

India

Executive Summary

UNICEF India worked in an increasingly convergent manner in 2014 to meet the demands of a fast changing country context and to deliver significant results for children. A historic moment came on 27 March when India, along with 10 other Asian countries, was certified as polio-free. A strong social mobilisation network (SMNet) was used to reach the most marginalised children to assure full national immunisation. SMNet's success allowed UNICEF India to use the same strategy to support routine immunisation and other health and sanitation initiatives.

In 2014, UNICEF India supported the Government of India (GoI) in its Swachh Bharat: Swachh Vidyalaya guidelines, which saw WASH in Schools as a national mission. In November, the India chapter of the Global Inter-faith WASH Alliance was launched to create a cadre of faith leaders who will promote messages and spearhead the power of faith to change behaviours for better WASH practices. GoI also made ending open defecation (OD) a critical national priority.

To complement GoI's emphasis on ending OD, UNICEF India introduced a public advocacy campaign known globally as "Poo2Loo," using a cartoon character, Mr. Poo, to highlight the issue. The initiative generated more than 1.5 million views on YouTube and Rocketalk, 120,000 personal pledges, and more than 150 million social media impressions. Time magazine selected Mr. Poo as the 12th most influential fictional character for 2014.

In Health, UNICEF India used the continuum of care approach to work in 105 government-identified high priority districts (HPDs) as part of its support to the Call to Action (CTA): A Promise Renewed to accelerate maternal, newborn, and child survival. UNICEF India worked closely with GoI and state governments to carry out gap analyses, advocate for increased health financing, and support a health monitoring system. An Indian Newborn Action Plan to end preventable newborn deaths and stillbirths and reduce maternal deaths was also established with UNICEF India's support.

Significant progress on nutrition was made in 2014 when the government of India's most populous state – Uttar Pradesh (UP) – launched its Nutrition Mission jointly with UNICEF India. In partnership with the Ministry of Home and Family Welfare (MoHFW), a Comprehensive Nutrition Survey was commissioned to quantify the true malnutrition burden, reorient policy, and serve as a baseline to evaluate the progress of recently launched initiatives. UNICEF India also supported the Ministry of Women and Child Development (MWCD) to conduct a Rapid Survey on Children, which targeted outcomes related to women and children's well-being and the implementation of the Integrated Child Development Services (ICDS) scheme. The results are under review by the Government.

Building on the global movement to end child marriage, UNICEF India helped partners to develop effective strategies for massive scale-up of efforts to prevent child marriage in six states.

UNICEF India developed child friendly schools and systems guiding principles to support all

states in acceleration and implementation of the Right of Children to Free and Compulsory Education Act (RTE), with a renewed focus on learning outcomes and inclusion. UNICEF India also collaborated with the Ministry of Human Resource Development to widely disseminate national learning achievement data to improve teaching and learning practices.

The corporate social responsibility (CSR) agenda in India made good progress as partnerships with companies grew beyond fundraising for UNICEF. Examples included efforts to promote child protection in Assam through an engagement with the tea industry; address the issue of child labour in the stone quarrying sector in Rajasthan; and to integrate WASH in schools within the Swachh Bharat Abhiyan in partnership with public sector corporations.

UNICEF India maintained a strong level of preparedness and was able to mobilise support through partners to respond to emergencies in Jammu, Kashmir, and Andhra Pradesh (AP). UNICEF India also trained 200,000 community members on effective emergency response in UP.

The change in Government and leadership in 2014 presented some constraints for UNICEF India, but also presented new opportunities to engage closely with the new Government. Internally, UNICEF India refined its programme priorities to determine what it would take to achieve its vision of transforming itself into a more effective, efficient, agile, and responsive organisation to fulfil its mandate for children. Consequently, programme priorities were more aligned with the Country Programme Action Plan (CPAP), UNICEF's Strategic Plan, and the new Indian Government's priorities. This realignment resulted in stronger partnership with UNICEF's Government counterparts.

Humanitarian Assistance

At the request of the government of Jammu and Kashmir, UNICEF India supported the response to the floods of 6-8 September. UNICEF India also supported the Government of India's response to cyclone Hudhud of 10-11 October in AP.

Due to the severity of the floods affecting 15 districts of Jammu and Kashmir, UNICEF India supported the Government by conducting a rapid needs assessment in all 15 districts on 13 September, immediately after water receded and access became possible. On 10 September, eight non-governmental organisation (NGO) partners with operations on the ground prior to the floods were mobilised and Partnership Cooperation Agreements were signed with them on 15 September. UNICEF's response ensured immediate relief for 16,500 flood-affected households (108,000 people), including 40,000 children. Relief support included the provision of safe drinking water and sanitation, appropriate health care, psychosocial support, interim shelters to 100 households in three districts, and unconditional cash transfers to households that had lost their houses. The support also included the establishment of 50 child friendly spaces and the distribution of relief materials.

Following a monitoring mission to the relief operation in November 2014, UNICEF India continued its support to the Government's efforts to assist flood-affected households by providing winterisation packages composed of non-food items and food packages to an additional 3,935 households in eight districts. Education materials also were distributed to 1,312 children. At the request of the Department of Social Welfare, UNICEF India also provided winterisation supplies to 1,100 children living in state-supported institutions across 18 districts. An NGO partner coordinator was deployed to Srinagar on 15 September to ensure the smooth coordination of the operation among partners and to avoid geographic or beneficiary overlap.

Two coordinators were put at the disposal of district authorities in two districts to support government early recovery planning through the development of social sector plans.

At the request of Government partners, UNICEF India provided technical support with a rapid needs assessment in Andhra Pradesh (AP) in response to Cyclone Hudhud. The Centre for Economic and Social Studies, a local academic partner, assessed child vulnerability in disaster-prone areas in four AP coastal districts (Visakhapatnam, Srikakulam, Vizianagaram, and East Godavari). As part of the Disaster Recovery and Risk Management project and in coordination with the Dr. B R Ambedkar University in Srikakulam, a sanitary survey was carried out in 245 villages to assess drinking water sources affected by the cyclone. The use of folk media, such as Kalajathas, was organised to communicate essential messages on water handling and water quality. Partner NGOs, National Social Service Volunteers, and the National Cadet Corps of BRAU University took pivotal roles in rescue and rehabilitation activities.

Support to risk-informed development planning through the Multi-hazard Vulnerability Mapping System (MHVM) continued for Bihar and Rajasthan in 2014. In both States, a state-level decision was made for integration of the system with government data servers to inform the planning process and the process of integration began. Historical data collection of 52 development, hazard, economic and demographic indicators was ongoing. The system was renamed the Risk Informed Development Planning System to better reflect the support of MHVM to risk-informed development planning. Integration with the government system in Assam will be achieved in 2015 and discussions for national adoption of the project are ongoing with the National Disaster Management Authority.

A Resilience Task Force (RTF) was formed on 1 September for UNICEF India to deliberate on opportunities for mainstreaming risk reduction in UNICEF's development programmes. The RTF's recommendations were shared with the Country Management Team (CMT) and the Change Management Working Group (CMWG). The recommendations served as a basis for discussion and identification of opportunities for mainstreaming disaster risk reduction (DRR), climate change adaptation (CCA), conflict risk reduction initiatives and social protection measures in UNICEF's development work. Specific convergent actions were identified in consultation with development sectors and were reflected in a DRR convergent programme matrix for 2015-2017, in the revised UNICEF India CPAP results matrix for 2015-2017, as well as in the development sector's rolling work plans (RWPs) and results matrix through specific indicators.

Equity Case Study

UNICEF India's work targets promoting equity and reducing multi-dimensional poverty for the most disadvantaged groups. The following case studies give an overview of UNICEF India's approaches and how they have contributed to UNICEF's work globally.

India has witnessed a decline in under-5 mortality in the last decade. Neonatal deaths and stunting have progressed slowly, with the greatest burden being in low-income districts. Following the 2013 CTA launch, GoI developed strategies to bridge and finance the health care gaps in HPDs, implemented a monitoring system, and reviewed local level health care services. UNICEF India supported 105 out of 184 HPDs to demonstrate and build capacity to accelerate maternal, newborn, and child survival based on the continuum of care approach.

With UNICEF India's support, the Ministry of Health (MoH) carried out a gap analysis which influenced budget and policy for Reproductive, Maternal, Newborn, Child, and Adolescent

Health (RMNCH+A) implementation, with an equity focus. The district gap analyses (DGA) generated key recommendations to influence the policies and planning at district and state level, leading to at least 20 per cent increase in the 2014 budget. The increased budget systematically addressed the key bottlenecks on human resources, supply, and demand. For example, UNICEF India supported one monitor per HPD to improve the quality of RMNCH+A at all health facility levels. These monitors conducted monthly block monitoring to provide supportive supervision. All blocks in CTA-supported districts received at least one block monitoring visit in 2014. The catalytic support from these monitors from Manipur, for example, galvanised the State Health Mission and district administration to establish 24X7 services at five delivery points in marginalised communities with appropriate health personnel, supplies, and equipment. As part of its work to improve data collection, UNICEF India also organised workshops to train district monitors with better data collection and verification to make evidence-based decisions.

At the state level, the UNICEF Field Office in Rajasthan collaborated with the government to contribute to reducing multiple deprivations among the most marginalised districts with 47 per cent to 75 per cent tribal communities. Rajasthan, the largest Indian state, accounted for approximately 83,000 infant deaths in 2013. With support and facilitation from UNICEF Rajasthan, and as part of its contribution to CTA, the Rajasthan government initiated a Level 3, Monitoring Results for Equity Systems (MoRES) approach to identify, analyse, and prioritise gaps and bottlenecks which prevented a significant decline in neonatal and infant deaths. The analyses identified geographic areas and social groups with the highest level of multiple deprivations. They also mapped essential collaborative intervention packages within a locally defined critical window of opportunity (three months before and 12 months after childbirth), to address the systemic gaps and bottlenecks. With more than 70 per cent of the identified bottlenecks related to low initial and continual service utilisation, poor quality services provision, and unhygienic practices during delivery and child feeding, it was clear that UNICEF India's collaborative accountability for transformative changes rested with the district authorities. The remaining bottlenecks rested with the state level decision-makers in terms of differential human resources deployment, flexible budgetary use, and denominator-based monthly traceable indicators that reflected narrowing of gaps and overcoming of bottlenecks.

With the results of the bottleneck analysis, UNICEF Rajasthan directly engaged with the district authorities to create and promote scalable, local, and strategic solutions to improve existing interventions' effectiveness through the use of service protocols and standards, while simultaneously influencing the state authorities in creating an enabling environment. Improving efficiency of existing health systems for enhancing the functionality of water and sanitation facilities, promoting hygiene particularly during childbirth and infant feeding, and the rational use of antibiotics for neonates became UNICEF's priorities in demonstrating the narrowing of gaps in the provision and utilisation of quality essential maternal, newborn and infant services.

Preliminary results from the four HPDs allocated to UNICEF Rajasthan included:

- a 10 per cent decline in Still Birth Rate for the 115 health facilities accounting for 150,000 (70 per cent) deliveries of the four districts per year and 10.5 per cent increase in institutional delivery, close to 80 per cent State average;
- a decline from more than 80 per cent to less than 70 per cent in antibiotics use rate for newborns in 10 HPD intensive care units (ICUs), over the last six months;
- 100 per cent improvement in provision and functionality of water and sanitation facilities for the priority 115 health facilities and hand washing practices, particularly in labour rooms, newborn ICUs, and postnatal wards;
- US\$26 million new allocation for an initial six months by the State government for a monetary incentive linked to service providers' performance in 13 of the State's 33 Districts, a scheme for which UNICEF India advocated;

- 49,000 newborns and 4,500 children 6–18 months old with severe acute malnutrition from scheduled tribal dominated districts received critical services at 37 Sick Newborn Care Units (SNCUs) and 47 Nutrition Rehabilitation Centres, which used gaps and bottlenecks real time monitoring via State indicators;
- With a special focus on Theory of Change, the gap/bottlenecks analysis approach is being modified for promoting equity and reducing multidimensional deprivations at a national level.

These results showed that most of the bottlenecks could be resolved at the district level since they required local action, and that health staff transformation from HPDs could be achieved by mobilising and optimally utilising existing resources to deliver a better quality of services. They also demonstrated that government leadership was paramount, as the States with the strongest leadership had better programmatic results. Partners' catalytic function in capacity building and monitoring to generate evidence for planning played a key role in programming with an equity lens. This experience reaffirmed UNICEF India's practice of joint sector engagement in gap and bottleneck analysis in order to promote equity and reach the most marginalised.

Summary Notes and Acronyms

ACF - Action contre la Faim (Action against Hunger)
 AP – Andhra Pradesh
 ARSH - Adolescent Reproductive and Sexual Health
 BCP – Business Continuity Plan
 BSACS – Bihar State AIDS Control Society
 C4D – Communication for Development
 CATS - Community Approaches to Total Sanitation
 CCA – Climate Change Adaptation
 CDN – Child Development and Nutrition
 CEDAW – Convention to Eliminate All Forms of Discrimination against Women
 CMT – Country Management Team
 CMWG – Change Management Working Group
 CPAP – Country Programme Action Plan
 CRBP – Children's Rights and Business Principles
 CRC – Convention on the Rights of the Child
 CRPD – Convention on the Rights of Persons with Disabilities
 CSR – Corporate Social Responsibility
 CTA – Call to Action
 DGA – District Gap Analyses
 DRR – Disaster Risk Management
 ETF – Envisioning Task Force
 FC – Funds Commitment
 FLW – Front Line Workers
 GAP – Gender Action Plan
 GEROS – Global Evaluation Report Oversight System
 GoI – Government of India
 GPs - Gram Panchayats (local government entities)
 GSSC PBR – Global Shared Services Centre Programme Budget Review
 HACT – Harmonised Approach to Cash Transfers
 HPD – High Priority Districts
 HR – Human Resources
 HRBA – Human Rights-Based Approach
 ICDS – Integrated Child and Development Scheme

ICO – India Country Office
ICT – Information & Communication Technology
ICU – Intensive Care Units
IIT – Indian Institutes of Technology
IMEP – Integrated Monitoring and Evaluation Plan
LTA – Long-Term Agreement
m4D – Monitoring for Development
MIS – Management Information System
MoEF – Ministry of Environment, Forest and Climate Change
MoEF – Ministry of Environment, Forest and Climate Change
MoH – Ministry of Health
MoHA – Ministry of Home Affairs
MoHFW – Ministry of Health and Family Welfare
MoRES – Monitoring Results for Equity Systems
MOSS – Minimum Operating Security Standards
MOU – Memorandum of Understanding
MPHA – Ministry of Public Health Afghanistan
MWCD – Ministry of Women and Child Development
NGO – Non-Governmental Organisations
RMP – Rolling Management Plan
RMNCH+A – Reproductive, Maternal, Newborn, Child, and Adolescent Health
ROSA – Regional Office of South Asia
RTE – Right of Children to Free and Compulsory Education Act
RTF – Resilience Task Force
S&P – Supply and Procurement
SMS – System Generated Message
SNCU – Sick Newborn Care Units
SNM – State Nutrition Mission
SOP – Standard Operating Procedures
SSP – School Safety Programme
TA – Travel Authorisation
UDISE – Unified District Information of School Education
UN – United Nations
UNDSS – United Nations Department of Safety and Security
UNICEF – United Nations Children’s Fund
UP – Uttar Pradesh
VPSC – VISION Programme Support Centre

Capacity Development

UNICEF India successfully developed capacities at individual, institutional, and policy levels by identifying systemic bottlenecks and gaps, improving data analysis and monitoring, enhancing government functionaries’ skills, and promoting social norms and behaviours favourable to the realisation of children’s rights. Examples of UNICEF India’s capacity building efforts include:

Disaster Risk Reduction (DRR) includes communities’ and systems’ preparedness to face disasters and enhancing their capacity to effectively respond. UNICEF India incorporated a strong component of building capacity for emergency preparedness and response. In 2014, UNICEF India engaged in eight hazard prone States to improve government and non-government stakeholders’ capacities. In UP, 200,000 community members were trained on effective emergency response, and in Bihar 165 community members were trained on leading

community-based DRR, and 42 functionaries were trained on child protection in emergencies.

UNICEF India trained more than 500 State and district officials on the use of Unified District Information of School Education (UDISE) system data for improved planning and monitoring of the Right of Children to Free and Compulsory Education Act (RTE) progress in six States. This supported the preparation of state and district profiles from a disaggregated equity perspective for differential programming to accelerate RTE implementation.

UNICEF India engaged with Lal Bahadur Shastri National Academy of Administration, a training institute for civil servants, to develop modules on social sector issues and building capacity of resource persons to ensure mainstreaming of child rights issues into the Indian administrative system's domain.

In the priority districts of Tamil Nadu, capacity building in skill development and life-skills education reached more than 100,000 adolescents. As a result, more than 800 child marriages were prevented with the help of children and adolescent clubs, as indicated by District Administration's records.

UNICEF India worked with police departments in more than 11 States to implement large-scale capacity building efforts to ensure police officers are child-friendly and respond to cases of violence and exploitation against children according to national and international standards and commitments. UNICEF India also supported the core capacity development for child protection cadres under the Integrated Child Protection Scheme in 16 States.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF India's policy dialogue and advocacy have been pivotal to achieving results. In West Bengal, UNICEF's support of the creation of Kanyashree Prakalpa—a state government's conditional cash transfer scheme to eliminate child marriage and promote girls' education—involved intensive efforts to build evidence and feedback into the initiative's core. UNICEF championed child-sensitive social protection and provided the government with technical support on implementation and monitoring mechanisms. This included a communication strategy to generate awareness about entitlements. UNICEF provided technical and financial support for a baseline survey, as well as planning for midline and endline surveys geared toward producing more rigorous intervention evidence. A management information system (MIS) was created with UNICEF's involvement to track performance and receive feedback through an award-winning ICT-enabled mechanism. The MIS' results have allowed the government to track continuity and coverage and make necessary changes to enhance the system's implementation. This increases the likelihood that the most marginalised adolescent girls will benefit.

UNICEF India's work on nutrition in Maharashtra demonstrates how robust evidence can contribute to the CPAP results. In 2005, UNICEF financially and technically supported the government's creation and implementation of the first State Nutrition Mission (SNM) in India to improve nutrition of the most vulnerable children and their mothers. UNICEF Field Office in Maharashtra helped to carry out a Comprehensive Nutrition Survey in 2012 on nutrition outcomes for children under two and their mothers. The survey findings indicated that the decline in stunting and severe stunting was significantly higher among tribal children than among non-tribal children. Comparable trends were also observed on the prevalence of wasting and underweight. This information informed policy targeting.

The findings redefined SNM's programmatic thrust. UNICEF India's support trained programme managers and frontline functionaries to scale evidence-based nutrition interventions, to monitor programme outcomes, and to improve service delivery and their ability to engage with the community. This has reduced stunting in Maharashtra. Efforts to improve governance for nutrition led to greater social inclusion and equity, showed that programming at scale with quality and equity was possible, and demonstrated how evidence generation could lead to stronger policy dialogue, advocacy, and change.

