UNICEF Annual Report 2016

India

Executive Summary

With implementation of the Sustainable Development Goals (SDGs), the Government of India and all state governments are in the process of developing the VISION 2032 using the SDG framework. UNICEF India supported the national and state governments to unpack the SDG framework and ensured that all VISION 2032 strategies and monitoring frameworks reflected an equity lens and child-specific targets/indicators. The Ministry of Women and Child Development (MWCD) incorporated the SDG framework by finalising the National Plan of Action for Children (NPAC), which operationalises the National Child Policy 2013.

The Government focused on building technology-enabled, real-time direct benefit transfer systems for efficient delivery of large-scale services to vulnerable populations. In the context of the SDGs/VISION 2032, UNICEF India engaged in policy advocacy with MWCD and NITI Aayog (formerly Planning Commission) toward building an integrated social protection system for children and families. An approach paper was developed, sharing global lessons.

The impact of fiscal devolution recommended by the 14th Finance Commission in 2015 manifested in budget allocations for children at state level. However, UNICEF-supported state public expenditure analyses indicated children aged 0-6 and 14-18 received the least public spending. With such evidence, more state governments began further focused budget/ expenditure analyses of the social sector.

UNICEF and the National Commission for Protection of Child Rights (NCPCR) co-organised a national child rights workshop, the first of its kind. The workshop built capacity of 20 State Commissions for Protection of Child Rights (SCPCR) to strengthen their quasi-judicial functions of monitoring/investigation; action points were developed.

An unprecedented drought affected more than one in four people (380 million), contributing to acute food/drinking water shortages, including for 37 million under-five children. A UNICEF India-sponsored rapid assessment found nearly 80 per cent of households in 24 districts across eight states relied on the Public Distribution System for food.

Overall, substantive efforts by UNICEF India centred on achieving programmatic priorities whilst also preparing for the next Country Programme 2018-2022.

Under the Swachh Bharat Mission, the Government focused on district-wide planning/implementation to achieve open defecation-free (ODF) status at scale and identified 162 districts targeted for ODF. UNICEF India supported 62 districts to move toward ODF by March 2017, while addressing gaps in district-level ODF planning. UNICEF Goodwill Ambassador Sachin Tendulkar continued to advocate on water, sanitation and hygiene (WASH) issues, resulting in hundreds of thousands joining the UNICEF-initiated (now Government-led) Team Swachh Bharat.

The polio programme sustained momentum in a polio-free environment, with transition strategies applied to other life-saving health issues including routine immunisation, exclusive breastfeeding, handwashing, diarrhoea prevention/treatment in high-risk pockets. To address coverage and equity gaps in immunisation, UNICEF India supported the

Government's Mission Indradhanush with strategic planning, implementation/monitoring and mid-course correction, resulting in 3.4 million additional children with full immunisation and 2.1 million reached for the first time.

UNICEF India continued to support national and state governments to scale up special newborn care units (SNCUs). Some 73 per cent of high priority districts (HPDs) now have functional SNCUs. With support in budgeting, capacity building, data systems and monitoring, the number of SNCUs increased to 682, with 700,000 newborns registered (a 58 per cent increase). The Government used data from the 79 per cent of SNCUs who reported online for planning, bottleneck analysis and feedback.

UNICEF India also supported implementation of the National Early Childhood Care and Education (ECCE) Policy, assisting six states in developing early childhood education curricula, training modules and resource materials for capacity enhancement and scaling up.

With eight state governments and civil society, UNICEF India implemented a scalable strategy for adolescent empowerment and the Global Programme on Ending Child Marriage. In the first year, the programme reached about 255,000 adolescents and 250,000 parents/community members across 14 districts. AdhaFULL, an edutainment programme for adolescents on child marriage/violence against children, reached 15 million viewers.

UNICEF India maintained support to national and state governments to scale up essential nutrition interventions and improve outcomes for under-two children and their mothers, intensifying collaboration with Ministries for nutrition-sensitive interventions. Jointly with the Government, UNICEF organised a national discourse on nourishing tribal children, resulting in collaborative actions. It also received Government approval to implement pilots for community-based management of children with severe acute malnutrition (CMAM) in 13 states, an important development to complement facility-based interventions.

Overall, India's complex operating environment requires effective coordination with Government and external partners, as well as within UNICEF India. Moving forward, UNICEF India needs to capitalise on Government inter-departmental fora, and to invest more internally in its own crosscutting fora for programming, discussion and monitoring. This encourages it to be nimble and adaptable, while exercising its convening power to achieve child rights.

Humanitarian Assistance

In 2016, UNICEF India continued a targeted response to severe floods that struck Chennai, Tamil Nadu, in November-December 2015. In partnership with various departments of the state government, about 1,000 youth and adolescent volunteers were trained and oriented on key messages pertaining to WASH, child protection, health and nutrition to prevent water-borne diseases, protect nutrition levels, and avert physical and sexual abuse during the disaster, particularly among women and children. UNICEF India's communication for risk reduction programming reached 600,000 people, including 200,000 adolescents, out of nine million people affected by the floods.

Because the Government has significant capacity to launch emergency responses, UNICEF India only responds in exceptional situations, when a Government request is made and through networks of non-government organisation (NGO) partners. Part of this strategic shift includes intensification of UNICEF-led disaster risk reduction (DRR) work, addressing large pockets of vulnerability that continue to create unsafe environments for children, adolescents and women.

UNICEF India continued to support the School Safety Programme in Bihar, which began in 2011, and has expanded to cover 3,323 schools with 1,713,321 students and 28,067 teachers working together through 3,048 school disaster management committees. Programme participants have gained strong disaster risk reduction knowledge and skills that contribute to DRR planning and implementation within schools, communities and families. The Bihar programme results led to similar initiatives covering 62 residential girls' schools in eight districts in Uttar Pradesh and 302 schools in four districts of Andhra Pradesh.

2016 also saw the culmination of year-long technical support to the Government of Bihar to craft a 15-year disaster risk reduction road map in line with the Sendai Framework. In the road map, six goals exist under the wider theme of "Resilient Bihar." UNICEF India's engagement also helped create an inclusive process for road map development, through participation of line departments, Panchayati Raj Institutions, urban local bodies, international donors and civil society organisations (CSOs).

In addition to the humanitarian assistance and disaster risk reduction initiatives, UNICEF India conducted a large-scale assessment of the impact of drought on children in eight states of India. Some of these states were facing drought or drought-like conditions for a third consecutive year, which had exhausted the coping mechanisms of rural poor and marginalised families. The Supreme Court of India intervened and provided directions for action, such as revision of the 2009 Drought Response Manual and making the criteria for drought declaration more transparent. Striking findings from the assessment included: (1) That for about eight in 10 households, the Public Distribution System was the only source of food, and; (2) a 60 to 100 per cent increase in open defecation occurred, even in villages declared ODF.

In response, the state government of Uttar Pradesh requested UNICEF India to support monitoring of the government response to drought-affected villages in hard-hit Bundelkhand region. In partnership with Action Aid, UNICEF provided support to monitoring, social mobilisation, capacity development and grievance redressal in 538 villages. Among many positive impacts of the programme, the most significant was that 95 per cent of households received the food kit issued by the state government.

To reduce the long-term risk of droughts, UNICEF India partnered with the National Institute of Disaster Management and others to execute a national consultation on 'Confronting Successive Droughts: Enhancing Resilience of Children and Women', which provided vital inputs to the new Drought Response Manual. The consultation also provided important inputs to the Ministries of Agriculture, Water Resources and others for resilience building. In 2017, UNICEF field offices will utilise the assessment's specific recommendations for regular programming.

Emerging Areas of Importance

Climate change and children. Although India has ratified the Paris Agreement and most states have formulated State Action Plans for Climate Change (SAPCC), duty bearers' perspective does not include the consequences for children in a changing climate. UNICEF India continued to engage to implement SAPCC and bring a child-centred perspective on climate/disaster risk reduction. In 2016, it organised a roundtable on climate change and children, which led to sustained work to mainstream disaster risk reduction and climate in the next country programme.

Urbanisation and children. Even though the most deprived and vulnerable children in India today are children living in rural areas, urban poor children are an emerging area of concern for deprivation and vulnerability, as urbanisation accelerates. It is estimated that by 2040-2050 half of India's population will be in urban areas, compared to 31 per cent in 2011. Of

the 36.5 million urban children under-six, 8.1 million live in unhygienic slum environments with very limited access to basic services. Lessons learned from child protection system strengthening in rural areas were applied in Mumbai, Bhopal and Kolkata, encompassing prevention/response, mapping security and environmental threats, and developing models. Other lessons learned showed that going "local" helps define specific challenges children and women face (e.g., girls cannot attend school because they face abusive boys on their route), and that linking at-risk communities and Government systems can enable solutions. UNICEF India will intensify its urban programming in the next country programme.

Migrant children. Internal migration is increasing, although many migrants end up in slums with little access to services. The state government of Maharashtra, using an UNICEF India pilot, developed and funded a child protection plan of action that covers access to quality education, recreational and health-related facilities for children in two districts to protect them from child labour or trafficking. Lessons will enhance child/social protection initiatives of the next child protection.

Accelerating integrated early childhood development (ECD). Numerous efforts at both national and state levels are under way to promote integrated ECD in line with the Government's ECCE Policy, and other related policy frameworks.

UNICEF India studied ways to increase access to the *Rashytriya Bal Suraksha Karyakram* (RBSK) programme, which screens/treats children for birth defects, development delays, deficiencies and diseases leading to a Government budget line for programme awareness generation. UNICEF also supported the design of a helpdesk prototype for district hospitals to facilitate referrals. In Odisha, UNICEF provided support in convening four departments (Health, WCD, Disability and Education) for early screening of disabilities, developing a screening tool, and improving access to early intervention services.

UNICEF supported the Ministry of Health and Family Welfare (MoHFW) in the formulation, launch and implementation of a first-time national programme to accelerate improvements in breastfeeding (Mothers Absolute Affection). This is being rolled out in 10 states, with communication materials for the use of facility and community-based health workers.

Many states (Assam, Bihar, Jharkhand, Maharashtra and Odisha this year) established state ECCE councils as per the National Policy to facilitate coordination and convergence towards holistic early childhood development, with UNICEF support.

In Bihar, UNICEF established a partnership for holistic ECD services in one block as a model. Support in Chhattisgarh was provided to pilot psychosocial development in the training of community health and crèche workers.

These initiatives were in addition to ongoing efforts to build government capacity to roll out state early childhood education (ECE) curricula and to demonstrate model ECE centres for replication and expansion in states.

Greater focus on the second decade of life. UNICEF India recognises that the second decade of life is a critical opportunity to break the inter-generational cycle of multiple deprivations and requires a much longer perspective. The investment in adolescents emerged as an area of convergence for UNICEF in India. The demographic dividends of investing in this age group, with India having the largest number of adolescents globally, are enormous and their well-being becomes a priority in the national policy agenda.

Adolescent programming has gradually shifted toward larger-scale models of adolescent empowerment that are linked to large Government programmes. Scale-up models were developed in eight states and used NGOs as intermediaries, tapping into amplifiers such as information and communication technology (ICT), media, and the private sector. Advocacy efforts led to enhanced convergence across sectors, increased accountability, and visibility of adolescent-related issues.

Summary Notes and Acronyms

AWC	Anganwadi Centre
CATS	Community Approach to Total Sanitation
C4D	Communication for Development
CFSS	Child Friendly School Systems
CMAM	Community Management of Acute Malnutrition
CMT	Country Management Team
CP	Country Programme
CSO	Civil Society Organisations
CSR	Corporate Social Responsibility
CTA	Call to Action
DCT	Direct Cash Transfer
DIET	District Institute of Education and Training
DRR	Disaster Risk Reduction
ECCE	Early Childhood and Care Education
ECD	Early Childhood Development
ECE	Early Childhood Education
EMTCT	Elimination of Mother-to-Child Transmission of HIV
ERM	Enterprise Risk Management
GPDP	Gram Panchayat Development Plans
EVM	Effective Vaccine Management
GSSC	Global Shared Service Centre
HACT	Harmonised Approach to Cash Transfer
HLM3	Third High Level Meeting for Cooperation on Child Rights
HPD	High Priority District
ICC	International Cricket Council
ICDS	Integrated Child Development Services
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IPV	Inactivated Polio Vaccine
IT	Information Technology
KAP	Knowledge, Attitude, and Practice
LSE	Life Skills Education
MHM	Menstrual Hygiene Management
MIYCN	Maternal, Infant and Young Child Nutrition
MoH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NCPCR	National Commission for the Protection of Child Rights
NGO	Non-Governmental Organisation
NHM	National Health Mission

NPAC	National Plan of Action for Children
NRC	Nutrition Rehabilitation Centre
ODF	Open Defecation Free
OOSC	Out-of-School Children
OPV	Oral Polio Vaccine
OR	Other Resources
PCOE	Paediatric Centres of Excellence
PIP	Programme Implementation Plan
RBM	Results-Based Management
RBSK	Rashytriya Bal Suraksha Karyakram
RCH	Reproductive and Child Health
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
RMP	Rolling Management Plan
RR	Regular Resources
RSOC	Rapid Survey of Children
RTE	Right to Education
SAM	Severe Acute Malnutrition
SAPCC	State Action Plan on Climate Change
SBCC	Social and Behaviour Change Communication
SBM	Swachh Bharat Mission
SCERT	State Council of Educational Research and Training
SCPCR	State Commission for the Protection of Child Rights
SDG	Sustainable Development Goal
SMNET	Social Mobilisation Network
SNCU	Sick Newborn Care Units
SPAC	State Plans of Action for Children
SSA	Sarva Shiksha Abhiyan
SSC	South-South Cooperation
SVP	Swachh Vidyalaya Puraskar
UN	United Nations
UDISE	Unified District Information System for Education
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAS	Vitamin A Supplementation
WASH	Water, Sanitation and Hygiene
WIFS	Weekly Iron and Folic Acid Supplementation
WHO	World Health Organization
WSP	Water Safety Planning

Capacity Development

UNICEF India worked to develop capacity in training/skills enhancement, and promoting social and behaviour change communication (SBCC). UNICEF developed a toolkit with/for adolescent programming at community level and its components were integrated into MoHFW and MWCD's Adolescent Health Strategy to link capacity building, data, policy analysis, and dialogue.

Partnerships with global and national academic institutions resulted in the first UNICEF communication for development (C4D) course in India, co-hosted with the University of Hyderabad and Ohio University. A partnership with national and state Health Training

Institutes led to 1,960 SBCC master trainers increasing skills of 53,000 frontline functionaries in nine states (Gujarat, Rajasthan, Assam, Chhattisgarh, Bihar, Jharkhand, Chhattisgarh, Uttar Pradesh, and Madhya Pradesh) on routine immunisation demand generation. Further, in partnership with a training agency, an SBCC training hub was launched, enhancing staff capacity of seven organisations and providing free access to professionals for an SBCC e-course.

To reduce neonatal deaths, UNICEF India focused on institutional capacity building to improve coverage/quality of skilled attendance at birth, strengthening facility-based newborn care at SNCUs, linking facility-based and community care, and strengthening real-time monitoring systems for newborns. Specifically, it trained 302 doctors/nurses and data operators from 97 SNCUs on online database utilisation. UNICEF also led efforts to train 27,000 cold-chain handlers through a cascade-based model on the latest guidelines, equipment, and management skills.

Capacities of teacher education institutions were strengthened to implement child-friendly pedagogies in Assam, Bihar, Gujarat, Madhya Pradesh, Odisha, Rajasthan, Tamil Nadu and West Bengal, which led to increased children's participation in classroom processes and learning. Some 746 state and district-level education functionaries from all 36 states/union territories were trained to implement a new database system that tracks students' learning progress from grades 1-12.

Capacity building on child-centric disaster risk reduction initiatives was undertaken for government officials in Assam, Tamil Nadu, Uttar Pradesh, Rajasthan and Chhattisgarh.

Evidence Generation, Policy Dialogue and Advocacy

Since 2015, states have had to prioritise its funding allocations, especially for children. This was following the 14th Finance Commission's recommendations to increase state funds, but reduce allocations of centrally sponsored schemes that had funded public spending on children.

In Karnataka, UNICEF analysed state public expenditures for children from 2001-2015, identifying about 7,200 unique line items. Key findings included:

Public expenditure on children as a proportion of Gross State Domestic Product fluctuated between 2.7 and 4.2 per cent over the period;

Education received the largest share (80 per cent) of public spending on children. Nutrition and Food Security (11 per cent), Health (5 per cent), and Protection, Legal and Institutional (4 per cent) were important sectors where expenditures on children were low;

Ages 0-6 (about one-third of the child population) received less than 10 per cent of total expenditures on children in Karnataka. Ages 14-18 received 27 per cent, while ages 6–14 received 39 per cent;

Low allocations for the 0-6 year-olds meant lowest per-capita expenditure in monetary terms.

The findings were presented to key stakeholders (children-specific and -sensitive departments, Legislative Assembly members, civil society organisation representatives, media), along with the latest statistics on children's status. This provided UNICEF India an opportunity to advocate for higher budget allocations for 0-6 and 14-18 years.

Subsequently, the Karnataka government increased the nutrition budget by US$104 million in fiscal year 2016-17 as compared to 2014-15, as well as implemented three programmes focused on the nutrition of pregnant/lactating women and children.

Partnerships with different bodies and organisations were the cornerstone of UNICEF India's work in 2016. UNICEF partnered with the Supreme Court to launch a report analysing implementation of child protection and juvenile justice legislation and defined concrete steps for moving forward. The report was the outcome of regional workshops involving more than 600 stakeholders (judiciary, police, government, civil society) from 35 states and union territories. This high-level partnership resulted in increased focus on child protection systems and effective implementation of the Juvenile Justice Act. In most states, multiple stakeholders systematically identified and addressed relevant bottlenecks.

UNICEF India forged a key partnership with the Ministry of Social Justice and Empowerment to ensure that all schools were accessible to children with disabilities. In collaboration with Ministry of Human Resources Development and National Council on Education Research and Training, it adapted the primary education curriculum for effective integration of inclusive education.

UNICEF India actively collaborated with the Government and professional associations (Indian Medical Association, Federation of Obstetric and Gynaecological Societies) to strengthen antenatal care quality and to identify and track high-risk pregnancies.

Engagement with the private sector was particularly strengthened in 2016. Across 10 field offices, partnerships were forged to support children's programmes, including training the private sector and NGOs on businesses' role in promoting child rights. The Global Summit on Corporate Social Responsibility (CSR), National Conclave on CSR, and India Sustainability Standards conferences were organised as high-profile events, together with Indian Institute of Corporate Affairs, Confederation of Indian Industries and Centre for Responsible Business respectively. Child Rights and Business Principles (CRBP) were used as the framework to implement child rights projects with the tea industry, stone quarrying sector and ICT industry. For the first time, the private sector was brought to the Global Inter-Faith WASH Alliance platform, pledging support to strengthen water, sanitation and hygiene access.

External Communication and Public Advocacy

UNICEF India facilitated an enabling environment for public and policy advocacy on priority issues. This was through the creation of knowledge products, partnerships, and platforms for raising awareness, dialogue and engagement, with a focus on equity and gender inequalities affecting children and mothers.

UNICEF communication focus was on programmatic priorities, including the Government's flagship programme to end open defecation, among others. The Team Swachh campaign for improved sanitation nationally leveraged the Global International Cricket Council-UNICEF partnership during the World T20 cricket matches. Advocacy with key partners such as Government Ministers, celebrities, religious leaders, civil society, media and the private sector helped the campaign gain national momentum, leading to adoption by the Government as Team Swachh Bharat.

Key stakeholders were sensitised to influence programmes, policies, planning and budgets on priority areas. This included UNICEF's engagement with elected representatives through platforms such as the Parliamentarians' Group for Children, and partnership with state

Speakers' Offices, which led to 22 questions. Strategic advocacy with the media resulted in more than 11,000 quality reports on priority issues nationally, including reporting on the launch of the State of the World's Children Report 2016 in Delhi and 13 states, and the rolling out of UNICEF@70 initiatives across the country. Advocacy used online and offline platforms to generate conversations on priority areas, with specific focus on equity, adolescents, breastfeeding, maternal health, WASH and online safety for young people.

