Executive Summary

As of 13 January 2012, India had not had a case of wild poliovirus for a full year, and stood close to eradicating polio. In contrast, India contributed half the world’s polio cases in 2009. This historic achievement was made possible through the partnership led by the Government of India (GoI), the World Health Organization, UNICEF, Rotary International, the Government of Japan, the Bill and Melinda Gates Foundation and the Center for Disease Control and Prevention, which jointly overcame major challenges in efforts to halt transmission in India.

UNICEF played a key role in the review of the National Policy for Children, led by the Ministry of Women and Child Development (MWCD). In the revised policy, survival, health, nutrition, development, education, protection and participation are prioritised as undeniable rights of every child. Furthermore, UNICEF provided technical input and facilitated civil society engagement in the finalisation of The Protection of Children from Sexual Offences Act, 2012, which came into force in November.

Through the exemplary Nutrition Mission of the Government of Maharashtra, the state, with UNICEF support, achieved an unprecedented 16 percentage point decline in the prevalence of stunting among children under the age of two (from 39.0% in 2006 to 22.8% in 2012). Prevalence of severe stunting in children under the age of two also decreased considerably from 14.6% in 2006 to 7.8% in 2012 (Maharashtra Nutrition Survey, 2012). Such efforts will be accelerated by the nation-wide Communication Campaign on Maternal and Child Nutrition, which was successfully launched by MWCD in November with Mr. Aamir Khan, UNICEF Ambassador.

In an effort to achieve an Open Defecation Free India, the GoI has revamped the Total Sanitation Campaign into Nirmal Bharat Abhiyan (Clean India Campaign). This shift favours generating demand in communities, which will help achieve sustainable sanitation at scale, as opposed to merely constructing toilets. While this transition led to an increase in budgetary allocations at the state level, implementation of renewed guidelines slowed progress in sanitation in 2012.

UNICEF has been supporting the GoI in organising the “India Call to Action Summit,” which signifies the country’s renewed commitment to addressing child mortality and morbidity. The Summit aims to arrive at a set of agreed actions and promote accountability for achieving India’s goals for child survival and development. Scheduled for 7 to 9 February 2013, the event will bring together national and state ministries, international organisations, civil society, private sector, media, Indian and international experts and faith-based organisations.

Country Situation as Affecting Children & Women

India stands close to eradicating polio. As recently as 2009, the country accounted for nearly half of all polio cases in the world (741 cases). This was brought down considerably to 42 cases in 2010 and only one case in January 2011. Since then, no new case of wild polio virus has been reported or confirmed - for the first time in India’s history.

The UN Inter-agency Group for Child Mortality Estimation recently reported that around 24% of under-five (U5) and 30% of neo-natal global deaths occur in India (1). The actual annual rate of decline in U5 mortality is 2.5% (1990-2011) against the projected annual rate of decline of 3.0% (1990-2015). While the pace of decline has accelerated in recent years, the current progress is inadequate for achieving MDG 4 on child mortality. The Infant Mortality Rate (IMR) for India stands at 44 per 1,000 live births, which is a decline of 3 points at the national level for the last three consecutive years (2).

According to a 2012 report of the Maternal Mortality Estimation Inter-Agency Group, the number of maternal deaths in India declined sharply between 1990 and 2010, from 600 to 200 per 100,000 live births. This corresponds with information from the GoI’s Sample Registration System, which reported a decline of about 17% from 2004-2006 to 2007-2009. While these reports indicate positive changes, challenges still remain. India still contributes around 19% of global maternal deaths and demonstrates stark inter- and intra-state
disparities. The GoI’s Annual Health Survey 2010-2011 reported high variability in the range of 183 to 451 in the maternal mortality ratio (MMR) at sub-state level across the 9 states which were included in the survey (3).

Data from the recently released Census 2011 on housing, household amenities and assets reports “a substantial improvement in the quality of housing both in rural and urban areas,” in terms of construction material used (4). The findings also indicate that about 87% of households used improved sources of drinking water, although only 47% of households have a source of water within the premises. In rural areas, 17% still fetch drinking water from a source located more than 500 metres away, and in urban areas, 100 metres away. Around two-third of the households with a drainage facility are exposed to open drainage. There was a decline of more than 10% in household having no latrine from 64% in 2001 to 53% in 2011. There are about 800,000 households where excreta is removed by a person (5). More than 40% of the households do not have a bathing facility (6).

According to the Joint Monitoring Programme (JMP) 2012, the proportion of the rural population using an improved sanitation facility in rural India increased from 14% in 2000 to 23% in 2010, resulting in an additional 91 million people in rural areas using an improved sanitation facility and 123 million people adopting sanitation in this ten-year period.

The Ministry of Health and Family Welfare (MoHFW) released HIV estimates in November 2012. HIV prevalence among adults (15-49 years) shows a steady decline at the national level (0.33% in 2007 to 0.27% in 2011) (7). Adult HIV prevalence among males and females is estimated at 0.32% and 0.22% respectively. It is also estimated that there were around 116,000 new HIV infections among adults and around 14,500 new infections among children in 2011, bringing the total number of people living with HIV in India to an estimated 2.1 million. Children under the age of 15 account for 7% of all infections, and 39% of all those infected are women.

As per the latest report on government-run schools, nearly 37% of primary schools have a student per classroom ratio greater than 30, and the ratio is greater than 35 for 34% of upper primary schools (8). Despite improvement efforts through government flagship programmes, 243 districts out of 640 still show pupil to teacher ratios above 30. The transition rate from primary to upper primary level in 2009-10 was around 85%, with an average dropout rate of 7%.

**Country Programme Analytical Overview**

The GoI’s 12th Five Year Plan for 2012-2017 was made public in December 2012 and approved by the National Development Council. It allocated approximately USD 500 billion for Centrally Sponsored Schemes, including social sector flagship programmes. At the same time, the Plan also acknowledges that the outlay on government programmes “must be accompanied by improved implementation” by focusing on “capacity building and governance reforms, including system change that will increase accountability in the public sector.”

To build on this and ensure that UNICEF’s comparative advantage and contributions lead to significant gains in inclusive development in India, the Representative has issued the “Modality of Engagement for the Country Programme 2013-2017”, which outlines how UNICEF should engage with government at national and state levels. In addition, this memorandum defines four programme priorities for 2013-2017: (1) child protection with focus on elimination of child marriage and child labour and improving the adverse child sex ratio, (2) child survival with focus on preventing neonatal death and stunting, (3) elimination of open defecation, and (4) providing quality education.

For the new Country Programme, programmatic shifts are also being made to increase relevance and effectiveness. These include mainstreaming of the HIV Programme and integration of the Polio Eradication Programme with Communication for Development (C4D).
In 2001, the HIV prevalence in India was 0.8%. Recognising the gravity of the epidemic, UNICEF developed a focused strategy and an independent HIV Programme starting in the 2003-2007 Country Programme. This shift, along with the national response, has paid off, with the HIV prevalence decreasing to 0.27% in 2011. With this success, UNICEF is steering its efforts towards a more holistic mainstreaming approach to achieve the goal of zero new infections among children. The HIV Programme has documented its experience, strategic shifts and achievements over the last two decades to ensure that the lessons inform future integrated programming.

Similarly, the experience and knowledge gained through the Polio Eradication Programme will be integrated into the C4D Programme, in anticipation of India receiving its polio-free certification in 2014. The programme is evaluating its Social Mobilisation Network (SMNet) approach so that the evidence can inform the polio eradication programme in other countries. The evaluation will also demonstrate what the SMNet can continue to offer in India as it transforms from a polio focus to a potential support system for converging other child survival and development initiatives.

Humanitarian Assistance
For overview on humanitarian assistance, please refer to the Statement of Progress for the Disaster Risk Reduction Programme.

Effective Advocacy

Mostly met benchmarks

The advocacy strategy of the India Country Office (ICO) is built on the concept of mutually reinforcing efforts of public and policy advocacy. By placing equity at the centre of the drive for social change for social inclusion, public advocacy encourages public discourse that increases pressure and demand for needed policy change and implementation. At the same time, policy change and development will help build an enabling environment and prepare society for change. The Advocacy and Partnership (A&P) Programme supports the ICO’s advocacy efforts, while all programme sections and field offices engage in evidence-based advocacy and policy dialogue with decision-makers, with the Social Policy, Planning, Monitoring and Evaluation (SPPME) Programme playing a strong role to provide evidence.

Strategic partnerships with the GoI, elected representatives, academic institutions, private sector, media, civil society organisations (CSOs), celebrities, child rights coalitions and youth groups are key to taking forward advocacy initiatives.

In 2012, the ICO continued to strengthen its relationship with speakers’ offices in Jharkhand, Gujarat, Assam, Maharashtra and Andhra Pradesh, and identify key individual parliamentarians to champion specific child rights issues and form alliances and networks to push for policy change. For example, based on UNICEF’s pilot interventions and advocacy at the divisional level, landmark legislation on ‘Groundwater Development and Management’ was passed by the Maharashtra Legislature bestowing sanctuary status on groundwater. A briefing session on malnutrition was organised for the Jharkhand Legislative Assembly resulting in improved understanding of malnutrition and a commitment among the MLAs to make the monitoring of malnutrition in their constituencies a priority. An exposure visit of Andhra Pradesh legislators was facilitated to witness good practice models in Kerala related to children’s and women’s development, resulting in a commitment from legislators to replicate similar models. In partnership with the Assam State Women’s Commission, an analysis of legislative debates on children’s issues was conducted, enabling an understanding of issues related to the rights accessed and practised by children, further creating scope for discourse on the Convention on the Rights of the Child (CRC) with legislative members. Through the UN Resident Coordinator’s office, training on social budgeting has been facilitated with participation of legislators from all states. To strengthen commitment of policymakers on child survival issues, briefing sessions with individual parliamentarians resulted in the announcement of the intent to form a parliamentarians’ forum on child survival.

During the year, an ICO advocacy strategic framework was developed to ensure efforts are strategic and
aligned to identified key priorities. An Advocacy and Communication Strategy on Child Marriage was developed together with the Child Protection and C4D Sections. A consultation with colleagues from the states was organised to unpack the strategy and pave the way for development of state-level action plans, which are to be implemented in 2013. Advocacy toolkits were developed on nutrition and the first 1,000 days concept, as well as on sanitation and hygiene.

Partnerships with CSOs are a key element of the ICO’s advocacy strategy. Based on lessons learned from advocacy with faith-based organisations (FBOs) in the polio campaign and on HIV, engagement with FBOs is being explored. Mapping of existing engagements with FBOs was undertaken and guidelines were developed for UNICEF to work with them.

### Capacity Development

**Mostly met benchmarks**

In 2012, the ICO issued a Guidance note for mainstreaming capacity development (CD) in the formulation of Rolling Work Plans (RWPs). This note aimed to help Programme staff strengthen RWPs by looking at programme interventions and activities using a CD framework and applying different lenses of capacity analysis (capacity gaps, constraints, stakeholder analysis) to the programme planning process.

The end objective is to ensure that the planning and design of the CD interventions meet their intended objective, i.e. build capacities of individuals and of organisations in a sustainable way, as well as create institutional, political and societal conditions that enable these capacities. The process also allows for consideration of factors and constraints beyond the control of the proposed intervention.

The Guidance note describes a process through which Programme staff can examine their Intermediate Results (IRs), identify the interventions necessary to achieve them and then apply the CD framework to translate each IR into a set of strategic interventions that are further detailed in sets of “costable” activities. This identification of capacity constraints would then lead to identification of solutions following a systematic and logical programming process. The process helps in making ‘strategic choices’ to address some of the capacity gaps in the current RWPs and identify others that would require leadership of other development partners (including government counterparts).

The ICO work on capacity development dates back to 2009, when Oxford Policy Management (OPM) was hired to develop a CD framework. In 2009 and 2010, a series of results-based management (RBM) workshops were conducted for the various offices/teams in Delhi and the states. About 90% of the staff in programmes was covered by these workshops. In 2011, three state-level workshops attempted to clarify the concept of capacity development. During 2011 and 2012, a highly participatory and consultative process was followed to develop the new 2013-2017 Country Programme, Country Programme Document (CPD) and Country Programme Action Plan (CPAP).

As the CPAP has been validated by government and partners, the time has come to start unpacking the five-year plan into actionable work plans. The workshops in late 2012 aimed to do just that and the guidelines were intended to institutionalise this process.

The purpose of this exercise is to help the ICO think strategically about what is constraining the realisation of rights by all children and women in India and how to address these incapacities.
Communication for Development

Mostly met benchmarks

Available evidence show that most technical innovations, no matter how useful and sound, fail to succeed unless accompanied by rigorous social and behaviour change strategies promoting their adoption. Recognising that C4D is a vital strategy to achieve results for children and women, the ICO has an independent, cross-sectoral C4D Programme that supports all sectors in their social and behaviour change communication initiatives.

The C4D Programme has used a holistic, evidence-based approach that assesses the context at the infrastructure, policy, institutional, social and individual levels. The focus of C4D initiatives has been at the institutional level, strengthening capacity of institutions and key stakeholders, at the societal level, addressing social norms conducive to change, and at an individual level, promoting increase in knowledge and change in attitudes and practices. The C4D Section has also actively pursued convergence with other programmes and planning and monitoring initiatives in most sectoral areas of the ICO. C4D achievements are the result of that convergence and collaboration.

Refer to the Statement of Progress in the later part of this report for specific results achieved by the C4D programme.

Service Delivery

Mostly met benchmarks

Strategic Partnerships

Mostly met benchmarks

Knowledge Management

Mostly met benchmarks

At the ICO, the SPPME Programme provides technical support to all research activities and leads analysis of data on the situation of the most disadvantaged. All programmes also conduct research activities that contribute to their respective results. The ICO also has a convergent Intermediate Result focusing on knowledge management that was led by SPPME and contributed to by the other two cross-sectoral programmes: A&P and C4D. This has greatly facilitated the mainstreaming of knowledge management into programming. Specific activities are also described under progress towards different Programme Component Results as well as the section on ICT, which also plays an integral role in knowledge management.

A recent CMT discussion on knowledge management indicated that, in the past years, the ICO has made considerable progress in terms of knowledge generation, e.g. documentation of innovations and good practices. Focus for the next Country Programme will be capacity development, thereby ensuring quality of knowledge products and establishing a greater linkage with advocacy efforts to promote the use of knowledge.

One solid contribution to quality assurance has been the development of "Guidelines on Piloting and Scaling-up Innovations and Good Practices", which was developed as part of the management response to the "Evaluation of UNICEF Strategic Positioning in India" (2011). While the evaluation recognised the replication of innovations as an overall strength within the ICO, it also found that "the introduction and support of pilot innovations is not well-managed". The guidelines aim to improve management of the innovation cycle.
through a more systematic approach and better documentation of the results of pilot innovations.

A key component of the ICO's knowledge management initiative, the Knowledge Community on Children in India (KCCI) Internship Programme, was evaluated this year. One of the key evaluation questions has been whether the programme is relevant to the knowledge management agenda for the ICO. The report concluded that the programme “is eminently suited for” and “able to respond to the KM needs of” the ICO, particularly in terms of knowledge generation. It also suggests that the programme's relevance to knowledge management can be strengthened through an improved design and management to encourage use.

As to state-level achievement, UNICEF supported the Gujarat government in the development of a knowledge management strategy. As a result, the state has prioritised strengthening its knowledge management systems as a key approach to promote social and human development in the next five years. Their efforts will focus on the analysis and documentation of the state-led innovations, and will aim to foster prioritisation of investments in the social sector. Efforts are also intended to bring coherence across various programmes. The analysis and documentation will also highlight how these innovations can support equity-focus in programme design and implementation.

Human Rights Based Approach to Cooperation

*Mostly met benchmarks*

Gender Equality

*Mostly met benchmarks*

Environmental Sustainability

*Mostly met benchmarks*

Efforts were made to analyse the impact of disaster and climate change on child development through the development of a Multi-hazard Vulnerability Mapping System (MHVM). This was piloted in 88 districts in 3 states. In addition to natural and climate change hazards, the system is monitoring a set of 24 nutrition, water, sanitation and hygiene (WASH), health and education disaggregated indicators, combined with key demographic and economic development indicators. The goal of the database is to support risk-informed development planning so that the risks faced by children and women from disaster and climate change can be reduced or prevented.

Additionally, in partnership with Save the Children, a Child Risk Assessment was conducted in five states. It included analyses of existing policies and legislation and helped identify the gaps in current government and stakeholder’s preparedness, efficiency of humanitarian action, and possible violation of child rights. Results will be discussed with government, and planning to address the gaps will be supported.

UNICEF worked with Plan India on a study to assess the impact of climate change on children, as well as the launch of a child-friendly version of the Intergovernmental Panel on Climate Change Special Report on Extreme Events.
South-South and Triangular Cooperation

In collaboration with the Regional Office for South Asia (ROSA) and East Asia and the Pacific Regional Office, the ICO has supported the GoI in its preparations to host the second High-Level Meeting on Cooperation for Child Rights in the Asia-Pacific Region in October 2013.

The high-level meeting aims to assess progress and advance South-South cooperation among countries of the Asia-Pacific region to advance children’s rights and support governments and other national partners, including private-public players and child-related regional bodies, to include the promotion of child rights in their South-South cooperation activities. The meeting will also encourage the development of networks for knowledge exchange, peer learning and coordination among Asia-Pacific region actors as a means of facilitating access to important knowledge pools by developing countries.

Finally, the meeting is also expected to yield a declaration that will identify the key issues, conclusions, recommendations and commitments to guide future government-UNICEF collaboration in the context of South-South cooperation for child rights.
Narrative Analysis by Programme Component Results and Intermediate Results

India – 2040

PC 801 - Reproductive and child health

PCR 2040/A0/04/813 2011 PCR Reproductive and Child Health

IR 2040/A0/04/813/007 IR07 Improved quality and coverage of immunisation among children and pregnant women

On-track

IR 2040/A0/04/813/008 IR08 - Health managers at block, district, state and national levels can manage Universal Immunisation Programme (UIP) resources (prediction, stock control HR, and distribution)

Progress:
UNICEF supported an Effective Vaccine Management (EVM) assessment in Tamil Nadu, which included training of 31 health officials to carry out the assessment and develop improvement plans. In addition to Tamil Nadu, four states (Madhya Pradesh, Maharashtra, Gujarat and West Bengal) also supported the EVM improvement plans through the Programme Implementation Plans of the Government of India. This led to improvement of the cold chain logistics systems in those states.

UNICEF also supported the development and piloting of the National Cold Chain Management Information System (NCCMIS) in Punjab and Maharashtra. As result of the successful piloting in the 2 states, 13 additional states also implemented the NCCMIS. Data shows an increase from 86% to 96% of the functional status of the cold chain equipment.

UNICEF successfully advocated with the GoI for establishment of the National Cold Chain Training Centre in Pune, and the National Cold Chain and Vaccine Management Resource Centre at the National Institute of Health and Family Welfare (NIHFW).

