COUNTRY PROGRAMME ACTION PLAN

2008 – 2012

FOR THE PROGRAMME OF COOPERATION

BETWEEN

THE GOVERNMENT OF INDIA

AND

THE UNITED NATIONS POPULATION FUND (UNFPA)

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ABBREVIATIONS

ACC	Apex Coordination Committee
ACPR	Annual Component Progress Report
AHS	Adolescent Health Services
AIDS	Accuired Immune Deficiency Syndrome
AIIMS	All India Institute Of Medica Sciences
APO	Annual Plan Of Operations
ARSH	Adolescent Reproductive And Sexual Health
ASCI	Administrative Staff College Of India
AWPS	Annual Work Plans
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
CBD	Community Based Distribution
CBSE	Central Board Of Secondary Education
CMIS	Common Management Information Service
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CSO	Civil Society Organisation
CSR	Child Sex Ratio
CST	Country Support Team
DAPCU	District Aids Prevention And Control Units
DLHS	District Level Household Survey
DPIP	District Programme Implementation Plan
FACE	Fund Authorization And Certificate Of Expenditures
FC	Female Condoms
FCC	Family Counselling Centre
FOGSI	Federation Of Obstetric And Gynecological Societies Of India
FP	Family Planning
FRU	First Referral Unit
GBV	Gender Based Violence
GCA	Government Coordinating Authority
GOI	Government Of India
HDR	Human Development Report
H&FW	Health And Family Welfare
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IAPSM	Indian Association Of Preventive And Social Medicine
ICPD	International Conference On Population & Development
ICTC	Integrated Counselling And Testing Centre
IEC	Information, Education And Communication
IIPS	International Institute For Population Sciences
IMA	Indian Medical Association
IMEP	Infection Management And Environment Plan
IP	Implementing Partners
IRIA	Indian Radiologist And Imaging Association
IT	Information Technology
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
JRM	Joint Review Missions
JYS	Janani Suraksha Yojana
KVS	Kendriya Vidyalaya Sangathan
LBSNAA	Lal Bahadur Shastri National Academy Of Administration
LOU	Letter Of Understanding
LSE	Life Skills Education
M&E	Monitoring & Evaluation
MAVIM	Mahila Arthik Vikas Mahamandal
MDGS	Millennium Development Goals
MH	Maternal Health
MHRD	Ministry Of Human Resource Development
MIS	Management Information Systems
MMR	Maternal Mortality Ratio
MOD	Ministry Of Defence

MOHFW	Ministry Of Health & Family Welfare
MOHRD	Ministry Of Human Resource Development
MOPR	Ministry Of Panchayati Raj
MORD	Ministry Of Rural Development
MOYAS	Ministry Of Youth Affairs And Sports
NACO	National Aids Control Organisation
NACP	National Aids Control Programme
NCW	National Commission For Women
NFHS	National Family Health Survey
NGO	Non Governmental Organisation
NHRC	National Human Rights Commission
NIHFW	National Institute Of Health & Family Welfare
NIOS	National Institute Of Open Schooling
NRHM	National Rural Health Mission
NSS	National Service Scheme
NVS	Navodaya Vidyalaya Samiti
NYKS	Nehru Yuvak Kendra Sangathan
ORGI	Office Of The Registrar General Of India
PCA	Programme Coordination And Assistance
PCM	Programme Component Manager
PCPNDT	Pre-Conception And Pre-Natal Diagnostic Techniques
PDS	Population And Development Strategy
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PLHA	People Living with AIDS
POA	Programme Of Action
PPTCT	Prevention Of Parent To Child Transmission
PRC	Programme Review Committee
PSU	Public Sector Undertaking
QA	Quality Assurance
RCH	Reproductive And Child Health
RGNIYD	Rajiv Gandhi National Institute Of Youth & Development
RH	Reproductive Health
RRF	Results And Resource Framework
RTI	Reproductive Tract Infections
SACS	State AIDS Control Society
SAI	Supreme Audit Institution
SBA	Skilled Birth Attendants
SC	Scheduled Caste
SHG	Self Help Group
SRB	Sex Ratio At Birth
SRH	Sexual And Reproductive Health
SRS	Sample Registration System
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TA	Technical Assistance
TFR	Total Fertility Rate
TI	Targeted Intervention
TSU	Technical Support Unit
UGC	University Grants Commission
UNDAF	United Nations Development Assistance Framework
UNDMTG	United Nations Disaster Management Theme Group
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UT	Union Territory
VAW	Violence Against Women

THE FRAMEWORK

The Government of India and the United Nations Population Fund are in mutual agreement regarding contents of the Country Programme Action Plan (CPAP) and their responsibilities in the implementation of Country Programme 7.