To influence social norms around adolescent empowerment and participation, UNICEF strategically engaged with the media and high-profile influencers such as celebrities, who supported generation of a robust discourse on adolescent issues specific to girls and boys. UNICEF also engaged with about 15,000 adolescents across states through platforms such as child reporters, child cabinets and "NINEISMINE", ensuring their voices and opinions were heard on issues most affecting their lives.

South-South Cooperation and Triangular Cooperation

UNICEF India facilitated south-south cooperation through two main events in 2016. With UNICEF India's support, India's Lal Bahadur Shastri National Academy of Administration executed a course on decentralisation and child rights programming for Bangladesh's Civil Service Academy. Four civil servants and three UNICEF staff members were trained. In addition, a field visit to Attapady, Kerala, was organised for Bangladeshi Government functionaries to learn how the CMAM programme was being implemented by the state government with UNICEF India technical support. The team members also had meetings in Delhi with the former Secretary, Department of Biotechnology, to discuss steps taken by the Government of India in the past two years to move the CMAM agenda forward.

During the Third High Level Meeting for Cooperation on Child Rights (HLM3), held in Kuala Lumpur, Malaysia, in November, Indian delegates participated in panel discussions on Social Protection and Violence against Children, with a view to explore opportunities for shared promotion of child rights within the framework of south-south cooperation. The Government also made valuable comments from the floor during an open discussion on universal health coverage. The two universal health coverage areas in which the Government is seeking help from the region are: (1) partnerships with the pharmaceutical industry to reduce out-of-pocket expenses, and; (2) learning models for urban primary health care.

The Government of India delegation shared the country's experience, critical actions and progress on the meeting's thematic issues. The High-Level Meeting also sought to foster south-south cooperation by hosting nine Market Booths to exhibit participating countries' good practices. India's Childline 1098, a free 24x7 emergency phone outreach service for children, was featured and generated interest in replication by other countries.

Identification and Promotion of Innovation

Monitoring of sick newborn care units reached new levels and used data/evidence for action. Major areas for intervention that emerged from these data included: low female SNCU admissions (41 per cent) despite free care; overuse of antibiotics (60 per cent); and high levels of asphyxia deaths (30 per cent), signifying the need for better care around birth and increased follow-up after discharge. These issues were systematically addressed at national and state levels with UNICEF India support to achieve further gains in both survival and development of these at-risk babies. Feedback from monitoring was used for quality assurance of service delivery.

UNICEF India developed and piloted a real-time-reporting system for concurrent monitoring of WASH in health facilities, with 39 indicators. The system is paperless, with error-free,

auto-aggregated and analysed data available for immediate data visualisation. This moved away from the traditional paper-based systems which often took days or weeks for data collection, aggregation, analysis and action. In 2017, the system is set to expand to all 1,105 health facilities, across 24 states and 107 HPDs, where concurrent monitoring is ongoing.

The call to action dashboard used in Assam is a data visualisation tool used for auto-analysis and graphical representation of supportive supervision across the full set of indicators for reproductive maternal neonatal child health + adolescents. The Assam government adopted the tool to adjust service provision. All other states use the Call to Action scorecard, which is manual and limited to select indicators.

As a drought mitigation measure, UNICEF India collaborated with the Ground Water Survey Development Board and Maharashtra Remote Sensing Application Centre to scale up the UNICEF initiative of real-time monitoring for water prediction from one to all 34 districts of Maharashtra. UNICEF was instrumental in drafting the protocol and other interventions during the pilot phase, which will be scaled up by the Government.

Support to Integration and Cross-Sectoral Linkages

Inter-sectoral convergence remained the core of UNICEF India's programming strategy. It contributed to accelerated equitable access, improved quality, enhanced capacities to deliver services for children, and mobilisation for demand creation. This complemented the Government's direct involvement in promoting cross-sectoral linkages. For example, Nutrition Missions (introduced in Andhra Pradesh, Chhattisgarh, Odisha and West Bengal in 2016) encompass stakeholders from at least three line ministries, local governance representatives and NGOs.

UNICEF India's work in reducing neonatal mortality includes convergence around early initiation of breastfeeding, WASH facilities in health centres, and sanitation facilities/improved hygiene behaviours among schoolchildren. UNICEF continued providing strategic support to strengthen implementation of the Swachh Vidyalaya Mission, a Government initiative to ensure all schools have separate functional toilets for boys and girls. A major policy outcome was achieved when three central ministries issued a joint circular approving use of 14th Finance Commission funds to panchayats (local self-governments) for operation and maintenance of school WASH facilities. This has the potential to leverage at least US$292 million annually to maintain WASH facilities in 1.4 million Government schools.

Investing in adolescent girls and boys as change agents brought about integration among all UNICEF programme teams. The C4D-led AdhaFULL media initiative for adolescents was based on cross-sectoral technical expertise/inputs. The nutrition, health, C4D and advocacy and communication teams technically assisted with the formulation and launch of the first national breastfeeding programme, Mother's Absolute Affection, which is expected to raise breastfeeding rates in India. The programme has since been rolled out in 10 states with UNICEF support.

With the direct devolution of funds to panchayats under the 14th Finance Commission, UNICEF India began to support cross-sectoral linkages at Gram Panchayat level, so that these bodies were empowered to effectively address issues affecting children and women, bringing about long-term, sustainable change.

Human Rights-Based Approach to Cooperation

The Committee on the Rights of the Child, in its Concluding Observations on India, stressed the need for strengthening of national and state commissions for protection of child rights. In line with this recommendation, a strong partnership was established with the National

Commission. In June, the NCPCR and UNICEF India held a national meeting for chairpersons from the state commissions, leading to an exchange of ideas and strategies on implementation of child rights. Issues discussed by the commissions revealed the immediate challenges, emerging risks and potential solutions for implementing child rights in India, as well as available legal and social protection mechanisms. Furthermore, the first national workshop on child rights was co-organised by UNICEF India and NCPCR in December. Twenty state commissions participated in a discussion on the nuances of child rights implementation and their role as quasi-judicial authorities at state level.

The National Plan of Action for Children developed during the year incorporated the SDG child-related targets with UNICEF technical support and the latest equity analyses. The NPAC was placed in the public domain by the Government for a consultative process before finalisation, which is under way. It articulates the accountability of each Ministry and is designed to monitor the progressive implementation.

UNICEF supports actions towards realisation of the Convention on the Elimination of Discrimination against Women by programming for the most vulnerable girls and women, through health, nutrition, education, protection and WASH initiatives. These efforts include supporting the Government's work to better protect the rights of pregnant women through national schemes like Janani Suraksha Yojana, and to further the ability of girls to enjoy their rights through initiatives to prevent violence against children, including gender-based violence against girls, and nutrition schemes like the Weekly Iron and Folic Acid (WIFS) programme. Lastly, UNICEF India also supports continued implementation of the Right to Education (RTE) Act, which guarantees all girls and boys aged 6-14 the right to a free and quality education, and is advocating for an extension of RTE to include preschool and secondary education.

Gender Equality

UNICEF India supported four priorities of the global gender action plan.

Gender-responsive adolescent health: National/state governments were supported to implement the WIFS programme for 85 million school-going girls/boys and 23 million out-of-school adolescent girls, delivering iron folic tablets and education on de-worming, nutrition, and health. Expected results include decreased anaemia and improved health.

The menstrual hygiene management (MHM) programme supported clean, safe menstrual management practices for over 400,000 adolescent girls from Scheduled Caste, Scheduled Tribe and Other Backward Class communities in Uttar Pradesh, Jharkhand and Bihar. This included working with families to develop private cubicles and reduce the taboo around menstruation. National guidelines on MHM that had been developed with UNICEF were implemented to provide menstrual management facilities in schools and health facilities.

Advancing girls' secondary education: UNICEF India supported development and implementation of life skills education (LSE) programmes to support transition to secondary education, covering leadership/decision making, problem solving/critical thinking, MHM, child marriage and gender/protection issues. In Rajasthan, more than 32,000 girls benefited and 10,000 school principals were sensitised on issues related to adolescent girls. In Bihar, Jharkhand and West Bengal, girls' collectives were established, and in Assam, LSE was integrated in the academic schedule for all 4,085 secondary schools.

Ending child marriage: A comprehensive set of guidelines and activities to empower adolescents and prevent child marriage was implemented. Eight field offices strengthened community members' ability to advocate for child protection and development, encouraging partnership with local governance systems.

Gender mainstreaming: Swabhimaan delivered nutrition services to vulnerable women/girls through 641 women's collectives that implement village maternal nutrition plans and run camps for undernourished women (Bihar, Chhattisgarh and Odisha). In addition, the work increased women's voice and decision-making in communities.

SNCU workers continued to work for increased admission of female neonates needing hospital care, to address gender-based discrimination.

Environmental Sustainability

Amidst the drought affecting more than one in four people in India, UNICEF India undertook a drought assessment in eight states in 2016. The objective was to understand the consequences of climate change and its impact on children, leading to a comprehensive push for climate- and drought-sensitive programming within UNICEF India.

Externally, UNICEF influenced the National Disaster Management Authority to call on state governments to reflect on the assessment findings and discuss next steps on drought risk governance. UNICEF India also commissioned a knowledge, attitude, and practices (KAP) study on indoor air pollution and under-5 pneumonia in Rajasthan, Bihar, Nagaland and Telangana to underscore communities' and families' perspectives on prevention and treatment of this increasingly urgent issue in India, home to half of the world's most polluted cities.

Girls and boys in 650 government schools in Rajasthan led an Eco-Warrior programme to undertake communication activities on environmental sustainability and reduction of greenhouse gases. This was under a climate change adaptation project supported by the UNICEF National Committee of Finland. The programme is being implemented in partnership with District Administrations and the District Institute for Education and Training. Further, the Indian Institute of Tropical Meteorology and UNICEF cooperated to monitor ambient air pollution in various micro-environments of Jaipur, the Rajasthan state capital. Based on the results, the State Pollution Control Board sought UNICEF's support to facilitate scaling up of ambient air quality monitoring in eight Rajasthani cities.

With an investment of US$51,500, a 55-kilowatt, off-grid solar power plant was installed on UNICEF India's roof in Delhi in May 2016. The plant has generated 43,849 kilowatt-hours of power, saving UNICEF US$5,150 and reducing 35.08 tonnes of carbon emissions.

Effective Leadership

The 2016-17 rolling management plan (RMP) defined office priorities based on a risk analysis and was 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 provided guidance and oversight mechanisms and is monitored through performance indicators. Key priorities and results focused on a smooth transition to the Global Shared Services Centre (GSSC), improving the working environment in duty stations with high pollution levels and reducing UNICEF India's information technology hardware footprint.

With guidance from the Country Office, each of the field office's developed its respective RMP. Governance and oversight structures were reviewed and shared with all staff to facilitate efficient, effective utilisation of resources. Programme performance and operations management were monitored and checked against established management indicators in monthly Programme Chiefs/Operations Chiefs meetings. Corrective actions were taken on

weaknesses and for enhanced performance.

UNICEF India managed to close all but one internal audit recommendation linked to the third-party contractual modality, which will be closed following the visit and advice of the UNICEF Principal Advisor (Legal) in early 2017. An external audit was conducted in February and all recommendations were closed by the end of October.

The Country Office continued to strengthen the enterprise risk management (ERM) processes and ensured their better integration into UNICEF India priorities and decisions. The ERM risk and control library was reviewed, and measures taken to mitigate identified operational risks. All UNICEF India offices conducted business continuity plan simulations and updated their respective plans.

Financial Resources Management

The country management team provided strong oversight on key management indicators through quarterly reviews using senior management team dashboards, resulting in efficient financial management. At the end of the year, the performance scorecard in the inSight portal showed UNICEF India's good performance in the areas of financial, people, and partnership management. UNICEF India utilised US$137 million (97 per cent) of the allocated budget of US$142 million.

The in-house business support centre set up three years ago in UNICEF India was key to the smooth transfer of financial transactions to GSSC. UNICEF India made timely submissions to GSSC and monitored them by ensuring that bank reconciliations were not outstanding for more than two months.

Providing more efficiency and simplification for local field trips, UNICEF India successfully rolled out Travel to Field to all 14 offices, with supervisors approving travel authorisations.

The harmonised approach to cash transfers (HACT) committee met quarterly to review implementation, providing oversight on all processes to senior management, sections and field offices. Each field office had a functioning HACT committee. Programme meetings were held monthly to review UNICEF India's liquidation status, and reports were shared with field offices to follow up with implementing partners, with attention to direct cash transfers (DCTs) outstanding for more than nine months. Consequently, UNICEF India had an outstanding balance of greater than nine months of only 0.1 per cent as of 31 December 2016.

The surplus energy produced by the 55-megawatt solar power plant installed on UNICEF India's office roof (see also Environmental Sustainability section) is being forwarded as energy credits to offset energy consumed from the grid. Three field offices have now commissioned solar feasibility studies.

Fundraising and Donor Relations

UNICEF's fundraising function ensures effective engagement and cooperation with public and private donors to raise flexible and predictable income to contribute to the mobilisation of the required regular resources (RR) and other resource (OR).

More than US$29 million in OR was allocated in 2016, including funds from IKEA Foundation, GAVI, Bill & Melinda Gates Foundation, USAID, Rotary, Latter Day Saints Charities, Johnson & Johnson, and Megha and Aditya Mittal, among others.

To increase unrestricted funds from the private sector, UNICEF India invested in acquiring new monthly individual pledge donors, who provide a sustainable source of income to fill

funding gaps. The monthly pledge donor base grew by 15 per cent in 2016. Pledge donors were acquired through strategies, including digital/online campaigns, face to face, and telemarketing. Programmes effectively used these funds, including to build human resource capacity for programme delivery.

Of 55 reports to donors filed in 2016, five were delayed (9 per cent). To improve reporting, a quality assurance agency was commissioned for review and strengthening of the narratives. Many donors, including IKEA Foundation and UNICEF National Committees, appreciated this approach. The quality assurance agency also issued findings on report gaps, thereby enabling the long-term addressing of these issues. To support UNICEF India's goal in each programme priority, a joint approach outlining the focus for private sector engagement and fundraising was employed with programme sections. A mapping of Indian companies aligned with UNICEF India's programme priority areas also was undertaken to establish new partnerships.

An integrated fundraising campaign was developed for improved sanitation, reaching donors and partners with Team Swachh. Further potential exists to tap more resources and leverage donors' voices to promote similar campaigns and increase private sector funds.

Evaluation and Research

UNICEF India continued to make concerted efforts to commission evaluations that are objective, impartial and useful for programming. Three evaluations were completed in 2016, two of which had completed management responses and were rated satisfactory by UNICEF's external review. Four are in progress, covering disaster risk reduction, health, nutrition, and adolescent empowerment. All follow the agreed evaluation standards and criteria.

UNICEF India used results of a group handwashing evaluation in Assam to advocate with national/state governments for scaling up the intervention as an integral component of WASH in Schools. This contributed to UNICEF's education priority and to a sectoral knowledge base regarding the efficacy of handwashing interventions under Child Friendly School Systems (CFSS).

An evaluation that assessed the IKEA-supported child labour programme in Andhra Pradesh and Karnataka found it was imperative that a strategy to eliminate child labour must acknowledge and incorporate financial constraints on households that might otherwise constrain them from adopting favourable child protection behaviours. This evaluation's findings also will be integrated into state action plans on child labour being developed in Andhra Pradesh, Telangana and Karnataka. A recently completed child governance evaluation in Tamil Nadu (management response pending) revealed good lessons learned for UNICEF India on how to better energise local institutions to facilitate participatory child-friendly planning to improve child rights. This included the need for continuous training for frontline functionaries, concurrent monitoring of issues, and increased awareness of the model.

UNICEF India also supported state government evaluation policies in Gujarat, Assam and Bihar as part of upstream policy work to enhance evidence-based policy formulation and capacity development. Internally, consistent efforts were made to support implementation of the office's evaluation and research agenda. An internal steering committee met regularly to discuss and resolve bottlenecks and ensure the production of relevant knowledge products to guide programming.

Efficiency Gains and Cost Savings

UNICEF India undertook various actions to produce efficiency gains and cost savings in 2016. The New Delhi country office and field offices defaulted printers to black and white to reduce colour printing, saving the office US$4,521 compared to 2015. Uncollected printed materials were sent to a dealer, who subsequently produced 470 recycled notebooks for UNICEF use as part of the Go Green Initiative.

Eleven out of 13 field offices installed LED lights, which reduced their electricity bills. Two installed solar power plants for outdoor lighting, also significantly contributing to cost savings and complementing savings from the Delhi country office's solar power plant (see Environmental Sustainability). Because of Delhi's high pollution levels, UNICEF India took advantage of the savings to procure air purifiers that improved the air quality within the office.

LIGHT migration resulted in de-commissioning of servers at field offices and provision of services through the Delhi-based Service Centre, generating US$62,000 in cost savings. Eight field offices migrated in 2016, which resulted in de-commissioning of 18 servers, related operating systems, software and hardware equipment. A portion of the savings was used to enhance the skills sets and technology footprint of the Service Centre to provide efficient services.

UNICEF India also increased the use of videoconferencing facilities, thereby saving on travel costs and time between field offices and Delhi, as well as with partners.

With GSSC implementation in January 2016, all offices submitted payments directly to GSSC, reducing time spent on processing payments in the country office. More finance staff were therefore involved in spot checks of implementing partners under HACT assurance activities.

Supply Management

The supply and procurement section continued to support regular UNICEF India programmes, and further assisted the Government through procurement services, in-country logistics for vaccines, and cold-chain equipment procurement.

The Government has for several years requested UNICEF technical support to recruit individual consultants. UNICEF has extended this assistance to various ministries with flagship programmes within the UNICEF mandate, as well as to specific UNICEF-supported interventions, such as the polio social mobilisation network. Support also is given to procurement of selected services (research, evaluations, and studies). UNICEF India does not support procurement of other regular supplies.

Following the certification of India as polio-free in 2014, UNICEF supported Government in strengthening the routine immunisation system as part of a GAVI-funded initiative, with the aim of boosting full immunisation from 65 to 90 per cent by 2020.

Support to MoHFW continued in eight states, including for regional vaccine stores and for site assessment of walk-in coolers/freezers to store vaccines in bulk. To support a well-functioning supply chain for health commodities – a vital component of the Government's call to action for child survival – UNICEF completed supply chain assessments in West Bengal (MoH) and Chhattisgarh (Disaster Relief Management). The second phase will begin in 2017 upon finalisation of action plans with the respective governments. With this system strengthening approach, the West Bengal assessment also examined the supply chain management system related to emergency response. Six months of technical support was provided to the Department of Disaster Management to fill gaps and plan for improvements.

From January-December, UNICEF India's supply costs totalled US$163,567,950, including procurement services. Service provision represents 25 per cent of total procurement, and 86 per cent of total UNICEF procurement (not including procurement services).

Breakdown of UNICEF India procurement 2016:
Programme supplies – Offshore US$6,391,132
Programme supplies – Local US$1,596,779
Procurement Services (including GAVI) - US$114,420,852
Total programme supplies - US$122,408,763

Procurement of services (including individual consultants) US$40,676,006
Operational supplies US$483,181

Total value of procurement, including Procurement Services - $163,567,950
Total value of procurement, excluding Procurement Services - $47,297,624

India Procurement Services - 2016
Channelled via regular Procurement Services - US$52,961
Channelled via GAVI - US$114,367,892
Total Procurement Services - US$114,420,852

The value of inventory of programme supplies recorded as being physically present in the warehouse was $14,640. There were no programme supplies issued from local warehouses controlled by UNICEF India recorded in VISION.

