child protection were disseminated through 293 platforms, reaching out to about 16,130 influencers. Concerted advocacy with elected representatives resulted in a WASH Legislators' Forum for Children in Delhi, and in the Chief Ministers of Jharkhand and Assam announcing State Nutrition Missions.

OUTPUT 1: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

The Country Programme expanded platforms to share knowledge and experience, created opportunities for influencing decision makers, promoting inclusion and equity issues. Robust children's participation on policy was seen through the Seen and Heard campaign on the SDGs with partner NINEISMINE that reached the most marginalized and engaged them to lobby with world leaders on the SDGs from their perspectives. Karnataka's Chief Minister and members of the legislative assembly participated in the Children's Parliament advocating for child rights. Media strategies focused on capturing adolescent issues and voices resulting, in 702 articles.

Target audience-oriented knowledge products (those disseminated to external audiences such as press releases, videos, booklets, briefing notes, etc.) remained a key element for advocacy. More than 724 knowledge products addressing priorities – girls' education, sanitation and child protection – were disseminated through 293 platforms, reaching out to about 16,130 stakeholders. Of this, about 1,141 stakeholders showed commitment through actions like raising questions in assemblies, writing articles, etc.

Promoting quality reporting on priority issues through sensitization workshops and partnerships resulted in a 242.7 per cent increase, with 6,511 media reports nationally. Concerted advocacy with elected representatives resulted in a WASH Legislators' Forum for Children in Delhi, and the Chief Ministers of Assam and Jharkhand announced State Nutrition Missions.

Sustained advocacy on routine immunization saw support to government events on Mission Indradhanush, media workshops and field visits across states. Strategic media partnerships were forged with AROI (Social Return on Investment) for the Radio for Child project, and Goodwill Ambassador Amitabh Bachchan for the Hepatitis B campaign. A Critical Appraisal Skills programme to build capacities of students, mid-level journalists, editors and government officials was initiated. An online campaign, #BabiesNeedYou, resulted in 42,816,000 potential impressions.

Social media platforms garnered almost 1.5 million supporters. Partnerships with online platforms grew with #Tedx, #ConvergeNow and SanitationScribes promoting youth engagement and opinions on sanitation and equity. About 248 million and 29.4 million impressions were achieved through Twitter and Facebook, respectively, and activities on new platforms increased, while UNICEF's new website saw 730,921 visitors and 2.85 million views.

OUTCOME 7: Adolescent participation and empowerment.

Analytical statement of progress:

The DRR programme continued to focus on child-centred DRR, which has resulted in a number of substantial gains both at the national and state levels. For example, three districts in Rajasthan are using the UNICEF-supported Risk Informed Development Planning System for development planning. To practically implement climate change adaptation, in drought-prone Maharashtra, an online system for water safety and scarcity prediction has been set up and is used by the Government to anticipate risk and take planned action.

To counter risk due to Acute Encephalitis Syndrome, the emergency preparedness and response plan developed in 2014 was successfully rolled out in Bihar. This brought down the case fatality rate from 18.4 per cent in 2014 to 12 per cent in 2015.

To address human-made hazards (conflict, civil strife) a multi-stakeholder approach that

includes two NGO partners, government health department and ICDS has succeeded in delivering nutrition and health and child protection services (Nutritional Rehabilitation Centres for children with severe acute malnutrition, immunization, IYCF counselling, Out-Patient Department services, patient transport, etc.) in more than 200 conflict-affected villages in Chhattisgarh.

In Bihar, the community-based DRR programme in 2015 covered 1,300 villages in 18 blocks of six districts covering 743,115 households, while the School Safety programme led by the Education Department was expanded to cover 3,159 schools. The success of this programme was highly recognized and triggered the creation of the Chief Minister's School Safety programme to cover all 73,000 schools in Bihar. From 2016 onward, there would trainings, mock drills and schools will be provided with necessary guidance and teaching learning materials, etc. Capitalizing on the Bihar Government's commitment to DRR, UNICEF provided technical support to develop the Bihar DRR Road Map 2015–2030 in line with the Sendai Framework for DRR.