A temperature monitoring study was completed in ten states to assess the level of freezing of the vaccine cold chain. Study findings were shared with states, and guidelines were issued to improve appropriate temperature maintenance to retain vaccine potency.

On-track

PCR 2040/A0/04/826 2012 PCR Reproductive and Child Health

Progress:
Progress has been made in the area of maternal, newborn and child health (MNCH) in India, with the reduction of the infant mortality rate from 58 per 1,000 live births in 2005 to 44 per 1,000 live births in 2011, and the reduction of the MMR from 280 deaths per 100,000 live births in 2004-2006 to 212 deaths per 100,000 live births in 2007-2009 (Sample Registration System). While the infant mortality rate also shows positive trends, newborn mortality remains a major challenge in India. In addition, maternal mortality, despite being reduced by 68 points, still remains very high compared to global and regional standards. Variations in mortality and morbidity rates/ratio still exist among and within states, requiring additional efforts to address the needs of marginalised and under-served communities.

In 2012, UNICEF contributed to various policy and strategic discussions to ensure that rights of marginalised women and children are appropriately reflected and costed. UNICEF also supported the bottleneck analysis of key MNCH interventions, which will guide the finalisation of the Reproductive, Maternal, Newborn, Child Health and Adolescent Health Strategy (RMNCH+A). In addition, UNICEF partnered with various research and technical institutes to generate evidence for policy decisions in the area of MNCH.

- Within the framework of the GoI’s National Rural Health Mission and the Reproductive and Child Health (RCH) Program II, UNICEF supported heath capacities at the national and state levels to improve the coverage, quality and demand for the maternal, newborn and child health services with specific focus on underserved states and districts. Key results included the following:
  
  The year 2012 was declared the “Year of Intensification of Routine Immunisation”. following the
The Pentavalent vaccine was introduced in Tamil Nadu to develop state-specific communication plans. Maternal and neonatal tetanus data validation was done for NIHFW with support from partners. A national workshop for communication on RI was held to enable states to develop state-specific communication plans. Training of medical officers and health workers is ongoing. A post-training evaluation was carried out by disease outbreaks. State Programme Implementation Plans (PIPs) for routine immunisation were improved the national average using categorisation of areas as A, B and C depending on immunisation coverage and disease outbreaks. The availability of all vaccines varies from 21% in Jharkhand to 92% in Orissa based on a monitoring report.

A phase 2 measles campaign was completed in 152 districts, and phase 3 began in the states of Gujarat, Madhya Pradesh and Rajasthan. Training was started in Uttar Pradesh and Bihar, which will carry out measles campaigns between December 2012 and April 2013.

An EVM assessment was planned in two states (Uttar Pradesh and Tamil Nadu) but undertaken in only one (Tamil Nadu). EVM improvement plans have been developed in all 10 states and implemented. Cold chain and vaccine management strengthening activities are planned through the National Rural Health Mission (NRHM)-PIP and HR, and infrastructure has been addressed in these states. Approximately 71% of the cold chain handlers are trained against a target of 80% (28 September). The NCCMIS has been implemented in seven states against a target of five states. Pilot implementation in two states was completed successfully by August 2012. Two national training of trainer activities (ToTs) on the NCCMIS was completed for 11 states.

UNICEF supported the scale up of the Integrated Management of Neonatal and Childhood Illness (IMNCI) to 471 districts with 558,117 front line workers trained, with 67% of newborns in the implementing districts receiving home-based care within 24 hours of birth. IMNCI assessments have been conducted in 10 districts, and were used to improve implementation of community-based newborn and child health interventions. At
the same time, the capacity of Anganwadi centres to support pregnant women in birth preparedness and complication readiness remains very weak.

While use of oral rehydration (ORS) for managing childhood diarrhea has increased, the combined use of zinc and oral rehydration salts ORS remains very low at 2%. A full 70% of families reported using private services for management of childhood diarrhea.

In 2012, UNICEF partnered with the Indian Medical Association (IMA) in orienting its members on Revised National Diarrhea Management Guidelines and promoting the use of ORS and zinc through national, state and district level workshops (1,500 IMA physicians were oriented in the 44 high-focus districts across 13 states). In addition, UNICEF partnered with Population Services International and Hindustan Latex Family Planning Promotion Trust to implement a multi-pronged intervention, including capacity building of health personnel, ensuring availability of ORS and zinc in public and private sectors, and communication campaigns to improve the coverage of ORS and zinc utilisation. In addition, UNICEF continued its role as a knowledge manager in the DAZT (Diarrhea Alleviation through Zinc and ORS Therapy) project in partnership with Micronutrient Initiative and FHI 360 in select districts of Gujarat and Uttar Pradesh.

While adequate focus is placed on training health care providers, post-training follow up and supervision is necessary. Increased efforts will be required to facilitate collaboration between the MoHFW and the MWCD and to mainstream the community-based initiatives by Anganwadi and ASHA workers.

**IR 2040/A0/04/826/091 IR10** Facilities provide accessible, equitable and quality-assured maternal, newborn and child care along the continuum of care according to set standards

**Progress:**
UNICEF supported the operationalisation of 15 First Referral Units for provision of quality Emergency Obstetric and Newborn Care services in four states (Bihar, Jharkhand, Madhya Pradesh and Rajasthan). The initiative will be assessed in 2013. In addition, UNICEF supported the development of norms and standards for a Maternal Health Skills Lab, a Maternal Health Toolkit, and guidelines for Mother- and Baby-Friendly Hospitals that will be used as reference documents for improving the quality of facility-based MNCH services.

UNICEF supported the establishment of 399 Special Newborn Care Units (SNCUs), 1,542 Newborn Stabilisation Units and 11,508 Newborn Care Corners in the country. Designated Facility-Based Collaborative Centres (Kalawati Saran Children’s Hospital in New Delhi, Institute of Child Health in Chennai, Post Graduate Institute of Medical Education and research in Chandigarh, King Edward Memorial Hospital in Mumbai, Assam Medical College in Dibrugarh and Institute of Post Graduate Medical Education & Research in Kolkata) were supported to provide mentorship to SNCUs and Newborn Care Corners. These efforts will help create a chain of supportive supervision structures. In addition to supporting district-level training and performing mentoring visits to SNCUs, a National Neonatology Forum also initiated an online accreditation process for the SNCUs. This facilitated empanelment of SNCUs under *Rashtriya Swasthya Bima Yojna* (health insurance coverage for families *Below the Poverty Line*).

The facility-based care of sick newborns was scaled up. At the same time, the quality of the care in the perinatal units, including in delivery rooms and immediate and routine newborn care, remains a concern, specifically in the underserved areas. In the coming year, the Country Programme will support expansion of SNCUs to perinatal care units to ensure quality immediate and routine newborn care and care for postpartum mothers.

**IR 2040/A0/04/826/121 IR11** Health managers at the block, district and state levels are able to plan, implement and monitor maternal and child health programmes

**Progress:**
UNICEF supported the development and implementation of “Capacity Development Workshops on Reproductive and Child Health Planning” for district level managers in collaboration with the Post Graduate...
Institute for Medical Education and Research (PGI), Chandigarh and St. Johns Medical College, Bangalore. In 2012, two workshops were organised by PGI and one by St. Johns Medical College.

UNICEF continued to support the implementation of the Maternal Death Review in focus states. In 2012, a total of 4,218 maternal deaths were reported, among which 3,137 (74% of reported cases) were reviewed, in comparison with the 400 reported cases in 2010 and 2011. In addition, UNICEF supported the development of Infant and Child Death Review guidelines. Two rounds of consultations were held, and the final draft was shared with the GoI for approval.

While the Maternal Death Review processes have improved at the state and district levels, further efforts are needed to link the results with recommendations for addressing three delays: delays deciding to seek care, delay reaching a health facility, and delays receiving quality maternal health care at facility.

UNICEF supported SNCU recording formats, as well as an online data management and follow-up tracking system. Recognising the benefits of these efforts, the GoI decided to scale them up nationwide through the National Rural Health Mission with its own funds.

The quality of data obtained from the routine Health Information System remains poor. UNICEF, under the 2013-2017 Country Programme, plans to support national, state and district health managers to improve timely collection, analysis and use of data for planning high-impact MNCH interventions.

**On-track**

**IR 2040/A0/04/826/151 IR1** Strengthened partnerships with professional organisations, civil society and non-governmental organisations, educational training institutions and elected representatives for maternal, newborn and child health

**Progress:**
UNICEF partnered with the Public Health Foundation of India to develop policy briefs and a distance learning post-graduate diploma course in RCH. This initiative aims to develop the capacity of RCH programme managers in planning, implementation and monitoring RMNCH services.

The Indira Gandhi National Open University (IGNOU) developed an interactive multi-media DVD for physicians on IMNCI. This will facilitate completion of classroom sessions by doctors and nurses on IMNCI using computers, followed by 2-3 days of clinical sessions. The DVD will also serve as a useful tool for refresher training. The package, which was successfully pilot-testing by IGNOU, could be used for pre-service training, in-service training and refresher training on IMNCI.

**On-track**

**IR 2040/A0/04/826/181 IR13** Operations and essential research results are available for policy and strategy development as well as advocacy at the national and state levels

**Progress:**
UNICEF supported research and studies aimed at generating evidence for policy and strategy formulation and decisions as follows: (i) temperature monitoring study for assessing the level of freezing in the vaccine cold chain; (ii) tracking a cohort of 1,200 newborns who were discharged from SNCUs to assess the impact of follow-up on survival, growth and development up to one year of age; (iii) systematic review of equity in immunisation in India; (iv) systematic review of rubella infection and congenital rubella syndrome in India; (v) assessment of measles catch-up campaign and routine immunisation synergy; (vi) study on knowledge, attitudes, and practices of private pediatricians in regard to Hib containing Pentavalent vaccine; (vii) end-line study of social marketing of ORS and zinc in Uttar Pradesh; and (viii) baseline assessment of coverage and scope of self-help groups for promotion of health care messages in community of Rajiv Gandhi Mahila Vikas Pariyojana (organisation for women’s empowerment and rural development) in Uttar Pradesh.

While evidence has been generated systematically, the use of the information remains a challenge. To ensure the use of evidence, UNICEF will continue advocacy and supporting its dissemination.
Constrained

IR 2040/A0/04/826/401 IR14 National and state HFW and WCD departments can roll out Village Health and Nutrition Days (VHNDs) with a focus on quality services and coverage with equity

**Progress:**
Convergence inside and outside UNICEF in most states is inadequate.

Many VHNDs were held, but the quality of services was not assured.

There was no reliable M7E framework to assess the utilisation by the target groups.

IR 2040/A0/04/826/431 IR17 The 107 block plan reduces the risk factors identified for polio eradication

**On-track**

IR 2040/A0/04/826/434 IR17 The 107 block plan reduces the risk factors identified for polio eradication

**Progress:**
The convergent agenda on Polio Plus through which capacity building on use of ORS and zinc for treating diarrhea was completed in the 41 high-risk blocks. One hundred percent of ORS packets and zinc tablets supply ensured at block level. Reporting of diarrhea cases and use of ORS and zinc in the 41 high-risk blocks within the system was put in place. Monitoring of VHSND using the SMNet and the sharing of data with the state through the Polio Programme has been systematised. A full 89% of the community is aware of Polio Plus activities (WHO NPSP field monitoring data).

Constrained

IR 2040/A0/04/826/464 IR21 The capacity of partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced

**Progress:**
An activity to build partners’ capacity to respond to emergencies has been planned for 10 districts. The medical officers and the block managers have been identified and Red-R has been contacted to conduct the training. Disaster management plans would be finalised at the end of the workshop. The activity is planned to be held in the months of July and August, 2013.

On-track

**PCR 2040/A0/04/827 2012 PCR Child Development and Nutrition**

**Progress:**
Documentation and knowledge management were central to UNICEF’s Child Development and Nutrition (CDN) Programme in 2012. The aim was to take stock of the progress made in the current five-year Country Programme (2008-12) in improving nutrition outcomes for children and women in India and identify good practices, lessons learned and the way forward for the upcoming Country Programme (2013-17).

Knowledge management focused on five key areas to inform future policy and programme action. On infant and young child feeding (IYCF), better practices on IYCF were documented in Integrated Child Development Services (ICDS) and the NRHM – India’s flagship programmes for child survival, growth and development. In addition, analyses were conducted on the frequency, diversity and age-appropriateness of complementary foods and feeding practices for children 6-23 months old and their association with nutrition outcomes in children in preparation for a core area of work in the upcoming Country Programme. On therapeutic feeding and care for children with severe acute malnutrition (SAM), analyses were conducted on the effectiveness of programmes in Jharkhand, Madhya Pradesh and Uttar Pradesh in providing care for children with SAM through facility- and community-based programmes. Recommendations for quality improvement and scale up were identified.
On the prevention of vitamin A deficiency, analyses were conducted to assess the coverage and equity of the national vitamin A supplementation programme in the districts with the highest concentration of children belonging to scheduled castes (SC) and scheduled tribes (ST) in the seven high-burden states who are at the highest risk of nutrition deficits. On the prevention of anaemia through the life cycle, programme documentation was completed on the Adolescent Girls Anemia Control Programme – a decade of programming experience to break the inter-generational cycle on malnutrition in India – so as to inform the future scale up of India’s Weekly Iron and Folic Supplementation (WIFS) Programme for the control of anaemia in adolescent girls and boys. On the prevention of iodine deficiency disorders, analyses were conducted to document the national programme for universal salt iodisation in India (achievements, challenges and future actions), the role of India’s Supplementary Nutrition Programme and Mid-Day Meal Programme in ensuring access to adequately iodised salt among the poor, and the potential role of double fortified salt in addressing iodine deficiency in India.

**On-track**

**IR 2040/A0/04/827/001 IR01** National and state WCD government departments can roll out the Integrated Child Development Services (ICDS) Universal Quality Programme for infants, young children, adolescent girls and mothers

**Progress:**

**ICDS:**
- all states have rolled out WHO Child Growth Standards and mother-child protection cards
- status report for rollout completed for 13 states
- better practices in ICDS documented
- designing of national communication campaign on nutrition completed

**SABLA:**
- training of frontline functionaries and Sakhi-Sahelis completed
- guidelines developed and disseminated to states to strengthen convergence between SABLA (the Rajiv Gandhi Scheme for Empowerment of Young Girls) and Adolescent Reproductive Sexual Health scheme under NRHM
- support provided in strengthening the monitoring system, including analysis and compilation of monitoring data, understanding gaps and improving reporting with quality

Indira Gandhi Matrivta Sahyog Yojana (IGMSY):
- training of master trainers and frontline functionaries completed
- support provided in strengthening the monitoring system, including analysis and compilation of monitoring data, understanding gaps and improving reporting with quality

**On-track**

**IR 2040/A0/04/827/031 IR02** National and state WCD and HFW Departments can scale up a programme for improved nutrition in infants and young children 0-24 months old with a particular focus on breastfeeding, complementary feeding and related maternal and child nutrition

**Progress:**
- comprehensiveness of the IYCF plans for priority states reviewed
- framework for acceleration under preparation

**On-track**

**IR 2040/A0/04/827/061 IR03** National and state HFW Departments can scale up an integrated programme to prevent severe undernutrition in children and provide timely and quality care for children who are severely undernourished

**Progress:**
- 577 Nutrition Rehabilitation Centres (NRCs) operational in 14 states
- national guidelines on community-based management of acute malnutrition (CMAM) under review for approval
- analyses of effectiveness of facility-based programme in Jharkhand, Madyha Pradesh, and Uttar Pradesh
On-track

IR 2040/A0/04/827/091 IR04 National and state HFW and WCD Departments can scale up a programme to deliver preventive vitamin A supplement and deworming bi-annually for U5 children

**Progress:**
- national vitamin A supplementation (VAS) coverage reaches historic 70%
- status paper on national VAS programme under preparation
- equity analysis of VAS programme in seven states ongoing

On-track

IR 2040/A0/04/827/121 IR05 National and state WCD and HFW Departments can scale up programmes for the control of anemia in infants and young children, adolescent girls and mothers

**Progress:**
- over 20 million adolescent girls reached by AG-ACP
- national WIFS programme to reach 130 million beneficiaries launched by MoHFW
- status paper of national programme for the control of anemia in adolescent girls finalized

On-track

IR 2040/A0/04/827/151 IR06 National and state government departments can scale up programmes to promote access to and use of salt with adequate iodine and foods fortified with essential micronutrients

**Progress:**
- national strategy to accelerate Universal Salt Iodisation drafted

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**PC 803 - Child environment**

On-track

IR 2040/A0/04/815/2040/A0/04/815/017 FOR DATA MIGRATION: IR17 The 107 block plan reduces the risk factors identified for polio eradication

**Progress:**
- SMNet training curriculum has detailed information about fecal-oral transmission and role of KHB to achieve health
- 98% of SMNet staff trained on WASH practices
- 70% of households having dry latrines from rural HRA have converted them into improved toilets, (Panchayat report)
- As per KAP 2011, 39.1% of families have knowledge on WASH-polio linkage.
- 66% of the contaminated/vulnerable sources are compliant with sanitary standard
- of 512 GPS, 180 Gram Panchyats (GPs) have are dry latrine free making plans which around 35% GPs
- of 1,044 schools, 319 (31%) have child-friendly WASH in schools,
Innovations include thematic bio-village level planning to achieve ODF status; state-level resource groups to gather knowledge across WASH and related flagship programmes are being addressed through robust partnerships and concurrent monitoring are gaining traction and challenging disparities and existing approaches to data sharing of structured resource materials, three state National Learning Exchanges and the development of capacity. Support to the national government on capacity building of Block Resource Centres included the Complementary technical support included new trends in laboratory technician training and increases in O&M capacity. Support to the national government on capacity building of Block Resource Centres included the sharing of structured resource materials, three state National Learning Exchanges and the development of best practice documentation to strengthen programmatic quality.

Capacity-building partnerships have increased, for example with engineering colleges and research institutions for water quality surveillance, supportive supervision and capacity-building activities. A post-graduate diploma is in place and collaboration is helping institutionalise capacity building on safe water management.

**Progress:**
This year saw transition and readiness for upstream work in 2013. The GoI has revamped the Total Sanitation Campaign as the *Nirmal Bharat Abhiyan*, focusing on achieving an open defecation free (ODF) India; unlocking persistent institutional bottlenecks; and advocating for monitoring with verification. While this transition brought an increase in state-level budgetary allocations, it also slowed down progress. Nonetheless, space for greater political and public discourse in support of the elimination of open defecation is widening.

This shift in methodological approach favours increasing demand generation in communities, which will help achieve sustainable sanitation at scale, as opposed to merely constructing toilets. UNICEF technical support saw the launch of the pivotal National Sanitation and Hygiene, Advocacy and Communication Strategy (SHACS) that included four key behaviour change messages for the country; a revised Information, Education and Communication (IEC) strategy with budgetary focus on inter-personal communication enabling incentive structures for sanitation workers; and demonstration of the clear links to child under-nutrition. SHACS is already achieving momentum in five states with preparatory work elsewhere. CATS implementation models have informed an equity-based framework for sanitation programming, for example focusing on women and self-help groups for social change. Surveys were conducted to understand the complex behavioural barriers to toilet use and the incultation of hygiene practices. Bottleneck analysis and concurrent monitoring are gaining traction and challenging disparities and existing approaches to data gathering and reporting.