Security for Staff and Premises

During the year, staff safety and security remained a high priority. UNICEF India took part in all UN Security Management Team meetings, in which periodic risk assessments were conducted to ensure risk-informed programming. Appropriate resources were allocated to ensure that all UNICEF staff, premises and vehicles remained fully MOSS-compliant.

Programme delivery in the high-risk areas of central India facing armed conflict, the insurgency-laden north-eastern states and Jammu and Kashmir continued unhindered. While UNICEF's presence was critical, programme delivery in certain high-risk areas was implemented through cooperation and partnerships with Government and NGO partners.

The establishment of business continuity procedures resulted in the seamless conduct of business in the Hyderabad, Mumbai and Bhopal field offices despite unprecedented floods during 2016.

A Safe Travel Policy for Women and other mitigation measures, including women's safety training, enabled female staff to confidently participate in field missions despite women's safety being a high risk in India. Security briefings were conducted for all new staff so they were well prepared to join programmes in the field.

Cybersecurity threats are visibly affecting official work as well as staff personally, with the potential to seriously affect programmes. To safeguard UNICEF India programmes, cybersecurity training was conducted for all staff in the New Delhi country offices and the field offices.

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

Human Resources

Across the 14 offices (country office and 13 field offices) UNICEF India has around 400 staff, with 52 per cent male and 48 per cent females in 14 offices. The office strengthened its results-based management (RBM) focus, with 226 staff trained in 2016. This ensured that all available human resources could support results by continual assessment of capacity and competency requirements for effective performance management. Role profiles were reviewed routinely, and where new but temporary capacity was required, the use of transient staffing and outsourcing was employed.

With UNICEF globally rolling out a suite of systems enhancing the ability to document, monitor and report for better management decision making, UNICEF India's focus was on training staff on the new, user-friendly systems. By December, all staff employment records, remuneration and contracts were managed centrally after a smooth transition of human resource administration to GSSC. This reduced the burden on in-country capacity, which could then focus on strategic partnerships and innovative service delivery.

Mobile workforce management capability grew in response to a need for a more agile, dynamic workplace. The human resources team monitored performance management and reporting, which consistently stood at 95 per cent compliance. UNICEF India also launched a voluntary national staff mobility pilot project to facilitate strategic, efficient and effective movement of nationally recruited staff.

The learning plan's implementation rate was 68 per cent, with 11 additional unplanned events supported. Executive coaching was provided to nine senior staff, while 89 per cent of staff undertook some form of documented learning.

A task team monitored progress of Global Staff Survey action points from 2015 in the areas of: (1) office leadership and management; (2) career and professional development, and; (3) work/life balance. UN Cares and HIV in the Workplace were vibrant under "UN for All" in ensuring minimum standards were met, while also expanding the staff well-being component to include issues of mental health.

Effective Use of Information and Communication Technology

In 2016, UNICEF India upgraded its countrywide network to fully leverage existing cloud applications such as VISION, Office 365, OneDrive, Skype for Business, telephony and high-definition videoconferencing, as well as to prepare for new applications (eTools, MyCase) to improve collaboration, communication and decision making. These were also critical to complete the rollout of the LIGHT office project, set up a new disaster recovery site in Bhopal, and release an outsourced multi-function printing solution to all offices. A November workshop in Delhi, held in conjunction with UNICEF's ICT Division and Regional Office for South Asia, helped to formulate a long-term cloud strategy for the UNICEF India that can be replicated elsewhere.

UNICEF India continued collaboration with MoH to complete the ANMOL tablet application initiated in 2015. The solution, developed entirely using open-source technologies, was launched on World Health Day by the Minister of Health, ushering in a new digital era in health services at the grassroots level. The U-Report platform was released with social media interfaces to Facebook and Twitter to increase youth engagement. UNICEF was strictly compliant with UNICEF and Government open-source policies and reviewed its long-term agreements (LTAs) to pre-position such resources for expedited systems delivery.

All UNICEF India public sites for fundraising and advocacy were migrated from multiple vendors to Microsoft Azure to revamp the entire digital media platform. In addition to

safeguarding customer and payment information against intrusion and hacking, the strategy eliminated direct investment in hardware, using hosting as a service. While in recent months, a significant number of cyberattacks were evident on many stand-alone sites in India, UNICEF India sites under Microsoft Azure remained unaffected. De-commissioning of servers and consolidation of services under a newly renovated Service Centre in Delhi significantly reduced hardware footprints under the new LIGHT office.

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Mother and child survival, growth and development.

Analytical Statement of Progress:
The reproductive and child health (RCH) programme focused on reducing neonatal deaths, linked to maternal and adolescent health, and on preventing mortality from vaccine-preventable diseases by reaching more children with more vaccines and addressing common childhood illnesses (pneumonia, diarrhoea, malaria, paediatric HIV). These efforts were prioritised in 107 high-priority districts (23 states, one Union territory), where UNICEF is the lead partner for Call to Action (CTA).

Efforts to reduce neonatal deaths emphasised improved quality of skilled attendance at birth, as well as care of sick newborns with real-time monitoring and community follow-up. Labour rooms were standardised in 25.5 per cent of high-priority districts, with sick newborn care units increased from 62 per cent of such districts to 73 per cent. Nationally, the number of SNCUs rose from 602 in 2015 to 682. UNICEF scaled up an SNCU online monitoring system in 11 states, covering 541 SNCUs across 28 states, and supported planning, trainings, monitoring of data quality and analysis of data. Support for WASH in health facilities targeted 1,105 facilities in 107 high-priority districts. All UNICEF-supported states tracked HIV-positive pregnant women and their children.

Efforts to address post-neonatal mortality were intensified with scaling up of the integrated action plan on pneumonia and diarrhoea in seven states, complemented by planning and joint rollout with the World Health Organization (WHO). For immunisation, the focus was on equity and introduction of new vaccines. Mission Indradhanush, which addresses children who are left out of or drop out of vaccination efforts, covered 3.4 million additional children across 216 districts, while rotavirus vaccine was introduced in four states. Effective vaccine management assessments were conducted in six states, with improvement plans in place.

The child development and nutrition programme accelerated support to national and state governments for improved nutrition outcomes for women and children. UNICEF particularly supported Nutrition Missions and equivalent structures to strengthen leadership and coordination for nutrition. Key lessons emerging from Nutrition Missions in Maharashtra and Uttar Pradesh were documented to inform policy and programme actions. UNICEF sustained advocacy efforts that resulted in the setting up of Nutrition Missions in three additional states.

In addition, UNICEF and partners supported the Ministry of Health and Family Welfare to launch the Mothers' Absolute Affection programme to accelerate improvements in breastfeeding across the country. The Ministry of Rural Development and Panchayati Raj, under the National Livelihood Mission and with UNICEF support, launched the *Swabhimaan* maternal nutrition multisectoral pilot in three states (Bihar, Chhattisgarh and Odisha). Anchored within State Livelihood Missions, *Swabhimaan* is implemented in coordination with Departments of Health, Civil Supplies, Social Welfare, Agriculture and Public Health

Engineering to deliver nutrition entitlements and services to women before, during and after pregnancy. Government also provided cash grants to 641 women's self-help federations to implement village maternal nutrition plans.

Sustained advocacy resulted in increased attention to scaling up of interventions for community-based management of severe acute malnutrition (CMAM/SAM). UNICEF contributed to formation of a partners' forum for integrated management of SAM, and is supporting implementation of CMAM pilots in three states. It continued to advocate with governments for timely and adequate supply of Vitamin A supplementation, thereby improving coverage with equity. In 2016, all 13 UNICEF programming states successfully completed the first round of Vitamin A supplementation, with national coverage of 76 per cent. Five states (Bihar, Gujarat, Jharkhand, Rajasthan and Uttar Pradesh) maintained a Coalition for Universal Salt Iodisation for enhanced coordination.

The focus of UNICEF's WASH programme under this outcome was on technical assistance for district-level planning and implementation, focusing on four pillars (human resources/capacity building; social and behaviour change communication; service delivery; monitoring). UNICEF also supported development of state open defecation-free verification and certification protocols in Assam, Andhra Pradesh, Jharkhand, Gujarat, Maharashtra, and Rajasthan. Technical assistance was also provided for:

Andhra Pradesh, Bihar, Gujarat, Jharkhand, Maharashtra, West Bengal: support to Open Defecation Elimination Planning;

Chhattisgarh, Jharkhand: development of state Community Approaches to Total Sanitation (CATS) policies;

Rajasthan, Telangana and nationally: engagement with parliamentarians, legislative assembly members and others for ODF;

Bihar: advocacy for transfer of responsibility for sanitation to Panchayati Raj departments and involvement of women's self-help groups

To strengthen programme implementation and monitoring and allow states to make more evidence-based decisions, UNICEF supported disaggregated performance analysis of the Swachh Bharat Mission (SBM) Management Information System data, down to state, district and block levels. On average, sanitation coverage needed to grow by 6 per cent a year to reach programme targets. Thirteen states exceeded this rate, while Assam, Bihar and Uttar Pradesh performed at less than 3 per cent. UNICEF's support to SBM contributed to significant acceleration in coverage, with three states, 66 districts and 128,000 villages reported as reaching ODF status.

Under the C4D programme, the focus was on institution strengthening in Departments of Health (9 states), Women and Child Development (6 states), Rural Development, and Information and Cultural Affairs (1 state.) SBCC institutions were strengthened through establishment of functional behaviour change communication cells in Government departments, which contributed to increased allocation of information and education budgets in four states. Five national SBCC frameworks and 36 state SBCC strategies were endorsed by Government departments and are being implemented. Further, an SBCC training hub, Tarang, was launched with one training agency at national level to strengthen institutional offerings in SBCC capacity building. UNICEF published, presented, documented and disseminated at least 17 knowledge products on SBCC for child survival and development.

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:
UNICEF India's focus was on improving quality of skilled attendance at birth, care of small and sick newborns with real-time monitoring and community follow up of at-risk newborns. Sustained advocacy and technical support was undertaken to improve the quality of skilled birth attendance and ensure supportive supervision in 107 district hospitals in high priority districts (HPDs). Twenty-seven of 107 districts hospitals (25.5 per cent) in high priority districts achieved model labour room standards, while 66 of 107 (62.3 per cent) achieved partial model labour room standards. All district hospitals received technical support for labour room standardisation toward achieving model status.

Supportive supervision and technical support for water, sanitation and hygiene in health facilities was initiated, targeting 1,105 health facilities in 107 HPDs. Baseline data from 1,026 health facilities in HPDs indicated that 32 of 1026 (3.1 per cent) were fully functional, while 691 of 1,026 (67.3 per cent) were partially functional. Technical support was provided on WASH improvement plans at all 1,026 facilities.

The Government launched the Prime Minister's Safe Motherhood Initiative – *Pradhan Mantri Surakshit Matritva Abhiyan* – and UNICEF helped plan the national launch and media advocacy.

UNICEF sustained technical support to strengthen line listing and track HIV-positive pregnant women and children along the standard indicator-cascade. UNICEF supported the 1st National Core Group meeting on sub-national validation of Elimination of Mother-to-Child Transmission (EMTCT) of HIV and syphilis. Tamil-Nadu, Andhra Pradesh, Karnataka, Maharashtra and Mizoram were identified for EMTCT validation in 2017-18.

Special Newborn Care Units (SNCUs) scale-up in HPDs continued, and the number of functioning SNCUs increased from 63 per cent to 73 per cent (77/107) since 2015. From 2015 to 2016, India's total number of SNCUs also increased from 602 to 682. UNICEF was involved in leveraging budgets, capacity building, establishing data systems and monitoring quality. SNCU development accelerated in Bihar, Uttar Pradesh, Chhattisgarh, Jharkhand and North East, where earlier progress had slowed. Nationally, SNCUs had a 10 per cent mortality rate. However, Bihar, Gujarat and Chhattisgarh had higher rates. While Jharkhand and Odisha had higher referral rates to SNCUs, supportive supervision efforts in these states are being strengthened.

The SNCU real time monitoring system developed by UNICEF was scaled up in 11 more states, covering 541 SNCUs across 28 states. This increased from 440 SNCUs in 17 states in 2015. New states were Uttar Pradesh, West Bengal, Jharkhand, Punjab, Meghalaya, Tripura, Arunachal Pradesh, Nagaland, Mizoram, Goa and Chandigarh. During the year, 676,302 newborns were registered, which is 58 per cent higher than the 428,165 who were registered last year. Some 79 per cent of the SNCUs reported online and the Government is reviewing this data and using it to provide feedback. UNICEF supported planning for scale up, trainings, monitoring data quality and sharing analyses with the Government to help plan/modify actions.

UNICEF supported development of guidelines for follow up with newborns and those with low birth weight who are discharged from SNCUs, which were released by the Government. Field offices are now supporting rollout with community follow-up initiated in 15 states. The

initial coverage was low due to recent implementation, so regular tracking, linkage with incentives for community workers, and use of SMS text reminders was initiated.

OUTPUT 2 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:
To support the reduction in diarrhoeal deaths, UNICEF India supported the Ministry of Health and Family Welfare to conduct the third annual nationwide campaign to reduce diarrhoea deaths – the 'Intensified Diarrhoea Control Fortnight' – in July, with a budget of approximately US$9.7 million from the National Health Mission. UNICEF supported the development of operational guidelines, supportive supervision checklists, and a toolkit and also helped select the communication materials. Water, sanitation and hygiene (WASH) interventions, along with establishment of oral rehydration salts and zinc corners and the involvement of private practitioners, were key features of the campaign. To address equity, remote villages, migrant populations and urban slums were prioritised for implementation.

UNICEF, in partnership with the World Health Organization (WHO) and the Public Health Foundation of India, supported a strategic review of the implementation of Integrated Management of Neonatal and Childhood Illnesses in India. UNICEF, while working closely with other partners and especially WHO, provided technical inputs to the MoHFW during the revision of protocols for management of sick children.

UNICEF collaborated with the MoHFW to complete a KAP study of caregivers of children with birth defects and developmental delays. The findings were used to design a National Communication Framework aimed at increasing utilisation of the MoHFW's *Rashtriya Bal Swasthya Karyakram* (RBSK) services. The services under the RBSK are child health screening and early intervention of birth defects, developmental delays, diseases and deficiencies. The results were disseminated to the states during the National Child Health Review. As per the recommendations of the report, a budget line was incorporated in the National Health Mission (NHM) Programme Implementation Plan (PIP) for awareness generation activities. UNICEF supported Tripura state, through the Copenhagen Supply Division Procurement Services, to procure Long Lasting Insecticidal Nets.

With the support of UNICEF, peripheral Antiretroviral Treatment (ART) Centres in four states are linked to paediatric centres of excellence (PCoEs) for HIV to strengthen the quality and outcomes of paediatric HIV care and treatment. Maharashtra and Karnataka are linked to PCoE through the virtual 'Paediatric HIV Telemedicine Initiative'. With the support of UNICEF, the PCoE in West Bengal was linked to Bihar and Jharkhand through referral systems. Strengthening referrals and linkages are also on track in Chhattisgarh, Odisha, Tamil Nadu, Telangana, Manipur and Sikkim with respective state level PCoEs. The 'proof of concept' study on virtual 'Paediatric HIV Telemedicine' Initiative supported by UNICEF found significant differences in quality of care provided and outcomes between linked and non-linked ART centres. A feasibility assessment to extend this model across 18 of 36 states in India has been completed, and will influence scale up of the 'Paediatric HIV Telemedicine Initiative' in 2017.

OUTPUT 3 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:
Efforts towards increasing immunisation coverage continued in 2016 with various initiatives being taken up by the Government with UNICEF India's support, including the successful implementation of Phase II & III of Mission *Indradhanush*. Areas with disease outbreaks, left-out pockets, and migrant and slum populations were identified and included into routine immunisation microplanning and monitoring. According to administrative reports, 3.4 million additional children were fully vaccinated during these two phases.

UNICEF led the monitoring of Mission *Indradhanush's* communication and cold chain, in addition to supporting planning, capacity building and communication interventions at national and state levels. The results achieved were made possible through collaboration, with the Government and other partners, including WHO. As part of the Polio Endgame Strategy, India switched from trivalent Oral Polio Vaccine (OPV) to bivalent OPV in April 2016 and inactivated polio vaccine (IPV) was expanded countrywide. UNICEF provided technical support to the National and State governments in capacity building, development of communication strategy and tools, answering frequently asked questions and field monitoring of this extensive exercise.

UNICEF led efforts toward filling the demand and awareness gap for immunisation. A complete communication campaign was launched addressing various topics including the need for full immunisation, fear of adverse events following immunisation and the importance of the vaccination card. The campaign featured UNICEF's Goodwill Ambassador Mr. Amitabh Bachchan and was launched by the Honourable Union Health Minister of the Government of India.

UNICEF supported the introduction of new vaccines by providing technical support for the national roll-out of pentavalent, IPV and rotavirus vaccines in four states – Andhra Pradesh, Odisha, Himanchal Pradesh and Haryana – and human papillomavirus vaccine roll-out in Punjab. In addition, planning was carried out for the introduction of pneumococcal vaccine, the measles-rubella campaign and a scheduled expansion of rotavirus vaccine for early 2017. Support included cold chain assessment, capacity building, development of a communication strategy and launch of the vaccine in the states. UNICEF also procured pentavalent and IPV vaccines, which transitioned to the Government for domestic procurement in the second half of 2016. This strengthened the Government's procurement capacity for public health programming. UNICEF further strengthened two cold chain national resource centres, one in Delhi and one in Pune, by capacity building, enhancing the Management Information Systems and innovations, using GAVI resources.

The development of an immunisation handbook for medical officers and a handbook for cold chain handlers was supported. Three national training sessions for trainers of Cold Chain Handlers were held. UNICEF procured and supplied 3,655 new cold chain equipment items in 2016 to further expand storage space for vaccines.

Improvement plans following Effective Vaccine Management (EVM) were developed in Uttar Pradesh, Madhya Pradesh, Jharkhand, Karnataka, Chhattisgarh, West Bengal and seven north eastern states in 2016 to further strengthen the immunisation supply chain. The states leveraged Government resources to implement recommendations of EVM assessments. For example, approximately US$240,000 (16 million Indian rupees) was approved for Uttar Pradesh)

OUTPUT 4 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:
Over half (56 per cent – 60 of 107) High Priority Districts (HPDs) reported over 20 per cent increase in proposed budgets during 2016, in comparison to 2015. However, there was varying levels of progress in terms of actual allocation of the approved budget. All districts of Andhra Pradesh, Bihar, Chhattisgarh, Telangana, Kerala, West Bengal, Uttar Pradesh, Telangana, Tamil Nadu, Odisha, Rajasthan, Karnataka and Manipur and some districts of Arunachal Pradesh, Maharashtra, and Meghalaya received a budget increase. UNICEF India supported district and state governments for using district gap analysis findings and monthly supportive supervision visits to influence planning and budgeting in these HPDs.

The supportive supervision checklists, which were used for block monitoring as part of the Call to Action, capture the health facilities in their role as "delivery points", however there was no community component of the checklist. The Ministry of Health and Family Welfare, together with UNICEF and other development partners, reviewed the existing checklists and introduced a community component in addition to the facility checklist. All Call to Action district level consultants working in 107 districts supported by UNICEF received training on the revised supportive supervision checklists, which are expected to be in use in the field in 2017. A series of training and capacity building sessions were conducted for all district level CTA consultants in HPDs (except for one HPD in Puducherry). Following these, all other selected delivery points in UNICEF-supported HPDs received supportive supervision visits by district level CTA consultants. UNICEF and partners supported the MoHFW in developing standardised feedback tools using the data from supportive supervision visits, with regular feedback sharing with all concerned states and HPDs for their action and follow up.

UNICEF developed a standard quarterly scorecard using key Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) indicators for measuring progress on support to HPDs. These scorecards serve as measurement tools for reporting to UNICEF India, UNICEF's Regional Office for South Asia and UNICEF headquarters. All 24 states generated the scorecards in a timely manner up to the third quarter of 2016.