Further, their mutual agreement and cooperation for the realization of the outcomes within the framework of the Millennium Development Goals (MDGs), XI Five Year Plan goals and National policy goals to which Government of India and United Nations Population Fund are committed;

Building upon the experiences gained and progress made during implementation of the previous country programme (6th Country Programme - 2003-2007);

And entering in a new period of cooperation, the 7th Country Programme (2008-2012),

This CPAP supersedes any previously signed documents between the Government of India and UNFPA and may be modified by mutual consent of both parties on the recommendations of the joint strategy meeting/annual review meetings.

Declare that these responsibilities will be fulfilled in the spirit of friendly cooperation, the Government of India and the United Nations Population Fund ***have agreed as follows***:

FOR THE GOVERNMENT OF INDIA

Signature

ARADHANA JOHRI

Name

Joint Secretary, MOHFW.

Title

FOR THE UNITED NATIONS POPULATION FUND

Signature

23/4/08

NESIM TUMKAYA

Name

UNFPA Representative

Title

PART I BASIS OF RELATIONSHIP

1.1 WHEREAS the Government of India (hereinafter referred to as "the Government") and United Nations Population Fund (hereinafter referred to as UNFPA) signed the first Country Programme in 1974. This CPAP concluded hereunder constitutes the basis upon which Annual Work Plans (AWPs) shall be prepared and signed.

1.2 This CPAP is a five-year framework defining mutual cooperation between the Government and UNFPA covering the period 2008-2012. It is prepared based on the development challenges identified during the UNDAF planning process and are in conformity with UNFPA's Strategic Plan (2008-11). This takes into account, the MDGs, as well as the approach paper to the XI Five Year Plan (2007-2011). The CPAP, prepared in close consultation with the Government and other stakeholders, defines the broad outline of the goals and strategies that the Government and UNFPA jointly subscribe to, within agreed financial parameters.

PART II SITUATIONAL ANALYSIS

2.1 The Government of India is in agreement with the Programme of Action (PoA), International Conference on Population & Development (ICPD) 1994. The policy and programmatic responses over the last 12 years to attain ICPD commitments are in place. There are two prominent characteristics of India's recent development performance: impressive economic growth and challenges in achieving key social indicators, particularly amongst disadvantaged sections of the population. As per the Human Development Report (HDR) 2006, India ranks 126th. This indicates that India has to accelerate pace of interventions to achieve progress especially on social development indicators.

2.2 India is currently on a fast track towards attaining economic growth with an annual growth rate of 10 per cent well within reach. Overall poverty rates are falling at about one percent per year. But unemployment, inequalities between rural and urban areas, regional inequalities such as dynamic southern states and slower progressing northern states, class and gender divide continue to hinder achievement of social development goals. Scheduled Castes / Scheduled Tribes (SCs/STs) are vulnerable and among them women and girls are further disadvantaged.

2.3 Gender disparities persist in India. Skewed child sex ratios in many parts of India are the ultimate expression of under-valuation of women. Persistent and high prevalence of violence against women has underlined the need for state action and a new law has been passed for addressing domestic violence. Literacy levels continue to disadvantage poor women and labour force participation continues to be low in the organized sector. At the level of governance, women panchayat members (a grassroots tier of governance) are making impressive forays in contributing to local development initiatives. A vibrant civil society complements government efforts to address gender disparities.

2.4 Literacy rates have risen dramatically from 18 percent in 1951 to 65 percent in 2001. But there are nearly 300 million illiterates in the country and significant proportion (15%) are young adults aged 15-24 years. Gender gaps in education are narrowing with 73 percent of girls attending primary schools as compared to 86 percent of boys. However, progress is not uniform: inter and intra states disparities persist as do caste and class disparities. Several studies point to poor quality of education, especially in

rural areas. High drop out rates for primary and secondary school education is a major consequence and strategies are needed to reach out-of-school adolescents/youths. Civil society and the private sector are major players along with government in addressing educational reach and quality.

2.5 India is undergoing a demographic transition from high fertility and high mortality to low fertility and low mortality. Population growth in India peaked at 2.4 percent during the 1980's and has since been on the decline. As per the Sample Registration System (SRS) 2004, annual population growth rate is 1.6 percent. Total Fertility Rate (TFR) has declined from 3.61 in 1981 to 2.5 in 2001. India's Population Policy (2000) aims at achieving TFR of 2.1 by 2010. Some states in India have undergone the process of demographic transition and there are other states that still have high fertility rates. States like Kerala, are grappling with the issue of ageing. India is experiencing three important phenomena - feminization of ageing, rural ageing and urban ageing- all requiring urgent attention in terms of development concerns of elderly as they are intimately connected with poverty, health insecurity, marginalization and exclusion from the development processes. Further percentage of women headed house holds is increasing in the country.

