

India

Executive summary

India is home to 444 million 0-18 year olds, which is almost 20 per cent of the world's child population. India also hosts the world's highest adolescent demographic dividend. Around 90 per cent of the children reside in states where UNICEF is programming. While progress is being made, there is a growing number of children affected by urbanisation, migration as well as environmental disasters such as drought, pollution and floods. The demonetisation and subsequent drop in the growth rate in 2017 also had an adverse impact on child well-being – considering that 90 per cent of the families rely on the informal economy. The 'urban advantage' continues to bypass millions of Indians living in informal slums. The overall lack of social safety nets and adverse effects of climate change are leading to a growing number of urban children with high exposure to shocks and stresses.

India is experiencing a sharp decrease in child marriage prevalence: from 47 per cent for girls married before age 18 in 2005-06 to 27 per cent in 2015-16. UNICEF and a coalition of partners led a major breakthrough in accelerating the end of child marriage through large-scale, multi-agency initiatives. In Bihar, the campaign reached over 600,000 government officials and 24 million people through media and community mobilisation. In Uttar Pradesh, UNICEF helped to launch a large scale community platform linked to local governance to end child marriage and violence against children. In 13 states, UNICEF initiated a convergent approach in order to develop a scalable model for advancing adolescent empowerment, and together with partners reached 937,000 adolescent girls and boys and 1.2 million parents and community members through social and behavioural change communication programme.

UNICEF continued to support accelerating immunization with a focus on expanding coverage with better quality interventions and introducing four new vaccines (rotavirus, pneumococcal, measles-rubella and adult Japanese encephalitis). The measles-rubella vaccine was introduced, with the support of UNICEF, in a phased campaign targeting 410 million beneficiaries from nine months to 15 years of age. The campaign is the largest of its kind in the world where over 62 million children had been vaccinated in 13 states by November 2017.

UNICEF continued as the principal partner in water, sanitation and hygiene (WASH), supporting the central and 15 state governments in areas including policy development, institutional strengthening, district level planning and implementation, social and behavioural communication, capacity building, technical support, data analysis and evaluation. In 2017, out of the 685 districts, 237 were declared as open defecation free (ODF), of which 67 were directly supported by UNICEF. So far, 22.9 million households with a population of 112.2 million have gained access to toilets. Government reports indicated that 72 per cent of rural households had toilet access in 2017.

UNICEF provided technical support to the National Council of Educational Research and Training and Ministry of Human Resource Development to establish robust learning assessment systems and support the National Achievement Survey. This is a critical shift from focussing on the number of enrolments to the quality of education and learning outcomes. As part of the

National Achievement Survey, three million children from 120,000 schools were assessed in key curricular areas of language, mathematics and science across 703 districts in all states. The findings will be used to enhance evidence-based district level planning in the context of improving teacher's professional development for improved learning outcomes. Further, UNICEF assisted the Ministry of Women and Child Development to develop age- and developmentally-appropriate resource material prototypes for nationwide use in support of implementing the National Early Childhood Care and Education Policy.

UNICEF provided comprehensive inputs towards development of national Sustainable Development Indicator (SDG) indicator framework, which was close to finalisation at the end of December, as well as to the related monitoring plan. Five regional workshops were organised covering 30 states, with the objective to collate critical learning on data and capacity gaps, and eventually developing a national strategy paper for SDG reporting.

During the current country programme, UNICEF India has relied heavily on government partners and technical assistance as a core change strategy. UNICEF can accelerate and intensify results by capitalising on strategic partnerships. India has a wealth of institutions, public-private partnerships, think tanks and corporates who are interested in investing in the next generation. UNICEF needs to identify the transformational change strategies for India that combine the strengths of the government, businesses and the civil society to accelerate the results. In the next Country Programme it will be critical to generate quicker and more strategic evidence to be able to capitalise on the infinite opportunities that India offers.

Humanitarian assistance

In 2017, floods and droughts extensively impacted one-third of Indian States. The northeastern and western parts of India witnessed multiple sequences of riverine flooding, especially in seven states – Assam, Bihar, Gujarat, Manipur, Rajasthan, West Bengal and Uttar Pradesh. Over 1,200 lives were lost and 35 million people, including 13 million children, reeled under the multi-dimensional impact of the floods in 103 districts. Flooding destroyed or severely damaged 12.2 million houses, 8,443 Anganwadi Centres (early childhood development/nutrition) and 24,782 schools. While the 2017 floods saw a sharp rise in severity and scale of damage and losses compared to earlier years, 225 districts in 17 states were facing drought because of insufficient rain, according to the National Agricultural Drought Assessment and Monitoring System.

UNICEF provided technical support to the Government for early recovery of social sector services in-line with the Core Commitments for Children in Humanitarian Action during the floods. Responding to the requests from the three worst-affected states of Assam, Bihar and Uttar Pradesh, UNICEF supported government efforts to resume functioning of critical services and addressed the ongoing learning needs of government frontline workers. In Bihar alone, 9.8 million people were reached with lifesaving information on topics such as safe drinking water and handwashing. UNICEF led the United Nations Disaster Management Team technical support to the state government of Bihar for Social Sector Recovery Planning and Preparedness in the six worst flood affected districts in the state. This initiative supported full resumption of critical services covering health, education, nutrition, WASH and child protection and developed adapted preparedness plans, which covered four million people, including 1.8 million children.

UNICEF continued its work for resilience building. UNICEF supported the state government of Bihar to implement the 'Disaster Risk Reduction (DRR) Road Map 2015-2030'. UNICEF also supported authorities in Andhra Pradesh, Odisha, Madhya Pradesh, Rajasthan, Uttar Pradesh,

Telangana and West Bengal to update their state disaster management plans and to strengthen inter-agency groups and humanitarian non-governmental organisation (NGO) umbrella groups. In Bihar, a 'Resilient Village Programme' was launched in 2017, based on the learnings of the UNICEF Community-Based Disaster Risk Management programme, which reached 2.7 million people in 1,130 villages of six districts. This included the 'Safe Swim Programme', focusing on drowning prevention and management, was taken to scale in 22 flood-prone districts. In Madhya Pradesh, UNICEF supported a Power Quality- and a Disaster Preparedness Audit in 54 sick newborn care units (SNCU). UNICEF was part of a state-wide campaign – Dastan Abhin (a mission for health and nutrition need of children aged five years) – in 168 blocks to prepare for the monsoon season.

Similarly, a UNICEF-supported vulnerability assessment of over 200 coastal health facilities was shared with the state government of Orissa ahead of the cyclone and drought seasons, and it will be used for further advocacy work in 2018. Early warning systems were established in Rajasthan and alerts on 'release of water' from dams were shared 12-24 hours in advance via mobiles phones of community networks, Panchayat members and other stakeholders.

In April 2017, droughts were declared by the Government and by eight states – Andhra Pradesh, Karnataka, Kerala, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttarakhand and Uttar Pradesh. Based on the recommendations of the 2016 UNICEF Drought Impact Assessment in nine states, UNICEF and the Government organised two national consultations leading to the revision of the National Drought Management Manual. UNICEF is supporting national drought management and is working with the Central Research Institute for Dryland Agriculture to incorporate humanitarian indicators, specifically focused on children and women, into the assessment tool for 24 high-risk districts.

Equity in practice

Case study: Women's Resource Centre, Jharkhand

In 1997, India introduced affirmative action at the lowest level of government, the village council or 'panchayat', through a reservation of 33 per cent of these seats for women. In 2010, Jharkhand increased this quota to 50 per cent. Many other states also now have 50 per cent reservation of panchayat seats for women.

In a country where women have always been poorly represented in leadership and governance (in Lok Sabha, the Lower House in the Parliament, 12 per cent of seats are taken by women, while less than 10 per cent of the civil service is staffed by women), this policy directive shifted the paradigm for political power and representation at the village level. However, given the deep-seated patriarchal norms of power and decision-making both within the household and in communities, many women in the first generation of elected leaders, found the substance of their new role was assumed by their husbands and sons. The term "sarpanch pati" or husband of a female head of the panchayat became common, and often it was these men who hold the voice, agency and resources of these roles.

Jharkhand has a lower than average gross domestic product per capita, and lags behind in many indicators including maternal mortality, child survival and education. In states with better basic indicators, panchayats have played a strong role in stimulating household awareness of and demand of health, nutrition, education and other services, and in turn ensuring the state's commitment to and provision of these services.

To empower women elected leaders to take up their positions and fulfil their responsibilities, UNICEF supported the establishment of a Women's Resource Centre as part of the State Institute of Rural Development. For UNICEF this initiative was and remains important, given the evidence suggesting that women leaders are more likely than men to advocate for, allocate resources to and successfully implement services that benefit children including health, education, and water.

The goals of the Resource Centre are to: a) build the capacity of women leaders to understand their roles; b) help them understand the services and benefits that are applicable to their village and how to enable their provision, and; to build the confidence, knowledge, networks and ability to be effective leaders. While much of this training is applicable to all newly elected panchayat leaders, a women-only centre ensures that women leaders come to the training, feel comfortable in a women-only setting to learn, ask questions, experiment in developing plans and strategies and also build peer networks. The centre offers residential courses and also builds the State Institute of Rural Development's capacity to support women elected leaders.

Highlights from the establishment and functioning of the Resource Centre include:

- Building of a cadre of 72 master trainers across the state who have been trained specifically to build the capacity, knowledge and confidence of women elected representatives;
- Increased knowledge of women participants of schemes, programmes and policies applicable to their villages, as demonstrated through capacity assessments before and after training;
- Creation of a platform of lessons, practices and peer support between participants who often maintain these networks of support after their formal engagement with the Centre has ended, and;
- Serving as a model for devolution of resources to panchayats and building their capacity to plan and implement relevant, high-quality budgets.

Further, the training of women elected representatives resulted in a number of child-specific outcomes:

- Fully functioning panchayat-level standing committee for women and children, which advocated for inclusion of no-cost and low-cost activities in the panchayat planning and budgeting process in selected panchayats, improving the investment in women and children;
- Regularization of funding for the Anganwadi Centres and the Midday Meal (a Government of India programme that supplies free meals to schools), functioning of school, playground and boundary walls in school, handwashing unit in school and separate toilets for girls and boys in selected panchayats, and;
- The Department of Rural Development has come up with a guideline for strengthening of standing committee of panchayats and inclusion of women and child specific issues in all panchayats.

The centre was established in 2012 as a partnership between Jharkhand State Women Commission, State Institute of Rural Development, and UNICEF. It now operates at scale, having been fully adopted by the Jharkhand government. Since 2012, it has trained women from 2,333 panchayats. UNICEF spent US\$50,000 from 2012 to 2015, a small investment that prompted expenditure of over US\$2.8 million from the Government's Department of Panchayati Raj. UNICEF India continues to provide technical support and advice, ensuring that the content for the training remains women- and child-centred.

For UNICEF globally, India, with its 444 million children plays a critical role. India's share of the global burden for key child development milestones is 20-30 per cent. UNICEF's new Strategic Plan sets out five ambitious goals for children and 25 results, and the new India Country Programme for 2018-2022 encompasses these result areas in its outcomes.

The focus of the new country programme is on the life-cycle approach within key programme areas of health, nutrition, WASH, education and child protection emphasising early childhood development and adolescents. All outcomes converge on common results for children aged 0-6 and adolescents.

In case of adolescent programming, the outputs will contribute towards reduction in adolescent undernutrition, reducing the number of out-of-school children; particularly supporting girls to transition to secondary schools via life skills programming, leading to a reduction in child marriage. This links with the countrywide challenge of the youth bulge and the Government's focus is on ensuring that it can provide skills through the Skills India Mission to the young people to get them ready for the job market. Related to this will be UNICEF's continued work in ensuring primary and secondary education systems impart the key foundational and transferable skills to ensure a smooth transition from school to work.

For early childhood development (ECD), the focus will be on reducing stunting by joining WASH, promotion of breastfeeding and complementary feeding with parental and early childhood education. Efforts will also focus on promoting cross-sectoral and integrated health, nutrition and education platforms to ensure the continuity of services from 0-6 years.

Gender and risk-informed programming underpins the programming strategies for all the outcome areas. Risk reduction programming will be integrated into the key programme areas, particularly education and WASH, through the work on school safety, water safety planning and sustainable open defecation plans – ensuring that systems are better prepared and continue functioning during and a response plan is in place after disasters. The cross-cutting priority of gender equality is at the heart of the country programme, particularly to address social norms related to the value of the girl child. This complements the Government's flagship programme Beti Bachao, Beti Padhao which seeks to address issues related to the female sex ratio. Social and behaviour change communication and advocacy will be the key strategies for gender equality mainstreaming.

In terms of partnerships, UNICEF India's focus will continue to be on broadening the scope and scale of partnerships beyond government. Emphasis will be on private sector engagement to catalyse change for children through child rights responsible business practices, and use of private sector knowledge and expertise to accelerate social development outcomes, for example, to augment government's capacities in supply chain management.

Data for children – including promoting use of technology for improved monitoring, programming at scale, community engagement through innovative approaches – will be key to monitoring change in the new country programme. A good example is the child protection monitoring system designed to accompany the prevention of child marriage which will soon be expanded to eight states. A child protection survey for the entire country is under discussion with government counterparts. A data strategy for the child protection programme has been developed, after critically reviewing data sources and gaps. In addition, UNICEF India has piloted a web-based information management systems in two states and is in discussions with the Central Government to scale it up across the country.

An important component of the new country programme is the focus on social policy in line with the Strategic Plan goal area 5. Local governance, public financing for children as well as social protection measures will be supported for ECD and adolescents.

In this context, UNICEF India is set to focus on achieving results at scale within the different modes of engagement. The new Country Programme 2018-2022 has a carefully crafted results framework and a monitoring plan to operationalise all of the above. During the last quarter of 2017 the focus was on unpacking over 100 indicators of the results framework and preparing metadata descriptions for the indicators to ensure the monitoring framework is rigorous and able to deliver evidence on country programme results. The indicators are aligned with the Strategic Plan indicators, which will be monitored and reported through the India 2018-2022 Country Programme results.

Emerging areas of importance

Refugee and migrant children. The 2011 Census set the number of migrants at 454 million (migrants by place of birth and migrants by place of last residence) on what is considered to be a multiple-way movement from rural to urban, urban to urban and even urban to rural. By 2030, 200 million people are expected to move to major cities in search of better prospects. Distress migration has increased across all states and is defining a new demographic pattern within migrants (adolescents, entire families and small farmers). The seasonal migration of families has increased from three to six months, according to a recent UNICEF DRR study. Climate change further aggravates the vulnerability of children to shocks and stresses in the absence of safety nets. The 2015-16 drought in India, for example, resulted in young children left behind in the villages, increased child labour, trafficking and child marriage. In this context, UNICEF in 2017 intensified efforts to protect migrant children and children living in slums, two inter-connected, yet different issues requiring innovative approaches.

Maharashtra state, with UNICEF support, piloted a community-based care model for 4,500 seasonal migrant children. This resulted in the state allocating US\$6.5 million to support this approach, aimed at retaining children in schools during the seasonal sugarcane harvest. The state then convened an inter-state consultation on children and migration to showcase best practices and recommend public action for the protection and wellbeing of migrant children.

In Madhya Pradesh, the government expanded the safe cities for children and women concept – piloted in Bhopal with the local authorities, UN Women and UNICEF – to five other cities. UNICEF, in collaboration with government and civil society organisations (CSOs), mapped child protection issues and established community-based child protection structures in disadvantaged communities with a high concentration of migrants. The pilot led to systematic engagement between adolescents, Bhopal Municipal Corporation, police and service providers in an effort to strengthen local governance and children's access to services and protection.

Urbanisation and children. In West Bengal, UNICEF consolidated its engagement with Kolkata Municipal Corporation and elected local representatives to address the needs of children living in slums. Following a mapping and situation analysis, adolescent-friendly wards are being established in six pilot locations. Local councillors, police and services providers were involved in strengthening child protection committees and adolescent groups.

In Maharashtra, UNICEF supported the mapping of three urban poor settlements in Mumbai by children and adolescents, which generated evidence on vulnerabilities and risks. This information informed the development of indicators and a model for enhancing safety, resilience

and coordination between service providers, parents, elected representatives and the urban local body for preventing violence, transforming unsafe spaces and improving access to services for children. Three child resource centres now serve as safe havens, where children access psycho-social care, digital literacy and play. The resource centres have been included in the City's Development Plan as a social amenity for the urban poor.

The Sustainable Environment and Ecological Development Society-UNICEF partnership in East Delhi (home to 1.6 million) mobilised and organised a citizen's platform to leverage Government and community resources for the implementation of community action plans to address day-to-day risks (environmental and public health, child protection) reaching 60,000 residents through 280 trained youth volunteers and 100 trained masons. Government and other stakeholders have been able to take risk-informed action based on information aggregated by 'Being Citizen', an app used by the volunteers.

Accelerate integrated early childhood development (ECD). In 2017, Maharashtra and Rajasthan states commenced building capacities of frontline workers to counsel parents on responsive feeding, stimulation and providing a supportive environment for learning for children aged 0-6. UNICEF's education, nutrition and communication for development (C4D) programmes worked jointly on the initiative, launching a study to understand parental perceptions of care for young children and knowledge, attitudes and practice of frontline workers on parenting. In 2018, the findings will be used to enhance community and parental involvement in ECD.

In Chhattisgarh, 70,000 frontline health workers were trained on integrating counselling on psychosocial development in their work on ECD with families/caregivers. This initiative started as a pilot in one block of one district, covering 12,000 families. A longitudinal study carried out in relation to the initiative showed significant improvements in terms of cognitive, social and emotional development as well as nutritional outcomes of children as a result of the intervention. Based on these positive outcomes, the State Health Resource Centre agreed to include a component on psychosocial development in its state-wide training of all health frontline workers and in its Phulwari (crèche) programme as well.

Summary notes and acronyms

AWC -	Anganwadi centres
BRIDGE -	Boosting Routine Immunization Demand Generation
C4D -	communication for development
CFSS –	child-friendly schools and systems
CMAM -	community-based management of acute malnutrition
CMT -	country management team
CPMIS –	Child Protection Information Management System
CRC -	Convention on the Rights of the Child
CSO -	civil society organisation
DRR -	disaster risk reduction
ECD -	early childhood development
EMIS –	Education Management Information System
GPDP -	Gram Panchayat Development Plans
HPD -	high priority districts
IEC -	information, education and communication
J-PAL -	Jameel Poverty Action Lab
MHM -	menstrual hygiene management

MIS -	Management Information System
NCPCR -	National Commission for Protection of Child Rights
NGO -	non-government organization
O&M -	operation and maintenance
ODF -	open defecation free
pcv -	pneumococcal conjugate vaccine
PLCC -	Panchayat Level Convergence Committee
RMNCH+A -	reproductive, maternal, newborn, child and adolescent health Strategy
RMSA -	Rashtriya Madhyamik Shiksha Abhiyan
SBCC -	social and behavioural change communication
SBM -	Swachh Bharat Mission
SDG –	Sustainable Development Goal
SDMA -	State Disaster Management Authorities
SDMC -	School Development and Management Committees
SMNet –	social mobilisation network
SNCU -	sick newborn care units
U-DISE -	Unified District Information System for Education
UNDP –	United Nations Development Programme
UNFPA -	United Nations Population Fund
USAID –	United States Agency for International Development
UN –	United Nations
WASH -	water, sanitation and hygiene
WHO –	World Health Organization
WIFS -	weekly iron and folic acid supplementation
WSSP -	Water Safety and Security Planning

Capacity development

UNICEF India's strategy entails developing capacities at three levels: individual, institutional and policy level. This includes identifying systemic bottlenecks, gaps, improving data analysis and monitoring, enhancing skills of government functionaries and promoting social norms and behaviours favourable to the realisation of children's rights.

Communication for development technical assistance and advocacy led to the Ministry of Health and Family Welfare launching the ambitious 'Boosting Routine Immunization Demand Generation' Interpersonal Communication skills training for frontline workers. During 2017, a pool of 37 national lead trainers was established and at time of reporting, 1,213 district trainers received TOT training.

Key resource centres were established by the Ministry of Drinking Water and Sanitation to provide in-service training for sector professionals. With no C4D curriculum in place, UNICEF was concerned that sustainability of the use of toilets and hand washing was compromised. UNICEF therefore worked with the Government to develop a comprehensive package of C4D training materials, specifically designed for different users: motivators, managers and programme implementers. The Government adopted this innovative approach as a national standard, orienting all 36 key resource centres on use of the curriculum and orienting approximately 300,000 motivators on behaviour change communication to improve ODF sustainability.