Partnerships

UNICEF India's advocacy strategy aims to forge partnerships with key decision makers and influencers to leverage their commitment for creating an enabling environment for social and policy change. More than 125 partnerships for advocacy were established in 2014, primarily at state level, including with elected representatives, government departments, celebrities, and corporations.

Partnerships with civil society organisations and faith-based organisations helped maximise reach. In partnership with the Nine is Mine campaign, an opinion poll reached out to 10,000 children across India on the Convention on the Rights of the Child (CRC). Partnership with the Art of Living, a spiritual organisation, resulted in 50,000 acts of change for girls, such as admitting them to schools and holding rallies to educate people about their rights. Partnership with Global Interfaith WASH Alliance, India, culminated in the first ever gathering of more than 300 senior multi-faith leaders on sanitation.

Partnerships with Indian Institutes of Technology, YouthKiAwaaz, Protsahan, Rocketalk, Domex, Archies, and Onmobile, leading to more than 100,000 pledges for the Poo2Loo campaign, helped to amplify UNICEF India's messages. Strategic media partnerships with the George Institute of Global Health on routine immunisation, with National Radio Networks, and with Urdu media focused on equity and reached the most marginalised and hard-to-reach audiences and resulted in media space worth US\$5 million.

UNICEF India's partnerships with celebrities continued to grow and leveraged resources worth US\$10 million. Priyanka Chopra was the face of the global "Building Young Futures" programme supported by Barclays; Sachin Tendulkar campaigned for the Commonwealth Games; and Madhuri Dixit advocated for children's rights in UP.

In partnership with the National Corporate Social Responsibility (CSR) Hub at Tata Institute of Social Sciences, Indian Institute of Corporate Affairs, Confederation of Indian Industries, and other stakeholders, UNICEF India aimed to create greater understanding of 'child-focused CSR,' promote business practices that respect children's rights and young workers, and influence CSR expenditure in the country. UNICEF engaged with the Ethical Tea Partnership and Marshalls to develop tools for tea estates, associations, and stone quarries, which together employ thousands of people in India, for implementing the Children's Rights and Business Principles (CRBP).

External Communication and Public Advocacy

UNICEF India's advocacy aimed at catalysing social and policy change for children's benefits, by building a social consensus for policies, programmes, and resource allocation. UNICEF India focused on five areas for advocacy (neonatal health, child marriage & child labour, sanitation, nutrition and quality education). In 2014, UNICEF India engaged effectively in policy advocacy.

In partnership with the NGO Nine is Mine, more than 100,000 children were mobilised as part of the Vote4Me campaign to reach out to nearly one million voters on children's issues during the elections. Engagement with the Bihar Legislative Assembly led to the mobilisation of approximately 12,000 panchayati raj elected representatives on the Dus ka Dum preventive health initiative.

To support informed debates and policies, numerous knowledge products targeting specific stakeholders were developed and disseminated through multiple platforms.

Public advocacy in 2014 focused on ending open defecation and violence against children, promoting routine immunisation and quality education, and stopping stunting. Continued use of media and celebrity engagement, digital communication, and policy advocacy resulted in wide public discourse on key children's issues. Media advocacy resulted in more than 1,000 media reports on the five priority issues at the national level. Social media outreach resulted in more than 61 million impressions on Facebook and 1.13 million visitors to UNICEF India's website.

The second phase of the #EndViolenceCampaign focused on promoting actions to prevent and stop violence. The campaign reached nearly nine million people with almost 120,000 people engaged on different platforms. The campaign's highlight was the song "Baap Wali Baat," which challenged existing gender norms and reached more than one million viewers. Four States adapted the campaign to the local context to roll it out.

The 25th anniversary of CRC brought together government, civil society, the private sector, and children on a range of initiatives across the country. These included a 35-part TV series on adolescents, a poll of children's opinions, photo workshops for children, the launch of the State of the World Children's report by the Governor of Maharashtra and a Special Assembly session in Karnataka devoted to the CRC.

South-South Cooperation and Triangular Cooperation

As part of the ongoing collaboration under the UNICEF-Government of Afghanistan programme of cooperation (2010-2014), the Ministry of Public Health of Afghanistan (MPHA) undertook a technical learning visit to India in December to Shivpuri District of Madhya Pradesh. The visit was designed to observe and study the facility-based newborn care monitoring system and identify components that are worth implementing in the context of Afghanistan; study the referral transport model for pregnant women and sick children; learn and adopt the good practice pertaining to addressing access to institutional delivery by operationalising delivery centres in remote areas and addressing quality at district level through model labour rooms; adopt good newborn care practices based on the knowledge gained from the exposure to community and facility-based newborn care; and develop and strengthen the inter-country network and partnership for technical support and exchange.

As a result of the visit, the team from Afghanistan identified the following possible key areas of implementation in Afghanistan:

- Establish a model at a small scale in selected community;
- Identify the existing gaps in terms of referral, capacity of skilled human resources, and the monitoring system; and
- Look at the initiatives of maternal newborn care within Afghanistan and see how the gaps can be filled to scale up a comprehensive system for maternal newborn care.

The MPHA also proposed areas of further support required from Gol, such as capacity building

in terms of core master trainers for SNCUs, clinical management training, quality improvement, result based and real time monitoring, referral system strengthening, and health system strengthening and financing.

Identification Promotion of Innovation

In 2014, UNICEF India focused on how it could make innovations a “new normal” in India. The UNICEF India Innovations Advisory Group led the development of the innovations agenda for UNICEF. Three of the innovations that made considerable progress throughout the year are highlighted here:

- An innovative digital-led public advocacy campaign ‘Poo2Loo’ to end OD was launched, using a quirky, informative, and inspiring language to connect with young people. By having the campaign’s protagonist, ‘Mr. Poo,’ touch everyone, the campaign played with the notion of citizenship and demonstrated the extent of the problem. The campaign videos received 1.5 million views on YouTube and Rocketalk; 120,000 personal pledges; and 150 million impressions on social media. Mr. Poo was named Time magazine’s 12th most influential fictional character of 2014. This campaign confirmed the possibility of creating an active layer of advocates, including children and young people, who could speak out against OD as a social taboo. An independent technical evaluation of the campaign was commissioned and will be completed in 2015.
- The Maharashtra State AIDS Control Society and UNICEF India used technology to follow-up with HIV positive pregnant women and their babies until 18 months of age via a software solution that sends system generated messages (SMS) and alerts to front line workers seven days before the expected follow-up date. Testing of HIV exposed babies at six weeks increased from 55.9 per cent to 68.4 per cent and confirmatory HIV testing in eligible babies at 18 months increased from 45.6 per cent to 54.7 per cent, which helped to ensure that affected infants and children got the essential health care package. The National AIDS Control Organisation is reviewing the innovation for possible scale-up.
- Edutrac uses digital technology to facilitate sending SMS on the functioning of schools, measured using specific indicators, to government officials, based on the Ugandan model. The dashboard generated helps identify issues and challenges at real time, accelerate decision making processes, and address communities’ needs through a more targeted approach to ensure quality education for the most disadvantaged. Edutrac was successfully piloted in 1,500 schools in four States in 2014.

Support to Integration and cross-sectoral linkages

Inter-sectoral convergence serves as the core of programming at UNICEF India, in recognition of the critical fact that development is a multi-dimensional issue and requires a multi-pronged approach. The mechanics of inter-sectoral integration and convergent programming have evolved over the past two years, both at the conceptual and operational levels, leading to joint planning, sector-wise implementation, and joint monitoring, review, and reporting. Convergent programming received a boost with CTA, which began in Rajasthan and is planned to be scaled up state-wide and nationally.

In 2014, the Health Section at UNICEF India played a major role in supporting the M&E activities on diarrhoea control through a convergent WASH approach in hard-to-reach areas. This support resulted in monitoring 394 schools and 3,285 Accredited Social Health Activists in CTA HPDs. Oral rehydration solutions to fight diarrhoea were pre-positioned at more than 19 million children’s households.

The cross-integration of the Child Protection and Education sectors in their work ensuring that

children who drop out of school due to child labour and other issues are mainstreamed in schools also started showing results on the ground. The concept of 'zero out-of-school children villages/communities' used multiple implementation models involving child tracking systems and common communication strategies in the cotton seed producing areas of Gujarat, Maharashtra, and Rajasthan and the carpet and urban metal ware industry in UP. This work provided evidence on cross-sectoral integration, linkages, and coordination to reduce child labour and the number of out-of-school children.

The Monitoring for Development (m4D) Unit, under the Office of the Deputy Representative – Programmes, was further consolidated in 2014, for improved coordination and cross-sectoral linkages in programming. M4D has now positioned itself as a critical bridge between the Delhi and Field Offices and has played a catalytic role in achieving a high level of managerial effectiveness and organisational efficiency.

Human Rights-Based Approach to Cooperation

In line with the Human Rights-Based Approach (HRBA), UNICEF India focused its programming in 2014 on marginalised children and women. This included work on out-of-school children, convergent models for scaling up child marriage reduction and strengthening cross-sectoral dialogue, and a situation analysis to understand barriers and opportunities for improved delivery of essential nutrition interventions for tribal women before, during, and after pregnancy.

UNICEF India guided and supported Gol for the periodic mandatory reporting to the CRC Committee in 2014. The CRC Committee issued its Concluding Observations with action points for India in June 2014. In accordance with these observations, State Offices began work on the development of State Plans of Action for Children. The West Bengal Plan was finalised.

Significant work also was carried out to implement the CRC Optional Protocols on the sale of children, child prostitution, and child pornography. An MOU (Memorandum of Understanding) and SOP (Standard Operating Procedures) were signed on the rescue, recovery, return, and integration of trafficked children between Maharashtra and West Bengal. Nine States had ongoing initiatives ranging from support to rehabilitation, capacity building, and community work.

In line with the Convention to Eliminate All Forms of Discrimination against Women (CEDAW), Gol implemented a day care policy to be rolled out in 70,000 local aanganwadi centres. A study was conducted in Madhya Pradesh (through interviews with government officers, panchayat members, and community leaders) to document the process of implementation of the policy. UNICEF India provided inputs to the CEDAW India report related to child marriage, gender-based sex selection, trafficking, and violence, which was coordinated by UN Women.

UNICEF India developed a Resource Handbook for State Commissions for Protection of Child Rights, in consultation with the National Commission for Protection of Child Rights, to support capacity building of those Commissions in India.

Targeted interventions to implement the Convention on the Rights of Persons with Disabilities (CRPD) included adapting primary curriculum for inclusive education for children with disabilities and providing support for the Global Action Week on Children with Disabilities in collaboration with UNESCO.

Gender Mainstreaming and Equality

UNICEF India used a strong gender lens and a life-cycle continuum of care approach in its programming, with complementary work undertaken across Sections. The Gender Action Plan (GAP) was rolled out by UNICEF in 2014 toward gender equality in programmatic areas. UNICEF India established a Gender Task Force to implement the GAP and to guide integration of gender in programming, design, planning, and monitoring of results with a special focus given to the reduction of gender-based violence. UNICEF India is presently recruiting a Gender and Development Specialist to directly support this work.

UNICEF India also piloted an initiative on menstrual hygiene for adolescent girl empowerment called 'Girls Today and Women Tomorrow' in seven districts across UP, Bihar, and Jharkhand. The initiative focused on enhancing knowledge and self-confidence among adolescent girls and helped them to understand menstruation, menstrual hygiene's benefits, and hygiene practices during menstruation. Implemented in partnership with the Government and NGOs, the initiative was led by UNICEF's Communication for Development (C4D) Section in collaboration with WASH, Child Development & Nutrition (CDN), Education, and Child Protection, and the Government's MoHFW and ICDS. By December 2014, the initiative, which began in 2013, had reached more than 100,000 girls.

In line with the emphasis on ending open defecation, the WASH Section began an initiative called 'Women for WASH,' to utilise the voice of female faith and political leaders as role models and champions for change.

The ongoing Meena Radio initiative to engage rural school children, both boys and girls, on issues ranging from health, sanitation and hygiene, child friendly schools, and child protection, reached 276,165 schools. UNICEF India began an evaluation in 2014 to improve the initiative's integration into the Government's education programme and strengthen replicability across States.

The Education Section developed a Gender Atlas (at the request of the Government) to improve targeting of interventions aimed at girls' education and provided technical and evaluation support for a Government-run residential programme for girls in upper primary schools from minority communities.

Environmental Sustainability

In 2014, UNICEF India strengthened its collaboration with the Ministry of Environment, Forest and Climate Change (MoEF). Discussions were held with MoEF on a possible long-term partnership for mainstreaming CCA topics and environmental safety awareness in education curricula. UNICEF, the United Nations Disaster Management Team and MoEF organised a three-day national consultation to identify key priorities for action in CCA. The consultation built upon the recommendations from the UNICEF-led Regional Consultation on CCA (2013) and from the review of eight State Action Plans on Climate Change. Discussions on climate change and drought and climate change challenges in urban settings were held. Eighty participants from government, civil society, academia, and UN agencies attended. UNICEF India's DRR Section supported the event with US\$70,000.

With a US\$560,000 three-year grant from the Finnish National Committee, UNICEF India's DRR Section initiated a CCA pilot in Rajasthan focusing on water, health, and urban environment.

A pilot of a school safety programme (SSP) was scaled up in 70,000 schools of Bihar thanks to UNICEF advocacy. A key component of the SSP was an environmental risk assessment (climate and natural hazard) conducted by children for their schools. Findings of the risk assessment were built in larger school safety plans involving the school and its surroundings, including community and institutions. Relevant DRR and CCA topics were incorporated into school curricula to raise children's awareness. The two-year pilot was supported by UNICEF India's DRR Section with US\$60,000 and will be replicated in Rajasthan.

A comprehensive study on adolescent participation in DRR and CCA decision-making was undertaken in five States to support UNICEF India's approach to adolescent risk reduction and CCA programming. A joint UNICEF-UNDP review of five flagship programmes focused on child protection, child nutrition, health, and urban issues was conducted to support the Ministry of Home Affairs' (MoHA) guidance to nodal ministries' efforts for mainstreaming DRR in development planning. The report will be finalised and shared with MoHA in 2015.

UNICEF India reduced the office's carbon footprint by reducing air-conditioning use, a practice adopted in 2013, and continued to promote paperless office operation to the extent possible.

Effective Leadership

The 2014-2015 Rolling Management Plan (RMP) clearly defined the office priorities as formulated and agreed by the CMT. The priorities resulted from UNICEF India's risk mapping and aligned with UNICEF India's RMPs. As per the RMP, UNICEF India's governance structure includes the Representative as the most senior officer, supported by two Deputy Representatives— Programmes and Operations, Chief of Field Services, Section Chiefs, Chiefs of Field Offices, and other line managers. UNICEF India has a well-established internal control framework that enforces accountability and is compliant with UNICEF's internal control policy and segregation of duties. The RMP provided guidance and oversight mechanisms, enhanced through reporting and monitoring of key activities based on key performance indicators. Each Field Office developed its respective RMP. Programme performance and operations management were monitored and checked against established management indicators in the monthly Programme Chiefs and Operations Chiefs meetings. Corrective actions were taken as needed.

In 2014, UNICEF India updated the supply process to allow Field Offices to undertake local procurement up to US\$50,000. The travel process was also updated to allow for the introduction of Travel2field module in four Field Offices. The Field Offices also reviewed work processes for memoranda of understanding to reinforce accountability and oversight mechanisms.

Key priorities and results focused on continued promotion of management principles and core values of participation, inclusiveness, creativity, mutual respect, openness and better work-life balance. Other management priorities included support to CTA, reduction of ICT footprint through the rollout of the light office initiative, operationalization of the 2013 Envisioning Task Force (ETF) initiative and recommendations, closure of external audit recommendations, improved programme monitoring, and strengthening of Harmonised Approach to Cash Transfers (HACT).

The Representative approved the ETF recommendation regarding UNICEF India's reorganisation, which had a medium and long-term vision. In February 2014, the Change Management Working Group (CMWG) was formed to review and steer this process in a participatory way with the respective Delhi and Field Offices. The CMWG analysed the results of

data gathered through the Organisation Health Index, in-depth interviews, and programme priorities to determine what it meant for UNICEF India to achieve the vision of transforming itself into a more effective, efficient, agile, and responsive organisation in order to meet its obligation of realising the rights of all children.

Phases I and II of the Change Management Roadmap were implemented. Phase I focused on determining UNICEF India's objectives and ability to achieve them. Phase II completed the assessment and planned out the necessary actions. Phase III, to be undertaken in 2015, will focus on the initial implementation and monitoring of the change process.

All offices conducted Business Continuity Plan (BCP) desk reviews and the majority also conducted BCP simulation exercises. To strengthen Delhi's oversight role, six peer review missions were undertaken.

The CMT met three times to examine and address key management issues. Special emphasis was placed on reviewing progress and formulating proposals arising from the change management process and the finalisation and submission of the Global Shared Services Centre Programme Budget Review (GSSC PBR).

Financial Resources Management

In 2014, UNICEF India improved its contributions management, budget control, and financial procedures with strict monitoring of expenditure, grant expiry, and donor conditionalities. UNICEF India had a financial implementation rate of 95.7 per cent utilisation with RR implementation at 98 per cent utilisation as of 31 December 2014.

UNICEF India implemented its programmes ensuring HACT. Each Programme Section and Field Offices developed their individual HACT Assurance Plans and they were monitored by the UNICEF India HACT Governance Committee for adequate and quality implementation of planned activities. Risk assessments were done for implementing partners. Assurance activities were carried out by both programme and operations staff including programme monitoring, spot checks, and scheduled audits to provide reasonable assurance that funds were utilised for the planned and intended purposes. UNICEF India conducted train-the-trainer trainings for 75 staff members from Delhi and 13 Field Offices on the revised HACT guidelines that will be rolled out effective 1 January 2015. The outstanding Direct Cash Transfers of nine months and more were 0.08 per cent as of 31 December 2014.

UNICEF India strictly and consistently adhered to monthly accounting processes, including bank reconciliations. UNICEF India continued to enjoy the efficiencies of centralised payments processing enhanced by integrated electronic banking solutions from Standard Chartered Bank to process payment transactions for the Country Office and 13 Field Offices.

UNICEF India sustained its efforts to reduce the office's carbon footprint. Efforts included paperless meetings, reducing waste and preventing pollution, and saving resources in the office, at home, and with partners. UNICEF India also made arrangements with approved companies for disposal of its e-waste.

Fund-raising and Donor Relations

Sixty-three reports were sent from UNICEF India in 2014. Of these, 96 per cent were on time. A process for receiving reports from programmes a week before due date was put in place to ensure that they were submitted in a timely manner to the donors.

UNICEF India received US\$62.3 million in Other Resources (OR) funding for the year according to data made available 4 December 2014. The majority of income came from UNICEF National Committees, including US\$18.5 million and US\$11.9 million from the IKEA Foundation and GAVI Alliance, respectively. UNICEF India also contributed to the development of a regional proposal to work on adolescent issues with the IKEA Foundation, for which India was one of the largest recipients of funds. Funding from new donors like Mittals and ETP created opportunities for UNICEF India to test new innovations such as the research on linkages between nutrition and education and an approach for influencing business practices for tea estates to address child labour issues. UNICEF India successfully shifted the attention of donor partners from project funding to supporting innovations to enhance results for children.