To prepare the ground for further action on promoting youth and children as agents of change and identify further entry points for DRR mainstreaming, the DRR section completed four studies. Partnerships with the Governments of Assam, Rajasthan and West Bengal have been formalized, which entails developing work plans with disaster management departments of the respective states to advance DRR objectives.

In addition, the DRR section supported the UNICEF Regional Office for South Asia to designing a child-centred DRR framework and road map.

Humanitarian action focused on responding to floods in Jammu and Kashmir in 2014. The India Country Office provided direct humanitarian assistance to the affected populations in partnership with nine NGOs, reaching 149,825 people with life-saving interventions, including 29,491 girls and 31,230 boys. In November–December 2015, in response to the most severe floods in Tamil Nadu, UNICEF India provided targeted support in partnership with various departments of the State Government, which includes health and hygiene promotion through partnership with five local NGOs, assessment of 10,000 Anganwadies that were damaged, tracking of and restoration of Anganwadies and their services, tracking and monitoring of public service delivery, and support to the Government to do minor but critical repairs like electrical, toilets, etc., in 245 schools.

OUTCOME 8: Higher-quality programmes through results-based management and improved accountability of results.

Analytical statement of progress:

Strong foundations of evidence and policy analysis on social inclusion have been built to support and influence policy, social protection and public finance for children. Generation of data and evidence has focused on strengthening the MIS of national flagship programmes and M&E capacity at state and district levels.

The MoWCD, with support from UNICEF India, conducted a nationwide household/facility survey, the Rapid Survey of Children in India, in 29 states. Results of more than 150 indicators were released in national and state factsheets. The rapid survey provided national and state estimates of these critical indicators on the well-being of children, adolescent girls and ever-married women (15–49 years old), as well as baseline data on performance and utilization of the ICDS implemented by the Ministry since 1976. Survey data are being used to inform reviews

of critical policies and national strategies in health and nutrition by the MoH and MoWCD, with the national report expected to be ready in early 2016. Further analyses and thematic reports will be generated in 2016 at national and state levels to inform ICDS reforms and refine programme gaps, and to bring a deeper equity focus to national flagship programmes.

Various data products were developed and released by the Government to enhance access to data and support evidence-based policy and programming decisions. These included MDGInfo; CensusInfo and a dashboard on census data; and updated DevInfo India databases (version 4.0). Jharstats, in Jharkhand, is a database of social indicators used for state government funds allocation, while e-Samikhya is a school performance tracking system for monitoring of Right to Education Act compliance. In Maharashtra, a Tribal Atlas was developed to analyse disparities among social indicators in tribal areas and contribute to equity programming and policy review by the state government. Strengthening the MIS of the national flagship programmes was taken forward for the ICPS by developing a scorecard to assess system functioning and monitor key indicators.

To ensure that the Government accesses and uses reliable, disaggregated data on children's outcomes for relevant, equity-promoting policy, strategy and investment decisions, an extensive analysis of key data gaps was conducted in collaboration with the Ministry of Statistics and Programme Implementation. This was undertaken with the perspective of building on the experiences and systems developed for the MDGs from a child rights perspective, and looking forward to applying this lens to the SDGs.

A programme shift is being made in 2016 to engage more effectively in high-level policy dialogue in the rapidly changing policy context and to progress decentralization policies, based on knowledge, evidence and policy analysis, particularly in the area of social protection.

Advocacy was conducted with the central Government for development of the National Plan of Action for Children and to better understand the implementation progress of the 2014 CRC Concluding Observations. Follow-up work on the Concluding Observations was also undertaken across states. To take multi-sectoral coordination for children forward, as recommended in the Concluding Observations, UNICEF and Niti Aayog (Policy Commission) organized a National Workshop on Cash Transfers for Children, where multiple states and departments participated. The workshop provided a forum for policy dialogue and knowledge-sharing on cash transfers for children in India and concluded with a move towards a more integrated social protection system, particularly for vulnerable children.

