

# UNICEF INDIA COUNTRY OFFICE ANNUAL REPORT 2011

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## Executive Summary

The gains made in 2011 have been significant. India is close to making history by stopping the transmission of wild poliovirus. There have been no reported cases of wild poliovirus for more than 12 months concurrently in 2011.

UNICEF helped government's flagship programmes – the Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM) scale up the adolescent anaemia control programme with government funds in 13 states. This reaches 21.4 million adolescent girls with iron and folic acid supplements weekly, deworming prophylaxis biannually, and counselling to improve their diets and prevent anaemia.

Advocacy has led to a strategic shift in the Total Sanitation Campaign guidelines to focus on sustained use of sanitation facilities. This carries significance as an estimated 19.7 million of the rural population are abandoning open defecation each year and using sanitation facilities<sup>1</sup>.

Significant also, was UNICEF's engagement with government at national and state level, civil society, international agencies and donors to develop the draft Government of India (GoI)-UNICEF Country Programme Document for 2013-2017. To inform this process, a comprehensive situation analysis of children and women was published. The UN Country Team also developed an innovative United Nations Development *Action* Framework (UNDAF) for the next five year period. Both documents hinge on GoI's aspiration to bring about more inclusive development and addressing inequality, with a special focus on the Scheduled Castes (SC), Scheduled Tribes (ST) and minorities.

Much remains to be done in influencing social norms to change deeply entrenched behaviours which are detrimental to child well-being, ranging from child marriage to poor nutritional practices or open defecation. National flagship programmes have to dig deeper into the root causes of such behaviours and respond with appropriate messages.

A significant challenge continues to be human resources and limited capacity. The national flagship programmes face vacancies, absenteeism and staff turnover. While frontline workers provide essential services, they are often not adequately trained or supervised to perform their duties and trainings often fail to transfer essential skills effectively. This, in turn, affects spending of social sector outlays with funds remaining unutilised.

Polio eradication efforts are a tremendously inspiring story of a true partnership: between GoI, state governments, World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), CORE, Bill and Melinda Gates Foundation, and UNICEF. India's success in fighting polio is a result of joint efforts by these partners. At the heart of the effort is the Social Mobilization Network (SMNet), a 7,000-strong volunteer force – mostly Muslim women – who deliver life-saving messages to India's poorest, most at-risk communities.

Partnerships with key donors have also contributed to notable results. The partnership with IKEA Foundation has helped deliver tangible benefits to the realisation of child rights, in health, nutrition, child protection and water and sanitation. A renewed partnership with the United Kingdom's Department for International Development (DFID) has enhanced programme convergence and evidence-based interventions in the areas health, nutrition, water and sanitation, and strengthening data and monitoring systems.

## Country Situation as affecting Children and Women

### Country situation as affecting children and women

As of December 2011, India appears to be on track in terms of interrupting the transmission of indigenous wild poliovirus (WPV), with only one child affected, as compared to 42 cases in 2010 and 741 in 2009. For the first time in history, no cases of WPV have been reported in more than 12 months concurrently. The key polio-endemic states of Uttar Pradesh (UP) and Bihar reported their last cases on 21 April 2010 (WPV type 3) and on 1 September 2010 (WPV1) respectively.

According to the 2011 United Nations Inter-agency Group for Child Mortality Estimation<sup>2</sup>, around 22 per cent of underfive and 30 per cent of neonatal global deaths is contributed by India, making the current rate of progress inadequate in terms of achieving MDG 4 on child mortality.

Gol has decided to bring out district health profiles and instituted special surveys like the 2011 Annual Health Survey (AHS).<sup>3</sup> AHS was conducted in nine states [Rajasthan, Uttar Pradesh (UP), Uttarakhand, Bihar, Jharkhand, Odisha, Madhya Pradesh (MP), Chhattisgarh and Assam] which together contribute to 59 per cent of births, 70 per cent of infant deaths, 75 per cent of underfive deaths. The first set of results show large inter-district and inter-state variations in infant mortality ranging from 19 to 103. These surveys will continue for three years and inform district specific interventions.

The Special Bulletin for Maternal Mortality Ratio (MMR)<sup>4</sup> for 2007-09 was released by the Registrar General of India in June. Overall, MMR has shown a decline of around 17 percentage points, from 254 in 2004-06 to 212 in 2007-09. There has been a steep MMR decline of 67 points (from 375 in 2004-06 to 308 deaths per 100,000 live births) in Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Odisha and Assam. Assam with a MMR of 390 is the worst among 29 states, yet has shown the largest decline by 90 points. Kerala is the best performing state recording 81 MMR.

Another significant initiative contributing to improved data has been Census 2011. Provisional results show a continued decline of Child Sex Ratio (CSR) from 927 in 2001 to 914 in 2011<sup>5</sup>. The phenomenon is prevalent across the country with 27 out of 35 States and Union Territories. Although the ratio is worse in urban areas (902) than in rural areas (919), the decline in the last decade has been sharper in the latter (from 934) as compared to the former (from 906)<sup>6</sup>.

Gol defines sex ratio at birth as the number of girls born per 1000 boys born while the international definition of the sex ratio at birth refers to the number of boys born per 100 girls born. This makes it difficult to establish comparisons with global estimates. During 2010-11, SRB was computed for nine states, which varies considerably from 866 to 923 per 1000 births<sup>7</sup> (108 to 115 as per the international definition). This reveals that the situation in India is worse than the international average.

The Census 2011 data also shed light on the process of urbanisation in India. India's urban population grew in the last decade from 286 million in 2001 to 377 million in 2011<sup>8</sup>, with a large decadal growth of about 32 per cent as compared to 12 per cent for the rural

population. Based on the population census definitions, the country has added approximately 5,500 towns over the last decade.

The Ministry of Rural Development has started a large Socio-Economic and Caste Census (SECC), which will include the number of poor families in the entire country. This census will enable listing of urban and rural households, and families will be checked for various socio-economic parameters, e.g. caste, nature and type of residence, living standards, assets, literacy levels and educational qualifications for purposes of improved targeting of social sector programmes. Based on pre-determined exclusion and inclusion criteria, households will be marked as BPL (below poverty line) or APL (above poverty line), separately for urban and rural households.

The Naandi Foundation released the HUNGaMA (Hunger and Malnutrition) Survey Report 2011, covering 112 districts, the choice of which was informed by UNICEF's Child Development Index. The report indicates 20 per cent reduction in the prevalence of child undernutrition with an average annual rate of reduction of 2.9 per cent. At the same time still, 42 per cent of children under the age of five are underweight and 59 per cent are stunted (half of whom are severely stunted).

The Annual Status of Education Report (ASER) 2011 revealed that student enrolment increased to 96.7 per cent in rural areas in 2011, while attendance level showed a marginal decline from 73.4 per cent in 2007 to 70.9 per cent in rural primary schools. It also revealed an alarming trend of a decline in basic reading and arithmetic skills. The proportion of children in Class V who are able to read a Class II text dropped from 53.7 per cent in 2010 to 48.2 per cent in 2011. Nationally, the proportion of Class III children who are able to solve a two-digit subtraction problem with borrowing dropped from 36.3 per cent in 2010 to 29.9 per cent.

In 2011, *The Situation of Children in India: A Profile* was published and informed the multi-dimensional problem analysis for the preparation of the GoI-UNICEF Country Programme Document (2013-2017). The analysis followed a life-cycle approach and used four drivers of inequity (societal factors, services and systems, economic factors, political and ideological factors) and three lenses (social inclusion and gender, urbanisation and poverty). The strategic direction and programme priorities were developed using this evidence-based approach. This publication also informed the discussions around women and children in the context of the preparation of the 12th Five Year Plan.

## Who are the deprived in the country

Around 40 per cent of India's estimated 1.2 billion population is under the age of 18 and about half of the child population belong to marginalised groups like SCs and STs. Approximately 1.83 million children are dying annually before completing their fifth birthday.<sup>9</sup>

This is compounded by 37 per cent<sup>10</sup> of the population living below the national poverty line, signifying pronounced inequities in wealth and income between marginalised groups as compared to the general population.

A child born in the poorest household is three times as likely to die before his/her fifth birthday as compared to a child born in the richest household. The U5MR for STs and SCs are 96 and 88 per 1,000 live births respectively, as compared to 60 for the general population. Ten more girls than boys die before reaching their fifth birthday out of every

1,000 births, and there is a sharp drop in attendance among girls between primary and secondary school.<sup>11</sup>

The main drivers of inequity are a combination of societal factors (stratification along caste lines), geographical isolation, inadequate coverage and access to public services and institutions, and a lack of agency and empowerment amongst the marginalised.

## Data and evidence

UNICEF India promotes the collation, analysis and dissemination of data and information on children and women, disaggregated by social group, sex, wealth levels (quintiles) and geography. The objective is to promote the use of this data to inform policy and programme design and implementation as well as to advocate for public engagement in children's issues.

At national and state level, UNICEF analyses existing government data on a concurrent basis, and uses this for evidence-based advocacy. For example, the Maharashtra Field Office is supporting government analyse data generated from the District Information System for Education (DISE) to understand patterns of enrolment, with particular attention to excluded population groups. The identification of district and sub-district level inequalities in elementary education has enabled districts to design and implement specific entitlement-based interventions while also making linkages with other sectoral outcomes that have an impact on education. For example, DISE data is used to monitor the availability of facilities for drinking water and sanitation in schools.

National flagship programmes usually monitor outlays and inputs. Given the need to also measure outcomes and disaggregate this information, UNICEF India is working in partnership with Ministry of Statistics and Programme Implementation (MoSPI) to launch a Survey on Measuring Outcomes for Children (SMOC). This will provide much needed data on key outcome indicators at the national and state level in a more regular manner.

There is also a need for independent evaluation of the national flagship programmes for accountability and learning purposes. For this, a national evaluation policy needs to be developed and resources set aside for an evaluation plan.

## Monitoring and evaluation

The monitoring and evaluation of UNICEF-supported interventions is based on a four pronged strategy of 1) establishing and/or improving capacity of the routine monitoring systems, 2) periodic surveys, 3) evaluation of the programmes and 4) development of the knowledge management products that build on the results of formal evaluations to document good practices, lessons learnt and innovations. This will help in gauging the progress in the achievement of the planned results, check on the effectiveness of the strategies and facilitate the scalability of the interventions with government resources.

Capacity of routine monitoring systems needs to be improved to measure the progress of the programmes at regular intervals, through measurable indicators. This will help programme managers fine tune the design of their interventions and implement programmes effectively and efficiently, so that the results are measurable vis-a-vis inputs.

For the time being we rely mostly on surveys – baseline, midline and endline surveys that are conducted to obtain preliminary information about the status at the start of the

intervention, assess the progress achieved in the middle of the programme cycle and at the end of the programme period. Such survey results also help validate data from existing routine monitoring systems.

Programmes are evaluated to assess their relevance, efficiency, effectiveness, impact and sustainability. This contributes to documentation of good practices, lessons learnt and innovations. The knowledge gained and documented innovations enabled us to advocate with the government to scale up and/or replicate the innovations with a view to improve the delivery of the services.

## Support to national partners

Government flagship programme, like *Sarva Shiksha Abhiyan* (SSA, Education for All), Total Sanitation Campaign (TSC), *Nirmal Gram Puraskar* (clean village award), National Rural Health Mission (NRHM) or the National AIDS Control Programme (NACP) have monitoring systems catering mainly to outlays and inputs. In order to validate this information, Line Ministries also carry out periodic surveys to assess the reach and effectiveness of their respective programmes. In addition, data is collected through routine monitoring systems. The National Sample Survey Organisation (NSSO) conducts independent surveys on various programmes and publishes comparable results on socio-economic components.

Government monitoring systems notwithstanding, there are serious issues of quality of data, especially due to limited capacity at district and sub-district (block) level. National surveys results often take a long time to come out, making it difficult for timely data and evidence to inform programming and policy-making. UNICEF India will address these issues by supporting the establishment of district programme monitoring units and building their technical capacity.

UNICEF supports government by strengthening the existing monitoring systems, and facilitating timely availability of data. UNICEF has also supported innovative mechanisms, such as a name-based tracking system for mother and child. This is done through a Mother and Child Card to track children and pregnant women so that they can receive necessary services such as antenatal care and immunisation.

Since 2003, UNICEF India has worked with government to promote the use of DevInfo to ensure a standardised database covering all sectors that affect children and women. In 2011, Gol with support from UNICEF has released a new updated database containing two million records covering 514 indicators across 15 sectors. The updated database utilises the district maps based on Census 2011 data. In 2011, UNICEF's continued support to the MoSPI has led to endorsement by the National Statistical Commission of India for the use of DevInfo as a tool for storing and dissemination of official data in India. This is a significant step in strengthening the data system in the country.

UNICEF also provided support to the Census. One of the key achievements has been the launch of the *Census Dashboard*<sup>12</sup>, an online, interactive view of consolidated results. Being a user-friendly tool, the Dashboard is proving to be a popular method of data dissemination for the Registrar General of India. At the same time, CensusInfo is being developed, with all housing and amenities data from Census 2011. When completed, India will be one of the few countries in the world that uses such a platform.

Please see Section 4.1 for UNICEF India's efforts on evaluation.

## Country Programme Analysis and Results

### Country Programme Analytical Overview

#### Country Programme Analytical Overview

With adequate resources, policy framework and large scale public service programmes in place, the need is to enhance the effective implementation of government programmes in a way that ends the inter-generational cycle of deprivation amongst the poorest and most marginalised. It is here that UNICEF aims to play a catalytic role in its support to government, capitalizing on its field presence and close working relationships with government at national, state, district and sub-district level. UNICEF will continue to adopt a strong rights-based approach and use the following strategies:

- a) **Develop capacities** at individual, institutional and policy level to improve the quality and reach of services. This will entail providing technical assistance to identifying gaps, improving data analysis and monitoring and developing skills of government functionaries.
- b) **Promote decentralisation** and improve governance for children's rights in selected districts in both rural and urban areas. Focus will be on piloting model interventions and leveraging government resources to take these to scale. Capacities of local self-governments will be built to develop, monitor and implement integrated plans so that the entitlements of all children are met. Simultaneously, the capacity of communities will be built to generate knowledge of and demand for entitlements and services.
- c) **Leverage partnerships** both within and outside government. UNICEF will continue to work closely with government at national, state and district level and complement this by convening partners from civil society, academia, media and the private sector.
- d) **Promote social inclusion to achieve equity.** The strategy will be to reach services to excluded groups, involve them and empower them by creating opportunities for voice and choice, and advocate for transparent, accountable service and non-discriminatory delivery. Prioritise public policies and resources on those that are the worst off and use social protection policy instruments to ensure a minimum standard of living for all.
- e) **Improve knowledge generation and management** systems, share lessons learnt and support concurrent monitoring systems **to inform policy advocacy and programme design.** Such evidence-based advocacy, together with the engagement with parliamentarians, civil society, celebrities and the media will help raise the profile of children in public discourse.

#### Effective advocacy

Advocacy and Partnership (A&P) section leads UNICEF India's efforts in raising the profile of children in public discourse. This is complemented by Programme Section and Field Office efforts in using evidence-based advocacy and policy dialogue with decision-makers, to generate consensus for enhanced policies, laws and resources to accelerate achievement of the MDGs.

Strategic partnerships (both at national and state level) are key to taking forward advocacy initiatives and such partnerships were formed with GoI, parliamentarians, academic

institutions, the private sector, media, civil society organisations, celebrities, child rights coalitions and youth groups, as reflected under results for 2011.

In 2011, A&P strengthened UNICEF's relationship with the Parliamentary Forum on Children and legislative fora and committees in Rajasthan, Madhya Pradesh and Bihar. An example of how engagement with Parliamentarians helps strengthen policy discourse on key child rights issues is evident in a briefing session on child marriage that was organised with Members of Parliament. This resulted in Members of Parliament declaring their commitment to follow up on state level action plans on child marriage within their states, whilst advocating with the Union government to include information such as ill effects of child marriage in school text books. Similarly, a field visit of legislators from Rajasthan to Madhya Pradesh on the issue of malnutrition was facilitated, resulting in commitment to improve monitoring of nutrition programmes and advocate for the revival of a Nutrition Mission in Rajasthan. In Bihar, a session on social budgeting was organised with state legislators to promote gender and child budgeting. Taking on board the recommendations from this, the Deputy Chief Minister and Finance Minister of Bihar made strong fiscal policy announcements.

The year also saw A&P finalisation a Child Protection advocacy strategy, with advocacy action plans in four pilot states planned and implemented in synergy with Child Protection, Education, and Communication for Development (C4D) sections. Based on the experiences gathered from this exercise, the advocacy strategy and tools on child protection were developed for other field offices to use as per their needs. Implementation of this strategy in different states will continue in 2012.

On 24 November 2011, Mr. Aamir Khan, a superstar actor and producer, was appointed as UNICEF Ambassador to promote nutrition for children. Mr. Khan will use his influence and mass appeal to advocate for the survival, development and growth of millions of children in India.

## Changes in public policy

Advocacy to influence public policy and technical support to leverage government resources are key in each of UNICEF India's Programme Components. Several examples are discussed under Section 3.2. Some examples of changing policy and leveraging resources are highlighted below:

In Bihar, advocacy led to amendments to the Bihar Registration of Births and Deaths Rule, 1999, which facilitated administrative processes with decentralisation of power. This, together with improved monitoring system, has contributed to a significant increase in birth registration (42 per cent in 2010 to 47 per cent in 2011 as reported by the state).

In UP, UNICEF advocated with the State AIDS Prevention and Control Society on stigma and discrimination faced by children and People Living with HIV. This resulted in concrete actions by the government, including double rations for children affected by HIV through ICDS, and a transport subsidy for children who are HIV positive to access antiretroviral therapy facilities.

## Leveraging resources

The Child Environment programme provides technical assistance in the implementation of TSC and National Rural Drinking Water Program, for which the government invested INR 220 billion (approximately US\$ 4.4 billion) for the fiscal year 2011/12. UNICEF advocacy led to the strategic shift in the TSC guidelines to focus on sustained use of toilets, which

contributes to the achievement of the MDG Target 7C. With financial contribution of 0.23% against the national WASH budget, UNICEF India is effectively leveraging resources to make high impact.

Through partnership with the Municipal Corporation of Greater Mumbai and NGO partners, UNICEF Maharashtra initiated “School Excellence Programme” to achieve improved teaching quality and school leadership in urban slums. After 18 months of implementation, it has reached over 50,000 children and now the Municipal Corporation is fully funding the programme.

In high risk polio areas of UP, UNICEF conducted an assessment of dry latrine, highlighting the need to address such unsanitary facilities that require manual removal of excreta. The findings led the state government to utilise US\$ 2 million from TSC and convert 65,000 dry latrines (about 60 per cent of the total number in the state) to flush toilets. This also meant that about 2,200 manual scavengers were liberated from the highly stigmatised work of carrying human faecal matters. Funds from several government sources were also used to bring livelihood support to them.

## Capacity development

UNICEF organised four capacity development self-assessment workshops in Mumbai, Hyderabad, Chennai and Mussoorie. Jointly conducted with key implementing partners, this resulted in an action plan to improve the implementation of capacity development interventions. In order to extend this to other states and programmes, guidelines were issued to help programmes identify key capacity barriers to the achievement of their Rolling Work Plans and improve intervention design and implementation towards the achievement of the Intermediate Results.

The workshop was also conducted with the the Lal Bahadur Sastri National Academy of Administration (LBSNAA), a training institute for the Indian Civil Services. As a result, issues around children and social development have been integrated into the various phases of training. UNICEF’s support in the development of training material and provision of resource persons will strengthen the social sector component in the training of officers of the Indian Administrative Service, with special attention to children.

Lessons learnt from the implementation of the District Support programme on decentralised governance for child rights continue to be shared with a wide audience that has the potential to influence government programmes and policies. This included the documentation of innovations and good practices. One of the cases documented in 2011 was the District Planning and Monitoring Unit (DPMU) in Koraput, Odisha, which was established with UNICEF support to improve data collection, analysis and sharing with district administration. DPMU is being scaled-up state wide and replicated in Jharkhand and Madhya Pradesh. The documentation contains lessons and recommendations from the Odisha experience and will inform replication with government funds<sup>13</sup>.

UNICEF also started engaging with premier training institutions in the country such as LBSNAA and Kerala Institute of Local Administration to build the capacity of local self-governments on decentralised district planning. UNICEF will build on this initiative to develop a network of institutes around the country with expertise on governance for children.

Several study visits were organised for learning across states and UNICEF India hosted teams from Nepal and Bangladesh to study decentralisation in India.

UNICEF India took part in a regional evaluation on capacity development and the Maharashtra programme was highlighted as a case study<sup>14</sup>.

## Communication for development

The C4D programme has focused on enhancing four key behaviours (early and exclusive breastfeeding, handwashing, girls' education and HIV prevention among young people) in the Integrated Districts. Monitoring progress has been a challenge given the lack of data on knowledge and attitudes. To address this, the C4D and Social Policy, Planning, Monitoring and Evaluation (SPPME) programmes jointly conducted a Knowledge, Attitudes and Practices (KAP) survey that collected data around the four key behaviours.

Key to the C4D work in the Integrated District is the engagement with government frontline workers and village volunteers who have direct contact with communities. They in turn engage with key stakeholder groups such as self-help groups, in dialogue-based initiatives to promote behaviour change communication. Initial results indicate that this has increased knowledge of participants, and also considerably boosted their confidence and capacity to actively participate in a range of social activities.

Behaviour change communication is a main component in many government flagship programmes, yet high quality C4D specialists are scarce. To address this, the programme has developed a longer term strategy to enhance the effectiveness of development initiatives by institutionalising C4D curriculum in academic institutions. On mapping the capacity of academic institutions in India, the programme selected a dozen key institutions able and willing to strengthen this area. A curriculum is being developed in consultation with these institutions and will be validated at a workshop in April 2012. This is expected to lead to richer and more rigorous academic courses on C4D.

Most of the C4D work with government departments has been two-pronged. One focused on supporting the development of evidence-based strategies that address root-causes behind behaviours that seek to be changed, such as social norms. The other focused on advocating the need for such a strategic approach amongst all partners and counterparts. In the past, the tendency has been for partners to consider C4D as a clearing house for the production of IEC materials alone. Through advocacy efforts, there is a growing awareness amongst partners and government of the importance and effectiveness of carefully devised, evidence-based communication strategies and the need for careful analysis of the situation, including existing social norms.

The top-rated UNICEF supported teleserial, *Kyunki...Jeena Issi Ka Naam Hai (Because...that's what life is!)* completed its 501 episodes, reaching 145 million viewers. The serial's continued success and mass appeal shows how entertainment can be successfully combined with educational and social messaging, bringing about desired changes. Another example of the power of an Entertainment-Education programmes, this time through radio, can be seen in Uttar Pradesh. The radio programme brought messages that helped empower girls in schools, and an assessment has shown that the programme has even generated discussions outside the school and been instrumental in promoting change in a number of cases. The C4D programme also continued to support the establishment of community radios, as a means to empower marginalised and vulnerable communities, giving them a space and a medium through which their voices are heard.

## Service delivery

UNICEF India has limited engagement in direct service delivery. Government of India has large scale, well-resourced flagship programmes in place and with a view to ensuring sustainability, UNICEF's role is to help government and other partners improve the design, implementation, coverage and quality of services (with equity) delivered through these schemes. This is done through providing technical assistance, influencing policy, and strengthening government systems and capacities. Ensuring equity by design is fundamental and embedded in all of our work in the country. Key examples are described below.