In-country fundraising grew by 27 per cent in 2014 over 2013 to reach an overall income of US\$5.8 million. Seventy-five per cent of those funds were fully flexible.

Partnerships with companies in India grew beyond fundraising for the year and increasingly influenced CSR expenditures to ensure that UNICEF India could leverage a higher impact on results for children. These partnerships were also tested to align with UNICEF India programme priorities. UNICEF India continued to work with UN Global Compact to promote business practices and child rights.

Evaluation

UNICEF India reinforced the importance and relevance of evaluation and continued to align its actions with the Global Evaluation Policy and UNICEF's South Asia Evaluation Strategy. Eighteen Integrated Monitoring and Evaluation (IMEP) activities were approved, four of which were evaluations with 2015 completion dates. The SMNet Polio evaluation completed in 2013 was 'highly satisfactory' in the Global Evaluation Report Oversight System (GEROS), as were five earlier evaluations from UNICEF India since GEROS' inception. The Deepshikha evaluation results informed programming related to child labour, child marriage reduction and adolescent empowerment. The evidence also helped UNICEF India revisit theories of change to develop more effective, efficient, and larger scale interventions. The Representative approved the evaluation's management response, which was submitted to UNICEF's New York Headquarters. A second evaluation on the Child Rights Project in three States was concluded and UNICEF India worked on its finalisation for dissemination in early 2015.

In 2014, US\$2 million was specifically set aside for IMEP activities. The IMEP Steering Committee reviewed requests for funds in January vis-à-vis the strategic significance of the activities, funding situation, and fund utilisation. The Committee agreed to take on the responsibilities of the Evaluation Management Team set out in both the Policy and Strategy to promote oversight on inception and final reports, management responses, and management independence of evaluations.

UNICEF India continued to increase the evaluation capacity of government counterparts, partners, and colleagues in the region. The fourth Indian School of Business – UNICEF Evaluation for Development Programme was delivered in October, with 37 participants from 13 States across India, as well as Afghanistan, Bangladesh, Nepal, Laos, and Ethiopia. In Assam, UNICEF India provided technical support in organising a residential evaluation training programme for senior government officials, leveraging government funds. This further strengthened the evaluation functions in the Government's flagship schemes.

Efficiency Gains and Cost Savings

UNICEF India updated and refined its work processes and systems to enhance efficiency and savings in 2014. The office continued to use the VISION Programme Support Centre (VPSC), which provided vital back-up to Field Offices that had their vacant support functions frozen during the GSSC PBR process. The VPSC is a knowledge hub and a critical BCP function for UNICEF India.

Efficiency gains were achieved by simplifying the business process related to local travel, limiting the volume of Travel Authorisations (TAs) in VISION. Funds commitment (FC) was adopted for local field trips covering several TAs in VISION. Gains in processing time and ability to monitor field activities have been noted. In line with the use of FC, UNICEF India piloted travel2field, a software application for local travel, and is planning to expand its use in 2015.

The centralised payment processing helped avoid duplication of processes in 13 Field Offices and saved staff time and efforts in transactions processing. The use of an e-banking platform reduced the payment remittance time by three to six days, which supported timely disbursements of cash assistance.

Overall, the estimated cost savings at UNICEF India from Budgets and Expenditure Analysis in 2014 included:

US\$75,000 (15-20 per cent saving) by outsourcing of print and copying requirements.

More than US\$50,000 was saved by encouraging in-house meetings and trainings, identifying competitive venues such as government-owned conference centres, and holding meetings at locations where travel costs were minimised.

More than US\$100,000 in savings was achieved through system enhancement, which enabled more effective video conferencing, webinars and WebEx meetings across Field Offices and with partners in remote locations.

Increased use of multi-trip TA reduced the number transactions substantially. The implementation of a simplified travel management tool for low-cost travel further enhanced efficiency in business travel.

A savings of US\$80,000 was achieved from Value Added Tax refunds.

Supply Management

In 2014, UNICEF India's supplies and services totalled US\$103,158,552 including procurement services, 70 per cent more than 2013. Institutional contracts and services represented 92 per cent while off-shore amounted to 1 per cent of total UNICEF India procurement of US\$44,736,119 (excluding procurement services).

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

The Supply and Procurement (S&P) Section maintained 150 Long-Term Agreements (LTA) for goods and services, covering 70 per cent of overall expenditure. Local LTAs were established in state offices and central LTAs were kept available to all offices for direct ordering. The S&P Section also established third-party human resources LTAs. Approximately half of the UNICEF India procurement was on third-party contracts.

The S&P Section handled individual consultants contracting; processes for institutional and individual contracts procurement were standardised and UNICEF India's online procurement portal was available. The system made supplier registration effective and transparent as it provided automatic feedback to the supplier and service provider on their registration status.

UNICEF India conducted six peer reviews of supply function at state level, focusing on quality assurance of procurement practices specifically to improve third-party contracting.

UNICEF India supported MoHFW and National Health Systems Resource Centre to initiate capacity building of cold chain manufacturers to improve the quality standard, eventually to pursue WHO pre-qualification standards. MoHFW and UNICEF India convened the industry, Indian innovation institutions, and academia to identify gaps and seek solutions.

UNICEF India supported the Maharashtra government with a comprehensive supply chain assessment targeting tribal areas to identify gaps in the system and an action plan.

Security for Staff and Premises

Staff safety and security remained a high priority in 2014. Threats from earthquakes and sexual violence were identified as high risks to UNICEF operations in India. UNICEF India staff and assets were also exposed to low-level risks, some of which were due to the ongoing conflicts in Central India and ethnic violence in the North East. Given the need to deliver programmes in these conditions, measures were undertaken to mitigate these risks.

Following security recommendations, the Kolkata, Lucknow, Hyderabad and Mumbai Field Offices were relocated to premises that were compliant with the United Nations' Minimum Operating Security Standards (MOSS). Access control was improved in 2014 for Delhi and Field Offices. UNICEF New York allocated US\$129,032 for the purchase of x-ray baggage scanner machines, door frame metal detectors, and access barriers. All 13 Field Offices and Delhi became fully compliant with the MOSS for India in 2014.

Extensive trainings were conducted on earthquake response drills and women's security. Other trainings, as established by the Security Management Team, were conducted for Delhi and Field Offices with support from the United Nations Department of Safety and Security (UNDSS).

The main impediments to programme delivery in the field related to travel and safety of women. The Government of India's policy of not permitting the use of radios and satellite phones limited communications via mobile networks only, which did not work well in high-risk areas. The Designated Official shared the concern with the Government through the Ministry of External Affairs. Standard travel procedures for high risk areas were put into practice and close liaison was maintained with the Police.

Obtaining MOSS-compliant vehicles in the field remained a challenge in 2014, and efforts with UNDSS were ongoing to mitigate the risks.

Human Resources

In 2014, the Human Resources (HR) Section conducted a bottleneck analysis of HR procedures to identify areas and solutions for increased efficiencies and effectiveness. As a result, a special HR Plan was created to develop innovative HR strategies incorporating information technology, automation, digitalisation, and social media to streamline various HR processes, such as e-Recruitment, e-approval for training and development, and an electronic records management

system.

UNICEF India filled 27 fixed-term positions and 23 temporary appointments, ensuring diversity and the right mix of profiles and competencies through social media outreach, headhunting, technical and professional networks, and UNICEF talent pools. One-hundred per cent for General Service recruitment, 78 per cent for National Officer recruitment, and 100 per cent for International Professional recruitment cases were completed within the 90-day Key Performance Indicators. By 31 December, 2014, there were 39 vacant posts, out of which 9 were frozen due to funding unavailability and recruitment was being carried out for the 25 other posts. UNICEF India reached the 51 per cent female to 49 per cent male gender balance ratio.

UNICEF India rigorously monitored performance management and achieved 100 per cent completion of the 2013 assessment cycle and 98 percent completion of the 2014 planning phase I and II. Improvement in consistency in SMART goals and narrative assessment was the focus in 2014. Eight workshops on Managing Performance & People for Results were conducted by trained staff and 88 percent of staff, supervisors and supervisees were trained.

UNICEF India successfully implemented a rolling Learning and Staff Development Plan to develop staff competencies required for programme implementation. Thirty-eight out of 45 (85 per cent) planned training sessions were completed. Eleven staff participated in the UNICEF Leadership & Management Development Programmes, and 24 staff undertook development/surge assignments within/outside the duty station. The on-boarding process was strengthened with a revised Welcome Booklet and enhanced Orientation Programme for newly appointed staff. Programme and Operations staff networking meetings were established to update technical knowledge, share best practices, and review implementation progress.

In response to the outcomes of the Global Staff Survey, UNICEF India implemented Ethics courses and Embracing Diversity training in the 13 Field Offices and Delhi Office to ensure that staff obtained awareness, skills, and support. Two Ethics Facilitators were appointed and trained alongside the Respectful Workplace Facilitators to conduct Ethics Dialogue courses within UNICEF India. Timely career development initiative workshops were offered by the Division of Human Resources and were well received. Ninety staff members at various levels participated in the workshops on Career Transition, Competency-based Interview for Applicants, and Written Applications.

UNICEF India's UN Cares focal people were re-trained by UN Cares on the 10 minimum standards of the programme, HIV Post-Exposure Prophylaxis Kit, and e-course. They are in the process of planning to implement the 10 minimum standards in 2015. Work-life balance policy and flexible work arrangements continued to be supported. The Joint Consultative Committee meetings with the India Staff Association helped build a cohesive relationship between Management and the Staff Association.

All staff and emergency focal points participated in an Emergency Simulation exercise.

Effective Use of Information and Communication Technology

Several cloud-based solutions were released in 2014 to complement the efficiency and effectiveness initiatives of UNICEF India. The Office 365, Outlook, Lync, OneDrive and SharePoint solutions hosted in the cloud significantly reduced hardware dependency on the local office infrastructure while improving resilience, collaboration and communication capacity of the offices in support of programme delivery.

UNICEF India pioneered the adoption of a cost-effective and flexible field ICT system with minimal footprint and day-to-day administration. As part of a strategic plan, the ICT Section was instrumental in releasing LIGHT solutions to five offices in 2014. The remaining eight Field Offices were earmarked for 2015. UNICEF India was the first UNICEF Country Office to fully adopt the approach. Users in the eight field offices now have access to the same level of services as those in Delhi without having to rely on the local office infrastructure. These cloud solutions enhanced BCP capacity as well as staff mobility, resulting in hardware cost savings, and minimal maintenance and support.

Other cloud-based projects for 2014-2105 included a full-scale IP telephony backbone, a centralised printing system and a distributed WiFi network, all designed to further reduce the hardware footprint and operational costs across the country.

The ICT Section continued to support programmes and operations sections, implementing other business applications such as Push&Track, Travel2field, and a Course Related Marketing system, and providing inputs for a Real-Time Programme Monitoring System using open source mobile technology. The ICT section also engaged with the Global Innovation Team to adopt RapidPro SMS solutions in preparation of an Ebola outbreak in India.

The ICT Section worked closely with the Communication and C4D Sections in facilitating and supporting web services and solutions for engaging with partners and the media. UNICEF India maintained its presence in Facebook and Twitter, where the ICT Section provided technical support for locally developed media engagements.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Reproductive and Child Health

Analytical Statement of Progress:

Reproductive and Child Health (RCH) supported the Ministry of Health and Family Welfare at national and sub-national levels in generating evidence and real time data for guiding policy, budget and defining priority interventions under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) platform. As part of its support to Call to Action for RMNCH+A, UNICEF supported 105 High Priority Districts (HPDs) in 22 states and served as lead agency in 15 states. The recommendations from District Gap Analyses (supported by UNICEF) in 105 districts contributed to evidence-based Programme Implementation Plans and at least a 20 per cent proposed increase in the fiscal budget for each district.

UNICEF continued support to translating global evidence to India's context by supporting development, finalization and dissemination of India's newborn Action Plan (INAP), India Action Plan on Pneumonia and Diarrhoea (IAPPD), new Maternal Health technical guidelines and promoting immunization services for children through cold chain strengthening and supportive supervision. Innovations supported by UNICEF such as Special Newborn Care Units and Maternal Death Review online systems have been taken to scale in India. Capacity building for MNCH Managers and service providers remained at the core of UNICEF support in 2014, with 100per cent of all District Supervisors and Block Monitors oriented in RMNCH+A.

UNICEF's role was further strengthened for Prevention of Parents to Child Transmission of HIV through support for 19 states for scale up of a multi-drug regimen, piloting telemedicine for Paediatric HIV and support to adolescent friendly services in seven states.

OUTPUT 1 Governments and partners can scale up programmes to improve the coverage and quality of immunization and other outreach services for children and women, particularly in the most deprived communities

Analytical Statement of Progress:

In 2014, routine immunization efforts were intensified due to a GAVI grant of US\$107 million to India for Health System Strengthening in 12 low performing states, for Pentavalent vaccine expansion, and in the context of the Polio end game. In June 2014, the National Technical Advisory Group on immunization, in which UNICEF and WHO actively participated, recommended inclusion of Rotavirus, Rubella and Inactivated Polio Vaccine (IPV) vaccine into the national immunization program.

UNICEF supported routine immunization communication guidelines and information, education and communication tools development, advocacy and capacity building of media, and media activities to boost immunization coverage in nine GAVI-focused states. UNICEF India also developed a GAVI management plan to converge between health, polio, C4D, A&C and supply section to monitor progress of GAVI program implementation.

UNICEF rolled out cold chain and vaccine management assessment, and innovations in cold chain equipment by strengthening two national centres, one in Delhi and other in Pune, using GAVI resources. Four states - Bihar, Odisha, Assam and Rajasthan - conducted Effective Vaccine Management (EVM) assessments in 2014 and subsequently developed and implemented improvement plans which provided a real opportunity to strengthen cold chain and vaccine logistics management. National cold chain assessment was also carried out in 2014 to assess cold chain gaps, and recommend expansion of cold chain points for current and newer vaccines. The national Multi Year Plan (MYP) 2013-2017 was released in May 2014 by GoI with annual milestones, M&E framework and special planning for left out and drop out children. The MYP highlighted Government, WHO and UNICEF contributions to the national immunization program. In three states (Jharkhand, Chhattisgarh and West Bengal), UNICEF supported identification of key drivers of immunization and development of equity roadmaps for immunization, with quarterly milestones.

UNICEF supported international validation of maternal and neonatal tetanus elimination in eight states in 2014 (Jharkhand, Odisha, Rajasthan, MP, UP, Bihar, Assam and Chhattisgarh). UNICEF initiated partnerships with medical colleges for strengthening supportive supervision for routine immunization. The medical colleges supported supportive supervision, capacity building/on the job trainings for health facility staff on cold chain and vaccine management. Reports and subsequent spot checks and data indicated that the quality of the services improved as a result. Challenges and Solutions:

The progress of immunization coverage reaching left outs and drop outs remained a challenge. UNICEF tried to mitigate this by working with Government and WHO in identifying the priority districts to sharpen focus on, reaching those unvaccinated children using special strategies such as immunization weeks, with planning, communication and M&E support.

After the policy announcement to introduce four new vaccines in 2015, its implementation remains a challenge. Among the 15 UNICEF-supported states, 6 states (Rajasthan, MP, Tamil Nadu, Kerala, Karnataka and Gujarat) introduced pentavalent vaccine in 2014. The remaining 12 out of 15 UNICEF-supported states will introduce pentavalent vaccine in January 2015. UNICEF supported capacity building of health workers by addressing frequently asked questions and in media workshops before the pentavalent launch in these states. UNICEF is supporting the Government in development of communication guidelines and cold chain assessment for the end game polio strategy. Nine states initiated supportive supervision of cold chain points using state specific formats. The challenge is to standardize the tool using a dashboard indicator to monitor progress and using data for action both at local and national levels. UNICEF worked with national and state governments on a standardized tool. The draft standard format was shared with the Government for its endorsement.

OUTPUT 2 Government and partners have the capacity to deliver essential community based maternal, new born and child health (MNCH) services according to set standards, particularly in the most deprived communities

Analytical Statement of Progress:

In 2014, pneumonia and diarrhoea control and SNCU online monitoring system received an unprecedented thrust from the Government of India. The Government of India issued new detailed guidelines that included an annual diarrhoea control campaign from March 1 to July 30 2014 by all states, Injection Gentamycin guidelines for treatment of pneumonia/sepsis, and intensified diarrhoea control fortnight campaign (IDCF) from July 28 in all states.

The Government of India also launched India Integrated Action Plan for prevention and control of Pneumonia and Diarrhoea (IAPPD) through a workshop on 14 - 16 October 2014 for four high mortality states. UNICEF provided technical and financial support to the development, finalization and dissemination of the IAPPD.

The IDCF demonstrated high political involvement and implementation in a convergent manner in all the states.

The SNCU online monitoring system, developed by UNICEF India was adopted by Gol. With UNICEF support, effective dissemination to ensure follow-up of SNCU- graduated newborns was taken up by Gol with the states and the progress was aggressively reviewed. The States of Madhya Pradesh, Rajasthan, Jharkhand, Andhra Pradesh, Assam, Maharashtra and West Bengal have fully established mechanisms for follow up of SNCU graduates. Orientation of the State and district RMNCH+A consultants on the SNCU online monitoring system for six states and one union territory was carried out in 2014. The Government of India has issued a revised monitoring checklist for supportive supervision in the high priority districts under RMNCH+A strategy. Two states (Bihar and Uttar Pradesh) partnered with a medical college to test a model of supportive supervision in their local context.

OUTPUT 3 Government and partners have the capacity to deliver essential facility based maternal, newborn and child health services according to set standards (IPHS), particularly in the most deprived communities.

Analytical Statement of Progress:

UNICEF India supported MoHFW in development, finalization and dissemination of key Maternal and Neonatal Health strategies and guidelines. Among key strategies, India launched the India Newborn Action Plan (INAP) on 18 September 2014 in line with its commitment made at the world health assembly in June 2014 toward the global Every Newborn Action Plan (ENAP).

INAP, in which UNICEF is a key partner, aims to reduce preventable newborn deaths and stillbirths and to bring down the Neonatal Mortality Rate and Still Born Rate to “single digits” by 2030. The plan includes clear timelines to implement, monitor and evaluate, and scale up high impact intervention packages built on six pillars: Pre-conception and antenatal care; Care during labour and child birth; Immediate newborn care; Care of healthy newborn; Care of small and sick newborns; and Care beyond newborn survival.

The following key technical guidelines were developed with UNICEF Support:

Maternal Health: MNH Toolkit and guidelines for Calcium supplementation, Management of Hypothyroidisms, Model Delivery Room, Management of gestational diabetes, and deworming in pregnancy;

Newborn: Guidelines on use of antenatal steroids for premature labour, vitamin K for new born, Special Newborn Care Unit (SNCU) training modules, and Kangaroo mother care operational guidelines.

Key issues related to MNH were well defined through District Gap Analysis, including issues with recruitment, capacity building and retention of human resources, and weak supply chain management. As a result of the analyses, Bihar established 730 new positions for SNCUs. Assam recruited a coordinator and five trainers for a state Skills Lab. West Bengal recruited 2,500 nurses for various levels of service delivery. Gujarat operationalized 15 new blood storage units in 8 HPDs and carried out WASH assessments in health facilities. Chhattisgarh began an innovative approach to hire staff for delivery rooms and SNCUs on a contractual basis. UP established 55 model delivery rooms with trained staff available in HPDs.