Fiscal architecture in the country witnessed major change, resulting from the recommendations of the 14th Finance Commission in early 2015. Recommendations implied an increase in the pool of untied monies available for states to focus on state-specific priorities. Various centrally sponsored schemes have changes in their sharing patterns, with states assuming higher fiscal responsibility for implementing the schemes. However, clarity on sharing patterns of different centrally sponsored schemes is still considerably lacking. Further analysis will be rolled out in June/July 2016 to ensure an adequate social sector budget.

OUTPUT 1: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Follow-up on the CRC Concluding Observations for India has been undertaken at the national and state levels. To work on strengthening the State Commissions for Protection of Child

Rights, a Resource Handbook for capacity building of Members of State Commissions has been developed and submitted to the National Commission for Protection of Child Rights. It will be pilot-tested in State Commissions for Protection of Child Rights (SCPCRs) for further feedback. The development of the National Plan of Action for Children– one of the main recommendations of the Concluding Observations – is being finalized by the MoWCD.

The work on development of State Plans of Action for Children progressed at different levels across states. In West Bengal, the State Plan of Action is being owned and managed by the Government, and regular review mechanisms have been put in place to monitor progress on identified indicators. In Assam and Chhattisgarh, the Department of Women and Child Development is finalizing the State Plan of Action through the consultative processes with critical stakeholders like civil society and children. In Bihar, Karnataka, Kerala and Tamil Nadu, as a precursor to the State Plan of Action, a State Policy for Children has been developed to set the policy priorities for the state. In Gujarat, Jharkhand and Odisha, the state governments have initiated planning of the State Plan of Action.

At the state level, Maharashtra has conducted advocacy across different departments to follow up on the Concluding Observations, and has developed indicators and templates for monitoring their work. To build awareness and capacity of development professionals on child rights in the North-Eastern region of India, a post-graduate diploma course on 'Child Rights and Governance' is being developed with Tezpur University in Assam.

There is a wide difference between states in the functioning of the State Commissions. UNICEF Field Offices have been working with these Commissions to provide the requisite technical support and increasing engagement and capacity building of SCPCRs to enable them to effectively monitor the child rights situation in their state. Maharashtra has completed an analysis of orders of the State Commission over the past four years to understand the nature of the orders and prepared actions and recommendations to strengthen functioning of SCPCR.

OUTPUT 2: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

The MoWCD released national and 29 state factsheets on children's well-being, based on the 2013–2014 Rapid Survey on Children, which UNICEF supported. The Government and UNICEF used the results to review policies and new strategies in health and nutrition areas. To strengthen the MIS of the National Flagship Programmes, a scorecard to monitor the key indicators of the ICPS was developed to complement its MIS. In Chhattisgarh and Gujarat, state and district officials were trained to develop and manage information systems in child protection, WASH and education.

UNICEF supported the Government of Chhattisgarh to develop capacity and advocacy materials for improving birth registration, leading to an improved rate of 95 per cent in 2015.

An Executive Programme on Evaluation Methods with the state government led to further strengthening of evaluation capacity in Assam. A Standard Operating Procedure for Evaluation was also developed in Assam. The Evaluation Policy of the State Government of Gujarat is currently being finalized with UNICEF support. More evaluations were conducted by UNICEF to inform policy and programming. A randomized controlled trial of the adolescent programme is being implemented in four states. In Assam, an impact evaluation was conducted to guide the potential upscaling of a hand-washing in school programme.

A knowledge management strategy was developed for UNICEF India. Knowledge partnerships were formed with various organizations across nine states and made good progress. Hyderabad supported the Division for Child Studies to produce knowledge products that advanced children's rights. Gujarat formed a partnership with Indian Institute of Management Ahmedabad to promote innovative programming for children. The identification of innovations and good practices in programming was initiated.