Key capacity development has driven the development of curriculum to impact critical mass. Skills and knowledge across WASH and related flagship programmes are being addressed through robust partnerships with key training institutions with promising new delivery systems. This effort cross cuts IR19 and 1R20.

Innovations include thematic bio-village level planning to achieve ODF status; state-level resource groups to consolidate knowledge; and emerging platforms for transparent change management and monitoring.

**Constraining**

**IR 2040/A0/04/815/018 IR18**
Government and stakeholders can conceptualise and roll out community-based behaviour change approaches and Community Approaches to Total Sanitation (CATS)

**Progress:**
This year saw transition and readiness for upstream work in 2013. The GoI has revamped the Total Sanitation Campaign as the *Nirmal Bharat Abhiyan*, focusing on achieving an open defecation free (ODF) India; unlocking persistent institutional bottlenecks; and advocating for monitoring with verification. While this transition brought an increase in state-level budgetary allocations, it also slowed down progress. Nonetheless, space for greater political and public discourse in support of the elimination of open defecation is widening.

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Innovations include thematic bio-village level planning to achieve ODF status; state-level resource groups to consolidate knowledge; and emerging platforms for transparent change management and monitoring.

**On-track**

**IR 2040/A0/04/815/019 IR19**
Enhanced capacity of state governments to address household water safety and/or security in rural areas and assist *Panchayat Raj* institutions and village-based committees to operate and maintain water and sanitation infrastructure

**Progress:**
UNICEF technical support included water safety and security planning and evidence-based learning. For example, in one state, learning with UNICEF support was scaled up to 14,000 villages, contributing also to the strategic direction and agreement of best practice approaches at the national level.

Complementary technical support included new trends in laboratory technician training and increases in O&M capacity. Support to the national government on capacity building of Block Resource Centres included the sharing of structured resource materials, three state National Learning Exchanges and the development of best practice documentation to strengthen programmatic quality.

Capacity-building partnerships have increased, for example with engineering colleges and research institutions for water quality surveillance, supportive supervision and capacity-building activities. A post-graduate diploma is in place and collaboration is helping institutionalise capacity building on safe water management.
Bottleneck analysis has helped to clarify UNICEF thinking and that of government and other WASH agencies across multiple states. Concurrent monitoring approaches were designed and rolled out in three states.

Responding to demand from states, the central role of behaviour change in water safety was agreed at the national level with preparatory work underway to realise a comprehensive national water communication and advocacy strategy. Current advocacy and technical guidance has resulted in the design of State Water Quality Task Forces, for example in Bihar and Assam.

Policy briefings to state legislators led to leveraging of government funds for fluoride mitigation. A more focused partnership strategy for knowledge generation and management resulted in a national seminar on WASH and Governance (in partnership with the National Academy of Administration); two international geogenic contamination meetings were held and supported the decision to establish a dedicated government institute for water quality.

Support to the national discourse on change management in WASH led to two states initiating change management processes. Water institutional restructuring is being supported in two more.

Constrained

**IR 2040/A0/04/815/020 IR20** State governments and partners can develop and implement specific strategies targeted at accelerating sustainable WASH services to achieve MDGs, focusing on excluded and vulnerable communities to reduce disparity

**Progress:**
Progress for equity is constrained, but tangible results for women and children demonstrate how impact can be achieved. Examples include the partnership with the Assam Branch of the Indian Tea Association that reached 600,000 vulnerable tea community populations with key messages on WASH within the Young Child Survival Strategy. National and state advocacy to end manual scavenging demonstrated the impact on the lives of nearly 3,000 women when dry latrines are converted. Partnership with the Indian Institute of Management, Kolkata, helped examine WASH service delivery bottlenecks in excluded communities in West Bengal.

UNICEF has analysed and mapped Census 2011 data related to WASH for all districts and shared the results with the national government. State analyses were undertaken (e.g. Maharashtra, Rajasthan, Uttar Pradesh, Odisha, West Bengal) and are leading to increased government acceptance of the discrepancies in current monitoring mechanisms and the need for strengthened verification. This is a major breakthrough.

UNICEF has published and disseminated a national-level WASH Equity and Gender Snapshot to demonstrate differential WASH service provision and advocate for reach to the most vulnerable. Technical support on gender has also been provided directly within the Ministry of Drinking Water and Sanitation (MDWS).

A national partnership and consultation on Women and WASH helped capture best practices and share recommendations with the government. UNICEF co-authored nine papers with partners, including a Gender in WASH Framework with MDWS that systematically examines ways to strengthen gender outcomes.

Knowledge management in support of equity has included a documentation exercise on best WASH and equity practices. Technical guidance and support to the ‘Solutions Exchange Water Community’ helped link field and policy practitioners. This has led to over 60 products being developed and disseminated, including a joint research effort that gathered best practices on gender mainstreaming in WASH in rural India.

Constrained

**PCR 2040/A0/04/828 2012 PCR Child Environment**

**Progress:**
In water safety, UNICEF support focused on addressing gaps in expertise and dedicated resources, mainly around planning and monitoring for more equitable basic service provision. Technical support concentrated on facilitating stronger community involvement and holistic approaches – as demonstrated in water safety
and security planning in over 250 GPs across India. UNICEF’s key advocacy messages (e.g. in policy briefings to legislators in Andhra Pradesh) have emphasised that the provision of quantity alone is not enough and that only with quality will effects on health be realised. In many areas, over half the rural sources are quality affected (arsenic, fluoride, iron, nitrate), with bacteriological pollution as high as 90% in some districts. Ultimately, comprehensive testing and response approaches with corrective, verified actions are essential. Practical interventions included training of laboratory technicians in Bihar, while in Gujarat, Uttar Pradesh and Assam, system strengthening has included State Water Quality Task Forces, and technical support on realignment of institutional structures, etc. Change management remains a strategic intervention with lessons emerging from Rajasthan, Odisha and Karnataka. Overall, UNICEF results for water are ‘on track’.

Conversely, sanitation and progress on equity results remain ‘constrained,’ and continued and accelerated upstream efforts will be made in 2013. Progress has been made in strategising and rolling out CATS to different states and in different social scenarios. Different local realities allowed for diverse implementation models to emerge, e.g. self-help groups (in Andhra Pradesh, Jharkhand, Odisha, Chhattisgarh), local government, NGOs, resource agencies (in Bihar), Swachhata Doos (in West Bengal) and Panchayati Raj institutions (in Tamil Nadu), as well as in convergence with other sectors (through the Polio Programme in Uttar Pradesh and Bihar). Resource leverage is encouraging, and in Madhya Pradesh the ‘Women Dignity’ campaign mobilised USD 31 million in government funds. Advocacy for elimination of open defecation is gaining momentum with wider public and political discourse through social media platforms and technical advice to the Government of India’s sanitation ambassador’s mass media campaign.

Analysis, partnership, networking and knowledge sharing have helped identify the main disabling factors for progress on WASH and equity. Based on the evidence, UNICEF will advocate for rights-based sector reforms, gender-disaggregated data and the unblocking of systemic bottlenecks in the very structure of the sector that undermines progress on gender and equity perspectives. In sanitation, frontline workers play a critical role in engaging mothers in discourse that could increase the survival and development chances of their children.

**IR 2040/A0/04/828/001 IR18** Government and stakeholders can conceptualise and roll out community-based behaviour change approaches and CATS

**Progress:**
This year saw transition and readiness for upstream work in 2013. The Government of India has revamped the Total Sanitation Campaign into Nirmal Bharat Abhiyan, focusing on achieving an ODF India; unlocking persistent institutional bottlenecks; and advocating for monitoring with verification. While this transition brought an increase in state-level budgetary allocations, it has also slowed down progress. Nonetheless, space for greater political and public discourse in support of the elimination of open defecation is widening.

This shift in methodological approach favours increasing demand generation in communities, which will help achieve sustainable sanitation at scale, as opposed to merely constructing toilets. UNICEF technical support saw the launch of the pivotal SHACS, which includes four key behaviour change messages for the country; a revised IEC strategy with budgetary focus on inter-personal communication enabling incentive structures for sanitation workers; and clear links to child under-nutrition. SHACS is already achieving momentum in five states with preparatory work elsewhere.

CATS implementation models have informed an equity-based framework for sanitation programming, for example focusing on women and self-help groups for social change. Surveys were conducted to understand the complex behavioural barriers to toilet use and the inculcation of hygiene practices. Bottleneck analysis and concurrent monitoring are gaining traction and challenging disparities and existing approaches to data gathering and reporting.

Key capacity development has driven the development of curriculum to impact critical mass. Skills and knowledge across WASH and related flagship programmes are being addressed through robust partnerships with key training institutions with promising new delivery systems. This effect cross cuts IR19 and 1R20. Innovations include thematic bio-village level planning to achieve ODF status; state-level resource groups to consolidate knowledge; and emerging platforms for transparent change management and monitoring.
On-track

**IR 2040/A0/04/828/031 IR19** Enhanced capacity of state governments to address household water safety and/or security in rural areas and assist Panchayati Raj institutions and village-based committees to operate and maintain water and sanitation infrastructure

**Progress:**
UNICEF technical support included water safety and security planning and evidence-based learning. For example, in one state, learning with UNICEF support was scaled up to 14,000 villages, contributing also to the strategic direction and agreement of best practice approaches at national level.

Complementary technical support included new trends in laboratory technician training and increases in O&M capacity. Support to national government on capacity building of Block Resource Centres included the sharing of structured resource materials, three state National Learning Exchanges and the development of best practice documentation to strengthen programmatic quality.

Capacity building partnerships have increased, for example with engineering colleges and research institutions for water quality surveillance, supportive supervision and capacity building activities. A post-graduate diploma is in place and collaboration is helping institutionalise capacity building on safe water management.

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Constrained

**IR 2040/A0/04/828/061 IR20** State governments and partners can develop and implement specific strategies targeted at accelerating sustainable WASH services to achieve MDGs, focusing on excluded and vulnerable communities to reduce disparity

**Progress:**
Progress for equity is constrained, but tangible results for women and children demonstrate how impact can be achieved. Examples include the partnership with the Assam Branch of the Indian Tea Association that reached 600,000 vulnerable tea community populations with key messages on WASH within the Young Child Survival Strategy. National and state advocacy to end manual scavenging demonstrated the impact on the lives of nearly 3,000 women when dry latrines are converted. Partnership with the Indian Institute of Management, Kolkata, helped examine WASH service delivery bottlenecks in excluded communities in West Bengal.

UNICEF has analysed and mapped Census 2011 data related to WASH for all districts and shared the results with national government. State analyses were undertaken (e.g. Maharashtra, Rajasthan, Uttar Pradesh, Odisha, West Bengal) and are leading to increased government acceptance of the discrepancies in current monitoring mechanisms and the need for strengthened verification. This is a major breakthrough.
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**On-track**

**IR 2040/A0/04/828/465 IR21** The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced (Chattisgarh State)

**Progress:**

**Indicator 1: Timeliness and quality of the assessment and response as per the Core Commitment for Children (CCC) guidelines by Government of Chhattisgarh institutions and other partners**

Capacities were enhanced of CMHO, Narayanpur, DPO and CDPO from the MoHFW and Department of Women and Child Development as well as partner NGOs to undertake health- and nutrition-related interventions in the most excluded areas affected by the Naxalite crisis. This includes enhanced capacity to identify and treat SAM children, and deployment of standard protocols at NRCs including identification, feeding, treatment and follow-up protocols. In addition, stakeholder capacities in inter-personal communication (IPC) skills, micro-planning for intensification of routine immunisation and integrated management of neonatal and childhood illnesses (IMNCI) was built through exposure visits, in-situ training, coaching and provision of resource materials. Through the Abujhmarh Health Outreach Project (A-HOPE), six NRCs were established in a region facing a complex emergency situation. Of 547 identified SAM children, 280 were admitted to these NRCs.

**Indicator 2: Emergency preparedness through pre-positioning of essential emergency supplies by Government of Chhattisgarh at state and district levels as per needs arising from risk and vulnerability analysis**

Supplies for Acute Diarrheal Disease (ADD), such as ORS and chlorine tablets, were sourced from existing Government of Chhattisgarh supply depots at district-levels during an ADD Prevention Campaign. Pre-positioning by Government of Chhattisgarh advocated to ensure entitlements were met through government resources. During meetings at state and district levels, especially in areas prone to health risks for children, the situation of pre-positioning was reviewed with the Health Department and the Public Health Engineering Department (PHED) in order to ensure that pre-positioned stocks were available for use at appropriate times. Similarly, medicines for the Abujhmarh Health Outreach Project were supplied by the Health Department and pre-positioning of essential medicines was ensured through written communication between UNICEF partners and the Department. The ADD campaign was successfully undertaken in four districts by engaging local volunteers from the community so as to enable their access and outreach to the most vulnerable populations who are geographically isolated or affected by violence due to civil strife.

**Indicator 3: UNICEF staff and partners are able to undertake informed programme planning and implementation for emergency response and preparedness as per the CCCs, especially in areas affected by civil strife**

UNICEF staff underwent a two-day training activity on the CCCs. It is expected that this newly acquired understanding will be reflected in their RWPs for 2013-17. UNICEF staff and partners are already taking forward informed interventions in civil strife areas in accordance with the CCCs, including education, WASH, nutrition, health and child protection.
Indicator 4: 30 trained humanitarian professionals are available for emergency response through institutional partnerships
Training planned in Nepal to provide international exposure to child protection programming in conflict areas has yet to be undertaken. Whilst the exposure visit is planned for later this year, it is likely that the number of participants will be reduced to about 10, given funding constraints. This activity is now dropped owing to a fund crunch and a transition in leadership. Building the capacity of the SDMA to play an effective role in disaster risk reduction (DRR) is planned this year. Red-R has been contacted about this and a proposal for this activity will be modeled on an approach that was implemented for the SDMA in Rajasthan.

Indicator 5: Surge capacity through volunteer mobilisation (300 volunteers across the 4 most-affected districts) and CBO formation (at least 6 CBOs) is generated based on the CCCs
Volunteer mobilisation for implementation of an ADD Campaign was successfully undertaken. About 35 volunteers are implementing the ADD Campaign. In addition, surge capacity was enhanced through building the capacity of 200 ICDS workers who are able to access the Abujhmarh region. Efforts will be undertaken in 2013 to build CBOs and a larger volunteer base for enhanced surge capacity.

Indicator 6: Emergency response in civil-strife areas to address essential service deprivation (Health, CDN, WASH), especially for vulnerable communities in naxalite-dominated areas
The Abujhmarh Health Outreach Project was launched to address health and nutrition service deprivation for 128,000 community members of Narayanpur District. This ambitious programme, implemented in a region with significant security challenges, has become a path-breaking initiative from which the Government of Chhattisgarh is deriving lessons. The NRCs that were established by the project are being discussed at various forums as examples of good practice. The Chief Minister and Chief Secretary have also visited an NRC in Abujhmarh to observe the activities.

Indicator 7: Safer conditions and more resilience amongst women and children at risk in conflict situations
Efforts to create improved access to health and nutrition services continue with the A-HOPE and Ballika Adhaar initiatives (details in SPPME IR). The A-HOPE initiative is a health and nutrition service delivery response in a region where disparity and the deprivation burden is quite high given the non-existence of government service delivery mechanisms in the face of growing violence due to conflict. In this region, known as Abujhmarh, UNICEF, with its partner NGO, directly provides health and nutrition services to communities and creates an enabling environment where possible for government service providers to promote immunisation and curative health services. Ballika Aadhaar is a Conditional Cash Transfer programme to promote the wellbeing of girls, and UNICEF supports the government to provide services that result in enabling communities to receive the incentives provided under the scheme known as Dhanalakshmi. Advocacy efforts for strengthening RI in conflict areas has resulted in positive outcomes, with the Health Department taking the lead on an RI campaign in cut-off villages across the Bastar region. (for details see the SPPME IR/CG)

IR 2040/A0/04/828/473 IR21 The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced (Rajasthan State)

Progress:
UNICEF continues to strengthen systems and build capacity to reduce disaster risks. UNICEF worked in partnership with the State Disaster Management and Relief Department to embark upon a pilot of Multi-Hazard Vulnerability Mapping in Q3/4 to initiate risk-informed planning in the state. As a member of the state Inter-Agency Group (IAG), UNICEF focused on expanding partnerships with NGOs and contributing to aligning the IAG with the government. In Q1/2, consultations on the development of District Disaster Management Plan of Jodhpur were initiated as part of IAG’s collaboration with the government. The consultative process of capacity building for the district officials and IAG members will serve as a model for other districts.
IR 2040/A0/04/828/476 IR21 The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced (West Bengal State)

**Progress:**
A draft WASH capacity-mapping plan for two districts, Malda and South 24 Parganas, was developed to strengthen emergency preparedness and response in collaboration with Oxfam India and Red-R within the framework of contingency PCA. A WASH Expo and Workshop was held to orient key stakeholders from PHED, the *Panchayat* and Rural Development Department (P&RDD), the Disaster Management Department, NDRF and NGOs in West Bengal. The Government of West Bengal PHED prepared an emergency preparedness plan and allocated INR 990 million to enhance the capacity and ensure safe drinking water supply through mobile treatment units for treatment of contaminated water sources.

IR 2040/A0/04/828/521 IR31 States have increased capacity to undertake planning and implementation of the Right to Education Act through child-friendly schools and systems

**Progress:**
- The national and state snapshot on WASH in Schools was developed and disseminated widely; the state snapshots are being shared with *Sarva Shiksha Abhiyan* (Education for All) (SSA) and PHEDs to track progress in WASH.
- A status paper on key monitoring issues in WASH in Schools was developed and disseminated. The paper will be published by UNICEF HQ, as part of Raising Clean Hands.
- Work on standards, norms and designs for simplified school WASH facilities and those of Anganwadi centres will start in early August. A consultant has been identified.
- Bottleneck analysis papers have been reviewed, indicators developed and work is in progress for a national-level bottleneck analysis of WASH in Schools.
- A South Asia Regional Conference on WASH in Schools was organised jointly with MDWS and the Department of Education (MoHRD); 200 participants from South Asia participated, a conference Statement of Action was developed and follow up in the states and in the region is underway. This Conference will help prepare for the SACOSAN 2013 in Kathmandu. State-level consultations in Assam, Karnataka, Jharkhand and Madhya Pradesh are being organised, for which support has been provided.
- Discussions on the Indian adaptation of the Emory WASH in Schools course and application and implementation of the Fit For Schools concept are in progress. Collaboration efforts with Tata Institute of Social Sciences and ASCI, Hyderabad are being developed.
- Advocacy for inclusion of WASH indicators in the District Information System for Education (DISE) is ongoing and support has been provided for defining the WASH indicators. Discussion with the MoHRD, MDWS and the National University of Educational Planning and Administration (NUEPA) is in progress.
- WASH modules have been integrated in teachers’ training curriculum in Karnataka, Assam and Rajasthan.