National University of Educational Planning and Administration was supported to build the capacity of Education Management Information System officials from all 36 states and union

territories on data management and visualisation to improve the quality of Unified District Information System for Education (UDISE) data system covering 1.5 million schools, which will help effective planning, implementation and monitoring of the education programme.

UNICEF initiated an online platform for the Child Protection Management Information System to enhance reporting quality, analysis and use of data, as well as accountability of child protection services. UNICEF provided support to launch a pilot of this online platform in Tamil Nadu and Assam.

Evidence generation, policy dialogue and advocacy

At the request of the Government, UNICEF India launched a study on the economic impact of sanitation in the country. The data came from a total sample size of 18,376 respondents, representing 10,068 household across 12 states. The economic modelling was done by UNICEF. It found that rural households in India, living in open defecation free environments, on average benefit by US\$780 from deaths averted, time savings, and deferred medical costs. This study prompted the Finance Minister to reaffirm financial support for the Swachh Bharat Mission (SBM), and reinforced the commitment of the Prime Minister to lead the sanitation drive, quoting the findings from this study in many of his speeches and statements.

For the third consecutive year, the Supreme Court Committee on Juvenile Justice, with UNICEF technical support, pursued a multi-stakeholder policy dialogue on the effective implementation of key child protection legislation. This initiative mobilised senior judges, government officials and civil society from all 29 Indian states and seven union territories. This dialogue has raised the profile of child protection and resulted in increased budget allocations as well as central and state government commitments to implement legislation.

The government of Uttar Pradesh, with technical support from UNICEF, conducted an extensive review of the 'Conditional Cash Transfer Scheme for Identified Child Labourers'. The review assessed the design of the programme and the implementation processes in all 10 districts (2008-2016). The review resulted in redesign of the programme and subsequent increase of budget and coverage. The new implementation structure brought together different government departments of Uttar Pradesh to jointly implement the programme. The improved version of the scheme, launched on 12 June 2017, now includes highly vulnerable children in Uttar Pradesh and has fewer conditions and documentation requirements, which enables more children to access the programme.

Partnerships

A partnership between UNICEF India and the National Neonatology Forum, the professional body of neonatologists, paediatricians and neonatal nurses, led to improved quality and advocacy agenda – especially with regards to newborn girls – for neo-natal care. Similar collaboration with professional bodies, including the Indian Academy of Paediatrics and the Indian Medical Association, helped to generate private sector support and advocacy for the measles-rubella and routine immunization campaigns.

UNICEF's partnership with the National Council of Educational Research resulted in the development of a quality national learning assessment test which is being implemented in 120,000 schools, reaching three million children. UNICEF also facilitated access audits of schools to make school infrastructure barrier-free and accessible to children with disabilities, in partnership with a disabled people's organisation.

UNICEF established and chaired a group of development partners (World Bank, Tata Trust, Bill & Melinda Gates Foundation, the United States Agency for International Development - USAID, WaterAid) supporting SBM, which helped to harmonise the support. This provided partners an opportunity to consult, shape, and drive consensus on key advocacy messages, ensuring partner alignment on key policy issues. It also allowed UNICEF to strengthen the advocacy and influence the roll-out of the SBM. This resulted in increased accountability for the implementation of behaviour-centred approaches and improved monitoring and evaluation mechanisms to verify and monitor sustainability of ODF status. Further, UNICEF established a multisectoral partnership with Global Interfaith WASH Alliance. The Alliance has inspired creation of state-level interfaith platforms in West Bengal and Bihar advocating and supporting for child rights. UNICEF supported capacity development of core Alliance members to develop their action plans for community outreach.

Other strategic partnerships, such as with the Indian Institute of Mass Communication – through the Ministry of Information and Broadcasting – led to integration of the health-critical appraisal skills module in each of their journalism programmes.

External communication and public advocacy

In 2017 UNICEF India increased the reach of public advocacy through ground-breaking initiatives in social and print media.

UNICEF provided pivotal support to the Swachh Bharat Campaign spreading information on improved sanitation, focusing on behaviour change aspects such as handwashing and sustained toilet use, targeting 526 million people. UNICEF supported the Mission Indradhanush (Government-led mission to ensure all children are immunised) providing effective communication and advocacy support, reaching 500 million people, with 23 million newborns receiving DTP/measles vaccination. This public communication effort managed to increase adherence to the massive immunization drive.

In support of the government flagship programme Beti Bachao- Beti Padhao aimed at increasing the value of the girl child, UNICEF convened partners to sponsor and equip woman graduates of government colleges with drivers' licenses and training to increase their mobility and presence in public spaces. The advocacy addresses the country's skewed sex ratio at birth and low female workforce participation rates.

Through the engagement with Goodwill Ambassadors Aamir Khan, Amitabh Bachchan, Sachin Tendulkar, Priyanka Chopra and Lilly Singh around 90 million people were reached. This contributed to increased awareness on children's issues such as sanitation, introduction of new vaccines, ending violence against girls and adolescents' right to participation.

India participated in the global 'Cause Framework' with two successful campaigns: the '#EarlyMomentsMatter' and the 'World Children's Day'. These had a vast outreach (54 million impressions and 27 children's takeovers) and spread the message about the importance of ECD and Child Rights.

UNICEF India embarked on an innovative behaviour change approach combining social and mainstream media (TV series, radio spots, and games) to reinforce adolescent engagement and empowerment through transmedia initiatives, reaching over 500 million people.

Additionally, state-led initiatives set up important advocacy platforms for advancing child and especially girls' rights, such as the multi-partner campaign on #EndingChildMarriage in Bihar.

South-South cooperation and triangular cooperation

Representatives from the Government of India participated in the first South Asia Parliamentarian Platform for Children in Kathmandu in March. The purpose of the forum was to establish a network for peer-to-peer advocacy among lawmakers to safeguard children's rights and to promote policy dialogue. Members of Parliament have since participated in seven meetings, with technical support from UNICEF India, to discuss issues such as neonatal health and increasing investment for the survival of the girl child (SDG 3 and SDG 5); adolescent health and nutrition (SDG 2); early childhood development; WASH in schools and sanitation with linkages to nutrition.

Also this year, UNICEF initiated the first South Asia Religious Leaders' Platform for Children; an interfaith dialogue in which 30 leaders from different religious communities across seven countries pledged to use their influence and leadership to advance child rights.

UNICEF India facilitated a team visit from Maldives Ministry of Education to Karnataka in November 2017, to learn about quality assurance interventions and monitoring mechanisms being implemented. The Maldives team interacted with senior officials of state Quality Assurance Council and Education Department, and a field trip was organised for the team to observe quality assurance nuances.

UNICEF India is working with the Ministry of Health and Family Welfare, extending the support to member countries in strengthening various aspects of vaccine logistics and cold chain management under the immunization programme. In 2017, teams from Bangladesh, Bhutan, Maldives, Myanmar, Nepal, Sri Lanka and Timor-Leste were also trained. UNICEF India also shared its learning from the measles-rubella vaccination campaign with Indonesia along with various tools developed to address bottleneck and challenges.

UNICEF facilitated the visit of the Health Department, government of Chhattisgarh to Sri Lanka to study the health systems and the malaria programme. The Department of Health in Chhattisgarh entered into a Memorandum of Understanding with Government of Sri Lanka to support elements of the health programme.

Identification and promotion of innovation

In 2017, UNICEF India deployed RapidPro for real-time monitoring of biological samples in a national data collection exercise. To ensure samples are collected regularly and transported within the required time limits, daily reports are sent for each cool box. RapidPro automatically sends alerts to supervision staff to follow up on deliveries before critical time limits are reached. RapidPro was also deployed for real time monitoring of primary health facilities on WASH indicators. This shifts UNICEF from asking "what happened?" to "what is happening?", thereby enabling timelier and more accurate programmatic interventions.

A number of other initiatives were supported in various programmes, including:

- A large-scale massive open online course (MOOC) <http://mooc.sristic.org> for out of school children;
- Two summer schools on co-creation and inclusive innovations, and;

- A sentiment analysis. This used social media data of beneficiaries around important issues for girls and women and insights to better understand what was talked about and under-reported.

The challenge is to take these initiatives to scale due to lack of integration amongst government systems and databases at the state and central level, the low degree of government process reengineering and limited scope for leveraging emerging technologies under a unified system. To overcome these challenges, UNICEF further expanded its partnership efforts. For example, UNICEF partners with the India Institute of Technology in Delhi to establish an Innovation Lab to leverage opportunities around Digital India vision and to fast track policy level leveraging amongst key decision makers to “Transform e-Governance for Transforming Governance”.

Internally, the UNICEF India Innovation Advisory Group was transformed into a more agile and active Innovation Working Group to quickly identify the approaches that are most useful and those that are not.

Support to integration and cross-sectoral linkages

In India, the nutrition missions form an important convergent state-level platform, bringing health and WASH sectors to enhance nutrition. In 2017, West Bengal approved the formation of a state nutrition mission and UNICEF India continued to support five other state nutrition missions to forge strategic partnerships to scale up actions for improved maternal and child nutrition. In Tamil Nadu, a State Nutrition Alliance comprising of 20 partners was formed to strengthen existing mechanisms of inter-departmental convergence and to co-ordinate formulation of state nutrition policy. The convergence improved coordination among health/nutrition and WASH departments.

Using its communication for development expertise, UNICEF continued to work on system strengthening, primarily in the health, WASH and nutrition sectors to help enhance performance across five fundamental building blocks adapted from the health systems strengthening model. This included the better use of information, health work force capacities in social and behavioural change communication (SBCC) and counselling, service delivery, leadership, governance and financing of demand-generation and behaviour change.

UNICEF documented SBCC interventions for routine immunization and the reproductive, maternal, newborn, child and adolescent health strategy (RMNCH+A) across 11 states identifying good practices relevant to health system to enhance demand-generation. In 2017, some of the highlights for SBCC systems strengthening include the introduction of the measles-rubella vaccine, as well as Government’s Intensified Mission Indradhanush programme. Collaboration between the health and education departments and service structures was supported by UNICEF and greatly increased the response to the measles-rubellavaccination campaign in all states.

At the request of the Ministry of Drinking Water and Sanitation, UNICEF developed an evidenced-based standardised training package on community approaches to sanitation for different levels of Government functionaries. The package is now used across the country for all capacity building for social and behaviour change communication through key resource centres. These are the institutions accredited by the Ministry of Drinking Water and Sanitation for SBM capacity building.

Service delivery

Real-time monitoring for advocacy, accountability and action:

India has strengthened facility based newborn care by establishing special newborn care units (SNCUs) at district level. In 2017, nearly one million newborn were treated across 712 SNCUs in the country. UNICEF continued to support government to monitor performance of these SNCUs through a real-time online monitoring system which has been scaled up to 85 per cent of the SNCUs across 27 states of the country. The monitoring information is helping the SNCU staff, programme managers and policy makers in taking targeted and timely action.

The evidence helped in highlighting the issue of gender gap in seeking care for the female newborn. In 2017, 150,000 less female newborns were admitted in SNCUs, compared to male newborns. Female admissions constituted only 41 per cent of total admissions. The share of female admissions was lowest (ranging between 35 per cent and 37 per cent) in the four high burden states of Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan. These findings have helped to initiate policy discussions around addressing access barriers by reducing out-of-pocket expenses, provisioning of wage loss compensation for families and intensifying efforts for demand generation and promoting behaviour change towards care seeking for female newborns.

Real-time data is also helping government at state and national level in monitoring performance and ensuring accountability. Real-time analysis in light of reports of large number of newborn deaths in Gorakhpur Medical College was used by UNICEF and Ministry of Health to identify and jointly visit the SNCUs with high mortality in the country. Following this, the states initiated corrective actions including increasing bed capacity, prioritizing supportive supervision efforts, introduction of performance based incentives and flexible pay packages to address human resource gaps. UNICEF is supporting regular reviews and analysis of monitoring data for informed decision making.

Human rights-based approach to cooperation

In 2014, the UN Committee on the Rights of the Child recommended that India develop a National Plan of Action for Children. UNICEF supported the Government to develop this, based on guiding principles of the National Policy for Children, 2013. The National Plan of Action for Children was released in 2017, focusing on convergence and co-ordination between stakeholders: ministries, state governments, panchayat institutions, civil society organisations and children. It also proposed a roadmap to achieve the SDGs for children and a comprehensive monitoring and evaluation framework. The National Plan also provides for formation of the National Co-ordination and Action Group under the Ministry of Women and Child Development to ensure coordination among concerned stakeholders.

The UN Committee on the Rights of the Child also emphasised the need for technical cooperation between the National and State Commissions for Protection of Child Rights. UNICEF worked with National and State Commissions on capacity building initiatives to introduce the latest research and evidence on child rights to members. UNICEF and the National Commission for Protection of Child Rights developed a comprehensive Resource Handbook for the Commissions (in English and Hindi) with 2,000 copies disseminated to stakeholders and the members of the national and state commissions, allowing them to have quick access to the variety of legislation and policies related to children in India.

UNICEF and the United Nations Population Fund (UNFPA) have engaged in joint advocacy on the rights of the girl child, especially focusing on ending child marriage

Gender equality

Targeted gender priorities for UNICEF India include adolescent health, advancing girls' secondary education and child marriage.

Gender-responsive adolescent health:

SWABHIMAAN, a programme to improve food knowledge, cooking and eating behaviour (including reducing intra-household inequity in eating) through women's self-help groups, increased coverage in 2017, reaching 41,000 mothers of children aged up to two years, 14,000 pregnant women and 32,500 adolescent girls. Based on early positive results, state governments in Bihar, Odisha and Jharkhand resolved to scale-up the programme to all districts of the three states.

Advancing girls' secondary education:

UNICEF supported the Bihar government to help 1,400 out-of-school girls from the vulnerable Musahar community return to school, by advocating for girls' education with 10,000 mothers. The Rajasthan government adopted and rolled out a previously UNICEF-led project, Adhyapika Manch (Women Teachers Forum) to address gender issues in school attendance, learning and completion.

Child marriage:

UNICEF and a coalition of partners led a major breakthrough in accelerating the end of child marriage through large-scale, multi-agency initiatives. In Bihar, the campaign reached over 600,000 government officials and 24 million people through media and community mobilisation. In Uttar Pradesh, UNICEF helped to launch a large scale community platform linked to local governance to end child marriage and violence against children.

In Uttar Pradesh and Odisha, 20 million and five million children respectively will benefit from a UNICEF-supported review of textbooks, which removed gender stereotypes and introduced positive gender norms. Through the State Councils of Educational Research and Training, this initiative is being considered for national scale-up. In Assam, UNICEF supported development of gender-responsive curricula and pedagogy for 6,000 teacher trainees.

UNICEF helped develop gender guidelines for the US\$4 billion, Prime-Minister led SBM, which mandates the sharing of WASH-related household work between men and women, provision of separate school toilets for girls and boys, with menstrual hygiene management facilities for girls. Eight states are implementing the guidelines. Two menstrual hygiene management indicators have been included in the National Clean School Awards. In Bihar and Odisha, UNICEF supported over 1,600 women to become part of a politically prominent, men-dominated frontline worker cadre called WASH mobilisers, and supported them to lead open defecation free villages.

To challenge harmful gender stereotypes the UNICEF-BBC Media Action transmedia initiative continued in 2017. Some highlights include the television drama AdhaFULL reaching a cumulative 121 million viewers by end of 2017 - covering themes on child marriage, adequate nutrition, girls' education, and gender - leveraging funding from the national public broadcaster for a thrice-a-week, all India broadcast. The radio show 'Full On Nikki' reached more than five million listeners.

Environmental sustainability

In Rajasthan, UNICEF conducted a climate risk and vulnerability assessment in WASH across all 33 districts. Based on this, an index for assessing climate change risk in WASH was developed. This strengthened the capacity of the system and the communities for enhanced resilience to potential climate-induced shocks and stresses. Knowledge, attitudes and practices of 1,000 children and adolescents were measured on climate change mitigation and adaptation issues across Udaipur, Baran and Jalore districts of Rajasthan. The results are pending.

The World Health Organization (WHO) and UNICEF hosted an inter-agency roundtable gathering 31 participants from 17 multi-lateral and bi-lateral agencies, UN and research institutions to address the growing air pollution threat. This meeting established an informal multi-stakeholder platform on coordination of activities on air pollution. 'Children as Ambassadors of Environmental Protection' – a project inspired by the Chief Minister of Rajasthan and technically supported by UNICEF – was rolled out in 228 schools of Rajasthan. Over 4,000 children were trained to take simple actions on issues related to environment conservation, WASH, disaster risk reduction and protection issues. Each child was trained to reach out to at least 10 more children and mentor them. Climate change adaptation has been integrated in the school safety programme in 47,291 schools in Bihar and Chhattisgarh.

UNICEF, with the Gorakhpur Environmental Action Group, is strengthening governance mechanisms for climate change and disaster risk resilience for urban children, developing a city-level climate resilience strategy for Patna (Bihar) and Udaipur (Rajasthan). Concurrently, climate change resilience with urban development planning is being linked and integrated with the curriculum of the post-graduate programme at the School of Planning and Architecture, Delhi. UNICEF has developed a climate induced vulnerability index for climate sensitive divisions of Maharashtra in partnership with the Groundwater Surveys and Development Agency and State Disaster Management Authority. The findings were shared with the State Disaster Management Authority for further inclusion in the Maharashtra Department of Relief and Rehabilitation project.

UNICEF India continues to reduce its carbon footprint in the Delhi office through rooftop solar panels, which capture clean solar energy. For staff well-being, UNICEF conducts indoor air quality monitoring of UNICEF premises twice a year and has placed air purifiers at work stations in Delhi and several state offices.

Effective leadership

The 2016-17 Rolling Management Plan defined key office priorities based on a Country Office risk analysis, and was endorsed by the country management team (CMT). It provided guidance and oversight mechanisms, and was monitored through performance indicators. Key priorities and results in 2017 focused on improving the working environment in duty stations with high pollution levels and reducing information technology hardware footprint, including migration to a 'light office'.

With guidance from the New Delhi country office, each field office developed its respective rolling management plan. Governance and oversight structures were reviewed and shared with all staff to facilitate efficient and effective utilisation of resources. Programme performance and operations management also were monitored and checked against established management indicators in monthly programme chiefs and operations chiefs meetings; corrective actions were taken on weaknesses and for enhanced performance. The country management team met face-to-face four times in 2017, including the chiefs of field office and the staff association

chairperson.

UNICEF India closed the final outstanding internal audit recommendations, relating to the third party contracting modality, following the visit to India by the UNICEF Principal Advisor (Legal) in July 2017. The office will have an Internal Audit in 2018.

The office continued to strengthen the enterprise risk management processes and ensured its better integration into country programme priorities and decisions. The enterprise risk management risk and control library was also reviewed and measures were taken to mitigate identified operational risks. The office revised state-based business continuity plans into one consolidated plan for UNICEF India.

Financial resources management

The CMT continued to provide oversight on key management indicators through quarterly reviews using Senior Management Team Dashboards. The performance scorecard in Insight, as of 31 December 2017, reflected UNICEF India's good performance in the areas of financial, people, and partnership management.

The harmonised approach to cash transfer committee met three times during the year to review implementation and to provide oversight for all processes and status to the senior management, sections and field offices. As a result, the threshold for assurance activities was revised, as the volume of activities for UNICEF India was among the highest in the world. Development of a common database of implementing partners was initiated by UNICEF, the United Nations Development Programme (UNDP) and UNFPA.

During 2017, UNICEF India consistently maintained the direct cash transfers greater than nine months at only 0.4 per cent, slightly higher than the zero per cent target. This good performance was attributed to monthly meetings to review the liquidation status. The outstanding balance of greater than nine months was 0.2 per cent as the end of the year. Bank reconciliations were submitted to the Global Shared Services Centre regularly.

UNICEF India utilised US\$134.7 million (98 per cent) out of the US\$136.8 million allocated budget as of 31 December 2017.

Under the Go Green initiative, the UNICEF Lucknow office completed the installation of a solar power plant, reducing electricity costs by approximately US\$2,328 per month from July. The surplus energy produced earned energy credits to offset the energy consumed from the grid. Although there has been significant reduction in the units consumed following the installation of a 55-megawatt solar power plant in 2016, the Delhi office spent \$400 more in 2017 mainly due to the increased electricity tariffs in 2017 compared to the previous year.

Fundraising and donor relations

The UNICEF resource mobilisation and partnerships team together with the advocacy and communication section worked closely on the 'Cause Framework', engaging donors and partners to optimise the reach and influence of these campaigns. The Cause Framework has been a game changer UNICEF India, and enabled the office to deliver two integrated campaigns reaching individual donors at scale. The integrated awareness and fundraising campaigns #EarlyMomentsMatter and the World Children's Day were delivered with mass visibility and resulted in over 100 and 670 new donors respectively.

