

India

Country programme document 2013-2017

The draft country programme document for India (E/ICEF/2012/P/L.11) was presented to the Executive Board for discussion and comments at its 2012 annual session (5-8 June 2012).

The document was subsequently revised, and this final version was approved at the 2012 second regular session of the Executive Board on 14 September 2012.

Basic data[†]

(2010 unless otherwise stated)

Child population (millions, under 18 years)	447
U5MR (per 1,000 live births)	63
Underweight (% , moderate & severe, 2005-2006)	43 ^a
(% , urban/rural, poorest/richest)	(33/46, 57/20)
Maternal mortality ratio (per 100,000 live births, adjusted, 2008)	230 ^b
Primary school attendance (% net, male/female, 2007-2008)	89/87
Survival rate to last primary grade (% , 2005-2006)	95
Use of improved drinking water sources (%)	92
Use of improved sanitation facilities (%)	34
Adult HIV prevalence rate (% , 2009)	0.3
Child labour (% , 5-14 years of age 2005-2006)	12
Birth registration (% , under 5 years of age, 2005-2006)	41
(% , male/female, urban/rural, poorest/richest)	(41/41, 59/35, 24/72)
GNI per capita (US\$)	1340
One-year-olds immunized with DPT3 (%)	72
One-year-olds immunized against measles (%)	74

[†] Comprehensive country data on children and women can be found at www.childinfo.org.

^a Underweight estimates based on the WHO Child Growth Standards adopted in 2006.

^b The reported estimate is 212 deaths per 100,000 live births, according to the Special Bulletin on Maternal Mortality in India, 2007-2009, released in 2011. The estimate of 230 deaths per 100,000 live births is from the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html

Summary of the situation of children and women

1. With 40 per cent of its estimated 1.2 billion population under the age of 18,¹ India is home to the largest number of children² in the world. About half of the children from poor families belong to disadvantaged groups like Scheduled Castes and Scheduled Tribes.³ India contributes to more than 20 per cent of the world's child deaths, with approximately 1.73 million⁴ children dying annually before completing their fifth birthday.

2. The gross domestic product has grown at an average of 8.2⁵ per cent over the last five years and the Government's commitment to 'inclusive growth' has resulted in increased allocations to the social sector. This, combined with a progressive legislative policy environment, numerous social sector programmes, protection

¹ Provisional figures, Census 2011.

² 0-17 years.

³ Scheduled Castes and Scheduled Tribes are disadvantaged communities accorded special status by the Constitution of India, along with Other Backward Classes.

⁴ UNICEF, *The State of the World Children's Report 2012: Children in an Urban World*.

⁵ *Faster, Sustainable and More Inclusive Growth. An Approach to the 12th Five Year Plan*, Government of India, August 2011.

schemes and local self-governance through the Panchayati Raj system — has helped improve the lives of India's children and women.

3. Economic growth has not yielded commensurate results in the reduction of poverty and disparity, and as a result achievements have been uneven in meeting the targets of the Millennium Development Goals. Thirty seven per cent⁶ of the population lives below the national poverty line. This signifies inequities in living standards with strong correlations between deprivation, discrimination, exclusion amongst socio-religious groups and disparities along gender and rural-urban lines. A child born in the poorest household is three times as likely to die before the age of 5 as compared to a child born in the richest household. The under-five mortality rates for Scheduled Tribes and Scheduled Castes are 96 and 88 deaths per 1,000 live births, respectively, compared to 60 deaths for the general population.⁷ Ten more girls than boys die before reaching their fifth birthday out of every 1,000 live births, and among girls there is a sharp drop in attendance between primary and secondary school. Eight states⁸ with the highest under-five mortality rates contribute to 47 per cent of the population and carry the burden of almost 70 per cent of under-five and infant deaths.

4. Progress towards the Millennium Development Goals targets remains uneven. A 56 per cent decline⁹ in child mortality in the 1-4-year age group since 1990 notwithstanding, the overall decline in child mortality has been hindered by subdued progress in neonatal survival, especially within the first week of birth. To meet the Millennium Development Goals target on child survival, the health, nutrition and social status of mothers and infants needs to improve, as does early childhood feeding, care and development. Equally important is to improve access to, and use of, quality services. The infant mortality rate (IMR) declined 10 points since 2006, an average decline of two points per year.