**PC 804 - Child protection**

IR 2040/A0/04/829 2012 PCR Child Protection

**Progress:**
UNICEF’s continued technical support to MWCD and the state governments led to the establishment and strengthening of structures and statutory bodies that are essential to the implementation of the Integrated Child Protection Scheme (ICPS). UNICEF’s support at the state level contributed to comprehensive capacity-building interventions with the Juvenile Justice and ICPS functionaries. At the national level, UNICEF supported MWCD with development of a communication strategy and awareness-generation products on child protection.

Family strengthening and non-institutional alternative care has emerged as a priority area for UNICEF, with a
learning initiative involving ten state governments, and qualitative assessment of models of family-based care. To strengthen standards of care in children’s institutions, UNICEF supported MWCD and seven state governments to review and improve existing designs. A manual outlining detailed guidelines for setting up children's institutions was also developed.

Integrated child rights projects, focusing on prevention of child labour in 20 districts in 8 states, contributed to strengthening the protective environment at district and community levels through community mobilisation, capacity building and social protection.

The ICO hosted the Global Child Protection Systems Conference, which resulted in enhanced discourse on child protection systems through learning and exchange.

UNICEF’s revived focus on trafficking led to the positioning of trafficking as a priority issue at the national level. Protection of children was included in the cross-border discussions for rescue and repatriation of trafficked children. Advocacy and technical support have also helped shape a draft Standard Operating Procedure (SOP) for trafficked children between the states of Maharashtra and West Bengal.

Child marriage is a priority issue on the national agenda and increasingly with state governments as well. UNICEF’s advocacy and support led to the organisation of the first National Consultation on Child Marriage and the shaping of a national strategy. UNICEF has taken steps to harmonise a campaign and develop a common communication strategy on child marriage that will reach seven states. Community members, duty bearers and adolescents across 30 districts in 7 states were reached through children and adolescent groups and women’s groups to enhance awareness on child marriage. Other social norms-related issues, such as violence and gender-biased sex selection (GBSS) are gaining increasing presence. Advocacy with the government and CSOs has led to shaping the national commitment towards the South Asian Initiative to End Violence Against Children (SAIEVAC) and to identify a niche for UNICEF to intervene on GBSS, in collaboration with other UN Agencies.

**IR 2040/A0/04/829/001 IR50** A new child protection system in India (ICPS, JJ Act and other child protection related legislation and policies) rolls out and implementation is monitored

**Progress:**
Technical support to MWCD on ICPS resulted in support to MWCD to prepare a JJ Act amendment; monitoring and support to states on implementation of ICPS; and finalisation of modules for the Child Welfare Commission (CWC) and the Juvenile Justice Board (JJB), drafted by the National Institute of Public Cooperation and Child Development.

Solution Exchange - Gender Community undertook a research effort on community-based child protection systems, which resulted in 42 responses from across the country. The consolidated response has been prepared, and Solution Exchange is proposing regional consultations to take forward the discussions.

After consultations with MWCD during Mid-year review (MYR) discussions, it was agreed that the meeting on experience sharing on DNA and Child Protection Plans be organised in the 3/4th week of Delhi.

A Draft Approach Paper on a Communication Strategy was developed in consultation with the C4D Section and shared with MWCD. As an outcome, MWCD has requested UNICEF support to develop communication materials. The mapping of available communication and training on child protection at the national level has been initiated.

Advocacy efforts were undertaken to promote an Indo-Bangladeshi meeting that was held to initiate a bilateral SOP on rescue, recovery, repatriation and integration (RRRI) of trafficked children. Discussions are ongoing to support enhanced RRRI coordination between the two countries. The INOPA is being supported by UN Women (in process). UNICEF’s support has focused on establishing a monitoring framework for the Ujjawala scheme and rehabilitation of victims. Mapping of 184 schools of social work has been completed, including an analysis of data on curriculum relating to child rights and child protection. A draft framework
Progress: A draft Concept Paper to develop a National Strategy on Alternative Care was prepared and shared with the network. Mapping of alternative care programmes from eight districts in four states was completed and the report was finalised. Qualitative documentation on family strengthening and non-institutional care programmes is underway. A learning initiative on family strengthening and non-institutional care was organised with all UNICEF colleagues and counterparts from ten state governments. Sponsorship and after-care guidelines were finalised by MWCD. Guidelines on foster care and open shelters are being developed. Upon MWCD's request, UNICEF is supporting development of guidelines and a manual for the establishment of model children's institutions, in partnership with Aangan and ACE.

- On-track

IR 2040/A0/04/829/061 IR52 Increased knowledge and awareness of social practices harmful to children (including child marriage and violence against children) and improved capacities to address them

Progress: Stakeholders were sensitised on child marriage and there has been continuous engagement to stop child marriages in several key districts. Some state governments have notified rules on child marriage. The child marriage prohibition initiatives by different districts were profiled and discussed at the national-level consultation in Delhi. Child marriage is a key issue of discussion in adolescents’ and women’s groups. Special campaigns and partnerships are in progress in certain focus districts, e.g. the tea communities in Assam, Rajasthan, Madhya Pradesh and Andhra Pradesh.

- On-track

IR 2040/A0/04/829/464 IR21 The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced (Bihar State)

Progress: As per the plan, 100 volunteers were trained with support from 30 CSOs from 8 flood-prone districts of Bihar. In the absence of any guidelines on child protection in emergencies (CPIE) for the functionaries at the district, block and Gram Panchayat / village levels, a consultative process was initiated with support from CSOs and government counterparts to develop them. Guidelines on family tracing and reunification (FTR), psychosocial support, creation of child-friendly spaces and prevention of abuse and trafficking of women and children during emergencies are now available. These guidelines have been discussed with all key service delivery structures under ICPS (CWC, JJB, District Child Protection Unit [DCPU]) during the training programmes undertaken in 2012.

The components of these guidelines have also been incorporated under the training modules designed for DCPU functionaries with an understanding that the highly prone districts will take emergency scenarios into consideration during their programme planning.

- On-track

IR 2040/A0/04/829/465 IR21 The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced (Chhattisgarh State)

Progress:
- Meetings with Integrated Child Protection Program (ICPP) of the Tribal Welfare Department, the Sukma team in Raipur on the Change Management Strategy; integration of ICPP with government systems through creation of a new technical cell as support to the district administration in convergence with education, child protection and WASH
- Advocacy with the district administrations in Sukma and Dantewada on creating and strengthening child
UNICEF Annual Report 2012 for India, ROSA

- Protection mechanisms in the district
- Capacity building of stakeholders at block and district level on CP issues facilitated
- Recommendations from partner agencies to district administration led to appointment of female teachers in girls’ residential institutions.
- Cases of physical/sexual abuse in Maraiguda Ashramshala have been reported as part of an initial recce visit and discussed with the DC in Sukma.
- The assessment of Porta Cabins (residential institutions) was completed by the partner agency, T.F.
- The catchment areas of the residential Porta Cabins have been defined and mapped by the partner agency, T.F., which would help to prevent abuse of children.
- Children in communities in select Gram Panchayats in Sukma are being tracked through the Bal Adhikar Suraksha Samitis, which has resulted in prevention of child trafficking, forced labor and child marriages, and the monitoring of anganwadi centres and schools through support to the ICPP.

**On-track**

**IR 2040/A0/04/829/581 IR53 Models for addressing and preventing child labour in selected states and districts, developed and piloted**

**Progress:**
- mid-line assessment of 16 districts where child rights projects initiated
- revision of proposals for 3 states (Maharashtra, Gujarat, Rajasthan) completed
- continued support to initiate evaluation of the Warangal project, supported by IKEA

**On-track**

**PCR 2040/A0/04/830 2012 PCR Education**

**Progress:**
UNICEF continued to closely work with the Ministry of Human Resource Development (MHRD) and other partners to support the implementation of the Right of Children to Free and Compulsory Education Act / Right to Education (RTE) through child-friendly schools. A major achievement has been the notification of RTE state rules and implementation guidelines across all states and union territories. This has accelerated key results such as the recruitment of 1.2 million additional teachers and mainstreaming of 2.8 million out of school children (OOSC) into age-appropriate classes. At the request of the MHRD, UNICEF has convened government and civil society to advance the RTE acceleration drive leading to strengthened School Management Committees and School Development Plans across India.

The India study submitted to the UNESCO-UNICEF Global Initiative on OOSC will contribute to the harmonised methodology for identification, tracking and measurement of OOSC. This will contribute to strengthening RTE monitoring.

Key recommendations emerging from the National Vision for Girls’ Education and 2015 Roadmap have been incorporated in SSA annual work plans and budgets as well as the capacity development of state gender coordinators.

The National Forum on Special Training resulted in guidance for states on how to mainstream OOSC into age-appropriate classes, one of the most challenging RTE provisions. UNICEF supported a study, “The Education Question: From the Perspective of Adivasis,” which has shed light on the conditions, policies and structures that affect tribal communities.

A new GoI Teacher Education Mission was also supported in the preparation of state teacher education plans to ensure the academic support structure is more strongly linked to learning outcomes.

UNICEF in partnership with the National Commission for Protection of Child Rights (NCPCR) and NUEPA organised the first-ever national forum on education in civil-strife areas, which represented a milestone for India. Likewise, the first-ever National Forum on Early Childhood Education and South Asian Early Childhood...
Care and Education Conference has led to early childhood education (ECE) being placed higher on the political agenda.

UNICEF organised an MDG Roundtable for Gordon Brown, Special Envoy of the Secretary General for Global Education, which led to the formation of an Indian working group of the Global Business Coalition on Education in support of public-private partnership for the basic education sector.

UNICEF inputs that focused on the importance of quality, learning, and school readiness have been incorporated into the Education Chapter of the GoI 12th Five Year Plan. Innovations arising from the programme include activity-based learning across 14 states, and the public-private partnership model, School Excellence Programme, which reaches half a million children in the urban slums of Mumbai.

**On-track**

**IR 2040/A0/04/830/001 IR30** Evidence-based knowledge and good practices on school readiness to reduce disparities and improve learning achievements documented and disseminated to policy makers and practitioners across India

**Progress:**
In July, the first National Early Childhood Care and Education (ECCE) Forum was organised in Jharkhand in collaboration with the state government. The forum provided a platform to share the ideas and experiences related to school readiness as part of RTE implementation and demonstrated that inter-ministerial convergence between MWCD and MHRD is possible. In Gujarat, ECE has been integrated in state RTE rules.

The capacity of partners in ECE was built through support to the EFA Global Action Week on ECE, provision of technical inputs for the formulation of the national ECCE Policy Framework, and the organisation of the South Asian ECCE Conference in Delhi.

The pre-school curriculum and quality standards were validated in several states with support of UNICEF and will be finalised next year. ECE resource materials, training modules and activity books were developed in Gujarat, Jharkhand, Madhya Pradesh and Rajasthan. In addition, in Rajasthan, with support from Ambedkar University and the National Council of Educational Research and Training, the school readiness package has been developed. The SSA and Department of Women and Child Development are ensuring effective school readiness programme implementation in the pilot 3,000 Anganwadi Centres.

UNICEF continued its efforts to document good practices and lessons learned on school readiness to reduce disparities and improve learning achievements. The multi-stakeholder partnership – MHRD, MWCD, Ambedkar University, the ASER Centre and UNESCO – was strengthened through the ECE longitudinal study initiated in 2011. A study is being conducted in Andhra Pradesh, Assam and Rajasthan to identify ECE interventions and their impact on early learning and holistic child development. The results will feed into quality reforms, and the development of curriculum and standards. The initial results of the study were shared and the study will be finalised by 2015.

**On-track**

**IR 2040/A0/04/830/031 IR32** Increased educational support programmes and investments for targeting children from disadvantaged groups (i.e. child labourers, girls, ST and SC children, Muslim children, children with special needs, children in emergencies and civil strife etc.)

**Progress:**
In 2012, UNICEF continued its support to the implementation of RTE with a special focus on the most socially disadvantaged groups.

A national consultation on special training held in April brought together practitioners and decision makers across states to share experiences and challenges. This resulted in concrete policy recommendations and implementation guidelines for mainstreaming the over 8 million OOSC from the most-deprived communities into age-appropriate class.
Various innovative strategies in special training to reach the most excluded groups have been tested and successfully implemented in Bihar, Chhattisgarh, Jharkhand, Rajasthan and West Bengal.

In Chhattisgarh, child-friendly and child-centred approaches such as activity-based learning have been used in teaching learning materials and teacher-training modules as part of the establishment of special training programmes in schools. Special training packages have been developed in Maharashtra and West Bengal.

With UNICEF support, the National Institute of Advanced Studies produced “The Education Question: from the perspective of Adivasis,” which has shed light on the conditions, policies and structures that affect tribal communities. This was developed through an intensive consultative process involving six states (Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Odisha and Tamil Nadu) with recommendations for MHRD and the Ministry of Tribal Affairs.

A draft Social Inclusion Roadmap for Education has been developed and will be launched next year based on the state-level social inclusion strategies as well as case studies in selected states.

**Progress:**
The National Vision for Girls’ Education and the 2015 Roadmap, jointly developed by the GoI, civil society and UNICEF last year, has ensured that the SSA annual planning and budgeting process ensures gender equality in access, pedagogy and learning outcomes. This has also fed into the capacity development of SSA gender coordinators across the country with state-level workshops organised in Madhya Pradesh and West Bengal for the Mahila Samakhya Programme. Civil society engagement in the development of the roadmap is being documented with the support of ROSA and will be released next year.

In Andhra Pradesh and Karnataka, UNICEF supported the development of girls’ collectives to provide platforms for their increased knowledge, participation and empowerment. In Assam, capacity building of women’s collective members has been conducted to improve girls’ retention and transition to secondary education.

Efforts are being made to draw on the good practices and lessons learned from the Kasturba Gandhi Balika Vidyalayas (KGBV) programme that provided residential schooling for out-of-school girls from the most disadvantaged groups. In Rajasthan, UNICEF has supported teacher training on science and mathematics and the initiation of continuous and comprehensive evaluation (CCE) and child profiling. UNICEF has supported government to develop capacity of KGBVs so they can serve as knowledge hubs on life-skills education. Life-skills education is also being integrated in Bihar, Gujarat and West Bengal curricula. In Maharashtra, KGBV teachers have been trained in quality physical education and sport based on their capacity needs.

In Uttar Pradesh, KGBV teachers have been trained on academic and administrative management, and wardens were sensitised to child rights and needs. Dialogue has also been initiated with the GoI on a scheme for universalisation of secondary education to establish girls’ collectives or “Meena Manches” in the upper primary section of high schools.

**Progress:**
In light of a new teacher education scheme, UNICEF has provided technical support in preparation of state teacher education plans and to the Visioning Workshops in Assam, Bihar, Maharashtra and Uttar Pradesh. To strengthen teacher education institutions, support was also provided for the preparation of annual work plans for SCERT (State Curriculum Education Research and Training) and DIETs (District Institutes for Education and Training) in Gujarat and Bihar.
In Bihar, UNICEF supported SCERT to review the training curriculum and develop materials/guidelines on CCE and special training. CCE handbooks/modules were also developed in states like Tamil Nadu, Kerala, Rajasthan and Odisha. In Gujarat, UNICEF has provided technical inputs for the development of textbooks for standards 1-8.

In Chhattisgarh, UNICEF facilitated collaboration between SCERT and the Azim Premji Foundation to build the capacity of education department functionaries. In Jharkhand, UNICEF is working with the National Institute of Open Schooling to develop a curriculum and training package to build the capacity of untrained teachers in a phased manner.

Continued support has been provided in implementing activity-based child-centred and child-friendly initiatives in 14 states. In Rajasthan, DIETs are supporting activity-based learning in schools, and Gujarat and Madhya Pradesh have scaled it up across the state. Preparation for a multi-state evaluation on activity-based learning has been initiated with a desk review.

A national Round Table on Multilingual Education (MLE) was organised to review the status and identify gaps and priorities for future interventions. In Odisha, an MLE resource group, as well as a strategy and teacher support materials were developed. In Jharkhand, the language profile was mapped and a strategy paper was developed by a Mother Tongue-based Active Language Learning Cell supported by the government, UNICEF, and the National Multilingual Education Resource Consortium.

**On-track**

**IR 2040/A0/04/830/461 IR21** The capacity of our partner to reduce the risks of the most vulnerable women and children during emergencies is enhanced

**Progress:**

UNICEF has continued to collaborate with government and civil society partners to advocate for the mainstreaming of DRR in education sector plans. Capacity-building efforts have also been supported in states working on strengthening education preparedness and response for children affected by natural disasters and civil strife.

UNICEF’s convergent efforts have led to the formation of a Steering Committee with the NCPCR, NUEPA, UNESCO and CSOs. A document review on education in areas affected by civil strife was conducted and technical support was provided to a ‘Schools as Zones of Peace’ workshop held in Nepal.

In December, a National Consultation on the Right to Education for Children Affected by Civil Strife was convened by NCPCR, NUEPA and UNICEF, with the participation of diverse stakeholders from state- and district-level government, UN agencies, academia, journalists and civil society, as well as the affected youth themselves. The consultation was inaugurated by Dr. M.M. Pallam Raju, Honorable Minister of Human Resources Development, which represented a major milestone for India. The issues and challenges in implementing RTE in areas affected by civil strife were discussed with a particular focus on advancing quality education with equity. Recommendations have been shared widely and will feed into the follow-up action plans particularly for the affected states.

UNICEF has also provided support to the Education in Emergencies (EiE) capacity-building workshops conducted by Save the Children and State Inter-Agency Groups in Bihar and West Bengal.

Additionally in Bihar, UNICEF has facilitated a workshop for SCERT to develop plans for the inclusion of EiE in the curriculum and develop prototype materials to address the needs of children in the response, recovery, and reconstruction phases. SCERT has also conducted one-day orientation for all Education Officers.

**On-track**

**IR 2040/A0/04/830/521 IR31** States have increased capacity to undertake planning and implementation of the Right to Education Act through child-friendly schools and systems
Progress:
UNICEF facilitated national- and state-level activities for the Shiksha Ka Haq Abhiyan campaign. RTE advocacy and awareness materials, developed in 12 languages, have been used widely across states. UNICEF continues to provide critical support to the RTE Civil Society Forum and the development of state-level chapters.

RTE cells were formed in Andhra Pradesh, Jharkhand, Odisha and West Bengal. Public hearings for grievance redress and support to the State Commission for Protection of Child Rights and other entities have also been important for strengthening RTE monitoring at the state level. In Tamil Nadu, a social audit of RTE compliance has been supported.