In order to increase unrestricted funds from the private sector, UNICEF invested in acquiring new monthly individual pledge donors, who can provide a sustainable and predictable source of income. The monthly pledge donor base grew by 20 per cent in 2017. Pledge donors are acquired through a number of procedures, including digital/online campaigns, face-to-face (agents stopping individuals in malls and on streets to solicit them to become a monthly pledge donor) and telemarketing. In 2017 US\$3.75 million was raised from individuals and US\$1 million from corporates. These funds have been effectively used by programmes to fill in funding gaps and build human resource capacity with UNICEF for programme delivery.

Preparations have been initiated for the new country programme, with fundraising strategies and overviews for each outcome being developed to be used for securing new and retaining existing partners.

In 2017 over US\$75 million of Other Resources funds were allocated to programming from a range of donors, including the IKEA Foundation, GAVI, Bill and Melinda Gates Foundation, USAID, Rotary, LDS Charities, Johnson & Johnson, and Megha & Aditya Mittal.

There were no specific fundraising efforts for joint programmes.

A total of 55 donor reports were due before the end of October 2017, and all were submitted on time.

Evaluation and research

The new country programme document formulation and subsequent development of the Country Programme Action Plan for 2018-2022 drew closely from the evidence generated during the current country programme. Evidence derived from the UNICEF headquarters managed Reducing Stunting in Children under five (India Case Study) and activity based learning evaluations was used to formulate the nutrition and education outcome areas. The Costed Evaluation Plan developed for 2018-2022 commits to a shift from smaller programmatic evaluation toward strategic, at-scale evaluative evidence for further improving UNICEF and government programming.

During 2017, UNICEF completed an evaluation on disaster risk reduction in Bihar, with the management response pending as of end-December. Preparations for the UNICEF Regional Office-managed Impact Evaluation for Adolescent Empowerment continued. UNICEF commissioned two ex-post evaluations for life skills education and menstrual hygiene management interventions in Maharashtra and Uttar Pradesh respectively, both of which will be finalised in the first quarter of 2018. A formative, multi-state evaluation on UNICEF's contribution to the sick newborn care unit programme was also commissioned in mid-2017. All evaluations followed agreed evaluation standards and criteria with satisfactory level of independence from programmes. UNICEF India's evaluation governance structures remained closely aligned with the UNICEF evaluation policy.

UNICEF used the findings and recommendations from the 'Energising Panchayats for Child Friendly Governance' evaluation (2016) in Tamil Nadu to advocate for a child-centric decentralisation model for state-wide scaling up.

UNICEF continued to support evaluation capacity development in Gujarat, Assam, Bihar and Telangana. Internally, the focus was on effective implementation of the evidence-generation agenda via PRIME; enhancing staff monitoring and evaluation capacities through a tailored

training course in partnership with the Jameel Poverty Action Lab (known as J-PAL); and revising the Standard Operating Procedure by adding mandatory external quality assurance process and guidance on ethical reviews. The new Standard Operating Procedure was successfully implemented from the second quarter. The PRIME steering committee met regularly to discuss and resolve challenges related to timely implementation and completion of activities.

Efficiency gains and cost savings

All UNICEF offices in India engaged a new print vendor with individual card-driven print release, which led to a reduction in office print waste. In addition, shredded paper, old files, newspapers and cardboard was recycled through an agency which re-uses the paper waste in an environmentally friendly way. The office also discontinued the use of bottled water for in-house meetings, reducing the amount of plastic waste.

The Lucknow field office installed a solar power plant for power generation, which saved the office approximately US\$2,328 per month from July 2017. The Delhi office continued to see reduction in cost (annual savings of approximately US\$4,600) of electricity compared to pre-solar power in 2015. Two field offices are currently installing solar power plants taking advantage of the government initiative for discounts in those states, which are being offered instead of the office paying the full amount for purchase of solar panels and installations costs. UNICEF saved an estimated US\$19,500 in 2017 by using non-commercial venues for workshops and meetings, which cost about half the price of the commercial venues.

The Delhi office installed occupancy sensors in the bathrooms and common meeting rooms, sensed taps/faucets and hand dryers in all washrooms to curb down water waste and paper usage with cost-saving implications. It also began installation of double-glazed windows to improve energy-efficiency of the building in terms of air-conditioning loss as well as indoor air quality.

UNICEF, along with UNDP and WHO, led discussions with the joint premises security provider, following a substantial cost increase due in part to revisions to the local minimum wage. The result of these negotiations was a cost avoidance of US\$1,000 (3.7 per cent).

Supply management

During the programme cycle, the supply function has experienced a major shift to service contracting and technical assistance to the government, thus evolving to better respond to the increasing needs of children and the demands for efficient and effective supply chains. The majority of transactions in 2017 were for services. The office does not maintain a warehouse for programme supplies.

As India is a middle income country, resources are available but the national capacity to manage large and complex procurement for vaccines and cold chain equipment is not adequate. Throughout 2017, procurement services were availed to both the central and selected state governments to procure vaccines and cold chain equipment and this was instrumental in the introduction of the new vaccines (HPV/HPCY and PCV) including the measles-rubella vaccine. The in-country logistics for procurement services was also handled by UNICEF from customs clearance to delivery to the final consignees.

To support the identified capacity gaps at state level, UNICEF India assessed cold chain facilities and supported the provision of cold chain equipment, including refrigerators, generators

and voltage stabilisers. Use of Solar Direct Directives combined refrigerators/freezers, which are important in remote areas with intermittent power supply, is another new project rolled out at the beginning of 2017.

The table below presents the total value of procurement for India 2017.

(1) Total value of procurement performed by UNICEF India	
Item	Value US\$
Procurement for UNICEF office	\$40,518,054
Programmatic supplies including procurement services-funded	\$1,469,322
Channelled via programme	\$1,469,322
Operational supplies	\$1,033,495
Services	\$38,015,238
Procurement on behalf of other UNICEF offices	\$20,695
TOTAL procurement performed by UNICEF India	\$40,538,749
(2) Total value of supplies and services received, irrespective of procurement location	
Programmatic supplies including PS-funded	\$26,149,136
Channelled via regular procurement services	\$112,500
Channelled via GAVI	\$23,392,012
Channelled via programme	\$2,644,624
Operational supplies	\$1,033,495
Services	\$38,122,205
International Freight	\$198,392
TOTAL supplies and services received	\$65,503,228

Security for staff and premises

During 2017, staff safety and security remained a high priority. UNICEF initiated a fresh Security Risk Management process in all security areas in consultation with chiefs of field offices. The resulting Security Risk Management documents were endorsed by the UN Designated Official. Measures recommended mostly related to trainings and allocation of resources, and were implemented to ensure that all UNICEF staff, premises and vehicles remained compliant with the Minimum Operations Security Standards for India.

UNICEF chiefs of field offices, who served as the area security coordinators in their respective areas, underwent security training conducted by the United Nations Department of Safety and Security (UNDSS).

UNICEF India conducted risk assessment missions with the Regional Office Security Advisor in Assam, Chhattisgarh and Bihar. During these missions, UNICEF built the capacity of partners in high-risk areas by sharing security best practices. Programme delivery in these high-risk areas continued through cooperation and partnerships with Government and NGO partners without incident.

Security briefings were conducted for all new staff to ensure they were well-prepared to join

programmes in the field. International staff were also briefed on cultural etiquette, local customs and behaviour. Women's safety and awareness training was organised for UNICEF staff and dependents.

UNICEF India remained fully compliant with the TRIP system and UN Security Management System. The UN Security Management Team meetings were regularly attended by the Country Representative.

UNICEF received reports of some cases of fraudulent use of the UNICEF name and logo, which were promptly reported to the relevant government authorities. Staff were advised to report occurrence of such activities without delay. Additionally, cyber security briefings were conducted for all offices, during which staff members were trained on how to identify and avert cyber security threats.

Communication remained a vulnerable area, as the Government does not permit the use of radio/satellite phones. The UN Resident Coordinator continued to communicate this issue to relevant Government authorities.

Human resources

The UNICEF India human resources (HR) section focused on the preparation of the new country programme for 2018-2022, with extensive consultations across the various components of the office, including the staff association. The structural changes aimed to align the staffing with the strategic objectives of the new country programme, which required the abolishment of 52 posts, establishment of 70 new posts and upgrade of 15 posts. A mitigation strategy was developed in line with existing policies to minimise the impact of these changes on staff members on abolished posts. The recruitment campaign, implemented in late 2017, promoted flexibility (as per UNICEF's Human Resources Reform), especially the lateral reassignment modality and introduced simpler and faster recruitment processes.

Building on the successful transfer of most transactional functions to the UNICEF Global Shared Services Centre, the office re-aligned its HR functions under three main pillars: (1) strategic HR planning and innovation; (2) strategic talent management and staff development, and; (3) client services management, with an overarching business partnership approach.

UNICEF India is promoting an effective performance management culture, emphasising managers' accountability for supervisees and team performance. The HR section revised the accountability framework, with greater clarity on outcome leads' role in managing performance and achieving results. The section regularly conducted learning sessions, monitored the implementation of the performance appraisal system and provided support to managers and staff members involved in performance improvement plans. An honest feedback culture was promoted through executive coaching for managers and team-building exercises, including monitoring and reporting on the implementation of related action points.

A work group was established to analyse the 2017 Global Staff Survey results, focussing on areas of improvement and to develop an action plan to be implemented in 2018.

UNICEF India is comprised of 48 per cent female and 52 per cent male staff. Some field offices have reached gender parity.

Effective use of information and communication technology

Microsoft Office 365 applications were used to improve overall effectiveness and efficiency in programme delivery and decision making; for example using Skype for multi-party conferencing; providing clearer communications. Optimised for mobile devices, Office 365 allowed users to work remotely regardless of their locations, which improved efficiency. In addition, some work-processes were automated using SharePoint, while OneDrive provided a resilient storage for documents. As a best practice, the office adopted secure cloud hosting through Microsoft Azure. All of these enhanced UNICEF India's Business Continuity Plan in 2017.

Promoting the principles of open-source and mobile technologies, the U-Report was released in 2016 and continued to serve as a platform to amplify the voices of the youth 2017. Subsequently the office adopted RapidPro to scale-up Real Time Monitoring for the next country programme focusing on social accountability, and set up the first RapidPro Server.

For a more strategic engagement both at central and state levels, an innovation working group was established to take stock of ongoing technology for development investments to ensure they also conform to the Government's vision around Digital India. The vision focuses on mobile connectivity, services on demand and empowering citizens with mobile devices.

UNICEF maintained a strong social media presence in India through Facebook, Twitter, Instagram, Google +, Viber and YouTube, which facilitated children's participation towards child-focused development goals.

Streamlining key information and communication technology services from the newly-established Tier 2 Data Centre ensured reliable and high-quality LIGHT services, thereby reducing technology and carbon footprint at all locations. The office released a multi-function printing service adopting a leasing model, further reducing operational costs.

Drawing from the lessons from the current country programme, UNICEF India consolidated efforts on strategic engagement for technology for development investments and departed from many small-scale technology for development relationships with low or no impact.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical statement of progress

UNICEF India continued to focus on reducing neonatal mortality, linking it with maternal and adolescent health, and preventing mortality from vaccine-preventable diseases by improving immunization coverage, introducing new vaccines and addressing common childhood illnesses (pneumonia, diarrhoea, malaria and paediatric HIV). Efforts were prioritised in 107 high-priority districts (23 states, one Union Territory), where UNICEF is the Call to Action lead partner.

Neonatal mortality reduction efforts focused on advocacy for improving the perceived value of the girl child, quality of skilled birth attendance, and sick newborn care with real-time monitoring and community follow-up. Model labour rooms increased from 25.5 per cent to 67.3 per cent (72/107) of high-priority districts, with sick newborn care units increasing from 73 to 77 per cent (82/107). Nationally, the number rose from 661 in 2016 to 712, with simultaneous focus on quality.

UNICEF scaled up the SNCU online monitoring system in 77 additional districts, now covering 618 SNCUs across 28 states, and supported planning, training, data quality monitoring and analysis.

Support for WASH in health facilities targeted 1,105 facilities in 107 high-priority districts, with 30.6 per cent achieving full WASH functionality. All UNICEF-supported states track HIV-positive pregnant women and their children.

Efforts to address post-neonatal mortality intensified with the Integrated Action Plan on Pneumonia and Diarrhoea scale up in twelve states, complemented by planning and joint rollout with WHO. Immunisation efforts focused on equity and introduction of new vaccines.

UNICEF continued supporting Intensified Mission Indradhanush implementation, a programme launched to achieve full immunization coverage of 90 per cent by December 2018. UNICEF supported the measles rubella vaccination campaign (phases 1 and 2) in which 65 million children (nine months – 15 years) were reached. UNICEF supported the introduction of pneumococcal vaccine in three states (Uttar Pradesh, Bihar and Himachal Pradesh), expansion of rotavirus vaccine in five additional states (Tamil Nadu, Madhya Pradesh, Rajasthan, Assam and Tripura), and cold chain supply chain strengthening.

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 number of special newborn care units in the country increased from 661 to 712 with sustained acceleration in states with a high burden of neonatal mortality, including Uttar Pradesh, Bihar, Jharkhand and Chhattisgarh. Since most of the states have expedited scale-up, the focus is now on ensuring quality of care by establishing partnerships for supportive supervision, promoting follow up after discharge and roll-out of kangaroo mother care. Advocacy efforts by UNICEF led to sharing of budget heads for kangaroo mother care scale-up by the Ministry of Health with states for incorporation in district and state plans of the National Health Mission. This includes provision of dedicated human resources and operational expenses for kangaroo mother care units. UNICEF has been designated by the Ministry of Health as the technical partner to support scale-up, including development of uniform training modules, recording and reporting formats and identification of national and state resource centres. The work on this has been initiated in partnership with Kangaroo Mother Care Foundation of India, and their experts in the country, and will be completed by March 2018.

The SNCU real-time monitoring system developed by UNICEF was scaled up in 77 more districts, now covering 618 of the 712 units across 28 states, compared to 541 in 2016. Some 87 per cent of the units in the country report online, compared to 79 per cent at the end of 2016. During 2017, 814,962 newborns were registered, which is 17 per cent higher than the 694,086 newborns registered during the same period last year. The government is now using the data for review and providing feedback, and UNICEF is supporting follow-up training, monitoring data quality and sharing analysis. The focus is now on ensuring regular use of the data by district and state teams for programming and strengthening the post-discharge follow-up of these high risk newborns. Community follow-up was initiated in 17 UNICEF-supported states, however progress was slow in the northeast and online monitoring has just begun. Regular tracking and

use of SMS reminders is being initiated in a phased manner across all states.

UNICEF continued technical support to strengthen the quality of skilled birth attendance, and supportive supervision was provided to 107 district hospitals in high priority districts. Over 67 per cent (72/107) of these high priority district hospitals achieved model labour room standards. Technical support for strengthening water, sanitation, and hygiene in health facilities has been ongoing, targeting 1,105 health facilities in 107 high priority districts. Nearly one-third (30.6 per cent) of these facilities have achieved full water, sanitation, and hygiene functionality.

UNICEF continued providing technical support to strengthen line-listing, tracking of HIV-positive pregnant women, and their children, along the mother-child continuum of care. Support was provided for subnational validation of the elimination of parent-to-child transmission of HIV/Syphilis in six states: Tamil-Nadu, Andhra Pradesh, Telangana, Karnataka, Maharashtra and Mizoram. UNICEF supported development of operational guidelines for an intensified and integrated national adolescent health program and supported the hosting of the Eleventh World Congress of Adolescent Health.

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

The inter-sectoral approach within UNICEF, and through close coordination with partners like World Health Organization, Micronutrient Initiative (Nutrition International) and Clinton Health Access Initiative, helped sustain the focus on pneumonia, diarrhoea and malaria at the national and state level.

Efforts to reduce the burden of pneumonia and diarrhoea were aligned with the Global and India Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD). This was rolled out in five additional states (Assam, Jharkhand, Maharashtra, Meghalaya and Manipur), up from seven states in 2016.

Oral rehydration salts and zinc coverage improved from 26 percent to 51 percent and from 0.3 percent to 20 percent, respectively. UNICEF continued its support to 'Intensified Diarrhoea Control Fortnight' for the fourth successive year with US\$10.4 million leveraged from the National Health Mission. UNICEF provided technical support to Ministry of Health and state governments for planning, development of operational guidelines and a tool kit for capacity building, supportive supervision checklists and communication materials.

To prevent pneumonia, another major cause of mortality, UNICEF focussed on evidence-building on the supply and demand side along with enablers and barriers to mitigate household air pollution. A study in this regard was completed and findings were shared with government to shape future strategies for 2018-19.

Malaria is endemic in eight states, and UNICEF provided technical inputs into the National Strategic Plan for Elimination of Malaria in India and to the sections on malaria in pregnancy and communications. To ensure preparedness on Zika virus disease, UNICEF led the development of communication strategy and materials.

UNICEF intensified its focus on early childhood development in line with SDG commitments and

the emphasis on “Survive and Thrive”. This included advocacy with Ministry of Health for inclusion of developmental milestones tracking in the Mother and Child Protection card. The technical support for revision of the card, which is used by community health workers for monitoring immunization and growth now also includes tracking of development. The revised card is expected to be approved by Ministry of Health late in 2017, and will be field tested in early 2018.

UNICEF also provided technical inputs to the operational guidelines on early childhood development and supported development of television spots on district early intervention centres and the Rashtriya Bal Swasthya Karyakram. This aimed to address the awareness gap amongst health providers and communities which was identified as a key bottleneck in the UNICEF-supported study on knowledge, attitude and practises on birth defects and developmental delays.

UNICEF sustained support to linkages for peripheral antiretroviral treatment centres with Paediatric Centres of Excellence through telemedicine to support for quality paediatric HIV/AIDS care in four states – Maharashtra, Karnataka, Bihar and Jharkhand. Based on the evidence generated from the ‘proof of concept’ study on the UNICEF-supported virtual ‘Paediatric HIV Telemedicine’ Initiative, linkages with the Paediatric Centres of Excellence were initiated in Uttar Pradesh, Assam, Chhattisgarh, Odisha, Telangana, Tamil Nadu and West Bengal.

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

In alignment with the global commitment to eliminate measles and control rubella, UNICEF supported the Government of India and state governments in planning and implementation of the largest measles-rubella vaccination campaign targeting 410 million beneficiaries in a phased manner. UNICEF procured vaccines for the campaign and led the communication and social mobilization efforts at the national and state level, including supporting positive media engagement, celebrity endorsement and social media management to create a positive environment for the campaign. UNICEF supported capacity-building of frontline health workers, teachers and other stakeholders and closely monitored progress, bottlenecks and challenges. As of 1st December 2017, more than 64 million children had been vaccinated in 13 states during the first two phases. The results achieved were made possible through cross-sectoral work within UNICEF India, and externally with government and other partners, including WHO.

UNICEF supported the successful implementation of the fourth phase of Mission Indradhanush: about 0.8 million children were fully vaccinated during this phase. Following review by the Prime Minister of India, to accelerate its progress the Intensified Mission Indradhanush was launched focusing on 121 districts, 17 urban cities and an additional 52 districts in northeastern states. UNICEF supported these intensified efforts by the Government on strategic planning and implementation - including capacity building, demand generation and monitoring. UNICEF is leading the communication and cold chain monitoring, along with supporting the states in planning and implementation of communication activities.

With the primary focus on capacity building at the local level and ensuring availability of real-time data, UNICEF supported development of an online supportive supervision tool for immunization, including a mobile application. The supervision tool was used in the Measles

Rubella Vaccination Campaign and Mission Indradhanush for monitoring and planning corrective actions. For introduction of the pneumococcal conjugate vaccine in three states and rotavirus vaccine in five states, UNICEF supported a cold chain assessment, capacity building and creating an enabling environment through media orientation.

UNICEF has been constantly striving to strengthen and institutionalize cold chain and vaccine management in the country, which is the backbone of the program. UNICEF collaborated with the National Cold Chain & Vaccine Management Resource Centre in Delhi, to conduct two training courses on vaccines and cold chain, specifically designed for programme managers. UNICEF also contributed to the development of an immunization handbook for medical officers and helped develop a handbook for cold chain handlers and cold chain technicians. With introduction of new vaccines and planned campaigns, cold chain space requirement has increased in the country. UNICEF supported the Government's expansion of its cold chain space by supplying cold chain equipment, including introduction of battery-less Solar Direct Drive cold chain equipment for the first time under the immunization program. UNICEF India also supported capacity-building of cold chain technicians in six South and East Asian countries, as part of a South-South collaboration.