5. The large scale of maternal and child undernutrition poses a challenge for India in reaching the Millennium Development Goals on child nutrition, survival and development. Recent government efforts in restructuring the Integrated Child Development Services (ICDS) and other initiatives exemplify national commitment to holistic child development.

6. With a maternal mortality ratio (MMR) of 230¹⁰ deaths per 100,000 live births, India is making progress on Millennium Development Goal 5. One contributing factor has been the introduction of a conditional cash transfer scheme, which improved institutional delivery from 41 per cent in 2005-2006 to 47 per cent in 2007-2008. However, the quality of maternal care remains a concern.

7. India has reached the target on access to improved drinking water sources, yet improving sanitation and drinking water quality remains a huge challenge. Only 31 per cent of the population has access to improved sanitation facilities and more

⁶ *Report of the Expert Group to review the Methodology for Estimation of Poverty*, Government of India, Planning Commission, 2009.

⁷ Includes population other than SC, ST and Other Backward Classes.

⁸ Assam, Bihar, Chhattisgarh, Jharkhand Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh.

⁹ Computing based on 1990 and 2008 figures, Sample Registration System, Registrar General of India, Government of India.

¹⁰ Refer to the Basic Data Table. According to the *Special Bulletin on Maternal Mortality in India 2011*, the estimate is 212 deaths per 100,000 live births in 2007-2009.

than 600 million people, or 50 per cent of the total population, defecate in the open.¹¹ Promoting the use of toilets and quality drinking water are urgent needs.

8. Progress is evident in universalizing primary education, and India is likely to achieve this Millennium Development Goal.¹² Enrolment and completion rates of girls in primary school have improved and are catching up with those of boys, as are primary and elementary completion rates. In light of the Right of Children to Free and Compulsory Education Act, the challenges now are sub-optimal learning achievements and completion of upper primary education, particularly among girls, children in rural areas and those belonging to minority groups and the poorest wealth quintiles.

9. In child protection, issues like child marriage, child labour and gender-biased sex selection threaten the environment in which children live. Forty three per cent of women in the 20-24 age group are married before the legal age of 18 years¹³ and an estimated 28 million children in the 5-14 age group are engaged in work.¹⁴ Census figures show a continued decline in child sex ratios (0-6 age group), from 927 girls per 1,000 boys in 2001 to 914 girls in 2011.

10. Another important area of concern is children's rights affected by ethnic violence and left wing extremism in some areas of states. There is growing concern on how this affects children, both in terms of access and availability of basic services and a need for enhancing the protective environment.

11. Recognizing these challenges, the Government of India has implemented national flagship programmes for education, reproductive and child health, child development, nutrition, protection and water and sanitation. Restructuring and universalizing ICDS to respond to child development challenges provide great opportunities to accelerate progress towards the Millennium Development Goals with greater inclusion. Programmes for adolescent girls — the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls and the Indira Gandhi Matritva SahyogYojana provide a continuum of care across the life cycle using the ICDS platform, while provisions in the Right to Education Act, the Integrated Child Protection Scheme (ICPS) and HIV prevention programme build substantially on this continuum.

12. Natural disasters severely impede development. There are definite indications that climate change will increase the frequency and intensity of natural disasters in the coming years,¹⁵ requiring climate change adaptation and disaster risk reduction.

¹¹ Joint Monitoring Programme – UNICEF and WHO, 2012.

¹² <http://unstats.un.org/unsd/mdg>.

¹³ District Level Household Survey 3, 2007-2008.

¹⁴ National Family Health Survey (NFHS) 2005-2006 estimates that 11.8 per cent of children are engaged in work. The population estimate has been taken from the Population Projection Report by the Office of the Registrar General of India.

¹⁵ Government of India's National Policy on Disaster Management, 2009.