With UNICEF support, the DISE indicators have been aligned with the RTE. In Maharashtra, DISE data was used to develop an Education Development Index, facilitating the identification of the "educationally backward" districts and blocks. This has led the GoI to classify the index as a best practice for other states to follow. The India study submitted to the UNESCO-UNICEF global initiative on OOSC will further strengthen RTE monitoring through a common definition for OOSC along with the harmonised methodology for the identification, measurement and tracking of OOSC.

Documentation of UNICEF-supported interventions across 470,000 schools in 14 states has been completed and will be released in early 2013, serving as guidance for implementing child-centred and child-friendly curriculum under the RTE.

The improvement of quality physical education and sport has been integrated into education plans and systems across Andhra Pradesh, Assam, Chhattisgarh, Maharashtra, Madhya Pradesh, Tamil Nadu, Uttar Pradesh and West Bengal.

In April, UNICEF supported the first-ever Regional WASH in Schools Conference with the GoI, resulting in the “Framework for Action for WASH in Schools” for South Asia. Further, a circular to all states was issued by MHRD to institutionalise hand washing with soap before the mid-day meal, potentially affecting the learning and health outcomes for 110 million children across the country.

**PCR 2040/A0/04/831 2012 PCR Children and AIDS**

**Progress:**
The Children and HIV Programme is being integrated in the new Country Programme starting in January 2013. Therefore, the programme has focused on accelerating key results and generating knowledge and evidence to ensure successful integration and to keep the momentum of results achieved so far. The primary focus was placed on improving the quality of care and treatment for children and women living with HIV and generating knowledge on adolescents at risk and vulnerable to HIV.

The first focus area included the following key components:

- Advocacy efforts were carried out for the launch of the new national guidelines for HIV prevention of parent to child transmission (PPTCT). As the partner of choice for the PPTCT programme, UNICEF provided technical and financial assistance in the preparation for the launch of the guidelines in September 2012 and in monitoring progress in two states that are currently implementing them.
- Advocacy was also conducted to accelerate the integration of PPTCT into routine services for pregnant women, with a view to improving efficiency and sustainability.
- Support was provided at the state level for the analysis of data on care, treatment and support of HIV-exposed children, and for use of the evidence to strengthen the quality of the programme, including expansion of cotrimoxazole prophylaxis.
- Technical assistance was provided to update the Pediatric ART guidelines, in line with global evidence.
- Building on the results of previous year, UNICEF supported the strengthening of the Pediatric Centres of Excellence to function as mentor and research institutions.
Knowledge management efforts were undertaken to take stock of progress in the past five years, identify lessons learnt, and generate evidence for recommendations on the way forward. Emphasis was also placed on adolescents at risk and those especially vulnerable in anticipation of the refocus on adolescents in the new Country Programme. Achievements included:

- disaggregation of HIV-related data by age and sex in three states, which provided evidence to support the need for adolescent-sensitive HIV programming in India;
- a review of legal and regulatory frameworks in sexual and reproductive health and HIV services for adolescents and minors in India, which was undertaken jointly with WHO and UNFPA and respected issues related to consent, confidentiality and disclosure;
- the finalisation of a framework and tools for unpacking vulnerabilities of adolescents and young adults at higher risk of violence, abuse, exploitation and HIV, after piloting in two states;
- an assessment of the Adolescence Education Programme and Red Ribbon Clubs, covering nine states, as well as an end-line study of North-East Multimedia Campaign; and
- documentation of lessons learnt from the implementation of the Link Workers’ Scheme.

**Progress:**

EID has been included as an integral component of lab technician and counsellor training conducted by State AIDS Control Societies (SACS). Planned exclusive training on EID could not be conducted as the National AIDS Control Organisation (NACO) did not approve the training.

The scale up of EID centres in the second phase was done in consultation with the NACO, and the centres were also trained accordingly. In March, the NACO communicated that the centres scaled up by NACO in the second phase had not received the required unique code from the NACO and therefore the dried blood spots (DBS) collected from these centres would not be tested, thus affecting the testing of exposed babies at six weeks. NACO has recently provided the code to all the phase II centres, and DBS collection will start again.

Another concern affecting DBS collection in the centres is the number of vacant positions.

For the period January to May 2012, 58 exposed babies were tested through DBS, of which 12 cases are positive. All these babies have been referred to an ART centre.

**Progress: PPTCT national guidelines (Option B) launched in Andhra Pradesh in September 2012. UNICEF supported the launching, capacity development and periodic monitoring of the implementation of the guidelines. Documentation on the integration of PPTCT with RCH is being used as an advocacy tool to accelerate integration. Convergent programming with joint review meetings has been undertaken. After the roll out of new guidelines, 96% of the ANC cases accessing facility were tested for HIV and linked to ART.**
Draft reports of the following are ready: Curriculum Review; Media Analysis and Public Opinion; Epidemiological Review and; and Policy Review. The Quantitative and Qualitative Data collection has been completed.

2. End-line evaluation of north-east multimedia campaign – on track
The topline findings are ready, with the exception of Tripura.

3. Generate evidence for designing strategies and interventions among most at risk adolescents/ youth
Analyzed data available for 3 states available by mid-year – on track
Final Legal framework Review report by Mid-year – on track
Risk and Vulnerability Assessment completed by August – on track
Draft strategy paper – slight delay

4. RRE- Phase-III – completed

5. TSU support – ongoing

6. LWS Documentation – on track
The report will be available by November 2012.

### PC 807 - Advocacy and Partnerships

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**PCR 2040/A0/04/819 2011 PCR Advocacy & Partnerships**

**Progress:**
The Advocacy and Partnership (A&P) Programme continued its work in public and policy advocacy, partnership and participation using strategies and interventions in communication strategy development, media and celebrity engagement, policy advocacy and communication, audio-visual productions, publications and online communication, and youth participation. In 2012, there was a continued focus on the four main focus areas: nutrition, education, sanitation, and routine immunisation, with the successful launch of the nationwide Nutrition Campaign and the Sanitation and Hygiene Campaign. In close coordination with the Child Protection Programme, an Advocacy Strategy for Child Marriage was developed in 2012, while polio eradication continued to be key focus of communication support.

A rigorous and proactive media engagement plan strengthened UNICEF’s public advocacy on key child rights issues in India. The A&P Programme supported the creation of communication packages and advocacy toolkits, documentation of lessons learned and good practices, and used various channels to disseminate this information through mainstream media, digital platforms and through direct advocacy with key decision makers and influencers.

In 2012, the ICO’s digital presence continued to grow, with the Facebook page becoming a platform to engage in a public discourse on key priority issues. A digital campaign on sanitation and toilet use provided an excellent platform to start a public discourse on a taboo issue, with use of very innovative tools and partnerships. With increased outreach of the ICO on social media channels, there is not only an increase in visitor/followers, but also increased interaction both in terms of quality and quantity. In this context, the A&P Programme also produced a large number of stories, photo essays, videos and other toolkits that were disseminated through various channels in India and globally.

In the area of partnerships and celebrities, the Dare to Care Campaign implemented with the Delhi Daredevils cricket team has provided an important platform to raise issues related to adolescent girls and their role in society. The year has seen active involvement of the four UNICEF ambassadors as advocates for polio eradication (Amitabh Bachchan), nutrition (Aamir Khan), adolescents (Priyanka Chopra) and HIV and maternal health (Sharmila Taqore).
In the area of youth participation, a national consultation, ‘Listening to children and adolescents,’ was held, and a resource guide on adolescent participation programmes and approaches was disseminated. At the state level, the A&P Programme continued to support child reporters’ activities.

The progress made in the area of partnerships with elected representatives and other policy and decision makers has been covered under section C.1. Effective Advocacy.

### PCR 2040/A0/04/832 2012 PCR Advocacy and Partnerships

**Progress:**
The A&P Programme continued its work in public and policy advocacy, partnership and participation using strategies and interventions in communication strategy development, media and celebrity engagement, policy advocacy and communication, audio-visual productions, publications and online communication, and youth participation. In 2012, there was a continued focus on the four main focus areas: nutrition, education, sanitation, and routine immunisation, with the successful launch of the nationwide Nutrition Campaign and the Sanitation and Hygiene Campaign. In close coordination with Child Protection Programme, an Advocacy Strategy for Child Marriage was developed in 2012, while polio eradication continued to be key focus of communication support.

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The progress made in the area of partnerships with elected representatives and other policy and decision makers had been described under section C.1. Effective Advocacy.

### IR 2040/A0/04/832/001 IR68 Key stakeholders in sectoral programmes at state and national levels are engaged in equity-focused, evidence-based thematic discourse, advocacy materials and policy development and implementation

**Progress:**
In all states, support has been provided to the various sectoral programmes according to state priorities to encourage a discourse based on evidence-based communication strategies, as follows:
- Maharashtra: communication strategies developed for RTE and nutrition; media consultations on child
marriage and child rights resulted in commitment among journalists to report on these issues;

- Uttar Pradesh: communication strategy developed on child labour and materials produced for its roll out in 2013;
- West Bengal: high-level consultations, youth dialogue, community awareness and media engagement activities conducted to advocate against child marriage;
- Jharkhand: media symposium organised for key journalists in partnership with the Department of Information and Public Relations (IPRD), Government of Jharkhand concluded with a commitment by the Chief Minister to form a State Nutrition Council;
- Tamil Nadu: in partnership with the planning commission, state-level consultation organised with children to hear their views on the 12th Five Year Plan Document; and
- Andhra Pradesh: civil society partnerships in Odisha, AP and Karnataka established on children’s issues resulting in generation of an alternate NGO CRC report and support to thematic campaigns on child rights issues.

### IR 2040/A0/04/832/031 IR69 Key policy makers, celebrities and media engaged on key children’s issues

**Progress:**
The creation of effective networks with media on key child-related issues is showing results. Media round tables have received positive feedback from journalists. Partnership with the IGNOU (with Chief Editors meeting on IR1) is a good example of effective media and university partnerships. In this context, UNICEF has also supported six media workshops across the country on the Pentavalent and measles vaccines.

A strategic partnership with Amar Ujala (leading language paper) to highlight adolescent issues and voices from across the country resulted in exclusive space in the daily for a six-month period.

Strong partnership with the IGNOU, the National Foundation of India and the Indian women’s press corps, (3 media roundtables, 25 media field visits and extensive media support for 15 strategic events) led to increased media coverage on sanitation, child health, child protection, education and emergency.

Daily media tracking, weekly summary language press, and quarterly media analysis, as well as specific monitoring related to events or issues, provided information to address quality and quantity gaps in media reporting on UNICEF-related issues. This work also included tracking and handling of negative media especially around the Pentavalent and measles AEFI.

In partnership with the CDN Programme, the A&P Programme finalised creative materials for the nationwide nutrition campaign and consistently engaged the goodwill ambassador, Mr. Aamir Khan. In partnership with the Delhi Daredevils cricket team and Priyanka Chopra, four events took place for ‘Dare to Care’, a strategic partnership on adolescent girls. Sharmila Tagore, national ambassador for maternal health and HIV, visited projects in Jharkhand and lent her voice to support women and children. Nandita Das, Chairperson of the Children’s Film Society of India, participated in an important discourse around child labour in Uttar Pradesh. The presence and engagement with celebrities in Delhi and states led to extensive media coverage on key issues and supported the meaningful discourse on key issues.

### IR 2040/A0/04/832/061 IR70 Children and young people consistently have opportunities to participate and express their views on issues concerning their rights and development

**Progress:**
In the area of youth participation, a national consultation, ‘Listening to children and adolescents,’ was held, and a resource guide on adolescent participation programmes and approaches were disseminated. A sound knowledge base on the issue of adolescent participation with information on key stakeholders working in this area was developed and shared with the MWCD and the NCPNR. UNICEF inputs and participation were assured in the special committee focusing on adolescent participation models across the country. At the state level, the A&P Programme saw a continuation of child reporters’ activities with a number of innovations to ensure media space to highlight the voices of adolescents. Maharashtra facilitated nine adolescent girls from
across the state to pursue their education even amidst very difficult circumstances. The event was given extensive coverage in the state media. The Laadli (civil society) media gender-sensitive accolade was awarded for the radio programme on adolescents’ voices.

**Progress:**
In 2012, the A&P Programme continued to increase the quality and quantity of the knowledge products produced and disseminated through various online and offline channels, in support of the ICO’s public advocacy efforts. Social media continues to be an area of growth, and the ICO is among the leading UN/UNICEF offices in Asia in terms of the number of supporters. There has been growth not only in numbers, also in terms of quality of interaction and offline in mainsteam media.

Data packages have been developed and used for public and media outreach (offline and online) in Delhi and states on issues related to urbanisation (SOWCR), child marriage, child survival (Promise to Keep), routine immunisation, adolescent girls (Dare to Care), water and sanitation, nutrition, as well as partnership with IKEA. These packages included 22 features, 11 photo essays and 17 videos. The A&P Programme developed a strong pool of writers, editors and photographers for the development of quality stories and AV materials in line with the Content Management Plan. As an example, Assam developed “The Pinky Saga,” a complete dossier on Pinky developed with photographs and media reports, and UP developed text and AV stories for online dissemination of material on child marriage, child labour, discrimination against children affected by HIV and open defecation. Other stories and AV productions were generated from several states, including Madhya Pradesh, Bihar, Maharashtra, Gujarat and Andhra Pradesh.

In a few states, the A&P Programme provided support to communication in emergencies with feature stories, media visits, and communication around the Guwahati Emergency Management Exercise and the International Day for Disaster Risk Reduction.

Strategic partnerships included the Dare to Care campaign with the Delhi Daredevils, focusing on the situation of adolescent girls, and an innovative social media campaign around Global Handwashing Day/World Toilet Day.

**On-track**

**IR 2040/A0/04/832/617 IR63 Government, civil society, child rights institutions and commissions supported for accelerating implementation of CRC at national and state levels**

**Progress:**
1. State Commission for the Protection of Child Rights has been recently constituted; once all members are on board, engagement with the body will be taken forward.
2. A children’s alliance/coalition will be developed early in 2013.
3. A State Plan of Action for Children will be updated for 2012.

**On-track**

**PCR 2040/A0/04/833 2012 PCR Emergency Preparedness Response**

**Progress:**
In 2012, the emergency response capacity of the national and state governments improved considerably. Early warning systems were developed, large emergency response funds were allocated, and, while the severity of annual emergencies in India continues, there have been reductions in loss of life and prolonged displacements.

There are, however, still weaknesses that need to be addressed. Government emergency response is still not fully in line with internationally accepted minimum standards for preparedness, response and recovery and operational contingency planning. Insufficient efforts are invested in preventive measures. The preparedness planning is weak and based on past relief expenditures, which in 2012 again required UNICEF’s support with
emergency supplies for emergency response. The humanitarian response is focusing predominantly on search and rescue operations and blanket food distribution. Relief plans do not take into account the special needs and equitable access to services for women and children and the special needs for protection of children in humanitarian action. Schools are regularly used as relief camps during recurrent floods or as command centres for opposition armed groups in civil strife-affected areas. There are no provisions in humanitarian action adequately ensuring uninterrupted education and child-friendly spaces. The potential of NGO partners as an outreach to government relief efforts is not fully utilised, and NGOs are seldom part of government contingency and emergency preparedness planning and response efforts. Early recovery efforts are limited to minimal cash distribution, and long-term recovery plans are often not made. In many urban settings, adherence to accepted building, fire and other hazard prevention standards is weak and often neglected, leading to high exposure of the population, especially in high-risk earthquake zones.

In view of the above, UNICEF in 2012 undertook a strategic shift from emergency response to DRR. UNICEF will maintain its readiness to respond to Level III emergencies but will no longer be involved in local emergency response. Efforts will be focused on provision of technical support and capacity building to improve government and stakeholders’ emergency preparedness and response and preventive risk reduction actions.

**IR 2040/A0/04/833/461 IR21 Del** Capacity for emergency responses the risks of the most vulnerable women and children during emergencies is enhanced

**Progress:**
A DRR Programme was implemented in nine states of India. A total of 1,019 government officials, 102 NGOs and 2,000 community members were trained in DRR, contributing to improved preparedness and equitable humanitarian action. Improved resilience of communities was achieved through community-based DRR (CBDRR) programmes covering 444 villages in 10 districts providing essential life skills to 400,000 people. More than 75 community volunteers and 4,075 community task forces were established. School safety was promoted through supporting activities in 160 schools and provision of training to 45,000 children. UNICEF provided support to the government-led National School Safety Programme to develop national school safety guidelines and recommendations for mainstreaming DRR in education curricula for higher grades.

The risk to children from disaster was assessed through a child risk analysis in emergencies in five states. The analysis of the possible impact on child development of disasters and climate change was made possible through the development of a multi-hazard vulnerability mapping database piloted in 88 districts of 3 states. Government capacity on DRR was enhanced in providing support for the development of district-level preparedness and disaster management plans and identification of opportunities for mainstreaming DRR in national flagship programmes. Humanitarian assistance was provided to 55,000 flood-affected people in two states and awareness campaigns were conducted in 22 districts. Assistance was also provided to 40 relief camps and 37,335 displaced people affected by ethnic violence in Assam.

The government was supported in providing advice for procurement of relief supplies in introducing UNICEF’s emergency Health Kits. A total of 9,176 children and adolescents received psychosocial support through their engagement in child-centered activities. Government preparedness was tested through large emergency simulation exercise carried out in Assam involving more than 800 participants. Service delivery for maternal and child health and nutrition were scaled up in civil strife-affected areas, and more than 300 SAM children were successfully treated. All UNICEF staff were trained on the CCCs.

**IR 2040/A0/04/833/491 IR22 Ensure coordination and collaboration between key national non-government, UN and NGO coalition members to institutionalise some of the good practices of the interagency humanitarian reforms process**

**Progress:**
Close coordination with government disaster management authorities was maintained in nine states. Support and capacity building for IAGs – coalitions of NGOs operating at the state level – were provided on an
ongoing basis and closer government-NGO coordination was supported. UNICEF continued to act as convener of the UN Disaster Management Team and promoted closer UN-government-NGO coordination at the national, state and district levels.

### PC 809 - Cross-sectoral costs

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<td><strong>IR 2040/A0/04/800/002 IR82-A&amp;F Effective and efficient management</strong></td>
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**Progress:**
As per the quarterly progress reporting, activities with partners were on track with 46% and 54% of spot checks and scheduled audits completed as of 30 June 2012. As of 30 September 2012, 0.82% of direct cash transfers (DCTs) were outstanding for over 9 months, with measures being taken to keep the figure less than 1%, as per the target. As per the annual management review (report attached), the office conducted a formal risk assessment and made efforts to mitigate the residual risks. Assurance activities with partners were on track. The rate of DCTs outstanding for over 9 months was 1.8%, with additional measures being taken to bring it to less than 1%, as per the target.

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<td><strong>IR 2040/A0/04/800/003 IR83-HRS Effective and efficient management</strong></td>
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**Progress:**
Despite rather high staff turnover, the ICO filled vacant positions in a timely fashion (including the ones funded with Other Resources [OR]). HR needs are strategically identified and reviewed, including succession planning. The gender balance has improved, with special attention paid to the IP category. The 2011 electronic performance appraisal system (e-PAS/PAS) were completed on time 88% of the time. An analysis of comments and ratings was carried out and recommendations were made to improve quality in performance management practices and evaluations. The identification of individual developmental outputs are aligned with sections/FOS/individual learning needs/plans.