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 supported the Ministry of Health and Family Welfare and state governments to improve availability of data and its use for policy decisions, planning and monitoring with emphasis on 107 high priority districts (HPDs) across 24 UNICEF programming states.

The focus in HPDs was on supportive supervision, capacity-building and leveraging government resources to address gaps emerging in the supportive supervision reports. There was more than a 20 per cent increase in the budget allocation to 61 out of the 107 HPDs. UNICEF worked with the Ministry of Health and partners to support development and rollout of a supportive supervision checklist with a stronger focus on a community component which was missing in the earlier checklist. The support for its rollout included capacity-building of district monitors; orientation of state and district teams; partnerships with medical colleges and academic institutions for supportive supervision; using the evidence for district and state planning; and timely sharing of data with state and national Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) units for detailed analysis.

This district and state level support was backed up by support to the Ministry of Health and partners at national level for review of data and providing feedback to states. UNICEF continued monitoring its imprint in these 107 HPDs generating quarterly score cards, which track progress across these districts along the set of 10 indicators. As per the recent National Family Health Surveys four data sets, 19 of the 107 HPDs where UNICEF was the lead development partner have improved and moved off the HPD list.

UNICEF supported scale up of Auxiliary Nurse Midwives Online (known as ANMOL), a real-time, tablet-based data reporting and monitoring system at community level for Auxiliary Nurse Midwives. This system provides the auxiliary nurse midwives with real-time information and data analysis. Ensuring digitalization of data at the user end also reduces the chance of errors and prevents a time lag between recording and transmitting information to blocks, districts and

states. This system has been scaled up in three states - Andhra Pradesh, Telangana and Madhya Pradesh - with a clear plan for phased scale-up across India in 2018-19. The funding for the initial scale-up has been leveraged from the phase 2 of the GAVI health system strengthening support to India, with US\$6 million approved for 2017-2019 by the GAVI board.

The documentation of best practices from implementation and scale up of RMNCH+A, continued to be a key priority for UNICEF. Eighty-two best practices (a mix of case studies, films and human-interest stories) were documented across 24 programming states and used for advocacy and knowledge sharing at different forums and between different states.

Following discussions with the National AIDS Control Organization on the feasibility of the planned Prevention of Parent-to-Child-Transmission of HIV/Maternal, Newborn and Child Health cohort study, understanding was reached that UNICEF will not be supporting the study, and this deliverable was discontinued at mid-year 2017.

OUTCOME 2 PCR 1: Mother and child survival, growth and development PCR 3: Adolescent participation and empowerment

Analytical statement of progress

UNICEF accelerated support to the national and state governments to improve nutrition outcomes for women and children. Seven states (Andhra Pradesh, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh and West Bengal) maintained or formed nutrition missions. Lessons emerging in Maharashtra and Uttar Pradesh were documented to inform development in other states. The National Nutrition Strategy 2017 and recently approved National Nutrition Mission, will give further impetus to national nutrition programming.

UNICEF supported 15 state governments to plan and implement 'Mothers' Absolute Affection' (MAA), the nationwide breastfeeding promotion programme launched by the Ministry of Health and Family Welfare. To ensure aggressive implementation in poorly performing states, UNICEF supported over 500 districts nationally to develop dedicated budgets in annual health plans to help address undernutrition in infants and young children, especially in the most deprived communities. UNICEF assisted the Government of India with television/radio spots building demand for behaviour change through the MAA programme. UNICEF supported the MAA programme implementation through improved training and communication tool kits, training of trainers and programme monitoring.

UNICEF supported the National Livelihood Mission to launch Swabhimaan, a maternal nutrition multi-sectoral programme in Bihar, Chhattisgarh and Odisha. Swabhimaan, anchored within State Livelihood Missions and implemented in coordination with multiple sectors, delivers nutrition entitlements and services to women before, during and after pregnancy. By December, the Government had provided cash grants to 641 women's self-help federations to implement village maternal nutrition plans.

UNICEF and partners' sustained advocacy and increased attention – including a partners' forum for integrated management – on scaling up interventions for community-based management of severe acute malnutrition in children and supporting community-based management in five states. In partnership with the Ministry of Health, UNICEF completed the Comprehensive National Nutrition Survey in 15 states, the factsheets for which will be released in early 2018.

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

In 2017, major progress was made on strengthening multi-sectoral governance of the nutrition response. West Bengal and Chhattisgarh governments approved the formation of State Nutrition Missions bringing the total to seven UNICEF-supported states that have Nutrition Missions. After years of advocacy and support by UNICEF, the National Nutrition Strategy was launched and the National Nutrition Mission approved by Cabinet. It is expected that these will support the accelerated rollout of high impact multi-sectoral interventions.

UNICEF strengthened partnerships with academics and other development partners in support of Government efforts to scale up nutrition actions, including convening various national and state-level nutrition partners coordination meetings and groups.

In 2017, 12 states conducted two rounds of vitamin A supplementation. UNICEF provided planning, support, supply chain management and sensitization of programme functionaries and monitoring.

UNICEF supported the development of maternal nutrition-specific interventions and guidelines related to balanced energy protein supplementation (take home rations) and micronutrient interventions (iron folic acid, calcium, and deworming) for pregnant/breastfeeding mothers, which were included in the Integrated Child Development Services and National Health Mission plans.

UNICEF responded to micronutrient stock-outs in Assam, Bihar and West Bengal with supply system strengthening. Maternal spot feeding programmes are operational with UNICEF support across six States (Andhra Pradesh, Telangana, Maharashtra, Karnataka, Gujarat and Chhattisgarh). Where operational, enhanced coverage of supplementation was achieved (iron folic acid-Direct Observed Therapy and calcium), deworming, gestational weight gain monitoring and bimonthly nutrition counselling. Andhra Pradesh introduced fortified milk to beneficiary women. Bihar revised the Village Health and Nutrition Day guidelines, "Arogya Divas" to include adolescent girls, newlywed, maternal micronutrient interventions (iron folic acid, deworming, peri-conceptional folic acid, and calcium), weight gain monitoring, nutrition counselling, and take home rations. In addition, maternal mid-upper arm circumference was introduced at programme learning sites to assess maternal nutrition status and need for nutrition supplementation. UNICEF supported Arogya Divas in two districts and development of guidelines and capacity building across the state.

At national level, support was provided to Ministry of Health to convene a dialogue for evidence on maternal nutrition, development of the maternal nutrition sub-group, and to initiate drafting of guidelines for prevention and management of maternal malnutrition. UNICEF commenced an evidence-building exercise to test the guidelines at Kalawati Saran Children's Hospital. The UNICEF programme evaluation of the maternal spot feeding programme (Andhra Pradesh and Telangana) was completed and a consultation between 13 states was held in December 2017 for inter-state learning and evidence sharing. Partnerships were strengthened with the Women's Development Corporation, Medical and Nursing Colleges, non-governmental organization partners, Krishi Vigyan Kendras, panchayats (village governing councils), and media to scale up the coverage of nutrition specific and sensitive interventions.

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, with the National Ministry of Health and Family Welfare, organized a two-day technical review meeting for the MAA programme, resulting in the formulation of a set of core actions for programme strengthening. UNICEF supported state governments in developing plans, adapting communication materials, and training trainers.

Budgeting for maternal, infant and young child nutrition in the National Health Mission Programme Implementation Plan is sufficient for quality scale-up. In 11 states (Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Tamil Nadu, Uttar Pradesh and West Bengal), UNICEF supported the Integrated Child Development Services Programme and the National Health Mission to implement and monitor interventions to improve communication and counselling on infant and young child feeding. These interventions include skill-based training of Anganwadi workers, messaging on infant and young child feeding through mass media (folk media and text messaging) and organization of counselling and feeding sessions at Anganwadi Centres.

Social and behaviour communication cells were established in select states (Assam, Bihar and Jharkhand).

UNICEF supported the development of state guidelines, communication packages and monitoring and external validation of the coverage data. In Bihar, UNICEF strengthened complementary feeding practices in two high priority districts – Gaya and Purnea – through Nutrition Cells established to accelerate nutrition programming. Additionally, to scale up communication interventions promoting infant and young child feeding, UNICEF partnered with non-governmental organizations in Assam, Gujarat, and Odisha; with the State Livelihood Mission; with religious groups in Maharashtra; and with development partners in Uttar Pradesh. The Dastak(a door to door) programme is under implementation in Madhya Pradesh, across 313 blocks to reach 3.4 million households. This campaign aims to improve the coverage of essential nutrition interventions on infant and young child feeding counselling, use of iodized salt, Vitamin A, iron folic acid supplementation and effective treatment of diarrhoea with oral rehydration salts plus zinc.

In Bihar and Chhattisgarh, the communication strategy on maternal, infant and young child nutrition is ready for endorsement. In Maharashtra, under the maternal, infant, child and adolescent nutrition policy, the Nutrition Mission initiated community mobilisation in 18 districts to create demand. The malnutrition-free villages concept is linked with the open defecation-free campaign as a social movement in Maharashtra.

In Gujarat, in partnership with medical colleges, UNICEF trained 53 members of folk groups on maternal, infant and young child nutrition-related issues. An assessment undertaken revealed that folk shows improved mothers' knowledge about early initiation of breastfeeding (72 per cent to 92 per cent), exclusive breastfeeding (54 per cent to 91 per cent), continued breastfeeding during child's or mother's illness (89 per cent to 98 per cent and 51 per cent to 93 per cent, respectively), and timely initiation of complementary feeding (72 per cent to 92 per cent). An increase in knowledge was also seen in age-appropriate feeding and continued breastfeeding beyond two years.

In Uttar Pradesh, in partnership with Baba Raghav Das Medical College, over 200 health facilities were assessed on Baby Friendly Health Initiative scores. Repeat visits to 50 facilities indicated an improvement in early initiation of breastfeeding from 27 per cent to 58 per cent.

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

The Ministry of Health and Family Welfare has established 1,151 nutritional rehabilitation centres (NRCs) across the country, treating children with severe acute malnutrition with medical complications. There were only 357 NRCs in 2013 and during 2016/17 financial year an additional 185 NRCs were established. All UNICEF-supported states have functional NRCs. A total of 188,736 children with severe acute malnutrition were admitted to NRCs with a bed occupancy rate of 64 per cent. Following the Health Management Information System data, 109,502 cases were discharged as cured (a cure rate of 58 per cent).

UNICEF supported all states where it has a presence to ensure the National Health Mission) plans have adequate budgets and technical capacity to implement facility-based severe acute malnutrition treatment. UNICEF supported the NRCs across the states through staff instruction, monitoring and on-the-job training. At national level, UNICEF contributed to update facility-based severe acute malnutrition management guidelines as per WHO updated guidelines. These are presently under approval by the Ministry of Health and Family Welfare.

UNICEF state offices provided technical support to state governments to plan and implement community-based management of acute malnutrition (CMAM) programmes. Eight states (Rajasthan, Maharashtra, Gujarat, Kerala, Jharkhand, Madhya Pradesh, Odisha and Uttar Pradesh) plan to or are implementing community-based programmes for treatment of children with severe acute malnutrition. Gujarat scaled-up the CMAM programme across all 33 districts. Rajasthan, following the experience of Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) phase 1 programme of treating approximately 10,000 children with severe acute malnutrition, planned a second phase to cover approximately 17,000 children across 50 blocks.

Maharashtra, with UNICEF and TATA Trust support, implemented the CMAM programme during 2014-17 in tribal-dominated Nandurbar district. Based on this experience, the Government issued guidelines along with approved budgets to implement community based-management of children with severe acute malnutrition through village child development centres in 16 of 34 districts, covering 100,000 children.

Jharkhand initiated a community based-management of children with severe acute malnutrition programme in a block of West Singhbhum district with plans to scale-up to four additional blocks.

In Uttar Pradesh, piloting started in one block of Banda District focusing on screening children with severe acute malnutrition and referral to facility-based care; community based care focused on intensive counselling, system strengthening and providing preventive nutrition services through the village-based Anganwadi Centres in absence of ready-to-use therapeutic food.

Kerala has an operational CMAM programme in Attapady block, with plans to scale up to a district. Odisha and Madhya Pradesh have plans to implement CMAM programmes and others have on-going advocacy efforts for introducing similar programmes.

UNICEF supported the National Nutritional Rehabilitation Resource and Training Centre and Programme Planning and Monitoring Unit at Kalawati Saran Children's Hospital as a National Centre of Excellence to support training of trainers, development of state-specific guidelines, training modules and SMART surveys. The set-up process of state centres of excellence for severe acute malnutrition management was initiated.

The Ministry of Women and Child Development formed working groups developing national guidelines for community-based prevention and treatment of children with severe acute malnutrition. Deliberations for finalizing the guidelines are on-going.

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 supported the Ministry of Health and Family Welfare with the first Comprehensive National Nutrition Survey among pre-schoolers (zero to four years), school-age children (five to nine year years) and adolescents (10-19 years) with factsheets drafted and the final report ready by the end of 2018.

UNICEF launched the Swabhimaan Programme, anchored in the National Rural Livelihood Mission, in 683 villages across five blocks of Bihar, Chhattisgarh and Odisha. Swabhimaan strengthens implementation of five essential nutrition interventions using a women-oriented systems approach and provides a nutrition investment community cash grant to village organizations. Concentrating on largely unserved or underserved Scheduled Caste and Scheduled Tribe populations, the programme assisted 13,907 pregnant women, 40,916 mothers of 0-2 children, 32,542 adolescents' girls, 2,000 newlywed couples and 16,000 men. Following strong reception in communities, the programme will be scaled-up across districts in a phased manner in 2018. The programme is innovative, utilising previously unused community structures – women's self-help groups – to address malnutrition. The importance of the demonstration programme was further highlighted since working through women's self-help groups is a key component of the National Nutrition Mission delivery strategy.

'Nutrition Reports' is a UNICEF working paper series to generate evidence on nutrition subjects requiring debate and policy action. These reports helped build consensus for government plans and policies. From 2013 to 2017, ten issues of the Nutrition Reports were developed and disseminated and six papers published in peer review journals. To maintain equity-focused programming for marginalized populations such as tribal children, UNICEF produced the book 'Forest Lanterns', a collection of 46 essays presenting solutions for nourishing India's tribal children. The book was released by the Minister of Women and Child Development at the National Mission Malnutrition Free India meeting.

To facilitate access to nutrition information, UNICEF developed www.NutritionINDIA.info, an online dashboard. The site consolidates nutritional data on children, women and adolescents from multiple sources and presents the data in a user-friendly manner disaggregated by sex, caste and wealth quintile for all states and down to district-level in 15 UNICEF programme

states. In the fourth quarter of 2017, the Health Management Information System-based Anaemia Free INDIA programme dashboard was developed for 33 states and union territories, and will serve as a model for presentation of programme data.

All integrated child development services monthly reports are online, including “e-mamta” for community management of acute malnutrition in Gujarat. Orissa has “e-pragati”, an online management information system, and initiated an SMS-based weekly reporting system to capture weekly iron and folic supplementation data. Jharkhand is using “e-Vidya Vahini” to report weekly iron and folic supplementation (in collaboration with education). Andhra Pradesh and Telangana used Integrated Child Development Services Common Application Software to report programme data from 55,607 and 35,700 Anganwadi Centres, respectively.

Five states – Maharashtra, Karnataka, Chhattisgarh, Odisha, Uttar Pradesh and Bihar – initiated budget analysis for nutrition-specific, nutrition-sensitive tribal budgets and use the evidence for advocacy.

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

UNICEF strongly supported implementation of universal weekly iron and folic acid supplementation (WIFS). The programme, led by the Adolescent Health Division of the Ministry of Health and Family Welfare in close coordination and partnership with the Ministry of Education and the Ministry of Women and Child Development, shows that receipt of WIFS among the 116 million target beneficiaries increased from 29 million in 2016 to 36 million in 2017. All programme components have been budgeted in the annual action plans of Ministry of Health. Importantly, WIFS indicators are now included in Ministry of Health’s health management information system and are included in a common review mission and national reviews held at the highest level. Reporting of WIFS is now included and coupled with the midday meal programme management information system, the key flagship programme of the Ministry of Human Resource Development. In 2017, the programme expanded to ashramshalas (residential schools for tribal children) across seven states (Andhra Pradesh, Telangana, Karnataka, Maharashtra, Tamil Nadu, Chhattisgarh and West Bengal) through funds earmarked by the Tribal Welfare Department.

All states had at least two state-level WIFS reviews in the last two quarters of 2017. In partnership with the child protection programme, adolescent nutrition interventions were integrated into adolescent empowerment programmes in Assam, Maharashtra, Telangana, Madhya Pradesh, Jharkhand, Gujarat and West Bengal (Sablaprogramme into Kanyashree programme). With National Health Mission funds, Odisha developed a weekly SMS-based reporting system and broadcasting audios and videos and other information, education and communication materials. In Madhya Pradesh, ‘Lallima’, a state-wide programme, started for 7.4 million adolescent girls integrating social mobilization and interpersonal counselling by an Anganwadi worker, community theatres, distribution of iron and folic acid tablets, deworming and menstrual hygiene management.

Bihar has experienced three years of medicine supply shortages. In response, UNICEF supported the Department of Education, Agriculture, Aajeevika and Health to address anaemia through nutrition education using participatory learning and action methodology through morning

assemblies, iron-rich school gardens, and health check-ups through the Rashtriya Bal Swasthya Karyakaram/RBSK programme. They linked WIFS with the midday meal, deworming and institutional capacity-building via nutrition cells in the midday meal scheme. The Agriculture University reached out to out of school adolescent girls through the Arogya Divas and weekly meetings via the Aajeevika platform. A memorandum of understanding was signed with Agriculture University, Aajeevika for conducting these activities, with UNICEF intensive support in Purnea district.

UNICEF engaged in intensive implementation of adolescent programming in the 63 tea gardens of upper Assam (20 per cent of total tea gardens in upper Assam). It reached 8,951 adolescent girls 10-19 years across 298 Anganwadi centres in these tea garden estates. Programming focussed on building capacities of adolescent girls' groups on life skills including nutrition education, WIFS, promotion of kitchen gardens and health food shops, conducting cooking demonstrations and nutrition health education sessions.

OUTCOME 3 PCR 1: Mother and child survival, growth and development and PCR 2: Protective and learning environment

Analytical statement of progress

UNICEF continued supporting achievement of ODF India in a sustainable and equitable manner by advocating with Government and developing the national comprehensive behaviour change package to train grassroots motivators, managers and master trainers. UNICEF supported the selection, engagement and orientation of 36 key resource centres to train trainers across the country. These are engaged by the Government, allowing fast track mobilization and for UNICEF to step back from direct training of motivators. Around 350,000 motivators were mobilized with a target of 600,000. This is an important opportunity for integrated interpersonal communication approaches to promote life-saving practices combining messages on nutrition, health and WASH.

To leverage government funding, UNICEF commissioned a flagship cost/benefits study of Swachh Bharat Mission with findings accepted by Government at the highest level. This included quotes from the Prime Minister, and the Union Minister of Finance's commitment to secure continued financial support to the sanitation sub-sector.

UNICEF established and chaired the national group of development partners supporting the SBM (World Bank, Tata Trusts, Bill & Melinda Gates Foundation, USAID and WaterAid), driving consensus on key advocacy messages and ensuring partner alignment on key policy issues.

The sector Management Information System reported that 292,000 villages were declared ODF, including 117 million new sanitation users.

Water safety planning was prioritized by the national Government and 15 state governments under the restructured National Rural Drinking Water Programme. This has prioritised functionality of water supply systems through increased community management, and leveraging state governments' resources.

UNICEF supported gender guidelines development for SBM, focusing on gender sensitive WASH communication. Ten states included WASH in Schools in the annual implementation plan. This strengthened the accountability for sustainable results for school WASH, and

focusing on institutionalising hand washing with soap before midday meals, as well as operation and maintenance (O&M) of WASH facilities.

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 supported the central and state governments and partners in the development and dissemination of knowledge products which served to inform the planning and decision-making process by Government. UNICEF commissioned a research study on the 'Financial and Economic Impacts of the Swachh Bharat Mission', concluding that a household living in a fully Open Defecation Free (ODF) environment saves up to US\$780 per year. This was accepted by the Government at the highest level, including multiple quotes from the Prime Minister, and is informing government budgetary policy on sanitation.

In Maharashtra, Andhra Pradesh and Gujarat, compendiums for master trainers and motivators modules and content for training were prepared to boost the behaviour change component of the Swachh Bharat Mission. In Tamil Nadu, Karnataka, Gujarat, Rajasthan, Bihar and Uttar Pradesh, UNICEF made films and videos for training, advocacy and dissemination of information on various aspects, including WASH in schools, and on sanitation champions.