UNICEF support in Madhya Pradesh addressed gaps in service delivery and led to an increase in institutional delivery with equity. Gol launched *Janani Suraksha Yojana (JSY)*, a conditional cash transfer scheme, part of which provides financial incentives to pregnant women who opt for institutional deliveries. While JSY has enhanced demand for services, constraints remained at the supply side. For example, the benefit was not often realised by women in rural and marginalised communities who had limited access to 24x7 health centres that were mainly located along major roads. In addition, the cost of arranging private transportation often exceeded the reimbursement provision made under JSY. Madhya Pradesh developed and supported a set of low-cost initiatives including free referral transport. With scale-up across the state under NRHM, free transport was provided to 475,000 pregnant women (compared to 175,000 in 2010), half of whom come from socially excluded communities. Analysis in the pilot districts of Guna and Shivpuri showed that a half of these beneficiaries utilised this service between 8:00 p.m. to 8:00a.m., when other alternatives are scarcely available. In Guna, where the intervention first started, the rate of institutional delivery increased from 50 per cent in 2007-08 (DLHS 3) to 94 per cent in 2009-10 (Department of Health and Family Welfare).

In Odisha, the district of Koraput with UNICEF support - implemented a social audit of ICDS in 286 Anganwadi Centres (AWCs) that provide a package of essential services to more than 170,000 people. Social audit is both a monitoring process and a capacity development activity through which stakeholders (including government officials, beneficiaries, community representatives and community-based organisations) publicly examine the implementation of government services thereby increasing awareness of entitlements. While the findings were presented to local self-governments for necessary follow-up actions, this process also brought about the added benefit of cultivating a group of dedicated activists who will continue to support government deliver essential services.

Through the Community Based Disaster Risk Reduction programmes, communities were made aware of their rights, as well as available support mechanisms under government schemes. A breakthrough was the initiation of child nutrition, protection and health services in areas affected by civil strife in Chhattisgarh. At present UNICEF is the only organisation working in this deprived area, ensuring access to basic services.

## Strategic partnerships

A cross-cutting strategy of UNICEF's programme of cooperation with Gol is "partnering with communities, the private sector, mass media, civil society organisations representing excluded populations, and youth and children's organisations to accelerate behavioural and social change to promote the rights of children and women". Strategic partnerships for programme implementation are described within programme results in later sections.

The 11-year partnership with the IKEA Foundation is reaching approximately 74 million children and has helped deliver results in health, nutrition, child protection and water and sanitation. UNICEF also expanded its relationship with IKEA's partners, namely with UNDP in UP, and with Save the Children, Action for Food Production and World Wildlife Fund in

Gujarat, Rajasthan and Maharashtra, collaborating with them on implementing child rights projects. A new IKEA-supported initiative on menstrual hygiene management is being implemented in UP in partnership with UNDP and Women on Wings.

DFID is another strategic partner for UNICEF India. As the largest bilateral donor, DFID has helped UNICEF leverage its field presence to facilitate programme convergence and demonstrate evidence-based, high impact innovations in the area of health, nutrition, water, sanitation and hygiene. In addition to delivering these results, the partnership has also supported strengthening data and monitoring systems and UNICEF's policy engagement with government counterparts.

UNICEF India has also entered into strategic partnerships with the private sector that go beyond financial resources. UNICEF supported a strategy for the Corporate Social Responsibility (CSR) hub established by the government for the Public Sector Enterprise (PSE). The hub will serve as a resource centre, providing strategic directions to CSR activities.

To enhance UNICEF Programme Cooperation with civil society organisations, Delhi and all 13 Field Offices conducted a mapping of implementing partners in 2010, and information is updated routinely.

A survey was conducted to capture partners' perception of UNICEF India. Partners find UNICEF's key strengths to be in convening different partners around children's rights and leveraging close working relationships with government by providing global knowledge and technical assistance. Partners also expect UNICEF to be bolder with the government when it comes to advocating for the rights of children and women. UNICEF should maintain a close relationship with the government, but it should constantly assess the environment and determine the right time for strong advocacy.

[How is the country programme mobilizing partners, including key community-based and/or informal networks of solidarity, to foster more equitable results for children and help scale-up progress for deprived children?](#)

UNICEF's polio eradication programme is a good example of maximising partners' respective expertise to foster equitable results for children. The partnership encompasses national and state governments (responsible for leadership and direction of the programme), UNICEF (communication and social mobilisation), WHO (disease surveillance and implementation of vaccination activities), Rotary International (advocacy and provision of IEC materials), the US Centers for Disease Control and Prevention (technical and laboratory support), CORE – a key partner for social mobilisation activities in western Uttar Pradesh and West Bengal - and, increasingly, the Bill and Melinda Gates Foundation (BMGF). The heart of the programme is a Social Mobilization Network of 7,000 volunteers who deliver life-saving messages about polio vaccination, routine immunisation, nutrition and sanitation to India's poorest, most at-risk communities. This unique partnership has been instrumental in stopping polio transmission in India in 2011.

## Knowledge management

The Knowledge Community on Children in India (KCCI), a knowledge management initiative, helped promote the generation and dissemination of key research on children and women in India. The year saw the successful execution of the seventh KCCI Summer Internship Programme, with more than 40 interns from renowned graduate schools documenting 11 case studies, focusing on good practices and lessons learnt. Topics ranged from Multi Grade Multi Level Teaching and Learning Method in Government Schools of East Singhbhum

district, Jharkhand to Real Time Equity Monitoring in Disaster Response. The KCCI Website <[www.kcci.org.in](http://www.kcci.org.in)>, designed to bring experts, practitioners, and researchers together to share knowledge on issues related to children and women, has been revamped and launched. Furthermore, three knowledge sharing seminars were held on topical issues such as adverse sex ratio, conditional cash transfer and micro-insurance in rural India. External experts were invited to share their experiences, and the seminars provided a space for learning for staff and partners.

UNICEF also conducted an office-wide exercise in documenting innovations and good practices. For each case covered, the exercise covered elements like implementation process, results and costs- with the aim of using this to advocate for evidence-based replication of these interventions. To date, four cases have been printed, eight cases are being desktop published, and three cases are being finalised. Through this exercise, a few lessons were learnt:

- Evaluation practice and guidance for measuring results should be strengthened so as to deepen the evidence base
- Internal systems should be developed for selection and development of pilot initiatives. For this, options for institutionalising a model of in-country, semi-independent, expert support may be explored.

These lessons, along with the recommendations from the *Evaluation of UNICEF Strategic Positioning in India*, have been taken into account. UNICEF plans to develop standards for piloting innovations and ensure that they are evaluated before replication or scale-up.

Some notable knowledge management initiatives at the state level include the following:

In Jharkhand, a Knowledge Management and Resource Centre was established in cooperation with the Centre for Child Studies at Xavier Institute of Social Science (XISS). With UNICEF's technical support, the Centre will implement a number of knowledge management initiatives, including joint research on issues related to children.

In Odisha, a Center for Children Studies (CCS) was established in the KIIT School of Rural Management. Its mandate is to promote evidence-based policy making by building a knowledge base on issues related to children and women in the state. CCS conducts research and evaluation, documents good practices, creates curriculums and promotes voluntarism around child related themes.

All Programmes Components also play an active role in knowledge management. Specific initiatives are discussed under the Section 3.2 Progress and Results in Programme Component.

## Human Rights-based approach to cooperation

UNICEF has been supporting a unique survey which aims to capture structural factors as well as experiential dimensions of access to basic services, within three national government flagship programmes, namely Reproductive and Child Health, Total Sanitation Campaign and Integrated Child Development Services. The study assesses the extent to which Scheduled Caste (Dalit) and Muslim children in study sites have access to these services, relative to other groups in their communities, covering a total of 2,880 households. The Equity Fund made available through UNICEF NYHQ and Regional Office was used to support this survey, and helped ensure the completion of the field work within the agreed time-frame.

An *Evaluation of UNICEF Strategic Positioning in India* was conducted, taking stock of the last 3.5 years and looking into the next Country Programme for 2013-2017. This evaluation reviewed the five key strategies of the current Country Programme, namely partnership, strengthening of systems and capacity development, knowledge management, the Integrated District Approach and social inclusion/equity. One of the key evaluation questions assessed the extent to which UNICEF's approach to social inclusion addresses the equity challenges and influences the national agenda. The evaluation has noted that UNICEF's programming focuses on social inclusion and gender equity, using a rights-based approach. It also found that UNICEF's role in identifying gaps in government strategies and programmes was "assessed as very useful by the Gol and appears to influence national and state policies with respect to social inclusion". It recommends continuation and intensification of this type of activity. At the same time, it calls for an increased emphasis on empowering marginalised populations to effectively claim their rights.

Efforts were also made to deepen understanding of capacity strengthening from the perspective of excluded communities. An analytical paper was consolidated to make explicit the meaning of 'capacity' for those who are disempowered within existing political, social and economic power structures, leading to their exclusion from these processes, resulting in their inability to access basic services and opportunities. The framework was developed and approved through consultation with civil society representatives. It provides a basis for engagement with government ministries and departments that have a focus on developing planning frameworks as well as reaching excluded groups.

As Gol's 12th Five Year Plan Approach Paper continues to focus on inclusive programming, there is a need to identify and document good practices in social inclusion and this work is underway. Based on a set of criteria, cases have been identified across the country. These cases have demonstrated innovative, inclusive and effective ways to reduce disparities in the areas of health, water and sanitation and education. The documentation is expected to be completed and presented at a national conference in 2012.

Specific examples of human rights based approach to cooperation are discussed as part of Section 3.2, *Progress and Results in Country Programme Components*.

## Gender equality

UNICEF's commitment to Gender Equity was deepened through rigorous application of the Gender Markers to the 50 Intermediate Results (IRs). This was done through an interactive process between the Programme sections, SPPME and Deputy Representative, Programmes. IRs were fine-tuned and appropriate indicators were added to ensure that activities were measurable for their contribution to promoting gender equality and the empowerment of women and girls.

Of the 50 IRs, six were marked as making 'Principal' contributions (Education, C4D, SPPME, A&P and Child Protection), 16 as making 'Significant' contributions (Child Development and Nutrition, SPPME, Education, C4D, A&P, Child Protection, Child Environment and HIV). Thus, it can be interpreted that 44 per cent of UNICEF's programme results are expected to make a principal or significant contribution to gender equality and the empowerment of girls and women.

In addition, UNICEF (represented by SPPME and Child Protection) was an active member in the UNDAF thematic cluster on Gender Based Violence, and participated as a core member of the group formulating the gender equality results for the UNDAF 2013-2018. Gender Equality has been selected as one of the outcome areas for the upcoming UNDAF, for the

first time in India. Several of UNICEF's priority areas of work relating to gender equality and women's empowerment will be addressed as part of this UNDAF cluster, including work on the declining and adverse sex ratio, child marriage, trafficking, data disaggregated by sex, maternal health and crèches for working women.

## Environmental sustainability

India is a disaster prone country experiencing annual floods, cyclones and droughts, and frequent severe earthquakes which put children, women and vulnerable groups at high risk. The government response to disasters is timely. Nevertheless, the response often lacks good contingency planning and relief assistance is distributed without taking into consideration the special needs of children and vulnerable groups. Early and long term recovery plans are also scarce.

In 2011 UNICEF continued its efforts to reduce the risk of disaster and climate change on children and women. Community Based Disaster Risk Reduction programmes enhanced the preparedness and self-help skills of communities in more than 400 villages regularly affected by floods. Links between communities and government were strengthened, and communities were empowered to seek timely assistance from government.

The capacity of 400 practitioners from government, non-government organisations and UNICEF were built through training in Public Health and Education in emergencies. Training on the CCC was conducted for UNICEF staff as well. The rapid assessment and coordination capacity of state Inter-Agency Groups were supported through introduction of the Inter-Agency Standing Committee's Health, Nutrition and WASH cluster rapid assessment formats. Two large-scale emergency simulation exercises were conducted in Tamil Nadu and Delhi, taking into account the necessary skills in urban disaster risk management.

UNICEF has been supporting the development of national policies and guidelines to ensure that special needs of children and women are mainstreamed. In 2011, technical assistance was provided to the national guidelines and Standard Operating Procedures for WASH in emergencies, which was adopted by the Ministry of Drinking Water and Sanitation. UNICEF also contributed to the policy and implementation framework for the National School Safety Program.

UNICEF promoted the active participation of adolescents in Disaster Risk Reduction (DRR) and launched a national platform. At the same time, children's leadership skills are being developed to promote their participation in decision making processes. Similar platforms will be established at state level.

Partnership with experts has been enhanced through the development of the South Asian Association for Regional Cooperation *Framework for Care, Protection and Participation of Children in Disaster*. It is discussed in detail under the following section.

## South-South and triangular cooperation

In 2011, UNICEF in partnership with GoI and Save the Children India supported the development of the [South Asian Association for Regional Cooperation Framework for Care, Protection and Participation of Children in Disaster](#). This was finalised through a five-day workshop in which fifty experts representing governments, international agencies, humanitarian organisations, and child rights activists participated. This helped provide a

comprehensive set of guidelines to address the special needs of children in disasters, the first of its kind developed in the South Asia region that is highly prone to disasters, and home to the largest number of children in the world.

In an effort to eradicate polio, south-south cooperation is being strengthened. While India appears to have interrupted indigenous wild poliovirus as of December, Pakistan and Afghanistan remain endemic while China has been re-infected for the first time since 1999. Particularly with wild poliovirus from Pakistan, it is clear that focused efforts are required to sustain interruption until eradication is achieved globally. India has been requested officially during the last Independent Monitoring Board (IMB) Meeting to share its experiences and innovative approaches which have contributed to the important milestone of having stopped transmission in India. UNICEF India has had regular interactions with colleagues in Pakistan in 2011 to help develop their polio communication network, based on the SMNet model.

UNICEF also organised several study visits to facilitate cross-learning. Examples include:

A delegation from Bangladesh, led by the Joint Secretary of Economic Relations Division, Ministry of Finance, exchanged knowledge on decentralisation with officials from the Ministry of Panchayati Raj and the Government of Kerala. As part of this, a field visit to Madhya Pradesh was also organised, where the delegation met relevant government officials who showcased the decentralised planning process, budget allocations, and monitoring mechanisms. The office facilitated a similar study visit for a Nepal team as well.

Building on the positive outcome of a gender-sensitisation training of Karnataka State Police that UNICEF helped develop, and which has since been integrated into the state's police training programme, UNICEF facilitated visits from West Bengal, Meghalaya, Gujarat and Uttar Pradesh, with a view to replicating the Karnataka model in these states. This was also made possible through leveraging funds from the Integrated Child Protection Scheme (ICPS).

## Report on Progress and Results in Country Programme Components

### Reproductive and Child Health

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	20,400,000	13,848,372	13,656,204	99
RR	5,774,367	3,527,207	3,452,143	98
<b>Total</b>	<b>26,174,367</b>	<b>17,375,579</b>	<b>17,108,347</b>	<b>98</b>

### Results achieved

The three sub-sections, Neonatal and Child Health, Routine Immunisation (RI), and Maternal Health, have jointly supported Gol's national flagship programmes, NRHM and RCH-II. Both programmes are well funded, and many improvements, mainly in access and (less consistently) quality of services can be attributed to them. Close engagement with the government resulted in the development of various child, neonatal and maternal health policies and programmes. Comprehensive support to the implementation of the second phase of measles intervention resulted in 41 million children vaccinated across several states. In two states, pentavalent vaccine was introduced with possible scale up

in six additional states in 2012. Special Newborn Care Units (SNCUs) were scaled up, with Gol planning at least one SNCU in each of the 631 districts. UNICEF supports the National Neonatology Forum of India to be the national accreditation centre for these units, necessary to qualify to register under the *Rashtriya Swasthya Bima Yojna* insurance scheme for people living below the poverty line. Quality assurance is essential for a logical continuum of care.

UNICEF strives to introduce the Perinatal Care Unit concept to cover antenatal care, delivery care in maternity wards, postnatal care, and special newborn care where needed. Facility-based Newborn Care (FBNC) operational guidelines were developed and disseminated by Gol. To provide mentoring support to SNCUs, three regional and one national FBNC Collaborative Centres were established. The support was sustained for the nation-wide rollout of Integrated Management of Neonatal and Childhood Illnesses and complemented this with the development of a separate training trajectory for doctors and nurses. The objective is to ensure a smooth referral process between the field-based frontline workers and facility-based health workers. The operationalisation of 15 First Level Referral Units in four states is at an advanced stage and will showcase possible replication.

A joint WHO-UNICEF methodology called Effective Vaccine Management was implemented in several states. This comprehensive assessment demands substantial financial and human resources, yet leads to the development of a prioritised action plan. Strengthened monitoring of immunisation sessions show 60 to 80 per cent implementation rate. The Coverage Evaluation Survey (CES) shows increased full immunisation rates of children from 45.8 per cent to 60.1 per cent nationally. Diarrhoea control practices across 15 states are inadequate, because low-osmolarity Oral Rehydration Salt (ORS) with Zinc is not reliably available with frontline workers and sub-centres. Furthermore, health personnel are not consistent in recommending and prescribing its use, thus resulting in its sub-optimal utilisation in all 27 states.

Enhanced availability of emergency obstetric care (EmOC) and essential newborn care is now targeted in selected institutions in several states. UNICEF supported Gol in revising various skilled-based training packages in maternal health. Out of 263 high-focus districts (responsible for 70 per cent of the disease burden), technical assistance was intensified in 44. Village Health and Nutrition Days (VHND) were supported for convergent implementation of maternal and child survival, growth and development programmes. Although difficult to attribute to a single intervention, the reduction of MMR indicates that India is on the right track.

### Most critical factors or constraints

**Human resources for health:** A high percentage of vacancies, absenteeism, high staff turnover, lack of capacity in existing staff in combination with limited management skills, continues. Frontline workers like Accredited Social Health Activists (ASHAs) could provide essential care for common killer diseases such as pneumonia and diarrhoea, especially in remote districts. Nevertheless, they are not adequately trained or supervised to perform this duty, and trainings often fail to transfer essential skills effectively. Attracting medical staff to work in remote and difficult duty stations also remains a challenge.

**Infrastructure and logistics:** Poor infrastructural quality of sub-centres, labour rooms, water and sanitation facilities, poor maintenance of equipment, delays in procurement of supplies adversely affect programme implementation.

**Implementation and management:** Weak micro-planning for RI and VHNDs, poor budget planning, utilisation and accountability remain a constraint for effective coverage of basic health services. Supportive supervision is neither well planned nor implemented. Although the HMIS structure is promising, its implementation and use is still in its infancy. District-level delivery points are critically overcrowded while lower-level facilities are underutilised. Lack of availability of 24x7 skilled services including limited inter-facility referral systems often discourages families from accessing these facilities.

### Key strategic partnerships and interagency collaboration

UNICEF and WHO together work intensively in the polio eradication programme using a high-risk block approach and convergence around four themes. Routine immunisation, diarrhoea prevention and control feature in the ongoing community education efforts. In measles control, a joint approach results in effective synergy in the national campaigns.

GAVI established a Large Countries Task Team that worked intensively with WHO and UNICEF in India, leading to the GAVI board adopting a set of recommendations redefining the partnership. As a result, improved management of the RI programme, operational research, evidence-based communication and commodity support is expected.

With US Centers for Disease Control and Prevention, RI is enhanced and operational research implemented in four states.

UNICEF is a partner in the Norway India Partnership Initiative. Among other programmes, it supports the testing of a “One-Stop Shop” model to build and operationalise Perinatal Care Unit (PCU) according to existing standards.

Four FBNC Collaborative Centres: A large number of SNCUs is now operational (256). To overcome the challenge of quality services and skilled nurses and doctors, UNICEF linked SNCUs with institutions-of-excellence for capacity building, mentoring and research. These centres provide district-level trainings and two-week observerships. Faculty of these centres make mentoring visits to SNCUs and district hospitals to provide supportive supervision and assess quality of care. The National Collaborative Centre in New Delhi initiated mechanisms to receive data from functional SNCUs for analysis and feedback.

Partnership with National Neonatology Forum (NNF): To strengthen comprehensive newborn care, UNICEF partnered with NNF, which conducted two capacity development sessions to build a pool of master trainers to train SNCU staff. NNF is also working on accreditation guidelines for SNCUs that will facilitate empanelment of SNCUs under *Rashtriya Swasthya Bima Yojna*.

Partnership with School of Public Health, PGIMER, Chandigarh: With UNICEF support, the collaborative centre at PGIMER monitors and evaluates maternal and child health programmes using a web-based reporting system on IMNCI. It generates implementation reports. Two trainings were conducted for mid-level managers, including faculty members from selected medical colleges, who would act as master trainers. Further, these colleges will start regional-level workshops for district managers, thereby increasing the training scope.

Partnership with Public Health Foundation of India (PHFI): UNICEF commissioned four Meta-analyses with PHFI to generate evidence pertaining to saving newborn and child lives, namely, (1) community-based newborn care, (2) childhood anaemia, (3) acute respiratory infections, and (4) appropriate management of diarrhoea. Four policy briefs

were produced and advocacy plan was developed. A curriculum for a postgraduate diploma in Public Health Management was developed. The course will be launched in 2012.

Partnership with medical colleges, training institutes and civil society will help increase the coverage of supportive supervision and availability of trained health workers. Partnerships have led to a cost-effectiveness study on IMNCI implementation and SNCUs and an analytical report on status of maternal health in India 2005-2009 based on Maternal and Perinatal Death Inquiry and Response (MAPEDIR) data from different states of India.

### Summary of monitoring, studies and evaluations

A set of core indicators have been defined for quarterly monitoring of maternal health, child health, immunisation and convergence of programmes. Concurrent monitoring of RI is being done in all states to improve RI quality. The following activities have been conducted in 2011.

**Vaccine logistics are being monitored** through an online system in Odisha. A national cold chain management system was developed and the software will be piloted in 2012. This will enable programme managers to efficiently maintain cold chain equipment. A national vaccine wastage assessment was carried out in five states.

In Purulia district, West Bengal, **skills of 155 frontline workers implementing IMNCI were assessed**. Majority of workers had acquired skills on counting respiratory rate, assessing immunisation status, assessing breastfeeding in young infants and plotting weight in a growth chart in children aged 2–59 months. Around two-thirds workers synthesised correct classification and nearly 60 per cent gave appropriate management of at least one subgroup. A qualitative survey in four community development blocks of the district reported coverage of voucher-based referral transport scheme, which helped to understand beneficiary identification, distribution of vouchers, availability and accessibility of vehicles, and service quality. Factors that can promote or impair utilisation of cashless transport service were identified.

In several districts, **tracking of mothers and neonates discharged from SNCUs** provided insights into factors determining survival and development of these babies. A survival rate of 90 per cent at one year of age was documented, and the highest mortality was found to be in the first month post discharge.

A **Rapid Assessment of KAP and Use of Bed nets in Assam** covering six districts showed that 98 per cent of the sampled respondents are aware about malaria, and 89 per cent of them use bed nets to prevent malaria. Awareness about Japanese Encephalitis is low at 56 per cent, and 80 per cent were unaware of filarial or dengue.

The **end-line survey of social marketing of ORS and Zinc in Uttar Pradesh** revealed increased awareness on preparation of ORS solution to 94 per cent against baseline survey (2009) of 87 per cent. The institutions reporting shortage of ORS decreased from 81 per cent in baseline to 37 per cent at endline. Similarly institutions reporting shortage of Zinc also decreased from 90 per cent in baseline to 40 per cent in the endline.

**Studies were conducted to assess** 13 Maternal Child Health Facilities of Uttar Dinajpur, West Bengal. The neurological development of 400 children under SNCUs as a follow-up cohort was done in Guna and Shivpuri districts of Madhya Pradesh. The measles

campaign in Jharkhand was assessed to document synergy with RI. Approximately 1,900 maternal deaths in Odisha were analysed.