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<td><strong>IR 2040/P0/04/800/140 IR85 Sales of cards and gifts</strong></td>
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**Progress:**
Progress has been constrained on this IR, mostly due to the difficult conditions in the greeting card market in India (the market size is decreasing rapidly). Moreover, UNICEF in India is not yet known as a possible license partner. It might take a little more time than planned to achieve this positioning in India.

The ICO is now approaching the current partner to try to develop a promotional licensing deal with them (Woodland, for example, created a range of t-shirt to be sold in their stores).

The ICO is also looking into what can be done with two high-potential licenses developed over the last few years: Meena and Kyunki Issi ka nam hai. The office is now conducting a study on the relevance of Meena as a license for children in India and is also discussing with GSK the possibility of using the Kyunki character for the license.

Overall, however, progress on this IR is much slower than planned

### PC 810 - Social Policy, Planning, Monitoring and Evaluation

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Progress:
Piloting and scaling up of innovations and good practices have been critical components of the ICO’s work. In India, where UNICEF resources are limited compared to national budgets, piloting is one of the key ways that UNICEF seeks to influence government policies and programmes. Results are demonstrated on a small scale with a view to leveraging GoI funding and advocating for replication of successful approaches to deliver impact on a larger scale. This theory of change will remain a backbone of the next Country Programme. To this effect, the Programme has developed Guidelines on Piloting and Scaling up of Innovations and Good Practices, which will be rolled out in 2013.

In 2012, the experience in supporting decentralisation and local governance has informed the Prime Minister’s Rural Development Fellows Programme (PMRDF). The PMRDF has adopted UNICEF’s District Facilitator model, which aims to strengthen existing mechanisms of local governance and leveraging of resources from national flagship programmes and convergent planning at the district level. PMRDF engages young professionals as ‘district fellows’ who will support decentralised planning in the context of the GoI’s Integrated Action Plan scheme covering 82 selected tribal and disadvantaged districts affected by left-wing extremism.

In addition, a research-based pilot to test the effects of unconditional cash transfers as a social protection instrument is well underway through partnership with the Self-Employed Women’s Association (SEWA). The research has been completed, and the findings will be analysed and used for policy advocacy in 2013.

The programme played a key role in the review and revision of the National Policy for Children, which now awaits Cabinet approval. UNICEF support focused on making it more rights-based, through drafting of the committee membership and facilitating participation of civil society and children’s collectives. The programme also provided technical input and facilitated civil society engagement in the finalisation of The Protection of Children from Sexual Offences Act, 2012, which came into force in November.

In Rajasthan, the government pledged to bring out a Girl Child Policy to respond to the state’s sharp decline in the child sex ratio from 909 (Census 2001) to 883 (Census 2011). UNICEF supported a consultative process to develop the policy, and it has been submitted to the state Chief Minister for approval and notification.

Alongside these and other achievements, the ICO has also provided a wide range of cross-sectoral support, and led the development of the Country Programme Document (CPD) and County Programme Action Plan (CPAP) for 2013-2017.

On-track
IR 2040/A0/04/835/001 IR60 Census and social sector survey systems strengthened for filling in data gaps and improving quality, coverage, analysis and timely dissemination of data for evidence-based advocacy for policy and programme implementation with equity

Progress:
To support evidence-based programming for the new Country Programme, UNICEF generated a Child Development Index and provided analysis of the performance of states and districts in terms of child development and survival. This Index is one of the most comprehensive of its kind, and maximises the use of the credible, vast body of government data. Progress was assessed against 19 indicators encompassing health, nutrition, education, protection and child environment. To reflect the life-cycle approach that underlines the new Country Programme, data were also analysed based on three age groups: infants and young children (0-59 months), boys and girls (5-14) and adolescents (14-17). The final report was made available in time for the planning process, and field offices have undertaken further analysis for identifying priority programming areas.

UNICEF has also continued to support CensusInfo, a DevInfo-based system, along with the CensusInfo Dashboard <http://censusindia.gov.in/2011census/censusinfodashboard/index.html>. This year’s work focused on updating the dashboard with newly released datasets on housing. The dashboard displays all the data at the national, state and district levels, and provides an excellent depiction of people’s quality of life at
two time points, 2001 and 2011.

At the state level, UNICEF also supported the analysis and dissemination of Census 2011 data. In Maharashtra, data mining and dissemination led to a high-level policy discourse engaging Departments of Planning, Education and WASH. In Odisha, a software-based dashboard has been developed to allow one-stop access to standardised social indicators for the state, using a wide range of government data, including the Census. In Gujarat, UNICEF also developed user-friendly thematic brochures on key social sectors, and the information has been used to advocate for identifying social sector priorities.

**On-track**

**IR 2040/A0/04/835/031 IR61** Monitoring systems for children- and women-related schemes strengthened for improved equity-based outcomes for children

**Progress:**

An end-line survey of the Integrated District Approach was conducted to measure changes in 17 integrated districts across 14 states where UNICEF has been working since 2005. The results were compared with the data from the surveys at baseline (2005) and mid-line (2008), as well as with control districts. The results have been compiled and disseminated in the form of factsheets.

The results showed positive changes in areas such as services provided to mothers and children, improving birth registration, and access to and attendance in primary and upper primary schools. Challenges remain in addressing open defecation and making significant improvement in hand-washing. The results will be further analysed to determine how and to what extent the Integrated District Approach has influenced the changes.

UNICEF has been advocating for the need to have updated, disaggregated information on critical outcome-level indicators related to children and women. With the availability of a considerable amount of government data, a challenge has been to ensure its regular and concurrent updating so that the situation of children and women can be assessed with recent datasets and corresponding timeframes.

A series of consultations and discussions have led to the GoI’s acceptance of a concept paper on a rapid survey on children and women, and the GoI has formally requested UNICEF to support an all-India survey, covering 29 states. A road map has been developed for its implementation in 2013.

UNICEF has also been supporting MWCD in its efforts to improve the management information system (MIS) for Integrated Child Development Services, which provides a package of six essential services to children below 6 years of age and pregnant and lactating mothers. Training of more than 100 master trainers has been completed in seven locations.

**On-track**

**IR 2040/A0/04/835/091 IR64** Evidence, partnerships and pilots developed and used to promote equity and social inclusion objectives and strategies in related policies and programmes

**Progress:**

A study of social exclusion in flagship schemes in three states, and case studies of nine innovative strategies to close gaps between different social groups across social sectors were completed. In Tamil Nadu, evidence was developed on the status of hostels for SCs and STs in the three focus districts. Dissemination of the information with policy makers led to initiation of monitoring mechanisms to promote equity objectives in policies and programmes. In Maharashtra, an atlas on key social indicators with equity focus for districts was published and used for high-level policy dialogue.

Nationally, the Solution Exchange Gender Community of Practice was supported to build evidence on gender issues and mainstreaming. Case studies of day care/crèche strategies for children under the age of three were completed as part of the initiative to address women’s unpaid care burdens.

In Maharashtra, the Deepshikha project on adolescent girls’ empowerment was scaled up in 125 blocks under the Maharashtra Human Development Mission, reaching out to 200,000 adolescent girls. Elements of
this model have been integrated into the national programme, SABLA, and will form the basis of a Maharashtra state plan for women and adolescent empowerment. In Tamil Nadu, a model to address social inclusion of most marginalised dalit communities has been piloted in three villages. Technical support for M&E of Entitlement Centres, piloted for the Planning Commission in four Minority Concentration Districts, will contribute to enhanced knowledge on reaching excluded groups in 2013.

In Bihar, support was provided to the technical cell in the Department of Scheduled Castes and Scheduled Tribes Welfare to support the Bihar Mahadalit Vikas Mission. Activities included development of training modules for master trainers, support for monitoring, and improving implementation of various schemes.

**IR 2040/A0/04/835/121 IR65** Evidence from integrated and UN Joint Programme on Convergence (UNJCP) districts are collected, replicated and sustained to improve utilisation of human, financial and other resources at the National, state, district and sub district levels

**Progress:**
UNICEF’s key contribution to GoI-UNJPC has been in the form of technical support through the placement of 50 District Facilitators. This model has informed the PMRDF, which was launched in September 2011. The PMRDF supports young professionals as ‘district fellows’ and places them in 82 tribal and disadvantaged districts affected by left-wing extremism.

As part of its contributions to the UNJPC, UNICEF also supported human resources, budget and flagship analysis in 35 districts across 7 states. Key findings are being disseminated and discussed at state- and district-level workshops.

As a follow up to the Regional Policy Dialogue on Decentralisation convened by ROSA, UNICEF supported the GoI in organising a National Consultation on Decentralisation and Equity for Children in April in Kochi, Kerala. Attended by national, state, district and local government representatives, the consultation served as a forum for sharing good practices and proposing concrete actions to state governments for promoting child-friendly local governance.

A key achievement this year was the development of course modules on decentralised governance for the Lal Bahadur Sastri National Academy of Administration, which trains Indian civil service officers. The modules will be integrated into the five phases of training the officers undergo throughout their career.

UNICEF’s Integrated District Approach, the District Planning and Monitoring Unit (DPMU), continues to be replicated. The Government of Chhattisgarh has recently decided to establish DPMUs across all 27 districts in the state, with two distinct positions of Planning Officer and Statistical Officer being fully funded by the government. Six states (Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Tamil Nadu) with DPMUs are now promoting convergence in district planning. Odisha has evaluated their model, which will inform implementation and replication in other states.

**IR 2040/A0/04/835/151 IR66** Governments have the evidence base and capacity to design and implement gender- and child-sensitive social protection schemes

**Progress:**
Research on children’s education, labour and marriage in different agro-ecological zones was completed covering several states. A publication based on secondary data related to child wellbeing was released, and three working papers on issues relating to child-centred social policies were published.

Unconditional Cash Transfer pilot research was completed in Madhya Pradesh, and the findings will be analysed and disseminated in 2013 with a detailed advocacy plan. Financial literacy training is underway among rural communities in the project villages as part of the exit strategy.

The Internal Migration in India Initiative was launched, and publications on internal migration and human development were released on the occasion of International Migrants Day in December.
Child-sensitive social protection measures were mapped in seven states – Maharashtra, Rajasthan, Jharkhand, Gujarat, Tamil Nadu, Kerala and Odisha – and will be further strengthened in cooperation with state governments to identify gaps and challenges in 2013.

In Odisha, support was provided to the DPMU to carry out a bottleneck analysis of the Dhanalakshmi Scheme, which is being piloted in two blocks of Koraput and Malkangiri districts.

In Jharkhand, a State Women’s Protection Cell, focused on issues of preventing violence against women and girl children, was established within the State Commission for Women.

**On-track**

**IR 2040/A0/04/835/181 IR67** Strengthen systems to improve the processes and levels of registration of births in a few registration-deficient states improve quality and use of vital statistics generated from the system

**Progress:**
In India, birth registration is mandated under the Registration of Births and Deaths Act, 1969; however around 30% of live births do not get registered. UNICEF supports the Registrar General of India in accelerating and improving the Child Registration System service delivery.

To develop capacity of registrars at all levels, a Standard Training Manual for Civil Registration functionaries, including notifiers, has been developed in 18 Indian languages. Government will print more than 300,000 copies of this manual in different languages to disseminate throughout the country. In addition, three training of trainers (TOT) activities have been conducted, and 60 senior officers from the states of Madhya Pradesh, Rajasthan, Gujarat and the North Eastern states, participated. They will in turn train officials at the state, district and sub-district levels.

There has been a shift in strategy for birth registration. Given the significant improvement in the proportion of institutional births in India, the approach is now to list those institutions and establish a monitoring system so that all births at institutions are registered within 21 days. The listing exercise was initiated and is almost complete in 22 states, comprising 329 districts and more than 35 million cities.

In Madhya Pradesh, UNICEF’s technical support led to government approval of the Roadmap for Universal Birth and Death Registration, and an allocation of INR 217 million in the state’s 12th Five Year Plan. UNICEF also supported the roll out of the TOT for registrars, medical staff and Panchayat representatives. The government has committed to fund the training for the rest of 48 districts in the state.

**On-track**

**IR 2040/A0/04/835/551 IR62** Strategic knowledge on MDGs, social inclusion, equity and child rights developed, documented and disseminated to inform programming and polices for multiple audiences

**Progress:**
Following the management response to the recommendations from the Evaluation of UNICEF Strategic Positioning in India (2011), UNICEF has developed Guidelines on Piloting and Scaling up Innovations and Good Practices. The guidelines outline the key steps and factors that must be taken into account when designing, implementing, monitoring and evaluating innovations, along with practical tools. This has been integrated into UNICEF’s Results Based Management and Capacity Development Workshops that were held in October and November, and has also informed programming for 2013-2014. UNICEF will continue to strengthen its ‘innovation cycle management’ with the roll out of the guidelines to continue throughout 2013.

The Knowledge Community on Children in India Internship initiative successfully completed its eighth year, hosting over 40 graduate students who documented 11 cases across 7 states. An external evaluation was completed to capture lessons over the years. It was found that the programme has “by and large fulfilled the objectives” and promoted multi-cultural and multi-disciplinary appreciation [among interns], which “resonated with the international mandate of UNICEF.” There is, however, a mismatch regarding the
perceptions of objectives among the stakeholders, namely UNICEF and the host institution. The evaluation recommended that UNICEF should revisit the objectives to realistically reflect what it can achieve and to manage multiple expectations.

Building on the briefing paper series on innovations and good practices initiated in 2011, Madhya Pradesh has documented its experience, achievements and challenges with regard to the Decentralised District Planning (DDP) process. The document indicates that the DDP has benefited from an increased allocation of government funds at the district level, and states that “communities are able to voice their demands, the amount of money that districts demand is increasing, and subsequently the total approved budget that districts receive is climbing.”

Other related results are described in other sections of this report, namely Knowledge Management and Evaluation.

**IR 2040/A0/04/835/611 IR63** Government, civil society, child rights institutions and commissions supported for accelerating implementation of CRC at national and state levels

**Progress:**
The year saw wide dissemination and use of the third and fourth CRC Periodic Report, as well as reports on the two Optional Protocols in Delhi and in the states. Issues from the report have been taken into account in the formulation of the CPAP and the GoI 12th Five Year Plan.

UNICEF had the opportunity to influence two major policy and legal initiatives for children. The government completed the review and revision of the National Policy for Children, which has been submitted to the Cabinet. UNICEF made substantial contributions to, and facilitated the analysis of, feedback from civil society and children’s collectives, which made it a more rights-based policy. UNICEF also provided technical inputs directly and through civil society members for the finalisation of The Protection of Children from Sexual Offences Act, 2012, which came into force on 14 November. UNICEF is now on the Advisory Group of the National Commission for Protection of Child Rights for developing guidelines for monitoring its implementation.

UNICEF’s participation in the Sectoral Innovation Council on Child Participation resulted in the inclusion of initiatives on child participation in decentralised planning and local governance for support as innovations by the MWCD.

A review and experience sharing of the two Child Rights Observatories in Madhya Pradesh and Karnataka was held, leading to an agreed framework for continued support in coming years. Tamil Nadu participated in the review exercise and has now inaugurated a Child Rights Observatory for civil society monitoring of rights implementation in the state.

The NCPCR and UNICEF jointly promoted a discourse on child rights research with academia and research organisations to identify key actions to promote more quality research. Continued advocacy and technical support for research provided through regular dialogue and contributions in the Research Advisory Committee have strengthened the capacity of the NCPCR to coordinate research.

**PC 811 - Behaviour Change Communication**

**On-track**

**PCR 2040/A0/04/836 2012** PCR Behaviour Change Communication (BCC)

**Progress:**
In 2012, the C4D Programme focused on capacity development and ensuring that communication components of government flagship programmes are effectively implemented. The programme also made
sure that capacity development interventions are designed based on rigorous needs assessments.

The efforts were carried out at different levels. At the institutional level, support was provided to enhance the technical capacity of the GoI and other partners’ staff at the national, state and district levels. As a result, several hundred government frontline workers were trained in IPC methods to encourage dialogue, increase knowledge and facilitate empowerment. System strengthening has also been addressed at state and district levels with the establishment and strengthening of BCC cells. The BCC cells are designed to coordinate communication activities of numerous government programmes and promote the strategic use of communication for social and behaviour change. The most notable initiative has been the development of a C4D curriculum platform, jointly achieved with nine Indian universities/institutions identified through a rigorous capacity assessment. At least four universities have incorporated elements of the curriculum platform in their academic offerings even before the official roll out of the programme. This will contribute to developing a much-needed cadre of young people in the area of social and behavioural change communication in India.

Other C4D strategic pillars, namely media-based innovations, social and behaviour change interventions in the integrated districts, and knowledge management, effectively supported the results of a number of Programmes, such as WASH, Health, Nutrition, Child Protection, Education and HIV. Among the key contributions at the national level are the development of communication strategies for routine immunisation, measles, total sanitation, child labour, child marriage and IYCF.

Meena Radio (a school-based media innovation that combines mass media and interpersonal communication between teacher and student) expanded to five states this year. In the pioneering state of Uttar Pradesh, there were positive results among students in terms of knowledge and a desire to take action. Similarly, participation and knowledge among women were enhanced by frontline workers and self-help groups. They facilitated dialogue among women through entertainment-education videos created based on Facts for Life. The C4D Programme focused its support in the Integrated Districts (IDs), and a study in these districts indicated an increase of knowledge and adoption of positive behaviours around exclusive breastfeeding and hand washing.

**On-track**

**IR 2040/A0/04/836/001 IR71 Communication units in Rural Development/ PHED/Department of Drinking Water and Sanitation (DDWS), Information and Broadcasting, Health, Education and district, national and state WCD Departments are able to effectively plan, implement and monitor social and behaviour change communication**

**Progress:**

BCC cells have been formed or strengthened in six states (Andhra Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Odisha and Rajasthan) in order to promote concerted and convergent communication programming across government departments. Similar cells have also been formed and strengthened at the district level in Assam, Chhattisgarh, Gujarat, Madhya Pradesh, Odisha and West Bengal. These cells have supported the development and implementation of communication strategies, capacity building of functionaries at various levels on communication, and leveraging of resources for communication.

For example, an NRHM communication strategy has been developed in Andhra Pradesh, Jharkhand, Karnataka, Madhya Pradesh and Rajasthan. A communication strategy on WASH has been developed in Bihar, Chhattisgarh, Madhya Pradesh and Rajasthan.

A range of capacity building activities were carried out for government functionaries at the state and district level. Nearly 500 people in Bihar, 400 in Odisha, 200 in Karnataka, 150 in Tamil Nadu, 100 in Madhya Pradesh, 70 in Gujarat, 50 in Andhra Pradesh and 30 in Rajasthan were all trained on communication.