OUTPUT 3: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

UNICEF and Niti Aayog (Policy Commission) co-organized the National Workshop on Cash Transfers for Children on 8–9 December 2015. The workshop created a platform for cross-sectoral policy dialogue on social protection for children in India. Ten state governments from across the country shared their experiences in implementing cash transfers for children, leading to action plans to ensure that the cash transfer schemes are a more integral part of social protection programmes. Financial inclusion and identification of beneficiaries were also discussed by policymakers from the MoWCD, Ministry of Finance and Unique Identification Authority of India to work towards a more integrated approach in civil registration and registration under government schemes, and the Government expressed interest in piloting interventions on cash transfers for children. As a part of a joint United Nations intervention on social protection, foundational work for development of a social protection floor in Odisha was supported.

Karnataka and Maharashtra have developed state-level child policies for children. A study on the Tribal Sub-Plan in Maharashtra on fund flow and implementation and its impact on the scheduled tribes resulted in policy guidelines. In West Bengal, the baseline survey of the conditional cash transfer scheme for girls (Kanyashree Prakalpa) has led to improvements in the communication strategy, the MIS scheme and steps to embed graduation, parental counselling and linkages to keep 30 per cent reservation for beneficiaries in technical training institutes across the state. In Assam, mapping of social protection schemes was undertaken and submitted to the Government to identify areas where strengthening is required; and Gujarat is working towards familiarizing state-level stakeholders with child-sensitive social protection. In Madhya Pradesh, the state MDG report analysed the link between public expenditure and social outcomes across all districts to reveal inter-district disparities and variations.

A national report on exclusion and excluded communities is being developed to generate analytical evidence on status of exclusion of marginalized communities. The evidence from this report is expected to be used for policy advocacy on policy improvement in different sectors. A Gender Review of UNICEF programming is under way to understand how gender mainstreaming can be improved across the work of different sections. In addition, Uttar Pradesh has undertaken extensive work on addressing gender-based exclusion through curricular intervention, engagement with boys and men through various collectives, and partnership with civil-society platforms.

OUTPUT 4: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

In Andhra Pradesh, UNICEF supported the implementation of the 'Smart Village, Smart Ward' programme with capacity building, baseline templates preparation and its piloting. In Assam, the

Panchayat and Rural Development department developed an e-directory of elected Panchayat Raj institutions for 10 districts, and UNICEF supported the development of the District Plan of Morigaon District. To support the state governments of Bihar and Jharkhand in the process of devolution of powers to Panchayat Raj institutions, UNICEF facilitated discussions on government resolutions development. As a result of UNICEF advocacy, the Government of Gujarat has decided to pilot District Data Centres in Narmada and Sabarkantha. In Jharkhand, UNICEF supported research and drafting of the taxation guidelines for Panchayat Raj institutions for house tax at Gram Panchayat level.

In Madhya Pradesh, a Planning and Budget Manual for Gram Panchayat was prepared in partnership with the Department of Planning and Panchayat and Rural Development. In Maharashtra, with UNICEF support, the integrated bottom-up planning led to district plans completed in 80 per cent of Gram Panchayats in Yavatmal and 25 per cent of Gram Panchayats in Nandurbar under the Rajiv Gandhi Panchayat Sashaktikaran Yojana scheme.

In Rajasthan, UNICEF supported the Indira Gandhi Panchayat Raj Institute to develop a handbook on schemes devolved to Gram Panchayats, and a booklet on the role of Gram Panchayats that will reach out to 140,000 elected representatives and functionaries, half of whom are women.

The 2015–2016 Budget changed the dynamics of centre-state budgetary allocations in the social sector, including how the centrally sponsored schemes are funded. The 14th Finance Commission had recommended significant devolution of funds not tied to centrally sponsored schemes or programmes ('united funds') from the centre to the states. Under the proposed rationalization of the centrally sponsored schemes, the revenue-sharing mechanism for the core schemes was clarified to some extent. However, clear guidance on budget allocation at state and central level is still awaited.