Documentation of best practices on equity based RMNCH+A implementation remains a key priority for the Reproductive and Child Health section. Fifty-eight "best practices", including a mix of case studies, films and success stories, were documented. Discussions are still ongoing with the National AIDS Control Organisation (NACO) on how best to implement the Prevention of Parent-to-Child Transmission - Maternal Neonatal Child Health (PPTCT-MNCH) Cohort Study.

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

Analytical Statement of Progress:
UNICEF India accelerated support to national and state governments for improved nutrition outcomes for women and children. UNICEF particularly supported Nutrition Missions and equivalent structures to strengthen leadership and coordination for nutrition. Key lessons emerged from Nutrition Missions in Maharashtra and Uttar Pradesh and were documented to inform policy and programme actions.

UNICEF sustained advocacy efforts that resulted in the setting up of Nutrition Missions in three additional states. In addition, UNICEF and partners supported the Ministry of Health and Family Welfare to launch the Mothers' Absolute Affection programme to accelerate improvements in breastfeeding across the country. The Ministry of Rural Development and Panchayati Raj, under the National Livelihood Mission and with UNICEF support, launched

the *Swabhimaan* maternal nutrition multisectoral pilot in three states (Bihar, Chhattisgarh and Odisha). Anchored within State Livelihood Missions, *Swabhimaan* is implemented in coordination with Departments of Health, Civil Supplies, Social Welfare, Agriculture and Public Health Engineering to deliver nutrition entitlements and services to women before, during and after pregnancy. Government also provided cash grants to 641 women's self-help federations to implement village maternal nutrition plans.

Sustained advocacy resulted in increased attention to scaling up of interventions for community-based management of severe acute malnutrition. UNICEF contributed to formation of a partners' forum for integrated management of SAM, and is supporting implementation of CMAM pilots in three states. It continued to advocate with governments for timely and adequate supply of Vitamin A supplementation, thereby improving coverage with equity. In 2016, all 13 UNICEF programming states successfully completed the first round of Vitamin A supplementation, with national coverage of 76 per cent. Five states (Bihar, Gujarat, Jharkhand, Rajasthan and Uttar Pradesh) maintained a Coalition for Universal Salt Iodisation for enhanced coordination.

The focus of UNICEF's WASH programme under this Outcome was on technical assistance for district-level planning and implementation, focusing on four pillars (human resources/capacity building; social and behaviour change communication; service delivery; monitoring). UNICEF also supported development of state ODF verification and certification protocols (Assam, Andhra Pradesh, Jharkhand, Gujarat, Maharashtra, and Rajasthan). Technical assistance was also provided for:

Andhra Pradesh, Bihar, Gujarat, Jharkhand, Maharashtra, West Bengal - support to Open Defecation Elimination Planning;

Chhattisgarh, Jharkhand - development of state Community Approaches to Total Sanitation policies;

Rajasthan, Telengana and nationally - engagement with parliamentarians, legislative assembly members and others for ODF;

Bihar -: advocacy for transfer of responsibility for sanitation to Panchayati Raj departments and involvement of women's self-help groups.

To strengthen programme implementation and monitoring and allow states to make more evidence-based decisions, UNICEF supported disaggregated performance analysis of the Swachh Bharat Mission Management Information System data, down to state, district and block levels. On average, sanitation coverage needed to grow by 6 per cent a year to reach programme targets; 13 states exceeded this rate, while Assam, Bihar and Uttar Pradesh performed at less than 3 per cent. UNICEF's support to SBM contributed to significant acceleration in coverage, with three states, 66 districts and 128,000 villages reported as reaching ODF status.

The Reproductive and Child Health (RCH) programme focused on reducing neonatal deaths, linked to maternal and adolescent health, and on preventing mortality from vaccine-preventable diseases by reaching more children with more vaccines and addressing common childhood illnesses (pneumonia, diarrhoea, malaria, paediatric HIV). These efforts were prioritised in 107 high-priority districts (23 states, one Union territory), where UNICEF is the lead partner for Call to Action (CTA).

Efforts to reduce neonatal deaths emphasised improved quality of skilled attendance at birth,

as well as care of sick newborns with real-time monitoring and community follow-up. Labour rooms were standardised in 25.5 per cent of high-priority districts, with sick newborn care units increased from 62 per cent of such districts to 73 per cent. Nationally, the number of SNCUs rose from 602 in 2015 to 682. UNICEF scaled up an SNCU online monitoring system in 11 states, now covering 541 SNCUs across 28 states, and supported planning, trainings, monitoring of data quality and analysis of data. Support for WASH in health facilities targeted 1,105 facilities in 107 high-priority districts. All UNICEF-supported states are tracking HIV-positive pregnant women and their children.

Efforts to address post-neonatal mortality were intensified with scaling up of the Integrated Action Plan on Pneumonia and Diarrhoea in seven states, complemented by planning and joint rollout with WHO. For immunisation, the focus was on equity and introduction of new vaccines. Mission Indradhanush, which addresses children who are left out of or drop out of vaccination efforts, covered 3.4 million additional children across 216 districts, while rotavirus vaccine was introduced in four states. Effective vaccine management assessments were conducted in six states, with improvement plans in place.

Under the C4D programme, the focus was on institution strengthening in Departments of Health (nine states), Women and Child Development (six states), Rural Development, and Information and Cultural Affairs (one state.) SBCC institutions were strengthened through establishment of functional behaviour change communication cells in Government departments, which contributed to increased allocation of information and education budgets in four states. Five national SBCC frameworks and 36 state SBCC strategies were endorsed by Government departments and are being implemented. Further, an SBCC training hub, Tarang, was launched with one training agency at national level to strengthen institutional offerings in SBCC capacity building. UNICEF published, presented, documented and disseminated at least 17 knowledge products on SBCC for child survival and development.

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:
UNICEF India continued to advocate for State Nutrition Missions, or an equivalent structure, to improve multi-sectoral coordination for nutrition. Five existing Missions were strengthened, and the process for forming State Nutrition Missions was introduced in Andhra Pradesh, Chhattisgarh, Odisha and West Bengal. UNICEF supported drafting the Nutrition Mission documents for these states, which are under review and finalisation. In Uttar Pradesh, UNICEF supported the State Nutrition Mission to formulate a Nutrition Strategy, which is under review and finalisation.

A partnership with the Indian Academy of Paediatrics enabled UNICEF and partners to disseminate core messages on optimal maternal, infant and young child nutrition (MIYCN) to over 319,000 mobile users. New partnerships were formed with the Breast Feeding Promotion Network of India to strengthen implementation of breastfeeding legislation, and with Bombay's Indian Institute of Technology for the nutrition fellowship programme. UNICEF continued to advocate with governments for timely and adequate vitamin A supplementation (VAS) supplies, and for improving coverage with equity. 13 UNICEF programming states completed the first round of VAS with an overall coverage of 76 per cent. The second VAS round was in progress at the end of the year.

Five states maintained a Coalition for Universal Salt Iodisation to improve coordination among members. At the national level, UNICEF provided technical assistance to the

Nutrition and Iodine Deficiency Disorder Cell under the MoHFW and supported the National Coalition for Sustained Optimal Iodine Intake to sustain high level advocacy for USI programming. This is important given that 78 per cent of households in India consume adequately iodised salt.

UNICEF continued as an active member of 'Poshtik' – a network of more than 10 development partners and Government representatives that advocates for stronger commitment to food fortification in India. With continuous advocacy, the Food Safety Standard Authority of India – an autonomous body within the Government of India –launched standard specifications for fortifying wheat flour, refined wheat flour, rice, salt, oil and milk. Six states (Andhra Pradesh, Telangana, Uttar Pradesh, Chhattisgarh, Maharashtra and Madhya Pradesh) started maternal special feeding schemes through *Anganwadi* centres coupled with maternal Iron Folic Acid - Directly Observed Therapy (IFA-DOT).

Odisha, Bihar and Madhya Pradesh initiated efforts to bundle maternal screening of at-nutritional risk mothers and their referral to Nutrition Rehabilitation/IYCF counselling centres that cater to children. All states, except Uttar Pradesh, have state guidelines for rollout of maternal calcium supplementation and deworming.

In 2016, the National Rural Livelihood Mission, Ministry of Rural Development and *Panchayati Raj* launched *Swabhimaan*; a women's nutrition multi-sector demonstration pilot (2016-2020) in Bihar, Chhattisgarh and Odisha. The State Livelihood Missions are leading the *Swabhimaan* programme with UNICEF support. Elements include building capacity of public service providers in health, nutrition, water and sanitation to deliver women's nutrition entitlements and services; cash grants for women's self-help group federations to implement village maternal nutrition plans; farmer-producer groups training on agro-ecological techniques; special camps for undernourished women; and a step-dose controlled, non-randomised, impact evaluation.

OUTPUT 2 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:
In 2016, UNICEF India's child development and nutrition section and communication for development and health sections continued to jointly support the Integrated Child Development Services (ICDS) Programme and the National Health Mission to develop and implement promotion, counselling, and support strategies on infant and young child feeding. As part of the Mothers Absolute Affection programme, UNICEF supported the design of mass media, print, outdoor and communication materials for community-based health workers. The modalities for setting up of a National Centre for Excellence for IYCF were finalised. The Centre will support developing a pool of national and middle level trainers to impart skill-based training on IYCF to facility and community-level health workers.

UNICEF developed an advocacy and communication framework on maternal infant and young child nutrition. The framework will be utilised by the states to develop advocacy and communication action plans for MIYCN for improved uptake of optimal essential nutrition practices. UNICEF supported the Government of Maharashtra in developing a MIYCN policy and an Akshat operational plan for IYCF. The MIYCN policy is awaiting Cabinet approval.

UNICEF supported the Governments of Bihar, Odisha and Uttar Pradesh in setting up IYCF counselling centres in the 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 a high delivery load. Additionally, in Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal, UNICEF supported the state governments in implementing district-based interventions through the *Anganwadi* centres to deliver MIYCN. The focus of these interventions was on improving coverage and quality of counselling services available to most deprived communities.

UNICEF undertook a study in nine states (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttrakhand) to understand the barriers and facilitators for breastfeeding at the facility level. A communication strategy was developed, based on the findings, to promote, support and protect breastfeeding.

OUTPUT 3 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:
There are over 1,000 functional Nutrition Rehabilitation Centres (NRCs) in over 17 states, annually treating more than 135,000 children suffering from severe acute malnutrition. UNICEF India supported scaling up of NRCs by collaborating with the state governments to establish NRCs in districts that have high tribal or schedule caste populations. This resulted in increasing the numbers of NRCs and ensured that the staff posted at these NRCs have the capacity to treat children with SAM and medical complications. It also serves to ensure that adequate budget provisions are maintained in the National Health Mission Programme Implementation Plans (PIP) for monitoring, capacity building (national and state-level master trainers), and developing training and counselling materials. In 13 states, the scale-up of NRCs is well reflected in the NHM PIPs along with commensurate budgets. To ensure uniformity and standardised 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 over 30 national level-trainers, as well as a pool of 45 state level trainers.

UNICEF continued to work with the National and State Governments to improve the functioning of NRCs. Eleven states have developed a mechanism for periodic monitoring and review of the functioning of NRCs. State reports reveal that the bed occupancy rates at the NRCs vary between 40 to 70 per cent in most of the states, which is a cause for concern.

Based on the findings of the Assessment of NRCs undertaken in six states, the states of Odisha and Rajasthan provided a refresher training for NRC staff. A counselling tool was developed in Hindi and English, and shared with states, to help improve the quality of counselling on feeding and caring practices for children, maternal nutrition, contraception, hygiene and sanitation. This aims to ensure that standardised messages are passed on to the mothers and caregivers at NRCs.

UNICEF received the approval from the MoHFW to pilot community-based management of children with severe acute malnutrition in selected districts across the programme states. Four states, Gujarat, Kerala Maharashtra and Rajasthan initiated pilot programmes for community management of acute malnutrition. These pilots will help generate evidence for the first time in the country on how CMAM services can be delivered in a sustainable, cost-efficient, cost-effective and an integrated manner using existing government systems and infrastructure. The different pilots in the UNICEF programme states will ultimately catalyse widespread scale-up of CMAM treatment across the country. UNICEF was requested by the state governments of Jharkhand, Rajasthan and Uttar Pradesh to start the CMAM pilots,

while others, including Chhattisgarh and Madhya Pradesh are also considering pilots with support from UNICEF. UNICEF facilitated the establishment of a national partners' forum for integrated management of SAM, to promote state-of-the-art care and management.

OUTPUT 4 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:
UNICEF India is supporting the Ministry of Health and Family Welfare (MoHFW) in undertaking the Comprehensive National Nutrition Survey (CNNS) among pre-schoolers (0-4 years), school-age children (5-9 years) and adolescents (10-19 years) in all of India's 30 states. The survey will be completed in 12 states in 2016 and in all 30 states by 2017. A detailed survey protocol, which includes the survey design, data collection methodology, and instruments, as well as the implementation plan, was developed in consultation with the technical advisory committee members. All concerned implementing partners were recruited and trained by the national and international experts. The survey has been implemented smoothly with all stakeholders working in close coordination and under stringent monitoring and supervision.

UNICEF prepared the district level analysis of drivers of childhood stunting for nine states, to support the State Nutrition Missions and nutrition programme implementation. The objective was to identify the districts contributing to the highest and lowest burden of stunting among children under five years of age, and estimate the duration required to reduce the burden of stunting in each district by 2025 in line with World Health Assembly targets.

UNICEF initiated development of a web-based online dashboard (Nutrition Information) in India to meet the critical need of having timely and effective access to a core set of integrated nutrition data on a single platform. It will consolidate the existing nutrition data on maternal, infant and young child nutrition and adolescents (MIYCN+A) and present the data in a user-friendly manner with various disaggregation levels (gender, caste and wealth quintile) for the 14 states where UNICEF is present. The database is managed through a professional data base management agency, and discussions initiated with the Ministry of Health and Family Welfare to link it with the existing system.

All states supported the respective governments in strengthening the web-based Management Information System for nutritional indicators. The states also supported assessing complementary feeding practices in the state using ProPAN software for the promotion of child nutrition. The states also briefed print and digital media personnel on specific nutrition-sensitive interventions through roundtable discussions and generated substantial media coverage on nutrition issues.

OUTPUT 5 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:
In 2013, the Ministry of Health and Family Welfare, building upon 13 years of UNICEF-supported evidence, universalised the adolescent girls' anaemia control programme and renamed it as the Weekly Iron Folic Acid Supplementation (WIFS) programme. UNICEF acts as the lead technical partner in support of this programme, which aims to cover 108 million adolescent girls and boys in and out of school every year. In 13 states, activities with budget

for the WIFS and the Rajiv Gandhi Empowerment Scheme for Adolescent Girls (SABLA), a Government programme, were included in the annual plans of the MOHFW. All states except Bihar are implementing the WIFS programme and have a pool of master trainers available at the state and district level.

The overall coverage of the WIFS programme in all UNICEF programming states increased from 23 per cent in 2014-15 to 27 per cent in 2015-16. Importantly, the coverage-reporting format across all levels was simplified by the MOHFW, in discussion with UNICEF, and is being rolled out across all states for ensuring seamless and timely reporting in standardised formats.

The WIFS programme was presented by a Government of India representative at the Women Deliver 4th Global Conference, highlighting the successful experience in implementing the universal adolescent anaemia programme.

All states have an emergency response system in place for preventing and managing undesirable effects following iron and folic acid supplementation. Two national review meetings with the participation of government representatives, from both the national and state level, were held to streamline logistical bottlenecks, reporting mechanisms and trainings of all stakeholders.

Over the last six months, all 13 UNICEF-supported states organised at least one review meeting of WIFS with related ministries (Education, Tribal, Health and Department of Women and Child Development).

UNICEF is supporting the MOHFW in revitalising the Nutrition Health Education component of WIFS by supporting the development of a package of materials to be used at the school and *anganwadi*, or courtyard shelters.

Gujarat launched 'Mission Shakti' in May 2016, a dedicated campaign to further strengthen anaemia control. This demonstrated the high level of political commitment to the anaemia control strategy and interventions under the Norway-India Partnership Initiative programme.

In order to focus on efforts for reducing anaemia among adolescents and providing equal focus on other WIFS programme aspects such as nutrition, health and hygiene education, 100 schools have developed school gardens with iron-rich-plants for promotion of local iron rich foods under the project 'Ankuran.' All the efforts under the Norway-India Partnership Initiative programme, WIFS and state level-strategies like Ankuran and Mission Shakti brought together a renewed focus on effective implementation of anaemia control-strategies at the national and state level.

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

Analytical Statement of Progress:
The focus of UNICEF India's WASH programme under this outcome was on technical assistance for district-level planning and implementation, focusing on four pillars (human resources/capacity building; social and behaviour change communication service delivery; monitoring). UNICEF also supported development of state open defecation-free verification and certification protocols (Assam, Andhra Pradesh, Jharkhand, Gujarat, Maharashtra and Rajasthan). Technical assistance was also provided for:

Andhra Pradesh, Bihar, Gujarat, Jharkhand, Maharashtra, West Bengal - support to Open Defecation Elimination Planning;

Chhattisgarh, Jharkhand - development of state CATS policies;

Rajasthan, Telangana and nationally: engagement with parliamentarians, legislative assembly members and others for ODF;

Bihar : advocacy for transfer of responsibility for sanitation to Panchayati Raj departments and involvement of women's self-help groups.

To strengthen programme implementation and monitoring and allow states to make more evidence-based decisions, UNICEF supported disaggregated performance analysis of the Swachh Bharat Mission Management Information System data, down to state, district and block levels. On average, sanitation coverage needed to grow by 6 per cent a year to reach programme targets. Thirteen states exceeded this rate, while Assam, Bihar and Uttar Pradesh performed at less than 3 per cent. UNICEF's support to SBM contributed to significant acceleration in coverage, with three states, 66 districts and 128,000 villages reported as reaching ODF status.

The Child Development and Nutrition Programme accelerated support to national and state governments for improved nutrition outcomes for women and children. UNICEF particularly supported Nutrition Missions and equivalent structures to strengthen leadership and coordination for nutrition, with key lessons emerging from Nutrition Missions in Maharashtra and Uttar Pradesh documented to inform policy and programme actions. UNICEF sustained advocacy efforts that resulted in the setting up of Nutrition Missions in three additional states. In addition, UNICEF and partners supported the Ministry of Health and Family Welfare to launch the Mothers' Absolute Affection programme to accelerate improvements in breastfeeding across the country.

The Ministry of Rural Development and Panchayati Raj, under the National Livelihood Mission and with UNICEF support, launched the *Swabhimaan* maternal nutrition multisectoral pilot in three states (Bihar, Chhattisgarh and Odisha). Anchored within State Livelihood Missions, *Swabhimaan* is implemented in coordination with Departments of Health, Civil Supplies, Social Welfare, Agriculture and Public Health Engineering to deliver nutrition entitlements and services to women before, during and after pregnancy.

Government provided cash grants to 641 women's self-help federations to implement village maternal nutrition plans. Sustained advocacy resulted in increased attention to scaling up of interventions for community-based management of severe acute malnutrition. UNICEF contributed to formation of a partners' forum for integrated management of SAM, and is supporting implementation of CMAM pilots in three states. It continued to advocate with governments for timely and adequate supply of Vitamin A supplementation, thereby improving coverage with equity. In 2016, all 13 UNICEF programming states successfully completed the first round of Vitamin A supplementation, with national coverage of 76 per cent. Five states (Bihar, Gujarat, Jharkhand, Rajasthan and Uttar Pradesh) maintained a Coalition for Universal Salt Iodisation for enhanced coordination.

The RCH programme focused on reducing neonatal deaths, linked to maternal and adolescent health, and on preventing mortality from vaccine-preventable diseases by reaching more children with more vaccines and addressing common childhood illnesses (pneumonia, diarrhoea, malaria, paediatric HIV). These efforts were prioritised in 107 high-priority districts (23 states, one Union territory), where UNICEF is the lead partner for Call to Action.