UNICEF continued its engagement with collaborative centres, professional bodies like the National Neonatology Forum and medical colleges at national and state levels, to focus on capacity building, accreditation, supportive supervision and mentoring.

Those efforts contributed to an increase in number of SNCUs in the country to 548. In the first six months of 2014, 222,467 newborns were treated in SNCUs, with 10per cent mortality. Sixty seven per cent of delivery points in UNICEF-supported HPDs had staff trained in skilled birth attendance (SBA) and neonatal resuscitation and 90per cent of district hospitals had functional first referral units. The rollout of antenatal steroids was initiated in 5 out of 15 states.

OUTPUT 4 Health Managers at state, district and block level have the capacity to plan, implement and monitor MNCH programmes, including for children affected by disasters.

Analytical Statement of Progress:

In 2014 UNICEF India provided technical assistance to 105 high priority districts (84 districts in UNICEF lead states and 21 districts contributing to other partners' lead).

Achievements:

Capacity Building: UNICEF oriented 100 per cent of staff and consultants on the CTA monitoring processes. Staff and consultants were able to conduct DGA in 100 per cent of UNICEF-supported districts and contribute meaningfully to Programme Implementation Plans (PIPs). One hundred per cent of districts had 20 per cent or more increase in their yearly allocations for RMNCH+A.

Following the informal sessions and one formal regional workshop in Mumbai in September 2014 by UNICEF, there was a national level consultation in December to standardize the topics for District Level Monitors (DLMs) training. There are two training of trainers (ToTs) and a few trainings of DLMs planned in 2015, with UNICEF support.

Representation and partnership: UNICEF established partnership mechanisms with academic institutions, medical colleges and other professional bodies in states where UNICEF either leads or is a supporting agency. These partnerships aimed to improve the outcome for health through focused capacity buildings for District Level Monitors and health staff by partner agencies and to strengthen the quality and monitoring of RMNCH+A services. For example, UNICEF's partnership with the National Neonatal Forum, All India Institute of Medical Sciences, Regional Resource Center etc.

Throughout 2014, UNICEF, jointly with MoHFW, facilitated and participated in a number of review meetings and field visits at all levels (national, regional and state). Regular CTA review meetings were organized by Government of India with full participation of UNICEF. National Program Coordination Committee (NPCC) meetings were conducted at a national level with UNICEF staff and consultants participating. At regional and state levels, UNICEF contributed to the Child Health Reviews in North Eastern states as well as in Empowered Action Group (AEG) states. These meetings contributed significantly to adoption and implementation of vital evidence-based interventions such as steroids, neonatal Gentamycin and Kangaroo care.

The quality of data and field evidence suggest that these supportive strategies have resulted in better capacity of UNICEF health specialists, district and block monitors in evidence-based planning, implementation and monitoring of the RMNCH+A activities at all levels. Partnership with academia was also enhanced and resulted in better capacity building activities for health care providers.

OUTPUT 5 Governments and partners have access to data, evidence, information and knowledge to guide health advocacy, policy, planning, programme and budgetary action, particularly for the most deprived children

Analytical Statement of Progress:

UNICEF India is overseeing technical assistance (TA) to 22 State Governments across the entire spectrum of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) interventions in 105 High Priority Districts (HPDs). Thirteen field offices (FO) are

implementing this task across the country. In each HPD, district level public health authorities implement the RMNCH+A interventions.

Policy Recommendations: All districts, including 26 North East districts, carried out a District Gap Analysis (DGA) that informed the local planning and budgeting process and in turn the policy recommendations that were included in the yearly Program Implementation Plans (PIP). The DGA provided data that could be analyzed for policy planning. In some states as many as 100 recommendations were included in the PIP. In other states, such as West Bengal, the prioritization process led to measurable, achievable, realistic, time-bound, and innovative recommendations, which were integrated in the state PIP.

Fiscal Allocation: The 2014-2015 plans and budgets reflected the evidence collected, and targets/results were set in reference to identified binding constraints. In all 105 HPDs, proposed budgets were at least 20 per cent higher than the previous year's allocations. In Maharashtra, the National Health Mission approved increases of 56 per cent to 200 per cent over last year's allocations. The release of federal funds was delayed in the context of India's general election, and states have yet to receive the budget decision from the central level.

MDR: UNICEF supported scale up of maternal death review (MDR) software in eight states. The report generated from the software provides information on medical and social causes of maternal death and links with the demographic information of the mothers who died. It is a powerful tool to influence planning for improving maternal health. In 2015, the software will be scaled up to 10 more states.

SNCU Online Monitoring: The special new born care unit (SNCU) online monitoring system developed by UNICEF was scaled up in eight states, covering 245 out of 548 SNCUs. In 2014, 243,490 newborns were enrolled in the database. The scale up in the remaining states will be achieved in 2015. UNICEF is providing technical support for the scale up involving training of SNCU staff, tracking performance and using evidence for influencing policy decisions. The SNCU database was shared with countries in the UNICEF Regional Office of South Asia (ROSA) and East Asia and Pacific Regional Office (EAPRO) region and many have shown interest in adapting it to their local context.

OUTPUT 6 Governments and partners have the capacity to scale programmes to ensure access to comprehensive services for the prevention of HIV transmission from parents to children (PPTCT), as part of routine antenatal and postnatal care (HIV)

Analytical Statement of Progress:

In 2014 there was a nation-wide scale up Option B+ regimen (multi drug PPTCT regimen) in the country, across all 36 states, with focus on 19 priority states (Reference: National Strategic Plan developed by National AIDS Control Organization [NACO] with support of UNICEF, WHO, CDC and UNAIDS.) At the national level, UNICEF supported planning for scale-up and structuring the 'national PPTCT core-group', set up to provide oversight and mentoring for the States.

In 2014, UNICEF was involved in a multi-partner assessment of PPTCT new drug regimen implementation in four states, and led the Karnataka state assessment. The lessons learned from the assessment were used for strategy (re)formulation and programme corrections during scale up across other states. UNICEF also supported the National PPTCT Review, with participation of all 36 states in the country. Continued advocacy by NACO, UNICEF and other

players at the national level resulted in MOHFW accepting universal screening of pregnant women for HIV as a policy decision, moving toward elimination of MTCT, with a funding allocation of US\$7 million annually to support HIV testing of pregnant mothers.

At the State level, UNICEF provided technical assistance to State AIDS Control Societies (SACS) for planning and implementation of the PPTCT Multi-drug regimen. UNICEF was part of state training teams for training providers and orienting stakeholders on the new regimen. UNICEF provided support to States for strengthening line listing and tracking systems (of a cohort of HIV positive pregnant women and children across standard PPTCT Cascade indicators) as well as strengthening mentoring and review processes at the state and district levels. By the end of 2014, in the states of AP, KN, TN, MH, efficient tracking systems were in place, and in at least four other states, processes for line listing and tracking of cohorts were being initiated.

To strengthen convergence of the PPTCT programme with health services, UNICEF, for the first time in the country, supported orientation of HIV programme managers and service providers on ongoing "RMNCH+A strategy/Call To Action for Child Survival" in the North Eastern states of Meghalaya and Mizoram. In the states of Andhra Pradesh, Telangana and Maharashtra, UNICEF also supported orientation of private providers, positive networks, caregivers, outreach workers and Professional Bodies on Option B+. UNICEF-Maharashtra supported the State in development of Communication/IEC materials and media sensitization workshops.

Innovation: An updated integrated electronic medical records systems which integrates and links HIV and existing health information system (Mother-Child Tracking System-MCTS), to longitudinally track mother-baby pairs that was piloted in Karnataka in 2013, was scaled up across all 30 districts of Karnataka in 2014. It facilitates monitoring uptake of various Health-HIV services and outcomes. Of the 3,659 registered HIV infected mothers, a total of 3,105 mothers were tracked through MCTS in 2014.

OUTPUT 7 Governments and partners have the capacity to scale programmes to ensure access to and use of adequate treatment and care services for children living with HIV

Analytical Statement of Progress:

National level: In 2014, UNICEF contributed to the revision of the Paediatric Anti-retroviral treatment (ART) component of the national ART module, in line with the Paediatric TRG recommendations and WHO 2013 consolidated guidelines through expert group consultations.

Five states (AP, KN, TN, MH, BH) have the quality assurance (QA) mechanisms for Paediatric HIV Services with following three models: Paediatric Tele-medicine Initiative (MH, KN); Onsite mentoring (AP and TN); and QA combined with QA for RMNCH services (BH).

UNICEF support for the telemedicine initiative, which was initiated in the first half of 2014, was in the area of conceptualizing the initiative, scoping for start-up, and identifying and establishing partnerships for rollout.

In 2014, the Paediatric Telemedicine initiative was scaled up in the state of Maharashtra, linking at least one ART Centre in 32 out of 35 districts in the state. In all, 60 out of 83 ART Centres

were linked up (32 by Video Link up and 28 by other ICT). A total of 241 videoconferencing sessions were held in 2014 for clinical counselling, tele-reviews, and seminars.

Fifty child death reviews were conducted using video-conferencing. The findings showed that loss to follow-up and interruptions of ART are the main causes of death of children with HIV. In the state of Karnataka, where Telemedicine was initiated as a Phase-1 rollout in 2014, 11 out of 61 ART Centres that provide paediatric HIV services were linked up, and 119 tele- consultations were held.

In the state in Maharashtra, the following investments were made in 2014 to address stigma and discrimination against children living with HIV and to promote life-long ART for mothers for elimination of Paediatric AIDS: ,sensitization of the major print and electronic media; and support for developing a range of communication products/tools.

OUTPUT 8 Programme managers and service providers have the capacity to plan and provide responsive health services, including reproductive and sexual health services for adolescents

Analytical Statement of Progress:

Rashtriya Kishor Swasthya Karyakaram (RKSK, Adolescent Health) Strategy was launched by Gol in January 2014. UNICEF supported its formulation and participated in the launch of the RKSK strategy. In collaboration with C4D Section, UNICEF RCH also supported MoHFW to develop and finalize a Communication Strategy for Adolescent Health.

One of the key approaches for adolescent health within RKSK is the establishment and functionality of Adolescent Friendly Health Clinics within the existing network of health facilities. Seven out of 15 states reported to have actively supported RBSK at state and district levels. These states have implemented the Adolescent Friendly Health Services models, which will be reviewed and documented. Some UNICEF-supported states, , for example, Gujarat, showed advanced progress, while others, for example, Odisha, were just initiating the support.

In Madhya Pradesh, UNICEF supported 51 Adolescent Reproductive and Sexual Health (ARSH) clinics in 51 districts linked to community based services. Support also was provided to the Menstrual Hygiene programme in nine districts. In Assam, UNICEF supported establishment of a peer educators programme in 802 adolescent clubs (1,612 peer counsellors were trained). In Bihar, UNICEF supported the ARSH clinics in two HPDs. In Odisha, UNICEF initiated systematic analysis of ARSH services through a baseline assessment. In West Bengal, UNICEF supported 12 ARSH facilities. With UNICEF support, Gujarat has a fully established ARSH programme called Mamta Taruni for out of school adolescents.

In 2015, UNICEF will support consolidation of these models to strengthen a one-stop shop service delivery model across all UNICEF-supported states.

OUTCOME 2 Child Development and Nutrition

Analytical Statement of Progress:

UNICEF facilitated inclusion of maternal calcium, deworming, peri-conceptual folic acid into the national health programme. As a result of UNICEF's continued advocacy for setting up Nutrition Missions/Councils, 8 out of 14 states formed an overarching committee to improve governance and coordination for nutrition. UNICEF supported Integrated Child Development Services

(ICDS) and National Health Mission (NHM) to develop and implement strategies to bring information, counselling and support on infant and young child feeding (IYCF) closer to families. Vitamin A supplementation (VAS) biannual round took place in 13 of the 14 states, a major achievement compared to earlier years. A communication strategy for the Universal Salt Iodization (USI) programme was developed for both salt producing and non-salt producing states, and in five states the USI coalition remained functional. At national level, the food fortification network remained active under UNICEF leadership. The implementation of the weekly iron folic acid supplementation programme was supported through training of master trainers and development of national guidelines for preventing and managing adverse effects. With UNICEF technical and advocacy support, scaling up of Nutrition Rehabilitation Centres (NRCs) with commensurate budget was well reflected in the NHM plans. Focused support was provided to improve functioning of the NRCs, so that in five states the defaulter rate was <15 per cent, meeting the government's recommendation; and in eleven states, a mechanism was developed for periodic monitoring and review of the performance of the NRCs.

OUTPUT 1 Development of Maternal, Infant and Young Child Nutrition Policy

Analytical Statement of Progress:

The Child Development and Nutrition Programme (CDN) continued to advocate for and support policy and programming for improved maternal and child nutrition in India. UNICEF influenced annual plans and budgets of the National Health Mission (NHM) and the Integrated Child Development Services (ICDS) programme. As a result, scaling up of the proven 10 essential nutrition actions are an integral part of the plans. The NHM and ICDS plans give priority to 184 high burden districts identified under the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) and to 200 districts identified in the ICDS Missions. In selected states, partnerships were formed with other sectors, including Rural Development and Tribal Welfare, to develop and implement special plans that address nutrition inequities. UNICEF supported capacity building of instructors from training institutes of ICDS and Health programmes, and district and block functionaries, on framing guidelines and programme monitoring. In selected states, efforts focused on influencing the nutrition component of Medical and Nursing curricula.

Based on the Maharashtra state good practices and lessons, UNICEF continued to advocate for establishing Missions/Nutrition Councils. Eight of 14 states have formed an overarching committee to improve nutrition governance and coordination. The State Nutrition Missions have helped push the agenda of multi-sector convergence for nutrition, with a special focus on the first 1,000 days. The Ministry of Women and Child Development initiated the process to form a Nutrition Mission at the National level, with support from UNICEF and other partners. Three states are on the verge of completing situation analysis to inform programme actions for improving women's nutrition before, during and after pregnancy.

In 2014, the vitamin A supplementation (VAS) biannual round took place in 13 of the 14 states, a major achievement compared to earlier years (provisional coverage for Round 1 was 77 per cent). West Bengal held its VAS biannual round after three years of no rounds. UNICEF continued to advocate with governments for timely and adequate VAS supplies, and improving coverage with equity. A communication strategy for the Universal Salt Iodization (USI) programme was developed for both salt-producing and non-salt producing states, with five states forming and maintaining functionality of the USI coalition. At the national level, the food fortification network remained functional under UNICEF's leadership.

UNICEF continued to focus on partnerships with key development agencies, academic and research institutions, training institutions, civil society organizations, professional bodies, corporations and media to influence policies and programme actions for improving maternal and child nutrition.

OUTPUT 2 Government and partners can scale up programmes to increase demand for essential nutrition services and adoption of essential nutrition practices to prevent undernutrition in infants and young children, particularly in the most deprived communities

Analytical Statement of Progress:

UNICEF helped develop and implement action plans to bring comprehensive IYCF services closer to families in five states. Six states validated the framework of action for accelerating IYCF and related maternal nutrition. Three states (Gujarat, Odisha and Uttar Pradesh) endorsed the framework and developed IYCF plans of action. Bihar and Andhra Pradesh validated the framework as a sub-component of RMNCH+A, known as Dus ka Dum and Amma Kongu, respectively. In Maharashtra, the framework was validated as part of five point agenda of Maharashtra Alliance Against Malnutrition and as part of the comprehensive state IYCF policy led by the Department of Public Health.

Child Development and Nutrition (CDN) jointly with Communication for Development (C4D) supported an Integrated Child Development Services (ICDS) programme and National Health Mission (NHM) to develop and implement strategies to bring information, counselling and support on IYCF closer to families. This involved technical and practical skills enhancement of frontline functionaries and health facility staff, comprehensive communication approaches, and use of participatory communication tools. Partnerships also were forged with NGOs, media and businesses to expand programme coverage and quality with equity. State-specific interventions to improve IYCF practices included setting up IYCF counselling centres in Medical Colleges and/or in high case-load delivery facilities, as well as developing state-wide comprehensive communication strategies such as Bal Kuposhan Mukta and Dus Ka dum in Bihar and Nawa Jatan in Chhattisgarh to prevent and reduce under-nutrition in children.

Jointly with C4D, a study was undertaken in Gujarat and Odisha to test the efficacy of participatory communication training tools in reaching most marginalized communities. The baseline study was completed the results of end line study will be available in early 2015.

OUTPUT 3 Governments and partners can scale up programmes to provide essential nutrition care and support for children who are severely undernourished, sick and/or affected by disasters, particularly in the most deprived communities

Analytical Statement of Progress:

As of December 2014, there were more than 900 functional Nutrition Rehabilitation Centers (NRCs) in more than 17 states, treating approximately 125,000 children suffering from Severe Acute Malnutrition (SAM) every year. The MoHFW is scaling up NRCs across the country, with UNICEF focusing its support in scaling up NRCs in high priority districts and in ensuring adequate budget provisions are kept in the NHM Program Implementation Plans (PIP). In all 13 states, scale-up of NRCs was well reflected in the NRHM PIPs, along with commensurate budgets. To ensure uniformity and standardized care, India is using the standard training package developed by the MoHFW in collaboration with academia, WHO and UNICEF. UNICEF supported the development of a pool of more than 30 National Level Trainers, as well as a pool of State Level Trainers.

UNICEF continued to work with National and State Governments to improve the functioning of the NRCs. Eleven states have developed a mechanism for periodic monitoring and review of the functioning of NRCs. State reports show that the bed occupancy rates at the NRCs vary between 40-60 per cent in most of the states. In five states, the default rate is <15 per cent, which is in line with the Government of India (GoI) recommendations.

UNICEF successfully advocated with the MoHFW for a focus on the quality of services being delivered at the NRCs. In collaboration with MoHFW and Kalawati Saran Children's Hospital, UNICEF supported rapid assessment of selected NRCs in six states, including analysis of the composition of therapeutic milks being provided.

Two states (Maharashtra and Odisha) initiated pilots on the community management of acute malnutrition (CMAM). Others, including Kerala, Madhya Pradesh, Rajasthan and Haryana, are at the planning stage for piloting CMAM.

UNICEF, in collaboration with Action contre la Faim (ACF) India, ACF Canada and CDC Atlanta, helped build the capacity of 26 Government (National and State) Officers, along with State-level UNICEF Nutrition staff and NGO partners, on small-scale Standardized Monitoring of Relief and Transition (SMART) survey methodology. Two UNICEF Nutrition staff members were trained to serve as Master Trainers on SMART.

OUTPUT 4 Governments and partners have access to data, evidence, information and knowledge to guide multi-sectoral food and nutrition advocacy, policy, programme and budgetary action, particularly for the most deprived children

Analytical Statement of Progress:

The CDN programme continued to focus on strengthening the Management Information Systems (MIS) of the flagship programmes/schemes under the Ministry of Women and Child Development and Ministry of Health and Family Welfare. UNICEF supported the State Departments of Women and Child Development in the rollout the revised MIS for the ICDS and for the analysis and use of the ICDS monitoring data for decision making.

