



United Nations
Population Fund

UNFPA's
Sixth Programme of Assistance
in INDIA

2003-2007

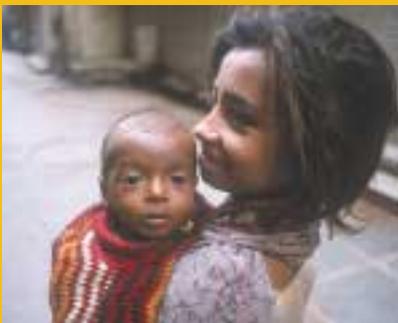


The United Nations Population Fund (UNFPA) is the world's largest international source of funding for population and reproductive health programmes. UNFPA works in 142 countries - at their request - through 112 country offices and nine country technical support teams. Since it began operations in 1969, the Fund has provided nearly US \$6 billion to developing countries, working with Governments and non-governmental organizations (NGOs) to achieve their population and development goals. Increasingly, the focus has shifted from the numbers-based family planning approach to the concept of reproductive health, which is now recognized as a human right, denoting a state of complete physical, mental and social well-being in all matters related to the reproductive system.

UNFPA's programme in India began in 1974 with an allocation of \$46 million. UNFPA has spent \$60 million, administered through its fifth country programme (CP5), reflecting the priorities and agendas of that period (1997-2002).

The Sixth Country Programme (CP6), covering the period 2003-2007, is guided by the Programme of Action adopted by 180 countries at the International Conference on Population and Development (ICPD) held in Cairo in 1994. Among the Programme of Action's main goals is universal access to reproductive health by 2015. In line with this objective, CP6 promotes reproductive health for all age groups as a means of improving the quality of life, establishing gender equity, stabilizing population growth and reducing poverty.

CP6, like the earlier country programmes, is a partnership between UNFPA and the Government of India. The Government's policies – most markedly the National Population Policy 2000, but also the National Health Policy 2002, National Policy for Empowerment of Women 2001, National AIDS Prevention and Control Policy 2000, and National Youth Policy 2003 -- provide the broad framework for UNFPA's programmes in India during this period.



THE ROAD TO

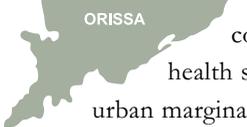


The current country programme builds on past experiences, expanding the scope of operations and partnerships in India. In several ways, CP6 continues the work initiated during CP5. Although CP5 had national-level advocacy activities, three-fourths of the

programme resources were devoted to improving quality and coverage of reproductive health services in rural and urban marginal communities. CP5

adopted a decentralized programme approach through state-level Integrated Population and Development (IPD) projects in six states – Gujarat, Kerala, Madhya

Pradesh, Maharashtra, Orissa and Rajasthan. These projects included a package of reproductive health services and initiatives to give women access to information and a role in programme management.



However, delayed start-ups and a global resource crunch in 2000 slowed down the pace of implementation of CP5. It was therefore decided that CP6 would continue activities in the same districts with a sharper focus on results and stronger mechanisms for creating community demand for quality health services. The programme elements of CP6 are designed to increase access to quality reproductive health services, prepare adolescents for adulthood, highlight concerns of women and advocate a rights-based approach in the health system.

All the activities and interventions will be monitored with a focus on results and processes. This will also demonstrate their potential for replication and upscaling.

The total budget allocation for CP6 is US \$75 million of which 75% is allocated to district programmes and 25% to national level programmes. The budget allocation for NGOs has increased from 10% in CP5 to 15% in CP6.



INCREASE ACCESS TO QUALITY REPRODUCTIVE HEALTH SERVICES

OBJECTIVES AND STRATEGIES



CP6 addresses the issue of limited access to reproductive health services through strategies that also aim at improving the quality of these services. The emphasis is on enabling and empowering women to make informed choices and take independent decisions on vital reproductive health matters. This is done by giving them required knowledge and high quality services. These strategies are:

Increasing the basket of choices for planning the family

CP6 will enable couples to choose when and whether to be pregnant by making a wide range of contraceptive options – and information about them – available. For improving access to services, CP6 will support initiatives to make community-based volunteers function as depot holders for pills and condoms.