Efforts to reduce neonatal deaths emphasised improved quality of skilled attendance at birth, as well as care of sick newborns with real-time monitoring and community follow-up. Labour rooms were standardised in 25.5 per cent of high-priority districts, with sick newborn care units increased from 62 per cent of such districts to 73 per cent. Nationally, the number of SNCUs rose to 682, up from 602 in 2015. UNICEF scaled up an SNCU online monitoring system in 11 states, covering 541 SNCUs across 28 states, and supported planning, training, monitoring of data quality and analysis of data. Support for WASH in health facilities targeted 1,105 facilities in 107 high-priority districts. All UNICEF-supported states are tracking HIV-positive pregnant women and their children.

Efforts to address post-neonatal mortality were intensified with scaling up of the Integrated Action Plan on Pneumonia and Diarrhoea in seven states, complemented by planning and joint rollout with WHO. For immunisation, the focus was on equity and introduction of new vaccines. Mission Indradhanush, which addresses children who are left out or drop out of vaccination efforts, covered 3.4 million additional children across 216 districts, while rotavirus vaccine was introduced in four states. Effective vaccine management assessments were conducted in six states, with improvement plans in place.

Under the C4D programme, the focus was on institution strengthening in Departments of Health (nine states), Women and Child Development (six states), Rural Development, and Information and Cultural Affairs (one state.) SBCC institutions were strengthened through establishment of functional behaviour change communication cells in Government departments, which contributed to increased allocation of information and education budgets in four states. Five national SBCC frameworks and 36 state SBCC strategies were endorsed by Government departments and are being implemented. Further, an SBCC training hub, Tarang, was launched with one training agency at national level to strengthen institutional offerings in SBCC capacity building. UNICEF published, presented, documented and disseminated at least 17 knowledge products on SBCC for child survival and development.

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:
The role of knowledge management products to inform the water, sanitation and hygiene sector programmes of the government have been crucial to ensuring strengthened programming and better results. These programmes include the *Swachh Bharat* Mission, the national sanitation flagship programme, the National Rural Drinking Water Programme (NRDWP) and *the Sarva Shiksha Abhiyan* (SSA), a national education flagship programme. UNICEFs technical assistance in relation to knowledge products and resources in 2016 was provided at national and state levels.

National:
Advocacy films were made and shared with the Government on the following topics: SBM Guidelines; Open Defecation-Free Nadia, West Bengal; a Public Safety Announcement on safe drinking water; five films on sanitation champions; and a Team *Swachh* Films with celebrities. UNICEF supported four events at the national level: an ODF Verification Workshop in Jaipur; a Convention of Women Sanitation Champions; an SBM Information, Education and Communication Workshop; and a Workshop on Water Safety Planning in New Delhi. In addition, four regional workshops on Key Resource Centre engagement were organised with the Ministry of Drinking Water and Sanitation.

State:
Workshops on SBM were supported by all state offices. Twenty-four knowledge management products were developed and shared with relevant government agencies. These included reports on best practices in sanitation from Rajasthan (Udaipur and Dungarpur) and Madhya Pradesh (Indore and Harda); 20 *Gram Panchayat* case studies from Andhra Pradesh; four stories from Karnataka and 12 from Telangana; a coffee table publication on sanitation in Jharkhand; research papers on sanitation in Odisha; and a research paper on arsenic contamination of drinking water in Bihar.

District-level assessments were carried out on water supply and sanitation in four districts in Madhya Pradesh, along with an assessment of ODF reports for two districts in Gujarat (Mehsana and Narmada). Process documentation at the state level of the journey towards ODF were prepared in Maharashtra and Bihar, C Process documentation was undertaken for Madhya Pradesh and Chhattisgarh. District and constituency-wide sanitation fact sheets were developed for Chhattisgarh, Odisha, Andhra Pradesh and Telangana. Information, training and advocacy films were also made in Maharashtra, Karnataka and Madhya Pradesh.

Other items developed included training modules on inter-personal communication in sanitation in Andhra Pradesh; a toilet construction frequently answered questions document for masons in Jharkhand; and briefing notes on inter-personal communication, open defecation elimination planning, monitoring and evaluation, and institutional strengthening in Maharashtra. An impact evaluation of group handwashing with soap before the mid-day meal in schools was completed in Assam. Evidence-based analyses of current issues influenced national and state policies, strategies and plans. This included menstrual hygiene management guidelines for MDWS; an ODF verification protocol and indicators; WASH atlas; rural sanitation policy and; manuals and protocols for water quality.

OUTPUT 2 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:
Water safety planning (WSP) has the attention of the Ministry of Drinking Water and Sanitation following sustained advocacy at national and state levels.

A sub-mission on arsenic and fluoride was launched, with clear guidelines for states' ownership. Progress in WSP varies among states. UNICEF India conducted a national level workshop on water safety planning with WHO and the MDWS, in which state secretaries and chief engineers were sensitised. States including Odisha, Uttar Pradesh, Assam, Karnataka and Madhya Pradesh organised state-level workshops to increase awareness of WSP in districts.

Maharashtra developed district water safety plans for 34 districts through a core team of water experts, engineers and hydrogeologists. UNICEF supported the Groundwater Surveys Development Agency and the Maharashtra Remote Application Centre to scale up real time water scarcity prediction in all the 152 drought-prone area programme blocks. Sanitary surveillance, pollution hot spots and rural, local governance body level score cards were integrated with water quality monitoring and surveillance protocol for all the 34 districts.

In Bihar, the Chief Minister prioritised universal piped coverage for drinking water in rural areas within a timeframe of five years. UNICEF provided technical support in the development of the operational guidelines, involving communities from the planning to the

commissioning stage. The scheme has introduced a paradigm shift towards community managed-rural water supply service delivery. UNICEF supported the development of strategies for universal piped water coverage and water quality mitigation; advocated with the Public Health Engineering Department in framing rules for private water sample testing; and facilitated the assessment of 38 district water testing laboratories

UNICEF supported arsenic mitigation activities in West Bengal, Bihar, Jharkhand and Assam and fluoride mitigation in Chhattisgarh, Bihar, Andhra Pradesh and Telangana. Water quality laboratories of Bihar, Jharkhand, West Bengal, Maharashtra, Madhya Pradesh and Gujarat received National Accreditation Board for Testing and Calibration Laboratories accreditation with UNICEF support. In Gujarat, the Water and Sanitation Management Organisation network is using field test kits for awareness and assessment of water quality status. The Gujarat Industrial Training Institute is using the water quality laboratories' network for pre- and post-monsoon testing of drinking water sources.

Drought impact-assessments were conducted in eight affected states. The drought assessment findings were disseminated and used to advocate for mainstreaming disaster risk reduction into WASH programmes at state levels. A Climate Risk Assessment Index was developed in Maharashtra to plan, design and build climate-resilient systems converging with existing national and state flagships on rural water and sanitation and the associated sectors of water resource management in two distinct regions of the state (Marathwada and Vidharbha). UNICEF supported the State Disaster Management Authorities and the Innovations Advisory Group in Assam, Bihar, West Bengal, Madhya Pradesh and Gujarat for coordination and technical support on planning and provision of WASH services during disasters. School safety planning was supported in Bihar, Andhra Pradesh and Gujarat.

OUTPUT 3 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:
UNICEF India continued providing strategic support to the Ministry of Human Resource Development to strengthen implementation of the *Swachh Vidyalaya Mission.* This is a Government initiative to ensure all schools in India have access to separate functional toilets for boys and girls, with an emphasis on promoting safe and appropriate hygiene practices in schools and behaviour among children. UNICEF supported all states in modelling the 'essential package' in selected schools toward district-wide scale up. About 4,500 such schools in districts were supported to develop an entire package of interventions including daily group handwashing with soap and an operation and maintenance plan. One example is in Madhya Pradesh, where funds were leveraged for construction of group handwashing facilities in 25,000 schools.

The MHRD announced the benchmarking of all one million government elementary and secondary schools in the country against water, sanitation and hygiene (WASH) indicators. A new scheme, the *Swachh Vidyalaya Puraskar* (SVP), has been institutionalised to roll this out in order to annually monitor and recognise accomplishments, along with inspiring schools to incrementally improve WASH performance. Thirteen states have an annual system of monitoring handwashing practice as part of the SVP benchmarking system. UNICEF provided technical support in conceptualising the scheme and designing the tools, methodologies, rollout plan and the verification and validation mechanisms. In Assam, the Chief Minister led the state rollout of the SVP and 10 schools received awards at the state level. More than 300,000 schools registered online to apply for SVP in 2016, and the process of screening and evaluation is undergoing.

In Madhya Pradesh, Rajasthan and Maharashtra, a special session on *Swachh Vidyalaya* was integrated into the regular teachers' training programme. About 13,000 education sector officials were reached through training on *Swachh Vidyalaya, Swachh Vidyalaya Puraskar* and on integration of WASH in schools in the daily curriculum in schools.

In Orissa, the state government funded construction of handwashing facilities in 1,000 schools in 30 districts. In Tamil Nadu, the state government instructed that group handwashing stations be a part of all new school buildings. A major policy outcome was achieved when three central ministries – MHRD, Ministry of Rural Development and Ministry of Drinking Water and Sanitation – issued a joint circular approving the use of 14th Finance Commission funds to *panchayats (*rural local governance body*)* for operation and maintenance of school WASH facilities. This has the potential to leverage at least US$294 million (20 billion Indian rupees) annually to maintain WASH facilities in 1.4 million government schools in India.

Rotary successfully positioned WASH in schools during its annual global Presidential Conference, bringing together 6,000 Rotarians and 2,000 children under one platform. Rotarians reached about 3,500 schools and approximately 425,000 children through improved WASH facilities and handwashing practices in 10 states with UNICEF's technical support. Best practices identified by Rotarians were shared in the national level workshop.

The national menstrual hygiene management guidelines were rolled out and adapted in Maharashtra, Chhattisgarh and Tamil Nadu.

OUTPUT 4 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:
District level-planning and implementation focused on four pillars: 1. Planning for human resources and capacity building; 2. Social and behaviour change communication; 3. Implementation and monitoring, and; 4. Open defecation free verification and sustainability, which is now followed with variations in most state and districts.

These contributions resulted in significant achievements in the country. The Ministry of Drinking Water and Sanitation website reported in mid-December that three states (out of 30), 66 districts (out of 600), and 128,000 villages (out of 600,000) had reached ODF status.

UNICEF India, through its technical assistance, helped develop and implement the following policies and strategies:

In Andhra Pradesh, Bihar, Gujarat, Jharkhand, Maharashtra, West Bengal – supported District Open Defecation Elimination Planning;

In Chhattisgarh and Jharkhand - developing state Community Approaches to Sanitation policies;
In Assam, Andhra Pradesh, Jharkhand, Gujarat, Maharashtra and Rajasthan – establishing the ODF matrix/verification protocol;

In Delhi, Rajasthan and Telangana - engaging parliamentarians and legislative assembly members and other stakeholders in support of ODF efforts;

In Bihar – advocating for transfer of responsibility for sanitation to the *Panchayati Raj* (local self-government) department and involvement of women's self-help groups.

To strengthen implementation and monitoring, UNICEF supported disaggregated analysis through an equity lens of the rural sanitation programme, the Swachh Bharat Mission Management Information System data to state, district and block levels. On average, sanitation coverage needs to grow by 6 per cent a year to reach programme targets. Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Maharashtra, Madhya Pradesh, Odisha, Rajasthan, Jharkhand, Telangana, Karnataka, Tamil Nadu and West Bengal exceeded the 6 per cent annual increase rate. Assam, Bihar and Uttar Pradesh performed at less than 3 per cent. States including Chhattisgarh, Jharkhand, Madhya Pradesh, Gujarat, West Bengal, Bihar, Assam, and Uttar Pradesh are implementing CATS supported by UNICEF.

The need for a district-level SBCC planning exercise integrated in the District Open Defecation Elimination Planning was advocated for and supported. UNICEF supported capacity building on SBCC/CATS in all programming states. In Gujarat and Jharkhand, communication packages and tools were developed. Others interventions included intensive sanitation messaging in religious festivals like *Simhastha* in Madhya Pradesh, *Ganga Sagar* in West Bengal and *Rath Yatra* in Odisha; the use of children and teachers as sanitation change agents in Andhra Pradesh, Chhattisgarh, Madhya Pradesh, West Bengal, Tamil Nadu and Maharashtra; the use of social media in Gujarat; World Toilet Day celebrations in Karnataka and Odisha; advocating for making toilets compulsory for standing in local elections in Madhya Pradesh, and the effective use of local committees in carrying out community monitoring across states.

Assessments of WASH in health centres in high priority districts was undertaken in Rajasthan, Assam, Gujarat, Jharkhand, Maharashtra, Tamil Nadu, Odisha and West Bengal. Chhattisgarh, Gujarat, Madhya Pradesh, Rajasthan and Tamil Nadu have developed WASH in health centre Improvement plans. Going forward, interventions will be taken up in 1,105 health facilities across 107 high priority districts in 24 states.

OUTCOME 4 Protective and learning environment; Adolescent participation and empowerment

Analytical Statement of Progress:
UNICEF India systematically reviewed large-scale Government programmes working on child protection and adolescent empowerment interventions, shifting from smaller-scale interventions to large-scale district and state models with enhanced convergence across sectors.

UNICEF worked to develop and advocate for programmes and projects that uniquely target and best meet the needs of the community/population. This included designing a scale-up model implemented in eight states. This model relies on working with large Government programmes, using non-government organisations as intermediaries and benefiting from use of information and communication technology and partnerships with the media and the private sector. In its first year at scale, the programme reached an estimated 600,000 adolescent girls and boys and 150,000 parents/community members through national and state flagship programmes as well community-based structures.

At national level, UNICEF finalised a basic package of interventions and indicators for the theory of change for the programme to end child marriage. This included a monitoring and learning framework operationalised in 16 districts across eight states. UNICEF supported interventions with adolescent girls' collectives in community settings and schools; worked

with *panchayats* (local leaders), service providers and communities to create an enabling environment for girls; and developed a range of resource materials, including policy briefs, training modules, communication guides, and an information package for advocacy against harmful practices.

As part of the National Adolescent Health Strategy, the United Nations Population Fund (UNFPA) and UNICEF, in collaboration with the Ministry of Health and Family Welfare, integrated their work on adolescent empowerment and addressing child marriage. The two agencies led support to implementation of training programmes for counsellors and peer educators, thereby ensuring access to reliable information and essential services.

Progress was also recorded in enhancing stakeholder capacity to raise demand for quality education and protection services. In Odisha, Assam, West Bengal and Uttar Pradesh, UNICEF supported implementation of school attendance campaigns, while in Assam, Gujarat and Uttar Pradesh, School Management Committee members' capacities were strengthened to track individual children, ensure regular attendance, and participate in day-to-day school functioning.

In Jharkhand, the Labour Department developed a communication strategy to prevent child labour and promote regular attendance; while in Bihar a similar strategy was developed with the participation of all stakeholders, including children themselves. Nine states developed convergent plans of action for prevention and rehabilitation of child labour. Linkages also were established at national and state levels with Panchayat Raj Institutions and the National Rural Livelihood Mission for the scaling up of work to prevent child labour. Of significance, a multi-stakeholder training module for prevention and response to child labour is being prepared by UNICEF in collaboration with the V.V. Giri National Labour Institute.

UNICEF, in partnership with the state governments and NGOs in 16 states, 350 districts and 30,000 community-based structures, strengthened child protection services by recruiting staff and implementing capacity development plans for officials, mid-level cadre and frontline workers. Information Management systems to track performance of statutory child protection structures and children in need of care and protection were enhanced in 15 states.

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:
UNICEF India continued to work with the national and state governments to strengthen the management information systems for child protection and to enhance the quality of reporting, analysis and use of data, creating better accountability, governance and transparency for child protection services.

UNICEF provided technical support for the Integrated Child Protection Scheme scorecard. This consists of monitoring tools to track the performance of statutory child protection structures including Child Welfare Committees, Juvenile Justice Boards and District Child Protection Units. This has been implemented at the district level in 15 states in collaboration with state governments. UNICEF is in the process of consolidating this into an online platform to be scaled up to the national level. This management tool will assist in identifying constraints, generating information and ultimately enhancing the quality of service delivery.

In Bihar, UNICEF helped to develop a child tracking-system for children rescued from labour. The system is fully operational and accessible across all 38 districts, with 2,710 children

registered and tracked through the efforts of labour officers, Child Welfare Committees, District Child Protection Unit functionaries and civil society organisations. UNICEF is working to promote government-NGO partnership so that follow-up of all rescued children is undertaken in seven districts, with an aim to enhance better care and protection and the prevention of re-trafficking of children. The Labour Resource Department issued guidance to all Labour Superintendents to track all cases registered under the Child Labour Tracking System, as the state government is in the process of rolling out the Conditional Cash Transfer to all rescued children registered under this system. This system also allows for following the rehabilitation of children rescued from work situations.

In Madhya Pradesh, UNICEF in collaboration with the Crime Investigation Department and National Informatics Centre, developed a missing children portal and training was conducted in all state's 51 districts. As a result, 40 districts commenced uploading data on missing children.

In Gujarat, progress on streamlining the missing children tracking was highlighted as a best practice by the zonal review committee at the national level. An evaluation report was submitted for the elimination of child labour in two districts in Telangana and Karnataka (Kurnool and Raichur) to ensure the project objectives have been met, inform future programmes and assist with state action plans. A Monitoring and Learning framework was been developed for adolescent empowerment and ending child marriage programmes. This framework is operational in 16 districts across eight states, and includes quantitative and qualitative data collection and validation at different levels.

UNICEF, with the Gauhati High Court, completed a study to better understand the key reasons for pendency of cases of children in conflict with law before the Juvenile Justice Boards. It identified multiple factors responsible for the delays in the system and helped the state government put in place specific measures to address these delays. These have been recognised by the Supreme Court Committee on Juvenile Justice as a best practice to be replicated in other states.

OUTPUT 2 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:
UNICEF India's child protection programmes continued to work on system strengthening, prevention of child labour and violence against children.

UNICEF worked with various administrative units (central, state, district, block and village) to implement child protection policies and legislation with the aim to ensure statutory bodies have functional institutional arrangements and qualified staff to deliver child protection services. UNICEF, in partnership with state governments and NGOs in 16 states (including five affected by civil strife), 350 districts (nearly 70 per cent), and 30,000 community-based structures, enhanced child protection services by recruiting staff and implementing capacity development plans for officials, mid-level cadre and frontline workers. This will ensure improved interagency collaboration between the judiciary, police, social workers, civil society and community-based organisations to provide comprehensive services for children at risk. UNICEF was a catalyst for initiating the implementation of the Integrated Child Protection System in Jammu and Kashmir.

UNICEF engaged with relevant government entities, civil society and legislators on the amendment of the Child Labour Act. Despite intense advocacy and some positive

developments, including the formal prohibition of child labour for children under the age of 14, the amendment included a provision allowing children to work in family enterprises and reduced the list of what is considered hazardous work. UNICEF has expressed serious concerns that these amendments could further disadvantage the most vulnerable children and increase the risk of exploitation. Working in close collaboration with the Ministry of Labour, UNICEF supported the development of clear rules for the implementation of the amended law with aim to further increase and enforce the protection safeguards for children at work. With UNICEF support, nine states developed convergent state plans of action on child labour. Bihar, Uttar Pradesh, Gujarat and Odisha allocated resources and launched public media campaigns to raise child labour awareness with support from their Labour Departments and civil society.

The Supreme Court, in partnership with UNICEF, launched a comprehensive report which analysed the implementation of the child protection and juvenile justice legislation and defined concrete steps for the effective implementation of the law. The report's purpose is to ensure that accountability mechanisms are in place for the effective implementation of the child protection legislation. At state level, UNICEF is providing technical advice and operational support to High Courts and Juvenile Justice to ensure child protection and juvenile justice legislation is enforced in the best interest of children.