**IMNCI implementation was assessed** in Bihar, Rajasthan and Karnataka. SNCU operationalisation was assessed in Rajasthan and Andhra Pradesh.

**Monitoring and validation** was conducted in 17 districts of Jharkhand for routine immunisation based on the model for bottleneck analysis. The results are being used by NRHM for the intensification of immunisation activity in 2012.

### Future Work

Focus will continue on strengthening access to quality community and facility-based services along the continuum of care, especially for the poor, disadvantaged and hard-to-reach target populations in line with the NRHM-RCH goals. Convergence and collaboration with other sections and sectors will be key to upstream technical assistance and advocacy, operational research, and ensure the effective scale-up of successful models like SNCUs. Partnerships will be strengthened to improve access to, and prescription and utilisation of ORS and Zinc for diarrhoea prevention and management.

- Enhancing the Universal Immunization Programme and its cold chain, building on the year of intensification of RI. Implementation of Effective Vaccine Management in the remaining states and repeat in some weak states, Phase 2 and 3 of the measles catch-up campaigns, RI Weeks and introduction of new vaccines. A maternal and neonatal tetanus elimination validation exercise is planned.
- Technical assistance to GoI in strengthening home-based newborn care through training ASHAs in IMNCI-plus and strengthening of VHNDs as an effective platform for awareness creation and basic service delivery.
- Meeting GoI's objectives on quality service especially in the delivery points (30,000 out of the 180,000 public health facilities of India). UNICEF will support GoI's scale-up of Basic Emergency Obstetric Care (BEMOC).

The new online software for SNCUs will be finalised under the NIPI partnership, to facilitate monitoring and follow up of newborns admitted in SNCUs. Such tools to assess growth and development of SNCU graduates will produce more comprehensive follow-up beyond IMR. The PCU model will replace the isolated SNCU approach and will require advocacy, evidence generation and piloting of additional innovative elements. Monitoring and validation exercises remain essential to document how UNICEF's contributions lead to reduction of bottlenecks and constraints.

In 2011 GoI promulgated district and state-level Maternal Death Review (MDR) mandatory. UNICEF plans to assess the implementation of this tool with consultations in each state.

Policy on Human Resources for Health is almost absent in the country. A tool is being developed together with partners, which will help design state level policy.

Community-based services require more comprehensive quality assurance by frontline workers. UNICEF will continue to advocate for enhanced supportive supervision with on-the-job training. To improve inter-personal communication skills, use of mobile phones or AKASH, an Indian low-cost iPad will be tested.

Strategic partnerships listed above will continue. Following the one-year support from UNICEF, PHFI will launch a new postgraduate diploma course in Public Health and Health Management Information Systems.

The Maternal and Child Health Community of Practice under Solution Exchange is now housed in UNICEF's RCH programme, and will focus on the Empowerment of Village Health, Nutrition and Sanitation Committees; discussions related to maternal, child health and nutrition, universal health coverage, and social health insurance.

Field Offices will assess situations through equity lens so as to guide where the RCH programme's focus should be placed beyond the 44 focus districts.

## Child Development and Nutrition (CDN)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	10,400,000	11,047,612	11,002,245	100
RR	4,435,677	2,006,888	2,006,573	100
<b>Total</b>	<b>14,835,677</b>	<b>13,054,500</b>	<b>13,008,818</b>	<b>100</b>

### Results achieved

UNICEF supported the universal roll-out of WHO Child Growth Standards and Mother-Child Protection Card in ICDS and NRHM, the national flagship programmes for child survival, growth and development. The use of the WHO Standards and Mother-Child Protection Card, which recognise that India's children have the same growth potential as all children worldwide, was rolled out in an additional 333 districts. Simultaneously, the CDN programme supported the inclusion of improved counselling on Infant and Young Child Feeding (IYCF) in the training of ICDS and NRHM staff and frontline workers. In 2011, an additional 320,000 frontline workers were equipped with skills to counsel and support mothers and families on how to improve breastfeeding and complementary feeding practices. As with the Coverage Evaluation Survey in 2010, the survey in the Integrated Districts (2011) showed important gains in infant feeding practices. The prevalence of timely initiation of breastfeeding within one hour of birth increased from 51 to 67 per cent and the prevalence of exclusive breastfeeding in infants under six months increased from 33 to 55 per cent.

The CDN programme supported national and state efforts to deliver preventive vitamin A supplementation and deworming (VAS+DW) for children under five. With UNICEF support, 92 per cent of districts developed and implemented district-level plans for VAS+DW. The national VAS coverage increased from 32 per cent in 2007 to 65 per cent in 2011, reaching over 75 million children. Importantly, for the first time UNICEF reduced its direct procurement of vitamin A supplements to zero, indicating increasing ownership of the VAS programme by government. UNICEF supported ICDS and NRHM in scaling up the adolescent anaemia control programme with state funds. By the end of 2011, the 13 states were scaling up the programme state-wide, reaching 21.4 million adolescent girls with iron and folic acid supplements weekly, deworming prophylaxis biannually, and counselling to improve their diets and prevent anaemia. This is largely due to UNICEF support to the scale up of the *SABLA* scheme for the Empowerment of Adolescent Girls, including the development and translation of operational and training guidelines in a myriad of local languages and training over 120,000 teachers, supervisors and counsellors. UNICEF continued to support GoI in accelerating progress towards universal salt iodisation (USI) as part of the UNICEF-GAIN-BMGF for USI. Data released in 2011 showed that the proportion of households using salt with adequate levels of iodine increased from 54 per cent at the beginning of the five-year country programme to 71 per cent.

The programme supported NRHM to scale up facility-based care for children with severe acute malnutrition (SAM) through 529 Nutrition Rehabilitation Centres that are increasingly using standardised protocols for the admission, care, discharge and follow-up of children. In 2011, over 84,000 children were provided with life-saving care. Importantly, the programme supported GoI in finalising National Guidelines for the Management of SAM in Children, National Guidelines on Infant and Young Child feeding for HIV-exposed children, and National Guidelines on Iron and Folic Acid Supplementation for the prevention of Anemia.

## Most critical factors or constraints

Two challenges in programme implementation were:

1. The existence of cumbersome procedures for the procurement and distribution of essential supplies by the state departments in charge of the implementation of ICDS and NRHM. This delays the availability of life-saving supplies in India's flagship programmes for child health, nutrition and development, lowering programme coverage and quality. UNICEF is supporting the national and state governments in simplifying the procurement and distribution of essential supplies, particularly those related to the assessment, monitoring and promotion of children's growth, the control of micronutrient deficiencies, and the treatment of the most severe forms of malnutrition.

2. The lack of regular collection of quality data on maternal and child nutrition (anthropometry, practices, behaviours, coverage, and quality) by national and state governments, leading to sub-optimal documentation of geographic differentials and time trends in nutrition outcomes for mothers and children. To address this, the CDN programme provided technical support to India's Naandi Foundation – one of the largest NGOs in the country - in conducting a nutrition survey in the 100 districts of India with the poorest indicators of child well-being and home to 20 per cent of India's underfives. The survey findings indicate a 20 per cent reduction in the prevalence of child undernutrition over a seven-year period with an average annual rate of reduction of 2.9 per cent. Simultaneously, UNICEF supported the Government of Maharashtra in designing and implementing a state-wide nutrition survey, using state-of-the-art survey tools and sampling and analysis methodologies. Inspired by this experience, UNICEF has been requested to provide technical support to national and state governments in assessing the nutrition situation of children in 2012.

## Key strategic partnerships and interagency collaboration

The **state governments** and the CDN programme continued to collaborate to improve policies, programmes and budgets for maternal and child nutrition. UNICEF supported the operationalisation of State Nutrition Missions - a state-specific strategy and to combat undernutrition - in Gujarat, Maharashtra, and Madhya Pradesh.

The **Indian Academy of Pediatrics (IAP)** and the programme collaborated in the review and updation of IAP's National Guidelines for the Management of Severe Acute Malnutrition in Children through an integrated approach encompassing both facility- and community-based care with adequate referral between both.

The **Naandi Foundation** was supported by the programme to conduct a nutrition survey in the 100 districts of India with the poorest indicators of child well-being and home to 20 per cent of India's under five children. The survey findings indicate a 20 per cent reduction in the prevalence of child undernutrition over a seven-year period with an average annual rate of reduction of 2.9 per cent.

The **Citizens' Alliance Against Malnutrition** and the programme continued to collaborate and advocate for improved policy and programme action for Maternal and Child Nutrition in India. Aamir Khan, a member of the Alliance and India's most influential entertainer, was appointed as UNICEF Ambassador for Nutrition and agreed to be the public face of a three-year national public communication campaign for nutrition in India.

The **Partnership for Universal Salt Iodisation** comprising UNICEF, the Global Alliance for Improved Nutrition (GAIN) and the BMGF continued to support state governments in

accelerating progress towards universal salt iodisation. Data released in 2011 showed that the proportion of households using salt with adequate levels of iodine increased from 54 per cent to 71 per cent.

The **Indian Flour Fortification Network** with UNICEF and a lead partner supported nine state governments in scaling up the universal fortification of wheat flour with iron and folic acid. Currently it is estimated that over 50 million people have regular access to fortified wheat flour.

### Summary of monitoring, studies and evaluations

Among others, data analysis and interpretation was initiated to document:

- The effectiveness of facility-based care in providing timely and quality services for the management of severe acute malnutrition in children, with emphasis on the poorest and most vulnerable children.
- The effectiveness of the national vitamin A supplementation programme in providing services in a timely and quality manner to children belonging to scheduled castes and scheduled tribes in India.
- The effectiveness of the national Adolescent Anemia Control Programme in providing services in a timely and quality manner to adolescent girls belonging to scheduled castes and scheduled tribes.
- The effectiveness of UNICEF-supported community programmes in accelerating the achievement of improved nutrition outcomes for children and women in support to ICDS and NRHM.
- The geographic differentials and time trends in nutrition outcomes for mothers and children in selected states using state-of-the-art survey tools and sampling and analysis methodologies.

### Future work

In 2011 the CDN programme will prioritise support on four fronts:

Consolidate the scale up of state-wide initiatives for improved nutrition and anaemia control in children 0-24 months and their mothers through ICDS, NRHM and community-based programmes to ensure a continuum of care for newborns, infants and children under two.

Consolidate the implementation of national and state plans for NRHM and ICDS Reform and Strengthening with a particular focus on skilled counselling on infant young child feeding and related maternal and child nutrition.

Support government at national and state level in implementing quality surveys to collect geographical and trend data on maternal and child nutrition to document the current positive change and accelerate progress and impact.

Document good practices and outcomes for maternal and child nutrition to inform future policy development and programme design, and implementation in support to India's 12th Five Year Plan and the GoI-UNICEF Country Programme 2013-2017.

## Child Environment

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	10,300,000	7,514,719	7,447,375	99
RR	3,561,611	2,792,905	2,789,348	100
<b>Total</b>	<b>13,861,611</b>	<b>10,360,569</b>	<b>10,289,668</b>	<b>99</b>

### Results achieved

Each year in India, an estimated 12.8 million of the rural population is abandoning open defecation and using sanitation facilities (Joint Monitoring Programme Report 2011). This positive trend is expected to have continued in 2011 through TSC. UNICEF advocacy has resulted in a strategic shift in the TSC guidelines to focus on sustained use of sanitation facilities.

In 2011, UNICEF advocacy on the National *Swachhta Utsav* campaign leveraged government resources and resulted in a one month, intensive demand-generation push for sanitation. As part of this, nearly 90 million children and 890,000 schools and Anganwadi Centres were reached on Global Handwashing Day (GHD). In West Bengal and Rajasthan, GHD has been institutionalised in the school calendar. In Maharashtra an IEC WASH plan was mainstreamed in the state plan. Support was also provided to the Ministry of Drinking Water and Sanitation (MDWS) in development of the National WASH Communication and Advocacy Strategy.

To accelerate TSC programming and promote community ownership, Panchayati Raj Institutions (PRIs) were supported in implementing sanitation in Rajasthan, Jharkhand, Odisha and Assam. MP and Rajasthan have taken forward Community Approaches to Total Sanitation (CATS) by developing roadmaps with government and implementing pilots. In Odisha, the training manual for PRI members has incorporated WASH practices. Furthermore, advocacy efforts led to inclusion of hygiene practice guidance into the Indian Pediatrician Guidelines. In Maharashtra, sanitary napkin units run by self-help groups have been promoting menstrual hygiene and ensuring access to sanitary napkins.

Key diarrhoea prevention messages have been integrated into VHNDs. In UP, over 8,000 frontline functionaries helped ensure WASH issues were included in approximately 60,000 VHNDs. In Rajasthan, WASH counselling was conducted during 55,000 VHNDs.

In Maharashtra, UNICEF and the state government developed a uniform water quality resolution for Gram Panchayats. This involved 29,000 water quality monitors and led to development of actions plans. With UNICEF support, the Public Health Engineering Department (PHED) in MP and Rajasthan started Water Safety and Security Planning in the most water-stressed areas. West Bengal is up-scaling a UNICEF model for fluoride response to benefit over 12,000 excluded rural population. Assam and Jharkhand conducted water quality mapping to help government develop response plans. At national level, UNICEF supported water safety guidance which was issued to all states. National Water Quality Exposition brought government, academia, industry and civil society, raising the profile of water quality, especially the microbial contamination issues.

Rural schools coverage with water facilities increased from 87 per cent in 2008 to 93 per cent (DISE, 2011). Positive trend was also seen in availability and usability of toilets in school, especially for girls (increase from 32.9 per cent in 2010 to 43.8 per cent in 2011,

ASER 2011). In UP child-friendly WASH facilities were provided in 2,973 schools through leveraging TSC resources. In Rajasthan, more than 13,000 teachers were trained on school WASH.

Models to address social exclusion are being implemented. In West Bengal, mobilising excluded communities led to construction of 15,000 sanitary toilets.

### Constraints

Capacity challenges are still significant, and there is a need for a comprehensive capacity building framework. Discussions related to transfer of sanitation to Panchayati Raj Department are ongoing in several states. Nevertheless, it has taken time to get programmes established. Frequent transfers of government functionaries both at the national and state level have prevented implementation from making consistent progress. There is also a need for much stronger monitoring systems. This was also recognised by partners during the consultation meeting on strengthening M&E and data analysis in WASH in India.

State programmes are yet to address all elements of a comprehensive approach to sanitation (including communication, demand, supply, construction, quality). In addition, during the national communication discussions, it became clear that IEC funds at state level were not being spent as per the directions of the national government. The TSC IEC funds must be used effectively and appropriately. Likewise, investment in water safety demand generation requires longer term commitments and programs beyond a one year planning cycle. This will help ensure sustainability and adequate Operation and Maintenance (O&M) systems.

The WASH in Schools (WiS) programme needs to address the entire package of child-friendly WASH facilities, hygiene and O&M. Focus on hygiene is still low in schools, and handwashing is yet to be regularly practiced. Lack of earmarked funds for the maintenance of school and anganwadi toilets results in poorly maintained and non-functional toilets. In addition, large variations exist across the limited data sources available for WiS, and there is a need to harmonise data on coverage and functionality. Many schools have access to water but it is not safe due to chemical and bacteriological contamination. Dedicated water safety plans and monitoring for school water quality are required.

### The key strategic partnerships and interagency collaboration

Sanitation: In Assam, UNICEF's advocacy on equity and social inclusion resulted in a public-private partnership with Tea Tribes Welfare Department for WASH in tea gardens of five districts. This led to leveraging government resources to provide toilets to nearly 18,000 marginalised households over a two-year period. In Bihar and Jharkhand, partnerships with self-help groups of *Mahila Samakhya* (and the Rural Livelihood Programme in Bihar) is resulting in increasing sanitation demand across 28 districts. In Bihar alone it led to the construction of 45,000 household toilets. In addition, a partnership was forged with Bihar Education Programme for launching a report card and software for school-based WASH activities. UNICEF Jharkhand is also working with *Manthan Yuva Sansthan* on sensitisation of all PRI members on WASH issues. In Chhattisgarh, a platform with government and local NGOs reached adolescent girls studying in *Kasturba Gandhi Vidyalyayas* with key messages on hygiene and handwashing. In MP, WASH deepened a partnership with the Education Department Construction Section through developing, demonstrating and mainstreaming child-friendly norms and providing technical support for scaling-up in all new schools of 50 districts across the state.

Water: In West Bengal and Karnataka, partnerships with Bengal Engineering College and Science University and UNICEF resulted in the development of technology options for arsenic and fluoride removal, capacity building of stakeholders and service providers and demonstration of models on water safety and security. In Tamil Nadu, collaboration started with Centre of Water Resources Development and Management for addressing water pollution in open wells. In MP, a first-of-its-kind Memorandum of Understanding has been signed among UNICEF, National Environmental Engineering and Research Institute, Regional Medical Research Centre for Tribal and PHED, for rolling-out an Integrated Fluoride Mitigation programme benefitting 1.4 million people in the state.

Emergency: In Odisha, UNICEF has an on-going partnership with Indian Red Cross Society to strengthen components of WASH preparedness and humanitarian action, which was successfully deployed during response to floods in 2011. UNICEF at national level established a partnership with OXFAM for strengthened rapid technical response post emergency.

Capacity Building and System Strengthening: In Maharashtra, UNICEF has partnered with the Tata Institute of Social Sciences and developed a draft module for a post graduate diploma course in WASH. In UP, UNICEF has identified seven academic and research institutions for undertaking water quality surveillance, supportive supervision and capacity building activities in partnership with government.

National level: UNICEF contributed to strengthening of WASH Sector Partnership (WSP), through engagement in WES-NET and Solution Exchange. UNICEF also worked with WSP on bottleneck analysis planning and communication strategy. UNICEF supported LBSNAA and TERI on Key Resource Centre trainings, capacity building material development, and research on water quality. Collaboration with the National Sample Survey (NSS) has seen Joint Monitoring Programme definitions inserted into the upcoming 69th round NSS survey on WASH.

### Humanitarian situations

At national level, Standard Operating Procedures for WASH emergency preparedness and response were developed in cooperation with MDWS. A partnership agreement with OXFAM helped ensure response and WASH technical support for six emergency-prone states, along with capacity building components for district and block level engineers. This support was provided during the flood response in Malda district, West Bengal. These experiences of strengthened emergency response and related capacity building of stakeholders were encouraging and acknowledged by the government counterparts.

In UP pre-positioned supplies reached over 10,000 flood-affected families. Engineers from flood affected districts have been trained on WASH standards and guidelines.

In Chhattisgarh, a pre-monsoon campaign for prevention of acute diarrhoea was carried out in civil strife affected districts. Number of cases significantly reduced to four cases and one death in 2011, compared to 2010 (623 cases and 45 confirmed deaths). Technical support on WiS for residential bridge courses schools, communities, and mobile hand pump repair clinic to the Integrated Child Protection Scheme was provided in Dantewada district, an area also affected by violence.

In Assam, pre-positioning of supplies was done, and technical support on pre-monsoon messaging was provided to NRHM. Capacity building and support to community-based disaster risk reduction was also undertaken.

In Rajasthan, pre-positioning of essential supplies and capacity building was undertaken in flood affected areas of Baran district. An inter-agency collaboration mechanism for emergency preparedness and response was established and functional with full time coordinator. A two-year draft plan has been developed.

In Odisha, joint emergency needs assessment was completed and gaps were identified. During floods in September 2011 prepositioned WASH supplies were deployed timely, and trained volunteers were dispatched for social mobilisation on preventive health measures.

### Summary of monitoring, studies and evaluations

Factsheets, presenting snapshot situation on water and sanitation, were developed at national level. This was done through careful analysis of national data sets, and highlighted levels of disparities in access to WASH services in the country. Maharashtra has done a similar exercise at state level while progress monitoring was carried out in Jharkhand, Rajasthan and Gujarat.

In Gujarat, a study on participation of women in decentralised water management was conducted in 17 villages of different areas.

In Bihar, a study looked at sanitation and hygiene issues in lower caste communities. It found that awareness is high across all castes and classes, but there is a need for reinforcement of attitudes and practices, which are determined by local circumstances. This will form the basis for communication strategy for inclusive WASH in Bihar in 2012.

Water safety pilots in Gujarat and Maharashtra was documented and disseminated at the National Water Quality Exposition.

As part of rural water source benchmarking in Rajasthan, UNICEF supported water quality mapping of microbiological parameters of 65,000 sources. The study looked at sanitary risk profile of drinking water sources, functionality of sources, and qualitative indication of bacteriological contamination. Recommendations based on findings included increased local management of water supply systems.

In Odisha, a barriers and perceptions study to identify gaps on sanitation among tribal communities was undertaken and will contribute to the national and state level programme strategy for excluded groups.

In Delhi, an assessment of the *Jalmani* (schools water filters) programme was done at the request of GoI. The findings led GoI to issue a letter to all states urging a review the programme to address gaps.

In Maharashtra an assessment and monitoring of *Nirmal Gram Puraskar* was conducted at district level. Also, WiS-related data from DISE, along with NSSO data, were analysed and shared with all the state and district sanitation and education departments. They are now jointly reviewing the school WASH infrastructure and revising their 2012 plans.

### Future work

- Research, draft design and proof of concept for sanitation market development in three states for scaling up.
- National WASH communication strategy support will continue with launch planned for early 2012 with MDWS. This will also involve capacity building at national and state level.
- Continue CATS initiatives and develop an evidence base for addressing social norms on open defecation.

- Capacity building at all levels to increase impact of TSC and National Rural Drinking Water Programme with partners particularly MDWS.
- Building on the progress in 2011, there will be continued support for strengthened monitoring in the WASH sector, including concurrent monitoring at field level and increased data analysis at state and national level. This includes collaboration with NSSO. The efforts will have a strong equity focus through inclusion by design and better targeted approaches.
- International conference on water quality issues, scheduled for early 2012, will be supported for cross-learning among sector professionals, experts and scientific community
- Building on guidance issued by MDWS in 2011, technical assistance will be provided to research, design and proof of concept for results-based water safety planning. This will be done particularly for blocks affected by water quality issues. Emphasis will also be placed on policy influencing at national level.
- Advocacy for integrated wash-health models in school will continue under RTE. This will be done through development of strengthened monitoring design and improving functionality and usage. A Regional WiS programme will take place to learn from regional good practices and see where synergies can be formed for future advocacy efforts for child-friendly schools.
- Documentation of lessons learnt and good practices to inform the next Country Programme.

## Education

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	10,000,000	10,127,767	9,856,050	97
RR	4,642,862	3,592,456	3,583,304	100
<b>Total</b>	<b>14,642,862</b>	<b>13,720,223</b>	<b>13,439,354</b>	<b>98</b>

### Results Achieved

Partnership with government and civil society has led to 28 States and Union Territories ratifying Right to Education (RTE) rules, significant increase in education budgets, teacher reform measures and monitoring and enforcement systems in place. As part of the National Advisory Committee, UNICEF has supported RTE implementation and child-friendly school compliance through community-based school management structures. National and state RTE cells have been formed to support implementation in Odisha, Uttar Pradesh and Andhra Pradesh (AP). A module for capacity building of School Management Committees has been developed in Bihar, Gujarat, Jharkhand, Maharashtra, and West Bengal, and piloted with an NGO partner.

To create awareness about RTE entitlements, video and radio spots in 13 Indian languages were produced and aired on national and state television. This was also used to improve the management and community participation in Mid-Day-Meals across India. An innovative social networking campaign, *AwaazDo*, actively engaged over 250,000 supporters on the digital space.