In the area of Public Finance Management for Children, the following has been achieved with advocacy and technical support from UNICEF:

- Andhra Pradesh: ICDS expenditure analysis.
- Chhattisgarh: budget analysis and tracking in five districts, covering Sarva Shiksha Abhiyan, Mid-Day Meal, Rashtriya Madhyamik Shiksha Abhiyan and ICDS schemes.
- Kerala: child budget analysis for select local governments.
- Karnataka and Madhya Pradesh: Public Expenditure on Children Report, an analysis of national flagship programme expenditures. Advocacy action is being initiated based on these findings in the two states.

OUTCOME 9: Mother and child survival, growth and development; PCR 2: Protective and learning environment; PCR 3: Adolescent participation and empowerment.

Analytical statement of progress:

Knowledge and capacities of government stakeholders and front-line workers to engage with adolescents, ensure their participation, and promote appropriate practices in adolescent health, HIV/AIDS, life skills education and menstrual hygiene were enhanced in specific states through the C4D programme interventions. Two key national-level stakeholders, the Adolescent Health Division of the MoHFW and the National AIDS Control Organization, endorsed the communication strategy of the Adolescent Health Programme/Rashtriya Kishore Swasthya Karyakram (RKSK) and revised guidelines on the Adolescent Education Programme and Red Ribbon Clubs to engage with adolescents and promote participation. A total of 36 states and

union territories developed communication integration plans for RKSK, including the roll-out of adolescent peer educators. In three states (Bihar, Jharkhand and Uttar Pradesh), the social and behaviour change communication intervention on menstrual hygiene reached 394,000 adolescent girls, with 45 per cent of girls attending group meetings regularly (concurrent monitoring, October 2015). This outreach focused on excluded populations; 30 per cent of girls engaged were from Scheduled Castes, 14 per cent were from Scheduled Tribes and 41 per cent were from Other Backward Classes (concurrent monitoring, October 2015), respectively.

In addition, UNICEF supported the strengthening of communication infrastructure and system capacity in seven states by restructuring existing Information, Education and Communication Bureaus or setting up BCC Cells at state and district levels. So far, two states have completed the process. Moreover, Health Communication Units in the Department of Women and Child Development and Rural Development in four states also initiated this process, with the Government of West Bengal agreeing to expand the scope of the District SBCC Cells in three districts.

Support was also provided to the Government to develop four television and radio spots and training films for teachers and SMC members as a part of the national communication strategy to promote regular school attendance.

OUTPUT 1: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Increased capacity is enabling programme managers to integrate strategic, evidence-based SBCC approaches into programme plans.

Roll-out of the UNICEF-developed and MoHFW-endorsed SBCC training package 'TARANG' in 13 states has led to a resource base of more than 250 Master Trainers and more than 900 state-based trainers. In Uttar Pradesh state, the government's increased capacity in SBCC planning and fund management through training of district and block-level officers led to leveraging an additional US\$2.8 million for scaling up health facility branding, effective tracking of communication fund utilization, and real-time feedback and reporting from all 75 districts. In West Bengal, a forum of 25 NGOs led by Child in Need Institute, and 40 senior and mid-level staff in the Information & Cultural Affairs Department have the capacity to conduct SBCC trainings with a focus on social inclusion. In Gujarat, experience-sharing workshop of 900 Village Volunteers and AWWs resulted in key advocacy recommendations for Department of Women and Child Development. Assam state scaled up the highly successful pilot Home-Based Newborn-Care Voucher initiative across all 27 districts, earmarking additional funds in NHM Programme Implementation Plan 2014–2015. Gujarat mobilized INR 4.8 million from district budgets in eight HPDs.