2.6 However, with regard to achievement of fertility goals vast regional differences persist. Nine states in India have already reached or are about to reach replacement levels of fertility. Others, especially in the North, may take over a decade to reach replacement levels of fertility. Population projections indicate India's population will exceed 1.3 billion in 2020.

2.7 While population moves towards stabilization, the practice of pre natal sex selection is resulting in a skewed sex ratios at birth, disfavouring of girls. This is emerging as a concern, especially in those states where fertility is declining rapidly.

2.8 India is a country with a young population and has the potential to reap huge demographic dividends, if right policies are applied. Adolescents between 10 -19 years form 23 percent of the population. As India is witnessing a population "bulge" in the working age group, there is also a window of opportunity. There is increasing recognition that the development framework should focus on investing in health and education for overall development of this segment of the population.

2.9 Maternal mortality remains high. Maternal Mortality Ratio (MMR) has been estimated to be 301 in 2003 as per the SRS. Nearly half of the deliveries still take place in the homes, the majority by unskilled attendants. Addressing issues related to access and quality of emergency obstetric care are therefore critical to bring down the MMR. High unmet demand persists for reversible and non-reversible contraceptives As per NFHS-3, total unmet demand for contraceptives is 13.2 (limiting 6.9 and spacing 6.3). Contraceptive method choice is limited in the national programme.

2.10 The various policies of the Government of India with regard to health and empowerment of women acknowledge violence against women in terms of declining sex ratio at birth, discrimination against the girl child, higher mortality of women, domestic violence and vulnerability of the elderly. Various studies conducted show that the GBV is an issue of concern as it has serious human rights, health, economic and development consequences. As per findings of the National Family Health Survey 3, 37.2% ever married women experienced spousal violence. Strategic interventions in terms of strengthening of Institutional mechanisms and measures for promoting and protecting the rights of women and girls and advancing gender equity, are needed.

2.11 High adolescent fertility rate and corresponding maternal mortality, relatively low contraceptive use, young age at marriage for girls, increasing sexually transmitted infections (STIs) and HIV infections amongst adolescents result in adverse reproductive and sexual health outcomes. Programmes focused at life skills education on one hand and provision of quality reproductive and sexual health services for adolescents on the other, need to be addressed.

2.12 India is home to an estimated 2.47 million people infected with HIV. More than 86 percent infections are transmitted through the sexual route. Data sets indicate increasing feminization of the epidemic. The third phase of the National AIDS Control Programme (NACP III) entails major efforts to build capacity to scale up preventive interventions amongst the general and vulnerable population.

PART III PAST COOPERATION AND LESSONS LEARNED

3.1 UNFPA has supported the Government of India through a series of five-year programme cycles starting in 1974. The first and second Country Programmes (1974-79 & 1980-85) primarily focused on provision of family planning services. The third and fourth Country programmes (1986-90 & 1991-96) supported strengthening of service delivery for maternal and child health and family planning, procurement and national production of contraceptives and systems strengthening in Management Information Systems (MIS), training and Information, Education and Communication (IEC). During the 4th country programme, it was agreed to have state presence (in the states of Maharashtra, Rajasthan and Himachal Pradesh) to support programme implementation within the framework of area development projects.

3.2 Post ICPD, the 5th Country Programme implemented during 1997-2003 was based on the ICPD-PoA). GOI launched the first phase of the Reproductive and Child Health (RCH) programme articulating reproductive health approach endorsed in the programme of action. This programme supported decentralized programme management, increasing access to a comprehensive package of quality RH services and a stronger community orientation, including gender mainstreaming, and focusing on reproductive rights.

3.3 The 6th Country Programme (2003-2007) consolidated the gains made in CP 5 and focused on adolescent reproductive and sexual health (ARSH), gender based violence and community orientation in a results based management framework. Considering that the results of the 2001 census were alarming in terms of skewed child sex ratios, interventions were planned to arrest this trend.