UNICEF is working closely with government to promote child-centred, child-friendly learning-environments in more than 470,000 schools in 14 states and their curriculum frameworks. Convergence was intensified to address child labour and child marriage as well as to improve water, sanitation, hygiene and mid-day meal practices in schools. Holistic curriculum and the empowerment of young people through quality physical education and sport have been ensured in AP, Assam, Chhattisgarh, Maharashtra and West Bengal.

The landmark *Inside Primary Schools: a study of teaching and learning in rural India* was released. This is the first-ever, multi-state study in the country which tracks learning outcomes over time. It provides simple indicators to measure child-friendliness in the classroom, which has a significant impact on learning. Two regional consultations on child-friendly and Activity Based Learning (ABL) were held in MP and Gujarat, highlighting best approaches to inclusive teaching and learning processes and quality education with equity. Results indicate that ABL is a strategy for child-friendly learning and addressing learning gaps, including mainstreaming of out-of-school children into age appropriate class.

Through partnership with the Municipal Corporation of Greater Mumbai and private partners, "School Excellence Programme" has reached over 50,000 children in urban slums. In West Bengal, a Knowledge Hub for social inclusion has been established to promote integration among children from different religious, cultural, ethnic and income backgrounds. Effective school management has been ensured through the Education Leadership Development Programme covering 16 districts across Karnataka.

UNICEF has spearheaded alliances of government and civil society organisations on girls' education. In partnership with the National University Educational Planning Administration (NUEPA), Ministry of Human Resource Development and others, this has culminated into a National Vision for Girls' Education in India: Roadmap to 2015 to achieve gender parity and equality. The Roadmap was discussed during the National Convention on Girls' Education in December. The event had diverse representation from government and civil society across 21 states that are implementing the key recommendations.

Significant support has been provided to improve quality of pre-school in AP, Assam, Gujarat, Maharashtra, MP, Odisha and Rajasthan.

### Most Critical factors or constraints

One of the main challenges under RTE is to address the age appropriate mainstreaming of millions of out-of-school children. On-site academic support must be provided to ensure their retention and learning. This will require process guidance for states in the areas of: identification/monitoring/tracking of out-of-school children, community mobilisation, academic support requirements, psycho-social support and life skills and special training delivery mechanisms under RTE.

To be able to identify and mainstream out-of-school children, the first step is to have a common definition and strong data systems to know who these children are, where they live, and thus what kinds of strategies are required to meet their right to education. There are still challenges regarding the coverage, timeliness, quality and the comparability of educational statistics from household and administrative sources. Improved, harmonised data systems would help design and plan programmes for RTE implementation.

Teacher education and development require considerable improvement. The "Inside Primary Schools" teaching and learning survey highlights very clearly that teachers may know the theory but may not turn the knowledge into practice. RTE has specific provisions to ensure child-centred, child-friendly education, making it imperative to align teacher training, especially pre-service, and prepare teachers for the new approach. Teacher development programmes and schemes need to identify gaps in learning and classroom practice and support knowledge, skills and attitudes of teachers. There is an urgent need for capacity building of academic support structures around the issues of teaching and learning quality. Textbooks also need to be made more realistic and developmentally-appropriate for children.

To ensure a protective learning environment, School Management Committees will need to be formed and take a proactive role in the formulation of school development plans. This will enable the committees to regularly monitor critical indicators that affect education.

### Key strategic partnership and inter agency collaboration

As noted earlier, UNICEF enjoys a close working relationship with the Ministry of Human Resource Development (MHRD) at national and state level and its related bodies including the National and State Curriculum for Research, Education and Training and the District Institutes for Education and Training along with NUEPA and the National Commission for the Protection of Child Rights (NCPCR) for overall RTE implementation. Convergent collaborations have also been forged with other line ministries such as Youth and Sport for Sports for Development, Women and Child Development on pre-school education and Tribal Welfare on social inclusion. By working closely and supporting the RTE Civil Society Forum which is comprised of a diverse array of organisations, UNICEF has been able to play convening role between government and civil society in support of RTE implementation.

With UNESCO, UNICEF co-chairs the UNDAF Education Cluster and works closely with ILO and Solution Exchange. All partners have focused on RTE implementation. Other common areas include teacher education reform, multilingual education, child labour, girls' education, and school readiness. UNICEF led the formulation of the joint Education component for the next UNDAF which has been closely aligned with Gol's 12<sup>th</sup> Five Year Plan. This has been in tandem with close collaboration with the development partners including the DFID, the World Bank and the European Union.

Strategic research collaborations have also been forged with leading academic institutions such as the Jawaharlal Nehru University, Ambedkar University and ASER. Increased engagement with the private sector was made possible with the first ever national roundtable on corporate engagement on RTE.

### In humanitarian situations

In convergence with UNICEF's Emergency Programme, the Education Programme has worked to mainstream Education in Emergency (EiE) and Disaster Risk Reduction (DRR). An internal review of EiE kits was conducted in AP, Chhattisgarh, and Bihar, and a sample set of localised kits were developed with an NGO partner, RedR India. DRR Education Roundtable Discussions were also organised to strengthen the network of Education and Emergency experts. DRR case studies are being documented by SEEDS India. UNICEF has supported the Training of EiE Trainers and development of the training module with RedR India.

In UP, UNICEF has provided support for EiE training for education officials from flood-prone districts and development of preparedness and response plans to be integrated into district *Sarva Shiksha Abhiyan* (Education for All) plans. In Bihar, UNICEF supported state-level orientation on EiE for all education officers, mapping of flood prone schools, and DRR Curriculum Development Workshop and pre-positioning of teaching learning materials for 10,000 children. In Gujarat, technical support has been provided for State Disaster Management Agency to undertake the training of teachers on disaster preparedness. In Chhattisgarh, support has been provided for the establishment of vocational education programme for youth as well as community mobilisation to meet the challenges of mainstreaming nearly 2,500 out of school children.

### Summary of Monitoring, studies and evaluations

*Inside Primary Schools: a study of teaching and learning in rural India in Andhra Pradesh, Assam, Himachal Pradesh, Jharkhand, and Rajasthan* is the first ever multi-state study which tracks learning outcomes over time. This study provides evidence on how much children learn over the course of a year and what factors most influence their learning. The evidence indicates that textbook reform is an urgent action required to meet RTE goals and that much stronger investment is needed in child-centred teacher development. In addition, this report provides some very simple indicators to measure child-friendliness in the classroom, which has a significant impact on children's learning.

UNICEF and the UNESCO Institute for Statistics have launched a joint Global Initiative on Out-of-School Children (OOSC). The initiative aims to strengthen national capacities on OOSC data collection and analysis, costing, financing and policy development. Feeding into this initiative, UNICEF is reviewing data sources and data collection processes, and developing a harmonised definition of out of school children. This work will complement ongoing technical support to the District Information Systems for Education (DISE). UNICEF supports government in analysing DISE data to identify children who are excluded. This

analysis helps education programming become more responsive to the differential learning needs of disadvantaged groups.

The Ministry of Women and Child Development (MWCD), MHRD, Ambedkar University, ASER Centre, UNESCO and UNICEF and state partners in AP, Assam and Rajasthan have joined hands to undertake a study on school readiness and its impact on primary education achievements and behaviours. Study is in progress in three states. In-depth case studies will be conducted in other states in 2012 to draw out effective pre-school programmes and strategies.

Over the last several years, states across India have been piloting and up-scaling various forms of Activity Based Learning, also known as Multi-Age Multi-Level (MAML) or Multi-Grade Multi-Level (MGML) with the technical support of UNICEF. To find out what difference ABL/MAML makes to children, UNICEF commissioned a desk review of 30 evaluations and studies on ABL. Two multi-state sharing forums were organised in August for knowledge exchange. This forms the basis of a comprehensive evaluation of ABL programmes, planned for 2012.

In collaboration with the Bangalore-based National Institute of Advanced Studies and through extensive state level consultation, a draft perspective paper on tribal education has been developed. This provides an overview of the conditions of most *Adivasis* and Tribal communities. It also sheds light into the impact of mainstream education on their lives and various forms of exclusion which are deeply embedded in the education system and society in general.

### Future Plan

At national and state level, MHRD and UNICEF will continue to support the implementation of RTE. This will focus on creating an enabling environment through broad public awareness and the strengthening of School Management Committees to ensure RTE compliance. The goal is to achieve compliance for most provisions by April 2013 and training of untrained teachers by April 2015. Effective implementation of RTE will require intensified convergence with efforts to combat child labour and child marriage as well as measures to improve water, sanitation, hygiene and mid-day meal practices in schools.

The India study for the Global Out-of-School Initiative will contribute to standardised methodology for tracking children out of school. State action plans will be implemented towards achieving gender equality in education under RTE based on the Roadmap to 2015. With MHRD, guidance will be developed for special training of out of school children. The strengthening of teacher education systems and ensuring their linkages to learning outcomes at state level will be a priority.

Support to pre-primary programmes and improving quality are important, The joint ECE study will feed into quality reforms, development of pre-school curriculum and learning standards. Networks will be established to support interventions. Lessons will also be drawn from the study to inform the next Country Programme.

As a follow-up to the National Convention on Girls' Education, it will be crucial for states to adopt and swiftly implement plans of action based on the 2015 Roadmap. In tandem with RTE implementation, this will focus on increased and targeted investments for girls' education, strengthened systems for effective local service delivery, differentiated and nuanced strategies for the most vulnerable, convergent and multi-stakeholder partnership, and innovative measures to promote positive behaviour change and social norms which promote gender equality in education.

With regards to teacher education, technical collaboration will include support to design and implementation of state teacher education reform plans and the promotion of multi-lingual education. UNICEF will also conduct a formal evaluation of ABL interventions as this will be important for policy and technical guidance towards effective teaching and learning processes.

## Child Protection

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	8000000	7485263	7440611	99
RR	2736696	2683193	2678219	100
<b>Total</b>	<b>10,736,696</b>	<b>10,168,456</b>	<b>10,118,830</b>	<b>100</b>

### Results Achieved

UNICEF continued to support the roll-out of the **Integrated Child Protection Scheme (ICPS)**, which aims to create a protective environment for children. This national programme is now being implemented in all states except Jammu and Kashmir, with UNICEF's technical assistance to government at central, state and sub-state levels. The support included (a) development of draft guidelines on sponsorship and foster-care and pilot programmes in three states; (b) comprehensive guidelines for child protection needs assessments at district level; (c) monitoring and reporting formats for children's institutions, non-institutional services and statutory structures; (d) establishment of child protection structures and capacity development of relevant functionaries. On **alternative care**, UNICEF is also finalising a mapping exercise. Data has been collected from 586 organisations and 20 statutory bodies across four states. A national consultation on family strengthening and alternative care took place in Odisha. Attended by government and civil society participants from 12 states, the consultation highlighted the need for strengthening non-institutional alternatives for children in need of care. Discussions have been initiated on launching a national level task force on alternative care. Some states are following suit to establish a similar mechanism.

Advocacy and technical assistance have contributed to raising the profile of **child marriage**. Two strategic studies on social norms around child marriage and a desk review of existing interventions in six states were published and are being disseminated. A sensitisation session with Parliament was conducted, while the nodal Ministry has taken the initial steps towards the development of a national strategy on child marriage.

At the state-level, advocacy led to 21 states with Rules on the Prohibition of Child Marriage Act, and 15 with Child Marriage Prohibition Officers. A change in behaviours towards child marriage is taking place through the mobilisation of at least 200,000 individuals (parents, local leaders, frontline workers and community members), dialogue and awareness raising at all levels, and empowerment of at least 30,000 girls and youths through networks and clubs in 10 states.

On the broader **social norms'** agenda, support from UNICEF HQ, together with the participation of three staff members in the Advancing Social Norms course, have significantly contributed to a much deeper understanding of social norms within UNICEF and prioritisation in the next Country Programme.

UNICEF finalised a position paper on the elimination of child labour, which will be the basis of future advocacy initiatives. Continued support was also provided to the implementation of child rights' projects in seven states with high prevalence of child labour, which will reach more than five million children.

The programme led the formation of the **child protection coalition** which brings 20 national and international NGOs. The coalition held six meetings in 2011, and contributed to a

number of significant forums and discussions, including policy (Child Protection in the 12th Five Year Plan), legislation (Juvenile Justice, Child Labour) and programme intervention guidelines (review of adoption guidelines). The programme also contributed to raising visibility of child protection in the country, including the development of a *Child Protection Basics* document.

### Most critical factors or constraints

Compared to other sectors, Child Protection is still a relatively new area and it is not easily understood or prioritised. More advocacy and awareness on what child protection means and the challenges India faces in this area are needed, as well as the progressive development of skilled professionals in this area. The treatment that child protection issues receive in the media is progressively improving, but it still revolves around the most dramatic and sensational aspects, rarely highlighting positive developments.

The Integrated Child Protection Scheme is still very much unknown on the ground, not only by population in general, but also by many stakeholders in charge of its implementation. The development of tools and guidelines needs to be accelerated. In many states, the recruitment of child protection staff and/or the establishment of the State Commissions for the Protection of Child Rights have been delayed for political reasons including elections, or due to procedural bottlenecks

There is a comprehensive legal and policy framework for the protection of children in India. Challenges remain in enforcement. A number of persistent practices continue to violate the rights of children, and are deeply engrained in traditions and social norms. This is especially evident in the case of the girl child and the lesser value she has in Indian society. This makes a girl child highly vulnerable to child marriage, sex selection, sexual abuse and exploitation.

Data on child protection issues is scarce, making evidence-based advocacy a challenge. This is because the sector does not receive sufficient attention in national surveys and because the issues are highly sensitive and complex to capture through a regular household survey. An area which requires further research, in particular, is the effect of large-scale migration on the protection of children in the country.

### Key strategic partnerships and interagency collaboration

The Child Protection programme works closely with civil society and government structures, both at central and sub-national levels, especially with the Departments of Women and Child Development, Labour, the Police, with the National and State Commissions for the Protection of Child Rights and with many local NGOs. Working with the Judiciary is relatively new, but has proved to be strategic for the protection of children in certain states, such as Assam, Karnataka, Odisha and Uttar Pradesh. Working with Parliamentarians is also still at its infancy, but on 8 December, the Children's Forum of the Indian Parliament and UNICEF held a joint session on child marriage to raise awareness of MPs and identify areas of action.

A new partnership with the Ministry of Rural Development to reflect child protection issues in its flagship National Rural Livelihoods Mission programme has been initiated and offers a very strategic potential for the future.

At the central level, UNICEF led the formation of the child protection coalition which brings together 20 national and international NGOs. The coalition contributed to a number of significant forums and discussions, including policy (Child Protection in the 12<sup>th</sup> Five Year Plan), legislation (Juvenile Justice, Child Labour) and programme intervention guidelines

(review of adoption guidelines). At the state level and sub-state levels, UNICEF works closely with many civil society partners and networks for the protection of children.

UNICEF strengthened in 2011 its coordination efforts with other UN Agencies for the development of a roadmap and communication strategy to prevent gender-biased sex selection, a very serious violation of the rights of girls in India.

### Summary of monitoring, studies and evaluations

Two key studies in the area of child marriage were published in 2011: *Delaying Marriage for Girls in India: A Formative Research to Design Interventions for Changing Norms*, undertaken in collaboration with the International Centre for Research on Women and funded by the European Commission; and a *Desk Review of Child Marriage*, which summarises interventions in six states of India. In Karnataka, UNICEF supported the publication of the *Report on Prevention of Child Marriages in the State of Karnataka*, which was produced by a Core Committee headed by Justice Shivraj V. Patil, a former Judge of the Supreme Court of India.

The evaluation of the Gender Sensitive Police Training Programme of Karnataka provided an opportunity to reformulate the training methodology and increased commitment from the Home and Women and Child departments. The Karnataka police programme is emerging as a model for other states in India, and the Hyderabad Office facilitated cross-learning visits from West Bengal, Meghalaya, Gujarat and Uttar Pradesh.

In Odisha, an assessment of six government-run child care institutions (orphanages) was conducted. As part of the collaboration with an NGO, Aangan Trust, a monitoring report of 25 child care institutions was produced.

### Future work

In 2012, UNICEF will continue to support Gol for the roll-out and implementation of ICPS, focusing on concrete results to strengthen capacities (tools, guidelines, people trained, etc.), as well as in the establishment of both statutory and non-statutory child protection structures. A communication strategy to create awareness of ICPS will also be undertaken. In the area of family-based care, finalisation of guidelines and implementation of interventions will be accelerated in order to contribute to a system in which institutionalisation is indeed the last resort and for the shortest possible time.

The fight against child marriage will be one of the top priorities in 2012, continuing and strengthening interventions in most prevalent states and translating advocacy efforts, available evidence and legislation on child marriage into a national vision to address this harmful social norm with increased energy and prioritisation.

In the area of gender-biased sex selection, the Child Protection programme will work with Gol and in close collaboration with UNFPA and other UN agencies to address the underlying social norms behind son preference and lesser value of the girl child.

The social norms approach will be further expanded and a learning initiative will be put in motion for both UNICEF staff and partners.

With positive developments such as the Right to Education Act, the Juvenile Justice Act, and India's impressive economic growth, this is the right context to advocate for the full elimination of child labour. The Child Protection programme will use its position paper on

child labour to advocate in that direction, while it continues to support the implementation of child rights projects in seven states highly affected by child labour in agriculture.

Finally, the programme will continue to promote and lead in the creation of spaces for dialogue and open discussion around child protection in India.

## Children and HIV

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	6,200,000	2,366,199	2,231,173	94
RR	2,553,332	4,305,917	4,305,668	100
<b>Total</b>	<b>8,753,332</b>	<b>6,672,116</b>	<b>6,536,841</b>	<b>98</b>

### Results achieved

India is committed to the elimination of new HIV infections among children and keeping mothers alive. There has been significant scale-up of services in 2011 with 27 per cent of all estimated pregnant women tested for HIV. UNICEF support focused on improving quality and coverage of services, which remain a considerable challenge. At state level, technical support has been provided for analysis of data related to Prevention of Parent to Child Transmission (PPTCT) and early infant diagnosis. The analysis highlighted gaps, based on which plans of action were developed. At the central level, UNICEF, in partnership with WHO, supported the development of guidelines for PPTCT based on the new global recommendations. Capacity building curricula and training plan for health care providers were developed to facilitate the implementation of these guidelines.

A consultation of regional paediatric centres was organised to ensure the highest quality of care and treatment to children living with HIV. It identified strategies on how to strengthen the centres' capacity. Based on the findings, National AIDS Control Organization (NACO) made a policy decision to upgrade these regional paediatric facilities to centres of excellence. They will be equipped to provide highly specialised services and to act as knowledge hubs for paediatric HIV.

UNICEF also supported the networks of women living with HIV. Based on needs assessment and through a participatory approach, the outline and content of a capacity development package was designed. Accordingly, training of trainers was conducted, and master trainers subsequently trained members in their respective district-level networks.

To address the limited availability of child-centred counselling, UNICEF supported the development of a paediatric counselling training package. A capacity building plan will be implemented in 2012. UNICEF also contributed to development of the operational guidelines for HIV prevention among young people, in and out of school settings. The guidelines, although still in draft, were used by NACO to develop the next phase of the national HIV programme (NACP IV).

UNICEF has extended the timeline for its support to link workers scheme (LWS), which address HIV prevention in rural areas. LWS has led to community-based structures like Red Ribbon Clubs and Village Information Centres. Similarly linkages with *Nehru Yuva Kendra* (a network of youth clubs and autonomous body of the Ministry of Youth and Sports) were established in some states. Such community-based initiatives ensure sustainability of the prevention efforts. UNICEF will implement a transition plan through 2012 with a progressive hand over to government.

Integration of HIV into government flagship programmes was facilitated through development of a training curriculum for ICPS functionaries on protection of children affected by HIV. At the same time, training curricula of ICDS functionaries was reviewed in

consultation with MWCD. Inputs were provided for inclusion of specific issues related to children affected by HIV.

UNICEF has also implemented a pilot scheme for protection of children affected by HIV in 10 districts. Based on the experience, State AIDS Prevention and Control Societies (SACS) in AP is scaling up the scheme state-wide with own funds.

### Most critical factors or constraints

The national HIV response is implemented with a decentralised structure, but decision making is done at the central level. This was necessary to ensure an effective, early response. With a changing situation, decentralisation and integration must be facilitated to meet diverse needs in the country and to achieve universal coverage of HIV services. The Ministry of Health and Family Welfare is committed to integrate certain components, such as PPTCT and paediatric. Focus must be placed on materialising these commitments.

Similarly, stronger collaboration is needed with other relevant ministries, such MWCD, in the context of ICPS and ICDS. Related efforts are discussed above in the *Results* section. Prevention as part of *SABLA*, an adolescent empowerment programme, will continue to be promoted.

Global reduction of funds for HIV programming may have an immediate negative impact. Nevertheless, this challenge can transform into an opportunity in the long run because the GoI is committed to mobilise domestic resources to ensure continuity of the national response to HIV.

### Key strategic partnerships and interagency collaboration

UNICEF closely collaborates with WHO and UNAIDS and jointly works towards the elimination of new HIV infections among children and keeping mothers alive. Three agencies are advocating at the national level for development of a roadmap for achieving this goal.

An Interagency Memorandum of Understanding was signed with WHO for joint technical support to NACO in the implementation of new PPTCT guidelines.

In collaboration with United Nations Office on Drugs and Crime, UNDP and UNAIDS, UNICEF has implemented the Joint UN Programme on HIV in northeast India with focus on care, treatment and support for children and women.

UNICEF, in partnership with Clinton Health Initiative (CHAI), has supported NACO's efforts to strengthen paediatric care component. Within the framework of the collaboration, CHAI and UNICEF have contributed to strengthening Paediatric Centres and building the capacity of paediatricians in early recognition of HIV and AIDS among children.

### Summary of monitoring, studies and evaluations

*Assessment of social protection initiatives for children affected by HIV and AIDS*: UNICEF conducted a nationwide study on existing interventions and models of social protection for children affected by HIV and AIDS. The study covered 124 programmes supported by government and civil society. Ten interventions were studied in-depth for their geographic outreach, effectiveness, efficiency and ability to leverage other resources. The documentation provides a complete picture of initiatives available at present and can be used to guide programming for care and support of children in the next phase of the NACP.

Evaluation of Adolescents Education Programme (AEP): UNICEF in collaboration with JHU is conducting the evaluation to assess the effectiveness of AEP in improving knowledge, attitude and practices with respect to HIV, among prioritised student population (9 to 12 grades). The findings will provide policy and programmatic recommendations for the NACP IV, and help understand the needs and problems faced by youth with regard to HIV, as well as sexual and reproductive health. As the programme is expected to continue under the NACP IV, this evaluation is formative and expected to bring out issues for course correction.

Analysis of legal framework for consent, confidentiality and disclosure of HIV status: UNICEF is supporting a review of the laws, regulations, policies and guidelines in India relating to reproductive and sexual health and HIV services for adolescents. This will help identify the strengths and gaps, as well as access and barriers, which will inform future programming.

Assessment of Link Workers Scheme: UNICEF and UNDP conducted an assessment of the scheme. The results have been used by NACO to develop transition plans.

Assessment of Red Ribbon Express Phase II: In collaboration with UNFPA, UNICEF supported the assessment of the second phase of the RRE. The findings were used by NACO to fine-tune the design of the next phase of the RRE.

### Future work

Key priorities for 2012 are:

Ensure full commitment to the elimination goal, through the development of a roadmap with a time frame for necessary actions and a comprehensive monitoring framework.

Continue technical support to strengthen quality of PPTCT services including early infant diagnosis.