The 'Jan Mangal' scheme in Rajasthan demonstrated a cost effective way of promoting contraceptives. Couples were trained to serve as community-based depot holders, selling and distributing pills and condoms. This increased the acceptance of spacing methods and demonstrated a practical approach of promoting contraceptives through volunteers ■■





A project on Averting Maternal Deaths and Disabilities (AMDD) in Rajasthan, in collaboration with Columbia University, has been developed to ensure the availability of emergency obstetric care (EOC) services through promoting service delivery. This has led to an increased acceptance of such services by the community and support from the panchayats for transporting women facing complications. It has also focused media attention on the issue ■

of HIV-infected people in the country reaching 5.1 million. HIV prevention through communication, education, promotion of Voluntary Counseling and Testing (VCT) and community-based distribution of condoms will be the major focus of CP6 interventions. In addition, early diagnosis and treatment of Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) will be promoted to reduce the risk of HIV/AIDS. In selected districts, there will be an emphasis on strengthening community mobilization to encourage men and women to come forward for timely diagnosis and early treatment.

Ensuring safe motherhood through Emergency Obstetric Care (EOC)

CP6 aims to contribute to reducing India's high maternal mortality by ensuring that skilled assistance and health services are available to all women during pregnancy and childbirth. It strengthens community involvement for provision of emergency obstetric services.

Focusing attention on HIV/AIDS

HIV/AIDS has become a major public health and development concern in India, with official estimates





Additional time and attention on gender and RH issues has been added in the integrated skill training programmes for health service providers in project states. A gender component is expected to be included in the revised curriculum ■■

Sensitizing health workers to the needs of women

It has been noted that sometimes even when women have access to reproductive health services, the attitude of the health service providers makes them wary of using services. CP6 recognizes the importance of making workers positive, supportive and sensitive to women's needs and fears. It provides for orienting various levels of workers in the health delivery system to the socio-cultural constraints that women face. It will show how these constraints can impact women's health status and their ability to use services even though they may be available. A change in the attitude of the workers will help to make services more sensitive and responsive to the needs of all clients, especially women.



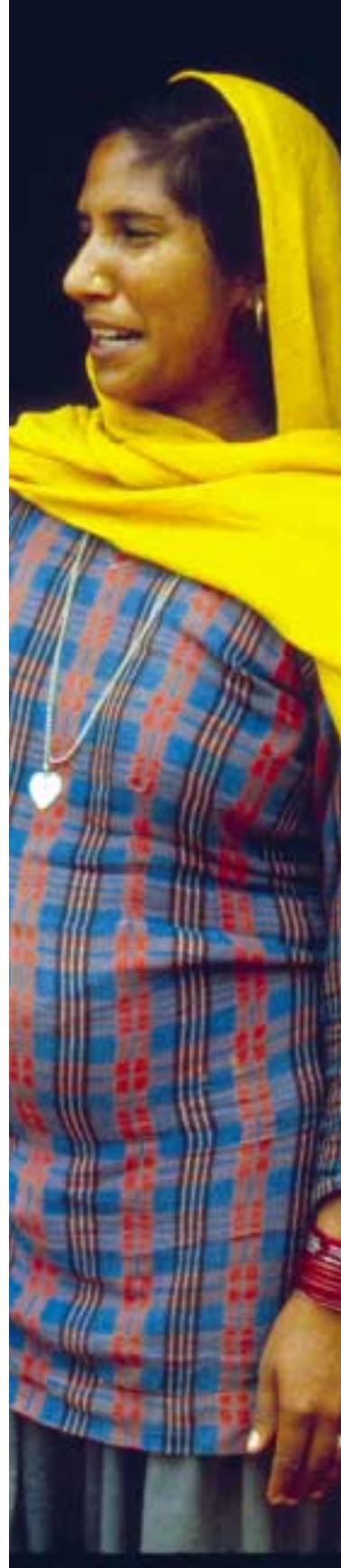


Grassroots level functionaries were trained to form self-help groups and find ways for ensuring safe pregnancy and delivery.