OUTPUT 3 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:
UNICEF continued to lead the mapping and identification of interventions, programmes, tools and capacity building for the convergence and/or scaling up of initiatives for adolescent empowerment and ending child marriage. UNICEF has established ties with the national and state governments, and aligned their commitment, ownership, support and partnership for implementation. To date, ten states have initiated a convergent approach to develop scalable plans and eight states have implemented these plans.

UNICEF finalised a basic package of interventions and indicators for the theory of change for the adolescent programme. This included a monitoring and learning framework which has been operationalised in 16 districts across eight states. With UNICEF's support, five states (Assam, Jharkhand, Gujarat, Rajasthan and Andhra Pradesh) conducted district level consultations with key stakeholders that led to district level coordination mechanisms.

Comprehensive community and adolescent engagement strategies were aligned with national and state flagship programmes to increase empowerment and incorporate the global framework for ending child marriage. UNICEF and UNFPA initiated a Memorandum of Understanding for a joint programme to end child marriage, which resulted in the launch of a state-wide action plan and campaign to prevent child marriage in Rajasthan. For the scale-up and sustainability of the programme, UNICEF is engaging with the Ministry of Panchayati Raj, Ministry of Youth and the National Commission for Protection of Child Rights. UNICEF will extend its partners to include the National Institute of Open Schools, Skill India, *Beti Bachao Beti Padhao* and the World Bank.

UNICEF, with the support of the NGO Breakthrough, developed a toolkit for government and implementing partners working on adolescent empowerment and ending child marriage. This has been implemented in 13 programme states. The NGO *Pravah* conducted consultations with adolescents and a specialist agency is conducting a scoping exercise in order to better

understand the platforms, tools and partnerships required for improved adolescent participation.

UNICEF continued to support the ongoing mapping of communication materials and capacity development institutions on child marriage, violence against children and child labour, which will help identify the gaps and opportunities related to communication materials required by implementing partners.

Nationally, an estimated 15 million viewers (source: Broadcast Audience Research Council India data, 2016) were reached within the first six weeks of broadcasting a television series on adolescent issues including gender and empowerment. This series is the flagship project of a transmedia initiative of UNICEF and includes radio, social media and an interpersonal toolkit. It was endorsed by the Ministry of Family Health and Welfare, and secured funds from the National Public Broadcaster *Doordarshan* to be broadcast nationally. The content is focussed on raising gender awareness, addressing negative social norms, enhancing competence and confidence among adolescents to increase awareness on ending child marriage, nutrition, education and gender based violence.

OUTCOME 5 Protective and learning environment; Adolescent participation and empowerment

Analytical Statement of Progress:
UNICEF deepened its support for inter-ministerial coordination and convergent programming between and among interventions by the Education, Child Protection and WASH sectors. Consequently, greater synergy has occurred among national flagship programmes – Integrated Child Protection Scheme, Sarva Shiksha Abhiyan and Swacch Vidyalaya – contributing to the progress of children, especially from the most deprived and marginalised families/communities.

Technical support to state governments resulted in smooth integration and rollout of Child Friendly School and System Guiding Principles through State Education Plans. In Assam, Bihar, Gujarat, Odisha, Jammu and Kashmir, and Uttar Pradesh, education functionaries improved knowledge and skills, and rolled out and monitored state plans based on CFSS indicators.

UNICEF supported national and state governments, as well as civil society organisations, to take stock of implementation of children's right to free and compulsory education. State education functionaries were trained to analyse Unified District Information System for Education (UDISE) data to identify barriers and bottlenecks in implementation of the Right to Education Act, and to support better planning and monitoring of the sector. In addition, UNICEF, in collaboration with the Ministry of Human Resource Development and National University of Educational Planning and Administration, provided technical support that improved the knowledge and skills of 746 state and district education functionaries across India to enable transformation of the Education Management Information System into a student-based data system linked to unique identification codes. This will help in tracking the progression of individual students, as well as in rationalisation of resource allocation and reduction of leakages within the system.

Progress was recorded in enhancing stakeholder capacity to raise demand for quality education and protection services. In Odisha, Assam, West Bengal and Uttar Pradesh, UNICEF supported implementation of school attendance campaigns. In Assam, Gujarat and Uttar Pradesh, School Management Committee members' capacities were strengthened to track individual children, ensure regular attendance, and participate in day-to-day school

functioning. Community mobilisation and outreach were improved in Gujarat, West Bengal and Odisha. In Jharkhand, the Labour Department developed a communication strategy to prevent child labour and promote regular attendance, while in Bihar a similar strategy was developed with the participation of all stakeholders, including children themselves. A formative study was undertaken to understand the motivations and barriers to a smooth transition from primary to upper primary and from upper primary to secondary school, with the objective of developing a communication strategy.

Nine states developed convergent plans of action for prevention and rehabilitation of child labour. Bihar, Gujarat, Jharkhand and Odisha launched state-wide campaigns with the Labour Department and legislators, resulting in mass awareness on the issue. Linkages also were established at national and state levels with Panchayat Raj Institutions and the National Rural Livelihood Mission for the scaling up of work to prevent child labour. A multi-stakeholder training module for prevention and response to child labour is being prepared by UNICEF in collaboration with the V.V. Giri National Labour Institute.

Several other interventions are being implemented to create a protective learning environment for children. Technical support was provided in the rollout of the WASH in schools programme; guidelines were developed for school safety and security; teachers' capacity was enhanced to deliver child-friendly, equitable quality education; and an Early Childhood Education curriculum and inclusive education curriculum for children with disabilities were rolled out. Support was also provided for strengthening special training programmes and to mainstream out-of-school children. Overall, progress was reflected with a rise in the Class VIII completion rate to 78.5 per cent from a baseline of 61.1 per cent, along with a 13-percentage-point reduction in dropout rates at primary and upper primary levels.

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

Analytical Statement of Progress:
States continued their efforts to integrate the CFSS guiding principles into state education plans. At the national level, the Government accomplished this by developing a School Standards and Evaluation Framework aligned with the guiding principles and framework. In Assam, the CFSS package produced by UNICEF India was adapted to the state context and launched in June 2016. Technical support was provided for capacity development of education functionaries, including teachers, to implement CFSS in Assam, Bihar, Jharkhand, Gujarat, Jammu and Kashmir, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal and to further monitor the implementation of CFSS in Bihar and Jammu and Kashmir. Implementation of CFSS is being demonstrated in model schools in Assam, Bihar, Gujarat, Odisha and Jammu and Kashmir. Following the integration of CFSS indicators in the state level-monitoring tools in Gujarat, Bihar, Odisha and Maharashtra in 2015, Rajasthan and West Bengal developed and integrated monitoring tools into their state plans, based on CFSS indicators.

UNICEF India continued to support national and state governments and civil society organisations in taking stock of the implementation of the RTE Act by looking at progress made and gaps that persist. UNICEF supported the analysis of the UDISE 2015-16 data from five states (Bihar, Gujarat, Maharashtra, Uttar Pradesh and Jammu and Kashmir) and built the capacity of education functionaries to identify barriers and bottlenecks in implementation of the RTE Act. District UDISE functionaries in Bihar and Uttar Pradesh prepared district and block equity profiles that enabled differential planning of education

programmes and monitoring of RTE indicators in relation to infrastructure, teachers, and student enrolment and progression. Support was provided in Odisha, Chhattisgarh and Rajasthan to develop monitoring systems to track progress on RTE indicators.

A national consultation and six regional consultations improved the knowledge and skills of 746 state and district education functionaries across India. The led to a shift from school-based to student-focused Education Management Information System for improved planning and monitoring of Education Sector performance. The student database system is linked to a unique identification code (Aadhar) that facilitates the tracking and progression of students. It helps reduce system funding inefficiencies, by having major incentives like mid-day meal provisions, textbooks, uniform and school bags based on enrolment figures.

EduTrac, an innovative real-time monitoring system for educational indicators, was implemented in Assam, Chhattisgarh, Karnataka and Madhya Pradesh. It led to systematic monitoring of students' attendance through the Interactive Voice Response system, midday meal programme and the availability and reach of incentives. Consequently, district administrators were able to take timely actions to support RTE implementation, especially with regard to teacher and student attendance and resource allocation. The Chhattisgarh government scaled up this initiative to cover the entire state with the support of monitoring officers; and the other states adapted this technology in their existing monitoring system.

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

Analytical Statement of Progress:
UNICEF India continued to support the national and state government to implement various provisions of the National ECCE Policy. Several states developed state plans of action and strategies on ECE, including Rajasthan, West Bengal, Bihar and Maharashtra. State ECCE Councils were established for enhanced coordination between key departments and partners in Assam, Bihar, Jharkhand, Maharashtra and Odisha, and is pending government approval in Uttar Pradesh.

Rajasthan developed guidelines on collaboration between Integrated Child Development Services and the education department on ECE. A leadership programme, aimed at building the capacities of mid-level ICDS managers in two states, gained further ground.

Chhattisgarh government resources were leveraged to cover an additional district besides the five UNICEF programming districts; and the Uttar Pradesh department is implementing it in 15 districts, with intensive interventions in five districts.

Mother tongue-based early childhood education is a critical requirement, particularly in states with substantial tribal populations and, hence, Odisha completed the training for 6,681 *Anganwadi* Centres (AWCs) to support this approach. Maharashtra formally launched its state ECE Curriculum on International Women's Day. West Bengal scaled up the model AWCs from 1,000 to 5,000, and 121 AWCs are being piloted as model centres in Bihar.

West Bengal is piloting a module developed for ECCE Day, to increase parents' engagement. In Assam, the state ECE curriculum is being rolled out in four more districts, along with activity books that were prepared. Similarly, Gujarat, Madhya Pradesh and Rajasthan formulated ECE curricula and developed resource materials, such as workbooks, manuals, handbooks, assessment cards and preschool education kits. Bihar issued a directive to rollout the ECE curriculum in 11 districts, in conjunction with preparation of capacity development plans.

Regarding children with disabilities, inclusive preschool education materials are being developed for ICDS centres in Andhra Pradesh, Telangana and Karnataka. Furthermore, in Tamil Nadu, a framework for early detection of disabilities is being developed. UNICEF provided support to all these developments, and will continue to follow-up.

To build the evidence base, a longitudinal study is underway in Chhattisgarh to track the impact of parenting on children aged 0-3 years as they go through the ICDS centres and into the first two grades of primary education. In addition, the report on the five-year ECE longitudinal research study in India, tracking children from preschool to the early primary grades to explore the sustained impact of quality preschool education programmes is being prepared. The study's findings will be released and disseminated in mid-2017, following a thorough review process.

A National Conference on School Readiness, attended by approximately 200 people, was organised in collaboration with Ambedkar University (a partner in the longitudinal study) and Children's Investment Fund Foundation (CIFF), in October, where some of the emerging findings were shared. UNICEF is also supporting the development of Early Learning and Development Standards for India, which have been drafted, with the field validation process ongoing and set for completion in the first quarter of 2017.

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

Analytical Statement of Progress:
Following the teacher education visioning workshops which led to the preparation of state teacher education roadmaps and five-year perspective plans, support was provided to strengthen annual state teacher-education plans in the four additional states of Gujarat, Madhya Pradesh, Rajasthan and West Bengal. Continued support has also been provided in the five states of Assam, Bihar, Jharkhand, Odisha, and Uttar Pradesh.

In Bihar, Odisha and Maharashtra, UNICEF India worked with the governments to revamp the curriculum and in-service training programmes by incorporating child friendly pedagogy and training on leadership for teacher educators. These were based upon state teacher education structures and guidelines from institutes, such as the State Council of Educational Research and Training (SCERT), and the District Institute of Education and Training (DIET) through the state and district resource group who support teachers. In Bihar, UNICEF played a key role in supporting teacher education reform efforts in SCERT by training untrained teachers using an innovative open distance-learning programme. Around 32,000 untrained teachers are being trained through this mode: the first cohort of over 6,550 completed the training in 2016.

In Assam, Gujarat, Odisha, Rajasthan, Karnataka, Madhya Pradesh, Tamil Nadu and West Bengal, the capacities of resource teachers and teacher educators were strengthened on child-friendly pedagogy, the integration of information and communication technology into the teaching-learning process, English language teaching, early grade reading and numeracy and inclusive education for children with disabilities.

With a focus on improving learning, technical support was provided to SCERTs and DIETs to roll out early grade-reading and numeracy enhancement programmes in Assam and West Bengal. A multi-state evaluation of Activity Based Learning in seven states generated evidence that this child-friendly pedagogy improves learning processes and outcomes. The evaluation findings, such as strengthening teacher education systems through supportive

supervision, clarity in leadership and visioning in teacher education and ownership from teachers on the methodology amongst others, are informing state level systems-strengthening of teacher preparation and development programmes around a child-centred pedagogy. A review of classroom-based assessments, such as the Continuous and Comprehensive Evaluation, was carried out in six states. The findings were shared with states to revise and improve Continuous and Comprehensive Evaluation implementation by building capacity for teacher diagnosis of student's errors and remedial programmes. Furthermore, ongoing efforts are underway to improve equitable quality education through the development of learning resource materials, including the integration of ICT and by promoting inclusive education in partnership with the National Council of Educational Research and Training and state governments.

UNICEF continued to provide technical support to the National Council of Educational Research and Training and states for large scale assessments, especially in regard to building capacities of state functionaries in content and format of assessment development and the effective use of assessment tools and learning achievement data to direct continuous professional development, and ultimately the teaching and learning process.

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

Analytical Statement of Progress:
Different strategies were undertaken towards mainstreaming out-of-school children (OOSC) and addressing student absenteeism. Odisha, Uttar Pradesh and West Bengal carried out campaigns to improve attendance, while Kerala developed a draft action plan for tribal areas. In Assam, OOSC in remote and inaccessible areas, including conflict affected-areas, were targeted through a communication strategy. Efforts to mainstream OOSC and improve children's learning reached 15,000 children in 85 tea gardens.

A capacity gap assessment of 20,000 *tola sevaks* and 10,000 *taleem markez* (community facilitators in marginalised communities) of Bihar was conducted to design a capacity development plan for efficient identification and mainstreaming of OOSC. Around 50 per cent of schools in Dungarpur and Udaipur, Rajasthan formulated plans to mainstream OOSC. A proposed definition of OOSC is being reviewed by the government of Uttar Pradesh for incorporation into the State Right to Education Act Rules.

UNICEF supported integration of a physical education programme in bridge courses for the OOSC run by *Sarva Shiksha Abhiyan* in Tamil Nadu, and a draft action plan for the education of migrant labourers' children is under review. An action plan for 207,000 OOSC in Jharkhand identified through a survey, led to their enrolment in a special training.

In partnership with the National Labour Institute, a multi-stakeholder training module was developed to train district level-officials from departments of Women and Child Development, Education and *Panchayati Raj* for prevention, restoration and rehabilitation of child labour for implementation in eight states. Uttar Pradesh, Bihar, Jharkhand and Madhya Pradesh used the motivational training films for teachers and School Management Committees to promote regular attendance. In Uttar Pradesh, UNICEF held eight division level-workshops with principals of private schools and government functionaries for effective implementation of the RTE provision of reserving 25 per cent of private school seats for children from disadvantaged groups under the guidelines of the Education Department. This led to a 300 per cent increase in enrolment in comparison to 2015-16.

Inclusive education for children with disabilities was promoted through the development of a teacher-training module at the national level and training of master trainers from five states. Consultations and orientation workshops were held at the state level on inclusive education in Bihar, Gujarat and Uttar Pradesh with road maps developed. Maharashtra initiated a gap analysis on implementation of inclusive education for children with disabilities, and a guidebook has also been prepared on making schools accessible.

UNICEF supported the expansion of the sports programme to upper primary schools and *Kasturba Gandhi Balika Vidyalayas* in Assam, Bihar, Jharkhand and Odisha**.** Standard operating procedures on school safety and security were developed at the national level have been contextualised making it more responsive to the Jammu and Kashmir situation and for implementation of CFSS in Jammu and Kashmir. In partnership with the Madrasah Board of West Bengal, the capacities of teachers and girls collectives in 200 madrasas were enhanced, which led to an increase in enrolment, attendance, retention, and improved learning through remedial support for disadvantaged students, particularly Muslim girls.

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:
Strengthening school-based community structures, adolescent empowerment and access to secondary schools remain key areas of focus. Support has been provided with respect to enhancing overall normative frameworks, in relation to adolescents and social inclusion, with policies, standard operating procedures and government orders issued in Tamil Nadu, Karnataka, West Bengal, Odisha and Jammu and Kashmir.

UNICEF India supported state governments in the formation and strengthening of School Development and Management Committees. Support was provided in building capacities in Assam, Bihar, Gujarat, Jharkhand and West Bengal, training modules were developed/revised for enhanced communication and in strengthening school-community linkages. Technical support was provided to develop School Improvement Plans and to enhance the capacity of School Development and Management Committees members on gender and social inclusion in Gujarat and Jharkhand at the secondary education-level through the *Rashtriya Madhyamik Shiksha Abhiyaan* programme, especially for increasing participation and attendance of adolescent girls and boys.

Support was provided to enhance access to secondary education in partnership with the Connected Learning Initiative in Chhattisgarh through piloting digital technology to enhance teaching-learning of mathematics, science and English in secondary schools in two districts.

In Maharashtra, a status review on secondary education was completed and the recommendations are reflected in the government's resolution issued on secondary education. With UNICEF's advocacy, the Rajasthan government is tracking progression of students through the Education Management Information System. UNICEF in Uttar Pradesh also led a pilot on tracking transition in five blocks of five districts, and the state education department has scaled this up to cover all 50 blocks of the five districts, tracking the transition of 180,000 children from lower to upper secondary education. In Bihar, tracking efforts have focused on the most deprived girls (*mahadalits*) to ensure their retention and transition.

Life Skills Education (LSE) was the main initiative supported in relation to adolescent participation and empowerment. In Andhra Pradesh, LSE is being demonstrated in 65 residential schools for children from tribal groups. Assam successfully rolled out LSE in

4,085 schools in all 27 districts of the state. Bihar and West Bengal developed modules on life skills with career counselling, communicative English and information technology.

Bihar focussed on districts with low girls' enrolment reaching 50,000 children, and West Bengal on 200 madrassas reaching 30,000 adolescents. West Bengal is also supporting *Meena Manch*, an effective adolescent forum, or type of girls group that is gaining strength in madrassas. In Rajasthan, 300 resource persons were trained on LSE reaching around 20,000 boys and girls. Madhya Pradesh is implementing an LSE programme in 3,000 lower secondary schools, and supporting life skills development through sports programmes in hostels/residential schools for 6-14 year-old out-of-school girls from the most marginalised communities and in 500 regular upper primary schools. LSE has contributed to increased participation, attendance and transition, and has helped to reduce school dropout, delay marriage and improve the empowerment and decision making-process of adolescents.

OUTCOME 6: Policy advocacy and social change for child rights

Analytical Statement of Progress:
Efforts were directed towards building and strengthening partnerships, and facilitating an enabling environment for public and policy advocacy. The Team *Swachh* campaign on improved sanitation*,* for instance, leveraged strategic partnerships with celebrities, religious leaders, civil society, media and the private sector, and global partnerships such as the International Cricket Council (ICC)-UNICEF India partnership during the World T20 cricket championship. Media and corporate partnerships helped generate free advertising worth US$2.46 million on sanitation. Strategic advocacy with partners helped Team *Swachh* grow into a national movement, leading to high-level collaboration with the Government on *Swachh Bharat* Mission. About 55 partnerships were forged with key influencers to raise the Country Programme equity agenda. These included partnerships with academic institutions, civil society, the private sector, and media houses. About 322 elected representatives were sensitised on UNICEF priorities, resulting in 22 questions raised in Parliament and State Assemblies. Strategic media advocacy led to more than 10,500 quality reports on priority issues nationally. UNICEF also supported the NINEISMINE platform to establish a Children's Parliament for SDG advocacy.