Support acceleration of integration of PPTCT and paediatric HIV with regular antenatal care and paediatric services

Support efforts to integrate HIV in relevant schemes such as ICPS, ICDS and SABLA.

Synthesise data and evidence gathered through different studies on HIV prevention among adolescents at risk and vulnerable. This is to inform strategies for the next Country Programme.

## Polio Eradication

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	12,000,000	19,128,503	19,115,033	100
RR	0	0	0	0
<b>Total</b>	<b>12,000,000</b>	<b>19,128,503</b>	<b>19,115,033</b>	<b>100</b>

### Results

As of December 2011, India appears on track to have interrupted indigenous wild poliovirus (WPV) transmission, with only one child affected, compared to 42 cases in 2010 and 741 in 2009. For the first time in history, both the key polio-endemic states of Uttar Pradesh (UP) and Bihar have reported no cases of WPV for more than 12 months concurrently, with UP reporting its last case on 21 April 2010 (WPV type 3) and Bihar on 1 September 2010 (WPV1).

As a response to the detection of WPV in West Bengal, UNICEF engaged an additional 1,900 Field Volunteers, through 26 NGOs and one INGO. Trained Social Mobilisation Network (SMNet) manpower from UP and Bihar was redeployed in support of social mobilisation activities. Media campaigns and events were launched. Other communication events and workshops were conducted in a high-risk area to generate local-level political support.

This unprecedented progress is due to the intensive efforts of Gol-led polio partnership, including SMNet. In UP, the SMNet reaches more than two million households each month. In Bihar, the SMNet works with over 57,000 Anganwadi Workers to reach the families of more than 10 million children each month. Throughout the year, the SMNet helped maximise support for immunisation rounds, with families in UP almost twice as likely to attend booth day in UNICEF-programme areas this year (257.4 children per booth) compared to non-UNICEF-programme areas (133.9). Resistance was reduced to historical low - from 2.7 per cent in 2010 in UP to 1.7 per cent in September 2011, and just 0.2 per cent in Bihar.

The SMNet contributed to improved water and sanitation conditions, through testing of water supplies in schools and facilitating conversion of 65,000 dry latrines to flush toilets in the most polio-infected district in the world. It also supported Global Handwashing Day by organising activities in 2,777 locations in 267 high-risk blocks across UP, with 214,323 children and 26,518 adults actively participating.

The message “Wherever you are, wherever you go, immunise your child against polio with two drops every time” has become a key tenet of the new Communications Campaign, to protect children on the move, who may previously have been missed. Approximately 30,000 migrant families have been tracked throughout the year by the SMNet so that the children belonging to these families can be immunised when they return to their homes or when 5,000 ‘informers’ alert the SMNet to the fact that migrant groups have moved into their areas.

UNICEF and WHO-NPSP conducted trainings for the rapid response teams on the Polio emergency preparedness and response plan. In support, UNICEF has produced an extensive emergency kit in seven Indian languages for immediate dissemination in the event of a case.

The polio programme is taking a “no stone left unturned” approach to capitalise on the current epidemiological opportunity to interrupt poliovirus transmission. There is no room for complacency in maintaining very high levels of immunity in India, through continued mass campaigns and improved routine immunisation, until WPV transmission is interrupted globally.

### The most critical factors or constraints

The principal challenge in 2011 was the need to rapidly scale-up activities in and around India’s sole polio case, in West Bengal, which the GoI had called on the polio partnership to respond to as a public health emergency. UNICEF had to immediately build on its experience in UP and Bihar and develop similar capacity in the state. Throughout multiple immunisation activities, UNICEF contributed to lowering refusal rates and a significant increase in immunisation booth-day attendance.

The sheer size of the Indian polio programme continued to be a challenge, particularly in the area of supply. In UP, there were ongoing issues with the availability of Zinc. This hampered the social mobilisation programme for creating a demand for a product such as ORS with Zinc which is used in the treatment of diarrhoea.

Tackling the last remaining bastions of resistance has continued to pose a challenge to the programme. In UP, pockets of resistance to oral polio vaccine were largely centred in Agra and Varanasi. With special focus in such pockets, including enlisting medical students to accompany teams conducting bi-phasic activity, resistance in Agra has fallen from 22 per cent in January to 6.3 per cent in November, and in Varanasi, from 13 per cent in January to 9 per cent in September. In Bihar, resistance to oral polio vaccine is almost entirely centred in one small geographic area of urban Patna. Resistance in this mostly Islamic area has remained stable throughout 2011, falling marginally from 3.97 per cent in January to 3.69 per cent in November (960 households). In India, the largest proportion of missed children is in West Bengal, although concerted efforts throughout the emergency response in 2011 has seen missed children fall from 6.9 per cent in the monsoon-affected August round to 4.8 per cent in November (according to end-of-round monitoring data).

Major vulnerability for the India polio programme is funding. The lack of polio cases has resulted in reduction of some funding commitments and other proposals not coming to fruition. The combination of unexpected spending on the West Bengal response, activities along the Nepal border, an intensification of efforts to reach migratory populations, has placed greater pressure on the polio programme.

Maintaining an interest in polio eradication activities in a country that has reported no cases for almost a year has proven a key challenge for media outreach. In 2011 in both UP and Bihar, media events were the trigger for stories in more than 55per cent of coverage, reflecting the fact that ongoing outreach with journalists and regular media events will be essential through 2012.

Belated announcements of dates of Supplementary Immunisation Activities (SIA) also hindered the reach of IEC materials to communities. With UNICEF printing several hundred thousand posters and banners for each SIA, there is a considerable lead-time required to print and deliver materials. Late announcements resulted in materials arriving later at a district than is optimal, and ultimately, resulting in many communities receiving less notification of an impending polio SIA.

### The key strategic partnerships and interagency collaboration

India's polio eradication programme consists of a robust partnership encompassing national and state governments (responsible for leadership and direction of the programme), UNICEF (responsible for communication and social mobilisation), the WHO (responsible for disease surveillance and implementation of vaccination activities), Rotary International (responsible for advocacy and provision of IEC materials), the US Centers for Disease Control and Prevention (responsible for technical and laboratory support), and CORE – a key partner in supporting social mobilisation activities in western UP and West Bengal. Increasingly, the Bill and Melinda Gates Foundation is becoming a critical partner. The partnership shares monitoring and evaluation data of polio immunisation campaigns. It meets on a weekly basis at national level and monthly basis at state level.

UNICEF mobilises multiple partners to engage parents and caregivers to immunise their children with oral polio vaccine. In 2011, 6,700 local leaders, 15,000 education workers and 70,000 Anganwadi Workers played a key role in partnering with UNICEF to generate community support and awareness around polio immunisation activities. The Railway Authority, medical interns, National Cadet Corps, National Social Service, *hajis*, *rojgar sewaks* and ration dealers all worked closely with the programme. Strategic partnerships continue with key religious and educational institutions to reach out to the masses and decision makers.

UNICEF contracted AidMatrix, under the campaign 'India Unite to End Polio Now' to engage the private sector in support of behaviour-change communication messages targeted at migratory families, often outside the traditional SMNet high-risk areas. The IUEPN campaign has married corporations keen to support the programme with interventions including bus, truck, auto-rickshaw and rickshaw messages promoting polio vaccination when travelling during campaigns, providing transit booths and IEC materials to support vaccination and mobilisation teams at bus stops, border crossings and key crossroads, generating mobile phone text messages alerting caregivers to campaigns, and media support of free or subsidised advertising around polio campaigns.

During the emergency response in West Bengal, CORE, a key social mobilisation partner in western UP, was engaged to provide support in six of the highest-risk blocks. In Bihar, key partners such as COMFED allowed polio messages to be posted on all their milk products in the state. The Bihar Railway Corporation permitted polio messages and polio campaign dates to be announced over their public address network at all major train stations across the state.

### In humanitarian situations

The detection of India's sole case this year in West Bengal, and the detection of widespread resistance to oral polio vaccine in the state, required a rapid scale-up of communication and social mobilisation efforts. UNICEF contracted 1,900 Field Volunteers from 26 NGOs to work in seven identified high-risk districts and hired state-level support staff based in Kolkata. CORE – a valued partner in western UP where UNICEF has long worked to eradicate polio – was also contracted to provide support. Trained SMNet manpower from UP and Bihar was redeployed in support of the social mobilisation activities. IEC materials were trebled, and transit kiosks established. Key media events were conducted with leading sports stars and the newly elected Chief Minister Mamata Banerjee. Bengali TV and radio announcements were produced, and religious leaders and key influencers were identified and engaged. More than 2,000 talking doll and street theatre shows were conducted, media workshops were held and a Panchayati Raj Institution advocacy workshop was conducted in a high-risk area to generate local-level political support for the programme.

The July 2011 meeting of the India Expert Advisory Group (IEAG) tasked UNICEF with supporting all states in establishing individual Emergency Preparedness and Response Plans to enact in the event of any further case. UNICEF and WHO-National Polio Surveillance Project conducted joint trainings on the necessary components to the plan, with UNICEF's emphasis on media, advocacy and IEC plans. UNICEF has produced an extensive Emergency Kit in seven languages, namely Hindi, Punjabi, Marathi, Telugu, Gujarati, Odia and Bengali, for immediate dissemination in the event of a case. The Kit contains:

1. 20,000 emergency mop-up notification posters
2. 3,000 FAQs
3. 300 Green religious advocacy booklet Hindi/Urdu
4. 500 Polio Plus IPC flip books
5. 2 CDs with artwork of undated polio posters
6. 2 CDs with artwork of Polio Plus convergence posters
7. 2 CDs with TV spots
8. 2 CDs with radio spots
9. 10 CDs with mike announcements

The IEAG also called for re-assessing areas of risk outside the established high-risk areas, and in particular, scaling up efforts with low routine immunisation coverage. UNICEF has produced IEC materials in support of routine immunisation in seven languages and is ready to support the GoI in fulfilling this requirement.

### Summary of monitoring, studies and evaluations

UNICEF has rolled out block-level on-line communications profiles in both UP and Bihar, with monthly review meetings between the national and state levels being conducted via video conferencing. Annual Knowledge Attitudes and Practices (KAP) Surveys target almost 10,000 respondents and provide year-by-year trend analysis and strategic direction. A National Communications Review is held annually, with 12 international and national communications experts presenting their analysis and recommendations to GoI at national and state level. At the national level, bi-monthly social mobilisation working groups take place with all partners, and weekly partners' meetings are held with the WHO National Polio Surveillance Project, Rotary International and CORE. At state level, monthly polio taskforce meetings are held, with Delhi representation and convergence programmes in attendance, who report on an extensive monitoring and evaluation matrix. Monthly Global Polio Eradication Initiative Independent Monitoring Board reports are now submitted by states and consolidated at national level for trend analysis. State-level partners meetings are held on at least bi-monthly. National and state-level biannual polio network meetings are also conducted. In the context of IEC, multi-party monitoring on the use of IEC materials remains a key partnership outcome. At the field level, evidence-based communication planning and implementation are ensured through stringent internal planning and district communication planning process.

An extensive KAP study was conducted by UNICEF among high-risk groups (HRGs) and areas (HRAs) in UP and Bihar, interviewing 9,866 respondents, including families living in brick kilns, nomads, migrants, slum dwellers and construction workers. In both UP and Bihar, there was 100 per cent awareness of polio, with 98 per cent of caregivers in UP and 99.1 per cent in Bihar who said that polio could be prevented through oral polio vaccine. 99.2 per cent of respondents in UP and 99.5 per cent in Bihar believed that oral polio vaccine protected their child against polio. Communication messaging targeting the need for sustained polio doses appears to have had an impact. The number of respondents who said it was harmful if

a child missed a polio dose any time increased from 35.1 per cent to 66.2 per cent in UP over the past year, and from 33.4 per cent to 73.1 per cent in Bihar. Traditionally, a key reason for missing children in India has been a reluctance to immunise children when sick. The systematic inclusion of the medical fraternity (paediatricians, doctors, quacks and medical students) in promoting the polio programme in UP, Bihar and West Bengal, coupled with communication efforts to underline the safety of oral polio vaccine, has seen a decline in missed children. The 2011 KAP study confirmed that the percentage of caregivers willing to give oral polio vaccine to their child when sick had risen from 66.6 per cent to 83.3 per cent in areas with UNICEF Social Mobilisation efforts in UP and from 76 per cent to 90 per cent in Bihar.

Monthly video-conferencing is used to discuss data generated through DevInfo. This helped monitor progress closely and identify changing trends which triggered specific actions.

### Future work

While it appears India is on track to have stopped WPV transmission, 2012 shapes as a critical year to maintain the gains. Essential message must continue that *children need to continue to be protected against WPV, even though it no longer represents a direct threat*. Concurrently, surveillance, operations and communications programmes must all heighten efforts in this crucial phase. Seven SIAs are planned in 2012, including two National Immunisation Days. It is essential that the *quality* of these activities is maximised to ensure childhood immunity to WPV across India and minimise the threat of importation. Pakistan and Afghanistan remain endemic, and China has been re-infected for the first time since 1999. Particularly with WPV from Pakistan, it is clear that focused efforts will still be required, even beyond 2012, to sustain interruption until eradication is achieved globally.

The July 2011 IEAG appealed to the partners to determine areas of high risk currently outside the established HRAs and promote polio and routine immunisation in these areas. The continued identification of areas of risk and a concerted effort to address them will be a key focus in 2012 in order to guard against re-importation of WPV into India.

Furthermore the 2011 IEAG found that the 107 block plan has been viable and remains a key strategy. Focus on the 107 blocks will continue with particular emphasis on improving routine immunisation coverage and scaling up distribution of ORS with Zinc and water and sanitation interventions.

UNICEF and the SMNet will accelerate convergence and increasing routine immunisation coverage in HRAs. With Gol now targeting high-risk blocks, UNICEF will increase its IEC support of routine immunisation. In UP, the state government has now merged polio and routine immunisation microplans covering HRGs.

In 2012, UNICEF is planning process documentation of the decade of communication efforts in the country, providing lessons learned for other programmes. Increased communication with and support of the Pakistan programme has already been launched through conference calls, programme visits and sharing of materials. IEC materials have been shared with UNICEF's China office to assist for rapid preparation of materials in response to the outbreak.

Other expected results include:

- Be positioned to respond to any WPV case across India.
- Continued focus on high-risk block plan to improve routine immunisation coverage, access to water and sanitation, hygiene and nutrition intervention.

- Continued focus on remaining resistance and communications activities to target any complacency resulting from perceived “polio-free” status. Extensive community participation to be sustained through media events and “appreciation events”, utilising the services of Hajjis etc.
- All possible congregations mapped and targeted for social mobilisation activities and an Events Calendar tracking religious or cultural festivals and gatherings maintained.
- Training and capacity building activities to continually improve quality of work, with a significant focus on transfer of knowledge and building capacities of government.
- Maintain key gains till polio free certification becomes a reality.

## Emergency Preparedness and Response

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-E		320063	317537	99
OR-R	1800000	895087	894997	100
RR	852500	1002083	1002079	100
<b>Total</b>	<b>2,652,500</b>	<b>2,217,233</b>	<b>2,214,613</b>	<b>100</b>

### Results achieved

Emergency preparedness and response actions were planned and mainstreamed in all UNICEF programmes. Prepositioning of relief supplies is maintained at all time to respond to the needs of 20,000 households when required. In 2011, UNICEF supported government response to floods in five states (Assam, Bihar, Odisha, Uttar Pradesh and West Bengal) and helped distribute relief supplies to an estimated 50,000 families. Two contingency Programme Cooperation Agreements – an alternative partnership approach to enable rapid action at the start of an emergency – were activated for the response.

Extensive Community Based Disaster Risk Reduction (CBDRR) programmes have been implemented in 400 villages regularly affected by floods, enhancing their preparedness and self-help skills. Links between communities and government were strengthened, and communities were empowered to seek timely assistance from government. The capacity of 400 practitioners from government and civil society, as well as UNICEF, was built through provision of training in public health and education in emergencies. Training on CCC was conducted for UNICEF staff as well. As India's urban population grows significantly, urban disaster risk management becomes critical. More than 200 health professionals received a targeted training on public health, and two large-scale emergency simulation exercises were conducted in Delhi and Tamil Nadu to develop capacity of partners from government, civil society and private sector.

In 2011 UNICEF strengthened its response to the needs of children affected by conflict. With support from European Commission Humanitarian Office, a health and nutrition intervention has been initiated in Chhattisgarh, a state affected by the Maoist movement. The intervention has reached 24,000 children, women and vulnerable population. At present UNICEF is the only organisation working in this deprived area ensuring access to basic services for children and women.

The rapid assessment and coordination capacity of state Inter Agency Groups (IAG) were supported through introduction of the Inter Agency Standing Committee's Health, Nutrition and WASH cluster rapid assessment formats. This was used by the IAG for the assessment of the flood impact.

UNICEF continued to work closely with government in 2011. With support from UNICEF, the Ministry of Drinking Water and Sanitation adopted national guidelines and standard operating procedures for WASH in emergencies. Also supported was the National School Safety Program (NSSP) launched by National Disaster Management Authority. A programme implementation framework was consolidated, leading to the development of the NSSP Policy. A centralised warehouse was established in Delhi to support government efforts in ensuring prepositioning of supplies for national response to emergencies.

All these actions are in direct link with UNDAF Outcome 4 focusing on enhanced abilities of the most vulnerable people, including women and girls, and government at all levels to prepare, respond, and adapt/recover from sudden and slow onset disasters and environmental changes.

### Most critical factors or constraints

Gol's position is that UNICEF should engage in response to emergencies and disasters only when specifically requested. This limits UNICEF efforts for efficient emergency preparedness and response. Efforts have focused on building the capacity of the government and other partners to ensure efficient emergency planning and response focusing on CCCs. Substantial efforts were also made to advocate with the government for more efficient cross-sectoral disaster prevention planning and mainstreaming of Disaster Risk Reduction (DRR) in all government programmes and plans.

### Key strategic partnerships and interagency collaboration

Key partnerships were maintained and developed with National and State Disaster Management Authorities, non-governmental and civil society organisations and state Inter Agency Groups. UNICEF played a lead role within the United Nations Disaster Management Team (UNDMT) and actively participated in all UNDMT initiatives. This includes providing for one quarter of the UNDMT 2011 budget. These partnerships greatly contributed to the achievement of the expected results from the programme intervention in bringing a variety of expertise and collaborative efforts for the achievement of results.

### Humanitarian Response

In 2011, UNICEF did not receive government request to support humanitarian response. Government relief efforts were supported through provision of relief supplies. UNICEF continues to develop capacity of government and civil society partners to ensure effective response to emergency.

### Summary of monitoring, studies and evaluations

As part of UNICEF's knowledge management initiative - KCCI, a study was conducted on Real-time Equity Monitoring in Disaster Response. The findings of the study indicate inequitable distribution of services during disaster and emergencies and lack of advance planning of responders for the needs of most vulnerable. This study will be used both for advocacy with partners for better equitable approach and for targeted capacity building efforts.

A review of the CBDRR programme was done, reflecting upon six years of experience. The finding will be used to modify CBDRR approach and will inform further capacity building of government and non-government partners, as well as communities engaged in DRR.

### Future work

The main priority areas for 2012 are DRR advocacy, capacity building, context analysis and knowledge management, special consideration (urban risk management and assistance to areas affected by civil strife), inter-agency and UNDMT preparedness for emergency response.

Strategic shift will be made from emergency response towards a more sustainable and preventative DRR and Climate Change Adaptation (CCA). This reflects the work of UNICEF India more adequately, which is support to children and women affected by disasters. Also this is still in line with UNDAF Outcome 4 focusing on enhanced ability of government and vulnerable population to prepare, respond, and adapt/recover from sudden and slow onset disasters and environmental changes. This strategic shift will also prepare UNICEF for the transition towards the new UNDAF and Country Programme where the future work of UNICEF in the field of DRR and CCA is already well formulated and highlighted.

The advocacy and capacity building efforts in 2012 will focus both internally and externally in better understanding and mainstreaming of DRR into UNICEF and partners' programmes. Emphasis will also be placed on continuous building of resilience and skill of vulnerable communities to meet the challenges of disaster and climate change. Support will also be provided to the National School Safety Programme initiated by government. Extensive efforts will be placed on enhancing government capacities in urban risk management as well as strengthening the assistance provided to people affected by civil strife. Evidence-base will be strengthened, through context analysis and other knowledge management activities, to address knowledge gaps on impact of disaster and climate change on child development.

UNICEF will continue to maintain its preparedness for emergency response. Greater efforts will be made to build the capacity of local government and non-governmental responders to conduct emergency response according to internationally accepted principles and standards.

## Advocacy and Partnership (A&P)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	2,500,000	1,242,250	1,184,879	95
RR	2,189,560	3,158,472	3,136,948	99
<b>Total</b>	<b>4,689,560</b>	<b>4,400,722</b>	<b>4,321,827</b>	<b>98</b>

### Results

**The knowledge base on children** was further strengthened in 2011 with human interest stories, audio-visual materials and data to support UNICEF's advocacy for children. A full needs assessment and **website** review took place resulting in revamping the UNICEF India website, which received 2.1 million page views and 5.4 million hits in 2011. A total of 53 features, 16 photo essays and 11 videos have been uploaded, along with a total of 25 media releases and audio-visual materials. UNICEF maximised **online and offline forums and networks**, raising awareness on priority issues and increasing stakeholders' engagement. The number of UNICEF India Facebook supporters increased from just over 24,000 (2010), to more than 44,000 (2011). More than 4,157 people follow *UNICEF India on Twitter* page compared to 1,985 last year. Videos uploaded on UNICEF India *YouTube* channel have received close to half a million views to date.

UNICEF's campaign ***AwaazDo: Speak up for every child's right to education*** launched in 2010, culminated in 2011. Making innovative use of digital media and online social networking, close to 250,000 spoke out for the Right to Education on the campaign website. An independent evaluation of the campaign was conducted and completed.

As part of various **media engagement strategies**, over 20 field visits were supported for key media to report on child health, rights and protection interventions. National and state media workshops were held to initiate media discourse and create a supportive environment to introduce the pentavalent vaccine in Kerala and Tamil Nadu and to enhance knowledge on the importance of the second dose of measles. At state level, UNICEF engaged with the media to highlight children's issues, with supporting materials for broadcast and print, media tool kits and strategic partnerships.

A UNICEF global ambassador, Amitabh Bachchan recorded five public service announcements and launched the new polio campaign. Aamir Khan, a leading actor from Indian Cinema, was appointed UNICEF National ambassador. His support to the nationwide nutrition campaign will be crucial to highlighting the importance of nutrition of children under the age of two in the country. Global goodwill ambassador, Shakira's visit to Rajasthan generated tremendous media visibility on girls' education and child marriage. In Odisha, one of the leading female cine stars, Archita Sahoo, supported the Adolescent Anemia Control Programme.

High quality communication material packages were developed to increase understanding and raise awareness of **the UNICEF-IKEA Foundation partnership** in India including an in-depth story from Rajasthan on child protection programme that was published in *Mint* newspaper.

In the area of **adolescent development and participation**, a strategic information base on youth participation in the integrated districts is built by Media Matters. In West Bengal,

focusing on vulnerable and socially excluded children, over 20,000 children were trained on child rights, while in Uttar Pradesh adolescent girls were mobilised and empowered to express themselves effectively on issues critical to them. Successful models are also being reported with the School Cabinet in Odisha and the West Bengal Child reporter's community mapping.

### The most critical factors or constraints

Given the cross-sectoral nature of the Advocacy and Partnership programme, the implementation of activities most often rely on other programme implementation. In some instances there have been delays in programme implementation or with partnership agreements, which had an impact on the implementation of activities planned under A&P.