3.4 A critical element in the adolescent reproductive and sexual health project, an important component of the Adolescent Education Programme (AEP), has been the introduction of advocacy to build a congenial environment for imparting life skills education. Further, adoption of a broad-based approach building on life skills to equip adolescents to enable them to take right decisions while facing vulnerable situations related to sex and sexuality issues, drugs and substance abuse and dealing with stressful situations has been a major departure in the programme. These are issues which are also integral to UNFPA's mandate.

3.5 During the year 2005 the Government of India requested donors to pool resources for the SWAp based RCH 2 programme. In response to this request UNFPA agreed to pool resources, mid-way during the CP6, along with the World Bank and DFID.

The decision to support the RCH programme was strategic. UNFPA's resources were leveraged to mainstream issues integral to UNFPA's mandate in the larger programme.

Pooled resources in the RCH 2 programme resulted in a major repositioning of UNFPA's support to the Government. The focus shifted from implementation to policy and technical assistance to the states and the center, contributing to their planning and up-scaling of innovations. This has resulted in reorganizing UNFPA support in the states, with emphasis on provision of need based TA, implementation facilitation and strategic planning support. The experience of participation in the SWAp in the last two years has been positive. UNFPA has been engaged in providing technical assistance for interventions such as initiation of quality assurance systems which have a bearing on improving the successful implementation of the RCH Programme of the Government.

3.6 In 2005, the RCH 2 programme was subsumed in the flagship National Rural Health Mission (NRHM). Co-ordination and convergence became key to draw synergies from related ministries (education, youth, panchayats, women, and sanitation) whose activities impact health. NRHM also seeks to strengthen decentralized programme management to accelerate the pace of programme implementation and to be responsive to local needs, especially of poor women and children. UNFPA is expected to contribute to facilitating intersectoral convergence, especially to address gender and equity, rights and capacity for decentralized planning, management and monitoring.

3.7 Four Joint Review Missions led by the GOI and in partnership by development partners and state governments have been organised so far. The Aide memoirs articulate progress being made in terms of establishing institutional mechanisms and development of technical guidelines. However, major challenges need to be addressed such as optimal use of state and district programme management units, monitoring use of services by vulnerable population groups and augmenting procurement systems. Areas of concern for UNFPA are the low programme monitoring and evaluation, little progress on EmOC and anesthesia training and family planning is mainly focused on sterilization with frequent stock-outs of contraceptives.

PART IV PROPOSED PROGRAMME

4.1 National Development Plans through five year plan cycles serve as guidance for development interventions in the country. The approach paper for the XI Five Year Plan (2007-2011) aims to restructure policies to achieve a new vision based on faster, more broad-based and inclusive growth. Further, it aims at achieving a growth rate of approximately 10 per cent by the end of the plan. The approach paper specifically refers to reducing disparities across regions and communities by ensuring access to basic infrastructure as well as health and education services.

4.2 In harmony with the MDGs and contributing directly to the XI Five Year Plan, the 7th Country Programme will, within the framework of UNDAF, focus on co-operation in mutually reinforcing objectives as articulated in the UNDAF document.

4.3 The Country Programme Action Plan (CPAP) has been developed on the basis of a Country Programme Document which was approved by the UNFPA Executive Board. The CPAP is in line with the outcomes as formulated in the UNFPA's Strategic Plan 2008 – 2011. The CPAP was developed in collaboration with the national and state level development partners and discussed in a stakeholders meeting on 10th of October 2007. Comments and observations were further integrated in the final document. In the UN Joint Strategic Meeting which took place in October 2007, all Excom agencies aligned their CPAPs and evaluation framework with the agreed development outcomes. In the following paragraphs, the details of programme areas, programme outputs, and activities are outlined.

4.4 REPRODUCTIVE HEALTH COMPONENT

The RCH 2 programme spells out technical and institutional strategies and defines interventions for reduction in maternal and neonatal mortality and an increase in TFR, through decentralized planning at the state and district level. The programme focuses on quality of care, community participation and rights, and also on convergent action and public private partnerships. The high MMR in certain states of the country remains an important public health problem and the pace of programme delivery needs to be accelerated to achieve the MDG targets of MMR and skilled attendance at birth. Gender mainstreaming of reproductive health programmes has also emerged as an important need. UNFPA support for gender in RH will largely be within the programme areas of addressing GBV as a health issue, promoting male participation in RH matters and addressing GBV, capacity building of programme managers and service providers for gender mainstreaming in RH and community involvement in NRHM through strong participation of women for improved access and quality of services. While interventions for mainstreaming gender in RH are dealt in this section, support to interventions for reversal of declining sex ratios is reflected in the Gender section.