The #FairStart child nutrition campaign generated discourse around equity gaps and was linked to the launch of the State of the World's Children Report 2016 in Delhi and in 13 states with high level political leadership. The launch generated 134 media stories and leveraged US$1 million worth of free media space, with 627 million impressions on social media. This event led to 12 Parliament questions. About 5,000 children joined the #FairStart initiative through the Rights on Track campaign on SDGs for Children in partnership with the NINEISMINE platform, which is a national network of over 500 NGOs and schools across India.

Children's Parliaments (*Bal Sabhas)* were formed and strengthened across Tamil Nadu, Assam, Odisha, and Maharashtra. Child reporters' programmes in Jharkhand, Assam and Chhattisgarh led to media reports and radio programmes. A 410 per cent surge in media reports covering adolescent issues and voices was observed, with 1,300 media reports nationally. This could be attributed to strategic initiatives like the volunteer service of celebrity advocates such as Kareena Kapoor, Priyanka Chopra, and professional cricketers. To ensure key stakeholders inform programmes, policies, planning and budgets on UNICEF's priority areas, about 2,400 knowledge products were developed and disseminated through 300 platforms, reaching 25,694 stakeholders including elected representatives, media (traditional/social), civil society, private sector and celebrities.

UNICEF's social media influence in India went up to two million people, an increase of 500,000 from 2015. The website had 876,000 visitors and over two million views. Key decision makers supported strategic digital campaigns, such as Team *Swachh Bharat* on WASH, and other campaigns focused on equity, adolescents, breastfeeding, maternal health, and online safety.

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

Analytical Statement of Progress:
UNICEF informed and sustained public and policy discourse on UNICEF's priority issues through the creation of knowledge products, partnerships, and platforms for raising awareness, dialogue and engagement, with an equity lens. Efforts were directed towards building and strengthening partnerships, and facilitating an enabling environment for public and policy advocacy. Team *Swachh* campaign on improved sanitation*,* for instance, leveraged strategic partnerships with celebrities, religious leaders, civil society, media and the private sector, and global partnerships such as the ICC-UNICEF partnership during the World T20 cricket championship. Media and corporate partnerships helped generate free advertising worth US$2.46 million on sanitation messaging. Strategic advocacy with partners helped Team *Swachh* grow into a national movement, leading to high-level collaboration with the Government on *Swachh Bharat* Mission.

The #FairStart child nutrition campaign generated discourse around equity gaps and was linked to the launch of the State of the World's Children Report 2016 in Delhi and 13 state offices with high-level political leadership. The launch generated 134 media stories and leveraged US$1 million worth of free media space, with 627 million impressions on social media. This event led to 12 Parliament questions.

About 5,000 children joined the #FairStart initiative through the Rights on Track campaign on SDGs for Children in partnership with the NINEISMINE platform, which is a national network of over 500 NGOs and schools across India. *Bal Sabhas* or Children's Parliaments were formed and strengthened across Tamil Nadu, Assam, Odisha, and Maharashtra. Child reporters' programmes in Jharkhand, Assam and Chhattisgarh led to a number of media reports and radio programmes. A 410 per cent surge in media reports covering adolescent issues and voices was observed, with 1,300 media reports nationally. This could be attributed to strategic initiatives like the volunteer service of celebrity advocates such as Kareena Kapoor, Priyanka Chopra, and professional cricketers.

To focus on entrenched gender inequalities impacting children and mothers, about 55 partnerships (a 14 per cent increase from baseline) were forged. Partnerships included academic institutions, UN agencies, the private sector, and media houses.

About 322 elected representatives were sensitised on UNICEF priority areas through ongoing partnerships with the Speakers' Office in Madhya Pradesh, Andhra Pradesh, and other external platforms in Delhi, Maharashtra, Andhra Pradesh, Telangana and Jharkhand, resulting in 22 questions, an increase of six questions from 2015, in the Parliament and State Assemblies. Strategic media advocacy led to more than 10,500 quality reports on priority issues nationally.

To ensure key stakeholders inform programmes, policies, planning and budgets on UNICEF's priority areas, about 2,400 knowledge products were developed and disseminated through 300 platforms, reaching 25,694 stakeholders including elected representatives, media (traditional/social), civil society, private sector and celebrities.

UNICEF's social media influence in India went up to two million people, an increase of 500,000 from 2015. The website had 876,000 visitors and over two million views. Strategic campaigns used digital platforms to generate conversations on priority areas with specific focus on equity, adolescents, breastfeeding, maternal health, WASH and online safety for young people.

OUTCOME 7: Adolescent participation and empowerment

Analytical Statement of Progress:
The disaster risk reduction programme continued to focus on child-centred disaster risk reduction, which resulted in substantial gains both at the national and state levels. Key programme results included the drought impact assessment exercise carried out in nine states, followed by detailed Nutrition and Food Security assessment in four states. These led to governance, policy and practice level child-focused recommendations taken up in the revised 2016 Government of India's Drought Manual.

Capitalising on the Bihar government's commitment for DRR, UNICEF provided technical support to development the "*Bihar DRR Road Map 2015-2030*" in-line with the Sendai Framework for DRR. After a year-long inclusive process supported by UNICEF, Cabinet approved its implementation through participation of line departments, Panchayat Raj institutions, urban local bodies, international donors and CSO partners. UNICEF in Rajasthan bridged the gap in evidence and practice to address air pollution by bringing Government of India's state-of-the-art SAFAR mobile unit for real-time air quality monitoring and forecasting, with a system for providing health advisories. The evidence generated has strengthened political commitment, accountability, state capacities and systems to legislate, plan and budget for interventions that enhances resilience and effectively respond to climate change risks. As a follow-up, a mobile app – *RajVayu* - was launched by the Honourable Chief Minister. This further led to emergence of the concept of 'eco-warriors' (children as change agents) under the guidance of the Chief Minister to implement an environmental conservation movement integrated within the *Mukhyamantri Jal Swavalamban Abhiyan*. UNICEF, in collaboration with the government of Chhattisgarh and two NGO partners continued to implement a multi-sectoral conflict sensitive development programme in very hard-to-reach villages of Narayanpur district. The programme provided improved access to preventive and curative health services for children and women, reducing the prevalence of malnutrition, improving WASH and the protective learning environment for children in tribal areas. The key results include 745 institutional deliveries and treatment of 334 SAM children, with a cure rate of 84.4 per cent.

The well-established community based School Safety Programme in Bihar expanded to cover 3,323 schools with 1,713,321 students and 28,067 teachers working together through their 3,048 school development and monitoring committees, jointly contributing to disaster risk reduction planning and implementation within school, communities and their families.

Humanitarian response to Tamil Nadu floods:
Around 1,000 youth and adolescent volunteers were trained and oriented on the key messages pertaining to WASH, child protection, health and nutrition to prevent water borne diseases, protect the nutrition level of children and protecting them from physical and sexual abuse during disasters. Key messages reached 600,000 people, including 200,000 adolescents out of the nine million people affected by Chennai floods.

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

Analytical Statement of Progress:
Disaster risk reduction work strengthened political commitment, accountability, state capacities to practice, legislate, plan and budget for interventions that enhance the resilience of service delivery systems and communities.

A drought impact assessment was carried out in nine states followed by a detailed Nutrition and Food Security assessment in four states which led to governance, policy and practice level child-focused recommendations taken up in the revised 2016 Government of India's Drought Manual. There was a specific request from government of Uttar Pradesh to track the effectiveness of Government's social protection response to drought in 543 villages from 10 blocks of five districts.

Under the Community based Disaster Risk Reduction Programme, over 560,000 households in the 1,130 disaster prone villages in the 15 developmental blocks of six districts of Bihar have risk reduction knowledge and access to 161 DRR catalysts (local leaders) to take decisions to advance sustainable development through community action plan 1,130 villages. The DRR Roadmap '2015-30' in-line with the Sendai Framework was developed with six goals under the wider theme of 'Resilient Bihar', with technical support from UNICEF. Cabinet approved its implementation through participation of line-departments, Panchayat Raj institutions, urban local bodies, international donors and CSO partners.

In Rajasthan, UNICEF bridged the gap in evidence and practice to address air pollution by bringing Government of India's state-of-the-art SAFAR mobile unit for real-time air quality monitoring and forecasting, with a system for providing health advisories. The evidence generated has strengthened political commitment, accountability, state capacities and systems to legislate, plan and budget for interventions that enhances resilience and effectively respond to climate change risks. As a follow-up, a mobile app - *RajVayu* - was launched, which further led to emergence of the concept of 'eco-warriors' (children as change agents) under the guidance of the Chief Minister to implement an environmental conservation movement integrated within the *Mukhyamantri Jal Swavalamban Abhiyan.*

A Risk-Informed Development Planning System in Bihar and Rajasthan facilitated real-time analysis and risk informed development planning. As part of district level piloting, work in Alwar district is in an advanced stage of formulation of a District Disaster Management Plan, which is a statutory instrument for organising district level disaster management as per the Disaster Management Act 2005.

UNICEF, in collaboration with the government of Chhattisgarh and two NGO partners, continued to implement a multi-sectoral development programme in very hard-to-reach villages of Narayanpur district providing improved access to preventive and curative health services for children and women, reducing the prevalence of malnutrition, improving WASH and the protective learning environment for children in tribal areas. The key results include 745 institutional deliveries and treatment of 334 SAM children, with cure rate of 84.4 per cent. The well-established community based School Safety Programme in Bihar has been expanded to cover 3323 schools with 1,713,321 students and 28,067 teachers working together through their 3,048 school disaster management committees to strengthen disaster risk reduction planning and implementation within schools, communities and families.

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

Analytical Statement of Progress:
Strong foundations of policy analysis and evidence generation on social inclusion were laid to support policies, social protection and public finance for children. Generation of data and evidence focused on strengthening the Management Information Systems of national flagship programmes and monitoring and evaluation capacities at state and district levels. To ensure that the Government develops an integrated plan to achieve the Sustainable Development Goals by 2030, UNICEF and other UN agencies supported consultations on SDG visioning in several states. UNICEF also supported development of an SDG monitoring framework.

To strengthen the system for implementing child rights and follow up on the Committee on the Rights of the Child Concluding Observations for India, UNICEF and the National Commission for Protection of Child Rights co-organised the National Workshop on Protection of Child Rights in December 2016. For the first time, all 35 State Commissions for Protection of Child Rights were trained on the Convention on the Rights of the Child and engaged with Governmental institutions around enforcement of child rights, with information developed into a Resource Handbook.

To deepen cohesive, multi-Ministerial planning around issues affecting children, UNICEF supported development of the National Plan of Action for Children incorporating the SDGs' child-related targets.

A similar cross-Ministerial process (State Plan of Action for Children) was developed and operationalised by the government of West Bengal with technical support from UNICEF. Regular review mechanisms were put in place to monitor progress on indicators.

Through evidence-based advocacy, UNICEF created policy dialogue with national and state governments on the need to build an integrated social protection system for children and their families. A baseline paper was developed, encapsulating international evidence on the impact of social protection and specific recommendations for India, and disseminated by the Government. The discussion was initiated by a review of social protection programmes for children undertaken across 10 states. UNICEF's advocacy efforts also supported development of a draft social protection strategy by government of Andhra Pradesh, focused on children, women at risk, the elderly and the differently-abled.

UNICEF efforts to sensitise state governments on the need for an enabling policy framework for children led to development of state-level child policies in Karnataka and Maharashtra.

UNICEF state offices successfully advocated for social policy measures for the most vulnerable populations. In Maharashtra, a study on funding flows, implementation and impact on Scheduled Tribes resulted in the development of policy guidelines; whilst in West Bengal, a comprehensive Study on Social Exclusion 2016-17 is underway with UNICEF support. Evidence from a review of social protection schemes (for example, the cash transfer scheme/girl child in Jharkhand, cash transfer scheme/child labour in Uttar Pradesh) helped state governments to identify pathways to streamline processes and increase coverage. In West Bengal, a baseline survey of the conditional cash transfer scheme for girls led to an improved communication strategy and Management Information System, among others.

In 29 states, the Ministry of Women and Child Development, with UNICEF support, conducted a nationwide household/facility survey, the Rapid Survey of Children (RSOC) in India. Disaggregated data by gender, geographic location, social groups and wealth quintiles

for more than 150 indicators were publicly released through national and state factsheets. This bridged a major data gap that had existed since the last similar survey, in 2005-2006. The results are being used extensively to inform national-level reviews of critical Government policies and strategies, particularly with regard to health and nutrition. Within UNICEF, the RSOC results were used to monitor flagship programmes and better understand drivers of change for development of the Country Programme 2018-2022. Further thematic reports on Early Childhood Development, urban poverty and tribal children informed ICDS reforms and refined programme gaps.

Various products were developed and released by national and state governments to enhance access to data and support evidence-based policy and programming decisions. These included a real-time school performance tracking system, e-Samikhya, for monitoring compliance in Odisha with the Right to Education Act. A UNICEF-supported project on Integrated Spatial Digital Planning and Management Support System, which uses GIS and remote sensing technology for effective planning and management decision making, is being extended to 45 districts. Other data products are being used by state governments for planning in Maharashtra, Bihar and Jharkhand, among others.

About 2,376 knowledge products were developed and disseminated through 297 platforms, ensuring that 25,694 key stakeholders, including Government officials, were informed on UNICEF priority areas. This helped facilitate an enabling environment for change at policy level. For example, concerted advocacy in Andhra Pradesh led to the successful rollout of the State Nutrition Mission with UNICEF support.

About 55 partnerships were forged with key influencers to raise the UNICEF equity agenda. These included partnerships with academic institutions, civil society, the private sector, and media houses. About 322 elected representatives were sensitised on UNICEF priorities, resulting in 22 questions raised in Parliament and State Assemblies. Strategic media advocacy led to more than 10,398 quality reports on priority issues nationally. UNICEF also supported the NINEISMINE platform to establish a Children's Parliament for SDG advocacy.

UNICEF's social media influence has gone up to 1,945,477 people, with the website having 876,000 visitors and over 2 million views. Key decision-makers supported strategic digital campaigns, such as Team *Swachh Bharat* on WASH, and other campaigns focused on equity, adolescents, breastfeeding, maternal health, and online safety.

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

Analytical Statement of Progress:
UNICEF India and the National Commission for Protection of Child Rights co-organised the first of its kind National Workshop on Child Rights in December. This workshop strengthened the capacity of Members of the State Commissions for Protection of Child Rights (independent child rights ombudsmen) from across India, enabling them to fulfil their quasi-judicial functions as well as monitoring and investigating child rights' issues. Twenty-two State Commissions from across India attended the workshop and concrete steps to strengthen their functioning were discussed and action plans were developed. As a part of the workshop, the first edition of the Resource Book for Protection of Child Rights was developed to support the functioning of the commissions and disseminated as a capacity development tool to all the State Commissions. The Resource Book includes specific sections on gender-related issues. The workshop also had a specific gender lens and engagement on gender related issues was included in the panel discussions. The work was undertaken in follow up to the recommendations given to India by the Committee on the

Rights of the Child Committee's Concluding Observations on India's report on the Convention on the Rights of the Child, issued in June 2014.

All the UNICEF states offices provided technical support to State Commissions for evidence generation, creation of civil society platforms and networks and empanelment of experts for high level policy engagement.

In further compliance with the Concluding Observations, the National Plan of Action for Children was developed in 2016 with UNICEF technical support. The NPAC specifies and incorporates the Sustainable Development Goals' child-related targets, and prior to the finalisation, comments were sought from the public and civil society. The NPAC was drafted with a view to have purposeful convergence and strong coordination across different sectors and levels of governance. It promotes active engagement and partnerships with all stakeholders, the setting up of a comprehensive and reliable knowledge base, the provision of adequate resources, and the sensitisation and capacity development of all those who work for and with children.

The progress on developing State Plans of Action for Children (SPAC) varies by state. Implementation of West Bengal's SPAC was reviewed with full participation from all relevant departments and chaired by the Chief Secretary to the government of West Bengal. A civil society platform for SPAC monitoring was created in West Bengal with UNICEF support. In Gujarat, a two-day stakeholder consultation in October helped all stakeholders to articulate possible priority areas for SPAC. In Maharashtra, mapping of the schemes provided the basis for the development of SPAC for their state. In Chhattisgarh, the draft SPAC was completed and is awaiting official clearance. With a far-reaching view to build the capacity of development professionals on child rights' issues in India's fragile northeast, UNICEF, in partnership with Tezpur University, established a postgraduate diploma course on 'Child Rights and Governance' and the first class of students matriculated this year.

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

Analytical Statement of Progress:
Results from the Rapid Survey of Children helped equity-focussed situation analyses to support formulate policies on Nutrition Mission and Mission *Indradhanush*, an immunisation programme. The results also informed the 2016 Economic Survey of India, and were used extensively for equity analysis for five programme priorities and several thematic areas. These documents informed development of next 2018-2022 Government of India-UNICEF Country Programme.

To support evidence-based planning at state levels, special trainings planned and executed on equity analysis and profiling. To contribute to the formulation of the National Development Agenda (VISION 2032) and SDG monitoring framework, support was given to Ministry of Statistics and Programme Implementation and Ministry of Health and Family Welfare in unpacking the SDG framework. In Gujarat, Assam, Chhattisgarh, Haryana, Jharkhand and Madhya Pradesh, UNICEF provided technical support to develop a number of monitoring tools to identity and track pockets of marginalised and vulnerable communities by refining their equity strategies and plans. In Kolkata, UNICEF is supporting Government in carrying out a Social Exclusion Survey. A real-time school performance tracking system "e-Samikhya" was developed in Odisha. UNICEF supported an "Integrated Spatial Digital Planning and Management Support System" using GIS and remote sensing technology in Madhya Pradesh.

In Chhattisgarh, constituency wide-profiles on WASH and civil registration were developed; and in Hyderabad, UNICEF developed knowledge products including a handbook on evaluation, and on the Nutrition Mission. Additionally, data products were developed during the year, including the 'UPDevInfo' in Uttar Pradesh and 'Jharstat' in Jharkhand.

Strengthening of state level-evaluation capacity progressed in Gujarat and Assam where draft state evaluation policies were developed, and in Bihar where a State Evaluation Capacity Development Plan was formulated. A tripartite partnership between UNICEF, Institute of Rural Management and the Directorate of Evaluation of Gujarat is being developed with an exclusive module on impact evaluation. Three evaluations were completed and four were in progress, covering the majority of programming states and sectors and following agreed-upon evaluation standards and criteria. In addition, UNICEF provided financial support for UNDAF evaluation.

The Peer Review Group continued to provide quality assurance of all Terms of Reference produced by UNICEF India for studies, research and evaluation, and at regional level. Long Term Agreements were signed with three specialised agencies to provide Quality Assurance for all stages of studies, research and evaluation. Knowledge products on decentralisation, public finance for children and social protection were developed to generate evidence for equity-focused and inclusive programmes and policies on children and women.

Capacity building of local self-governance unit members through a knowledge partnership in Kerala resulted in greater grassroots accountability and child-friendly planning and budgeting. Similarly, knowledge partnerships with Tezpur University (Assam) and Kalinga School of Rural Management (Orissa) ensured that a cadre of researchers was built who have the capacity to advocate for children and women's rights.

The UNICEF India quarterly newsletter promoted an exchange of information across all 14 offices. An internal steering committee met regularly to facilitate UNICEF India's research agenda, to ensure that quality knowledge products are developed.

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

Analytical Statement of Progress:
UNICEF India continued conducting policy advocacy on social protection with the national Government to build an integrated social protection system for children and their families in India. Towards this end, UNICEF initiated dialogue with the NITI Aayog - the Government's multi-sectoral think-tank - on the need to embrace a coherent social protection strategy in their vision setting for the next 15 years - VISION 2032. UNICEF developed a base paper on social protection for India to identify the global learning on issues relevant for India, and to identify the key elements for building such an integrated system for India. This was circulated to senior management in 14 central government ministries by the NITI Aayog. In the future, a consultation is being planned with senior government functionaries to discuss key issues of social protection for India, with a focus on child-sensitive social protection with a life cycle approach and to evolve concrete actionable strategies.