In the area of media engagement, there is a felt need to strengthen media's capacity to analyse data and write articles to contribute to a public discourse on equity and child rights issues. This remains a challenge as is also seen from the majority of media coverage following UNICEF-supported events at state on priority issues.

In the area of policy advocacy with parliamentarians, there was a challenge to align various priorities of partners, which sometimes resulted in less focused efforts. In future better planning is needed with all partners (government, UN agencies, civil society organisations) at the beginning of the year, and roles and responsibilities must be clearly defined.

In the area of child rights awareness and participation, the role of the child reporters' clubs needed to be better defined and based on an agreed strategy by all partners. In the cases where a strategy has been in place there has been more clarity for the work of the child reporters. The strategy will also help to develop a better monitoring system for the programme.

This also links to an overall need for all A&P activities to create a strengthened monitoring and evaluation framework. In the context of the UNICEF-IKEA Foundation partnership a constraint was encountered in communicating the results. It was found to be challenging to assess the comprehensive impact of the projects as 13 of the 16 interventions are still in the process of implementation.

### The key strategic partnerships and interagency collaboration

A strategic partnership with National Foundation of India initiated a discourse around equity in development, with journalists from remote and marginalised parts of the country. The partnership with *Times of India* led to opinion editorials which enhanced visibility of child rights issues. A&P also initiated a dialogue among national, state and district level media in partnership with the country's largest distance education University, IGNOU. In June, 20 national media from IGNOU's Delhi studio were connected by video conference with over 80 state and district media from Bhopal and Jabalpur, discussing Routine Immunisation. This resulted in a 40 per cent increase in the number of Routine Immunisation related articles and media analysis reflects a shift from event-based to issue based reporting.

Partnerships with language media were leveraged for bringing UNICEF programme focus areas to the forefront. An association with *Amar Ujala*, a leading language daily led to a series of more than ten articles from various states highlighting issues impacting adolescents. The partnership also led to the creation of a core group of senior editors and photographers who have in-depth knowledge on adolescent issues.

In collaboration with UN agencies (UNICEF, UN women, UNFPA, UNDP) the Census communication campaign was successfully launched in February 2011, leading to high visibility.

Under the umbrella of the UNDAF cluster to strengthen policy and programmes on malnutrition, sessions and field visits were organised with legislative assemblies of Rajasthan and Madhya Pradesh in collaboration with World Food Programme, Food and Agriculture Organization, WHO and UN Resident Coordinator's Office (UNRCO). The engagement resulted in strong demand for a state nutrition mission in Rajasthan by the members of the Assembly. In partnership with United Nations Development Programme and UNRCO, a session on social sector budgeting attended by more than 100 legislators, was organised to promote gender and child budgeting.

For the Cricket World Cup 2011, the UNICEF Country Offices in the region developed a communication strategy for 2011. A&P supported the development of two Public Service Announcements (PSA) on HIV and cricket with the participation of Indian and Sri Lankan cricketers. While UNICEF took the lead in hiring the agency, it worked closely with the country offices of Sri Lanka, Nepal, Bangladesh, Maldives and UNICEF and UNAIDS HQ. The PSA's were played during the matches and at the opening ceremony of the games.

At state level there are numerous examples of strategic media partnerships to conduct media workshops, provide information, contribute to curriculum development, and build capacity of media to improve reporting on child rights issues. Other partnerships at state level focus on child rights advocacy with civil society, academia and media organisations.

In West Bengal a strategic partnership was developed with Confederation of Indian Industry to create a Corporate Social Responsibility (CSR) Hub for the private sector – the first of its kind in the country. This Hub will act as a resource centre for corporates in facilitating implementation of their CSR activities, in documenting and analysing good practices and in providing valuable strategic direction.

### Summary of monitoring, studies and evaluations

*Understanding the Perceptions of UNICEF Partners in India – Findings of a Study*: The study on the perceptions of UNICEF's partners was commissioned to develop a long-term vision of effective partnerships to better realise the rights of children and women in India.

*Awaaz-Do campaign evaluation*: An independent evaluation of the campaign was completed by KPMG

*Media tracking and analysis on child protection issues*: It was noted that the share of child protection issues remains low among the overall socio-development issues covered in the media. Out of 10,884 socio-development stories, child labour stories covered only 5 per cent, and child marriage, corporal punishment and juvenile justice stories only 2 per cent respectively. Particularly, language media reporting is low, and Hindi and English are much more active. In addition to low coverage, the reporting is very event-based and follow up stories are almost non-existing. Editorials are very rare.

The media tracking and its findings will serve as a baseline for the monitoring and evaluation framework for the Child Protection advocacy strategy, planned for roll-out in 2012.

### Future work

For 2012, Advocacy and Partnership will continue 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.

In 2012 there will be a continued focus on the four main campaigns on nutrition, education, sanitation, and routine immunisation. Polio eradication will also be another key focus of communication support. A rigorous and pro-active media engagement plan will continue UNICEF's strong public advocacy on key child rights issues in India. In close coordination with the Child Protection programme, an Advocacy Strategy for Child Protection will be rolled out in 2012.

This year will be used to strengthen the monitoring and evaluation framework for the Advocacy and Partnership programme and to conduct necessary baseline surveys and evaluations of existing strategies in preparation for the start of the new Country Programme. In 2012 it is envisaged for a long term strategy to be developed in the areas of adolescent participation and policy advocacy, also clearly defining the synergies with C4D and SPPME for a strong Communication and Advocacy programme for UNICEF.

In close collaboration with Resource Mobilisation section, A&P will also work on material development for the new Country Programme, developing packages for resource mobilisation and general information purposes.

## Communication for Development (C4D)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	13,000,000	3,946,846	3,942,494	100
RR	3,331,435	5,099,306	5,084,635	100
<b>Total</b>	<b>16,331,435</b>	<b>9,046,152</b>	<b>9,027,129</b>	<b>100</b>

### Results achieved

The key results achieved by the C4D programme can be considered in term of reach and impact.

The top-ranking daily tele-serial, *Kyunki...Jeena Issi Ka Naam Hai*, reached 145 million viewers. An endline survey amongst viewers revealed a considerable increase in the level of knowledge about key behaviours such as the number of antenatal visits needed (from 76 per cent to 90 per cent) and colostrum feeding (from 82 per cent to 91 per cent).

About 7,000 women in four Integrated Districts (IDs), namely, Lalitpur, Vaishali, Tonk, and East Singhbhum, implemented small-group discussion videos on priority behaviours. Studies revealed that 92 per cent of the participants in three districts reported new learning from the videos. Ninety-four per cent report discussing what they learned with family, 90 per cent discussed with community members and 36 per cent with service providers.

Across Uttar Pradesh, 575,000 children were reached by a daily entertainment education radio programme, *Meena Ki Duniya*, based on the popular video character *Meena*. Survey findings show 69 per cent students reported post-session discussions on key messages in school, and 74 per cent discussed the programme with their peers and family members.

Efforts to increase knowledge on key issues about child survival, growth and development continued in IDs across eight states. A major KAP study conducted in 2011 shows results. In Koraput, Odisha, 90 per cent of the mothers (among the 50,000 tribal families reached with key messages) knew about breastfeeding initiation between one hour of birth, 91 per cent knew the benefits of colostrum feeding, 63 per cent had knowledge about the benefits of exclusive breast feeding and 62 per cent on critical times for handwashing.

Significant numbers of vulnerable and marginalised households were reached and engaged with C4D initiatives. In Medak, AP, 32,000 self-help groups and youth clubs discussed and promoted critical maternal and child health (MCH) behaviours in 1,056 villages and 300 tribal hamlets. Approximately 50,000 mothers and caregivers in tribal hamlets were engaged in discussion on identified MCH issues through household interpersonal communication, *Facts for Life* videos and group meetings.

An exercise mapped and assessed 147 academic and learning centres across India with potential for strengthening the field of C4D. A roadmap and a C4D curriculum platform were developed in consultation with 12 academic institutions. C4D training was provided to 24 Project Directors of National Institute of Public Cooperation and Child Development. Similarly, knowledge and skills on values, principles and strategic applications of C4D increased for 58 UNICEF staff. A training evaluation showed high applicability of learning.

To support government in comprehensive planning of communication activities, institutional setup has been strengthened at state and district level in eight states. Preliminary evidence shows that these cells facilitate coordinated planning and implementation of communication in flagship programmes.

Communication strategy to address child labour was developed and implemented in three states (Gujarat, Rajasthan and Maharashtra). A communication campaign was also conducted to raise awareness on the issues related to child labour and child. This helped identify 2,142 child labourers.

### The most critical factors or constraints

Making a strategic shift from the production mode to the strategic mode (and be able to plan and budget accordingly) is a persistent challenge. Government officials often perceive C4D merely in terms of production of IEC and communication materials. Appreciation for evidence-based strategic approaches is inadequate, thus lower priority is placed on research, monitoring and evaluation.

Quality of training and training output measurement remain a challenge, both with government and civil society. To address this, the C4D programme is trying to institutionalise a quality assurance checklist for communication trainings and pre-post training evaluation as mandatory.

Coordination among government ministries and development agencies working on C4D initiatives is limited. This creates duplication of efforts.

Limited capacities at various levels for planning, monitoring and implementing communication initiatives exist within the flagship programmes. Vacancies in posts and high turnover of staff handling IEC activities pose an additional challenge.

Prevailing norms - traditions, myths and misconceptions -are often the challenge in promotion of specific behaviours like breastfeeding. Importance of addressing such norms is still under-recognised, thus limiting achievements in the area of C4D as a whole.

Data on knowledge, attitude and behavioural aspects are limited, which adversely affects development of evidence-based communication strategy. Also the prevailing focus on the problem and its magnitude, neglecting the root causes, motivations and norms surrounding the harmful practices, often limit the strategic design of effective communication initiatives for social and behaviour change.

Focus is skewed towards service delivery, and engagement with communities is inadequate. This is evident from the data indicating high reach of services (4+ antenatal service coverage at 93 per cent, CES 2009) and low practice of critical behaviours such as early initiation of breast feeding (27 per cent, CES 2009).

Insufficient coordination and convergence among line departments and partners result in inability of supplies reaching the communities (e.g. availabilities of toilet supplies in West Bengal).

In select states, civil strife has been a constraint that has hampered reach of the programme in remote pockets.

### The key strategic partnerships and interagency collaboration

Partnership with civil society at district level has helped reach the socially excluded and geographically isolated communities in Gujarat, Odisha, Jharkhand, MP, Chhattisgarh and UP. The partners have a strong rapport and respect among the local communities by virtue of their sustained presence and other interventions.

Partnership has also been established with large networks like the dairy cooperative in Gujarat and *Mahila Samkhaya* in Jharkhand. The benefit to the dairy is in enhanced and improved participation of women. In UP, partnership was established with a national NGO – the Rajiv Gandhi Charitable Trust – to extend the reach of the programme in 13 districts.

Strategic collaborations initiated with academic institutions such as the Mudra Institute of Communication and Advertising, Department of Communication, University of Hyderabad and Central University of Gujarat, who have contributed to the knowledge and skill building on behaviour change communication, interpersonal communication, and community mobilisation initiatives.

### In humanitarian situations

In Odisha, over 60 NGOs were trained to deliver messages on preventive health and hygiene to over 100,000 families in the flood affected districts in partnership with Indian Red Cross. The post flood preventive health measures were strengthened through capacity building of civil society organisations involved in implementing the social mobilisation activities.

In the Bijapur district, Chhattisgarh, 120 community volunteers, oriented on basic communication skills along with messages on acute diarrhoeal diseases during the preparedness campaign. Messages on safe hygiene practices were delivered to 140 villages affected by civil strife in Bastar and Abujmarh.

### Summary of monitoring, studies and evaluations

A cross-cutting KAP study on priority behaviours completed, findings disseminated and being used to refocus and plan communication interventions on child health, growth and development in the Integrated Districts. The District Planning and Monitoring Units are using the findings to develop monitoring indicators for line departments.

A Social Inclusion Barrier Analysis was carried out in IDs. It assessed the reach of communication components of flagship programmes to excluded communities and identified physical, economic and socio-cultural barriers. Actions and recommendations to overcome the barriers were defined at a national level workshop. The findings and recommendations were used to inform inclusive programming in 2012.

Sampled Participant Satisfaction Study was conducted in IDs of four states (Bihar, Jharkhand, Rajasthan and UP) to assess participant satisfaction related to delivery of sessions and content relevance. It also captured evidence on new information gained and the influence of the small group discussion video series (Facts for Life videos). The findings helped make necessary changes in the implementation, review of the communication package, and understand the shifts in KAP and behaviours.

A study carried out to assess the Meena Radio programme with primary audience. The study found that 88 per cent of students listened to the programme. Post session discussion of 12-15 minutes was reported. The students recalled 49 characters from the show, of which Meena, Raju and Mitthu got the highest recall. On an average five messages were recalled by the students from the show, with about 63 different types of messages recalled. Maximum

message recall was around WASH (water, sanitation, hand wash, hygiene) followed by child survival health and nutrition. Most importantly, children discussed some of content and messages with their peers and parents. The study findings were used to strengthen and advocate for replicating the Meena Radio intervention in other Hindi speaking states. Two states will implement the programme in 2012.

An assessment of the C4D monitoring and evaluation systems was completed in IDs, resulting in a proposal to harmonise the systems across 14 states. This will be undertaken in 2012.

Assessment of the C4D component of Village Health and Nutrition Days was completed in 14 states. The results will be used to develop a communication strategy tailored to utilisation of services and counselling during VHNDs.

Specific state level study on the potential communicators like the assessment of Artist Federations as a medium of social mobilisation in Ganjam district, Odisha was completed.

Findings of study supported by WASH sector on 'gap assessment to identify reasons for low uptake of Total Sanitation Campaign in tribal communities' was used as foundation to develop state WASH communication strategy.

### Future work

Emphasis will be placed on five areas:

- 1) Cross-cutting communication in the Integrated Districts, with a special focus on ensuring reach, recall and engagement on critical child survival issues among the socially excluded
- 2) Innovations in media to reach families in new and dynamic ways across a spectrum of behaviours
- 3) Institutional capacity building and C4D curriculum development with academic centres to enhance capacity within government departments and NGOs for more effective communication planning and implementation.
- 4) Gathering knowledge and experience to inform the national and global approach to effective behaviour and social change communication
- 5) Further exploring social norms and apply knowledge in communication research and programming.

In addition, monitoring and evaluation of programmes will be strengthened. This will include completion of the *Kyunki Jeena* and *Meena* radio endline studies, operations research of community radio stations in two states, and an evaluation of use of FFL videos. A C4D monitoring and evaluation framework will be tested, validated and harmonised across 14 states.

Focus will also be placed on interpersonal communication skill building of health and ICDS frontline functionaries, developing communication strategy on child survival behaviours, implementing a child labour communication strategy, and continued support to communication innovations like community radio, Meena radio and audio/video training films. Selected good practices will be documented.

## Social Policy, Planning, Monitoring and Evaluation (SPPME)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R	5,400,000	4,224,535	4,065,396	96
RR	3,777,110	2,623,413	2,566,159	98
<b>Total</b>	<b>9,177,110</b>	<b>6,847,948</b>	<b>6,631,555</b>	<b>97</b>

*\*Includes District Support which is reported separately.*

### Results achieved

*The Situation of Children in India: A Profile* was published, underlining disparities and current situation of children and women. This informed the problem analysis for the 2013-2017 Go-UNICEF Country Programme (in which government, civil society, donors and UN agencies participated), as well as the UN Country Assessment for the UNDAF.

Inter-agency support to Census 2011 continued. Gender issues were mainstreamed into the training and communication strategy, helping 2.7 million enumerators and supervisors collect quality data. To effectively disseminate the Census provisional totals, the Programme worked with the Registrar General of India in the development of *Census Dashboard*. It presents data disaggregated by sex, urban-rural, as well as state and districts in a user-friendly manner. This highlights disparities in India, making a compelling case for the need to address inequity.

Birth registration was supported through capacity development, system strengthening and advocacy campaigns at national and state level. In Bihar, advocacy led to amendments to the Bihar Registration of Births and Deaths Rule, 1999, which facilitated administrative processes with decentralisation of power. This, together with improved monitoring system, has contributed to a significant increase in birth registration this year.

Key knowledge management initiative, *KCCI Website*, was launched. Serving as a collaborative online tool, it contains a Knowledge Repository with easy search functions, as well as features such as blog, discussion forum and wiki. The seventh KCCI Internship Programme successfully completed. Over 40 graduate students participated, documenting 11 cases across the country.

Other initiatives related to knowledge management and evaluation are described in the respective sections of this report.

An evidence base on social policy issues affecting children and women was enhanced with publications relating to tribal children, capacity strengthening, cash transfers as a social policy instrument, amongst others. An innovative field survey on exclusion and service delivery through key social programmes covering over 2,800 households in three states (UP, Karnataka and MP) was completed, with analysis and results to be disseminated in 2012. Social budgeting analysis was published, and disseminated to state legislators in one state, Bihar. An innovative pilot research study on the relevance and feasibility of unconditional cash transfers as a social policy instrument was initiated and will conclude in 2012-2013. A workshop on Internal Migration and Human Development was organised in collaboration with UNESCO. A high-level policy forum was organised chaired by Prof Amartya Sen, Nobel laureate, to discuss universalisation of health coverage in India.

UNICEF supported GoI in its review of the National Policy for Children, 1974. This was done through (five) regional and (one) national consultations with engagement of government and civil society and participation of children. The policy will help mainstream rights and outcomes for children in all the government policies and programmes that affect children.

MWCD developed, with UNICEF support, the Third and Fourth Periodic Reports and the two Optional Protocols on the implementation of the Convention on the Rights of the Child (CRC). Challenges identified in the reports have been informing GoI's 12th Five Year Plan and the Country Programme.

### The most critical factors or constraints

The SPPME component encompasses a wide range of programmes including data and monitoring systems strengthening, evaluation capacity development, knowledge management, social policy, social inclusion/gender, child rights and decentralisation, in addition to support to internal planning processes and research activities. In 2011, the Section was also heavily involved in the development of next UNDAF as well as the draft Country Programme Document 2013-2017. Managing own programmes and planning milestones has been demanding this year, providing technical support to other sections in addition has made the work even more challenging.

It is critical in the work of SPPME to support convergence among a number of government departments, especially at the state and district level. For example, in promoting birth registration, different departments, namely Panchayati Raj Department, Health Department, Urban Development Department, Social Welfare Department and Planning and Development Department are engaged. UNICEF will continue to support government in convening partners for effective implementation of policies and programmes that promote child rights.

### The key strategic partnerships and interagency collaboration

UNICEF's support to GoI in engaging civil society has contributed to strengthening and enriching the Third and Fourth Periodic reports on implementation of the CRC, the Citizens CRC reports, the Prohibition of Sexual Offences Bill, 2011, and the review processes of the National Policy for Children.

Focus has also been placed on strengthening partnerships with the National Commission for the Protection of Child Rights (NCPCR), a statutory body to protect, promote and defend child rights in the country. This partnership contributed to a framework for a research function within NCPCR. This includes Research Advisory Committee and Technical Support groups with UNICEF membership. This allows UNICEF contributions in research activities that will inform key legislation, policies and programmes. Through consultation with Field Offices, support to the State Commissions will be enhanced in the coming year.

In the area of Social Policy, strategic partnerships also included diverse think tanks such as the Centre for Budget and Governance Accountability, Institute for Human Development, and Indian Institute of Dalit Studies. Inter-agency partnerships include work with the ILO on the Social Protection Floor, and work with UNESCO on Internal Migration. There was close partnership with UN Women to co-manage the Gender Community of Practice, under the *Solution Exchange*, a knowledge management community of the UN in India. The inter-agency relationship also enabled Social Policy focus to be integrated into the planning for the UNDAF 2013-2018 in the Poverty and Livelihoods cluster as well as the Gender cluster.

There are a number of strategic partnerships at the state level. A few examples include the following:

A tripartite collaboration with government (Planning and Development Department, Government of Assam) and an academic institution (Omeo Kumar Das Institute of Social Change and Development) led to regional consultations to provide inputs to the Gol 12th Five Year Plan Approach Paper. This allowed collective voices advocating for child- and woman-centred social development programmes.

Alliance with UN Women was formed to empower Panchayati Raj Institutions, especially elected women representatives, in the UNICEF focus district of Tonk in Rajasthan. Bringing in complementary expertise, the two agencies have been working to develop a network of community-based organisations representing socially excluded communities.

Since 2004, UNICEF has been supporting the capacity development of Yashwantrao Chavan Academy of Development Administration (YASHADA), an administrative institute of the Government of Maharashtra. The established partnership has given UNICEF a competitive advantage as YASHADA participates in policy making bodies both at state and national level. This has enabled showcasing government-UNICEF good practices for replication and scale up at a time when the Gol is developing its next Five Year Plan.

### Summary of monitoring, studies and evaluations

#### **Monitoring**

A survey on Knowledge, Attitudes and Practices (KAP) to measure the progress in the Integrated Districts (focus districts for Gol-UNICEF Country Programme 2008-2012) was finalised. Building onto previous data collection activities, the survey included additional KAP indicators, and informants expanded to include key influencers of KAP at household level such as husband, mother-in-law and other caretakers. The survey covered all 17 Integrated Districts across 14 states.

Another major initiative at the national level was support to the Ministry of Statistics and Programme Implementation in development of DevInfo 3.0. The Minister launched it in December as “an example of the Ministry’s commitment to provide useful data to all for informed decision-making.”

At state and district level, UNICEF also supported government in strengthening monitoring systems that cater to diverse needs. An example is described below:

Rapid Monitoring System (RMS) was initiated in the district of Koraput, Odisha, to ascertain whether the government services reach people and whether people are benefiting from them. It is implemented by teams of officials from different departments, who randomly visit field every month to monitor service delivery. Findings are brought to nodal officer’s meeting chaired by the head of district administration, and corrective measures are decided. While impact of RMS is still to be fully realised, the initial experience indicates that RMS has brought in several benefits, including accountability. RMS also provides cross-learning opportunity as government officers monitor sectors beyond their own. Also the approach has facilitated much-needed convergence of different government services.

#### **Evaluation**

SPPME led the *Evaluation of UNICEF Strategic Positioning in India* to review the five key strategies of the Country Programme (namely partnership, strengthening of systems and capacity development, knowledge management, the Integrated District Approach and social inclusion/equity). The evaluation aimed at examining whether and how these strategies have accelerated and strengthened the achievement of higher level results beyond the sum of the sectoral results; and whether and how they have contributed to better position UNICEF in the national development agenda.

Key findings included:

- *Relevance*: The Country Programme aligns well with the GoI Five Year Plan and the priorities of the states in which UNICEF is active. UNICEF programming focuses on social inclusion and gender equity using a rights-based approach.
- *Effectiveness*: UNICEF's field office network provides an important advantage. As a result UNICEF is considered a trusted partner - especially at the state level - and hence has become influential in the analysis of gaps in programmes and services.
- *Efficiency*: UNICEF is recognised as a technical agency. Increased attention to upstream work will require enhanced staff capacities in policy analysis and policy-level engagement.
- *Sustainability*: In several instances, state governments have integrated UNICEF piloted initiatives into their programme. Despite the fact that UNICEF supports the scaling-up of pilot initiatives in many states, very few evaluations were done. Only few pilot initiatives were adequately documented.

The findings informed the GoI-UNICEF Country Programme Document 2013-2017. A management response is being developed for discussion at Country Management Team meeting in January 2012.