UNICEF provided technical support for strengthening monitoring and review of vitamin A supplementation, Sabla (scheme for empowerment of adolescent girls), IGMSY (a conditional cash transfer scheme for care during pregnancy and lactation), weekly iron folic acid supplementation (WIFS) and care and treatment of children with severe acute malnutrition.

Eleven presentations (7 oral and 4 poster presentations) capturing UNICEF's work on nutrition at State-level were made at the Micronutrient Forum, a prestigious international conference. The presentations were very well received. Seven papers/posters were presented at the South Asia Conference on Policies and Practices to Improve Nutrition Security and five were presented at the Together for Nutrition Conference organized by International Food Policy Research Institute (IFPRI) in October. Two papers and three reports were published, which captured UNICEF work in vitamin A supplementation, severe acute malnutrition and weekly iron folic acid supplementation for adolescents.

UNICEF partnered with the Ministry of Tribal Affairs and Department of Scheduled Castes and

Tribes, Government of Odisha to organize a two-day National Conclave which brought together representatives from six government departments, frontline workers, civil society organisations (CSOs), and academics to inform policy discourse on nutrition improvement of Adivasi children and women.

OUTPUT 5 Governments and partners have the capacity to scale up programmes to ensure continuum of care for adolescent girls (anaemia control, nutrition care and support, personal hygiene and sanitation, health and psychological care)

Analytical Statement of Progress:

The CDN programme supported the national and state governments in the rollout of the Weekly Iron Folic Acid Supplementation (WIFS-control of anaemia in adolescent girls and boys) programme under the Ministry of Health and Family Welfare and Sabla (adolescent girls' empowerment) programme under Ministry of Women and Child Development. Activities with commensurate budget for WIFS and Sabla were included in the annual plans in all 14 States, and all 14 are implementing the WIFS programme. UNICEF supported State governments in drafting guidelines for preventing and managing undesirable effects following iron folic acid supplementation; an increasing number of states are adapting these guidelines. UNICEF supported the National Government in undertaking a study on undesirable effects following IFA administration. Delhi and Haryana Governments utilized the findings of the study to design a communication strategy.

A pool of master trainers at the State and District levels are using standardized training materials for WIFS training. In five states, UNICEF supported State Governments in planning and monitoring of Adolescent Health Day (AHD) or Kishori/Taruni Diwas. Six states linked AHD with Kishori Diwas organized under Sabla scheme. All 14 states organized at least one review meeting of Sabla and WIFS with related Ministries (Education, Tribal, Health and DWCD).

A positive deviance informed communication trial for improving compliance of WIFS is ongoing in Jharkhand (Khunti district). The positive deviance-enquiry was completed with support from the Government and an international positive deviance expert. As a result, the Child In Need Institute (CINI), a non-government organization in Jharkhand, was brought in to implement the behaviour change communication trial.

OUTCOME 3 Water Sanitation and Hygiene

Analytical Statement of Progress:

The Water, Sanitation and Hygiene (WASH) programme supported the strategic direction and results of five key government flagship programmes: National Rural Health Mission, Integrated Child Development Services, Mid-day Meal, Rural Drinking Water Programme and the Nirmal Bharat Abhiyan (now Swachh Bharat). States implemented to district level the national sanitation and hygiene advocacy and communication strategy and a similar one was launched for safe drinking water. UNICEF guidance assisted in the organization of front line workers, to trigger toilet use to create open defecation free communities, in some states. A literature review was completed along with secondary analysis of large-scale national and state-level datasets collected from India and other south Asian countries. WASH and health sectors are successfully converged through the development of tools to assess and then monitor WASH compliance in health centres, and specifically the delivery room and immediate lifesaving post-natal care of the mother and child. In knowledge management, UNICEF secured a series of learning labs, to be reported in 2015.

OUTPUT 1 Governments and partners have access to data, evidence, information and knowledge to guide WASH, advocacy, policy, planning, programme and budgetary action

Analytical Statement of Progress:

The WASH Bottleneck Analysis Tool (BAT) was successfully piloted in four states: Gujarat, Maharashtra, West Bengal and Uttar Pradesh. In Gujarat, the NGO WASMO and the Rural Development Department have set up core committees for monitoring and supporting follow up steps of issues identified within the WASH BAT. The issues identified in the WASH BAT have been linked to the National Rural Drinking Water Programme (NRDWP) and to the Swachh Bharat Mission, (SBM), and Annual Implementation Plans (AIPs) including communication plans of the Sanitation and Hygiene, Advocacy and Communication Strategy (SHACS). In West Bengal, the Director of the Water and Sanitation Support Organisation (WSSO) and core committee for water safety coordinated the consultations and follow up.

UNICEF held joint meetings with the World Bank Water and Sanitation Programme (WSP) to discuss the WASH BAT and Service Delivery Assessment (SDA) tools and have agreed that in the medium term there is a need to harmonise the tools for use in India, perhaps combining elements of both. This will be taken forward in 2015. UNICEF organized a mission by a representative from UNICEF Headquarters in New York to come to India to do a review of the pilot and make recommendations for how best to roll out the WASH BAT to the remaining states. This resulted in a terms of reference for consultant support for this activity, which will be rolled out in 2015.

In Jharkhand, UNICEF supported the development of an ODF MIS for use by the Jharkhand Project Management Unit established for sanitation. UNICEF also supported the development and dissemination of a collection of case studies/good practices in the state. Census data was analysed up to block level, facilitating the setting of a target of 1,000 villages to become ODF in 2014-15.

The documentation of the assessment of the WASH facilities in Health Centres in Tamil Nadu and Kerala as a part of the convergent activity with the CTA program was completed.

OUTPUT 2 Governments and partners have capacity to scale up improved service delivery of community approaches to sanitation and hygiene, especially in the most deprived communities

Analytical Statement of Progress:

In 2014, UNICEF organized a week-long joint monitoring programme mission to Delhi. As a result, the GoI accepted the recommendation to establish a panel survey to track the sustainability of ODF-certified Gram Panchayats (GPs) (local government entities and capture learning about the efficacy of programme implementation. UNICEF provided support to the GoI, commenting on the draft SBM guidelines. UNICEF advocacy contributed to positive changes to the guidelines. The lack of a structure for sanitation below the district level is impacting States' ability to utilize Swachchatta Doots where they are in place. The new SBM guidelines provide a route to fund HR for sanitation. Most States were reluctant to work with civil society organizations as the alternative source of motivators. UNICEF supported the development of guidelines for civil society recruitment and on the preparation of modules for their training, and frameworks for their deployment once trained. UNICEF worked in Maharashtra and West Bengal to demonstrate ways of identifying and engaging civil society to mobilize communities.

UNICEF advocated for reform of the enabling environment in a range of areas, identifying the most critical bottlenecks for each state and identifying solutions to those bottlenecks. For example, in Bihar, the focus was on reforms of the State Water and Sanitation Mission (SWSM) to implement the NBA in mission mode. In Chhattisgarh and Odisha, the focus was on a demonstration of the training of frontline workers using civil society to deliver a sustainable model for replication. There was also a focus on advocacy, which went hand in hand with support to demonstrate alternative approaches in institution building, human resource forecasting, the supply chain, and monitoring.

UNICEF-supported Community Approaches to Total Sanitation (CATS) interventions addressed equity to ensure that the marginalized also benefited from interventions. In Tamil Nadu, the rollout of the statewide sanitation communication campaign in all districts created substantial awareness and generated demand for household toilets. There was also a mass media campaign targeted to reach all the panchayats of the State. In Odisha, the CLTS approach was scaled up by the Government from Koraput District as a regional hub. UNICEF provided technical support to the neighbouring districts, including Malkangiri and Nabrangpur. A district level plan of action was agreed upon between the District administration, Koraput and UNICEF for implementation of water, sanitation and hygiene activities. Thirteen villages in Koraput and 2 in Nabarangpur were declared ODF, and another 100 communities were triggered under the CATS approach. The focus in Jharkhand was on strengthening HR. UNICEF supported the development of a strategy to strengthen block resource centre and cluster resource centre. In Chhattisgarh, two sessions on CATS were conducted at the Administrative Staff College of Chhattisgarh for District Collectors and CEOs of Zilla Panchayats. A media orientation on the behaviour change for sanitation was organised that led to a series of articles in leading English and Hindi daily papers. In Bihar, UNICEF supported the development of a web-based tool for advertising and filtering job applications for various district and block level posts. This tool is now being used by the SWSM as its hiring portal. UNICEF also supported the SWSM in training its 6,000 district and block level teams, along with the training of 30 CLTS master trainers.

OUTPUT 3 Governments and partners have the capacity to scale up improved service delivery of safe and sustainable water, especially in the most deprived communities

Analytical Statement of Progress:

UNICEF India ensured that water quality remained on the Government's agenda during the election period. In this context, dialogue around the national Drinking Water Advocacy and Communication Strategy is underway with headway in Gujarat, and West Bengal, and plans in Andhra Pradesh. A directive from did not materialize. . All States have made some progress in water quality; including on testing protocols, technical advice, mitigation strategies, gap analysis and feasibility mapping, SOP, and system strengthening. Examples of institutional strengthening and strategy development can be seen in Odisha, Gujarat, Bihar, and UP. The Government of West Bengal established a partnership with a Swedish technical institute in collaboration with the local Indian Institute of Technology (IIT).

OUTPUT 4 Governments and partners have capacity to scale up improved delivery of WASH and nutrition in schools facilities and services, especially in the most deprived communities within the framework of child friendly schools and Right to Education.

Analytical Statement of Progress:

UNICEF continued to provide high level strategic support to GOI to firmly position WASH in Schools within the new Government's development agenda. The Ministry of Human Resource Development launched the **Swachh Bharat: Swachh Vidyalaya** (WASH in Schools) as a new Mission (SBSV). These guidelines articulated an 'essential package' for WASH in Schools, which includes daily group handwashing with soap before mid-day meals in all schools and operation and maintenance of WASH infrastructure.

UNICEF successfully leveraged high level political support, visibility and financial commitment for WASH in Schools at the national level and in the States. Following the launch of the SBSV mission, several corporations and PSUs pledged support for WinS, and approached UNICEF for technical advice and guidance. UNICEF influenced investments worth US\$78 million, to be utilised for WASH programmes in 70,000 schools. New partnerships are being negotiated with Coal India Limited, Power Finance Corporations, and Rotary International. Inspired by West Bengal's experience, more States adopted benchmarking of schools along WASH indicators, using the Three Star Approach, in 2014. UNICEF successfully advocated for the issuance of the necessary guidelines in Rajasthan, Chhattisgarh and Madhya Pradesh. In 2014, US\$1.3 million was leveraged in the States of Rajasthan, West Bengal, Madhya Pradesh, Assam, toward provision of water, hand washing infrastructure and institutionalizing the Nirmal Vidyalaya Puraskar campaign. In Assam and Bihar, US\$2.3 million was proposed by the State Governments to cover approximately 16,000 kitchen sheds with group hand washing facilities. In Rajasthan, dedicated WASH O&M funds amounting to US\$5.7 million were transferred to all schools in the state to ensure cleanliness of toilets, WASH consumables and maintenance systems. WASH in schools was integrated into the action plans developed under Mahatma Gandhi Swachhata Mission for Gujarat (SBM) amounting to US\$63 million. The key commitments of the action plans included formation and training of Children Cabinets in all schools, O&M cost for all schools, provision of 6,871 separate toilets for girls as per RTE norms and construction of group hand washing stations in all schools across the state. UNICEF continued to support the Ministry of HRD in conceptualisation and design of the week long Bal Swachhata Campaign from November 14-19, to run a media campaign around hand washing with soap before the Mid-Day Meal in schools and to integrate WASH in in-service teachers training curriculum of SSA in all States.

Outcome 4: Child Protection

The implementation of ICPS has seen further progress in the areas of setting up of structures and recruitment of staff. District Child Protection Units were established in 14 (out of 15) states and the capacity development of juvenile justice and ICPS functionaries, as well as police, continued according to plans in 11 States. Community-based preventive child protection committees were established and strengthened in 12 states, with more than 12,000 Child Protection Committees at the village level, including in four districts affected by civil strife. Some states have formulated District Protection Plans.

Maharashtra, Rajasthan and Gujarat piloted innovative alternatives to institutional care. At the national level, support was provided to the Ministry of Women and Child Development (MWCD) for formulation of foster care guidelines. In partnership with the Supreme Court, a series of regional roundtables were organised to assess the implementation of the Juvenile Justice Act and enhance the monitoring role of the judiciary. A study on the effectiveness of child protection management information systems was concluded and the recommendations of the study are

being followed up at the State and central levels to make quality improvements in data management for child protection systems.

The convergent child rights and child labour prevention programmes in 20 districts across seven States, covering more than 5 million children, progressed according to the plans. The most significant achievement in the area of prevention of trafficking of children was the signing of a Memorandum of Understanding and Standard Operating Procedures between Maharashtra and West Bengal State governments on rescue, recovery and reintegration of trafficked children.

Initiatives for the protection of adolescents were implemented by 13 states, reaching 230,000 adolescent girls in groups and safe spaces. The number of community members reached increased significantly, to approximately one million. Strategies included: girls' clubs, life skills training, awareness raising and community mobilization and strengthening of community structures.

Progress was made toward developing models for scaling up of interventions to reduce child marriage. A tracking tool to measure progress related to interventions on child marriage was developed. This innovative tool is one of the first attempts to apply the Monitoring Results for Equity Systems (MoRES) framework to measuring changes in child marriage and its drivers.

The *Ladli Samman* (girls' respect) campaign in Rajasthan mobilised half a million people and reached 4,000 adolescents at risk. Violence against children received increased attention. Ten states undertook consultations and capacity building activities around the Protection of Children from Sexual Offences Act (POCSO) and also worked with schools and teachers. The End Violence Campaign reached 9 million impressions on social media and the song and video *Baap Waali Baat* promoted the value of girls with more than 1 million viewers. Advocacy work was undertaken with partners to respond to cases of sexual violence. Challenges remain in terms of making adolescents visible in the policy dialogue across levels of government, changing norms and perceptions, and ensuring convergence across departments.

OUTPUT 1 Governments and partners have the capacity to strengthen systems to protect children from child labour, violence, abuse and unnecessary family separation.

Analytical Statement of Progress:

Implementation of the Integrated Child Protection Scheme (ICPS) progressed in the areas of setting up structures and recruitment of staff. Progress was not uniform across States, and was hampered by quality issues in human resources and lack of adequate monitoring systems, which continued to pose challenges to its effective rollout.

District Child Protection Units were set up in more than 14 States. The training and capacity development of juvenile justice and ICPS functionaries was underway as planned. The police training programme, which also incorporates gender sensitisation, was carried out in 11 States. The work on community-based preventive child protection committees progressed in 12 states, with more than 12,000 Child Protection Committees at the village level. In at least four States Block level Committees were also being established. Strengthening of community child protection structures was initiated in areas affected by civil strife in four districts in four States and Jammu and Kashmir (J&K). Assam, MP, UP, AP, Karnataka, and Gujarat also made progress in the area of formulating District Protection plans. The preventive work also focused on issues like child marriage, and prevention of violence with special focus on the girl child.

Progress was also made in the area of alternative care, with Maharashtra, Rajasthan and Gujarat piloting innovations. At the National level, support was provided to the Ministry of Women and Child Development (MWCD) for formulation of foster care guidelines. UNICEF was an active member of a coalition of agencies to prevent the lowering of the legal age for juveniles in the amendment of the Juvenile Justice Act, which resulted in a public advocacy campaign with high visibility on the issue. At the national level, a historic partnership with the Supreme Court led to Roundtables in three regions to assess the implementation of the Juvenile Justice Act and enhance the monitoring role of Judiciary.

The convergent child rights and child labour prevention programmes in 18 districts across seven States, covering more than five million children, progressed per project plans. With IKEA support, the Child Rights project in Gujarat, Maharashtra and Rajasthan concluded in 2014. Discussions began on working toward a comprehensive strategy on the work for reduction of child labour across the States. The most significant achievement on trafficking was the signing of a Memorandum of Understanding and Standard Operating Procedures between Maharashtra and West Bengal on rescue, recovery and reintegration of trafficked children. The capacity building programme for Ujjawala homes continued in five States.

OUTPUT 2 Governments and partners have access to data, evidence, information and knowledge to guide advocacy, policy, planning, programme and budgetary action on child protection

Analytical Statement of Progress:

A tracking tool to measure progress related to interventions on child marriage was developed. This was one of the first attempts to apply the Monitoring Results for Equity Systems (MoRES) framework to measuring changes in child marriage and its drivers. The tool will be implemented in 2015.

A study was concluded on the effectiveness of the child protection management information systems and the recommendations will be followed up at State and Central levels to make quality improvements in data management for child protection systems. The recommendation to have a district level tracking tool for ICPS was already initiated in a few States.

A study on alternative measures across the world within the juvenile justice system for dealing with serious offences was commissioned with Penal Reform International. This will add value to the ongoing advocacy initiatives on the proposed changes in the Juvenile Justice Law in India. The desk review and baseline for Jammu and Kashmir was completed and will inform the programme planning for next year.

The Child Rights Project evaluation for 11 districts in three States was completed and the report was submitted. The desk report for children working in the stone quarrying sector and the situation report in two districts of Rajasthan were completed and the draft report submitted. This will add value to the proposed programme implementation in the district.

Progress was made toward consolidating evidence to develop models for scaling up of interventions to reduce child marriage. District level analysis of child marriage data is underway. The baseline on child marriage in eight districts was completed. The adolescent baseline study in four districts and one urban ward was completed. All the studies undertaken focused on gender and the impact on girl child of social norms, policies and programmes.

OUTPUT 3 Governments and partners have the capacity to enable HIV affected communities to protect and promote their rights and the rights of their children

Analytical Statement of Progress:

Access and linkages to key services under the Integrated Child Protection Scheme (ICPS) for children and adolescents affected by HIV/AIDS was a focus in 2014. With UNICEF's support, the States of Karnataka, Tamil Nadu and Orissa linked their State sponsorship programmes to Children affected by AIDS (CABA). Orientation on ICPS was conducted in the States of Orissa, Karnataka, TN and Nagaland to support inclusion of CABA under the ICPS services. In Manipur, two child care institutions catering to children affected by HIV were registered with ICPS and received funding support under ICPS for 2014-15. A three-day Strategic Planning workshop on child rights was held for 37 NGO partners of Nagaland Alliance for Child Rights. In the process, a two-year strategic action plan for the State was developed involving national experts. In Maharashtra, the adolescent life skills and empowerment module for adolescents affected and infected by HIV that was developed with NGOs and UNICEF collaboration, was reviewed and pre-tested. Methodology for assessment of bottlenecks in access to services for HIV affected children was completed and the report is in progress. Bihar launched a foster care scheme "Parvarish" to enable children affected with HIV to remain with their families. With UNICEF support, Bihar State AIDS Control Society (BSACS) and Positive Networks (3) were oriented on 'Parvarish' and its procedures, resulting in a surge in the number of applications received from HIV affected children. A national consultation on adolescents affected by HIV was held jointly with C4D and the Positive Women's network to ensure the government schemes and programmes address the needs of adolescents affected with HIV. Plans are to engage with State governments and MWCD to ensure more active participation and stronger collaboration with the National AIDS Control Authority (NACO).