Increased capacity in SBCC planning and operationalization led each state to develop state-specific, evidence-based SBCC strategies, get them endorsed by the Government, and integrate these into Programme Implementation Plans. Such strategies/frameworks include the Reproductive, Maternal and Child Health + Adolescents strategy in Odisha; Routine Immunization strategy in eight states; and MIYCN in five states. Madhya Pradesh endorsed the policy to place block-level teams for community mobilization, and monitoring of SBCC activities for elimination of open defecation. The Gujarat State Sanitation Policy (draft) includes SBCC strategy as an integral component; and a composite SBCC package for promotion of the National Iron Folic Acid Promotion Initiative has been developed, along with its dissemination

plan, and has been accepted by the nutrition cell, the Department of Health and Family Welfare for roll-out with its own funds.

At national level, UNICEF is an active member of the Steering Committee of Alliance for Immunization in India, the partners' forum for Intensified Diarrhoea Control Fortnight and India Action Plan for Pneumonia and Diarrhoea, and eight states have active partners' forums.

In partnership with WHO, a risk-communication strategy, tools and operational framework on Ebola readiness and response for India was developed. Public outreach material for the H1N1 pandemic (swine flu) was developed and disseminated. UNICEF provided communication tools/monitoring support to national flagships such as for Mission Indradhanush, the national routine immunization acceleration programme in 13 states and the North-East State of Meghalaya; Integrated Diarrhoea Control Fortnight; and Rashtriya Bal Swasthya Karyakram.

Six SBCC policy briefs for child survival were produced and disseminated widely.

OUTPUT 2: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

Following India's polio-free certification in 2014, a priority in 2015 was to maintain the momentum for polio vaccination through a new communications strategy and high-quality immunization campaigns. UNICEF supported more than 7,300 social mobilizers via the Social Mobilization Network who continued to mobilize more than 2.7 million households in high-risk communities in Bihar, Uttar Pradesh and West Bengal to ensure high oral polio vaccine coverage (above 97 per cent) in polio Supplementary Immunization Activities and achieve the lowest recorded refusal rates (less than 0.5 per cent). The new communication strategy encompassing a poster of the map of India (visibility: 96 per cent of planned sites) and new television and radio spots recognized the people's role and emphasized the need to continue to vaccinate.

As part of the Polio End Game Strategy, the programme is working to strengthen routine immunization, informing parents in high-risk communities of upcoming sessions and when their children are due for vaccination (holding meetings for more than 7,000 mothers and 195,000 interpersonal communication visits monthly), and reaching 2.7 million households. As a result, full coverage in the high-risk areas has increased from 36 per cent in 2009 to 79 per cent in December 2015 in Uttar Pradesh and from 54 per cent to 81 per cent in August 2015 in Bihar, both above the state average (53 per cent for Uttar Pradesh, and 70 per cent for Bihar). The Polio Programme launched a routine immunization communications plan and materials; nationally supported 7,500 radio spots, 6,500 television spots, 86 billboards, 304 banners, 4 hot-air balloons and 50 cinemas promoting immunization; developed 6,000 routine immunization boards for session sites in high-risk areas of nine low-performing states; and a major campaign with celebrity Amitabh Bachchan to transition from promoting polio vaccination to routine immunization is being developed.

Further support to the national Mission Indradhanush for routine immunization included development of the first communication monitoring framework, coordinating data from 1,091 UNICEF/partner monitors. UNICEF deployed more than 100 Social Mobilization Network mobilizers to support communication activities for routine immunization/Mission Indradhanush to non-network areas within Bihar, Haryana, Madhya Pradesh, Rajasthan and West Bengal.

The Social Mobilization Network continues to promote convergent life-saving messaging on hand washing, use of oral rehydration salts/zinc for diarrhoeal management and early and exclusive breastfeeding, and national initiatives for nutrition and stopping open defecation. The programme conducted more than 18,000 trainings in polio/IPV, routine immunization and inter-personal communication, reaching more than 500,000 front-line workers, government representatives and influencers.