### Future work

Priority actions for 2012 include:

#### Data and Monitoring Systems Strengthening

- Launch Survey on Measuring Outcomes for Children and Women in partnership with MoSPI, which will provide much needed data on key indicators at the national and state level in a more regular manner.
- Support MWCD in Nutrition Surveillance and effective monitoring of the flagship programme, Integrated Child Development Services
- Conduct an endline survey in 32 districts including 17 Integrated Districts to measure progress in the Integrated District Approach, which has been implemented since 2005.
- Further strengthen birth registration at national and state level. This will be achieved through a number of interventions such as technical support for developing an online birth registration system.

#### Knowledge Management and Evaluation Capacity Development

- Develop knowledge management networks, promote the use of KCCI Website and Resource Centre and facilitate knowledge exchange. Provide technical support to MWCD and NIPCCD in strengthening their knowledge management platforms
- At its eighth year of implementation, evaluate KCCI Internship Programme to assess the extent to which it has contributed to knowledge management and to document lessons learnt from this initiative.

- Develop standards for piloting innovations and ensure that they are evaluated before replication or scale-up.
- Support evaluation capacity development at national and state level through advocating for evaluation policy, development of evaluation standards and norms, and organising development evaluation courses.

#### Social Protection and Social Inclusion

- Analyse and develop strategies, tools and capacity development needs to strengthen policy implementation for most excluded communities and their children. Convene a National Conference on Strategies for Disparities Reduction
- Specific attention to policy options for strengthening child care services (crèches) for children aged under-three
- Continued advocacy for child sensitive social protection through analysing feasibility of the Social Protection Floor Initiative in India (the child component), and carrying out innovative pilots to find effective mechanisms
- Dissemination of budget analysis to parliamentarians and state assemblies to promote evidence-based policy making.

#### Child Rights

- Support continued review of the National Policy for Children and expected finalisation in 2012.
- Support preparation of a road-map for the country for integrating children's participation in government programmes.
- Support capacity development of National and State Commissions for Children and their networking for knowledge and experience sharing.
- Conduct joint research studies with MWCD on various aspects of child rights, including a study on Violence against children in 2012.

## Governance for Children's Rights

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-R		1,734,773	1,704,222	98
RR		2,897,899	2,881,168	99
<b>Total</b>	<b>-</b>	<b>4,632,672</b>	<b>4,585,390</b>	<b>99</b>

### Results achieved

UNICEF support for improving governance for children's rights is carried out through three initiatives namely, the Integrated District Approach (IDA), the GoI-UN Programme for Convergence (UNJPC), and capacity building of the Lal Bahadur Sastri National Academy of Administration (LBSNAA), the apex institute for Indian civil services.

The Integrated District Approach (IDA) implemented in 17 districts of 14 states applied a cross-sectoral approach to behaviour and social change, promoted sectoral integration of programmes at state and district level, and improved service delivery through national flagship programmes by linking the community mobilisation processes with the decentralised district planning processes.

In 12 out of the 14 states, roadmaps have been developed and are being implemented to endure sustainability and replicability of innovations and good practices from these districts. Notable among the good practices are the District Planning and Monitoring Units (DPMUs) in Odisha and decentralised planning in Madhya Pradesh. DPMUs have been taken up by the state government and are being set up in all the districts in the state. Similarly, the decentralised planning initiated in Guna and Shivpuri of Madhya Pradesh has been replicated in all the districts of the state. Documentation of good practices in IDA has been completed and will inform replication and up-scaling within India and in other countries. The documentation has also been shared with the Planning Commission of GoI, which leads the development of 12th Five Year Plan 2012-2017.

UNICEF's key contribution to UNJPC has been the placement of trained facilitators at the district level. They support the development of district profiles and human development reports to strengthen decentralised planning. To accelerate delivery of services for children they support bottle neck analysis of flagship programme along with review of district budgets and human resources. Tools and methodologies for these analyses have been developed through a rigorous process. Community-based monitoring tool, *Paheli* has been launched in eight districts and is bringing out implementation issues to the surface.

UNICEF Regional Office organised a policy dialogue on decentralisation and equity for children. The Indian delegation comprised of senior officials from the national and state governments. Recommendations made at the meeting are expected to be implemented by the government.

A capacity development strategy and plan of action is in place to support the LBSNAA. Issues around children have been integrated in the training for the Indian civil services. The child and social sector component in the training has been strengthened through training materials and resource persons provided from UNICEF.

UNICEF has started engaging premier training institutions in the country to build capacity of local self-governments and to enhance decentralised district planning. In the coming years UNICEF will build on this initiative to establish a network of institutes around the country with expertise on governance for children.

Several study visits were organised for cross-learning purposes. In the spirit of south-south cooperation, UNICEF India hosted teams from Nepal and Bangladesh to study decentralisation in India.

### The most critical factors or constraints

In India planning is a state subject and operationalising decentralisation has been left to the states. Devolution of powers varies across states, and the trend is towards progressive decentralisation. The shift in power and responsibilities is not managed well which results in lack of clarity in roles and responsibilities. The Planning Commission Scheme 'Support to District Planning at national, state and district level' which is designed to accelerate decentralised district planning is yet to take off.

Decentralised governance programme is an emerging area in UNICEF while issues around children are progressively being decentralised across countries. For instance, in the current Medium Term Strategic Plan of UNICEF, there is no organisational target around the issue of decentralisation.

To accelerate achievement of outcomes for children, UNICEF need to support interventions that facilitate people's participation in planning and programme monitoring irrespective of whether there is devolution of powers to the elected representatives at the local level.

Structures and systems have to be in place to support data analysis, planning and monitoring at the district and sub district levels.

### The key strategic partnerships and interagency collaboration

Tata Institute of Social Sciences (TISS) is a key partner in the area of decentralisation and district programming. The technical resource persons placed in the 35 districts are trained at TISS, and UNICEF and TISS are engaged in policy advocacy around decentralisation and equity for children.

District programming is also an integral part of the Corporate Social Responsibility strategy for the government-owned enterprises in India. UNICEF collaborated with TISS where the CSR hub is located to develop the strategy.

Our collaboration with the LBSNAA also focuses on sharing innovations and good practices around programming for children with the civil service across the country.

UNICEF has signed a Memorandum of Understanding with UN Women and UNDP for capacity building of local self-governments. UNICEF contribution focuses on capacity building of locally-elected representatives on planning, budgeting and monitoring around children's issues.

As mentioned above, UNICEF is also a significant partner in the GoI-UN Joint Programme on Convergence, which is operational in 35 districts in the UNDAF states. UNICEF supports

trained facilitators at the district level who advise the district administration on decentralised district planning.

### Summary of monitoring, studies and evaluations

End line survey in the Integrated District is slated for 2012 and a mid-term evaluation of UNJCP is underway. Results will be available in 2012.

### Future work

In 2012, UNICEF will consolidate the learning from the current Country Programme to formulate the strategy for engagement at the district level in the next Country Programme.

Gol has decided to develop integrated plans in 78 districts affected by left wing extremism and they have adopted the model of district facilitators to implement the plans. UNICEF will support government to roll out the programme.

UNICEF will also work with TISS to pilot CSR-supported decentralised district plans of action in select districts.

The Integrated District programme and the UN JPC will continue in 2012. An end line survey will be conducted in the Integrated Districts and inform the strategy for future. Similarly the evaluation of the UNJPC will provide directions for the programme beyond 2012.

Three studies on flagship programme planning, budgets and human resources at the district level are underway. Recommendations from these studies will be used for programming.

In addition to the technical support to various training phases of the LBSNAA, UNICEF will support capacity building of its faculty around the issues related to children and social sector. Social sector handbooks, training methodology and training of trainers are being developed and supported.

## Operations and Programme Management

### Governance and Systems

#### Effective governance structure

Effective governance structure is key to smooth management and coordination of UNICEF India which comprises of 13 field offices and one central office in Delhi. Key documents such as agenda, minutes and background information on Country Management Team (CMT) meetings are uploaded onto the UNICEF India Intranet so staff members can access information at any time. Office priorities and objectives are defined in the Rolling Management Plan (RMP) 2011-2012, and progress is reviewed at mid-year and end-year.

In 2011, UNICEF continued to maximise regular management meetings at state, Delhi and country level and joint monitoring missions to keep track of programme and management priorities. In view of the implementation of the International Public Sector Accounting Standard (IPSAS) and the new Enterprise Resource Planning system - VISION, office and staff preparedness have been a major priority and closely monitored during all CMT meetings.

The CMT met four times this year, and three meetings focused on the preparation of the GoI-UNICEF Country Programme Document (CPD) for 2013-2017. In addition to strategic discussions amongst senior management, the office also ensured a wider participatory process in the development of the CPD. This was done by establishing a Country Programme Advisory Group (CPAG) that consisted of 12 staff members (representing Delhi, States and Staff Association) and chaired by Deputy Representative - Programmes. The CPAG brought together diverse perspectives and provided strategic direction to the development of the CPD. Also launched was an India CPD Community of Practice, open to all UNICEF India staff, to foster dialogue and promote ownership of the CPD.

In addition to this, two All Delhi Staff Meetings were held in 2011 to ensure that staff were kept abreast of the programme and management developments and priorities of the office.

One notable initiative introduced this year was the operations peer reviews exercises. Each state office was visited by a team of staff from HR, Supply, Administration and Finance. UNICEF was able to harmonise work processes across all state offices, share good practices, and implement administrative procedures on managing and recording non-expendable property. The need for improved travel planning was re-emphasised, which helped rationalise the means of transportation and obtain better fares. Peer reviews were conducted in all 13 Field Offices in 2011.

A part of the overall UNICEF India risk assessment strategy, this peer review was found beneficial to both Delhi and Field Offices. As such, management has agreed to continue with the initiative in 2012 with an emphasis on the implementation of IPSAS and VISION and addressing challenges arising from changes in work processes.

#### Strategic risk management

In 2011 all 13 Field Offices completed their individual risk assessment and developed State Risk Control and Self-Assessments. In October 2011, the office undertook a desk review of the country wide 2011 Risk Profile. The outcome was an updated risk profile. No significant changes were observed.

UNICEF has maintained a minimum readiness level for 20,000 people for emergency responses throughout the country. All pre-positioned emergency supplies were distributed through government and NGOs counterparts in response to the floods in five states (West Bengal, Assam, Uttar Pradesh, Bihar and Odisha).

UNICEF has emergency focal points in all 13 Field Offices, covering 15 states where it operates. They collaborate closely with the local state and district government 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 by the Emergency Section in Delhi. This year standing partnership agreements were developed with three NGO partners, namely Oxfam, Save the Children and RedR, for provision of surge and rapid response capacity in time of emergency. The standing agreement with Oxfam was activated for the West Bengal flood response providing assistance to an additional 10,000 people.

Collaboration with the national and state disaster management authorities continued. A number of emergency preparedness training was delivered to government counterparts including in Public Health and Education in Emergencies. UNICEF India staff capacity was also built through training on Core Commitments for Children.

Community based disaster risk reduction (CBDRR) projects were implemented in the flood prone states of Assam, Bihar and Uttar Pradesh. A comprehensive CBDRR capitalisation study was undertaken to draw lessons from UNICEF's six-year experience.

The office has put in place a Business Continuity Plan (BCP) and Disaster Recovery Plan to assist during crises. These two will complement and support the office's Emergency Preparedness and Response Plan, Minimum Operation Security Standards (MOSS) / Minimum Operation Residential Security Standards, and Security Risk Assessment. Information Technology Core Systems to support BCPs were identified and implemented. i-Direct VSAT have been installed in Delhi to act as a backup during an emergency when the local service provider is unable to maintain connectivity. BGAN systems have been installed at field offices to access Internet services during emergency or when the connectivity between field office and Delhi fails.

Furthermore, in view of mobility of staff members, the BCP critical staff list will be reviewed and updated in early 2012.

The UNDSS assessment level of preparedness for UNICEF has been rated as fairly good and with recommendation for improvements on MOSS at both Country and Field Office levels. In view of the security concerns of the office location of in Hyderabad and Mumbai, the office is searching actively for new premises in both locations.

In 2012, the office will continue to strengthen the level of MOSS, by installing security cameras, improving access control and install luggage check equipment in all offices.

## Evaluation

In 2011, UNICEF developed and conducted an executive course on development evaluation in cooperation with Indian School of Business (ISB). With substantial technical support from UNICEF Regional Evaluation Advisor, the office supported the development of course modules and resources, providing training of trainers, and facilitating the course and post-course follow up activities. The course was attended by participants from government, civil

society, UN agencies and private corporations, and an evaluation showed an average participant satisfactory rate of 4.3 (5 being 'very good' and 4 being good).

At state level, Bihar also organised a three-day workshop targeting government officials in partnership with the Directorate of Evaluation. The office also supported the Directorate in drafting a state level evaluation policy.

In an effort to develop internal evaluation capacity, the office supported five programme specialists participate in the ISB-UNICEF course. These staff members identified an evaluation need in their respective programmes and are developing an evaluation plan. Also, the Research and Evaluation Specialist participated in the International Programme on Development Evaluation Training this year with support from NYHQ and Regional Office.

The office developed a rolling IMEP 2011-2012 in line with Rolling Work Plans. It is reviewed at mid-year and end-year and monitored routinely. The number of planned activities was significantly streamlined and prioritised to 17 over the last two years (from 23 in 2010-2011 and 77 in 2009) to ensure timely completion of strategic activities. Six studies and evaluations were completed out of 15 planned for 2011, and additional five are in progress but delayed due to issues such as contractual issues and extended time required for revision of methodology. There were also unplanned activities undertaken. Efforts will continue to ensure realistic timelines for research and evaluation and conduct activities as per the plan.

UNICEF has an established Peer Review Group (PRG) that reviews terms of reference (TOR) for research and evaluation. The PRG met 15 times and reviewed 24 TORs in 2011, ensuring quality and consistency in purpose, objective, use of findings and methodology. On average it took six working days from receipt of the TOR to review by PRG.

UNICEF conducted an evaluation of UNICEF Strategic Positioning in India to review five key strategies of the current Country Programme. (Please see the sections 3.1.8 Human Rights Based Approach and 3.2 SPPME for details and key findings). To ensure objective and quality process, the office formed an evaluation management group, which included members from NYHQ (Evaluation Office and Division of Policy and Practice), Asia Pacific Shared Services Centre, International Development Research Centre, as well as India CO staff members from Delhi and states. The management group reviewed and provided substantial feedback to the methodology and draft report. The preliminary findings were discussed at CMT meeting in November and presented at the Validation Workshop for the 2013-2017 Country Programme. The management response to the recommendations is being developed and will be discussed at the January 2012 CMT meeting.

## Effective use of information and communication technology

The ICT Section provided technical support to the SPPME Programme in the development and deployment of the state of the art collaborative web application, KCCI Website, based on Microsoft SharePoint 2010. Also supported were the UN Inter Agency ICT projects. Information on services and products from different vendors were shared among the agencies.

Remote Access to Citrix was strengthened in 2011 to increase access to corporate applications by all County Management Team members, critical staff as defined in the Business Continuity Plan, and staff members at six Field Offices at Gandhinagar, Guwahati, Hyderabad, Mumbai, Ranchi and Raipur. Another Citrix server was installed at the offsite disaster recovery premises. This is to ensure business continuity when and if the situation requires.

UNICEF also upgraded Cisco WebEx, which now allows up to 200 participants. The WebEx is used regularly for collaboration across all the 14 offices in India in tandem with video and audio conferences. The office also supported other country offices in the region for WebEx and multipoint video conferences.

The office has a Long Term Agreement (LTA) with a local agency to augment the user support at Delhi and six Field Offices. In addition, it has an LTA with a Tier 3 external agency for installation, maintenance and 24x7 support for hosting UNICEF webserver and database servers. The web applications developed in collaboration with programme sections include <http://www.kcci.org.in>, <http://www.unicefiec.org>, and <http://www.supportunicefindia.org>.

As the office ensured Windows 7 compatibility, it upgraded the Central Processing Units of existing desktops and laptops instead of procuring new monitors and other equipment. This effort led to a saving of approximately US\$150,000. The office also drastically reduced the procurement of printers in 2011. All printer cartridges are collected and sent to Hewlett Packard for recycling.

Data communication links between Delhi and NYHQ, as well as Delhi and Field Offices are being augmented to provide reliable, fast and secure access to VISION.

IT Core Systems to support Business Continuity Plans were identified and implemented. The i-Direct VSAT at Delhi was also implemented and tested to act as a backup when the local service provider is unable to secure connectivity with NYHQ. BGAN systems have been installed at Field Offices to access Internet services during emergency or when the connectivity between field office and Delhi fails.

To support MOSS, all offices are equipped with satellite phones (M4 and BGAN) that have the capacity to support both voice and data communication.

## Financial Resources and Stewardship

### Fund-raising and donor relations

UNICEF India raised US\$ 110.8 million for programmes in 2011. The largest contributor to the country programme was the IKEA Foundation followed by DFID.

The overall contribution of IKEA Foundation grew to a total of US\$ 130 million, with a contribution of US\$ 37 million in 2011. A new initiative of US\$ 5.5 million on menstrual hygiene management in Uttar Pradesh is being implemented in partnership with UNDP and Women on Wings. The IKEA Foundation also provided in-kind donation of more than 116,000 solar lamps for eight states.

DFID is a key partner for UNICEF India. The strategic partnership with DFID was extended up to March 2013 with additional funding of £20 million. Sixty per cent of this additional funding will be used to deliver results in health and nutrition, 25 per cent for water and sanitation, and 15 per cent for improving data and monitoring systems. In addition to delivering these results, the continued partnership would also support UNICEF's policy engagement with government counterparts on these issues.

A total of 60 donor reports have been sent, all of them on time. An on-line training module for donor reporting was prepared with support from the United Kingdom National Committee for

UNICEF to provide guidelines for developing good quality reports. An online training was held for all the Field Offices.

Ten field visits for donors were organised which included one for IKEA Foundation, one for IKEA Norway, two for DFID, two for National Committees, one for Bill and Melinda Gates Foundation, one for Japan International Cooperation Agency and two for Private Fundraising and Partnership corporate donors.

UNICEF products were launched in India after a gap of over a decade. This has been done through a licensing partnership with Archies.

In-country contributions saw a 25 per cent growth over 2010. In 2011 the number of individual donors on file crossed the 100,000 mark. New suppliers for tele- and digital-marketing were tested, and work has initiated to test TV and face-to-face fundraising in 2012.

India was one of the two country offices that have held a consultation on Child Rights based Business Principles. These were organised in cooperation with UN Global Compact and Save the Children.

UNICEF also supported a strategy for the Corporate Social Responsibility hub established by the government for the Public Sector Enterprise (PSE). This hub aligns with the new government policy for PSEs. This strategy has been approved and adopted.

## **Management of financial and other assets**

An external audit was conducted in 2011 for the Delhi and Uttar Pradesh offices. The report identified six observations. The office has taken the necessary measures to address the recommendations, all of which were successfully closed in September 2011.

UNICEF India continued to maximise automated and user-friendly reports to monitor key management indicators such as funding utilisation and donor reports. This information is updated frequently and made available to all staff through the UNICEF India Intranet. In addition to the online monitoring and reporting, UNICEF has a well-established mechanism to closely review planned resources and results, travel and funding gaps. Moreover, monitoring and reporting is routinely done both in Delhi, at Country Management Team meetings, as well as at programme network meetings.

During the year, special emphasis has been placed on budget management support from Delhi to the Field Offices. The support meetings were held regularly through WebEx, and this has considerably reduced the number of monitoring travels, saving costs and time.

The fund utilisation is being rigorously and frequently monitored. As of 16 December 2011, the Regular Resource was 100 per cent obligated. Between January and December, 20 Programme Budget Allocations have expired with 100 per cent obligation. For Emergency funding, UNICEF India has achieved 100 per cent expenditure.

Direct Cash Transfer, for which vouchers and invoices from implementing partners are pending receipt or clearance more than 6 months, is 0.8 per cent as of 16 December 2011.

## **Supply management**

UNICEF's procurement is based on a rolling supply plan updated bi-annually, adding flexibility to the office procurement strategies. Supply and Procurement (S&P) Section had

more than 264 valid LTAs for goods and services during the year, covering up to 70 per cent 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. Similarly, central LTAs were kept available to all Field Offices for Direct Ordering.

The S&P section handled procurement of goods and services to the tune of US\$ 60 million with services representing 80 per cent, local goods 15 per cent and offshore via Supply Division (SD) 5 per cent. With the majority of the expenditure being third party Human Resources, the S&P section developed together with the Front Office a guideline in choosing contractual modality for the different consultants hired by UNICEF. The S&P section also developed an UNICEF guideline on inventory and warehouse administration in order to prepare for both IPSAS and VISION.

To support the global strategy of enhanced local procurement of hand pumps, three global Direct Order contracts were extracted from the existing three global LTAs with local hand pump manufacturers and handed over to SD. S&P also supported the procurement of vaccines, equipment and goods required by government to a value of approximately US\$ 5 million, with funds provided by GAVI and state governments. The S&P section has also supported the Emergency Programme in the capacity building of establishing emergency warehouses in India, which they are working on together with the National Disaster Management Authority, Government of Delhi and in partnership with an American logistics firm, UPS.

In 2011, the S&P section established an external supplier registration site on the Internet and made two pan-Indian advertisements for the empanelment of vendors. The outcome formed the foundation for the new vendor database which is available in the new intranet Procurement Portal. This also contains expenditure statistics, Long Term Agreements available at UNICEF India, templates as well as reports and other supportive documentation. The new Procurement Portal will open up for all Field Offices in 2012.

The effort to ensure suitable knowledge and capacity of contemporary procurement throughout, UNICEF continued in August with a four day training exercise in Public Procurement for 23 staff members from both Operations and Programme, plus three participants from Nepal and Bhutan Country Offices. This led to a CIPS grade II certification and considerable capacity development with an increase in the total number of certified UNICEF India staff to 45. S&P has also monitored local procurement through active participation in the operational peer group review visits.

## Human Resources

In 2011, special attention has been given to talent search and recruitment of high calibre staff. Sixty seven fixed-term positions and 20 temporary appointments were filled through a competitive and transparent process. The Human Resource section has ensured gender balance and diversity, through advertisement across the country, headhunting, technical networks and UNICEF talent pools. Despite the challenge to attract qualified candidates, especially women, tremendous efforts were made to attract staff with the right competencies and qualifications. UNICEF India has reached a 50:50 gender balance for national professional, compared to male-female ratio of 54:46 as at December 2010. Noticeable progress was also made in the international professional category, marking 58:42 in 2011, compared to 64:36 in 2010.

UNICEF has designed a rolling Learning Plan 2011-2012 to develop required skills and competencies. This included group learning events, global/regional learning programmes, development assignments, eLearning and self-directed learning initiatives. A total of 425 out

of 479 staff participated in at least one group training activity. Fifty-four out of 62 programmes have been organised on key themes including child rights policies with equity, social protection, strategic C4D, educational reforms, public health, emergency risk management and response, IT skills, public procurement, results-based management, ethics and VISION. One hundred and twenty three staff members have been certified in competency-based interview skills. UNICEF strengthened excellence in leadership and management through a number of programmes. An Executive Coaching Programme initiated by UNICEF India has been extended to participants from four countries in the region. Moreover, 354 staff have been trained through Web/video conferencing in 14 learning events to save costs and ensure wide participation.

Performance management has been strengthened at all levels. Following the roll-out of web-based performance appraisal system for international professionals in 2010, the system was successfully expanded to national staff using the paper-based format. A workshop on “soft skills” was provided to 68 supervisors and staff emphasising regular and honest performance discussions, positive and constructive feedback. UNICEF focused on both completion rate and reinforcing quality of performance appraisals, based on qualitative analysis on consistency between ratings and narrative assessment and subsequent training. The integration of individual development needs within the PAS has also been strengthened.