In Madhya Pradesh, Andhra Pradesh, Rajasthan, and Bihar, documentation of sanitation best practices and ODF processes at the district level was achieved and used to inform scale-up. In Gujarat, UNICEF supported the government in developing the SDG 6 roadmap for 2030. A mobile-based application developed with UNICEF support in Madhya Pradesh enabled facility managers in 81 high-delivery load facilities of seven high priority districts to capture the key indicators of WASH compliance in health care facilities. In West Bengal, UNICEF undertook a household survey of vulnerable habitations with unsafe water supply, and through health check-ups identified potential arsenicosis patients thus enabling prevention interventions.

UNICEF influenced key policies and decisions in government through evidence-based technical support. In Madhya Pradesh, support to the issue of ODF sustainability guidelines was developed by providing quarterly analytical reports with state physical and financial data reaching out to 51 districts. This was complemented by field reports from students of the Indian Institute of Management, Indore, about SBM implementation highlighting critical trends and gaps for mid-course corrections.

Assam incorporated guidance on WASH in schools in its new school safety guidelines. These were influenced by the findings of the UNICEF Daily Hand Washing for an Ailment-Free Life (DHaAL) evaluation. In Gujarat, UNICEF extended technical support to develop an ODF verification and certification protocol. UNICEF also developed a training module for health functionaries, which was adopted by the National Health Resource Centre, New Delhi for national use.

In Maharashtra and Uttar Pradesh, UNICEF assisted in the development of multiple state Government resolutions and orders, including on WASH in schools, menstrual hygiene management, ODF sustainability, mason engagement, use of Fourteenth Finance Commission funds, and on social and behavioural change communication. In Rajasthan, a key state-level policy development supported by UNICEF was the mechanism through which ODF districts

would mentor the six lowest performing districts of the state to ensure acceleration of sanitation coverage. In Tamil Nadu and Andhra Pradesh, UNICEF supported the preparation of the state sanitation policies and strategies.

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 2017, the National Rural Drinking Water Programme went through a critical reform supported by UNICEF India, to better focus on outcomes and sustainability. The programme was restructured to make it more competitive, performance-based and accountable for strengthening community management aspects.

State governments in all 15 UNICEF-supported states have prioritized water safety planning with UNICEF's technical support and continued advocacy. In these states, multidisciplinary district-level teams (engineers, water quality experts, hydrogeologist, and social experts) are trained as a part of institutional strengthening to roll out a costed model of village water safety and security planning.

In Maharashtra, UNICEF supported the development of risk-informed water security planning focusing on community-based aquifer mapping in three overexploited watersheds. This resulted in the development of a road map to strengthen groundwater regulation and management focusing on allocation of drinking water over irrigation in all 76 critical watersheds. To support the roll-out, a cadre of 15 government engineering college professionals were trained and oriented on planning, assessment and evaluation of rural water supply and sanitation schemes considering climate variability.

UNICEF contributed to strengthen the water quality monitoring and surveillance systems in Chhattisgarh, Gujarat, West Bengal, Uttar Pradesh, Assam, and Maharashtra. This resulted in communities informed with water quality test results from laboratories to develop water safety plans and take corrective actions.

In Uttar Pradesh, UNICEF supported training of 500 masons and mechanics on sanitary improvement of hand pumps as part of WASH response to the outbreak of acute encephalitis syndrome and Japanese encephalitis in 1,177 affected villages of seven districts. This resulted in repair and disinfection of 6,770 public hand pumps.

The implementation of arsenic and fluoride mitigation is being supported in West Bengal, Rajasthan, Bihar, Assam, and Andhra Pradesh under the National Water Quality sub-mission. In Andhra Pradesh, a joint project is planned with the district Department of Drinking Water and Sanitation to ensure water safety in the fluoride-affected districts. In Chhattisgarh, community-led fluorosis mitigation was strengthened through advocacy, planning and demonstrating fluoride mitigation in three of the most affected districts. Karnataka has established its own systems to monitor the quality and availability of water as well as a Drought Knowledge Centre. UNICEF is supporting Telangana state to measure the socio-economic impact of the Mission Bhagiratha project, influencing the government to plan for universal access to safe drinking water.

In West Bengal, a joint state government-UNICEF Plan of Action for Water Safety and Security was implemented, resulting in increased capacity of government to plan and implement a community-focused communication package along with water supply systems. In Bihar, thanks to UNICEF advocacy, the State Health Society, Government of Bihar allocated approximately US\$196,500 for identification of the arsenicosis cases, through training medical professionals and organising detection camps in the 100 most affected habitations.

Finally, looking at improving equity, Jharkhand has prioritised safely managed water services in tribal dominated districts.

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 is the Government's lead technical partner supporting scale up of WASH in School programming by building on momentum generated after the Swachh Bharat Swachh Vidyalaya (SBSV) Mission's launch. Ten states included SBSV in their annual implementation plan, strengthening accountability for sustainable school WASH results focused on institutionalising handwashing with soap before midday meals and operations and maintenance.

Consequently, in Maharashtra, Rajasthan, Madhya Pradesh, Uttar Pradesh, Telangana, Karnataka, Gujarat, West Bengal and Chhattisgarh, the WASH in schools O&M budgets are being mainstreamed through the Department of Panchayat Raj (14th Finance Commission funds) and each state's own budget share for the education programme. Of significant, Andhra Pradesh allocated US\$6.8 million to cover O&M in 37,000 schools, handled by women's self help groups.

UNICEF strengthened monitoring handwashing with soap before midday meals through initiatives like 'shala-darpan' (mirror for schools), the Education Department's Management Information System in Rajasthan and Madhya Pradesh, and 'Right to Education Watch', a state-wide network of CSOs in Chhattisgarh. Recent data from Chhattisgarh revealed 92.6 per cent of schools in 22 districts were practicing daily handwashing with soap. In Madhya Pradesh, UNICEF facilitated training for 4,000 education functionaries on integrating school handwashing units, leading to better compliance. The state has the highest number of schools successfully registered for the Swachh Vidyalay Puraskar award scheme in 2017-18. In Uttar Pradesh, 44 districts (58 per cent of total districts) started reporting on handwashing with soap before meals and this was included in the MDM monitoring system. In Karnataka, the MDM Department constructed handwashing platforms in 10 per cent of schools (around 4,000). In Jharkhand, funds were earmarked for handwashing facility construction for all schools and Anganwadi Centres (AWCs) and 8,000 schools and 10,000 AWCs received functional handwashing units. In Uttar Pradesh, US\$93 million was allocated under the Gram Panchayat Development Programme to make 100,192 schools and AWCs compliant with WASH child/baby-friendly standards.

The WASH in schools performance was consistently strengthened through UNICEF support and self-registration in the SVP 2017-18 increased to 550,000 (from 273,000 in SVP 2016-17). To boost hygiene promotion in schools and through schools, UNICEF supported the Ministry of Human Resource and Development to develop a game-based 'Team Swachh Vidyalaya Action Kit' promoted across all states.

In Andhra Pradesh, Karnataka and Gujarat State level, Menstrual Hygiene Management guidelines were launched, followed by developing action plans for the nodal department's convergence. In Rajasthan, UNICEF's 2017 MHM pilot motivated the state to install 3,871 additional group handwashing units in schools and incinerators near to girls' toilets in 4,215 schools through leveraging corporate social responsibility funds from 16 corporates and 136 tribal school hostels. In Maharashtra, based on evidence of MHM programming in six districts, the government issued a resolution of convergence between five departments making it mandatory in all government schools with provision of budget. Consequently, 750 frontline education, health and integrated child development services workers and 40 master trainers were trained on MHM in Maharashtra with UNICEF's support.

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 successfully advocated with government for adoption of a district-level planning and implementation approach. On 15 December 2017, the Government of India Management Information Systems reported that seven states, 250 districts, and 292,000 villages were declared open defecation free, with 117 million people having gained access to sanitation facilities.

UNICEF provided critical management support to the Central Mission, 15 state governments and 190 districts, with equity-based disaggregated data analysis reports, down to the block level, using SBM MIS data. UNICEF supported the selection, engagement and orientation of 36 Key Resource Centres, tasked with capacity-building of sanitation foot soldiers, or Swachhagrahis, to promote toilet usage, representing tangible system-strengthening for the SBM behaviour change component. This allowed UNICEF to reduce grassroots motivators training.

UNICEF supported the SBM gender guidelines development, highlighting the need for improved gender-sensitive sanitation interventions.

Addressing the sector's capacity gap in a sustainable manner, a Tata Institute of Social Sciences partnership supported creating trained WASH manpower, reaching 75 diploma-holders. Fifteen UNICEF-Tata Institute of Social Sciences young professionals placed in UNICEF field offices gained professional experience.

At state level, UNICEF provided technical assistance, including:

- Supporting district open defecation elimination planning in Assam, Chhattisgarh, Andhra Pradesh, Telangana, Jharkhand, Odisha, Maharashtra, and Madhya Pradesh;
- Supporting development of ODF-monitoring and verification protocols and sustainability guidelines in Assam, Telangana, Chhattisgarh, Maharashtra, Uttar Pradesh, Gujarat, Jharkhand, Tamil Nadu, and West Bengal;
- Setting up state-level trainers/training agencies, and capacity-building of more than 50,000 field-level Motivators in Assam, Bihar, Gujarat, Andhra Pradesh, Jharkhand, Telangana, Maharashtra, and Uttar Pradesh

- Promoting sanitation service delivery planning in convergence with nutrition programmes in Odisha, Bihar, Uttar Pradesh, and Jharkhand

Nationally, UNICEF established the group of development partners supporting SBM (World Bank, Tata Trust, Bill & Melinda Gates Foundation, USAID and WaterAid) and chaired its coordination throughout 2017, contributing to harmonization of support provided to increase efficiency. This gave UNICEF the opportunity to influence, shape, and drive consensus on key advocacy messages, ensuring partner alignment on key policy issues, resulting in increased accountability for the implementation of behaviour-centred approaches, and improved monitoring and evaluation mechanisms to verify and sustain the ODF status.

UNICEF led the technical support for the revision of SBM information, education and communication guidelines. National Community Approaches to Sanitation modules were prepared by UNICEF to train stakeholders and motivators on social and behavioural change communication and promoted nationally.

At state level, UNICEF supported SBCC initiatives including:

- Communication planning workshops in Rajasthan, Gujarat, Madhya Pradesh, Uttar Pradesh, and Assam
- Communication campaigns: Gujarat's 'GujCATS', Andhra Pradesh's Self-Help Group and Women's Festivals, and Karnataka's Swachha Jatha;
- To demystify sanitation technology and promote the low cost twin pit pour flush model, UNICEF supported pit emptying activities by ministers, bureaucrats and celebrities, including film stars.

For WASH in health, UNICEF developed facility improvement and implementation plans and ensured capacity development and monitoring through supportive supervision in 1,105 delivery points in 107 high priority districts across 24 states, with significant improvement in some states.

OUTCOME 4 PCR 2: Protective and learning environment PCR 3: Adolescent participation and empowerment

Analytical statement of progress

UNICEF India accomplished its 'scale-up strategy' to prevent child marriage and increase adolescent empowerment in 13 states. This was through building/maintaining strong linkages with partners, government and relevant stakeholders; continued policy advocacy and awareness campaigns; mapping, quality data collection, regular monitoring/reporting at the national level; integrating prevention interventions into national/state flagship programmes; and working with district administrations/systems.

The actions reached 1,065,606 adolescent children (from 600,000 in 2016) through at least one intervention and 1,466,077 parents or community members (up from 150,000 in 2016) through social and behaviour change communication programmes. The most significant development was the gradual shift from mostly sector-based small interventions to larger scale district models on adolescent empowerment and reduction of child marriage, which rely on existing large government programmes.

UNICEF, government and partners led a major breakthrough toward ending child marriage in 2017. Bihar launched the first ever large-scale multi-agency initiative to end child marriage,

reaching over 600,000 government officials. The initial phase reached 24 million people and another two million through sustained media and community mobilization. The government developed a costed and resourced action plan addressing adolescent girls' multiple deprivations.

UNICEF leveraged government schemes by building capacity to deliver quality programming at the state/district levels, resulting in impact at scale. Results include: (i) increased government/stakeholder commitment to improve adolescents' well-being; (ii) increased government and stakeholder capacities to deliver quality services and prevention programmes, and; (iii) increased community structure capacity and skills to engage with adolescents, parents and community influencers.

UNICEF and J-PAL developed a global social protection programmes analysis to identify interventions contributing to reducing early marriage and enable transition to post-primary education and work; and to refine cash transfer programmes at the state level for adolescents to have a sharpened equity focus.

The National Commission for Protection of Child Rights, the Ministry of Panchayati Raj Institutions and UNICEF launched the "Child Friendly Panchayats" as part of the Safe Childhood Programme across 14 states. It also built capacity of 240 master trainers to scale-up sustainable low-cost child protection interventions.

UNICEF refined and consolidated the monitoring and learning framework to end child marriage across eight states. This framework periodically measures indicators through household surveys, qualitative assessments, community-level monitoring data and administrative data giving a comprehensive picture of programme effectiveness. This generates evidence on what works to prevent child marriage and inform government action at a time when two of the largest states (Bihar and Uttar Pradesh) are engaged in large-scale initiatives, with several others at the design stage.

A gender-responsive repository of communication materials and capacity development institutions on adolescent empowerment and prevention of child marriage, child labour and violence was made available across 16 states. In addition, a partnerships mapping was made available that facilitated standardization of parameters and tools for assessing capacity, functionality, feasibility and sustainability of adolescent programming.

The transmedia initiative to engage adolescents and families using entertainment-education, highlighting feminist girl-boy role models, was expanded to influence perceptions and facilitate intergenerational dialogue on issues relevant to adolescents. In 2017, the TV series and radio show continued, and a mobile game, social media and an interpersonal communication toolkit was developed and implemented. The tele-serial sourced funding for a thrice-weekly, all-India broadcast, and reached 121,000,000 million viewers, up from 3,000,000 in 2016. The radio show, 'Full on Nikki', reached more than five million listeners in 2017 alone. The mobile game Nugget which was the week's number one new game during 10-16 November 2017 on the Google Play store, had more than 67,000 downloads and was played 92,000 times. While 22 per cent of the players were girls and 70 per cent were boys, girls played it more often. The *AdhaFULL* social media content amplified conversations on gender issues and character videos challenging gender norms on Facebook received 2.25 million views, with 53 per cent women and 47 per cent men (FB Analytics).

UNICEF continues to engage with media partners who lead in reach and readership or

viewership and strategically position the core messages to further enhance their content. Given the strong media following, high profile influencers have been able to generate meaningful discussions among their followers, create opportunities to raise awareness around adolescent issues and voices, and challenge accepted norms. UNICEF produced over 1,500 media reports across the country from engagement around child reporters, child cabinets, World Children's Day and the active participation of almost 15,000 adolescents in expressing their opinion on issues most impacting their lives. The cumulative reach of these media stories was more than 500 million.

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 continued to support the national and state governments in strengthening the child protection management information systems (CPMIS) and enhancing the quality of reporting, analysis and use of data, which creates better accountability, governance and transparency.

Innovating upon the integrated child protection scheme scorecard, a monitoring tool implemented in 15 states at the district level in collaboration with state governments, UNICEF has initiated work on an online platform for the CPMIS to be scaled up nationally and designed to identify constraints, generate information and ultimately enhance the service delivery quality. In Assam and Tamil Nadu, the online version of CPMIS was launched, and all relevant officials at the state and district level received training. In several other states, including Bihar, Uttar Pradesh, West Bengal, Jharkhand, Madhya Pradesh and Karnataka, similar initiatives are at various stages of development and implementation. Most of these remain standalone products, albeit with a lot of overlap. UNICEF is working on a cohesive framework to develop a comprehensive product using a common platform flexible enough to be used by all the states. UNICEF is in discussion with the Ministry of Women and Child Development to scale it up across the country.

In Uttar Pradesh, UNICEF supported the state government in developing an online module for case management, which is being piloted in two districts. UNICEF continued to support the state government in Bihar in developing a child-tracking system for children rescued from labour, which is fully operational and accessible across all 38 districts. The Child Care Institutions Scorecard and Sishu Suchana (comprehensive MIS covering key Juvenile Justice and Integrated Child Protection Scheme indicators) was institutionalized in Odisha, and the state government of Madhya Pradesh developed "Anmol-2", a case management portal. In Rajasthan, UNICEF's techno-managerial support and guidance made possible real-time monitoring of more than 214,000 children covered under Palanhar, a foster care scheme.

The midline assessment of the programme 'Ensuring Children's Right to Quality Education and Protection in Jammu and Kashmir' was completed. Despite the delays caused by unforeseen factors, such as elections, floods and change in state leadership and unrest, the child protection programme has achieved progress by working through alternative measures.

UNICEF refined and consolidated the monitoring and learning framework to end child marriage across eight states. This framework periodically measures a set of indicators through household surveys, qualitative assessments, community-level monitoring data and administrative data to give a comprehensive picture of programme progress. This is a key evidence-generating

strategy on what works to prevent child marriage and inform government action at a time when two of the largest states (Bihar and Uttar Pradesh) are engaged in large-scale initiatives, with several others at the design stage. The first round of monitoring survey was completed in focus districts, and the data shared with the state offices to inform programming. A Quarterly Process Monitoring System at the community level was rolled out for regular progress tracking.

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 worked with national and state governments, judiciary, police and civil society towards strengthening child protection systems and preventing child labour and violence against children in 17 states, 350 districts (nearly 70 per cent), and in 230,733 community-based structures.

UNICEF focussed on, and provided support to, institutionalising capacity-building work by creating child protection resource centres with law or social work universities in ten states to build technical capacity on child protection research and training. Continuing the partnership with the Supreme Court, UNICEF supported a third round of state-level consultations reviewing the status of child rehabilitation in the justice system, with a special focus on sexual abuse victims and children in conflict with law. In all states, engagement with the judiciary is leading to innovations and improvement in the child protection services quality by bringing stakeholders together, improved oversight and accountability, and continuous review and visibility given to the issue of justice for children.

In partnership with the National Commission for Protection of Child Rights and Ministry of Panchayati Raj, UNICEF launched a Safe Childhood Programme to scale-up sustainable and low-cost child protection interventions to prevent child labour, child marriage and exploitation of children. The first phase of training in 12 states has been completed.

With UNICEF support, 12 states developed a plan of action on child labour and eight have scaled up programmes for prevention. In Assam, Uttar Pradesh and Jharkhand, district-wide campaigns were launched and convergent road maps prepared. A social and behaviour change strategy was developed in Bihar with the Labour Department. In Gujarat and Tamil Nadu, district plans of action were implemented in pilot districts.

A partnership agreement was made with the Child Line India Foundation to provide support for workforce development of their cadres in over 400 districts with about 10,000 workers.

UNICEF continued to focus on prevention and response to violence against children through training medical and judicial officers on relevant legislation in all 17 states. A standard operating procedure on school safety was jointly developed with the UNICEF Disaster Risk Reduction and Education sections, and implementation began in nine states. In Jammu and Kashmir, in response to the unrest, 200 child friendly spaces were initiated across eight affected districts.

Strengthening of preventive and response mechanisms in alternative care has resulted in increased sponsorship of Tamil Nadu. In Bihar, 14,360 children accessed social protection schemes. In Maharashtra, the strengthening of gatekeeping mechanisms resulted in 47,000 children reunited with their parent(s) and 10,627 children accessing non-institutional services.

Partnerships for digital safety education and online safety training for police were initiated. UNICEF is part of several inter-ministerial and civil society forums and influencing policies and programmes on digital safety for children.

UNICEF engaged with state authorities in six states to prevent and respond to child trafficking by strengthening community-based response and prevention mechanisms, data management systems and multi-agency collaboration.

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 accomplished its 'scale-up strategy' to prevent child marriage and increase adolescent empowerment in 13 states through a variety of strategies and actions. These included building or maintaining linkages with partners, government and stakeholders; continued policy advocacy/awareness campaigns; undertaking mapping, quality data collection, and regular monitoring and reporting at the national level; integrating prevention interventions into national or state flagship programmes; and working with district administrations and systems.

These reached 1,065,606 adolescent children through at least one intervention and 1,466,077 parents or community members through social and behavioural change communication programmes. The transmedia initiative - including a TV series, radio show, mobile game, social media and interpersonal communication toolkit expanded to reach 121 million people on TV and five million on radio. Bihar launched the first large-scale multi-agency initiative, reaching 600,000 government officials and 26 million people through media and community mobilization. The government developed a costed and resourced action plan addressing multiple deprivations experienced by adolescent girls. Uttar Pradesh launched a large-scale community platform linked to local governance to end child marriage and violence against children.