This was an achievement of an Integrated Women's Empowerment and Development project in Haryana ■■

Ensuring provision of quality services and creating a demand for it

Improved access to "quality" health service implies that the service providers are sensitive to the needs of their clients and are equipped to deliver need-based services. CP6 will support the establishment of mechanisms to help service providers monitor quality of services, on a pilot basis in selected districts. The program will also strengthen community dialogue to bridge the gap between service delivery and people's expectations as well as to create a demand for better quality services. Self Help Groups will be helped to incorporate reproductive health concerns in their activities and act as pressure groups for ensuring quality health services.





PREPARE ADOLESCENTS FOR ADULTHOOD



In Orissa, Balika Mandals (girls groups) were set up for building life skills of tribal girls. This was done by the staff of the ICDS programme ■

In India, adolescents, who comprise nearly one-fourth of the population, have been identified as a core group in terms of influencing population stabilization in the country. This highlights the need to help them acquire knowledge, values and skills for making informed choices in life, especially related to their sexual behaviour. Special programmes have been designed in CP6 to meet this objective.

Building life skills for facing future challenges

UNFPA has supported population education for nearly two decades. It now recognizes that adolescents also need skills for healthy living, reducing risky sexual behaviour and accessing health services. The emphasis is, therefore, on using interactive techniques for providing opportunities to adolescents to enhance their life skills, more specifically their thinking, and social and negotiation skills to make informed choices. Capacities of adults working with adolescents and peer educators will be enhanced through use of the life skills approach with a focus on adolescent sexual and reproductive health.





- Council of Board of School Education (COBSE),
- Central Board of Secondary Education (CBSE),
- Kendriya Vidyalaya Sangathan (KVS),
- National Institute of Open Schooling (NIOS),
- Navodaya Vidyalaya Sangathan (NVS),
- National Council of Educational Research and Training (NCERT)

In an effort to address adolescent reproductive health needs in urban slums in Maharashtra, young people have access to telephone counseling (located in the university or hospital) for information on sexuality and reproductive health. Around 66% of the callers have sought information related to such concerns ■■

Integrating adolescent reproductive health in the school curriculum

Realizing that discussions on adolescent reproductive and sexual health (ARSH) with adolescents themselves can be facilitated by including it in the school curriculum, CP6 will support the efforts of the State Boards of School Education, the National Open School and others to integrate elements of ARSH in the curriculum.

Improving access to adolescent- friendly health services

Adolescents have several concerns and misconceptions on matters of reproductive health, which when not resolved, can affect their health and development. These needs can be addressed only through socially accepted services that are readily available and friendly to adolescents. CP6 will support pilot initiatives to reach out to adolescents to address their reproductive health service needs.





HIGHLIGHT GENDER IMBALANCES AND ADVOCATE A RIGHTS- BASED APPROACH



The National Human Rights Commission organized a colloquium on Population Policy Development and Human Rights in January 2003 to promote policy dialogue on women's rights. Participants at the colloquium deliberated on the policies framed by Union and State governments as well as on human rights issues and adopted a Declaration to exclude discriminatory measures from population policies, and to affirm that reproductive rights are essential for women's empowerment ■■

The state of women's health does not depend only on the availability of health services or their access to such services, but also on the status of women in society. CP6 will support efforts to address women's health, especially their reproductive health, and reduce the inequality between men and women. CP6 will also support efforts for promoting and protecting reproductive rights and advocating gender-sensitive reproductive health policies and programmes. Special focus will be on making men and women develop an understanding that women can be equal life partners.

Promoting policy dialogue

Policies and programmes that address inequities between men and women in the access to reproductive health services need to take into consideration the prevailing socio-cultural environment. CP6 will provide support for promoting a dialogue on issues related to equality, rights, quality of care, gender-based violence and men's involvement in sharing reproductive health responsibilities. It will also support the designing of reproductive health programmes on the basis of such dialogue.





Studies were conducted in five States to understand the impact of legislation limiting participation in Panchayat Raj of women with two or fewer children ■■

Addressing gender-based violence as a public health issue

In an effort to position violence against women, which has been described as "a hidden epidemic", as a public health issue, CP6 will develop special programmes to highlight the problem and support ways of addressing it.