OUTPUT 4 Key stakeholders have the knowledge and the capacity to create a protected environment for adolescents

Analytical Statement of Progress:

Nine States implemented intense initiatives on protection of adolescents and some actions were taken by the other four States. Strategies implemented included: girls' clubs, life skills training, awareness raising and community mobilization and strengthening of community structures. Some of the adolescent empowerment initiatives came to an end, and as a result the number of adolescent girls in groups and safe spaces slightly declined, to 230,000 girls. The number of community members reached increased to approximately 1 million. The Ladli Samman (girls' respect) campaign in Rajasthan mobilised half a million people and reached 4,000 adolescents at risk. The baseline study on adolescents was completed. In partnership with Breakthrough, efforts to harmonize capacity building approaches and tools for NGO partners on empowerment, child marriage, violence and gender were ongoing and a first round of training for CSOs was conducted. Enhanced coordination across programmes to effectively address adolescent issues was promoted. Innovations included support provided for a cash transfer scheme on child marriage in Kanyashree Prakalpa (West Bengal) through a communication strategy and evaluation; the modelling of child marriage free villages in at least 3 States and the modelling of district level plans in Malda, WB and Jalna, Maharashtra; and the partnership with the Indian Medical Association to address sexual violence. The issue of violence against children received increased attention, with 10 States undertaking consultations and capacity building activities around the Protection of Children from Sexual Offences Act as well as work

with schools and teachers. The End of Violence Campaign reached 9 million impressions on social media and the song and video Baap Waali Baat promoted the value of girls with more than 1 million viewers. The campaign was adapted offline in four states. Advocacy work was undertaken with partners to respond to cases of sexual violence. The civil society movement on violence (NACG) within the South Asian Initiative to End Violence against Children (SAIEVAC) reached 500 members across the country. The partnership with Breakthrough addressed the challenges posed by resistant social norms by promoting a scaling up model of community mobilization and empowerment. All these efforts had a strong focus on enhancing the value of girls and promoting better outcomes.

OUTCOME 5 Community based protection mechanisms for building protective environment

Analytical Statement of Progress:

The emphasis on promoting greater synergies between child protection and education systems contributed to achieving progress for all children, especially the most deprived and marginalized.

Work on child friendly schools, including WASH, DRR, protection issues, residential schools, together with the convergence between two national flagship programmes – Integrated Child Protection Scheme (ICPS) and Sarva Shiksha Abhiyan (education for all) -- supported holistic development and wellbeing of children. The support committed by the IKEA Foundation for five years facilitated such programming.

The completion rate for class 8 increased to 76.3per cent from the baseline figure of 61.1per cent, per the District Information System for Education (DISE), 2013-14 data. Primary and upper primary dropout rates decreased by 8 and by 5 percentage points, respectively, per the latest data of School Education survey (SES) 2010.

National conventions in partnership with National Commission for Protection of Child Rights and civil society forums, and activities in 10 states helped to assess progress against Right to Education (RTE) deadlines of 2015. UNICEF supported the Ministry of Human Resource Development (MHRD) in developing the Swachh Vidyalaya (Clean School) handbook as a part of the Prime Minister's Swachh Bharat (Clean India) Campaign. Work began on setting up a Real Time monitoring system for selected indicators in four states. UNICEF staff and government functionaries from four states were trained on Monitoring Results for Equity Systems (MoRES), with support from UNICEF Headquarters and the UNICEF Regional Office for South Asia (ROSA), to enable them to identify barriers and bottlenecks and prioritize sectoral interventions. As part of the Global Initiative on out-of-school children, the India report was released, which has helped in understanding profiles of out-of-school children to support differential programming.

The Child Friendly Schools and Systems (CFSS) guiding principles were disseminated to the States by MHRD and will facilitate and add impetus to the implementation of the RTE Act. Based on the National Early Childhood Care and Education (ECCE) Policy (2013), National Quality Standards and National Curriculum Framework on ECCE were approved and the National ECCE Council was notified. Teacher education road maps and five year perspective plans were developed in six states.

Primary school curricula were adapted for inclusive education of children with disabilities. UNICEF facilitated forums to deliberate on issues related to the education of children with

disabilities and those forums opened up prospects for new partnerships. As a part of the Jammu & Kashmir (J&K) collaborative initiative with the Government of J&K and Save the Children, a baseline study was completed and data on out-of-school children was updated. An in-service teacher training module was developed, teachers were trained and a civil society alliance was established. Using the findings of the National Evaluation of Kasturba Gandhi Balika Vidyalayas (KGBV) 2013, technical support was provided to MHRD in conducting three Regional Review Workshops on KGBVs.

A communication strategy to raise awareness on entitlements and redressal mechanisms under the RTE Act was drafted, based on a formative study. Two motivational training films, one for teachers and one for community, and mass media materials on regular attendance will be available in early 2015. Forty new episodes focusing on RTE, life skills, gender and child protection were added to the Meena Radio programme, which reached more than 7,500,000 children across 170,000 schools in six States.

A strategic framework for a convergent vision on adolescents with a strong gender focus was developed to guide UNICEF's country programme. UNICEF supported school-based programmes and promoted the participation of adolescents in community groups and committees in 14 states. Following two capacity development and information sharing workshops on education for adolescents organised by UNICEF, UNICEF's role in supporting the guidance and counselling and life skills-based education programme, transition of girls from upper primary to secondary education and building capacities of the School Development and Management Committees has been clearly delineated. This is in line with the core of UNICEF's strategy to equip disadvantaged girls and boys with knowledge, skills and confidence to develop healthful behaviours and protect themselves from abuse, violence and exploitation as well as with UNICEF's advocacy focused on enabling girls from KGBVs to move on to secondary schools to improve transition and reduce drop-outs. To further girls' education, a prototype of a Gender Atlas based on one State was finalised as a management tool.

OUTPUT 1 Governments and partners have increased the capacity to implement RTE and Child friendly schools

Analytical Statement of Progress:

UNICEF continued its support to the Annual Right to free and Compulsory Education Act (RTE) with programme activities both at the national level and in 10 States to assess the status of RTE implementation. National conventions were organized in collaboration with the National Commission for Protection of Child Rights (NCPCR) and civil society forums. A month long media campaign was organized along with public advocacy campaigns to help accelerate implementation of RTE.

School level data, collected annually under the Unified District Information System for Education (UDISE), was analyzed from an equity (including gender) perspective to identify the critical gaps, barriers and bottlenecks in RTE implementation. UNICEF supported the capacity building of State and district education functionaries on use of UDISE for better programming in the five States of Assam, Bihar, Gujarat, Madhya Pradesh and West Bengal. This helped the States to regularly review progress and bottlenecks and align sector plans accordingly. The real time monitoring of critical educational indicators, was initiated as a pilot in the four States of Assam, Chhattisgarh, Karnataka and Madhya Pradesh. The State functionaries from the respective districts were trained on real time monitoring. A Monitoring Results for Equity Systems (MoRES) workshop was conducted at the national level, with support from UNICEF

HQ/ROSA, to help States in identification of barriers and bottlenecks and to prioritize sectoral interventions.

Child Friendly Schools and Systems (CFSS) Guiding principles were approved by the Ministry of Human Resource Development (MHRD). The CFSS package, which includes the CFSS guiding principles and documentation of best practices from the field, was launched in September 2014. Technical support was provided to the States on development of the monitoring tools and integration of CFSS indicators into State plans. Gujarat, Bihar and Maharashtra developed and integrated monitoring tools into State plans based on CFSS indicators. MHRD was also supported in preparing a Swachh Vidyalaya (Clean School) handbook, to support operationalization of the Swachh Vidyalaya Campaign launched by the Prime Minister.

To ensure that all children are able to access quality education as mandated under RTE, Multilingual education is a must. Odisha became the first state in India to approve Multilingual Education (MLE) Policy. It was developed with support of UNICEF and technical partner, National Multilingual Education Resource Consortium (NMRC). A technical workshop on MLE was organized for six States, which are initiating MLE programmes. A guidance note on MLE was prepared.

OUTPUT 2 Governments and partners have the capacity to provide equitable access to quality early childhood education

Analytical Statement of Progress:

Following approval of National Early Childhood Care and Education (ECCE) Policy (2013), National Quality Standards for ECCE and a National Curriculum Framework on ECCE were approved in 2014. The ECCE Policy framework caters to 158.7 million children aged 0-6 years in India. UNICEF provided technical support for these developments. Technical support to government is a rapidly expanding area of work for UNICEF.

A pictorial Handbook on 'Quality in ECCE' was developed by UNICEF and the Ministry of Women and Child Development (MWCD), to analyze Quality Standards. UNICEF also initiated the process of developing Early Learning and Development Standards (ELDS) for India, by bringing together relevant stakeholders.

UNICEF provided technical support in developing Terms of Reference for the National ECCE Council and recommending experts as members. Advocacy efforts are ongoing to ensure that Council meets and key decisions are taken for moving forward. Similar efforts were made in States for developing State ECCE Councils and Assam, West Bengal and J&K initiated the process to do so.

UNICEF State offices were involved in developing State ECE curriculum. Technical support was provided to ensure coherence with the National Curriculum Framework. UNICEF continued to support an ECE longitudinal study, which explores the sustained impact of quality preschool programmes in early primary grades. Findings from first phase of study were published and the results were utilized in advocating for quality ECE, from an equity perspective (including gender).

UNICEF staff and government counterparts participated in a Forum on Investing in Young Children and panel discussion on neuroscience and ECD. These were excellent capacity enhancement opportunities and provided an advocacy platform for increasing investments in ECCE. UNICEF India hosted the ROSA ECD Network Meeting, bringing together representatives from six countries in South Asia to discuss ECD priorities and programming. The events provided a major boost to the growing momentum on ECCE in the South Asia region.

Advocacy efforts continued for greater convergence between MWCD and Ministry of Human Resource Development (MHRD) and for extension of the Right to Education (RTE) Act to include ECE to ensure that girls and boys in India have rights to access quality early learning programmes. UNICEF provided technical support for capacity building of government personnel in early grades reading in several states. Linkages between preschool and early grades in school were also part of this initiative, to ensure continuity and coherence.

OUTPUT 3 State level systems strengthened for enhancing capacities of teachers to deliver quality education with equity

Analytical Statement of Progress:

UNICEF continued to support Teacher Education Visioning workshops leading to preparation and further revision of State teacher education road maps and five year perspective plans in the six States of Assam, Bihar, Jharkhand, Odisha, Maharashtra and Uttar Pradesh. By participating in the teacher Education, Joint Review Missions and by supporting State plans, UNICEF helped States clearly identify critical gaps and bottlenecks in teacher preparation and teacher education systems. Odisha made significant progress in taking forward the Joint Review Mission recommendations with the support of a Teacher Education Think Tank established with the support of UNICEF. The IMEP study on the review of activity-based learning being conducted in eight states (Andhra Pradesh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan and Tamil Nadu and Telangana) made significant progress in completing review of ABL materials and testing of children in approximately 840 schools, as well as with classroom observations in more than 100 schools. This study is strategically significant considering the lack of evidence currently available to gauge the impact of ABL as a pedagogic technique on children's learning. The study is expected to be completed in Mid-2015 and will provide evidence to the process of child-friendly and child centred process of learning.

Fifteen-day mentoring workshops aimed at building the capacity of District Institute for Education and Training and State Council of Educational Research and Training functionaries are in progress in Assam, Bihar, Gujarat and Odisha. UNICEF supported National Council of Educational Research & Training in preparation and dissemination at the State level of user friendly National Achievement Survey of Class III, further strengthening implementation of State Learning assessments. Continuous Comprehensive Evaluation (CCE) was implemented in all States. UNICEF supported the review of CCE programmes in seven States to provide feedback to them on its implementation. That study will be completed in January 2015. A concept note on the teacher education development programme was developed in consultation with MHRD and will be implemented in two States in the next year. The multi-state studies on ABL and CCE will feed into UNICEF's work in teacher education reform as well as improve teaching and learning practices, nationally and at the State level.

OUTPUT 4 Governments and partners have the capacity to stimulate demand for equitable access to quality elementary education, especially by the most deprived communities

Analytical Statement of Progress:

UNICEF provided technical support for adaptation of primary curriculum for inclusive education, with a focus on children with disabilities. Support was also provided for the Global Action week on children with disabilities in collaboration with UNESCO. The Global Action Week 2014 focused on equal right and equal opportunity for children with disabilities. A series of seminars and consultations were organized in 17 States to champion the provision of inclusive education for children with disabilities. For the first time in India, a joint proposal was approved by the UN on children with disabilities. Significant progress was made in developing strong partnerships with lead government organizations, NGOs and experts. This will contribute to education of the out-of-school children with disabilities identified in the India report on out-of-school children. UNICEF's focus on girls' education included support to girls' collectives like the MeenaManch. In addition to showing growth in self-esteem and confidence, many of the girls assumed leadership roles in their local context to change social behaviour that is impacting on children's school attendance and the age of marriage.

Work in the five states affected by civil strife included the work in Jammu and Kashmir taken up in collaboration with the Government of Jammu and Kashmir, Save the Children and the CP Section. A baseline study, including a desk review, was completed and is being used to inform programme targets. In partnership with four NGOs, the household survey of 2012 by Sarva Shiksha Abhiyan (SSA) was updated in the six programme zones in three districts to identify and mainstream out-of-school children. In collaboration with stakeholders at the State Education Department and with support from subject experts, a training module for in-service teacher training was developed. The State Institutes of Education and UNICEF conducted five workshops – four for master trainers and one for teachers. A quick study to understand the impact of the floods on children's education was initiated in the affected areas of Srinagar, Budgam and Anantnag districts. An initial training on Right to Free and Compulsory Education Act (RTE) and strengthening of M&E systems was completed.

The motivational training films and mass media materials developed jointly with the C4D section will help enhance regular student attendance.

The gender and equity focus of the work undertaken ensured the empowerment of girls and also enhanced their participation in education.

OUTPUT 5 Key stakeholders have enhanced capacity to increase access to secondary education for adolescents, with a focus on reducing gender and social disparities

Analytical Statement of Progress:

A dynamic digital Gender Atlas is being developed by UNICEF for the GOI Ministry of Human Resource Development (MHRD) to inform management decisions for targeted interventions to promote girls' education.. The work on sport for development in the Kasturba Gandhi Balika Vidyalaya (KGBV) and residential schools in six States helped to build self-confidence, skills of working together and leadership qualities among the participating girls and boys. 'Perna', a training handbook on physical education and sports for part-time teachers, was published by UNICEF and disseminated to all States by MHRD. Following advocacy efforts, some progress has been made toward developing a strategy for improving the transition of girls from KGBVs to secondary level of education. Initial discussions with Rashtriya Madhyamik Shiksha Abhiyan

(RMSA) in States opened up opportunities for incorporating a life skills component in the secondary school curriculum. Two workshops on Adolescent Education were organized in collaboration with MHRD that focused on skills for life and skills for work, including guidance and counselling, transition of girls from upper primary to secondary education and strengthening school development and management committees. This represents the first time UNICEF embarked on significant collaboration with GOI on Secondary Education.

OUTCOME 6 Advocacy and Communication

Analytical Statement of Progress:

UNICEF India's advocacy aimed to catalyse social and policy change to the benefit of children, by building a social consensus for policies, programmes and resource allocation. Public advocacy in 2014 focused on open defecation, violence against children, routine immunization, quality education and stunting. Continued use of media and celebrity engagement, digital communication and policy advocacy resulted in wide public discourse on key children's issues. The 25th anniversary of the Convention on the Rights of the Child (CRC) brought together government, civil society, the private sector and children on a range of initiatives across the country, including a 35-part TV series on adolescents on Prasar Bharti, a poll of children's opinions, photo workshops for children, the launch of the State of the World Children's report by the Governor of Maharashtra and a Special Assembly session in Karnataka devoted to CRC.

Despite significant political developments in 2014 UNICEF India engaged effectively in policy advocacy. The Parliamentarians Group for Children (PGC), the Legislative Assemblies in Bihar, Andhra Pradesh, Jharkhand, and Odisha reaped results. A partnership with the Bihar Legislative Assembly led to the mobilisation and sensitisation of approximately 12,000 people, including legislators and Pachayati Raj Institutions members, on *Dus ka Dum*, a preventive health initiative.

Approximately 2,307 stakeholders, including legislative assemblies, state commissions on child rights, government departments, media houses, faith-based organisations (FBOs) and corporations like Confederation of Indian Industry (CII) were informed on UNICEF priority issues. These efforts reflect approximately 280 partnerships across the country.

UNICEF leveraged resources worth US\$10 million through celebrity engagement. Partnerships with civil society such as *Nine is Mine* for the National Opinion Poll for Children reached out to 10,000 children, while the Vote4Me campaign mobilised 100,000 children. Partnership with FBOs, particularly the *Act Now* campaign with the Art of Living, resulted in 50,000 Acts of Change for the Girl Child, and the Global Interfaith WASH Alliance (India chapter) brought together more than 300 multi-faith leaders on sanitation.

Partnerships for the *Take Poo to Loo* campaign resulted in 115,843 pledges, media space worth US\$546,000, and 149 million impressions on social media. The main protagonist of the campaign, Mr Poo, was featured in the Time magazine's listing of the 15 Most Influential Fictional Characters in 2014. Strategic media partnerships with George Institute of Global Health on routine immunisation and with National Radio Networks and Urdu media focused on equity reached the most marginalised and hard to reach audiences.

OUTPUT 1 Networks and platforms provided for adolescents to enhance their participation in decisions affecting their lives.

Analytical Statement of Progress:

UNICEF successfully created diverse platforms to facilitate interaction between adolescents and young people with key decision-makers and influencers in 2014, in Delhi, Bihar, Maharashtra, and Uttar Pradesh. States' activities were positioned to address the overarching objective of the completion of 25 years of the Convention on the Rights of the Child (CRC) globally, and discussing the way forward to overcome remaining challenges. These activities/platforms included a National opinion poll of children on the CRC facilitated by Delhi; a multi-stakeholder consultation on the Bihar Policy for Children; a 13-episode series on adolescent girls produced by Doordarshan Kendra Mumbai, Maharashtra; engagement of children with celebrity Madhuri Dixit in Uttar Pradesh; production of the Baap wali Baat song addressing issues of child marriage facilitated in Delhi; and a Child Rights Parliament with the Chief Minister of Karnataka organized in Andhra Pradesh.

Initiatives and activities toward the active inclusion of adolescent voices were scaled up with government departments such as Education, Health, Information & Broadcasting, Women and Child Development (WCD), and Social Welfare. For instance, in Bihar, recommendations from children were incorporated in the draft State Policy for Children and submitted for approval to Social Welfare department, Government of Bihar. The Meena Manches was scaled up by the State Madrasa Board in Madhya Pradesh. As a result of negotiations, WCD in Chhattisgarh will be introducing comics to children, including those in juvenile and observations homes. A 35-part TV series was developed in partnership with Prasar Bharti (Information and Broadcasting Ministry) with profiles of Young Heroes in Delhi. The Women and Child Development Gwalior division initiated children's participation in its programming. States also leveraged partnerships with corporations such as Confederation of Indian Industry (CII) and universities/academic institutions in efforts to link participation with government flagship programmes.