UNICEF leveraged government schemes by building capacity and delivering quality programming at state and district levels, resulting in impact at scale. These mobilized government and partners' investments for adolescents. The results included: (i) increased government/partner commitment to improve adolescents' well-being, (ii) increased government and partner capacities to promote and deliver quality services and prevention programmes, and; (iii) community structures have increased capacities to engage adolescents, parents and community influencers. To scale-up and ensure sustainability, UNICEF engaged the Ministry of Panchayati Raj, the Ministry of Youth, the National Commission for Protection of Child Rights, Ministry of Skills, and the World Bank. At the national and state levels, government ministries, CSOs, and key influencers, discussed gender disparities, emerging good practices and scalable programmes empowering girls and to address child marriage and other harmful practices.

UNICEF and J-PAL developed an analysis of global social protection programmes identifying interventions that reduce early marriage and enable transition to post-primary education and work; and to refine state level cash transfer programmes for adolescents to improve the equity focus. Existing cash transfer programmes supporting adolescent girls in Bihar and Jharkh and were reviewed and next steps advocated for 'cash plus' initiatives to empower girls. A national workshop was held with the central and state governments.

The National Commission for Protection of Child Rights, Ministry of Panchayati Raj Institutions and UNICEF jointly launched the “Child Friendly Panchayats” within the safe childhood programme across 14 states. The capacities of 240 master trainers were built to scale-up sustainable low-cost interventions to prevent child marriage, violence and exploitation of children. Eight states implemented the monitoring system set up for the child marriage and adolescent empowerment programme. As the at-scale approach gains momentum, the systems are being scaled up across some states and data used to inform programming, identify gaps and develop suitable strategies.

A gender responsive repository of communication materials and capacity development institutions on prevention of child marriage, child labour and violence is available across 16 states, along with partnerships mapping facilitating standardization of agreed parameters and tools for assessing capacity, functionality, feasibility and sustainability of adolescent programming.

OUTCOME 5 PCR 2: Protective and learning environment PCR 3: Adolescent participation and empowerment.

Analytical statement of progress

UNICEF supported the Ministry of Women and Child Development and Ministry of Human Resource Development and their respective state-level departments with critical interventions improving learning, from preschool to elementary education. UNICEF supported early childhood education training module prototypes and assessment and play/learning materials were launched by the Ministry of Women and Child Development, with continuing efforts across 15 states to build capacity and rollout curricula and learning materials promoting quality ECE.

The ECE national evidence base was strengthened with the completion of a landmark five-year longitudinal study on quality factors contributing to higher school readiness levels and learning outcomes in early primary grades. The findings and recommendations were disseminated through a national launch and four regional workshops. These were attended by state officials and partners from across the country, who discussed the findings’ implications and developed action plans to follow up on recommendations. At the elementary level, UNICEF supported scale-up of child-centred pedagogy implementation in Assam, Bihar, Gujarat and Rajasthan. UNICEF provided technical support in designing and rolling out the National Achievement Survey, covering 2.5 million children in 120,000 schools across 703 districts in all 36 states and Union Territories.

UNICEF pursued its child protection partnership with national and state governments, judiciary, police and civil society in 17 states. For the third consecutive year, the Supreme Court Committee on Juvenile Justice pursued a multi-stakeholder policy dialogue on effective key child protection legislation implementation, with technical support from UNICEF. This raised the child protection profile and resulted in increased budget allocations, as well as central and state government commitments to implement legislation. At state level, oversight of the judiciary has been institutionalised by the establishment of 12 High Court committees on Juvenile Justice, in 17 states with UNICEF presence, actively monitoring progress and issuing guidelines. In all states, judiciary engagement is leading to innovations and improvement in the child protection services quality by bringing stakeholders together and improving oversight and accountability.

The UNICEF education and child protection programmes worked together to address the challenges of out-of-school children and promoting school safety and security. In Rajasthan, the

two programmes supported the state government in developing a child tracking system for the training of school management committees and Panchayati Raj Institutions (local self-government institutions) in implementing this system in selected districts with a high prevalence of child marriage. In West Bengal, UNICEF developed a child protection policy for schools and standard operating procedures, which were adopted by the state education department as a grievance redressal mechanism. UNICEF supported a training module for head teachers and teachers on the policy and standard operating procedures, with training carried out in several districts in 2017. In Jammu and Kashmir, UNICEF developed a comprehensive school safety framework and module on its training with all district child protection nodal officers receiving this training. So far, 200 head teachers in Budgam and Rajouri districts have been trained by the master trainers. The state government has approved the UNICEF-supported standard operating procedures for School Environment and Disaster Risk Reduction and Child Protection, and intends to take the programme to scale.

Twelve states developed a child labour plan of action and eight scaled up their programmes to prevent and end child labour with UNICEF support. In Assam, Uttar Pradesh and Jharkhand, district-wide campaigns were launched and convergent road maps prepared for child labour prevention. A child labour social and behaviour change strategy was developed in Bihar with the Labour Department, with UNICEF-supported cluster-based approach in seven districts spanning over 44 blocks. In Gujarat and Tamil Nadu, district plans of action against child labour have been implemented in pilot districts.

To increase quality education demand, UNICEF continued supporting implementation of school attendance campaigns in Assam, Odisha, Uttar Pradesh and West Bengal. Support for capacity development of school management committee members to track individual children, ensure their regular attendance and to participate in day-to-day school functioning was provided for the first time Chhattisgarh and continued in Assam, Gujarat and Uttar Pradesh. Community mobilisation and outreach for regular school attendance was also supported in Chhattisgarh and continued in Gujarat, Odisha and West Bengal.

Block education officials' capacity was built in Odisha and Malda district, West Bengal, improving interpersonal communication skills for increasing education demand. Twenty-nine Right to Education Act Forum partners were capacitated in Chhattisgarh to increase demand for entitlements and quality learning with monthly communication plans. The findings of a formative study to understand barriers and motivation of children to transition to upper primary and secondary schools across five states was completed, providing strategic insights in promoting transition and preventing drop out. Parental support's importance was highlighted, especially of mothers as 'champions'; of identifying role models for girls, as well as enhancing self-confidence and negotiation skills; and of addressing corporal punishment and verbal abuse by teachers and ensuring safe passage to school.

Within UNICEF, different sections, including nutrition and health programmes have worked together towards promoting holistic ECD. Building on UNICEF support for essential services for the child in the areas of health, nutrition and education, steps were taken towards strengthening support for parents and caregivers in providing nurturing care for young children. Support for the care of children aged up to three years is being anchored in nutrition-related programming, primarily through promoting responsive feeding. For children aged three to six years, this is being linked to early childhood education programming and providing a supportive learning environment at home, focusing primarily in three states, Chhattisgarh, Maharashtra and Rajasthan.

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

Significant progress was achieved in integrating child-friendly schools and systems (CFSS) guiding principles in education plans and progress in rollout of various child-friendly initiatives in 15 states. UNICEF provided technical support to incorporate essential elements of CFSS in state plans, capacity development of educational functionaries, development of child-friendly learning resource materials and establishing monitoring frameworks to support effective implementation of CFSS framework. In Assam, the CFSS package was adapted to the state context, including the elements related to school safety, water, sanitation, and hygiene and disaster risk reduction in schools. In Karnataka, child safety norms in educational institutions were ratified and cleared by the cabinet through intense UNICEF advocacy and engagement with education and child development departments and legislators. Implementation of CFSS principles and framework has been demonstrated in partnership with state education departments in Assam, Bihar, Gujarat, Odisha and Jammu and Kashmir.

Child-friendly schools and systems monitoring indicators were integrated and implemented in Gujarat, Bihar, Odisha and Maharashtra, Rajasthan and West Bengal, strengthening the state education plans. This led to improving education quality, including new teacher training in Bihar through innovative open distance learning programmes. Technical support was provided for capacity development of education functionaries, including teachers, to implement child-friendly schools and systems in Assam, Bihar, Jharkhand, Gujarat, Jammu and Kashmir, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

Technical support was provided to national and state governments and civil society organizations to assess the status of the Right of Children to Free and Compulsory Education Act compliance and advocacy for its implementation through the analysis of data, evidence and gap analysis. State officials and civil society organisations capacities were strengthened to monitor the right to education indicators (which are aligned with CFSS indicators) and the use of Unified District Information System for Education (UDISE) data in Chhattisgarh, Gujarat, Maharashtra, Jharkhand and Uttar Pradesh. Continued support was also provided in Odisha, Chhattisgarh and Rajasthan to develop monitoring systems tracking Right to Education Act indicators progress. The 'Jan Pahal' radio programme was launched in Uttar Pradesh, enhancing school management committees' knowledge, understanding and engagement, and for generating quality education demand. UNICEF continued supporting building of school management committees' capacity in Jharkhand, Assam, Bihar, Chhattisgarh, Madhya Pradesh and Uttar Pradesh, contributing to strengthened school development plans.

UNICEF continued its technical support to Ministry of Human Resource Development, National University of Educational Planning and Administration (known as NUEPA) and states in building capacities of EMIS functionaries from all 36 states and union territories. The focus was on student data base management and data visualization to improve the quality of UDISE system covering 1.5 million schools. As a result, district and state functionaries captured data of 200 million children (80 per cent of the total) that helps in tracking and progression of children, getting realistic enrolment of children for improved planning, reducing leakages in education resources. Additionally, by analysing data from varied sources (Census, Rapid Survey On Children, U-DISE and National Sample Survey Organization), an analytical report was developed supporting state education departments for effective planning and evidence-based monitoring for the next annual planning process.

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

Considerable progress was made in 2017 in promoting quality early childhood education. At the national level, the Ministry of Women and Child Development was supported to develop prototypes of an ECE training module and assessment and play/learning materials, disseminated by the Minister to states.

UNICEF is supporting the Ministry to develop an ECE e-learning course for Anganwadi workers. The longitudinal study on ECE was completed and launched, with findings strengthening the national evidence base on the impact of quality preschool education on school readiness and learning outcomes in the early primary grades. The national launch was followed by four regional workshops attended by state officials and partners from across the country, who developed action plans based on the study findings and recommendations. A legal framework was drafted towards the extension of the Right to Education Act to include pre-primary education, with inputs from legal and ECE experts, activists and economists. An early learning package was developed to provide guidance on early learning covering one year of preschool through the early primary grades.

Capacity on quality ECE was strengthened in a number of states. An innovative ECE leadership programme for mid-level managers using experiential learning continued in two states – in six UNICEF programming districts in Chhattisgarh and in 15 districts in Uttar Pradesh. Learning from this programme informed state-wide capacity building of ECE functionaries in Chhattisgarh. A comprehensive plan was rolled out in Assam to train all Anganwadi workers in 12 districts, leveraging approximately US\$600,000 from the government. Capacity-building programmes were organised for 53,029 Anganwadi workers, in addition to district-level training supported by UNICEF in Gujarat, leveraging about US\$12 million from the government; and for supervisors and Anganwadi in Maharashtra, leveraging US\$1.2 million.

Support was provided to establish model Anganwadi centres in a number of states demonstrating quality practice, most notably in West Bengal where the state scaled up to 15,000 centres with government funds and Uttar Pradesh with 23,849 centres in 15 districts. In Assam, the state ECE curriculum and activity books were rolled out in 12 districts. Similarly, Bihar, Gujarat, Odisha, Madhya Pradesh and Rajasthan formulated curricula and developed resource materials, such as workbooks, manuals, handbooks, assessment cards and preschool kits. These materials were rolled-out in Gujarat, with approximately US\$30 million of government funds, and in Rajasthan covering 62,000 Anganwadi centres with about US\$800,000 of government resources. Madhya Pradesh rolled out the curriculum and preschool kits in 2,500 Anganwadi centres, while Bihar rolled out the curriculum in all 38 districts, with UNICEF-supported capacity development plans operationalised across the state. For children with disabilities, inclusive ECE materials were developed in Tamil Nadu and Telangana. In Rajasthan, UNICEF supported primary school teacher orientation on ECE to support Anganwadi workers in 18,000 centres that will be co-located in elementary schools.

A state-specific ECE policy, along with norms, was drafted in Karnataka with UNICEF support, and is awaiting government approval.

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

Progress is on track. Continued technical support was provided to strengthen the teacher education system through development of teacher education roadmap plans, capacity development to deliver child friendly pedagogy, and integrate assessment findings to support policy and pedagogy. Subsequent to teacher education visioning workshops and development of state teacher education roadmaps, support was provided to strengthen annual state teacher education plans in seven additional states – Assam, Gujarat, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal. Further, continued support was provided to strengthen teacher education institutions (State Council of Educational Research and Training and District Institute of Education and Training) in the four states of Assam, Bihar, Maharashtra and Odisha.

In Assam and Bihar, UNICEF played a key role supporting teacher education reform efforts through innovative in-service teacher training programmes, wherein 61,000 untrained teachers are being trained through open distance learning. In Bihar, Odisha and Maharashtra, UNICEF worked with the state governments to revise the teacher education curriculum, strengthen in-service training programmes and develop teacher educators' capacity on child friendly pedagogy and school leadership.

In Gujarat, Rajasthan, West Bengal and Tamil Nadu, UNICEF provided technical support to revise the five-year perspective plan for teacher education, continuous professional development of teachers and school-based assessments. Learning assessment data was also used to develop learning resource materials, and teacher training provided to improve teaching-learning practices in classrooms. In Madhya Pradesh and Tamil Nadu, extensive technical support was provided to strengthen the learning assessment system to support pedagogical intervention and learning.

In the seven states of Bihar, Gujarat, Odisha, Rajasthan, Karnataka, Madhya Pradesh and Tamil Nadu, resource teacher and teacher educator capacities were strengthened on child-friendly pedagogy, integration of information communication technology into the teaching-learning process, English language teaching and inclusive education for children with disabilities. With a focus on improving learning, specific technical support was provided to the State Council of Educational Research and Training and District Institute of Education and Training to roll out early grade reading and numeracy enhancement programmes in Assam, Chhattisgarh and West Bengal.

At the national level, technical support was provided to the National Council of Educational Research and Training to strengthen the learning assessment system. This was through development of capacity to produce high quality test items, scientific sampling design, implementation and monitoring of the National Achievement Survey. The capacity of 1,704 state education administrators and teacher educators from 703 districts across 36 states and union territories were orientated on assessment-led reforms. For the first time, the National Achievement Survey was linked to learning outcomes and pedagogical practices to develop actionable evidenced-based policy and planning to support learning. Furthermore, technical support was provided to develop systemic capacity in strengthening large-scale and school-based assessments to improve learning outcomes of children. In addition, to support planning and continuous professional development of teachers, UNICEF provided technical support to

the National Council of Educational Research and Training to develop user-friendly, actionable reports based on the National Achievement Survey results for 703 districts.

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

UNICEF continued efforts to reach marginalized children and mainstream out-of-school children. A strategy to map out-of-school children in 20 high burden districts was developed in Uttar Pradesh, while Bihar and West Bengal offices conducted in-depth analyses of data in high burden districts.

As a result of UNICEF advocacy, the Rajasthan government revised its child tracking survey, issuing unique IDs to out-of-school children for improved tracking. Support was also provided to build village-level elementary education officers capacities towards mainstreaming out-of-school children.

With respect to children with disabilities, workshops were organized for education functionaries and civil works personnel, and access audits of sample schools conducted in Assam, Gujarat, Odisha, Tamil Nadu and Uttar Pradesh towards making schools barrier-free and accessible, resulting in increased government attention. For example, the Odisha government allocated US\$155,000 for 31 model accessible schools. Capacity-building programmes on inclusive education were supported in Bihar and Gujarat, and state/district core groups were formed in Gujarat and Assam to accelerate implementation of inclusive education. The pre-service teacher education curriculum in Assam was revised to incorporate inclusive education. In Maharashtra, a study on the status of inclusive education for children with disabilities was completed. Through this, the key areas the government should support were identified.

A strategy for the enrolment and retention in school of girls from marginalized communities was formulated with UNICEF support and rolled out by the Uttar Pradesh government in 20 districts, with over US\$7,794,232 leveraged from them. The Meena Radio programme was implemented in Madhya Pradesh and Gujarat, and scaled up to all 34,000 schools in Gujarat, reaching 5.7 million children. The capacities of supervisory staff were also built to monitor implementation.

For tribal children, support was provided in Rajasthan to build capacities and develop learning materials in schools under the Tribal Affairs Department, benefitting 140,000 children. Implementation of mother-tongue based early grade education was demonstrated in 30 centres.

Physical education and sports interventions continued in Assam, Bihar, Uttar Pradesh and Jammu and Kashmir towards the retention of marginalized children in school. A 30-episode radio edutainment programme for early learning is almost finalised, and will be broadcast by the Jammu and Kashmir government for children unable to attend school during situations of unrest. Flexible learning programmes were also demonstrated in two districts in Jammu and Kashmir and a conflict-affected district in Assam.

In 10 states, new partnerships were established to reach the most disadvantaged children. For example, in Bihar, partnerships were developed with CSOs to mainstream out-of-school children in three districts. In Assam, UNICEF formed partnerships with CSOs to build capacities of Tea Garden Managed Schools to improve education quality, reaching 15,000 children. Communities were mobilized for facilitating regular attendance and transition to upper primary in

Gujarat and Rajasthan. Similarly, UNICEF in West Bengal forged partnerships with CSOs in three districts to track, validate and report on out-of-school children data. In Rajasthan, was undertaken with CSOs to build capacities of school management committees to track attendance.

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

UNICEF continued to support the Rashtriya Madhyamik Shiksha Abhiyan (RMSA – secondary education flagship programme of Government) in 2017. This included support to finalize gender-responsive annual plans, strengthen community-based education structures (such as school development and management committees (SDMCs), parent teacher associations and mother-teacher associations), build capacities, strengthen life skills education, and to promote adolescent empowerment and secondary school access.

Assam, Bihar, Gujarat, Rajasthan, Jharkhand and West Bengal states constituted and strengthened SDMCs for promoting adolescent-friendly secondary schools. UNICEF-supported training modules were disbursed across RMSA schools in the states enhancing training quality, improving knowledge on roles and responsibilities, and strengthening school-community convergence. Assam constituted 4,314 SMDCs in all state secondary schools. A stronger community-parents interface developed through UNICEF-supported training modules and parent's interaction guidelines were used to train 11,000 SDMC members, 67,000 School Management Committees and Parent-Teacher meetings in 63,000 schools with 3,500,000 parents participating in Rajasthan. In Uttar Pradesh, the Ministry of Human Resource and Development scaled up a UNICEF-led pilot to track transition in five blocks of five districts to 50 districts, following 120,000 students from upper primary to secondary schools.

The RMSA was supported in seven states (Assam, Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal) to roll out the Life Skills Education programme and enhance adolescent participation and empowerment. Recognizing the importance of girls'/boys' empowerment groups by state governments, Gargi manch (grade 9 to 12 girls) were constituted in nine districts of Rajasthan; model Meena-Raju manches in 80 per cent of academic clusters in Maharashtra; students' clubs in all Kerala schools; human rights clubs in 300 schools, adolescent clubs in 60 habitations in Tamil Nadu; and 179 Kanyashree clubs in West Bengal.

Functional guidelines to implement platforms were developed for functionaries. UNICEF West Bengal's work with the Minority Department led to establishing Meena Manch in all madrasas and upper primary schools. For sustainability, 24 master trainers were trained to monitor and support 150 upper primary schools. Maharashtra's government is addressing inequities through the Equity Cell, whose vision and training plan was developed by UNICEF.

Moving strongly into life skills education, career counselling, communicative english and information technology skills, modules were prepared. Some 152 master trainers were trained to use them in 100 schools, covering 50,000 children and 400 teachers in six districts of Bihar with low girls' education indicator scores. Madhya Pradesh rolled out sports in 1,000 and Life Skills Education in 3,200 upper primary schools; Assam in 4,085 secondary schools in 27 districts; and Jharkhand in 203 Kasturba Gandhi Ballika Vidyalayas.

UNICEF supported a life skills education training module and trained resource persons in

Rajasthan demonstrating the approach for adolescents (12,000 girls and 3,000 boys) in secondary schools. In addition, a framework for measuring life skills education progress in Rajasthan was developed and is available for school assessment systems.

In Karnataka, UNICEF-trained a district cadre of government resource persons in digital content, and the Magic English Programme will be scaled up in an entire tribal district. UNICEF developed a Life Skills Education manual on core skills and sensitisation on health, hygiene, menstrual myths and practices for Kanyashree in West Bengal; and its Education to Employability programme piloted in 200 schools was extended by RMSA to 1000 schools.

OUTCOME 6 PCR 4: Policy advocacy and social change for child rights

Analytical statement of progress

During 2017, UNICEF India increased outreach efforts and impacted public discourse on priority issues through creation of knowledge products, partnerships, and platforms for raising awareness, dialogue and engagement.