The 7th Country Programme will provide financial, technical and policy support within this framework for achieving the **following outputs:**

4.4.1 Enhanced access and utilization of quality Reproductive Health services by vulnerable communities

Interventions that will be supported for achieving this output largely pertain to the UNFPA contribution to the SWAp; provision of technical support for enhancing planning and effective implementation of interventions supported by NRHM/RCH 2; augmenting technical and management capacities at the National and State level, both within the system and through partnerships with NGOs; addressing issues related to gender, community participation and male involvement, providing creative and quality communication material and supporting conduct of assessments of interventions initiated at the national and state levels. The following paragraphs provide some details of the intended areas of support which are indicative. The details of support and the geographic locations where they would be supported would be specified in the annual plan of operations that would be agreed upon with the MOHFW and other participating Ministries/departments/institutions.

a. UNFPA will continue to pool resources in the SWAp based RCH 2 programme till 2010 and will continue support for the follow-up programme. Through participation in the planning meetings and Joint Review missions, mid term review of the RCH 2 programme, UNFPA at the national level and selected states

will ensure strong focus on issues related to evidence based programming, quality of care, gender issues and community orientation.

b. Joint Review Missions held in the past highlighted the importance of coordinating inputs and monitoring operationalisation of FRUs and 24 hours PHCs, which are major technical strategies to enhance access for skilled attendance at birth and management of obstetric complications. The Maternal Health (MH) Division at the national level currently comprises of 3 technical experts and the Division is mandated to strategize maternal health interventions. Clearly, there is a strong case for augmenting the capacities of the division so as to strengthen planning, monitoring and implementation support. In the 7th Country Programme, UNFPA proposes to strengthen technical human resource capacities of MH division in the areas of public health, obst/gynae and management.

c. RCH coverage and outcome indicators are very poor for the vulnerable communities. While service delivery is intensified, the demand for health care needs to be strengthened at the same time. Community involvement is also one of the five main approaches in NRHM. This will entail greater engagement of community groups in planning and monitoring programmes. The RCH 2 programme also envisages community monitoring within the M&E framework. In 7th Country Programme, UNFPA proposes to partner with community based organisations to facilitate capacity building of village health and sanitation committees to monitor provision of quality services and articulate community perspectives. Additionally, support will be considered to augment capacities of large women's networks such as the Mahila Arthik Vikas Mahamandal (MAVIM) self help group network of Government of Maharashtra. UNFPA will also support pilots to engage wide range of stakeholders that include women from the community to undertake social audit of maternal and neonatal deaths in the rural areas and bring social causes in the mainstream of development discourse. Based on the success of this model the feasibility of using it for undertaking surveillance for other health aspects could also be considered.

d. During JRM, concerns were raised about stagnation in the performance of the FP programme. Some states have registered decline in the contraceptive use during the last two years. Perusal of the state PIPs reflect the need for improved conceptualization of strategies to service contraceptive needs of the communities. Faulty planning results in sub optimal level of service delivery efforts. Intensity of interventions is also lacking. To accelerate the pace of interventions in the national programme, UNFPA proposes to provide TA leading to systemic planning with quality orientation for achieving results in a decentralized programme environment. This will entail analysis of programme performance in the past, unmet need and expected levels of achievements, availability and deployment of skilled providers to provide expanded package of contraceptive choices. There is a strong rationale for institutionalization of these functions in the states hence the programme proposes to build capacities in the FP divisions at the national and select states to routinely collect, analyze and utilize programme data for sound planning leading to improved performance. In Rajasthan support will be provided for strengthening Jan Mangal (CBD programme) programme management, through capacity building of district coordinators and strengthening counseling for male participation.

e. RCH service package presently does not include services for prevention and management of GBV in public health care settings. With the recent enactment of the Domestic Violence Act, there is an urgent need to develop models for engagement of public sector health care providers in addressing GBV. UNFPA will support pilots in few districts of select states (e.g., Maharashtra and Rajasthan) to develop programme models which will include developing screening checklists to identify clients facing GBV, protocols for preserving vital forensic evidences and set up linkages with support systems including counseling centres, and legal support. Learning from these pilots will be used for evidence-based advocacy and scaling up at other sites. Considering that NFHS-3 data signifies the scale of violence against women, there is a need for interventions at the community level. UNFPA will support in collaboration with the Ministry of Women and Child Welfare, Ministry of PRI, other ministries and the corresponding departments in the State, interventions that address this issue. This will include collaborations supported through civil society organizations and research institutes to create a knowledge base on the specific violence issues in different states and community mobilization, community interventions and strategies including capacity building. Knowledge gained through UNFPA efforts in India and the region to strengthen health systems response to GBV, provides useful direction to this initiative. Based on this, UNFPA will support initiatives in this area in Rajasthan and MP. In MP, in collaboration with the State, UNFPA will support the evaluation of the FCC's and its strengthening through capacity building, including its linkages with the health system. In Rajasthan, UNFPA support will involve networking of FCCs through partnerships with Rajasthan State Women's Commission for mounting an effective response to address GBV.