A national advocacy strategy on the pre-birth elimination of females (PBEF) was developed under the auspices of the MOHFW. In joint collaboration with the Registrar General and Census Commissioner of India and the Ministry of Health and Family Welfare, a booklet on mapping the adverse child sex ratio in India over the decade from 1991 census to 2001 census was brought out ■■

CP6 will also provide support for facilitating processes that can bring grassroots perspectives into policy discussions and for research for evidence-based advocacy. It is hoped that these initiatives will lead to better understanding of issues related to design, implementation and monitoring of reproductive health programmes and policies.

In Madhya Pradesh, the State Police headquarters have developed a crime surveillance system with UNFPA support. This will help to build a comprehensive reporting system for tracking crimes against women. The data will also facilitate the designing of policy and programme interventions and the equipping of police personnel to deal with crimes against women ■■

Influencing enactment and enforcement of laws affecting reproductive rights

CP6 recognizes that though the Government of India has passed legislation against sex selection, changing the mindsets of people on this subject is an enormous socio-cultural challenge. The programme will support advocacy efforts on this and other issues – such as age at marriage – which impact women's status and their reproductive health and right.





STRENGTHEN MECHANISMS FOR DELIVERY OF SERVICES



Guidelines of the NGO Schemes by the Ministry of Health and Family Welfare have been finalized. This will streamline funding for NGOs across the country ■

Population stabilization and reproductive health are not isolated, sectoral matters - they affect and are affected by several other areas of development. Meeting population and reproductive health goals, therefore, calls for an inter-sectoral approach. CP6 will provide support for strengthening various sectors to help delivery of reproductive health services.

Capacity building of Panchayati Raj Institutions (PRIs)

Local government institutions have a crucial role to play in facilitating and monitoring health programmes. CP6 will support the training of PRI members in reproductive health and gender sensitivity to ensure their effective involvement in programme planning and monitoring.

Facilitating NGO involvement in programme implementation

Recognizing the critical role of NGOs in service delivery and community mobilization, CP6 will support decentralization and networking to build the capacity of NGOs, as well as to bring grassroots views into policy and programme design.





THE PARTNERS

The UN Inter-Agency Working Group (IAWG) on Population and Development, of which UNFPA is the chair, identified adolescents as a priority theme. Draft Life Skills Education modules were developed and published for out-of-school adolescents. They are being field-tested ■

For an integrated approach to reproductive health and to reach specific groups – such as adolescents and women – CP6 requires diverse strategies and entry points. This calls for partnership with several ministries dealing with population issues at various levels.

- ♦ The Ministry of Health and Family Welfare is the primary counterpart for UNFPA. The agency has also established partnerships with the Ministry of Human Resource Development, the Ministry of Rural Development and the Ministry of Youth Affairs and Sports. The office of the Registrar General of India; commissions such as the National Commission on Population (NCP), the National Commission for Women (NCW), the National Human Rights Commission (NHRC), and NGOs will also be partners to achieve the objectives of the programme.
- ♦ For a stronger UN support at the country level, the United Nations Development Assistance Framework (UNDAF) has been formulated with the Government of India. UNDAF has identified two priorities for India - gender and decentralization. Both aspects find strong reflection in the UNFPA programme.



THE PROCESS OF FORMULATING



The process of designing and formulating the Country Programme has been intensive and participatory involving various stakeholders. The Ministry of Health and Family Welfare and UNFPA, following a consultative process in 6 States and 33 districts, jointly developed the programme. The process began after a mid-term review of CP5 in March 2001, which was followed by state and national level consultative meetings to discuss the next country programme. State and district level planning meetings were held from January-August 2002 leading to finalization and approval of the documents. The programme commenced in July 2003.

The Sixth Country Programme is expected to contribute to the national goal of improving the quality of life of the people and achieving population stabilization. Much of the success of CP6 will depend on the support it receives from the country's decision makers and other stakeholders. Advocacy efforts will focus on enhancing the understanding of the linkages between population and development, which lie at the core of CP6.





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