Key results and lessons learned from previous cooperation, 2008-2012

Key results achieved

13. The current Government of India-UNICEF country programme is closely aligned to Government's 11th Five Year Plan (2007-2012) and the 2008-2012 United Nations Development Assistance Framework (UNDAF). It contributed to the 11th Five Year Plan objectives and the following national policies and schemes through advocacy, expanded partnerships and the provision of technical assistance:

(a) Support to the National Rural Health Mission and the second phase of the Reproductive and Child Health programme resulted in increased access to institutional and community-based maternal, neonatal and child health services. This contributed to a reduction in the MMR (from 280¹⁶ to 230) and IMR (from 58 to 50).¹⁷ The percentage of fully immunized children increased by 17 percentage points between 2006 and 2009;¹⁸

(b) Polio cases in India fell from 559 in 2008 to one case in 2011.¹⁹ The Government of India, in partnership with UNICEF, the World Health Organization (WHO), the Bill & Melinda Gates Foundation, Rotary International and the Centers for Disease Control and Prevention contributed to almost universal awareness of the need to vaccinate all children under 5 against polio;

(c) Rates of early initiation of breastfeeding increased from 25 per cent in 2006 to 34 per cent in 2009,²⁰ vitamin A supplementation coverage increased from 33 per cent in 2007²¹ to 66 per cent in 2009.²² Access to iodized salt by households increased from 54 per cent in 2006 to 71 per cent in 2009.²³ WHO Child Growth Standards were introduced and rolled out in National Rural Health Mission and ICDS. This, along with the Mother-Child Protection Card helped strengthen the continuum of care (improved access, utilization, practices and tracking) for the delivery of essential services to mothers, newborns and children under 3 years of age. A recent survey indicates a 20 per cent reduction in the proportion of underweight children in the 100 poorest districts;²⁴

(d) *Operational Guidelines on Facility-based Management of Children with Severe Acute Malnutrition* were issued by the Ministry of Health and Family Welfare, and *Nutrition Guidelines for HIV-Exposed and Infected Children* were launched by the National AIDS Control Organization;

¹⁶ See the Basic Data table. Estimates for India were revised by the United Nations Interagency Group, after successfully advocating for the consideration of the verbal autopsy method adopted by India's Sample Registration System.

¹⁷ Sample Registration System, 2005 and 2009.

¹⁸ NFHS 2005-2006 and the Coverage Evaluation Survey (CES) 2010.

¹⁹ National Polio Surveillance Project.

²⁰ NFHS 2005-2006 and CES 2009.

²¹ UNICEF, *The State of the World's Children Report 2009: Maternal and Newborn Health*.

²² UNICEF, *The State of the World's Children Report 2011: Adolescence –An Age of Opportunity*.

²³ NFHS 2005-2006 and CES 2009.

²⁴ HUNGaMA (Hunger and Malnutrition) Survey Report 2011. Naandi Foundation. Comparison with data from District Level Household Survey, 2002-2004.

(e) Rural sanitation coverage (toilet construction) increased from 48 per cent in 2008 to 67 per cent in 2010.²⁵ Advocacy led to a significant shift in the Total Sanitation Campaign guidelines to focus on sustained *use* of sanitation facilities. This, together with the Nirmal Gram Puraskar (clean village award), contributed to an increase of 19.7 million new toilet-users per year,²⁶ of whom 12.8 million are in rural areas;

(f) The achievements of the Government's Education for All programme—Sarva Shiksha Abhiyan are evident in improved gross completion rates at the primary level, which increased from 90 per cent in 2007-2008 to 98 per cent in 2009-2010.²⁷ Building on this and benefiting from the investments under the 11th Five Year Plan, the Right to Education Act was enacted in 2010. Major elements of the Child-Friendly Schools and Systems Framework have been integrated into Sarva Shiksha Abhiyan, resulting in 470,000 schools in 14 states made more child-friendly through activity-based learning, improved water, sanitation and hygiene facilities and the provision of midday meals;

(g) Close collaboration with the National AIDS Control Organization resulted in increased coverage of services to prevent parent-to-child transmission of HIV and the launch of early infant diagnosis. This facilitates early treatment with antiretrovirals, thereby safeguarding infants who are HIV positive;

(h) The Integrated Child Protection Scheme was launched and is being rolled out across India. This seeks to establish a protective environment for all children, especially the most vulnerable, and promotes family-based care. Approximately 5 million children in seven child labour-intensive states are being reached through integrated child rights interventions. This includes identification of out-of-school children, provision of quality education and links to social protection schemes;