Further, 5,600 Anganwadi workers in Rajasthan; 65,000 ASHAs in Andhra Pradesh; 45,000 SHG members, 4,500 AWWs, 150,000 ASHAs, and 601 LHVAs and ANMs in Uttar Pradesh; 1,500 frontline functionaries in Gujarat; and 8,000 ANMs and AWWs in Jharkhand were trained on communication skills.
States such as in Andhra Pradesh, Jharkhand, Madhya Pradesh, Odisha and West Bengal have also been successful in leveraging government budgets for communication initiatives.

**On-track**

**IR 2040/A0/04/836/031 IR72** Key academic, learning and training centres have enhanced capacities to design and deliver courses on C4D, including IPC community mobilisation skills for frontline workers of key flagship programs such as NRHM, ICDS, RCH and TSC

**Progress:**
The efforts to develop C4D capacity in the country has achieved a milestone, with a Memorandum of Understanding signed with nine academic institutions across India (in Andhra Pradesh, Delhi, Gujarat, Jharkhand, Maharashtra, Odisha and Tamil Nadu) for strengthening the C4D curriculum. Eight learning modules have been developed and validated, and a capacity building workshop to roll out the curriculum has been conducted.

A C4D Handbook has been designed in collaboration with the Lal Bahadur Shastri National Academy of Administration.

The programme also conducted a mapping of training institutions and mechanisms for capacity building of frontline workers on IPC and community mobilisation. Relevant government departments at the national level have agreed to collaborate for a consultation workshop. It aims to review current methodologies for training frontline workers, and identify areas to incorporate IPC and community mobilisation skills into existing training programmes.

At the state level, in Bihar and Gujarat, IPC and communications skills training modules were developed and integrated into government training programmes for frontline health workers.

**Met**

**IR 2040/A0/04/836/061 IR73** Families and communities have increased knowledge and positive attitudes about a range of key behaviours needed to enhance young child survival and development, and the continuum of care in IDs

**Progress:**
In the ICO’s 17 focus IDs, the C4D Section has been working closely with communities and has engaged and reached around one million people through a network of 100,000 village volunteers, community groups and mid-media interventions. They have been trained in communication skills, and now use interpersonal communication, participatory dialogue and various mid-media approaches to reinforce key behaviours. In almost all IDs, evidence-based social and behavior change communication strategies have been developed, and BCC cells have been formed and are being supported.

Ideation theory-driven studies in the selected IDs assessed the emotional, cognitive and social dimensions that have an effect on behaviour change. The studies found that over 60% of the community was exposed to the ICO’s C4D interventions, such as IPC, community dialogue, and mid-media, resulting in significant achievements in the community’s adoption of intended behaviours. Over time and by exposure, an increase has been noted in all ideation variables such as knowledge, beliefs, perceived advantage, perceived risks, self-efficacy, norms, social influence, interpersonal communication and community prevalence. For example, in Purulia, exposure to any of the ICO interventions related to breastfeeding increased from 38% in 2007 to 78% in 2012. In Medak district, almost all respondents who were exposed to ICO interventions continued breastfeeding even if the infant was sick. Likewise, 95% of exposed mothers in Lalitpur fed colostrum and reported use of soap for washing hands at critical occasions. (see the list of studies for detail on the ideation theory studies)

Findings from the end-line survey in two IDs in Madhya Pradesh revealed that the percentage of children exclusively breastfed for six months has increased from 43% in the baseline to 78% in the end-line.
**Progress:**
The innovative child-centred programme, Meena Radio, reached more than 50,000 upper primary schools in Andhra Pradesh and Madhya Pradesh, and all 746 residential marginalised girls’ schools in Uttar Pradesh. More than 80,000 teachers have been trained on how to conduct a Meena Radio classroom session after the broadcast. In all the states, SSA has funded the broadcast and procurement of radio sets. Effectiveness studies and the end-line survey indicated significant change in knowledge: 96% of children reported new information gain; 57% reported initiating discussion with friends on key issues; and 87% reported noticing a change in their friends. In Kerala, a weekly Meena Radio programme on child protection issues was broadcast in partnership with Kudumbashree for children’s clubs across all 14 districts.

Innovative Facts for Life interpersonal communication videos were implemented in one district each in ten states – Assam, Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Uttar Pradesh and Tamil Nadu. Nearly 25,000 families were reached. In Jharkhand, funds from the NRHM were utilised to scale up the use of the videos in seven districts. Three rounds of a Sampled Participant Satisfaction Survey revealed an increase in the number of messages recalled by participants (an average 9.4 messages). There was an average 50% increase in knowledge on critical messages among women after participating in the sessions.

Community radio stations have been set up in seven districts in partnership with NGOs that work with marginalised groups with a roadmap to ensure sustainability. Among those, three stations are broadcasting 3-12 hours a day. A study on the three stations revealed that the UNICEF-supported stations have greater connection with listeners. While all stations have been broadcasting since 2010, 42% of respondents in Lalitpur and 40% respondents in Shivpuri reported listening to the station since their establishment, compared to 24% of respondents in Chanderi.

**Progress:**
National Communication Strategy recommendations have been developed to increase demand for and utilisation of services, particularly for the Village Health and Nutrition Days. This has guided the development of state-level social and behaviour change communication strategies to promote VHND in Odisha and Bihar. Next year, this will guide the VHND communication strategy development in other states.

In parallel, operational guides, tool kits and IEC prototypes were also developed for use at VHNDs, and they have been disseminated in Assam, Bihar, Rajasthan and West Bengal. Using IEC material, social mobilisation and counselling programmes reached families of nearly seven million children in Rajasthan and over 5,000 mothers in West Bengal.

**Progress:**
The avian and human influenza situation in the country was jointly assessed with the MHFW, and the preparedness plans have been updated. There were no major threats in 2012. Based on existing communication strategies and materials for H1N1 and avian influenza, UNICEF is ready to provide needs-based support to national and state governments in the case of an outbreak.

UNICEF has been supporting social mobilisation for avian influenza prevention in high-risk districts of West
Bengal. As part of this effort, 41 NGO partners conducted 318 community sensitisation meetings in Murshidabad and Nadia. Over 8,500 backyard poultry farmers were sensitised on safe poultry practices, and over 5,000 students and 215 teachers from 9 higher secondary schools participated in avian influenza communication and social mobilisation activities in these districts.

In Chhattisgarh, 70 community volunteers were trained on preparedness for Acute Diarrheal Disease (ADD) in Sukma, Dantewada and Narayanpur districts. Based on this, an ADD campaign was carried out.

In five Upper Assam flood-prone districts, a campaign on ADD was carried out, targeting 20 tea gardens and covering a population of 280,000. This was done in convergence with the WASH and Health Programmes. A multi-pronged approach consisted of group-based communication (e.g. demonstration-discussions, FGDs, quiz, audio programmes), and mid-media activities (e.g. Street Plays, Dances, Rallies, cleanliness drives) supplemented by mass media (e.g. ASHA Radio). IPC activities were also carried out.

In Madhya Pradesh, training related to DRR and effective planning and execution of C4D strategies, has been imparted to over 30 government and NGO functionaries.

**Progress:**
The C4D programme finalised its knowledge management framework. The following are some of the significant strides taken under the framework:

a) Revamped and functional UNICEF India IEC e-Warehouse [http://www.unicefiec.org/](http://www.unicefiec.org/), which is a digital repository of all print, audio, video communications materials produced by UNICEF India. So far, 2,370 communication materials are available in the warehouse;
b) System of quarterly C4D newsletter established;
c) In collaboration with SPPME programme, two briefing paper series finalised on Social and Behaviour Change Communication Cells, Village Information Centre and Meena Radio;
d) Finalised a C4D Advocacy Pack comprising- C4D Basics Booklet, C4D Results Booklet, C4D Results Film;
e) C4D Handbook for government functionaries was finalised;
f) Many knowledge products of Media Based Innovation were finalised, including Community Radio NGO Booklet, Meena Radio Production Process Book, Kyunki Production Process Book, FFL Videos: Implementation Guidebook;
g) Knowledge products from state C4D programme – Process Documentation of Community Mobilisation on Gram Panchayat Resource Centres in Odisha and *Jeevan Shiksha se Jeevan Raksha* Programme in Madhya Pradesh – were finalised

**On-track**

**IR 2040/A0/04/836/581 IR53** Models for addressing and preventing child labour in selected states and districts, developed and piloted

**Progress:**
Based on a national communication strategy framework, communication strategies for the prevention of child labour were rolled out in Gujarat, Maharashtra, Rajasthan and Uttar Pradesh.

In the districts of Udaipur and Dungarpur in Rajasthan, 2,450 villages were reached with messages on the harms of child labour, the benefits of education and social security schemes. A total of 1,100 progressive child-friendly villages were created, of which 170 are 'Child Labour Free,' and 80,000 out of 100,000 families have increased knowledge and commitment not to send their children in labour.

In Gujarat, folk media campaigns were rolled out in 350 villages. Folk media products, such as scripts and songs, are being used through the School Management Committees under *Sarva Shiksha Abhiyan* (Education for All). Panchayat members in 3,450 villages were trained and provided with materials on their roles and
responsibilities. An initiative on building life-skills of 50,000 girls through drama was carried out, and a range of innovative communication materials were also developed.

In Maharashtra, around 100,000 families in the districts of Yavatmal, Wardha and Jalna were reached through a communication campaign using a range of communication materials and tools such as bus stand announcements, broadcast of radio jingles, hoardings/billboards, wall paintings and community video shows.

Across three districts of Eastern Uttar Pradesh, nearly 26,000 women were empowered to promote child rights among 175,000 socially excluded families in 2,700 villages.
Effective Governance Structure

Given the significant diversity in programming contexts from one state to another and the sheer size of the office, in 2012 the ICO developed and issued a document entitled, "ICO Accountability and Governance," which establishes the separation of accountability and oversight to manage risks. This document was revisited at the last County Management Team (CMT) meeting of the year to ensure adherence in the new Country Programme starting in 2013.

The CMT remains the central management body for advising the Representative on policies, strategies, programme implementation, management and performance, and also provides input on how to keep human and financial resources focused on the planned results. Key CMT documents are made available on the ICO Intranet so staff members can access information and decisions taken at CMT at any time. Office priorities and objectives were defined in the Rolling Management Plan (RMP) 2012, also available on the Intranet, and the progress was reviewed at mid-year and end-year.

The CMT met four times in 2012, where discussions focused on the strategies and modalities for the new CPAP for 2013-2017. Other key issues included the improvement of operations and programme management performance and addressing the areas of weaknesses identified in earlier annual and audit reports.

The office also conducted monthly programme and operations meetings. In addition to strategic discussions amongst senior management, the office also ensured a wider participatory process in the development of the 2013-2017 Country Programme Management Plan (CPMP). This was done by establishing a Country Management Advisory Group (MAG) that consisted of 12 staff members (representing Delhi, field offices and Staff Association) and was chaired by the Deputy Representative-Operations. The MAG brought together diverse perspectives and provided strategic direction to the development of the CPMP. The CPMP was submitted and approved in May 2012.

From 30 April to 1 June, an internal audit was conducted at the Delhi office and the Bihar and Jharkhand field offices. The audit made four high-priority recommendations: a) improve the country-wide Harmonised Approach to Cash Transfer (HACT) governance structure; b) strengthen management of contracts for services; c) improve controls over vendor master records; and d) ensure adequate supporting documentation for goods and services received. Except for these areas, the audit concluded that the governance, risk-management and control processes were adequately established and functioning well at the ICO.

Another priority for this year had been the implementation of VISION, which was successfully rolled out throughout all the 14 offices. In line with the global instructions, the ICO has 167 VISION users who received training, along with all staff members, and refresher training was also provided. The Table of Authority and the Document Authorisation Table were updated in August 2012, taking into account the implementation of VISION and the International Public Sector Accounting Standards (IPSAS).

As part of the overall risk assessment strategy, ICO will continue to conduct the joint Operations and Programme Peer Reviews in all field offices throughout 2013.

Strategic Risk Management

In 2012, all 13 field offices reviewed their individual risk assessment and updated their respective Office Risk Control and Self-Assessments. In November, the Delhi office undertook a desk review of the country-wide Risk Profile, which was subsequently updated. One area that came out as an emerging significant risk is the area of fundraising amongst bilateral donors, as the fundraising environment becomes more complex as India emerges as a middle income country.

The ICO has maintained a minimum readiness level for 20,000 people for emergency responses. All pre-positioned emergency supplies were distributed through government counterparts in response to the floods in Assam and Uttar Pradesh.
In addition, the ICO has emergency focal points in all field offices, covering the 15 states where it operates. They collaborate closely with the local state and district governments and the NGO inter-agency working group. Preparedness meetings are held annually with these counterparts before the onset of the monsoon season (May-June). Additional support is provided centrally by the DRR Section in Delhi. Standing partnership agreements have been maintained with three NGO partners (Oxfam, Save the Children and Red-R) for provision of surge and rapid response capacity in case of emergency. State-level agreements with the Red Cross were also maintained in Odisha and Bihar.

Through collaboration with the national and state disaster management authorities, a number of emergency preparedness training activities were delivered to government counterparts. In addition, a large simulation exercise was conducted to test the preparedness of Guwahati, Assam.

For additional DRR initiatives, refer to Statement of Progress under the DRR Programme.

The UN Department of Safety and Security assessed the level of preparedness for ICO and rated it as fairly good. It also identified MOSS as an area of improvement at the Delhi and field offices. The office will realise full MOSS compliance in 2013.

Despite this progress, there are security concerns pertaining to the location of the office in Mumbai, and the office started actively searching for new premises. However, since potential commercial buildings identified were found to be non-MOSS compliance, the search will continue.

**Evaluation**

The ICO has developed a concept note for evaluation capacity development in the new Country Programme, encompassing a four pronged approach: integration of evaluation into the training for government administrative staff; exploring partnerships to advocate for evaluation; institutionalisation and enhancement of the quality executive evaluation course; and consolidating internal quality assurance system. The concept note was developed through substantial guidance from ROSA, as well as East Asia and the Pacific.

One of the major evaluation capacity development efforts, the Indian School of Business (ISB)-UNICEF Executive Course on Evaluation for Development, completed the second annual course in September. This offering engaged government officials at the national and state levels and evaluation managers from international organisations. To make the course more sustainable, the ICO has developed a partnership framework with ISB, taking into account the need for continued capacity development in the area of evaluation. The ICO has also supported five staff members to participate in the course through its human resource development budget, thereby demonstrating management’s commitment to develop evaluation capacity.

The ICO’s Integrated Monitoring and Evaluation Plan (IMEP) is consolidated under the leadership of the IMEP Steering Committee, which is chaired by the Deputy Representative – Programmes. Its focus has been to prioritise key strategic activities, and the ICO has streamlined the IMEP from 75 activities (2009) to 25 (2012). Timely completion of activities remains a major challenge, and improvement has also been recommended by the 2012 Internal Audit. The ICO has committed to establishing clearer accountability for completion, through the explicit inclusion of the IMEP activities in the Rolling Work Plans, as well as
responsible staff members’ performance appraisal systems.

The decentralised evaluation function has worked well at the ICO, as evidenced by the Evaluation Performance Dashboard. Management responses for the three evaluations completed in 2011-2012 have been submitted, and all three final reports received a good rating. An example of use of evaluation is the development of the "Guidelines on Piloting and Scaling-up Innovations and Good Practices". (For detail, see the Statement of Progress under the SPPME Programme). Promoting the appreciation for management response is an area that will require further efforts.

As part of the quality assurance system, the ICO has further strengthened its standardised format for terms of reference, which now prompts Programme Officers, who commission evaluations, to explicitly state how an evaluation will be used. It also includes hyperlinks to evaluation norms and standards, as well as evaluation criteria. Programme Officers also receive a set of guidelines issued by NYHQ. In 2013, the ICO will also strengthen its Peer Review Group, which reviews the consistency and quality of terms of reference, and link it to the supply and procurement process.

Two evaluations were completed in 2012. One exemplary case is the evaluation of a pilot intervention, the District Planning and Monitoring Unit (DPMU) in Odisha. This evaluation was initiated by a staff member to demonstrate the learning from the ISB Course. This evaluation will inform not only the Government of Odisha as it sustains the DPMU, but also other states that are quickly replicating this model.

**Effective Use of Information and Communication Technology**

**Collaboration and knowledge sharing**
In 2012, ICO successfully implemented a new SharePoint-based Intranet. This has resulted in improved communication and information and knowledge sharing across the 14 offices. The Intranet has many features, such as a taxonomy-based Records Centre, blogs, team sites and online document collaboration. The office has continued to use video conferencing, WebEx and Webinars, which has led to improved information sharing, knowledge management and a reduction in travel costs. Furthermore, the ICT section supported colleagues in the region for Blackberry, WebEx and multipoint Video conferences.

The ICT section also led a joint initiative with the A&P, C4D and SPPME Sections and organised a ‘learning hour’ entitled, “A Smart Employee’s Guide to Tapping Into Information Tools on Your Desktop.” It featured three major web portals – the new Intranet, IEC e-Warehouse and KCCI Website – and showcased how ICT can facilitate collaboration and knowledge sharing and contribute to programmes.

**Effective use of hardware and IT resources**
ICO has upgraded both server hardware and software and migrated to Windows 2008R2 to take advantage of the latest innovation and technologies. The server Virtualisation project has been completed at all the offices, which has resulted in the reduction of the number of servers and a substantial improvement in performance.

The ICO is making every effort to dispose of equipment in an environmentally secure and safe manner and promote recycling. For example, all printer cartridges are collected and sent to HP for recycling. In order to save costs, the ICO drastically reduced the procurement of monitors and printers, and computer hardware has only been upgraded to ensure it is compatible with office applications. This resulted in substantial savings for 2012.

To save costs, the ICO is, to the extent possible, outsourcing its IT user support services at the Delhi office and six field offices through an external contractor.

**Improved connectivity**
The office has further strengthened stable and reliable data connectivity with redundancy and adequate bandwidth between HQ, Delhi and field offices to provide reliable, fast and secure access to VISION. However, VISION connectivity remains a challenge across all offices.
Use of remote access through Citrix was strengthened in 2012 to improve business continuity and increase access to corporate applications by all CMT members, critical staff and staff members at field offices.

**Utilising IT to support programme implementation**

During the year, ICO has, at Delhi and state level, supported programme sections, external partners and other UN organisations in utilising information technology. This was achieved through application hosting and development support. Applications range from knowledge management, over GIS to GPS mapping and state government web portal for District Planning & Monitoring.

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**Fundraising and Donor Relations**

In 2012, the ICO raised USD 62.57 million, showing solid growth over 2011. Combined with the Regular Resources (RR) that the ICO receives, this has made it possible for the Country Programme to be fully funded for the year. The largest contributor was the IKEA Foundation (IF) followed by the UK Department for International Development (DFID).

In 2012, the IF contributed about USD 17 million for a number of interventions such as menstrual hygiene management in Uttar Pradesh. Five grants received no-cost extensions until the end of 2013 and one until the end of 2014 in order to ensure smooth transition and completion of key projects. The IF will continue to be a key partner to advance children’s rights in the new Country Programme, and it has approved a considerable contribution in the amount of EUR 60 million.