Staff well-being and security continued to be a priority. A UN stress counsellor supports staff, and a network of 11 peer support volunteers and a buddy system initiated by UNICEF are operational. Work-life balance policy and flexible work arrangements have been supported. The excellent relationship between Management and Staff Association has provided a conducive platform to positively respond to staff welfare and morale issues.

UNICEF has supported UN Care inter-agency programme and has implemented the 10 minimum standards on HIV in the workplace. Main activities included briefings, distribution of IEC materials and promoting free access to male/female condoms. 78 staff members were oriented. On World AIDS Day, UNICEF led the inter-agency awareness activities by organising a street play, puppet show and blood donation bank. UNICEF also participated in the launch of the “Be Stigma Free” campaign of UN Cares.

## Efficiency Gains and Cost Savings

At UNICEF India, multi point video and audio conferences, in tandem with Cisco WebEx, are extensively used to connect staff members located across the country. In addition, UNICEF's Programme Information and Management Office created comprehensive Business Intelligence reports pertaining to Programme Implementation and Management. These reports were communicated to all staff members via the UNICEF India Intranet. This helped the staff members across all levels to manage their functions effectively without investing time in preparing the reports on their own using ProMS or Rover briefing book.

In recruitment, video conference and telephone facilities were used for interviews, resulting in saving time and cost incurred in travel and daily subsistence allowance. Similarly, the facilities were used in 14 learning events.

UNICEF maximises the LTA modality which allows the office to swiftly tap into technical expertise that has gone through rigorous and competitive bidding process. Through the modality, time and resources have been reduced in repetitive Human Resources contracting processes. This has also enabled UNICEF to standardise the delivery of learning programmes, thereby ensuring quality.

The Administration section has also signed airline agreements with major domestic carriers that have resulted in significant discounts to UNICEF.

To maximise the capacities of photocopying equipment, the office reduced the number of photocopiers from 22 to 16 by systematically not replacing any retirements. The office also plans to outsource these services rather than investing in its own equipment. In addition, 27 landline telephone connections were discontinued resulting in further cost reductions.

To ensure that UNICEF is living up to its environmental responsibilities, the Representative launched a "Greening the Office" campaign. The aim is to raise awareness and create initiatives to become more environmentally friendly both in office and at home.

As part of the campaign, a greening committee has been formed to identify and introduce measures that will help reduce the carbon footprint of the office. Efforts were made through paperless meetings, reducing waste and preventing pollution, saving resources in the office, at home and with our partners.

As a result of increased staff awareness coupled with heat proofing of the office's roof, the office saved more than US\$ 7,000 on electricity consumption in six months. Further savings have been achieved by reducing paper consumption. The savings will be invested in sustainable measures to conserve energy.

## Changes in Management Plans

The following significant changes are envisaged in next year's Annual Management Plan

- a) The 2012 Rolling Management Plan will reflect the anticipated operational changes arising from the roll-out of VISION, IPSAS and the new regulatory framework. UNICEF will also introduce a common payment processing centre in Delhi. Work processes in Delhi and state offices will be reviewed and aligned to accommodate the changes.
- b) UNICEF will finalise of the Country Programme Document 2013-2017 and subsequently develop the Country Programme Management Plan 2013-2017 for submission to UNICEF Regional Office for South Asia.
- c) Relocation of Mumbai and Hyderabad offices to ensure MOSS compliant will continue to be a priority for 2012.
- d) The 2012 Rolling Management Plan will also take into account the preparation for the 2012 Internal Audit.

## Innovations and Lessons Learnt

### Use of SMS technology to enhance infant survival in rural India

Dr Gagan Gupta, Health Specialist, UNICEF India - Madhya Pradesh Field Office

#### Abstract

In the state of Madhya Pradesh, UNICEF has provided technical support in introducing a low-cost, SMS-based technology with government funds to ensure follow-up care for infants and newborns. This initiative builds on a set of interventions that have been implemented in the state with UNICEF support, addressing the prevailing infant and neonatal mortality in the state (IMR 67 per 1000 live births based on the Sample Registration System Survey 2009, neonatal mortality accounts for more than two thirds of these deaths).

The Government of Madhya Pradesh, with support from UNICEF successfully launched Special Newborn Care Units (SNCU), which have contributed to reduction in mortality among sick newborns, particularly babies with low birth weight or very low birth weight. Nevertheless there was no proper mechanism for supporting these babies after their return to community and no data was available on their survival. While SNCUs require considerable investments from the government, the lack of data made it challenging to justify continued and new investments in SNCUs amongst competing priorities in the social sector in India.

In 2010, UNICEF supported the tracking of babies who had received treatment in SNCUs during the year 2008. The findings revealed that more than half of deaths that occur take place in the first month after discharge. A need was felt to ensure that the babies receive follow-up care and treatment, particularly during the first month of their lives.

Thus an SMS-based follow-up system was introduced in 2010. It dispatches automated, periodic alerts to family members and government frontline workers so that the babies receive six visits by trained community workers during the first month of his/her life, and make a total of five visits to a facility during the first year. With the introduction of the system, the percentage of babies receiving at least one community follow-up visit increased from essentially none to more than 63 per cent in 2010, and 85 per cent in 2011. Babies who received three visits by community workers increased to 48 per cent in 2010 and 67 per cent in 2011.

Furthermore, the mortality rate at one year of age was reduced from 10 per cent (2008 birth cohort tracked during 2010) to 6 per cent (2010 birth cohort tracked during 2011) among the babies discharged with successful completion of treatment at SNCU. Similarly, the mortality rate for those who left the SNCU against medical advice or without completing treatment reduced considerably from 29 per cent to 17 per cent for the corresponding cohorts.

#### Innovations and Lessons Learnt

UNICEF Madhya Pradesh has supported the state government implement a set of interventions to ensure maternal and child survival around the continuum of care in rural areas (such as strengthening health facilities, providing free referral transport to increase institutional delivery, and SNCUs to ensure survival of newborn).

To maximise the gains from these interventions, the office **introduced a low-cost<sup>1</sup> technology** to ensure that babies receive follow-up services after they are discharged from SNCUs. This also builds onto the high coverage of mobile networks in the country (approximately 90 per cent of the family who utilised the SNCUs had a mobile connection). UNICEF provided technical support

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<sup>1</sup> US\$ 100 for installation of SMS software per district, US\$ 0.02 per child per year for sending SMS reminders. The Government of Madhya Pradesh has budgeted US\$ 150,000 to implement the SMS follow-up system in 34 SNCUs across the state.

while the implementation was **fully funded by the Government of Madhya Pradesh** under the National Rural Health Mission, a government flagship programme.

The SMS system also **reinforces the continuum of care**, by connecting facilities back to the community with all the vital information about newborns who received treatments at SNCUs. This is particularly effective in the communities where community workers have the necessary skills for newborn care.

### Potential Applications

With an increasing global trend in institutional delivery, UNICEF and partners around the world have a great opportunity to connect with mothers and newborns and proactively ensure their survival. For countries and rural areas with mobile network, the SMS-based technology can be an efficient and effective tool that facilitates access to essential services.

### Issue

The state of Madhya Pradesh (population of 72 million) has the worst Infant Mortality Rate in the country (67 per 1000 live births, Sample Registration System Survey 2009), and neonatal mortality accounts for more than two third of these deaths.

The introduction of Special Newborn Care Units (SNCU) in the state has contributed to reduction in mortality among sick newborns, particularly babies with low birth weight or very low birth weight. Nevertheless there was no proper mechanism for following these babies after their return to community and no data was available on their survival. While SNCUs require considerable investments from the government, the lack of data made it challenging to justify continued and new investments in SNCUs amongst competing priorities in the social sector in India. To track survival of the babies and to assess the effectiveness of the SNCU, UNICEF supported the state government in 2010 in tracking the babies who received treatment at SNCUs.

The exercise tracked 2,174 newborns who were treated in two pilot districts during the year 2008. The findings showed that the babies discharged after successful completion of treatment had higher chance of survival (90 per cent) than those discharged against medical advice or without completion of treatment (71 per cent). The tracking also revealed that more than half of deaths take place in the first month after discharge, and mortality is much higher among the babies with birth weight less than 2,000 gm. Also the deaths were much higher in socially excluded population, and in rural area as compared to urban.

This highlighted the need to enhance community-based and facility-based follow up services, especially within one month of discharge from SNCU, to ensure the babies receive necessary care and treatment. This not only contributes to babies' survival, but also their proper growth and development.

The need to establish a good follow-up system was also pertinent in view of the rapid scale-up of SNCUs across the state, treating 25,000 newborns in a year (2010).

### Strategy and Implementation

In the context of the issues described above, the SMS follow-up mechanism was conceptualised. The system captures the records of all patients admitted to SNCU, and, after their discharge, sends automated, periodic alerts to community workers and family members for follow-up care and support. It ensures that the babies receive six visits by trained community workers during the first month of his/her life, and make a total of five visits to a facility during the first year.

The system was introduced in two pilot districts of Guna and Shivpuri (two of the 17 UNICEF focus districts in India, with a combined population of 2.8 million). In each district, a follow-up

clinic was set up with a data entry operator and computer with Internet connectivity. Customised software was developed to capture a wide range of information about the babies.

On admission, the operator records a wide range of information including the mobile numbers of the family members or other caretakers in close contact with the family. At the time of discharge, the nurse counsels the family on the importance of follow-up. Once the operator enters the discharge data of a patient in the system, the dates of follow up are automatically generated and provided to the family as a community-follow up card. The family is also provided with the contact details of IMNCI-trained worker in their village, a list of danger signs and other contact numbers in case of any emergency.

Once the patient is discharged, the system automatically sends an SMS alert to the community worker informing her of the patient returning to the village along with the schedule of follow-ups. On the day of follow-up, a reminder is sent to both the family and responsible community worker. At the end of the day of follow-up, the data entry operator verifies with the family whether the community worker visited and provided services.

The cost of the SMS software was US\$100 per district, which includes one year maintenance. The cost of sending total SMSs is two cents per child per year. The data operator is provided a salary of US\$100 per month.

The entire expenses were covered by government funds through the National Rural Health Mission, one of the Government of India's flagship programmes. UNICEF's support focused on technical assistance, e.g. generating evidence, conceptualising the entire follow-up mechanism, developing the software, identifying essential set of data for tracking, training of data entry operators, and monitoring and evaluation.

### Progress and Results

Nearly 6,000 newborns received treatment at SNCUs in the two pilot districts during the period of 2010 and 2011. The number of SMS delivered by the system was 22,667 in 2010. The number further increased to 43,024 in 2011 with 80 per cent of community health workers having been registered in the system.

Impact of the system has been studied in one of the pilot district (Shivpuri). The findings showed that the percentage of babies receiving at least one community follow-up visit increased<sup>1</sup> to more than 63 per cent in 2010, and subsequently to 85 per cent in 2011. Babies who received three visits by community workers increased<sup>2</sup> to 48 per cent in 2010 and 67 per cent in 2011. Furthermore, the mortality rate at one year of age was reduced from 10 per cent (2008 birth cohort tracked during 2010) to 6 per cent (2010 birth cohort tracked during 2011) among the babies discharged with successful completion of treatment at SNCU. Similarly, the mortality rate among those who left the SNCU against medical advice or without completing treatment, reduced considerably from 29 per cent to 17 per cent for the corresponding cohorts.

These findings indicate that the SMS-based follow-up system has been effective in improving survival.

The system has been mainstreamed under the National Rural Health Mission, the government flagship programme. UNICEF's advocacy with the state government has also resulted in necessary human resources and budgetary provision for state-wide scale up planned through 2012.

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<sup>2</sup> Prior to the introduction of the system, there were no follow-up visits made by the community workers. So the baseline is considered to be zero

Data operators have been sanctioned and are on board in nearly all 34 functional SNCUs in the state. All the units have the software installed and received training. The case record sheets have been designed and developed in line with the software to ensure proper recording of data.

#### Enabling Factors and Challenges:

- Rapid penetration of mobile network in rural India was a favourable factor. 90 per cent of patients/their immediate family members had a mobile phone connection in the two pilot districts.
- Software application and dedicated data entry operator helped in ensuring proper recording of numbers and timely SMS being sent.
- Some clients change the mobile numbers frequently, which required updating of records. Parents were counselled on the need to retain the recorded number during the period of follow-up services.

#### Next Steps

The state government has budgeted US\$150,000 in its 2011/2012 plan to implement the system in all 34 functional SNCUs in the state. UNICEF will continue its support as the key technical partner.

There is a plan to introduce an online system for SNCU monitoring so that the government can oversee the performance of each unit and provide real-time feedbacks to district administration for corrective action. Furthermore, a possibility is being sought in introducing an SMS-based technology for community workers to report the condition of babies.

## **Investigating underlying challenges in learning outcomes: A study on teaching and learning in Rural India**

Urmila Sarkar, Chief of Education, and Ramachandra Rao Begur, Education Specialist

#### Abstract

In India, the landmark Right of Children to Free and Compulsory Education Act (2009) has been in force since April 2010 creating a favourable environment for children. While impressive strides have been made in the country in terms of providing school buildings, classrooms, teachers, textbooks and other facilities along with high rates of enrolment, survey data indicates challenges in quality of education and learning outcomes of children. A need was felt to examine why the high rates of enrolment and other positive progress had not led to improved learning outcomes.

In this context, UNICEF in collaboration with UNESCO and the ASER Centre supported a multi-state study. The findings shed some light into the root causes of the challenges and are expected to guide the corrective course of action as UNICEF supports the Government of India in the implementation of RTE.

#### Innovations and Lessons Learnt

**This is the first multi-state, longitudinal study ever completed in the country which tracks learning outcomes over time** and provides very simple indicators to measure child-friendliness in the classroom which has a significant impact on their learning. It covered 30,000 children studying in Standard II and Standard IV in 900 schools across five states (Andhra Pradesh, Assam, Himachal Pradesh, Jharkhand and Rajasthan). Children were tracked over a period of 15 months in school, classroom and at home, and issues that correlate with their learning were observed. Given the extensive scope, the study has highlighted the multi-dimensional aspects of issues that hinder learning outcomes. Also it has provided evidence-based understanding into the process of learning.

### Potential Application

Developed through an extensive consultation with key education partners, the methodology can be customised and replicated beyond India. The study provides simple measurable indicators on child friendliness such as classroom environment, teacher behaviour, teaching learning materials and student's behaviour/responses. Furthermore, it establishes correlation between child friendly indicators and learning outcomes, aiming to guide quality education with equity. It also provides direction in conducting longitudinal studies, preparation of data collectors and building their capacities along with preparation of child friendly tools and assessment techniques on a large scale which can be useful beyond India.

### Issue

With the passing of Right of the Children to Free and Compulsory Education (RTE) Act 2009, every child in India has the right to quality elementary education, and impressive strides have been made in terms of providing school buildings, classrooms, teachers, textbooks and other facilities along with high rates of enrolment.

Nevertheless, such progress has not translated into quality of education and learning outcomes. The Annual Status of Education Report (ASER) found that student enrolment increased to 96.7 per cent in rural areas in 2011, while it also revealed an alarming trend of a decline in basic reading and arithmetic skills. For example, the proportion of children in Class V who are able to read a Class II text dropped from 53.7 per cent in 2010 to 48.2 per cent in 2011.

While data were indicating the challenges in learning outcomes, there was no concrete evidence that showed underlying causes. Thus a need was felt to examine why children are not learning despite the positive trends and what makes the difference in their learning. Such findings would guide the implementation of RTE and contribute to improved results for children.

### Strategy and Implementation

The study tracked around 30,000 children in five states over a period of 15 months. Within each state three districts were selected on the basis of socioeconomic indicators and geographical location. In each district, 60 government schools with primary sections were sampled and up to 25 students from Standard II and another 25 from Standard IV were then randomly selected from the enrolment registers. Overall, the sample was drawn from 15 districts located across 5 states, and consisted of a total of 900 schools. Children were assessed in school if they were present on the day(s) of the survey. If a sampled child was not present, field investigators located the child in the village and the child was assessed either at home or in the community.

The government at national and state level has been part of the development of the design, and has used the findings to inform their programming and implementation.

### Progress and Results

The study highlighted multi-dimensional issues that are affecting learning outcomes. For example, the findings indicate that usual assumptions about 'age-appropriate grade' and 'grade-appropriate learning levels' do not reflect ground reality. Schools are usually organised around the assumption that children in one grade level are about the same age and most of them have successfully attained the learning level expected in the previous grade / year. The study found that one out of every three children in Standard II is older than expected in the age-appropriate range.

Other key findings included:

- Textbooks have unrealistic expectations about what children can do and should learn during one year.

- Teachers' ability to teach matters. Educational and professional qualifications do not guarantee effective teaching.
- Teachers understand the importance of 'child friendly' practices. Classrooms are not always child-friendly.
- Children who attend regularly have better learning outcomes.

These findings also guide necessary corrective measures such as revision of curriculum and content at primary level, developing a system to track attendance, strengthening capacity development structures such as District Institute of Educational and Training.

The final report and policy brief were launched in October 2011, and widely circulated among key education partners at national and state level such as government, policymakers, civil society organisations, media, UN agencies and other development partners.

Key findings were also shared and discussed at the Parliamentary Standing Committee for Education, as well as with the Secretaries of Education from the states. This will help implement the measures to address the issues arising from the study.

#### Next Steps

The RTE is being implemented across India, and the national and state governments are finalising its 12th Five Year Plan for 2012-2017. The findings and recommendations of the study have been shared with the subgroup on Education for the 12th Five Year Plan. Moreover, the data are being further analysed through equity lens. The findings will inform the policy and design of elementary education, as new provisions are being put into place for teacher recruitment and training, student assessment and tracking, revision of textbook and content across the country.

## Studies, Surveys and Evaluations Completed in 2011

No.	Type	Title	Sector
2009-13	Survey	Hygiene and sanitation baseline in nine IKEA supported districts	C4D
2009-35	Study	Systems and Processes Analysis for Integration of the National AIDS Control Program and National Rural Health Mission	HIV
2009-32	Study	Ideation Study in Dibrugarh, Medak, Vaishali and East Singbhum	C4D
2009-34	Study	KAP Study on Polio and Polio Plus in Re-infected and High Risk States	Polio
2009-38	Study	Social Inclusion: A Barrier Analysis	C4D & SPPME
2009-39	Study	Concurrent Assessment of Red Ribbon Express	HIV
2009-24	Study	Assessment of the Link Workers Program in Selected Districts	HIV
2009-22	Study	Assessment of <i>Jalmani</i> Programme (Stand Alone Water Purification Systems) in Rural India	CE
2010-03	Study	Mapping the Socially Excluded: Beyond Poverty Measurements - Towards Developing a Social Exclusion Index (SEI)	SPPME
2010-04	Study	Assessment of Lalitpur Handpump Maintenance Initiative	CE
2010-05	Study	Assessment on the Use of Bednets in Assam	RCH
2010-06	Study	KAP study on Four Key Behavioural Indicators in Integrated Districts	C4D, SPPME
2010-08	Study	Formative Research on Key Behaviour Indicators in Uttar Pradesh	C4D
2010-10	Study	Assessment of ICTC and PPTCT Centers in Patna	HIV
2010-11	Study	Mapping of Social Protection Initiatives for Children affected by HIV	HIV
2010-12	Study	Study on Deworming Infestation in Bihar	CDN
2010-15	Evaluation	Evaluation of Gender Sensitisation Police Training in Karnataka	CP
2010-20	Study	Study on Corporal Punishment in Jharkhand	A&P
2010-22	Study	Integrated WASH Interventions in Bio-Village, Maharashtra	CEP
2010-24	Study	Assessment of Avian Influenza Communication Intervention in West Bengal	C4D
2010-25	Study	Mapping of Salt Trade in Orissa, Rajasthan, Chhattisgarh and Tamil Nadu	CDN
2010-27	Study	Study on Meena Radio in Uttar Pradesh	C4D
2010-29	Survey	Baseline for Family Level Care Practices and Nutritional Status of Children in West Bengal	CDN
2011-03	Evaluation	Evaluation of UNICEF Strategic Positioning in India	SPPME
2011-09	Evaluation	Evaluation of <i>Awaazdo</i> Campaign	A&P
2011-10	Survey	Survey on Facts for Life Participant Satisfaction	C4D

## Key Publications

1. **The Situation of Children in India: A Profile**  
[www.unicef.org/india/resources\\_7120.htm](http://www.unicef.org/india/resources_7120.htm)
2. **Understanding the Perceptions of UNICEF Partners in India: Findings of a Study**
3. **Inside Primary Schools: Study of Teaching and Learning in Rural India in Andhra Pradesh, Assam, Himachal Pradesh, Jharkhand, and Rajasthan**  
[http://images2.asecentre.org/homepage/tl\\_study\\_print\\_ready\\_version\\_oct\\_7\\_2011.pdf](http://images2.asecentre.org/homepage/tl_study_print_ready_version_oct_7_2011.pdf)
4. **Advocacy Tool on Child Protection** (child marriage, child labour, family based and non-institutional forms of care)
5. **Reviews on Child Health Priorities.** *Indian Pediatrics*. March 2011, Vol. 48 No. 3
6. **Growth Gains and Gaps: Moving the Last Child First to Move India Forward**
7. **Budgeting for Change Series: analysis of public spending on children**
8. **Briefing Paper Series: Innovations, Lessons and Good Practices 1-9**
9. **Progress of Sanitation in India: A national perspective on the JMP for Water Supply and Sanitation 2011**
10. **An Overview of Status and Trends in the Provision of Drinking Water in India**

### Endnotes

1. *Progress on Sanitation and Drinking Water, 2010*. WHO/UNICEF Joint Monitoring Programme for Water and Sanitation.  
[http://www.wssinfo.org/fileadmin/user\\_upload/resources/1278061137-JMP\\_report\\_2010\\_en.pdf](http://www.wssinfo.org/fileadmin/user_upload/resources/1278061137-JMP_report_2010_en.pdf)
2. [http://www.childinfo.org/mortality\\_igme.html](http://www.childinfo.org/mortality_igme.html)
3. <http://censusindia.gov.in/2011-common/AHSurvey.html>
4. [http://www.censusindia.gov.in/vital\\_statistics/SRS\\_Bulletins/Final-MMR%20Bulletin-2007-09\\_070711.pdf](http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/Final-MMR%20Bulletin-2007-09_070711.pdf)
5. [http://censusindia.gov.in/2011-prov-results/census2011\\_PPT\\_paper1.html](http://censusindia.gov.in/2011-prov-results/census2011_PPT_paper1.html)
6. [http://censusindia.gov.in/2011-prov-results/paper2/census2011\\_paper2.html](http://censusindia.gov.in/2011-prov-results/paper2/census2011_paper2.html)
7. Annual Health Survey, Office of the Registrar General and Census Commissioner of India, Govt. of India, Ministry of Home Affairs.
8. <http://www.censusindia.gov.in/2011census/censusinfodashboard/index.html#>
9. National Family Health Survey 3 (2005-2006): WHO reference; Moderate and Severe (below - 2 SD).
10. *Report of the Expert Group to review the Methodology for Estimation of Poverty*, Government of India, Planning Commission, 2009
11. *The Situation of Children in India: A Profile 2011*
12. <http://censusindia.gov.in/2011census/censusinfodashboard/index.html>
13. Governance for children's rights. Integrated District Approach Supported by UNICEF India. UNICEF and Overseas Development Institute (ODI), March 2011
14. Regional Thematic Evaluation of UNICEF Support to Capacity Development in Asia-Pacific, 2007- 2010. UNICEF Asia Pacific Shared Services Centre. Bangkok, November 2011.