(i) Gender issues were mainstreamed into the training and communication strategy for Census 2011. This helped 2.7 million enumerators and supervisors collect quality disaggregated data as part of the UNICEF contribution to the joint United Nations support to the Census. Furthermore, the establishment of a *CensusInfo Dashboard*²⁸ helped to make disaggregated data more user-friendly;

(j) UNICEF supported the Ministry of Women and Child Development to develop the Third and Fourth Periodic Reports and the Initial Reports on the implementation of the Convention on the Rights of the Child and its two Optional Protocols, respectively. This was done through a participatory process, involving both government and civil society;

(k) Critical behaviours identified in *Facts for Life* and prioritized by the Government's national programmes were packaged into a daily tele-serial, *Kyunki...Jeena Issi Ka Naam Hai (Because...that's what life is!)*. The entertainment-education serial reached 145 million viewers, including 61 per cent of women between the ages of 15-34 in hard-to-reach areas of Hindi-speaking states;

²⁵ Ministry of Drinking Water and Sanitation, Government of India, www.ddws.nic.in.

²⁶ 2000-2008, Joint Monitoring Programme 2010.

²⁷ Flash Statistics, Elementary Education in India, District Information for Systems in Education 2009-2010. Completion rate calculated on the basis of Grade 5 enrolment, minus repeaters in Grade 5, as a percentage of the 11-year-old child population age group.

²⁸ <http://censusindia.gov.in/2011census/censusinfodashboard/index.html>.

(l) UNICEF helped the National Disaster Management Authority to develop policy documents such as the Post Disaster Reconstruction Guidelines, and the National Norms and Standards that set guidelines for services like medical coverage and psychosocial care in relief camps.

Lessons learned

14. An evaluation of the five key strategies of the 2008-2012 country programme (knowledge management, capacity development, partnership, integrated district approach and social inclusion) found UNICEF strengths to be in introducing and supporting pilot programmes, scaling up innovations, and strengthening government capacity to identify gaps and improve implementation. A need was found for clearer guidelines on managing and scaling up pilot programmes, including evaluation. A gender review conducted in 2010 concluded that ongoing interventions in girls' education, water and sanitation, child development and nutrition, anaemia, child protection, and the strategy on social inclusion are well designed and well positioned to advance children's and women's rights. A study undertaken in 2011, *Understanding the Perceptions of UNICEF's Partners in India*, found the UNICEF key strengths to be in convening different partners around children's rights and leveraging close working relationships with the Government by providing global knowledge and technical assistance.

The country programme, 2013-2017

Summary budget table

Programme component	<i>(In thousands of United States dollars)</i>		Total
	Regular resources	Other resources	
Reproductive and child health	19 000	103 000	122 000
Child development and nutrition	19 000	72 000	91 000
Water, sanitation and hygiene	12 000	65 000	77 000
Education	20 000	64 000	84 000
Child protection	13 000	51 000	64 000
Policy, planning and evaluation	25 000	38 000	63 000
Disaster risk reduction	6 000	6 000	12 000
Advocacy and communication	15 000	12 000	27 000
Communication for development	16 000	100 000	116 000
Programme review and monitoring ^a	10 000	16 500	26 500
Cross-sectoral ^b	55 000	12 500	67 500
Total	210 000	540 000	750 000

^a Covers activities under the Integrated Monitoring and Evaluation Plan, in line with the UNICEF Evaluation Policy.

^b Covers operational costs (for example, communications, information technology equipment and infrastructure, rental, salaries, security, travel).

Preparation process

15. The country programme was prepared in close consultation with the Ministry of Women and Child Development. A road map was developed to ensure that the process was closely dovetailed with the preparation of the UNDAF and the Government's 12th Five Year Plan Approach Paper. Guided by a multi-dimensional problem analysis, four drivers of inequity (societal factors, services and systems, economic factors, political and ideological factors) and three lenses (social inclusion and gender, urbanization and poverty) through which the programme was conceptualized. This was done in close consultation with government counterparts at national and state level, civil society partners and selected donors. An initial screening of the country programme did not foresee any environmental impact as a result of the interventions.