Internal intensified collaboration with the UNICEF India Resource Mobilisation and Partnerships unit yielded tangible results in donor and public engagement, communication, brand positioning and leveraging resources. For example, the integrated 'Cause Framework' campaign on Father's Day #EarlyMomentsMatter was used as a global good practice and was able to attract new pledge donors. On World's Children's Day, a communication and advocacy event at the National Stock Exchange brought together the private sector, media and young people to advocate on child rights issues in the online and offline space. The launch of the State of World's Children report saw the involvement of a diverse and influential group of private sector partners, deepening and widening relationships, and leveraging in-kind resources for children.

Efforts towards using a deliberate mix of strategies and tools were intrinsically linked and mutually reinforced. A wide(r) network of online/offline partners, networks and influencers facilitated upstream issue-based and evidence-based advocacy, media engagement, child participation, strengthening institutional capacities and catalysing the child rights discourse. Key partnerships were forged with civil society, media, academia, youth-based organisations and the private sector to raise the children's agenda. Elected representatives were sensitised on UNICEF priority issues, resulting in 38 questions in the Parliament and state assemblies. Sustained work with parliamentarians resulted in more members of Parliament evolving from a participatory role to an ambassadorial role in enabling children's rights. Positioning UNICEF as a technical trusted partner resulted in a private member's bill being raised in Parliament on the needs of children with specific learning disabilities. Strategic relationship management with media, including international media advocacy, led to more than 4,500 quality reports on priority issues nationally.

UNICEF's social media influence rose to three million people from one million in 2016. Major online and offline campaigns helped in advocating for children's rights, including the #KidsTakeOver, highlighting child participation, and #EarlyMomentsMatter, focusing on early childhood development.

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 priority issues by creating knowledge products, partnerships, and platforms to raise awareness, dialogue and engagement. Two examples were the World Children’s Day take-over of the National Stock Exchange and the #EarlyMomentMatters campaign. The campaign was used as a global good practice, with 40 per cent of the total worldwide online impressions.

The year’s actions included a deliberate mix of intrinsically linked and mutually reinforced strategies and tools. A wider network of online and offline partners, networks and influencers enabled upstream issue-based and evidence-based advocacy, media engagement, child participation, institutional capacity strengthening and stimulus of a child rights discourse.

Strategic advocacy on critical child rights issues, such as neonatal health, immunization, ending open defecation, addressing air pollution, ending violence against children, adolescent participation and the value of the girl child led to increased focus and results in these areas. In Bihar, the Chief Minister’s Office received comprehensive support to end child marriage. The International Day of the Girl Child was leveraged as a media and partnership platform to spotlight the value of the girl child.

One of the strategies to expand the UNICEF voice and reach included a sustained engagement plan with Parliamentarians. This led to the increased engagement of the Parliamentarians Group for Children. Fifteen Members of Parliament transitioned from participants to ambassadors for children’s rights. In Odisha, the Speaker of the House led model work on creating child-friendly constituencies.

Efforts were directed towards international media exposure. An array of media partnerships led to 4,500 media reports on priority issues. At the state level, child reporters continued to be trained and provided with platforms to amplify their voice, including the Sangwari Khabariya group in Chhattisgarh and the Child Reporters group in Assam. Overall, 2,743 media reports were generated on adolescent issues, powered by innovative partnerships such as that with the South Asia Women in Media.

Major online and offline integrated campaigns included: 27 #KidsTakeOver, #BaapWaliBaat, #StaySafeOnline and #GrowingUpOnline. UNICEF India has 2,823,184 online supporters, an increase of 877,707 from December 2016. A reach of 113.3 million from Facebook and 20 million impressions on Twitter were achieved. The 34 new videos gained 1.4 million views. The UNICEF India website had 742,221 visitors and 2.01 million views.

UNICEF continued to be positioned as a “knowledge agency” that produces and disseminates important knowledge products. During the year, these included the Inter-agency Group for Child Mortality Estimation Report, which helped augment public discourse around neonatal health and India’s negative sex ratio; a study on the economic impact of the Swachh Bharat Mission in rural areas; the report ‘Danger in the Air’ that provided scientific evidence on stunted brain development; and the ‘State of the World’s Children Report’, which was launched across the 13 states, generating dialogue about equity gaps in digital literacy.

OUTCOME 7 PCR 3: Adolescent participation and empowerment

Analytical statement of progress

UNICEF India continued to focus on child-centred disaster risk reduction, which resulted in a number of substantial gains both at the national and state levels. These included the drought impact assessment exercise carried out in nine states followed by detailed nutrition and food security assessment in four states. They led to governance, policy and practice level child-focused recommendations taken up in the revised 2016 Government of India's Drought Manual.

UNICEF expanded focus on supporting school safety by adding a security approach; addressing the high incidence of harassment and other man-made risks affecting children. Standard operating procedures and school safety guidelines were developed. UNICEF partners in 3,971 schools in eight states presented scale-up models reaching 314,000 government schools. Around 5,000 children in two cities participated through mobile applications, assessing or reporting day-to-day risks for children and engaging local administration to improve city safety for children. A national Urban Conclave involving the National Centre for People's Action in Disaster Preparedness and the National Institute for Urban Affairs was organised showcasing achievements under these children and youth interventions.

Child-centred disaster risk governance was strengthened by supporting Andhra Pradesh and Odisha governments in developing DRR Road Maps and Madhya Pradesh to include in Strategic Plan (2024) and Perspective Plan (2032). State capacities were improved to review statutory five State Disaster Management Plans and District Disaster Management Plans in 96 districts across seven states. The UNICEF-supported Bihar DRR Road Map - with 27 line departments presenting plans - made significant implementation progress.

Climate change adaptation and environmental sustainability were reinforced through a climate risk assessment in Bihar and facilitated water security and climate resilient WASH services in three states. The UNICEF-supported resilient toilets design was approved by Assam's Public Health Engineering Department and linked to Swachh Bharat Mission outcomes in flood-prone districts. Three states supported Heat Action Planning at the state and district levels. To address air pollution, a national consultation was organized with WHO and partners leading to the Clean Air Platform in India.

2017 witnessed historic flooding in several Indian states with over 2,102 casualties. UNICEF supported early recovery of social sector services in line with the Core Commitments for Children. Inter-agency NGO mechanisms were supported in eleven states. The governments of the four worst flood-affected states were supported to resume functioning of critical lifeline services. In Bihar alone, 9.8 million people received lifesaving information. On behalf of the UN Disaster Management Team, UNICEF supported social sector recovery planning and preparedness in the six worst flood-affected districts, including full resumption of critical sectoral services and developing preparedness plans for four million people (including 1.8 million children).

Studies revealed the community-based disaster risk reduction programme success in 1,120 disaster-prone villages in six districts, reaching 2.8 million people (including 1.29 million children). No lives were lost in the intervention villages, due to community preparedness and mitigation measures, including use of the approach of having children as the agents of change.

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 improved evidence on how disasters impact children and pilot interventions showcasing child-centred disaster risk reduction approaches which were scaled-up by the Assam, Bihar (piloted in June 2017) and Chhattisgarh governments. Support in applying Guidance for Risk Informed Programing with governments and partners in five states contributed to building a risk lens in UNICEF's internal programing process for the forthcoming Country Programme. Water, sanitation, and hygiene, education and social protection programme outcome areas integrated the risk approach in their results and intervention matrixes; other sectors included select actions at state level.

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

Analytical statement of progress

Data and evidence generation focused on strengthening the management information systems of national flagship programmes and the monitoring and evaluation capacities at state and district levels.

Government utilised the UNICEF-supported integrated plan to achieve 2030 SDG goals and visioning consultations with other UN agencies in several states. This led to finalization of a national indicator framework and its dissemination and strategy development on reporting with all states and Union Territories. At state level, analytical reports developed by UNICEF Gujarat office influenced selection of SDG indicators and targets, and successful advocacy resulted in state government adopting multi-dimensional poverty approaches. In Maharashtra, support provided by UNICEF led to finalising the VISION 2030 document and developing SDG baselines.

UNICEF convened national level social protection policy discussions at high levels of Government regarding building an integrated social protection system for children and their families and generating critical global and context-specific evidence promoting policy makers' understanding of the integrated social protection system approach. Policy dialogue with NITI Aayog (Policy Commission) was enhanced, developing a social protection strategy for the next 15 years. A national vulnerability analysis examined social protection programme gaps addressing child and adolescent vulnerability across the life cycle. A global social protection measures review for adolescent populations set the policy dialogue foundations, focusing on preventing child marriage and supporting primary to secondary school transition and onward to work. For a child-sensitive urban social protection framework, the current governmental protection mechanisms and governance structures were reviewed.

Follow-up on the Concluding Observations of the UN Committee on the Rights of the Child was undertaken at national and state level. UNICEF and the National Commission for Protection of Child Rights (NCPCR) co-organised the 2016 National Workshop on Child Rights aimed at capacity-building of all 36 State Commissions for Protection of Child Rights to strengthen their quasi-judicial functions for fulfilment of monitoring and investigating child rights' issues. A UNICEF-supported Resource Handbook for capacity-building of the State Commission members was developed in partnership with NCPCR and disseminated to all State Commissions. The National Plan of Action for Children, developed in 2015-2016, incorporates SDG child-related targets and finalisation, incorporating public consultation comments, is in progress.

UNICEF partnered with Ministry of Panchayati Raj to analyse Gram Panchayat Development Plans (GPDP) processes in eight state governments. The current decentralization status in five to 10 *Gram Panchayats* in selected states was reviewed by UNICEF and respective state governments. Model (beacon) GPDPs were developed in each of the states, leading to Gram Panchayat functionaries' capacity-building and strengthening inclusive participatory village-level planning processes. Child-responsive governance was prioritised through GPDP focus on education, health, nutrition, child protection and WASH in these Gram Panchayats. UNICEF facilitated learnings and discussions for policy learning through state-level workshops in the eight states, followed by National Level Workshop where learnings were consolidated at

Ministry of Panchayati Raj, and made a major policy recommendation to take up GPDP as a tool for holistic development of villages rather than just funds allocation. Subsequently, the Ministry of Panchayati Raj invited UNICEF to collaborate in 2018 to strengthen GPDP in all states through technical support in state and Ministry level, focusing on delivering child responsive governance through participatory processes, building accountability in the system.

UNICEF analysed child budgeting in national and state governments. After consultation with Ministry of Finance, inter-ministerial discussions in Ministry of Woman and Child Development recommended a comprehensive system for child budgeting, which was received favourably by the Government of India and further discussions in the National Institution for Transforming India (NITI) Aayog were initiated. In states, public finance for children work on budget analysis started (Tamil Nadu, Gujarat and Karnataka). In Maharashtra, a Public Expenditure Review was undertaken for Departments of Education and Women and Child Development, which implements the major proportion of child-related programmes. In Gujarat, a budget analysis conducted for Health, Integrated Child Development Services and Education highlighted allocation gaps as share of GDP in comparison to Maharashtra, Tamil Nadu, and Karnataka that have relatively better health, nutrition and education indicators. The findings are supporting pre-budget consultations and submission of “Charter of Demand” to state government departments and ministers to help increase budgetary allocation for ECD and Adolescent programme components.

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

In line with the July 2014 recommendations of the UN Committee on the Rights of the Child’s Concluding Observations to the Government of India, UNICEF focused on strengthening the National and state Commissions for Protection of Child Rights. Partnerships were developed with the NCPCR and the Resource Handbook for Protection of Child Rights is available in English and vernacular to national and state commission members across India. Capacity-building trainings have been conducted across different states’ commissions (including Tamil Nadu, West Bengal and Maharashtra) to improve members’ familiarity with the latest data, evidence and legislation. UNICEF facilitated a structured dialogue with the Rajasthan Commission, supporting development of a vision document encompassing focus areas of work, internal work flow and processes, and collaboration with development organizations. In Madhya Pradesh, UNICEF and the State Commission for Protection of Child Rights reviewed compliance with Right to Education Act at the state level, which was attended by the highest levels of government.

UNICEF field offices engaged with newly-constituted state commissions in Bihar and Assam on key issues and provided the latest state-level data information. The Odisha State Commission commenced development of the Odisha State Policy for Children, with UNICEF’s technical support. UNICEF also provided technical support to the Kerala Commission for preparation of an online complaints management system and analytical dashboard. With UNICEF technical support, The National Plan of Action for Children was finalised and released by the Government. The plan specifies and incorporates the Sustainable Development Goals’ child-related targets prior to the finalisation, and aims for purposeful convergence and strong coordination across different ministries, as well as local governance structures. State Plans of Action are under review in Assam, Jharkhand and Chhattisgarh, and a plan was reviewed by West Bengal in May, chaired by the Chief Secretary.

In partnership with Mumbai University, a costed 'investment plan of action for the child' is being prepared. In Maharashtra, a radio campaign with All India Radio on the 'End Violence Campaign' was conducted through support to Maharashtra State Commission. UNICEF, along with Maharashtra State Commission and Tata Institute of Social Sciences, also organized two consultations on pre-school education and children with disabilities in the Right to Education Act.

The Maharashtra State Commission, State government and UNICEF collaboration led to regulatory Guidelines for Crèche and Day Care Services being developed. With the guidance of a committee formed by the Chief Minister headed by the Chief Secretary, these guidelines influenced the roadmap for roll-out of State Early Childhood Development policy. UNICEF in Assam, through its Tezpur University partnership, initiated mainstreaming of a child rights agenda in the academic sphere through a course which is in its second annual cycle and is in the process of being sustainably managed and owned by the University. The first graduating class has been absorbed in various capacities all over the state or continued in the academic field.

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

Situation and equity analysis generated from the Rapid Survey on Children 2013-14 and National Family Health Survey 2015-16 results informed development of the new country programme 2018-2022. The information was used for state-specific bottleneck analysis of priority programmes leading to development of the Theory of Change and Programme Strategy Notes for the country programme.

UNICEF supported the Ministry of Statistics and Programme Implementation in unpacking the Global SDG indicators, leading to development of the National Vision document 2032 and 11 States' SDG Vision documents (Bihar, Maharashtra, Assam, Gujarat, Rajasthan, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Telangana, Jharkhand and Odisha). Documents shared with the National Institution for Transforming India (NITI) Aayog supported the Government of India to develop the first SDG report (Voluntary National Report) and discussion at the High Level Political Forum. UNICEF supported finalizing national SDG Monitoring Indicators by providing inputs on indicators developed by the Ministry of Statistics and Programme Implementation.

Five regional workshops in Ahmedabad, Lucknow, Chennai, Guwahati and Bhubaneswar were held with support from UNICEF. The objectives were to support the Ministry of Statistics and Programme Implementation in sensitizing and bringing all states and Union Territories on same page on national SDG indicators framework; understand the status/progress of State SDG Vision Plan; and to facilitate understanding of the data gap, challenges and preparedness on reporting on SDG indicators. Information garnered from the workshop led to development of a report on data gaps and strategies for bridging gaps in order to be able to monitor SDGs. UNICEF is a member of the Committee of Data Development developed by the Ministry of Statistics and Programme Implementation in partnership with UN Resident Coordinator's Office, which will review progress in development of metadata, new indicators, new methodologies for new indicators and dashboard development for monitoring.

UNICEF continued supporting state governments in developing State SDG Indicator frameworks by addressing data gaps, coordinating among all departments and strategy for data and its availability. For example, the child deprivation analysis developed by UNICEF Gujarat office influenced selection of SDG indicators and targets. Advocacy on adopting a multi-dimensional poverty approach and child deprivation at district-level led to highlight areas of social policy work in Gujarat. Developing a single registry system in Kerala is being piloted in two Panchayats of Kerala with UNICEF technical support. In Assam, a web-based application on WASH indicators was developed to act as a single platform for relevant indicators related to health, education and nutrition.

Three new equity-focused evaluations commissioned in 2017 will be finalised by mid-2018. One evaluation on community-based disaster risk reduction in Bihar was finalised and the management response is being drafted. In 2017, successful dissemination and policy advocacy work around positive findings of the Panchayat Level Convergence Committee (PLCC) evaluation on child-friendly governance in Tamil Nadu took place. The PLCC model was reflected in the state level Gram Panchayat Development Plan manual for capacity development. The work on the state level evaluation capacity building in Assam, Gujarat and Bihar continued, creating positive momentum for evaluation.

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

In 2017, developing evidence to support building of social protection systems for children and vulnerable groups was the focus of the work at the national and state level. An analytical approach paper on building an integrated social protection system for India developed by UNICEF was discussed at a national multi-ministerial meeting, which highlighted the needs of integrated system approach for social protection programmes. A vulnerability analysis helped highlight gaps in existing social protection programmes. A global review of social protection measures for adolescent populations was undertaken in collaboration with Jameel Poverty Action Lab (J-PAL), focusing on preventing child marriage and supporting transition from primary to secondary school and onward to work. This global evidence was disseminated and discussed at a National Workshop on Reaping the Demographic Dividend. Applicability of these measures and policy options were discussed in the Indian context with 11 States and seven national ministries. Review and analysis of governmental urban social protection mechanisms and governance structures identified the vulnerabilities and risks of urban poor children and possible mitigating social protection strategies. The analysis is expected to be deliberated and examined with the government for policy options through multi-city analysis in 2018.

At the state level, UNICEF focused on building strategic evidence and dialogue for integrated and child-sensitive social protection programmes with senior levels of the government. In West Bengal, the Social Exclusion study supported policy dialogue with stakeholders and identifying excluded groups with respect to gaps in service delivery, programme implementation and outreach of social services. In Rajasthan, UNICEF supported management information system strengthening of a foster care scheme to ensure timely disbursement of benefits to eligible families.

A study in Uttar Pradesh on the existing conditional cash transfer scheme for child labourers led to strengthening of the programme to increase the coverage and budget. In Jharkhand, a review of the girl child cash transfer programme resulted in the government improving programme

coverage and linkages to education for empowerment of girls. In Bihar, state programmes related to child marriage were reviewed for re-design and consolidation; and evidence from a pilot project on tribal groups in Jharkhand resulted in the government's decision to scale up to 12,000 tribal households.

Realizing the potential for use of the single registry to ensure coverage and monitor service uptake and real-time payment of cash transfers for children, several states started working on this mechanism. In Madhya Pradesh, 'Samagra', a single registry system, is being reviewed to support planning and monitoring of inclusive child-sensitive social protection programmes. In Kerala, a single registry pilot was initiated at the local government level in two pilot panchayats, with involvement of ward councils to make local governments aware of the data on children living in their areas. To complement this piloting, global best practices in social protection were discussed at high levels of government with state Ministers, focusing on reaching marginalized populations.

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

UNICEF supported rollout of Gram Panchayat Development Plans in partnership with Ministry of Panchayati Raj and state governments. A national level workshop was organised to share learnings of the UNICEF-supported assessment of GPDPs and recommend a way forward on mainstreaming children's issues in the plans.

Model (beacon) Gram Panchayats, district and state-level technical support led to a child development plan being embedded in the state road map for Panchayati Raj Institutions in Bihar. Assam and Jharkhand initiated model (beacon) Gram Panchayats making local governance more child and women responsive. In Chhattisgarh, UNICEF support led to increased reflection on women and child-related discussions in the GPDP. In West Bengal, a District Plan of Action for Children was implemented.

Upstream work on inclusive, child-friendly Gram Panchayats was supported in Andhra Pradesh, Telangana, Karnataka and Tamil Nadu. In Kerala, UNICEF trained mentors to rapidly prioritize child responsive planning and monitoring; and in Rajasthan strengthened state guidelines for GPDP to use fiscal space effectively and prioritise needs of children.

Technical support in developing policy instruments (manuals and guidelines) at state level for child-responsive governance was taken up in Madhya Pradesh and Maharashtra. In Uttar Pradesh, a consortium of development partners was formed to provide support at the Gram Panchayat level. UNICEF in Tamil Nadu contributed to manuals for capacity building of Gram Panchayats, as did Jharkhand. UNICEF's support in Rajasthan influenced a state decision to mandate 40 per cent of social sector allocation to GPDP.

UNICEF helped build understanding of GPDP processes and recommended ways forward in Assam, Bihar, Jharkhand, Telangana, Madhya Pradesh, Uttar Pradesh, Rajasthan and Maharashtra. This culminated in state-level workshops on GPDP as a tool for holistic development.

UNICEF strengthened data management in Madhya Pradesh in select Gram Panchayat to inform evidence-based planning and budgeting for disadvantaged children. In Gujarat, 46 critical

child indices were integrated in the 100 development indicators at district level and a Centre for Participatory Learning was established.

UNICEF analysed the present status of child budgeting in the Government of India and state governments. After consultation with the Ministry of Finance, inter-ministerial discussions in Ministry of Woman and Child Development have been supported and recommendations offered to introduce a comprehensive system for child budgeting in the Government of India for the coming financial year. This has been received favourably by Government of India and further consultations in NITI Aayog have already commenced.