DFID has made available USD 14.12 million for health, nutrition, water and sanitation, data strengthening and social protection. An Independent Commission on Aid Impact Review was undertaken this year, and an annual report has been submitted to take stock of the progress against a mutually agreed results framework.

The ICO submitted all 58 donor reports on time.

To strengthen partnership, the ICO organised 14 field visits throughout the year, which included two for the IF, one for DFID, five for National Committees, two for the Bill and Melinda Gates Foundation, one for the Japan International Cooperation Agency, two for Rotary International and one for private sector partners.

A three-year partnership has been initiated with Johnson & Johnson, which committed to donate 1% of Stayfree sale value to the ICO for six months every year. The partnership with Woodland has also been renewed. This year also saw the beginning of face-to-face fundraising in India starting in Bangalore and Kolkata.

The Child Rights and Business Principles Initiative was launched jointly with Save the Children and UN Global Compact. This will guide companies on the protection of child rights in their business practices and environment. In line with this, partnerships have been initiated with the Indian Institute of Corporate Affairs and the Confederation of Indian Industries.

A study on technology innovations for social development was conducted by the Indian Institute of Technology (IIT) Delhi. A partnership with IIT Delhi to host an innovations lab has also been established. The lab will soon be a hub for creating and testing new technology innovations for enhancing programme results.

The ICO is also leading the private sector engagement for the Child Survival Call to Action in India. The objective is to create an environment conducive to achieving an ambitious, yet achievable goal – to end preventable child deaths.
Management of Financial and Other Assets

During 2012, an internal audit was conducted at the Delhi office and two field offices. The audit made four high-priority recommendations: a) improve the country-wide HACT governance structure; b) strengthen management of contracts for services; c) improve controls over vendor master records; and d) ensure adequate supporting documentation for goods and services received. Except for these areas, the audit concluded that the governance, risk-management and control processes were adequately established and functioning well at the ICO.

The ICO’s Programme Information and Management Office has ensured close monitoring and reporting of funds utilisation. This has resulted in a healthy financial implementation of 98% RR utilisation and 93% of Other Resources (OR) utilisation as of 1 December. Intense monitoring of DCTs has helped keep the ICO well within the established benchmarks (DCT > 6 months is less than 5%).

The Programme Information and Management Office has also supported programmes by providing customised reports and other necessary information on the Intranet. This has helped the ICO efficiently manage their Intermediate Results.

The ICO has ensured that monthly accounting processes, including bank reconciliations, are strictly and consistently adhered to. Due to its large programme size, the ICO is amongst the biggest users of cash globally. Through following a strict funds optimisation policy, good cash forecasting and close monitoring of bank closing, the ICO has contributed to the global savings in treasury operations.

For efficiency gains and cost savings, please refer to the section entitled Efficiency Gains and Cost Savings.

Supply Management

ICO procurement is based on a rolling supply plan updated biannually, adding flexibility to the office procurement strategies. The Supply & Procurement (S&P) Section maintained a high number of long-term agreements (LTAs) for both goods and services, covering up to 70% of the overall expenditure in essential services and supplies. With the continued efforts to develop local markets and shorten lead times, local LTAs were established in field offices, and central LTAs were kept available to all field offices for direct ordering.

The trend of reduced expenditures for goods and an increase in service expenditures continued. In 2012, the ICO procured goods and services worth USD 55 million, with services representing 94%, and goods, both local and offshore via Supply Division (SD), representing 6%. With the majority of the expenditures being 3rd party human resources, the S&P Section established local LTAs in 10 out of 13 field offices. The contractual modulation for these 3rd party HR contractors was redeveloped for the new 2013-2017 Country Programme, allowing more flexibility in order to facilitate a reduction of the numbers of consultants used and a cleaner exit if necessary. This new contractual modality, which was first rolled out in Uttar Pradesh in December, is also more cost efficient, with a reduction in the contractors’ relative management fee of 10% and estimated direct cost savings in the area of 2%.

The S&P Section supported SD with Procurement Services of Pentavalent vaccines, equipment and goods required by the Government of India and state governments to a value of approximately USD 16 million, with funds provided by GAVI and state governments. The S&P Section has also supported the Emergency Section in the capacity-building project to establish emergency warehouses in India, which they are working on with the National Disaster Management Authority (NDMA), the Government of Delhi and in partnership with the American logistics firm UPS.

The S&P Section established new procedures for processes not yet covered in VISION. The PACE form is a combined process for approving payments as well as evaluating contractors’ performances, and the Vendor registration process connects the ICO’s newly established Internet supplier registration site with the intranet Procurement Portal and VISION, making the registration process transparent and with clearly identifiable
accountabilities.

In 2012, the S&P Section continued to build strategic procurement capacity into the organisation. Twenty-six staff members who had previously passed the Chartered Institute of Procurement and Supply (CIPS) certification program levels II and III were invited to proceed to level IV. Since 2010, the S&P Section has taken 46 staff members through CIPS level II and III certification. The S&P Section with support from SD organised an ICO Supply Community Network meeting for September 12-14, with training exercises focusing on ethics and service contracting, which in the spirit of supply programme integration also had the whole PSFR section participated in full strength.

**Human Resources**

The foremost priority for the Human Resources (HR) Section has been the PBR preparation, including the staffing structure for the new Country Programme. The current staffing structure has been reorganised, decreasing the total number of posts from 446 to 414, with the abolishment of 71 posts and the creation of 39 posts. Further to this process, a recruitment strategy has been developed in consultation with the Staff Association (SA) to ensure efficient and effective selection of competent human resources and to maximise opportunities for staff in abolished posts. Overall, the office has filled 83 positions and 14 temporary appointments ensuring gender balance and diversity. The ICO has reached a 50:50 gender balance for national staff, and 44:56 female-to-male ratio for international staff (36:64 in 2010).

The ICO had an approved a Rolling Learning and Staff Development Plan for 2011-2012 to develop skills and competencies including those required for the next CP. Fully 99% of the staff participated in at least one group training activity: 9 training events were conducted via WebEx to 207 staff in Delhi and 13 field offices; and 41 programmes were organised on key topics including health policy financing, orientation on social norms, C4D, RBM, MDP, CCC in emergencies, monitoring and evaluation, wireless and emergency telecoms, IT skills, CBI skills, ethics and VISION. A tool has been put in place to assess the impact of learning three to six months after course completion. The ICO has continued to strengthen excellence in leadership and management. A local Executive Coaching Programme for Senior Managers was conducted by an outsourced training company.

Performance Management has been strengthened at all levels. Orientation and training sessions have been organised, and efforts have been made to link training/learning to the PAS. Training on soft skills and managing people for results has been conducted for supervisors and supervisees by trained staff. Noticeable improvements have been made in both completion rate and quality of performance appraisals, based on a qualitative analysis of the consistency between ratings and narrative assessments.

Staff wellbeing and security continued to be a priority. A network of peer support volunteers and a buddy system initiated by UNICEF are operational. Staff benefited from the visit of two Ombudsmen from the office of the Ombudsman for the Funds and Programmes in New York for two weeks. UNICEF is part of the UN Cares inter-agency programme and has contributed to the reinforcement of the 10 minimum standards on HIV in the workplace.

As part of the impact of follow-up actions to the 2011 staff survey, work-life balance has improved compared to the 2011 staff survey, thanks to promotion of a work-life balance policy and flexible work arrangements. Staff members have also been encouraged at the Section/Field office level to spread taking of leave throughout the year. Motivational and recreational activities for staff and families were organised by the SA. The excellent relationship between management and the SA has been a conducive platform to positively respond to staff welfare and morale issues and to sustain an enabling working environment.
Efficiency Gains and Cost Savings

In March, the S&P Section saved USD 1.5 million by choosing to tender for social marketing of ORS and zinc in geographic lots. This enabled UNICEF to capitalise on local markets while maximising use of a few large entities in areas with no competitive local players. Based on previous experience, the initial cost was estimated at USD 3.7 million, while with this new approach, the final contracts totaled USD 2.2 million.

Bearing in mind the high inflation rate (nearly 10%) and the depreciation of the currency in India, the S&P Section negotiated and managed to maintain the same terms and conditions for more than 15 LTAs. This resulted in an estimated saving of around USD 250,000.

The ICO inventory policy established in 2011 has proven effective. The inventory at the end of 2011 was about USD 1 million, which was reduced significantly to USD 75,000 at the end of 2012 and consists only of prepositioned emergency items stored in one warehouse that is operated by a third party.

Furthermore, joint UN bidding exercises were initiated in November for security services, facilities management and courier services with a combined UN contractual value of around USD 500,000.

The ICO continued to seek benefits and efficiencies in other areas of operations. This included comparative advantage of outsourced services.

In January 2012, the ICO abolished all posts of storekeepers, messengers and receptionist in all offices, as well as three IT posts in Mumbai, Chennai and Kolkata. These services will be covered through an outsourcing arrangement.

ICO also hosted a meeting with the Afghanistan and Sri Lanka Country Offices to discuss the best options for maximising operational efficiencies. The outcome of the meeting was a proposal to centralise all accounting, finance and pay functions at Delhi. This allowed for a number of efficiency gains, such as closure of 12 out of 14 bank accounts and better ability to accommodate surges in workload.

To achieve more efficiency in payment processing, the ICO has implemented an electronic banking solution. This has allowed a reduced turn-around time in bank transactions and more efficient support to field offices.

The ICO extensively uses multi-point video and audio conferences to connect staff members located across the country. In recruitment, video conference and telephone facilities were used for interviews, resulting in savings in time and costs incurred for travel and daily subsistence allowance. Similarly, the facilities were used in learning events engaging a considerable number of staff members.

To maximise the capacities of photocopying equipment, the office reduced the number of photocopiers from 22 to 16 by systematically not replacing retirements. The office also plans to outsource these services rather than investing in its own equipment in 2013.

The ICO continued its efforts to sustain awareness of staff to be more environmentally friendly both in the office and at home. Paperless meetings were also promoted in order to reduce waste, prevent pollution, and save resources in the office, at home and with our partners. ICO has also made arrangements with approved e-waste disposal companies.

Changes in AMP & CPMP

A significant change envisaged in next year’s Rolling Management Plan is establishment of a Programme Information Management and Monitoring Unit (PIMMU) as a common service centre for Programmes in Delhi. This requires a review and revision of work processes as well as the implementation of the agreed accountability and governance structure.
Other priorities include the following:
1) Ensure closure and sustainability of 2012 Internal Audit Recommendations and the preparation of the 2013 External Audit
2) Review workflows (e.g. supply, financial and budget management) based on the experience and lessons learnt during the VISION implementation
3) Prioritise the training and testing of the BCP in both Delhi and field offices, taking into account staff and organisational changes
4) Ensure timely preparation and submission of the 2014-2017 Integrated Budget in line with the CF/EXD/2012-006 instruction
5) Prioritise relocation of Mumbai, Kolkata and Lucknow offices to ensure MOSS compliance
6) Preparation for exit strategy for Polio Programme in 2014-2015
7) Preparation and roll out of Outlook across all 14 offices
8) Improving staff wellbeing to ensure the ability to attract and retain high-calibre staff members

Summary Notes and Acronyms

Footnotes for Update on the Country Situation Analysis
3. Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan, Odisha, Uttar Pradesh, and Uttarakhand.
5. Housing data, Census 2011.
8. DISE 2010-11, Flash Statistics.

Frequently-used Acronyms
ASHA - Accredited Social Health Activist
C4D - Communication for Development
DFID - United Kingdom Department for International Development
DRR - Disaster Risk Reduction
GoI - Government of India
HACT - Harmonised Approach to Cash Transfer
ICDS - Integrated Child Development Services
ICO - India Country Office (UNICEF)
ICPS - Integrated Child Protection Scheme
IEC - Information, Education and Communication
IMEP - Integrated Monitoring and Evaluation Plan
IMNCI - Integrated Management of Newborn and Childhood Illnesses
MNCH - Maternal, Newborn and Child Health
MoHFW - Ministry of Health and Family Welfare
MWCD - Ministry of Women and Child Development
NACO - National AIDS Control Organisation
NCPCR - National Commission for Protection of Child Rights
NRHM - National Rural Health Mission
OPV - oral polio vaccine
PPTCT - Prevention of Parent-to-Child Transmission
RCH - Reproductive and Child Health
RTE - Right of Children to Free and Compulsory Education Act / Right to Education
SMNet - Social Mobilisation Networks
SSA - *Sarva Shiksha Abhiyan* (Education for All)
### Evaluation

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<td>Endline Survey on Social and Behavioural Change Communication Interventions of Two Integrated Districts of Madhya Pradesh</td>
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### Other Publications

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<td>8 Implementation Process: Facts for Life Interpersonal Communication Videos</td>
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### Lessons Learned

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Lessons Learned

For Newborn Survival - Real-time Data Monitoring in Special Newborn Care Units

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Abstract

This case is complementary to the two cases submitted previously, namely the establishment of Special Newborn Care Units (SNCU) and SMS-based follow up of newborns discharged from SNCUs. The efforts are to address the long-stagnant neonatal mortality in India, particularly in the state of Madhya Pradesh where Infant Mortality Rate (IMR) is highest in the country.

India has made huge investments on facility-based care for babies born preterm, or with low birth weight and other adverse events. However the data management system in SNCUs required strengthening to guide policy and decision making, improve effectiveness of SNCUs and develop credible database on neonatal outcomes in the country.

To respond to this, UNICEF and the Government of Madhya Pradesh (GoMP) developed and piloted a real-time monitoring system. Recognising initial results, the Government of India (GoI) has decided to scale-up this system throughout the country using its own funds.

Innovation or Lesson Learned

Need-based interventions get quick buy-in from government, and UNICEF’s role, particularly in the middle income country, should be to provide the right solution to the problem faced by government. In the case of Madhya Pradesh, UNICEF invested about USD 7,000 for the development of the application, which led to a government allocation of USD 150,000 in 2012-13 which will increase to USD 300,000 in 2013-14. With adoption of the application throughout the country, UNICEF’s comparative contribution will be able to make impact at significant scale.

For data systems, application must be technically sound and able to stand scrutiny. For this, pilot-testing is essential, and one must engage field staff, government and other stakeholders such as the national expert group on facility-based neonatal care, various academic institutions and professional bodies. In the Madhya Pradesh case, further modifications have been made based on the feedback to make it more effective.

Ensuring the quality of data entry is critical and can be a considerable challenge. In the case of India, relevant criteria have been included in performance-based incentives for data entry staff. In addition, responsibilities and roles have been clearly defined amongst the SNCU staff to clarify accountabilities.

Last but not least, the successful implementation and use of online system - even in the remotest district of Madhya Pradesh - has confirmed that it is possible to introduce and sustain interventions that use technology. Online system can be very low-cost, thus can be implemented through existing government systems with limited budget.
### Potential Application

This online application can potentially lead to a country- or region-specific database for neonatal disease, mortality and treatment outcomes. Such database is essential for guiding policy makers in resource allocation and for managers in taking corrective actions. Since the application is online, it can be easily replicated and applied elsewhere. It has a great potential to act as regional hub of neonatal database for all SNCUs across the South Asia region. Also online applications are relatively easier to maintain, introduce modifications and roll-out in a short period of time. Even if the application itself cannot be applied in other countries, the design can be easily replicated with necessary customisation.

Also the repository of guidelines, standards and manuals can be of great help in setting up newborn care facilities in different parts of the world. This is particularly relevant in the context of many low and middle income countries where institutional deliveries are increasing and widening opportunities to provide special care at birth.

In India, the application can also find use in private sector and corporate hospitals, especially those empanelled under government-run health insurance schemes. They will be able to effectively monitor services and share data for action. In addition, this would enable the private sector to pool their data into a common neonatal registry system.

In countries where internet connectivity is limited, an offline version of the application can be used to record data, which can be periodically uploaded in a central database for verification and monitoring.

### Issue

Madhya Pradesh has the highest IMR in India at 59 per 1000 live births, and more than two third is accounted by neonatal mortality. Given that most causes of deaths in the newborn period can be prevented or managed, GoMP has established over 40 SNCUs to avert the situation.

It’s also important to ensure that SNCUs function optimally and provide desired quality of care. With standardised monitoring system, data could be used to monitor the status of babies and the performance of SNCUs.

SNCUs require considerable investments, thus credible evidence was also needed to support their effectiveness for child survival.

### Strategy and Implementation

UNICEF supported GoMP in developing an online, real-time data monitoring and tracking application. It has two main utilities.

One is a database that captures vital and essential information about babies and mothers, as well as operational information about the SNCUs such as equipment and human resources. The data can be viewed by government managers and planners at national and state level to monitor functionality and performance of SNCUs and take necessary actions for improvement. More importantly, the database allows tracking of newborns after discharge, to ensure that they receive necessary follow-up care and are able to survive, grow and develop in a long run.

The other utility is a repository for SNCU operational guidelines, standards and prototypes, government circulars, data recording formats, training materials and teaching aids. The repository serves as the backbone of the database and ensures that SNCU staff has access to essential information for quality operations.

The application was pilot-tested in two SNCUs, and it has been subsequently scaled-up in all functional units of Madhya Pradesh. UNICEF provided technical assistance in conceptualization and design of the application, and supported the development and training. The state government committed operating cost and creating a support structure in individual units.
Progress and Results

All SNCUs in the state now use the application and are regularly entering data. Also, GoMP routinely uses the data and provides feedback for corrective actions.

Nearly 47,000 newborns have been registered with stratified data analysed on parameters like admission outcome by weight, maturity, cause of admission, cause of death, disease proportional mortality rate, case fatality rate, and antibiotic and oxygen usage to guide policy. Data is also disaggregated by sex and socio-economic status such as caste.

In 2012, of the 37,000 newborns scheduled for follow-up, 47% received at least one facility follow-up visit after discharge, and 42% received at least one community follow-up visit. To improve this, performance-based incentives of SNCU staff have now been linked with the number of follow-up visits, along with proper and timely data entry.

To support the roll-out of the application, GoMP has provided computers, internet connectivity and data operators. It has also included in its 2013 plan, the establishment of a dedicated cell that will monitor timeliness and quality of data entry and provide regular feedback.

Recognizing the relevance and effectiveness of the application, GoI has decided to scale this application throughout the country with technical support from UNICEF.

Next Steps

Scaling-up throughout India will be done in a phased manner in 2013 and is in good progress.

The application is currently being hosted on a private server but GoI has agreed to host on its server. Security audit has been completed, and soon the application will move to the government server. This will further promote ownership of the application by the government. In addition GoMP has placed this application on its Health Department homepage, increasing visibility and access by relevant users.

In addition, an offline application is being considered and may be developed in partnership with the National Neonatology Forum. This will respond to the keen interest shown by private sector and corporate hospitals, as well as professional and academic bodies. This wider engagement can further strengthen newborn registry system in the country and allow a nationwide, cross-sectoral drive to address neonatal illnesses and deaths in India.