f. The M&E framework for RCH 2 spells out institutionalization of quality assurance interventions in the districts. UNFPA is presently providing TA for pilots in seven districts of six states along with other development partners. The main objective of this intervention is to relate the inputs provided in the NRHM/RCH programme in ensuring delivery of quality services. In this regard interventions will include capacity building of programme managers in the districts to assess service quality using a set of checklists and initiate quality improvement measures on a regular basis. Support will be provided for scaling up models for district based QA in cluster of districts in Rajasthan, Madhya Pradesh and Orissa. Additionally, at the request of the MOHFW, support will be provided to carry out assessments of interventions initiated, at the national level or by any State, which fall within the mandate of UNFPA.

g. The RCH 2 programme has offered substantial flexibility in planning and implementing innovations in programme planning and service delivery, as appropriate to local programme environment and contextual factors. Several such innovations are being implemented in the states. However, the states lack capacities to assess effectiveness of these interventions in achieving stated objectives and to initiate mid course corrections. In the 6th CP, UNFPA has been supporting NIHFW for capacity building of a network of public sector institutions (including few NGOs) to undertake rapid assessments of such interventions. Support will be continued for developing state level capacity for conducting rapid assessments in the states. This will entail orientation of identified research teams from the institutions in developing sound proposals for assessment and funding support for conduct of the assessment. Support will be available on a regular basis

from the state health society. Gender issues will be mainstreamed in the design of assessments as relevant. Also such technically sound assessments will provide useful insights for the programme managers to make mid course corrections by modifying programme design elements.

h. UNFPA will support capacity building of state and district planning teams responsible for development of PIPs (Maharashtra, M.P. Rajasthan and Orissa). Lateral infusion of management expertise at district and state level will be optimally engaged in providing monitoring support. Further support will be provided to build capacities of a range of personnel at state and district levels for effective planning, analysis of programme related data and survey data (NFHS 3 and DLHS 3), its use in decision making and for initiating policy dialogue.

i. Based on State specific needs, pilots for addressing issues related to increasing access and quality, behaviour change communication, exploring alternate modes of service delivery and related issues, will be supported. In this context, studies to understand the cost effectiveness of interventions initiated by the Government in the RCH II programme will be conducted and process improvements will be suggested.

j. Efforts will be made to share the documentation from pilots and studies in currently available mechanisms such as the PROD. Additionally, support for improving current knowledge sharing mechanisms and for evolving new approaches will be provided.

k. Effective BCC interventions are critical to improve care-seeking behaviour, especially targeting vulnerable population groups. In the 7th Country Programme, UNFPA will use professional services for producing prototype communication material amenable for use in different formats in the programmes. Key themes being considered include ARSH, family planning, maternal mortality, male participation and age at marriage. Relevant and appropriate material will be produced based on the needs of the IEC Division of the Ministry.

l. Preparation and appraisal of PIPs, monitoring programme performance and also organise periodic reviews of the RCH 2 programme, both at the national level and in the states will be part of strengthening the national programme management structure. Support will be provided, along with other development partners for organizing review meetings and dissemination workshops on RCH II programmatic issues.

m. UNFPA support to the MOHFW in implementing the Mother NGO scheme (a scheme to engage NGOs in RCH service delivery for under serviced areas) will be continued based on the ongoing assessment of the scheme. Specific nature of support will be determined by the assessment findings and the MOHFW's decision to revamp the scheme.

n. GOI has finalised a strategy for provision of ARSH services within the framework of RCH 2 programme. Many states have included activities for operationalisation of this strategy in their PIPs. UNFPA will continue to provide technical assistance to the states in developing workplans for operationalisation, capacity building and monitoring and evaluation.

o. Considering the keen interest of the government in Partners in Population and Development (PPD), support for enhancing capacities of institutions such as

National Institute of Health and Family Welfare (NIHFW) will be strengthened to share experiences with other countries in the spirit of south-south cooperation.

p. UNFPA support in the area of gender mainstreaming will focus on 4 strategic pillars (i) capacity building of service providers/programme managers in provision of gender sensitive RCH services, (ii) addressing gender based violence as a public health issue, (iii) promoting men and boys participation in RH and address GBV issues (iv) communitisation of NRHM.