Programme components, results and strategies

16. The overall goal of the 2013-2017 country programme is to advance the rights of children, adolescents and women to survival, growth, development, participation and protection by reducing inequities based on caste, ethnicity, gender, poverty, region or religion.

17. A life-cycle approach with a strong equity lens and intersectoral convergence lies at the core of the four programme component results:

(a) Infants, young children and their mothers have equitable access to, and utilize, quality services for child survival, growth and development;

(b) Boys and girls live in a protective and learning environment and have equitable access to, and utilize, quality education and protection services;

(c) Adolescents participate in and are empowered to make informed decisions affecting their lives;

(d) Policies, practices, programmes, public opinion and social norms advance the rights of children, adolescents and women.

18. These programme component results will be coordinated through matrix management, as several programmes contribute to one or more results. Effective programme delivery will be ensured through efficient operations and management.

19. With adequate resources, a policy framework and large-scale national flagship programmes in place, the need is to enhance their effective implementation in a way that ends the inter-generational cycle of deprivation among the poorest and most marginalized. It is here that UNICEF aims to play a catalytic role in its support to government, by adopting a strong rights-based approach and using a combination of strategies:

(a) Developing capacities at the individual, institutional and policy levels to improve the quality and reach of services. This includes identifying gaps, improving data analysis and monitoring and developing skills of government functionaries;

(b) Promoting decentralization and improved governance for children's rights in selected districts in rural and urban areas. The focus will be on piloting model interventions and leveraging government resources to take them to scale. The capacities of Panchayati Raj institutions and urban local bodies will be built to

develop, monitor and implement integrated plans so that the entitlements of all children are met;

(c) Leveraging partnerships both within and outside the Government. UNICEF will continue to work closely with the Government at the national, state and district levels, and will complement this by convening partners from civil society, academia, media and the private sector;

(d) Promoting social inclusion to achieve equity. Ensure that services reach disadvantaged groups, involve and empower them by creating opportunities for voice and choice, and advocate for transparent, accountable services and efficient delivery;

(e) Improving knowledge management systems, sharing lessons learned (globally, across the region and within the country) and supporting concurrent monitoring systems to influence policy and programme management;

20. These strategies will be applied across 13 states²⁹ as per the existing programme as well as to facilitate cross learning initiatives and select programming in states³⁰ as per government agreement.

Programme components

21. To ensure that **infants, young children and mothers have equitable access to, and use quality services for child survival, growth and development**, the following UNICEF programmes will provide a continuum of care through the provision of evidence-based, high-impact interventions, with emphasis on universal coverage and quality services.

22. The **reproductive and child health** programme will support the delivery and use of quality services at the community and facility levels, through strengthening the capacities of front-line functionaries within National Rural Health Mission and the Reproductive and Child Health programme. The focus will be on ensuring antenatal, perinatal and post-natal services for mothers, their newborns and children through easily accessible community, outreach and facility-based services. Integrated management of the most critical newborn and childhood illnesses will be promoted.

23. The programme will aim to increase the proportion of fully immunized children from 61 per cent to 80 per cent. Another objective is to achieve the elimination of new HIV infections among children and to keep their mothers alive. This will be done by accelerating the integration of prevention of parent-to-child transmission (of HIV), treatment, care and support for children living with HIV, in maternal, child health and antenatal care programmes.

24. India is nearing the eradication of polio. UNICEF will collaborate with partners to maintain the current gains through intense social mobilization activities and convergent interventions, including routine immunization, nutrition, and water, sanitation and hygiene, through the use of community mobilizers in polio-endemic states.

²⁹ Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, Andhra Pradesh, Gujarat, Maharashtra, Tamil Nadu and West Bengal.

³⁰ Haryana, India-administered Jammu and Kashmir, Karnataka, Kerala, Punjab and the UNDAF states in the north-east.

25. The **child development and nutrition** programme will support government and partners in scaling up programmes that provide essential early childhood care and nutrition services. It will promote key feeding and care practices for infants, children and their mothers. The programme will support national policies and programmes and ICDS restructuring to improve early child nutrition, growth and development outcomes, with emphasis on the protection, promotion and support of optimal breastfeeding; complementary feeding; hygiene and early child care and development practices; micronutrient nutrition and anaemia prevention services; nutrition for women during adolescence, pregnancy and lactation; and care for severely undernourished children.