Media monitoring and analysis revealed sustained increased reporting by media on adolescent issues. For instance, an increase of 54 per cent in print stories was observed in Bihar. One of the significant media partnerships established through the Building Young Futures - Deepshikha programme (funded by Barclays Bank) resulted in almost 190 pieces of media reporting on adolescent' girls.

OUTPUT 2 Key decision makers and influencers are able to use information and knowledge to inform programmes, policies, planning and budget with child rights focus.

Analytical Statement of Progress:

UNICEF India's advocacy was aimed at catalysing social and policy change to benefit children, by building a social consensus for policies, programmes and resource allocation. UNICEF India agreed to focus on five areas for advocacy, and informed approximately 2,307 stakeholders, including legislators, state commissions on child rights, government departments, media, faith-based organisations and corporations, leading to approximately 280 partnerships across the country. UNICEF leveraged resources worth US\$10 million through celebrities (Sachin Tendulkar, Priyanka Chopra, etc.). Civil society partners like Nine is Mine reached out to 100,000 children for the Vote4Me campaign. Partnership with Art of Living resulted in 50,000

Acts of Change for girls through the Act Now campaign, and the Global Interfaith WASH Alliance (India) brought together more than 300 multi-faith leaders on sanitation.

Partnerships with IIT, YouthKiAwaaz, Protsahan, Rocketalk, Domex, Archies, and Onmobile for the Take Poo to the Loo campaign resulted in 115,843 pledges, public relations worth US\$ 546,000, 149 million social media impressions and more than 1.5 million video views. Mr Poo was featured in Time magazine's listing of the 15 Most Influential Fictional Characters in 2014. Strategic media partnerships with George Institute of Global Health on routine immunisation, and with National Radio Networks and Urdu media focused on equity, resulted in media space worth US\$5 million.

To support informed decision making, nearly 1,623 knowledge products were developed, including fact sheets, advocacy briefs, press kits, audio/visual materials, handbooks on issues, and social media packages/posts disseminated through a range of platforms. UNICEF India relied on existing relationships for policy advocacy. An important partnership with the Bihar Legislative Assembly mobilised approximately 12,000 people on the Duska Dum preventive health initiative. Public advocacy focused on open defecation, violence against children, routine immunization, quality education and CRC@25. Media advocacy resulted in 2,100 reports at the national level. Social media outreach resulted in 25.05 million impressions on Facebook, 2.3 million visitors to the newly-launched UNICEF website, and 168 million impressions on Twitter.

The 25th anniversary of CRC brought together multiple stakeholders on a range of initiatives across the country, including: a 35-part TV series on adolescents on Prasar Bharti, photo workshops for children, the launch of the State of the World Children's report by the Governor of Maharashtra and a Special Assembly session in Karnataka devoted to CRC.

OUTCOME 7 Disaster Risk Reduction

Analytical Statement of Progress:

The operationalization of Multi-hazard Vulnerability Mapping (MHVM) resulted in two state governments (Bihar, Rajasthan) approving the integration of MHVM software on the Government servers with seamless transaction of data from various line department databases into the MHVM system, which will enable risk informed development planning in the coming years at the district and State levels. Respective State governments also took steps toward provisioning of online access to government officials to use the MHVM system for planning.

Decision for scaling up the School Safety Program in all 70,000 schools by the Government of Bihar in 2015 is a direct result of UNICEF's advocacy and successful demonstration of adolescents' participation in school safety planning. The School Safety Program will also be undertaken in Rajasthan. Through this three-year long intervention, UNICEF clearly demonstrated the transformation from an NGO-led School Safety Programme to a government system delivered programme.

The Disaster Risk Reduction Programme also focused on improving access to essential health nutrition and protection services for children living in five Left Wing Extremism (LWE) districts in two states (Chhattisgarh, Odisha), demonstrating the use of NGOs and civil society capacities to deliver essential services on behalf of the government.

To address the nutrition distress in the tribal districts of Madhya Pradesh, UNICEF demonstrated practices and generated evidence that resulted in Government of Madhya Pradesh prolonging the follow-up of children treated in Nutritional Rehabilitation Centres (NRC) from four months to six months. This six month follow-up programme is being rolled-out by State government to all other districts.

Capacity development support to Government and non-government officials in three States resulted in improved understanding on methods for mainstreaming climate change adaptation in planning and programs.

OUTPUT 1 Key stakeholders at all levels have enhanced capacity to ensure equitable access services and improved protection for children and adolescents in areas vulnerable to and affected by disaster and civil strife

Analytical Statement of Progress:

A joint UNICEF-UNDP review of five flagship programs focused on child protection, child nutrition, health and urban issues was conducted to support Ministry of Home affairs efforts for mainstreaming disaster risk reduction in development planning.

The operationalization of Multi hazard Vulnerability Mapping (MHVM) supporting risk informed development planning in three states (BIH, AS, RJ) made progress in its integration with government planning systems. Sector plans of the Public Health Engineering Department (PHED), Health, Education, Urban Planning and Irrigation Departments in the States of UP and BIH were reviewed and recommendations for mainstream Disaster Risk Reduction (DRR) were incorporated by government.

The School Safety programme reached 80,110 children in 155 middle schools across the eight districts in both rural and urban contexts in the state of Bihar. The programme was implemented in partnership with NGOs through the district administration and education department. Advocacy with the Bihar Government on School Safety programming in all the school was undertaken and is ongoing.

In UP, a review of the DRR Curriculum of Basic and Secondary education, State Council of Educational Research & Training (SCERT) and State Institute of Education (SIE) was completed and recommendations for strengthening the age appropriate knowledge on DRR was endorsed. With UNICEF technical support, in Odisha the Relief Code was revised, contributing to improved humanitarian action. The DRM plans of 22 departments were reviewed and recommendations for improvements incorporated. Access to essential health nutrition and protection services was ensured for children living in five LWE districts in the two states of OD and CG. A review of nine State Action Plans (AP, AS, HP, MP, OD, SIK, TRI, UK, RJ) on climate change identified key adaptation actions to be followed in partnership with Ministry of Environment in 2015 together with agreed joint action for mainstreaming climate change adaptation in school curricula. State Action Plans on Climate Change were also reviewed at State level.

UNICEF emergency response provided essential services to 108,000 people in Jammu and Kashmir through nine implementing partners (Save the Children, Oxfam, Islamic Relief, Care, Mercy Corps, Doctors For You, Seeds, Plan and RedR).

Capacity building efforts in seven states improved the skills of 392 government officials who have knowledge on DRR mainstreaming and planning. More than 5,000 middle level and frontline functionaries (ASHA, Auxiliary Nurse Midwife, ICDS supervisor, anganwadi workers) the majority of them women, and 36,000 mothers in seven tribal and Left Wing Extremism (LWE)-affected districts of three states (Chhattisgarh, Odisha, Madhya Pradesh) acquired knowledge on essential child care and nutrition practices and were empowered with knowledge on entitlements. Government and non-government officials in three states have improved understanding on methods for mainstreaming climate change adaptation in planning and programs and 200,000 community members acquired enhanced emergency management skills.

Child participation (through a Children's Platform on DRR with more than 50 per cent girls' representation) was ensured for the review of the initial draft of the State action plan on children's policy in Bihar and recommendations were forwarded to State government. A comprehensive study on adolescent participation in DRR decision making was undertaken in five States and will support UNICEF India's approach to adolescent risk reduction programming.

OUTCOME 8 Policy, Planning and Evaluation

Analytical Statement of Progress:

The Government of India prepared and submitted the Periodic Report to the UN Committee of Rights of the Child (CRC) in 2014. The CRC issued its Concluding Observations with action points for India in June 2014. In accordance with these observations, to strengthen inter-sectoral coordination for children, support was provided for development of a State Plan of Action for Children (SPAC) and implementation of CRC concluding observations. Most States began work on SPAC, and West Bengal State has finalized its plan. The inter-ministerial mechanism at national level is being established. A Resource Handbook for Members of State Commissions for the Protection of Child Rights was prepared in consultations with the National Commission of Protection of Child Rights.

The Ministry of Women, Child Development (MoWCD), with support from UNICEF India, conducted the 'Rapid Survey of Children in India', a nationwide survey on the situation of children, adolescents and women in all 29 states. It provided updated data for 11 Millennium Development Goals (MDG) indicators, five indicators of India's 12th Five Year Plan, and baseline data for performance of the national flagship programme, the Integrated Child Development Scheme (ICDS). The results are under final review by the MoWCD. The national report is expected to be ready in early 2015. Further analyses and thematic reports will be generated in 2015 to inform the ICDS reform and refine the equity focus of other national flagship programmes.

Considerable budget analyses were undertaken in 2014 to understand impediments and constraints that affect social sector budget allocations in the national flagship programmes and to identify solutions for reaching the most disadvantaged. Issues related to budgets and governance were assessed in the Tribal Sub-Plan in Maharashtra. Other budget analysis exercises are ongoing in a number of States. In Chhattisgarh, analysis is ongoing on bottlenecks of effective and efficient implementation of key programmes in education and child development. . These analyses will form the backdrop of the advocacy agenda to improve budget issues and governance for children in 2015.

OUTPUT 1 Data monitoring and evaluation systems strengthened and updated to inform policies and decision making for equity focussed and inclusive programmes and policies on children and women (includes PR&M activities such as IMEP).

Analytical Statement of Progress:

The results of Rapid Survey on Children (RSOC) 2013-14, an all India household-cum-facility survey on outcomes on children and women, were analysed and are under review by the Government for release. RSOC provided updated data on progress toward achievement of MDGs, outcomes of national flagship programmes and the 12th five year targets.

UNICEF's partnerships with the Office of Registrar General of India and the States of Chhattisgarh, Bihar, Jharkhand, Uttar Pradesh (UP) and Assam, led to improved birth registration. UNICEF supported capacity building in Bihar, UP and Chhattisgarh. The Birth Registration (BR) campaign in Bihar in primary and middle government schools resulted in registration of 16.8 million children, and 15.5 million children got birth certificates. In Uttar Pradesh, advocacy and campaigns covered all 75 districts, and 100 percent of infants in the targeted Gram Panchayats in five districts got birth certificates. In Chhattisgarh, advocacy, strategic campaigning and extensive monitoring resulted in improving birth registration by approximately 20 percent since 2011.

India CensusInfo and the Dashboard on Census 2011 data supported by UNICEF led to easy access to disaggregated data, improved use in programming and faster dissemination of data. An on-line Dashboard on social-economic indicators was developed by UNICEF's Odisha office. In UP, disaggregated data analysis of key social indicators was developed and disseminated. With technical support from UNICEF, Jharkhand State developed disaggregated fact sheets and JharStats, a unique databank of major sectors that was used in developing the State annual development plans.

A draft paper on data gaps in developing SITAN on children and women was written and the draft is under review. Uttar Pradesh, Gujarat and Madhya Pradesh offices supported development of strategies for building capacity in data analysis and statistics. In Tamil Nadu and Odisha, data validation was undertaken in health, nutrition, education and WASH sectors in hard to reach blocks of focus districts, leading to State-led action to strengthen data systems. In Kolkata, UNICEF supported a district based household survey on early marriage, at the request of the state Government of West Bengal, to assess the implementation of Kanyashree Project, a conditional cash transfer Scheme for adolescent girls. Results are expected to be used for fine-tuning the implementation of the scheme and monitoring early marriage, in all districts.

OUTPUT 2 Evidence based strategic knowledge generated on prioritised issues related to child rights to inform programmes and policies

Analytical Statement of Progress:

Cumulatively, the results of the last four years' evaluation programme (Indian School of Business-UNICEF partnership) helped to strengthen national evaluation capacity. Thirty-seven participants from 13 States across India, as well as Afghanistan, Bangladesh, Nepal, Laos, and Ethiopia, were part of 2014's cohort, and improved their technical capacity on evaluation. Colleagues used this knowledge to provide technical support to government counterparts and national partners to promote evaluation quality and conduct via the issuance of tools, guidelines, and manuals. More specifically, in Assam and Telangana, colleagues worked with the State

governments to organize an evaluation training for government officials and to establish the Evaluation Resource Group for the State, respectively.

Nine states (Andhra Pradesh/Telangana, Assam, Uttar Pradesh, Gujarat, Jharkhand, Bihar, Madhya Pradesh, Odisha, and Maharashtra) further strengthened their strategic partnerships and facilitated evidence-based programming and policymaking. These partnerships resulted in generation of knowledge products and their dissemination to inform government and partners. Examples of knowledge products which resulted from UNICEF's partnerships with counterparts include: MDG reports in Andhra Pradesh and Gujarat, the compendium of evaluations in Assam, Land Use Pattern in Bihar, and Good Practices in PRIs and Water and Sanitation in Jharkhand.

UNICEF India's Knowledge Management (KM) Strategy was refined and adapted to the country's context and needs. KM was an integral part of all programme work and was embedded across all priority areas. It will be operationalised by the first quarter of 2015. UNICEF India's KM Strategy is expected to align with the Regional KM Framework and UNICEF Strategic Plan 2014-17.

A revised Integrated Monitoring and Evaluation Plan (IMEP) tracking system for 2014-2015 improved the timeliness of processes undertaken and completion of specific milestones of planned research and M&E activities, including the utilization of funds. Review by the Peer Review Group of all TORs of research, studies and surveys supported by UNICEF India contributed to the improvement of the quality of research designs and technical proposals. Six possible good practices were identified as a result of a survey of UNICEF India's Innovations Task Force. Further analysis and documentation on those good practices will be carried out in early 2015.

OUTPUT 3 Government, civil society and rights organisations' networks are able to report on CRC and follow up on concluding observations, in a timely manner

Analytical Statement of Progress:

UNICEF played a key role in guiding and supporting Ministry of Women and Child Development (MWCD) through all the phases of the mandatory CRC reporting on behalf of the Government of India. , There was extensive engagement with civil society and the MWCD and technical assistance was provided in all phases of preparation of the CRC report.

UNICEF India participated as an observer in the plenary review of the Government of India's CRC report in Geneva. The Concluding Observations by the CRC Committee were finalized in June 2014. Eighty four major recommendations were provided by the Committee to GOI. UNICEF India analysed implications for on-going programming and raising awareness in government functionaries and civil society on the same. Support was provided to field offices in developing State Plan of Action for Children and implementation of CRC concluding observations.

UNICEF developed the draft Resource Handbook for Members of State Commissions for the Protection of Child Rights in consultation with National Commission for Protection of Child Rights. This Handbook is aimed at capacity building and system strengthening of State commissions in the country.

At the request of MWCD, UNICEF supported the national gender centre of the Indian Administrative Services (IAS) Academy to develop a child rights module for all phases of IAS training. Two modules were finalised and two modules require further finalisation. The modules will be used to train top bureaucrats and help to improve their knowledge on CRC and its implications on government policies and programmes. In 2015, approximately 120 bureaucrats will be undertaking this training.

OUTPUT 4 Social policy priorities and budgets for children and women are informed by quality research and policy analysis

Analytical Statement of Progress:

A national report on exclusion and excluded communities was released and disseminated to stakeholders in government, civil society and universities. This helped inform State government functionaries about the different kinds of exclusion faced by disadvantaged groups in areas of livelihoods, justice and infrastructure and gaps in related policy.

Six States conducted child budgeting analysis at state and district level. The analysis aimed to advocate for higher budgeting for child related issues and better expenditure utilisation at various levels of State and local government.

Bihar, Andhra Pradesh/Telangana, Gujarat, Odisha, Uttar Pradesh, Jharkhand undertook analysis of flagship programmes to understand gaps and bottlenecks in implementation. The results of the analysis were used to make recommendations on the improvement of programme implementation. For example, a situational analysis and budget review of the government Integrated Action Plan (IAP) and Backward Regional Grant Fund (BRGF) was conducted in Bihar to bring a child-sensitive perspective to the programme implementation.

A public expenditure study was undertaken by Karnataka and the report was released with the Government in 2014. Similar studies were undertaken in Madhya Pradesh and Chhattisgarh, aimed at monitoring the expenditure of public monies for children.

In order to raise public awareness and conduct advocacy regarding policy issues on nutrition for tribal populations in India, a compendium of articles around these issues was published in a special issue of Seminar magazine (a monthly journal which contains discussions on social problems) entitled 'The Malnourished Tribal (No. 661)'.

Intensive capacity building was conducted for a cadre of local leaders belonging to marginalised communities in 343 villages across three low development districts in Uttar Pradesh to intervene and track progress of basic services through a community scorecard. A review and strength/weakness/opportunity/threat analysis was completed to inform planning for Vision 2022 for Gujarat Social Infrastructure Development Society (GSIDS) as it relates to policy areas concerning children. This will enable Gujarat to tackle major development challenges by 2022 and be at par with middle income countries of the world.

The Gender Community of Practice (GEN CoP) supported by PPE/UNICEF India provided gender knowledge based services (virtual and non-virtual) to development practitioners/development organizations in India/South Asia.

OUTPUT 5 Governments have the capacity to ensure that social protection policies and programmes are child sensitive and can scale up validated models.

Analytical Statement of Progress:

As part of a joint UN intervention around social protection, the mapping of a social protection floor was piloted in Odisha. An inception workshop with CSOs, donor organisations and UN agencies was conducted and the study report is being finalized. This effort is aimed at building dialogue at the State level and elaborating a set of social security guarantees to build on existing social protection activities, and identifying viable alternatives/policy options/concrete proposals to close protection gaps.

The report on the unconditional cash transfer pilot in Madhya Pradesh was finalized and was released in December 2014. The findings suggest an overall favourable impact of basic income on food sufficiency (with bigger improvements for scheduled tribes and scheduled castes), eating habits and nutritional outcomes for children. Findings indicated that there seems to have been a generally positive effect on health. The basic income payments seem to have facilitated a more rational or considered response to illness, through more regular medication, and for some households, more intake of food. Important changes could be seen in enrolment and attendance levels, particularly for girls and children from vulnerable groups. These findings contributed to the global evidence on the effectiveness of unconditional cash transfers for social protection for the most vulnerable populations.

Mapping of social protection programmes was undertaken by five states and will be strengthened in 2015. Technical support was provided to the West Bengal government for the social protection scheme Kanyashree Prakalpa, which aims to promote girls' education and reduce child marriage. UNICEF championed child-sensitive social protection and provided the government with technical support on implementation and monitoring mechanisms. UNICEF support helped increase the likelihood that the most marginalised adolescent girls benefit.

Gujarat undertook a mapping and analysis of child sensitive social protection schemes and consultations were held on the same. A State workshop was organised on the topic to advocate on the policy gaps identified. Jharkhand initiated assessment of two government schemes and piloted social protection initiatives for primitive tribal groups. These activities are building evidence to make social protection programs more child-sensitive, effective and socially inclusive.

OUTPUT 6 Child sensitive convergent participatory planning and robust monitoring

Analytical Statement of Progress:

UNICEF supported the development of modules for institutionalizing child focused Gram Sabha participatory planning in two districts in Rajasthan. In Maharashtra, Gram Panchayat based child focused planning is underway in two districts and a pilot on decentralized approach is underway in one block of one district in Chhattisgarh. A joint assessment in Kerala positively demonstrated the ways in which the sectoral plans of Panchayats reflect children's issues. In two districts in Madhya Pradesh, a draft Panchayat profile was shared with the concerned departments to support child focused Gram Panchayat Plan preparation. Malda district in West Bengal developed a multi-sector District Plan of Action for Children (2014-18) with technical support from UNICEF.