At the state level, there was progress on advocacy around social protection, with special emphasis on the most vulnerable population accessing public services and enhancing coverage of existing schemes. For example, UNICEF supported the development of a draft social protection strategy for Andhra Pradesh with an emphasis on children at risk, women, elderly and the differently-abled under the leadership of the state government.

Existing state social protection schemes have also been identified and reviewed for strengthening. UNICEF undertook an analysis of the challenges of design and implementation in a Jharkhand cash transfer scheme for girl children and is working on recommendations for streamlining and improving the uptake. In Uttar Pradesh, the initial findings of the review of the pilot cash transfer scheme for child labour were presented to the Office of Labour Commissioner and will be used by the government to improve the scheme design, coverage and its implementation. A comprehensive Study on Social Exclusion in West Bengal 2016-17 is underway with UNICEF support. This will provide the government with specific insights and recommendations for social inclusion in the state. Indicators developed by UNICEF Gujarat for the national flagship programme for educating and protecting girl children - *Beti-Bachao-Beti Padhao* (BBBP) have been adopted by all the nine BBBP districts in the state.

In Maharashtra, UNICEF in collaboration with the Government and a partner NGO, initiated a pilot project on community-based alternative care and access to services for children of seasonal migrants at source and destination. This will be scaled-up across the state.

The draft Girl Child Policy supported by UNICEF to promote rights of girl children is in the final stages of review by the Karnataka government. With a view to increasing the allocations of budgets for children, states completed budget analyses for children in Assam, Meghalaya, Chhattisgarh, Assam and Maharashtra. In Karnataka, analysis on 'public expenditure on children' was used and discussed at the budget sessions in Legislative Assembly.

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

Analytical Statement of Progress:
In the partnership with Inter-Cooperation Social Development India, a civil society organisation, the Ministry of Panchayati Raj's Gram Panchayat Development Plans (GPDPs) initiative are being reviewed. The implementation of GPDPs in eight states are being examined from the perspectives of children and women's issues and equity at the *panchayat* level. The initial work to understand, review and document the processes adopted in preparation of GPDPs in Assam, Bihar, Maharashtra, Rajasthan, Telangana and Uttar Pradesh has been completed. The focus is on understanding the GPDP fund transfer mechanism and utilisation so that suggestions on addressing issues of the poor, especially women and children, in areas such as poverty, nutrition, health, water and sanitation and child protection are incorporated into the GPDPs.

UNICEF's field offices provided technical support to the state governments to facilitate the process of making local self-governance bodies child-friendly, with the aim of ensuring every child's right to survival, development, protection and participation at each stage of their life. Some of the common change strategies implemented included:
  1. Technical support on planning and monitoring provided to district planning and monitoring units;
  2. Capacity building and training on child focused-planning at the state, district, block and the *Gram Panchayat* level;
  3. Child rights sensitisation programmes for elected representatives and government functionaries;
  4. Pilots and models developed, implemented and advocated for upscale;
  5. Technical inputs for drafting of policies, guidelines, training manuals and awareness materials.

UNICEF continued to support the Prime Minister's Rural Development Fellows Scheme

Support Cell at the Ministry of Rural Development. Fellows supported under the scheme have helped district administration in improving programme delivery in backward or least-developed districts because they primarily work on the issues of women and children, tribals, *dalits*, hill areas, forests, rain-fed regions, poor households, and remote regions. During this reporting period, UNICEF assisted the Ministry in reviewing and documenting the scheme (25 case studies, video, book, and brochure) to further improve its effectiveness.

UNICEF worked on public finance management for children primarily in Maharashtra, Gujarat and Kerala. In Maharashtra, a partnership was established with the Indira Gandhi Institute of Development Research and the Department of Finance and Planning; and work has been initiated to develop a comprehensive framework linking Public Finance for Children to the SDGs. In Kerala, following the child budget analysis, exercise guidelines were prepared for local governments to analyse how they plan and implement programmes for children. UNICEF is also supporting the state's work on further decoding government spending on children, and plans to develop a product that can analyse child budgets of all local governments in the state. This analysis would be used to advocate for the Guidelines on Public Finance for Children.

OUTCOME 9 Mother and child survival, growth and development; Protective and learning environment; Adolescent participation and empowerment

Analytical Statement of Progress:
UNICEF India supported government and other key stakeholders and partners to stimulate demand for services and promote practices regarding child survival, growth and development and protection especially for the most marginalised children and communities. The focus was on institution strengthening in departments of Health (nine states), Women and Child Development (six states), Rural Development, and Information and Cultural Affairs (one state.)

Social and behaviour change communication institutions were strengthened through establishment of functional behaviour change communication cells in government departments, which contributed to increased allocation of information and education budgets in four states. Five national SBCC frameworks and 36 state SBCC strategies were endorsed by government departments and are being implemented. Further, an SBCC training hub, Tarang, was launched with one training agency at national level to strengthen institutional offerings in SBCC capacity building. UNICEF published, presented, documented and disseminated at least 17 knowledge products on SBCC for child survival and development.

In addition, the education departments in eight states of Uttar Pradesh, Odisha, Assam, Karnataka, Chhattisgarh, Bihar, Madhya Pradesh and West Bengal promoted regular attendance through communication and training programmes with support from UNICEF. State governments funded the continued broadcast of Meena Radio in six states, and the governments of Jharkhand, Bihar and West Bengal developed communication strategies to prevent child labour and violence against children.

Knowledge and capacities of government stakeholders and frontline 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. In eight states, state and district level partnerships were established to reach and engage with adolescents. A comprehensive community and adolescent engagement strategy aligned to adolescent empowerment and the global child marriage framework was developed. District adolescent cells were established in Assam, West Bengal and Andhra Pradesh under the District Commissioner and Gender Resource Cell under Chief Secretary

respectively.

Nationally, an estimated 2.8 million viewers (as per the Broadcast Audience Research Council India data, 2016) were reached within the first 10 weeks of broadcasting a television series focused on adolescent issues, including gender and empowerment. This series is the flagship project of a transmedia initiative funded and developed by UNICEF, and includes radio, social media and an interpersonal toolkit aimed at adolescents. It has been endorsed by the Ministry of Health and Family Welfare and secured funds from the national public broadcaster *Doordarshan* to be broadcast nationally. The content is focused on raising gender awareness, addressing negative social norms, and enhancing competence and confidence among adolescents to increase awareness on a variety of concerns, including nutrition, education, and gender-based violence and ending child marriage.

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

Analytical Statement of Progress:
State and district level health information, education and communication bureaus, communication units and/or behaviour change communication cell establishments were supported in six states (Assam, Andhra Pradesh, Madhya Pradesh, Chhattisgarh, West Bengal, Jharkhand) and completed in three states (Uttar Pradesh, Odisha, Madhya Pradesh). Strengthened communication units were also seen in six states (Assam, Odisha, West Bengal, Madhya Pradesh, Tamil Nadu and Gujarat) in the Department of Women and Child Development and Rural Development.

In West Bengal, an IEC unit was strengthened in Lok Parsar Parkalpa in the Information and Cultural Affairs department. The cells or units contributed to increased or dedicated allocation of IEC budgets in four states (Uttar Pradesh, Gujarat, Madhya Pradesh and West Bengal). The budgets were used for planning, implementing and monitoring the IEC/SBCC activities across the four priority districts in West Bengal to increase the demand for child survival and development services, and disseminating sanitation and communication messages at socio-cultural events such as *Durga Puaj, Eidal Fitr, Ganga Sagar Mela.* As a result, WASH IECs were visible almost 80 per cent at *Durga Puja pandels* and *Eidgah* across West Bengal, and an estimated 36 million people received messages.

A national level knowledge, attitudes and practice study for the *Rashtriya Bal Swasthya Karyakram* programme was undertaken, and used to inform a communication framework which was finalised and approved by MoHFW. An IYCF communication action plan was endorsed by the government in eight states (Uttar Pradesh, Gujarat, Odisha, Maharashtra, West Bengal, Tamil Nadu, Jharkhand and Chhattisgarh) and a plan of action for district modelling was agreed in two states (Karnataka and Madhya Pradesh). In Uttar Pradesh, the National Health Mission Programme Implementation Plan was supported to develop social and behavioural change communication plans, costing over US$149 million. In Gujarat, US$150,000 was allocated for SBCC for routine immunisation in the NHM PIP, with a special focus in eight high priority districts. In the ICDS state budget, US$600,000 was allocated for IEC and BCC activities. In Madhya Pradesh, the RMNCH+A communication approach (framed around three approaches: Care-Sneh, Protection-Suraksha and Respect-Samman) was integrated into the current health project implementation plan. At the national level, a Zika Risk Communication Framework was drafted with MoHFW and WHO.

One national level and 14 state level Health Training Institutes have 1,960 master trainers at national, state level and district level for SBCC training on routine immunisation demand generation. These trainers have led to increasing behaviour change communication skills of

frontline functionaries in low routine immunisation coverage and high priority districts of nine States (Gujarat, Rajasthan, Assam, Chhattisgarh, Bihar, Odisha, Uttar Pradesh, Madhya Pradesh and Jharkhand). An SBCC training hub called 'Tarang' was launched in April 2016 with one training agency at the national level. For reducing open defecation, a partnership was established with the Feedback Foundation to create and strengthen grassroots level motivators in eight districts.

UNICEF published, presented, documented and disseminated at least 13 knowledge products on SBCC for child survival and development.

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

Analytical Statement of Progress:
UNICEF India led the communication and social mobilisation activities that contributed to high quality immunisation and mop-up campaigns. UNICEF supported the Social Mobilisation Network (SMNet) to mobilise 2.7 million households in high-risk communities in Uttar Pradesh, Bihar and West Bengal, ensuring high OPV coverage (over 99 per cent) in polio campaigns and achieving the lowest recorded refusal rates (under 0.4 per cent).

UNICEF supported the development of the national communication strategy for fractional dose IPV introduction for eight states and inactivated polio vaccine roll out in 21 states. UNICEF also led the national OPV switch communication campaign, using tools for cold chain handlers, government officials and medical professionals (over 488,300 materials printed and disseminated). These materials served as a prototype for an emergency campaign in Hyderabad. UNICEF also developed a national 360 degree routine immunisation campaign with celebrity Amitabh Bachchan, which includes TV and radio spots, training materials and motivational videos for frontline workers to support the national immunisation programme.

UNICEF supported the SMNet to inform parents in high-risk communities about upcoming routine immunisation sessions, and when their children are due for vaccination. They held over 7,000 mothers' meetings and 195,000 interpersonal communication visits monthly, reaching 2.7 million households. As a result, full routine immunisation coverage in SMNet high-risk areas increased from 36 per cent to 80 per cent in Uttar Pradesh and 54 per cent to 87 per cent in Bihar between 2009 and 2016. These are both significantly above the state averages of 53 per cent and 70 per cent, respectively. The SMNet continued to promote convergent life-saving messaging on handwashing, use of oral rehydration salts and zinc for diarrhoea management, breastfeeding, and or national nutrition initiatives.

UNICEF supported the national routine immunisation campaign, Mission Indradhanush, by developing the first communication monitoring framework, which was adopted by the Government. UNICEF coordinated data from approximately 1,000 UNICEF partner monitors and produced regular dashboards for national and state corrective action. UNICEF deployed more than 500 SMNet mobilisers to support communication activities for Mission Indradhanush to Madhya Pradesh, Rajasthan, Chhattisgarh and Haryana, and to non-SMNet areas within Uttar Pradesh, Bihar and West Bengal. This increased the number of communication plans, improved micro plans, enhanced the visibility, and introduced innovations in these states. UNICEF developed frontline workers' training modules, drawing on tools used by polio/SMNet, such as films, job-aids and training modules.

UNICEF and the Government formalised a plan to transition SMNet to Government-owned and funded mechanisms to support polio and routine immunisation. The Ministry of Health

and Family Welfare agreed in 2015 to progressively fund the SMNet, starting in the 2015-2016 financial year, and gradually reaching full funding by March 2018. The governments of Uttar Pradesh and Bihar developed concrete plans for transition in their Programme Implementation Plans which were approved for 2016-2017 in both states (US$2.4 and US$1.5 million) and for Uttar Pradesh for 2015-2016 (US$1 million). The terms of reference for the SMNet were adapted to focus on routine immunisation. UNICEF is also documenting lessons learned from the polio programme using various studies and documents (IPV/routine immunisation perception survey, IPV/routine immunisation quantitative study and leaflets).

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

Analytical Statement of Progress:
At the national level, a formative study to understand the motivations and barriers to transition was initiated, with the objective of developing a communication strategy to promote transition from primary to upper primary school and from upper primary to secondary school.

At the state level, six states (Uttar Pradesh, Odisha, Assam, Karnataka, Chhattisgarh and West Bengal) endorsed communication strategies to promote regular attendance. Training of school management committees and teachers to promote regular attendance is a part of the communication strategy, and was implemented in Bihar, Uttar Pradesh, Madhya Pradesh, Assam, Karnataka, West Bengal and Gujarat.

The Departments of Labour, Education and Women and Child Development in Jharkhand developed a communication strategy to prevent child labour. The Directorate of Child Rights and Trafficking in West Bengal endorsed the communication strategy to prevent violence against children, which will be operationalised in two districts. In Bihar, a communication strategy was developed with participation of all stakeholders, including children themselves.

Education departments in six states (Uttar Pradesh, Andhra Pradesh, Madhya Pradesh, Odisha, Assam and Gujarat) maintained broadcast of Meena Radio in more than 280,000 primary and upper primary schools, reaching approximately 19.8 million girls and 8.4 million boys. *Sarva Shiksha Abhiyan* funding was leveraged for the entire implementation. A School Management Committee radio initiative (Jan Pahal) that had been piloted in selected districts of Attar Pradesh was scaled up in all 75 districts. The 32 episodes of Jan Pahal and the supportive feedback mechanism of voice response, reached 167,000 schools and over two million parents who are members of SMCs. Thirty Right to Education Forum partners in Chhattisgarh were oriented on the basics of social and behaviour change communication.

About 3000 RTE mitras were capacitated to enhance demand generation for quality education and RTE compliance. The community role in RTE/Child-friendly Schools and Systems were strengthened using folk media and capacity building in select districts in Gujarat. A training plan for capacitating 314 block education officers on interpersonal communication was developed in Odisha. In Malda district, West Bengal, 40 per cent of Madrashas demonstrated Meena Manch as a strategy to engage adolescent girls. In addition, 200 key opinion leaders were oriented about Meena Manch and its importance for school attendance and adolescent empowerment.

A reach and recall study on mass media for promoting regular attendance was completed in early 2016. The study revealed that mass media is recalled and can influence regular attendance among children. A study to assess knowledge functioning of SMCs was initiated in Madhya Pradesh and a study to understand motivations and barriers to transition from primary to upper primary and secondary school was initiated in five states. In West Bengal,

UNICEF published a document on the effectiveness of Meena Manch platforms for sustainable behaviour change process in Malda.

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

Analytical Statement of Progress:
Progress towards the targeted results of this output improved this year. State and district level partnerships were established to reach and engage with adolescents in eight states. A comprehensive community and adolescent engagement strategy aligned to adolescent empowerment and the global child marriage framework was developed. District adolescent cells were established in Assam, West Bengal and Andhra Pradesh under the District Commissioner and Gender Resource Cell under the Chief Secretary respectively. NGO partnerships were established in Jharkhand in civil strife areas. National and state flagship programmes like *Rashtriya Kishor Swasthya Karyakram*, SABLA - a scheme for empowerment of adolescent girls, *Rashtriya Madhyamik Siksha Abhijan,* and *Kanyashree* were aligned and funds leveraged for system strengthening for adolescent programming in these districts.

UNICEF India supported the Adolescent Health Division and NACO of the Ministry of Health and Family Welfare to undertake annual reviews of the Adolescent Health Programmes to design effective interventions for adolescent participation and engagement. NACO and UNICEF developed a mobile application launched by the Health Minister on World AIDS Day, which includes risk assessment calculator, service directory to address myths and misconceptions. It links the National Toll Free AIDS Helpline and social protection schemes.

In three states, more than 400,000 adolescent girls were reached in demonstration projects with menstrual hygiene management as an entry point for adolescent empowerment. The demonstration projects validated the three pillars of engagement for empowerment – adolescent themselves, parents and community members and service providers. These pillars of engagement are integrated in the Governments' adolescent health programme. *Rashtriya Kishor Swasthya Karyakram*. Cumulatively, approximately three million viewers were reached in the first ten weeks of broadcast (source: Broadcast Audience Research Council India data, 2016) through a tele serial on adolescent issues. While an assessment on recall and effectiveness is planned for the first quarter of 2017, the serial has garnered an average one million unique viewers for each episode. The tele serial is the flagship of a transmedia initiative that includes a radio show, social media platform and an interpersonal toolkit. The tele serial, endorsed by MoHFW, also leveraged funds from the National Public Broadcaster Doordarshan for a thrice-a-week, all India broadcast. The transmedia initiative is focussed on influencing gender and social norms, enhancing competence and confidence among boys and girls with regards to child marriage, nutrition, education, gender differentials and gender based violence. Gender socialisation, gender segregation, child marriage, under nutrition, sexual and physical abuse and regular attendance are some of the issues covered multiple times during the serial.

Document Centre

Evaluation and Research

Title	Sequence Number	Type of Report

Perception of healthcare providers and the community towards Routine Immunisation and Inactivated Polio Vaccine	2016/013	Study
Divergences in Human Development Outcomes in Madhya Pradesh: The Role of Fiscal Policy and Governance.	2016/012	Study
Rapid Survey on Children (RSOC) 2013-2014. National Report.	2016/011	Survey
Evaluation of Solar Hybrid Photo-voltaic System in Primary Health Care Centres in Maharashtra	2016/010	Study
Nutrition Reports 4, 2016	2016/009	Study
Nutrition Reports 5, 2016	2016/008	Review
Health Budget India, An Analytical Review of IEC-BCC Budget Trends, 2013-2016.	2016/007	Review
Formative Research Report on RBSK	2016/006	Study
A Roadmap for Strengthening Menstrual Hygiene Management in Uttar Pradesh.	2016/005	Study
Indore District - Battle to End ODF	2016/004	Study
Energising Panchayats for Better Child Governance in Tamil Nadu	2016/003	Evaluation
Evaluation of Pilot DHaAL Interventions for Group Handwashing with Soap Before Mid-day Meals in Rural Elementary Schools in Assam 2013-14	2016/002	Evaluation
Summative Evaluation of UNICEF India's Cotton Corridors Project: 'Preventing Exploitation and Protecting Children's rights in Andhra Pradesh and Karnataka.'	2016/001	Evaluation

Other publications

Title
Reducing Stunting in Odisha
The Global Interfaith WASH Alliance (GIWA) Film
Team Swachh Films
Sanitation Champion Films
Communication material for Intensified Diarrhoea Control Fortnight
Operational guidelines and Tool kit for Intensified Diarrhoea Control Fortnight
Routine Immunisation Amitabh Bachchan Campaign material
Communication material for IPV Introduction (Fractional dose)
Communication Material for tOPV to bOPV Switch
Indore Swachhata Sangram. Indore District's Battle to End Open Defecation.
National Cold Chain & Vaccine Logistics Action Plan. India 2016.
Quality Awards for Schools. Stories for Change.
Mobilising for Children at mega events. Nabakalebara.
Nourishing India's Tribal Children. Voices of frontliners, promising practices and policy Implications.
Assessment of Reach and Recall of TV Spots on Regular Attendance in Schools
The Story of Special IPV Campaign. Hyberabad and Ranga Reddy Districts.
Community Approach to Total Sanitation (CATS) leading to Sustainable ODF Villages in Chhattisgarh
Resource Book for the Commissions for the Protection of Child Rights
Budget Track, Volume 11, Special Issue on Nutrition, February 2016
A Roadmap for Strengthening Menstrual Hygiene Management in Uttar Pradesh

Lessons learned

Document Type/Category	Title
Lesson Learned	India Early Childhood Education Impact Study