26. The programme will also aim to increase exclusive and timely initiation of breastfeeding by 25 percentage points, the timely initiation of complementary feeding by 20 percentage points, and full vitamin A supplementation coverage by 15 percentage points.

27. The **water, sanitation and hygiene** programme is critical, as water-borne diseases contribute to high rates of child mortality, morbidity and stunting. UNICEF will build the capacity of government and stakeholders to increase both the demand for sanitation, safe water and hygiene services, and improve the quality of these services in communities, pre-schools, *anganwadis* (child care centres) and health centres.

28. The objective is to increase the sustained use of improved sanitation facilities from 34 per cent to 60 per cent and achieve universal use of improved drinking water sources at the household level. Long-term communication strategies for social behaviour change will be crucial to stop the practice of open defecation.

29. UNICEF will aim to ensure that **boys and girls live in a protective and learning environment with equitable access to, and utilization of quality education and protection services**. Support to the design of child resource centres will aim to improve child development, education, protection and participation. Existing legislation and programmes notwithstanding, the challenge lies in implementation, enforcement and major data gaps on child rights violations.

30. The **education** programme will help to strengthen government efforts to provide quality education by reducing gender and other social disparities. While retaining a focus on elementary education under the Right to Education Act, the programme will look at a wider gamut — starting from early childhood education, through elementary grades to grade 10. Child-friendly schools and systems will be promoted and capacities of teachers strengthened to ensure effective teaching and learning. Convergence with other programmes to combat child labour and child marriage, and universal access to improved water, sanitation and hygiene facilities in schools, will be crucial. The aim is to increase school completion rates and reduce dropout rates.

31. The objective of the **child protection** programme is to ensure that boys and girls grow up free from violence, exploitation, abuse and unnecessary separation from their families. Emphasis will be on strengthening the child protection systems through the roll out of the ICPS, and improve data quality and monitoring systems. Awareness of ICPS and the capacities of functionaries, the judiciary, the legislature, civil society and the media will be enhanced to recognize, prevent and redress rights violations.

32. The programme will focus on preventing practices such as gender-biased sex selection, child labour, child trafficking and violence against children in all settings: at home, in schools, in institutions and in areas affected by violence. To avoid separation of children from their families, family-based forms of alternative care will be promoted and the use of institutional care rationalized. An in-depth understanding of social norms and practices will be key, as will the generation of data.

33. Nearly a quarter of India's 1.2 billion people are adolescents. To capitalize on this demographic dividend, focused investments and efforts targeted at this age group are required. In recognition of this, UNICEF is giving priority to the **empowerment and participation of adolescents**, especially girls. All programmes will converge on and contribute to this priority, and interventions will focus on adolescents and relevant key influencers and decision makers. The objective is to empower adolescents with the correct knowledge to adopt positive practices, access preventive, curative and protective services, and enhance their skills and participation in local governance and decision-making.

34. UNICEF will support the Ministry of Women and Child Development in the development and implementation of a national strategy to prevent child marriage.

35. It will be essential to have an understanding of social norms that often shape practices that determine maternal and child health, nutrition, development, open defecation, child marriage and corporal punishment. Awareness on how and where to access services on sexual and reproductive health, menstrual hygiene, improved nutrition security, HIV prevention and other care seeking behaviours will be built, with emphasis on these being non-discriminatory and equally accessible. Strategies will be designed to equip boys and girls with life skills, improve transition to lower-secondary education, and create platforms and networks for, and of, adolescents to give them a voice.

36. Government of India's 12th Five Year Plan Approach Paper calls for particular attention to the needs of Scheduled Castes, Scheduled Tribes and other minority groups in order to achieve "faster, sustainable and more inclusive growth." Towards this end, the Government of India-UNICEF country programme of cooperation will contribute to **informing policies, practices, programmes, public opinion and social norms to advance the rights of children, adolescents and women.**

37. The **policy, planning and evaluation** programme will help to build a knowledge base and ensure that disaggregated data is available on outcomes for children and women. Government efforts to strengthen monitoring systems and evaluation capacity will be supported, and knowledge management systems will facilitate sharing of evidence that can add value to planning, implementation and monitoring of flagship programmes.