In legacy planning, UNICEF and the Government formalized a strategy for the transition of the Social Mobilization Network to nationally owned and funded mechanisms to support polio, routine immunization and other health interventions. The MoHFW agreed to progressive funding of the Network starting in the 2015–2016 budgetary year with one-third payment and leading to full funding by March 2018. UNICEF is also documenting the lessons from the polio programme through various studies (e.g., on transition, IPV introduction and impact of the Network on routine immunization/convergence).

OUTPUT 3: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

The national communication strategy to promote regular school attendance was used to develop four television and radio spots and training films for teachers and SMC members. The Ministry of Human Resources broadcast the mass media components across 60 channels. A reach and recall study is under way to assess the aggregate reach in eight states. A communication strategy to promote regular attendance in Odisha and Uttar Pradesh has led to the development of a plan to build the capacity of SMCs for promoting regular attendance. The Orissa partnership with the Education Department and the NGO Bharat Gyan Vigyan Samiti - Indian Organization for Learning and Science - resulted in a training film regarding social mobilization by SMC members, to be used for training of newly elected SMC members.

In Assam, a draft communication strategy for improving school attendance was developed following a consultation with Sarba Siksha Abhijan (SSA) and other partners and in Karnataka, a Framework for Strategic Communication for Children, with a focus on protection and child marriage, was developed with the Women and Child Development Department. The Education Departments in five states maintained broadcast of Meena Radio in 283,000 primary and upper primary schools, reaching approximately 19.8 million girls and 8.4 million boys.

In Uttar Pradesh, more than US\$30,000 was leveraged from SSA for the sustainability of the programme. An Audience Research is planned in Odisha, in partnership with the Audience Research Team of All India Radio. In two states, draft implementation plans for roll-out of Meena Radio have been prepared. The draft plans will be included in the 2016 Annual Work Plans of the Education Department. In Gujarat, the agreement between SSA and All India Radio on the broadcast of episodes was facilitated, expanding the reach of Meena Radio to about 50,000 schools in the additional states in 2016. The Government of these states were sensitized to rolling out a comprehensive multi-stakeholder programme which included teachers, All India Radio and children. An evaluation of Meena Radio was completed, and the findings were disseminated, with agreement on recommendations by UNICEF staff – C4D and Education network and the CMT. The evaluation study found that the objectives and activities of the programme are relevant to and very well aligned with the objectives of key national flagship programmes and UNICEF's strategic plan (including equity focus) and five priority areas of UNICEF India established in 2014. The evaluation also found that the Meena Radio Programme has helped enhance awareness among students in many of its key areas of focus, and has

been very effective in KGBV schools. The programme is cost-effective and reaches a large number of students at a minimal cost of less than US\$0.90 per school, and US\$0.04 per child. Broadcast through the All India Radio ensures optimum utilization of resources and extensive reach. The evaluation identified factors that influence sustainability – ownership by the Government leading to rigorous implementation through monitoring, teacher training, strength of the radio signal, institutionalization into timetable and supporting programmes like Meena Manch, Meena Vedika and the Meena Ratna Awards. In Gujarat, the foundation for inclusion of life skills in the Standards of Care guidelines and the Public Private Partnership agenda of Social Justice & Empowerment Department (SJED) of the Gujarat government was initiated with a state-level consultation.

OUTPUT 4: Capacity enhanced at state and district levels for planning, implementation, budgeting and public financial management for the most disadvantaged children.

Analytical statement of progress:

The key focus areas of adolescent health, HIV/AIDS, life skills education and menstrual hygiene have all helped to build knowledge and the capacities of stakeholders to engage with adolescents, ensure their participation, and promote appropriate practices and social norms around issues affecting their lives, including HIV and AIDS. While three of the indicators (1, 2 and 3) are progressing well, progress for one (4) is constrained. The constraint was on account of the time taken for consensus building with government partners, particularly the Adolescent Health Division. Some time was also lost in negotiating with the production partner – BBC Media Action – regarding the intellectual property rights.