With regard to the first component, UNFPA proposes to support capacity building of service providers and programme managers in provision of gender sensitive services through national level support and in the states of Rajasthan, M.P., Orissa and Maharashtra.

While addressing the specific issues of increased male participation in RH UNFPA will increase awareness among population on GBV and its elimination. This includes research through qualitative studies on male behaviour which will provide the evidence base for design of BCC and advocacy interventions, BCC that specifically addresses issues of male participation in RCH and GBV, creating a platform for women to voice issues relating to RH and GBV and address the issue of declining female sex-ratio; action research and pilot projects as demonstration sites for showcasing effect of male participation in RH and VAW for up scaling GBV issues and community action could be some of the possible interventions.

4.4.2 Safe sex behaviour promoted amongst vulnerable population groups

The NACP 3 maintains high thrust on preventive interventions for reversing the HIV/AIDS epidemic. Key strategies include high priority for saturation of high risk groups with comprehensive package of preventive services, and general population with set of prevention interventions such as condom programming, STI services, and "opt out" strategy for testing.

UNFPA's interventions relate to capacity building at the state level for effective implementation of the NACP III programme, support for strengthening community led processes for empowerment of sex workers, facilitating integration of RCH II and NACP III programme interventions, ensuring integration of HIV/AIDS messages in youth programmes and exploring south-south collaboration on sharing NGO and Government experiences in implementing HIV/AIDS activities. The details of these interventions are stated below:

State level SACS in many states have weak implementation capacities especially in steering TIs for high risk behaviour groups. Past experience of setting up programme support units in 8 states hosted in some NGOs or other organisations has been very positive in terms of scaling up number of TIs and also ensuring quality. NACO continues with the development of TSUs in NACP 3 in 15-20 large states and has requested support from the development partners. UNFPA will support capacity of SACS in Rajasthan to effectively implement the HIV/AIDS activities in the State.

a. UNFPA is designated as a lead agency on the HIV and sex work and will strengthen the national capacity through short-term technical interventions in these areas where national knowledge base is insufficient. Special reference will be made to cultural, legal, gender and rehabilitation aspects of sex work. Partnerships with NGOs and Civil Society Organisations (CSO) will be developed at the state level in order to strengthen community led processes for

collectivization of sex workers. Best practices will be scaled up in the states of MP, Rajasthan, Orissa and Maharashtra.

b. Female Condoms (FC) has been recently introduced in the array of preventive interventions in India with major focus on sex workers as target groups. While the government distribution of FC is increasing, UNFPA will strengthen the demand through the development of appropriate communication material with the objective of promoting the use of female condom in the sex work settings. UNFPA proposes continued support to the GOI for the procurement.

c. UNFPA proposes to support convergence between NACP 3 and RCH2 at policy, programme and service delivery level. Support for undertaking pilot service delivery interventions for integrated SRH services for vulnerable communities i.e. sex workers and adolescents will result in generating effective models. Similarly it is proposed to organize technical assistance for translating key themes for the convergence as reflected in the policy document agreed between Health and Family Welfare and NACO in 2005. UNFPA also proposes to support integration of HIV/AIDS prevention strategies in the package of RH services especially increasing access to PPTCT for pregnant women, support for ICTCs , prevention and control of RTIs /STIs, and promoting condoms as a method of dual protection

d. Integration of HIV/AIDS related information in the programmes for youth, both in-school and out-of-school, will be ensured. As India has NGOs that have been successful in implementing HIV/AIDS related interventions and many states in south India have successfully implemented interventions through public systems, inputs for sharing these experiences with other countries, in the spirit of south-south collaboration will be provided.

4.4.3 Empowered adolescents and youth with knowledge and life skills for better reproductive and sexual health (in-school and out-of-school)

UNFPA will continue supporting interventions to reach adolescents through a range of partners. Emphasis will be on increasing access to knowledge and providing opportunities for acquisition of life skills for both in- school adolescents and out -of-school adolescents. Support would continue to the Ministry of Human Resource Development (MHRD) and to the Ministry of Youth Affairs and Sports. Appropriate base-line and end line evaluation studies would be defined to track the progress of indicators related to life skills development. Interventions for adolescents are also expected to generate demand for ARSH services which are to be provided by the health system.