38. UNICEF will advocate for the adoption of a universal, minimum guaranteed set of social protection benefits for the most vulnerable groups, which will have a strong bearing on child well-being. As a custodian of the Convention on the Rights of the Child, UNICEF will support the Government to translate international commitments into national policies and laws and ensure that these are informed by civil society voices.

39. To facilitate an enabling environment, the **advocacy and communication programme** will focus on strategic partnerships and networks with government, key

influencers and decision makers. This includes elected representatives, faith-based leaders, celebrities, the judiciary, media, civil society organizations and young people. The aim is to inform and sustain an active and productive public discourse on key child rights issues through the creation of tools, channels and platforms for awareness-raising, dialogue and engagement, including traditional and social media.

40. The well-being of children is as dependent on the coverage and reach of quality services, as it is on the knowledge, attitudes and behavioural practices of mothers, fathers and caregivers. These in turn are often influenced by prevailing social norms. The **communication for development** programme will test models and develop strategies to influence social norms that promote individual behaviours and community practices conducive to child well-being and rights realization. This will also be used to inform government's communication strategies and programmes.

41. The **disaster risk reduction** programme will support the development of a child-centred disaster risk reduction policy and mainstream it into development planning and programmes. Capacities of state and national disaster management authorities, civil society organizations and rural and urban communities will be strengthened to respond to disasters and mitigate the impact of climate change.

Relationship to national priorities and the UNDAF

42. The country programme goals and results are aligned to the 12th Five Year Plan Approach Paper, Ministry of Women and Child Development's Five Year Strategic Plan and the 2013-2017 UNDAF. Priority issues were identified on the basis of the United Nations Common Country Assessment, the *Situation of Children in India: A Profile*,³¹ and Government of India's 12th Five Year Plan Approach Paper. The UNDAF captures the complete range of the United Nations work in the country and focuses on joint inter-agency programming. UNICEF will work closely with all United Nations agencies, including WHO, United Nations Development Programme, United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Joint United Nations Programme on HIV/AIDS and the Office of the United Nations Resident Coordinator.

Relationship to international priorities

43. The design of the country programme has been guided by the Millennium Development Goals, the Millennium Declaration, the Convention on the Rights of the Child, *A World Fit for Children* and other international commitments, including the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme will contribute to results in all focus areas of the UNICEF medium-term strategic plan. In line with the organizational priorities and normative principles enshrined in human rights instruments, the country programme will adopt an equity-focused and inclusive approach as a means to achieve the Millennium Development Goals for children.

³¹ http://www.unicef.org/india/The_Situation_of_Children_in_India_-_A_profile_20110630_.pdf.

Major partnerships

44. UNICEF will engage with a wide range of partners to leverage mutual strengths and resources. To strengthen the delivery and reach of services, UNICEF will work with the Ministry of Women and Child Development (the nodal Ministry) in partnership with line Ministries, departments and other government bodies. Engagement with non-governmental and community-based organizations will be forged to create demand for and monitor the quality of services, with equity. Partnerships with United Nations agencies, corporate sector, academia and media will focus on raising the profile of children's issues. Resources will be sought from national and multinational corporations and individuals in accordance with applicable rules and regulations.

45. Relations will be sustained with international donors such as IKEA, United Kingdom Department for International Development, Norway-India Partnership Initiative, international foundations and National Committees for UNICEF.

Monitoring, evaluation and programme management

46. UNICEF will work with the Government to ensure the availability, analysis and use of disaggregated data at national, state and district levels to inform programme design, implementation and monitoring. The results framework will help monitor contributions to specific UNICEF Strategic Result Areas. The integrated monitoring and evaluation plan, linked to the UNDAF monitoring and evaluation framework, will monitor results and outcomes. A strong focus will be on equity, gender and ensuring that evaluations are built into programme design.

47. The Ministry of Women and Child Development will coordinate the country programme of cooperation, and all annual and mid-year reviews will be carried out in collaboration with the Government and partners.