The development of the communication integration strategy is driving good multi-sectoral collaboration within UNICEF and in the Government. In Assam, a training module on life skills was developed and rolled out in coordination with the National Secondary Education Mission/RMSA. In Gujarat, a comprehensive community and adolescent engagement strategy was developed, aligned with the global child marriage framework and rolled out in Banaskantha District in partnership with the Department of Social Justice and Empowerment and an NGO partner. In Uttar Pradesh, 2,500 adolescent boys engaged on gender and rights discourse. Some 22 per cent of group meetings in the menstrual hygiene programme were facilitated by the girls themselves, demonstrating their newly inculcated leadership skills. Also, 53 per cent of girls burned the menstrual absorbent, challenging the social practices (concurrent monitoring); and 79 per cent of girls constructed private spaces for changing and personal hygiene (project MIS data), demonstrating confidence. Significant improvement in knowledge regarding nutrition among girls – MIS data show that 89 per cent of the girls who received iron folic acid tablets consumed the tablets. Some 73 of girls liked reading the Paheli ki Saheli storybook and 45 per cent reported liking the life skills-based activities conducted in groups, reconfirming the importance of edutainment to engage adolescents.

Document Centre

Evaluation and Research

Title	Sequence number	Type of report
Neurodevelopmental outcome of high risk newborns discharged from special care baby units in a rural district in India	2015/023	Study
Inpatient care of small and sick newborns: A multi-country analysis of health system bottlenecks and potential solutions	2015/023	Study

Shayog: Community mentoring and supportive supervision	2015/022	Study
Perinatal Death Review: Recommend+S System: Learning from Rajasthan	2015/021	Study
Transformation: Tapping Human Potential to Save Lives	2015/020	Study
Review of State Plans: Gaps and opportunities for improved access to services for children and their mothers in humanitarian and recovery situations	2015/019	Study
Review of existing level of knowledge among key institutions, civil society organizations and communities on effective implementation of Child Centred Disaster Risk Reduction/Climate Change Adaptation programming	2015/018	Study
Adolescent Participation in Decisions Affecting their Lives	2015/017	IMEP
Study about 'Poo2loo' Campaign by UNICEF	2015/016	Study
Implementation of Revised Guidelines for Prevention of Parent-to-Child Transmission of HIV (PPTCT): Experiences from the State of United Andhra Pradesh	2015/015	Study
Evidence Review on Population Level Social and Behaviour Change in South Asia for Enhancing Child Survival and Development	2015/014	Review
Out of Reach: Barriers faced by parents/guardians of family based children infected/affected by HIV/AIDS to access services for children	2015/013	SitAn
Children's lives cast in stone: Child Labour & The Sandstone Industry	2015/012	Study
District-level study on child marriage in India	2015/011	Study
Scaling Up Vitamin A Supplementation in India	2015/010	Review
Engaging with Girls' Clubs to Improve Adolescent Nutrition in 15 Tea Gardens of Dibrugarh District	2015/009	Research
Nutrition and Adivasis	2015/008	Study
Implementation of Reservation Provision for Children from Weaker Section and Disadvantaged Group in Unaided Private Schools under RTE Act	2015/007	IMEP
Household sanitation and personal hygiene practices are associated with child stunting in rural India: A cross-sectional analysis of surveys	2015/006	Study
Community Mobilisation Handbook	2015/005	Review
Community Approaches to Total Sanitation in Odisha	2015/004	Study
Against the wind	2015/003	Study
Evaluation of Meena Radio Programme	2015/002	Evaluation
Evaluation of Promoting the Protection and Education Rights of Children in Gujarat, Rajasthan and Maharashtra	2015/001	Evaluation

Other Publication

Title
Community Mobilization Video

Lessons Learned

Document Type/Category	Title
Lesson Learned	Study About 'Poo2loo' Campaign