At the state level, work on public finance for children was undertaken by UNICEF in Tamil Nadu, Gujarat, and Karnataka through budget analysis. In Kerala, UNICEF supported an analysis of local government funds for children; in Jharkhand, assistance was provided for formation of child budget cells in 13 Departments; and UNICEF in West Bengal supported child budget analysis of select flagship programmes. In Maharashtra, an elaborate Public Expenditure Review was undertaken for Departments of Education and Women and Child Development, which implements the major proportion of child-related programmes. Maharashtra presented its findings to a state level meeting chaired by state Finance Minister.

OUTCOME 9 PCR 1: Mother and child survival, growth and development PCR 2: Protective and learning environment PCR 3: Adolescent participation and empowerment

Analytical statement of progress

UNICEF 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 marginalized children and communities.

A focus on institution strengthening resulted in Departments of Health in 11 states, Women and Child Development in six states, Rural Development and Information and Cultural Affairs in seven states and district-level Social and Behaviour Change institutions in five states establishing and strengthening functional behaviour change communication cells. Ten national social and behaviour change communication frameworks, guidelines or plans and 38 state SBCC strategies on reproductive, maternal, newborn, child and adolescent health (RMNCH+A) and WASH were endorsed by government departments and are being implemented. Partnership forums are active in 12 states and partnerships were established with academic institutions in four states for routine immunisation, maternal and newborn health, programming in conflict areas, stunting reduction, promoting SBCC learning, and influencing programming for social norms change.

To increase quality education demand, UNICEF continued supporting implementation of school attendance campaigns in Assam, Odisha, Uttar Pradesh and West Bengal. Community mobilisation and outreach for regular school attendance was supported in Chhattisgarh and continued in Gujarat, Odisha and West Bengal. Block education officials' capacity was built in Odisha and Malda district, West Bengal to improve interpersonal communication skills for increasing education demand. The capacities of 29 Right to Education Act Forum partners Chhattisgarh were enhanced to increase demand for entitlements and quality learning with monthly communication plans. The findings of a formative study to understand barriers and motivation of children to transition to upper primary and secondary schools across five states was completed, providing strategic insights in promoting transition and preventing drop out. Parental support's importance was highlighted, especially of mothers as 'champions'; of

identifying role models for girls, as well as enhancing self-confidence and negotiation skills; and of addressing corporal punishment and verbal abuse by teachers and ensuring safe passage to school.

The transmedia initiative to engage adolescents and families using entertainment-education, highlighting feminist girl-boy role models, expanded to influence perceptions and facilitate intergenerational dialogue on issues relevant to adolescents. In 2017, the TV series and radio show continued, and a mobile game, social media and an interpersonal communication toolkit was developed and implemented. The tele-serial leveraged funding for a thrice-weekly, all India broadcast and reached 121,000,000 million viewers, up from 3,000,000 in 2016. The radio show, 'Full on Nikki', reached more than five million listeners in 2017 alone. The mobile game Nugget which was the week's number one new game during 10-16 November 2017 on the Google Play store, had more than 67,000 downloads and played over 92,000 times. While 22 per cent of the players were girls and 70 per cent were boys, girls played it more often. The AdhaFULL social media content amplified conversations on gender issues and character videos challenging gender norms on Facebook received 2.25 million views, with 53 per cent women and 47 per cent men (FB Analytics).

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

During the course of the year, UNICEF India was able to leverage over US\$35 million for child-focused information, education and communication actions, including:

- \$25.5 million in Health Department funds for states' social and behaviour change communication frameworks and 38 strategies on RMNCH+A and WASH;
- \$4.5 million in state programme implementation plans for frontline workers' capacity development in interpersonal skills training/interpersonal communication;
- \$5,300,000 from the Uttar Pradesh programme implementation plan for state-wide health facility branding.

Support was provided to strengthen communication planning, including for:

- 29 state and Union Territories' annual action plan on Breastfeeding Programme finalized in the Ministry of Health and Family Welfare-led, review-cum-planning workshop on National Breastfeeding Programme known as Mothers Absolute Affection;
- Ten states preparation of operational plans for Integrated Action Plan for Pneumonia and Diarrhoea;
- Development of ten national strategic communication frameworks, guidelines and/or plans (Routine Immunization; Measles-Rubella Vaccine Introduction; Intensified Mission Indradhanush; Rashtriya Bal Swasthya Karyakram; Integrated Action Plan for Pneumonia and Diarrhoea; Maternal Infant and Young Child Nutrition; Anaemia; Sanitation and Hygiene; Advocacy and Communication Strategy; Drinking Water Advocacy and Communication Strategy Frameworks; and Zika risk-preparedness communication);
- Strengthening the SBCC component of District Swachhata Plan template for the Ministry of Drinking Water and Sanitation
- Development and implementation in 24 districts in Uttar Pradesh and four tribal districts of Rajasthan of costed SBCC district plans accelerating information-education-communication budget utilization;

- Development of a proposal to Hindustan Zinc for seven states on SBCC-approved system strengthening

Communication assets developed with UNICEF support included:

- MAA television commercials launched at National Innovation Workshop;
- Rashtriya Bal Swasthya Karyakaram and measles-rubella commercials;
- Communication tools, standard operating procedures, and training resources for measles-rubella;
- Swachh Shakti film launched by Prime Minister on International Women's Day, with over 6,000 women Sarpanches present;
- A standardized training package on community approaches to sanitation developed for Ministry of Drinking Water and Sanitation national application;
- A communication strategy launched by Prime Minister in Gujarat, announcing 90 per cent full immunization goal by December 2018;
- One-day interpersonal communication skills training package for Front Line Workers for Boosting Routine Immunization Demand Generation (BRIDGE) rolled out.

Advocacy with Ministry of Drinking Water and Sanitation led to two national level policy advances in SBM. These were the National Gender Guidelines (first guidelines integrating gender programming principles within a national flagship), and the revised national IEC Guidelines. Advocacy for health systems strengthening led to approval of nationwide BRIDGE interpersonal communications skills training for frontline workers, with two million planned to be trained by December 2018.

UNICEF led the National Core Communication Partners Group on Routine Immunisation and RMNCH+A. During the year, partnership forums were active in 12 states. Partnerships were continued with academic institutions in four states for routine immunisation, maternal and newborn health, programming in conflict areas, stunting reduction, promoting SBCC learning, and influencing programming for social norms change

A number of activities were supported to strengthen knowledge management, including:

- 18-state documentation of SBCC health systems strengthening for routine immunisation and child health interventions, including independent documentation by states;
- Knowledge seminar series on SBCC titled 'Dhara ('Confluence of Knowledge')
- Two seminars conducted- 'SBCC for Adolescents' and 'Inclusive Communication for SBC';
- Two policy briefs and one scientific paper from the seminar finalised
- Production of a policy brief on information, education and communication budget utilization
- Finalisation of a KAP study on Rashtriya Bal Swasthya Karyakaram/RBSK, featured by UNICEF headquarters as a Best Research Study of 2017.

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 lead the communication and social mobilization actions contributing to high quality immunization and mop-up campaigns. The UNICEF-supported Social Mobilisation Network (SMNet) mobilized 2.7 million households in high-risk communities in Uttar Pradesh, Bihar and West Bengal. This succeeded in reducing resistance to less than 0.2 per cent, ensuring high oral polio vaccine coverage (over 99 per cent) in polio campaigns. As many

as 98.1 per cent of caregivers in Uttar Pradesh, 99.4 per cent in Bihar and 98.3 per cent in West Bengal reported having prior information about the polio round through the mobilisers' visits in SMNet areas. The new polio communication materials with Polio Ambassador Amitabh Bachchan, stressing the importance of continuing polio vaccination even after national elimination of the virus, to maintain polio-free status ("Jeet Rahe Barkraar") was a major contribution.

Towards strengthening routine immunization, the SMNet sensitized parents in high-risk communities about upcoming immunization sessions and vaccination schedules, holding more than 7,000 mothers' meetings and 125,000 interpersonal communication visits monthly. The mid-media strategies on routine immunization were conducted through 4,477 street plays, over 13,420 audio-visual shows in 17,890 high-risk communities, and reached approximately 1.6 million people in ten states. UNICEF developed frontline workers' training modules, drawing on tools used by polio/SMNet (films, job-aids and training modules). Some 6,000 SMNet mobilisers were equipped with an innovative inter-personal communication tool using mobile phone pre-loaded memory cards. The monitoring dashboard recorded an increase of 12 interpersonal sessions per community mobilizer.

The concurrent monitoring data showed that the full immunization coverage in SMNet high-risk areas in Uttar Pradesh (81 per cent) and Bihar (88 per cent), was significantly higher than state averages (51 per cent in Uttar Pradesh and 62 per cent in Bihar). The SMNet continued promoting convergent life-saving messaging on hand-washing, oral rehydration salts/zinc utilization for diarrheal management, and breastfeeding. UNICEF documented lessons learned using studies like the Knowledge, Attitudes, and Practices Study for Polio and Routine Immunization.

UNICEF conducted a training of trainers for identified SMNet personnel on the Inter Personal Communication Module for Front Line Workers, on the supportive supervision tools for communication and cold chain. Routine immunization communication planning and monitoring was strengthened for the Intensified Mission Indradhanush. UNICEF shared dashboard-produced data from over 1,000 monitors with the Government of India and partners.

At the request of the Government, the SMNet has been trained and deployed to support the measles-rubella vaccination campaigns. SMNet members supported Phase-2 of the MR campaign in communication planning, implementation and monitoring in high-focus districts in Andhra Pradesh, Telangana, Chandigarh, Uttarakhand, and Himachal Pradesh in 2017. As a result, the state and districts developed and implemented communication plans for measles-rubella. The SMNet will continue supporting other states in 2018 and 2019.

UNICEF continued discussions with the national and state governments on the continuation of polio transitioning. Some US\$1.9 million was approved in Bihar State Health Programme Implementation Plan for FY 2017-18, while Uttar Pradesh submitted a Programme Implementation Plan (2017-18) for US\$3.7 million.

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

Towards increasing the demand for quality education, UNICEF continued supporting the implementation of school attendance campaigns in Assam, Odisha, Uttar Pradesh and West

Bengal. Community mobilisation and outreach for regular school attendance was also supported in Chhattisgarh and continued in Gujarat, Odisha and West Bengal. Capacity-building was provided for block education officials in Odisha and the Malda district, West Bengal, to improve interpersonal communication skills to increase the demand for education. Twenty-nine Right to Education Forum partners were capacitated in Chhattisgarh to increase demand for the entitlements and quality learning.

The Departments of Labour, Education and Women and Child Development in Bihar, Assam and Jharkhand implemented the state specific communication strategies to prevent child labour across their districts.

Education departments in six states (Uttar Pradesh, Andhra Pradesh, Odisha, Madhya Pradesh, Assam and Gujarat) continued broadcasting Meena Radio across the state for another academic year. In some states, Meena Radio has been broadcasted annually by leveraging Sarva Shiksha Abhiyan funding since 2012. A school management committee radio initiative (Jan Pahal) piloted in select districts of Uttar Pradesh was scaled up in all 75 districts. In Gujarat, the demonstrations of folk media to enhance the community's role in Right to Education/Child-Friendly Schools and Systems was scaled up to 10 districts. Teacher-training programmes in Uttar Pradesh, Bihar and Jharkhand mainstreamed the menstrual hygiene management training package.

In Rajasthan, as part of engaging civil society organizations in increasing the demand for education and protection services, a multi-stakeholder resource pool to develop the Youth Policy was constituted. In Rajasthan and Chhattisgarh, civil society organizations were engaged in the prevention of child marriage (Sanjha Abhiyaan - collective action for prevention of child marriage) and increasing demand for Right to Education entitlements and quality learning, respectively.

The findings of a recently completed national level formative study to understand the barriers and motivation of children to transition to upper primary and secondary schools across five states provided strategic insights into promoting transition and preventing drop out. The findings highlighted the importance of parental support, especially of mothers as 'champions', of identifying role models for girls as well as enhancing their self-confidence and negotiation skills; and of addressing corporal punishment and verbal abuse by teachers and ensuring safe passage to school.

State-specific documents on social and behaviour change communication interventions included the process documentation of Meena Radio experience to inform other radio-based communication programs in Gujarat. In Rajasthan, the assessment of teacher and children forums in primary and secondary schools across three districts recommended ways to strengthen ongoing engagement with Adhaya and Meena Manches across the state. A qualitative assessment of knowledge, perception and practices around parenting in the tribal district is informing the development of the positive parenting engagement on Early Childhood Development in Rajasthan.

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

UNICEF achieved significant success in a scale-up strategy for preventing child marriage and increasing adolescent empowerment in eight states, based on linkages with partners, government and stakeholders. UNICEF continued policy advocacy and awareness campaigns, quality data collection, and regular monitoring at national level; and integrated preventive interventions into national or state flagship programmes (such as SABLA, Beti Bachao Beti Padhao and Rashtriya Kishor Swasthya Karyakram). Around 937,000 adolescents and 1,200,000 parents and community members were reached through social and behaviour change programmes implemented in collaboration with district administrations.

India experienced a sharp child marriage decline - from 47 per cent (NFHS 2005-06) to 27 per cent (NFHS 2015-16) of girls married before the age of 18. Bihar launched the first large-scale multi-agency initiative ending child marriage, reaching over 600,000 government officials. The initial phase reached 24 million people through media and community mobilization. Two public service announcements reached 1.1 million viewers across social media. The government developed a costed action plan addressing multiple deprivations experienced by adolescent girls in Bihar.

The household monitoring in eight states survey revealed that 6.3 per cent of adolescents were married, 21.7 per cent were not enrolled in school/college; and 10 per cent of adolescent girls (15-19 years) were ever pregnant. Around one-half of those married reported ever being pregnant. A repository using a gender 'lens' assessed communication materials and institutional capacity for sectoral results on adolescents for the new county programme cycle. Organisations for partnership were mapped using a standardised tool for adolescent programming.

The transmedia initiative engaging adolescents/families using entertainment-education (highlighting positive role models of feminist girls/boys overcoming challenges), expanded to influence perceptions and facilitate intergenerational dialogue on issues relevant to adolescents (ending child marriage, continuing education, improving nutrition and tackling gender-based violence). A TV series/radio show, "Fully on Niki" continued and a mobile game, social media and an interpersonal communication toolkit was developed/implemented. The tele-serial leveraged national public broadcaster funding for a thrice weekly all India broadcast, reaching 121,000,000 viewers (up from 3,000,000 in 2016). Five million people heard the radio show on over 30 community stations, university stations Jamia, Millia Islamia, Indian Institute of Mass Communication and 11 FM stations. Nugget, a mobile game, was the week of 10-16 November's number one new game on Google Play store, with more than 67,000 downloads and played 92,000 times. While 22 per cent of players were girls and 70 per cent were boys, girls play it longer. The AdhaFULL social media content amplified conversations on gender issues and character videos challenging gender norms received 2.25 million views, with 53 per cent women and 47 per cent men (FB Analytics).

UNICEF and UNFPA jointly planned the global programme on ending child marriage and the UN Youth Task Force to support gender equality and to improve efficiency of government flagship programmes. The National Commission for Protection of Child Rights, Ministry of Panchayati Raj Institutions and UNICEF launched the "Child Friendly Panchayats" under the Safe Childhood Programme across seven states to ensure scale-up of sustainable low-cost child protection interventions to prevent child marriage, violence and exploitation of girls and boys. More than 240 master trainers from State Commission for Protection of Child Rights and State Institute for Rural Development were trained on Child Friendly Panchayat.

Evaluation and research

Title	Sequence Number	Type of Report
Assessment of Janani Shishu Suraksha Karyakaram (JSSK) in High Priority Districts in West Bengal	2017/015	Study
Study on WASH Compliance in Health Facilities in Selected Indian States	2017/014	Study
Study on School Management Committee - Status, Functioning and Challenges	2017/013	Study
SABLA Strengthening Demonstration Project - Midline Assessment	2017/012	Study
Study of Conditional Cash Transfer for Working Children in Uttar Pradesh	2017/011	Study
Study of Conditional Cash Transfer for Working Children in Uttar Pradesh	2017/010	Study
Comparative Study on Equity in Immunization	2017/009	Study
The India Early Childhood Education Impact Study	2017/008	Research
Formative Study to Understand the Knowledge, Attitude and Practices of Communities Regarding Childhood Pneumonia and Household Air Pollution	2017/007	Study
Assessment of Kanyashree Prakalpa	2017/006	Study
Financial and Economic Impacts of the Swachh Bharat Mission (Clean India Mission)	2017/005	Study
Mid-term assessment of the 'Ensuring children's right to quality education and protection in Jammu and Kashmir' programme	2017/004	Study
Assessment of the Adolescence Education Programme	2017/003	Study
Evaluation of UNICEF's Community Based Disaster Risk Reduction and School Safety Programme, Bihar, India (2011-2016)	2017/002	Evaluation
Reducing Stunting in Children Under Five Years of Age: a comprehensive evaluation of UNICEF's strategies and programme performance – India Country Case Study	2017/001	Evaluation

Other publications

Title
Vulnerability Assessment of Public Health Facilities with focus on Structural and Non-structural elements in coastal areas of Odisha
Nutrition Report 10; Nourishing Wombs - Delivering an integrated package of maternal nutrition interventions in Andhra Pradesh and Telangana (India)
Nutrition Reports 9; Stunting in Tribal Children Under two Years in Odisha
Nutrition Reports 8; Delivering Essential Nutrition Intervention for Women in Tribal Pockets
Nutrition Reports 7; Household food and nutrition insecurity in four drought-hit Indian states
Nutrition Reports 6; Childhood Stunting Across eight Indian states
State of Child Workers in India, Mapping Trends.
Effective Implementation of The Juvenile Justice (Care and Protection of Children) Act
Assessment of the pedagogical practices and their impact on learning in schools run by Tribal

Department, Rajasthan
Assessment of learning outcomes and classroom processes as part of impact of SIQE (State initiative in quality education) in 2015-2017
Swachh Vidyalaya Swasth Vidyalaya: Promoting Child Friendly Learning Environment in Selected Schools of Vaishali District in Convergence with WASH
Documentation on Innovative multi sectoral initiative for improving Pulse Polio and Immunization Coverage in Maheshtala Municipality
Rapid assessment of MCH services in four municipalities of West Bengal
Benchmarking of WASH facilities in ZP schools in Maharashtra
Awareness Generation & Epidemiological Study on Disease Prevalence in Arsenic Affected Areas of Malda, West Bengal
A compendium of success stories of rural development programmes in Gujarat
Gujarat Roadmap: Ensure Clean Water and Sanitation for all:operationalizing Sustainable Development Goal - 6
Social Protection Framework for Urban India, Reflections
Supporting adolescent Transition to Adulthood: What works and what doesn't
Formative Study on Knowledge, Attitudes, Beliefs, and Practices (KAP) of caregivers of children with birth defects, and developmental delays
Polio NID package for 2017 and beyond
Training film on repair and maintenance of cold chain equipment
Training module for repair and maintenance of ILR/DF & WIC/WIF
Communication guide for measles-rubella vaccination campaign
Public Financing for Nutrition - Challenges in Tracking Nutrition Budget Outlays at the National and State Level in India
Public Financing for Nutrition - Towards A Nutrition Sensitive Tribal Sub-plan February 2017
Public Financing for Nutrition - Budget Outlays for Nutrition Interventions February 2017
Public Financing for Nutrition - Budget track 2017
Bihar's burden of Child stunting- a district-wise analysis.
Internal validity and reliability of experience-based household food insecurity scales in Indian setting
Partnering with women collectives for delivering essential women's nutrition interventions in tribal areas of eastern India: a scoping study
Applying Positive Deviance for Improving Compliance to Adolescent Anemia Control Program in Tribal Communities of India
Household food insecurity and children's dietary diversity and nutrition in India. Evidence from the comprehensive nutrition survey in Maharashtra
Feasibility and diagnostic accuracy of using armband mid-upper arm circumference as a simple screening tool for maternal wasting in rural India
Effectiveness of community management of severe acute malnutrition (CMAM) in India. Findings from a systems-based trial in Nandurbar, Maharashtra.
Forest Lanterns : collection of invited essays on forty-six solutions from solution seekers working on the ground, for improving the nutrition of tribal children from nine states

Lessons learned

Document Type/Category	Title
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Lesson Learned	Financial and Economic Impacts of the Swachh Bharat Mission (Clean India Mission)
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Programme documents

Document Type	Title	Name
Reference Documents	GSS Action Plan	India_ GSS Action Plan_2017.pdf