UNICEF Odisha continued to provide technical support to the District Planning Monitoring Units (DPMUs) established by the State government in all districts of the state. The Government of Maharashtra decided to replicate DPMUs in 36 districts. Strengthening district planning and monitoring systems continued to receive considerable support and attention across many states, in two districts in Bengal, Madhya Pradesh, Maharashtra and one district in Rajasthan. In Gujarat, a number of steps were taken to establish a District Data Centre in all districts of the State. These should be fully functional in the second half of 2015.

Initiatives for capacity building of Panchayat Raj Institution (PRI) members included training of 50 trainers to build capacities of PRI members in Assam to develop a cadre of Master trainers in the State who can build capacity of Panchayats representatives to program on issues for children. A documentary called 'Pioneers of Development' was prepared in West Bengal on women Panchayat leaders who have successfully promoted the implementation of key schemes for women and children. The film is being used to conduct trainings of PRI leaders. A PRI Handbook on CRC, Child Rights and Key Flagship Schemes for Women and Children in West Bengal is being prepared. In Gujarat, a Leadership Development Programme for Women PRI heads is being prepared. A Gender Responsive Budgeting tool is being developed to identify the current gaps and build capacity of the Gram Panchayats and other stakeholders. In Kerala, detailed Operational Guidelines for PRIs on implementing child friendly plans were used as training material for building capacity of PRIs working toward child friendly Panchayat status.

OUTCOME 9 Communication for Development

Analytical Statement of Progress:

NHM IEC PIPs in 13 States focused on inter-personal communication (IPC) and counselling as complementary to mass media interventions, based on recommendations of the National Health Communication Planning workshop held in March 2014. SBCC strategies on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), routine immunisation (RI), sanitation and hygiene, infant and young child feeding were developed and rolled out in many States to stimulate demand for services and promote healthy practices for child survival and development. The Sanitation and Hygiene Advocacy and Communication Strategy Framework was included as part of the new flagship Swachh Bharat Mission (Gramin) guidelines

Government programmes for adolescents were also supported through development of a strategic communication framework for the national Adolescent Health (AH) programme (Rashtriya Kishore Swasthya Karyakram); revision of programme guidelines for the Adolescent Education Programme and Red Ribbon Clubs; development of communication strategies on menstrual hygiene in Uttar Pradesh, Bihar and Jharkhand; development of a framework and plan for adolescent programming covering one-third of the districts in Maharashtra; integration of life skills education into Child Care Institutions, Integrated Child Protection Scheme (ICPS) and SABLA in Gujarat; and incorporation of models for communication with adolescents into the AH plans of Bihar, UP and Jharkhand. A deeper understanding among several government ministries and departments on issues faced by adolescents living with/affected by HIV was achieved through a national consultation on the issue. Approximately 100,000 adolescent girls in seven districts of Uttar Pradesh, Bihar and Jharkhand, 14,000 in Maharashtra, 3,600 in Gujarat, 7,500 in Assam and 9,853 in Chhattisgarh were reached and engaged through various interventions.

A first-ever qualitative study was carried out in 10 States to generate an in-depth understanding of the local communication sources, channels and methods accessed and used by 36

marginalised Scheduled Caste (SC) and Scheduled Tribe (ST) communities. Components on social and cultural norms were included in six national level social and behaviour change strategies (Rural Maternal Newborn Child Health and Adolescent, Menstrual Hygiene, Infant and Young Child Feeding, Sanitation and Hygiene, Child Labour, Child Marriage). Twenty eight States adapted the social and behaviour change strategies under four government flagship programmes (National Rural Health Mission, ICDS, Nirmal Bharat Abhiyan, and Integrated Child Protection Services).

A tribal nutrition strategy was finalised in Vishakhapatnam district of Andhra Pradesh. An exclusive training module on Social Inclusion and Social and Behaviour Change Communication was developed and is being used by program managers and functionaries of the government. Two demonstration pilots with the Integrated Child Development Scheme (ICDS) of the government are ongoing in two States with ST and SC communities exclusively. However challenges remain in strengthening the social inclusion strategy for marginalised communities.

OUTPUT 1 Governments and other key stakeholders and partners can stimulate demand for services and promote practices regarding child survival, growth and development especially the most deprived.

Analytical Statement of Progress:

Social and Behaviour Change Communication (SBCC) units were created in ten states and 37 districts. The units are functional for designing, implementing and monitoring Information Education Communication (IEC)-Behaviour Change Communication (BCC) activities as per National Health Mission (NHM) Project Implementation Plans (PIPs). The Information Education Communication (IEC) component of the NHM PIPs in 13 states included Interpersonal Communication (IPC) and counselling as essential elements, along with mass media interventions, influenced by the recommendations of the National Health Communication Planning workshop held in March 2014. SBCC strategies on Reproductive Maternal New Born Child and Adolescent Health (RMNCH+A), Routine Immunization (RI), sanitation and hygiene, infant and young child feeding were developed and rolled out in many states to stimulate demand for services and promote healthy practices for child survival and development. The Sanitation and Hygiene Advocacy and Communication Strategy Framework was included as part of the new flagship Swachh Bharat Mission (Gramin) guidelines. This has major implications in terms of retaining focus on social and behaviour change communication in a government programme which is strongly target oriented (i.e ensuring 100per cent sanitation coverage for 70per cent of rural population practicing OD by 2019). States introduced new vaccines effectively with program managers and communications staff acquiring new capacities in developing communication strategies, implementation and monitoring.

OUTPUT 2 Governments and partners have the capacity to scale up programmes including service delivery and demand generation in SMNet high risk areas, among high risk groups and migrant populations (Polio)

Analytical Statement of Progress:

India was certified polio free in March 2014, along with 10 other countries in the SEARO region. India achieved this status following successfully maintaining zero polio cases for three years, resulting from years of concerted efforts by the Government of India and its partners, including UNICEF. In the post-certification era, UNICEF is working closely with GOI and partners to

maintain zero polio and boost immunity through other health and convergent initiatives. In 2014, UNICEF supported efforts to ensure high OPV coverage (99per cent) in its SMNet areas and the lowest level of resistance ever (<1per cent). A major contributing factor to high coverage is the UNICEF-supported social mobilization network where community mobilizers are each responsible for 250-500 households to address resistance, concerns, and increase demand for OPV and other vaccines. In 2014, UNICEF also led the development of new post-certification polio materials for use by polio partners. UNICEF also trained more than 200 mobilizers and five State Rapid Response Teams in communication for emergency preparedness and response. In 2014, UNICEF supported the Polio end game—focusing on routine immunization strengthening and preparations for introducing Inactivated Polio Vaccine (IPV) in 2015. The SMNet applied the various skills and knowledge developed in the polio program to RI and other initiatives. In particular, the SMNet used its polio tools to raise awareness and demand for RI, contribute to RI evidence-based micro-plans and build IPC skills of front line workers (FLWs). They conduct supportive supervision in monitoring operational aspects and creating due-lists for families. As a result, full RI rates in the SMNET high risk areas reached 77per cent in UP in November 2014, (up from 36per cent in 2009), and 84per cent in Bihar, (up from 54per cent)both above the State averages of 53per cent in UP and 70per cent in Bihar. UNICEF supported RI strengthening with US\$4 million in GAVI funding. This included demand and awareness raising by community mobilizers (SMNet held more than 240,000 IPC sessions and more than 4,000 mothers' meetings monthly on RI) and RI mass (national) and mid-media campaigns with posters, radio and TV spots, mobile video sessions and plays in high risk areas. UNICEF conducted numerous capacity development trainings for the SMNet and FLWs in IPC, data interpretation, supportive supervision, RI, EPRP and IPV introduction, and developed a new manual for conducting Mothers' Meetings a critical advocacy tool for caregivers. Such trainings reached more than 34,800 individuals.

OUTPUT 3 Key stakeholders have the knowledge and the capacities to enhance life skills for adolescents, especially girls, and promote appropriate practices and social norms for adolescents' participation

Analytical Statement of Progress:

Understanding on adolescents was enhanced through documentation of life skills programmes of Integrated Child Protection Scheme (ICPS), assessment of rollout of SABLA, mapping of adolescent issues in Gujarat and mapping of partners' adolescent programmes in Odisha.

Shared understanding and consensus on a strategic communication framework for the Rashtriya Kishor Swathya Karyakram (RKSK) was developed with the Ministry of Health and Family Welfare through a national consultation with government officials and experts on adolescent issues. The framework is being developed into a communication strategy for rollout. A framework and plan for adolescent programming covering one-third of the districts was initiated in Maharashtra, Life skills education was integrated into Child Care Institutions, ICPS and Rajiv Gandhi Scheme For Empowerment Of Adolescent Girls (SABLA) in Gujarat. Adolescent communication models were incorporated into the Adolescent Reproductive and Sexual Health (ARSH) Programme Implementation Plans (PIPs) of Bihar, UP and Jharkhand. Training and counselling modules on adolescent anaemia were finalized for rollout in two districts of West Bengal.

In Maharashtra, various interventions reached and engaged approximately 14,000 adolescent girls across three districts. In Gujarat, they reached 1,600 adolescent girls in one district and 2,000 adolescent girls in 89 residential schools. A total of 7,500 adolescent girls in one district of

Assam and 9,853 adolescent girls across six districts of Chhattisgarh also were reached and engaged. Approximately 3,000 adolescents were identified for life skills development in one district of West Bengal.

NHM departments in UP, Bihar and Jharkhand endorsed the Communication Strategy on menstrual health and hygiene developed with the Health, Public Health Engineering Department (PHED/PRD), Education programme *Sarva Shiksha Abhiyan* (SSA), Bihar Rural Livelihood Project (BRLP) and civil society organizations. The strategy was incorporated in the NHM/ARSH PIP in those States. A social and behaviour change communication package to engage girls, frontline workers, mothers and fathers was in use in approximately 1,975 villages in three districts in UP, 950 villages in two districts in Jharkhand, and 566 villages in two districts in Bihar. Nearly 6,000 Adolescent Girl Groups reached out to approximately 120,000 AGs; approximately 45,000 women and 4,000 FLWs were sensitized through group meetings and home visits. A life skills module on MH was finalized. In Bihar, wardens of all 525 Kasturba Gandhi Balika Vidyalayas (KGBVs) were sensitized on life skills and menstrual hygiene using the MH module. The number of girls who did not miss school during menses increased from 49per cent to 61per cent in UP project areas. (UP MIS).

OUTPUT 4 Government and key stakeholders have the knowledge and the capacity to ensure adolescents at risk and especially vulnerable for HIV are equipped with life skills and are able to use their skills in an enabling environment to protect themselves against HIV (HIV)

Analytical Statement of Progress:

Guidelines for the national Adolescence Education Programme (AEP) and Red Ribbon Clubs (RRCs) were revised guidelines were developed for a new programme for Out of School Youth in collaboration with NACO. The guidelines included specific approaches to address gender. A national workshop with senior representatives from NACO and officials managing adolescents and youth programmes from 29 states was organized to get their inputs for the revision/development of the guidelines. A study on the access of adolescents to HIV prevention and treatment services was also initiated.

A Communication strategy on HIV was rolled out in collaboration with the Maharashtra State AIDS Control Society (MSACs). A life skills module for HIV positive adolescents, both boys and girls, was finalised in collaboration with 15 partners and MSACs. A training module on life skills education was developed for out of school adolescents in partnership with the Tamil Nadu State AIDS Control Society. The capacity of the State Resource Centre and the BCC Cell in Tamil Nadu were developed to train approximately 1,000 adolescents, using the module in three high priority districts of Krishnagiri, Salem and Dharmapuri.

The capacity of 24 Adolescent Reproductive and Sexual Health (ARSH) clinics in Bihar was developed to counsel adolescents using HIV videos. This will be scaled up across 270 clinics in 2015. Approximately 800 village information centres in Purulia district of West Bengal carried out community dialogue around HIV. The community radio station in Purulia developed and broadcast episodes on HIV and approximately 350 adolescents received counselling from adolescent clinics in Purulia.

OUTPUT 5 Government, INGOs, NGOs and media know how to use C4D models, methods, media innovations as part of their programmes to promote child friendly social and cultural norms

Analytical Statement of Progress:

More than 7.5 million children were reached across 170,000 schools, and both boys and girls were engaged on issues of gender and social inclusion, through broadcast of the Meena Radio programme in Uttar Pradesh (UP), Madhya Pradesh (MP), Chattisgarh, Odisha, Andhra Pradesh (AP) and Karnataka. The Sarva Shiksha Abhiyan (SSA)-State Council for Educational Research and Training (SCERT)-State Institute of Educational Training (SIET) -UNICEF partnership for the broadcast utilized government SSA funds. Forty new Meena Radio episodes on Right To Education (RTE), life skills, gender and child protection issues were produced. All episodes were produced within a gender framework and promoted gender inclusion. The Meena audio programme also reached approximately 20,000 girls in approximately 1,500 adolescent girls' collectives through innovative use of mobile phones. In UP, 47 students and teachers were awarded Meena Ratna awards for exemplary promotion of life saving practices inspired by the radio programme.

The health department in MP, Chattisgarh, Jharkhand, Bihar, Gujarat, West Bengal, Karnataka, Assam, Odisha and Maharashtra implemented Facts for Life interpersonal communication videos and thematic films across select high priority districts. Government funds were leveraged to procure TV/DVD players and UNICEF supported training of facilitators and quality replication/dubbing of videos. In MP, a pilot rollout is underway across all Nutrition Rehabilitation Centers, tribal girls hostels, Primary Health Centers and Community Health Centres in two districts. Dedicated resources for use of these models were included in the NHM IEC and ARSH program PIPs (2014-15). The thematic areas covered through the videos included maternal health, child health, new born care, and nutrition. In Bihar, Mahila Samakhya used 23 FFL IPC films for community mobilisation and demand generation on RMNCH+A across 21 districts.

Three C4D innovations - mobile phones as tools for social and behaviour change (MSBC), facts for life mobile episodes, and programming to reach SC-ST population – were under validation in select states. A C4D curriculum platform comprising nine modules was adapted by five academic institutions. In Assam, an innovative ASHA Radio program, aligned with RMNCH+A issues, reached approximately 30,000 ASHAs through a bi-weekly broadcast funded by the government. Community Radio (CR) Stations reached out to socially and geographically excluded communities in six districts through broadcast and narrowcast of programs on child survival, protection and development issues. Four of the CR stations raised their own funds. Use of traditional art forms, especially in media-dark and inaccessible areas, was adopted as a State-wide strategy in Odisha and Jharkhand. Standardization of scripts and process documentation of the Artist Federation initiative created confidence among line departments to use edutainment as a medium to reach out to socially excluded communities.

Document Center

Evaluation

Title	Sequence Number	Type of Report
Baseline survey report on Maternal Death Review	2014/038	Survey
Tribal Sub-Plan in Maharashtra	2014/037	Study
Access to and utilization of voucher scheme for referral transport	2014/036	Study
Supply Chain Assessment of Essential Health Supplies in tribal areas	2014/035	Study

of Maharashtra		
Setting up a Quality Assurance Model for Newborn Care to Strengthen Health System in Bihar, India	2014/034	Research
Child Health Atlas	2014/033	Survey
Cost of Neonatal Intensive Care Delivered through District Level Public	2014/032	Research
Communication Opportunities to Engage with select SC-ST Population groups in India	2014/031	Study
"Maharashtra's Child Stunting Declines: Baseline study on indicators of RI and RMNCH+A	2014/030	Study
Situation analysis of Life skill educations in Secondary schools	2014/029	Study
Situation analysis of Life skill educations in Secondary schools	2014/028	Survey
Formative study to understand perceptions of parents community based structures regarding rights and entitlements	2014/025	Study
Understanding Adolescent Empowerment: A Qualitative Exploration	2014/024	Study
Secondary Data Analysis on Trafficking in Women and Children in Assam	2014/023	Study
Study on key behaviours related to Child survival	2014/022	SitAn
RMNCH+A District Gap Analysis under Call to Action	2014/021	Survey
Endline survey to assess anemia and nutritional status of adolescent girls in the UK Nat com project, entitled "Improve the Nutrition and Health Status of Adolescent Girls in 15 Tea Gardens of Assam's Dibrugarh District"	2014/020	Study
Menstrual hygiene management programs in Chhattisgarh	2014/018	SitAn
End of project report "piloting of CATS in one block" of Rajnandgaon district	2014/017	Review
Report of the Rapid Assessment of Defunct Toilets	2014/014	Survey
Study of Supply Chain in Latur and Chandrapur Districts	2014/013	Study
Rapid Assessment of Toilet Construction in Aurangabad Division	2014/012	Study
Analysis of Bottlenecks in Implementation of Nirmal Bharat Abhiyan in Aurangabad Division of Maharashtra	2014/011	Study
Situation Analysis and Baseline in Three Districts of Jammu and Kashmir	2014/010	IMEP
Global Initiative on Out-of-School Children A Situation Study of India	2014/009	SitAn
How do the new WHO discharge criteria for the treatment of severe acute malnutrition affect the performance of therapeutic	2014/008	Study
A review of the vitamin A supplementation program: Reasons for success in the states of Bihar and Odisha	2014/006	Review
Incidence and determinants of undesirable effects of iron and folic acid supplementation. Evidence from the weekly iron folic acid supplementation programme for adolescents in Haryana and Delhi	2014/005	Study
Scaling Up Vitamin A Supplementation in India: Evidences and lessons learned from 15 major states in India	2014/004	Review
Child sexual abuse: prevention & response	2014/003	Review
Synthesis of research on gender biased sex selection. Insights and learnings	2014/002	Review
Evaluation of Empowering Young Girls and Women in Maharashtra, India	2014/001	Evaluation

Other Publication

Title
Water service sustainability, a case study of Odisha, published in Decentralized Governance in water and sanitation and India
Collectivization for Change
Silver Dark Line (Video Documentation)
Readings on Quality Education
Envisioning Teacher Education: A Roadmap to reform (Along a DVD)
Resilient against the Elements: The preparedness and response to Cyclone Phailin by the state of Odisha, India
Reprint of CRC child friendly booklet
Film for Health department on its initiatives for women and children
Film for Health department on its initiatives for women and children
Training package for ASHA
Training videos on FSAM and C SAM
Training package (Films, Modules and Job Aids) for SAM for MOs, Staff nurses and FDs
Mamta Abhiyan Brochure – C4D & A&C
SBC cell brochure (Hindi and English)-C4D
Child Rights - A Handbook for Journalists
Thematic Assessments 2014: Implementation of the Management Information System of the Nirmal Bharat Abhiyan in West Bengal
Thematic Assessments 2014: Implementation of the Management Information System of the Integrated Child Development Services Scheme in West Bengal
Thematic Assessments 2014: Implementation of Health management Information System in West Bengal
RMNCH+A, District Gap Analysis
Pentavalent Vaccine-FAQ Booklet

Lessons Learned

Document Type/Category	Title
Lesson Learned	Empowering Young Girls and Women in Maharashtra, India