a. The work with the Ministry of Human Resource Development (MHRD) with focus on adolescent health and life skills development, will be continued to complete the trainings of teachers initiated during CP6; focus on smaller geographic areas/ few States where the effort would be to increase the pool of trained teachers in a school to impart life skill education and closely monitor the quality of transactions and initiate revisions in the teacher training curriculum, in selected States. The strategy will be to support curriculum revision, designing co-curricular activities and to initiate trainings at pre-service, induction and in-service stages. UNFPA will partner with Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS), Navodaya Vidyalaya Samiti (NVS) and National Institute of Open Schooling (NIOS) for achieving this output at the national level. Considering the reach of the open schooling system and the

possibility of increased enrolment in these institutions, a revised strategy would be developed to enhance the quality of life skills development.

b. In collaboration with the Ministry of Youth Affairs and Sports (MoYAS), the programme will reach out-of-school adolescents, and will continue support for operationalisation of teen clubs at the village level in 63 districts of 31 states across the country. These teen clubs will have trained peer educators who will be the source of information for adolescents. They will also negotiate reproductive and sexual health services for the adolescents by linking them with service delivery institutions. This will complement the public health system efforts to reach quality services to adolescents. However, the activities conducted by the teen clubs will be thoroughly revamped to focus more on relevant life skills development, knowledge enhancement with regard to adolescent reproductive and sexual health and providing information on relevant careers that young people could pursue.

c. Support will be provided for operationalizing the recommendations of the sub committee on adolescents. Capacity building of national level institutions such as Nehru Yuvak Kendra Sangathan (NYKS) and National Service Scheme (NSS) will be another area of support in order to enable them implement programmes supported not only by UNFPA but also by the Government and other partners. Support will be provided for capacity building programmes for NSS officers. Innovative activities are proposed such as facilitating the Rajiv Gandhi National Institute of Youth & Development (RGNIYD) to design and offer programmes for youth are planned. Support is envisaged for the MoYAS to undertake the conduct of an adolescent survey for reliable data on adolescents, with regard to their attitude, behaviour and perceptions affecting their life.

d. Apart from the support to MoYAS, pilots would be supported to harness the potential of the vast emerging network of IT kiosks/infrastructure in rural areas, to reach relevant information for building life skills among adolescents and youth in rural areas.

e. In Orissa, the Department of Women and Child Development is partnering with UNFPA to implement an adolescent girls capacity building programme. Village based groups of adolescent girls linked to *Anganwadi* centres will be established. The capacity building programme will focus on building the knowledge and skills of these girls on issues related to RH, gender and safe sex behaviour. Based on the lessons learned in the past, UNFPA will consider supporting a programme for training of trainers, who will facilitate formation of Balika Mandals. (groups of adolescents girls).

f. In Rajasthan, post literacy centres are active in villages. These centres provide a platform for neo literates. Support will be provided to build capacities of the organizers of these centres on transacting messages related to RH, HIV/AIDS and gender.

g. Youth Networks are active in several states and offer a platform for youths to articulate their voices and concerns. The strengths of these networks would be harnessed by involving the large numbers of out-of-school youth affiliated to them for undertaking advocacy interventions and peer counseling.

4.4.4 Reproductive health and gender issues mainstreamed in recovery and rehabilitation response for natural disaster and environmental challenges

Major focus of this support will be to strengthen preparedness of partners so as to mount an effective response in the wake of disasters that also includes RH and gender. UNFPA will help the GOI to lay the groundwork, as partner of a joint UN effort, by supporting reproductive health services, more specifically the promotion of safe motherhood especially emergency obstetric care, adolescent reproductive health, and access to family planning and condoms. Interventions will also address GBV, counseling and the transmission of sexually transmitted infections including HIV and AIDS. More specifically UNFPA proposes to provide:

a. Support for capacity development of institutional partners (Disaster management agencies, Red Cross societies and others) in select states for incorporating RH and gender responses in the preparedness plans to be executed in the event of disasters and natural emergencies.

b. Direct support will be made available for mobilizing additional supplies for RH commodities in the event of disasters and emergencies.

4.5 GENDER COMPONENT

UNFPA will focus on Gender mainstreaming in Reproductive Health and addressing sex selection. Support to work on gender mainstreaming and gender-based violence has been highlighted in the section on reproductive health. Gender-responsive budgeting in the states of Rajasthan and Gujarat will be continued. This section provides details of the interventions planned to address the issue of sex selection.

Skewed sex ratio at birth has been a cause of concern for India for some time now. In India, the sex ratio at birth (SRB) calculated as number of boys per 1000 girls, has been rising over the last 20 years, from 106 in 1981 to 113 in 2004 (SRS). In certain parts of the country, especially in districts of Punjab the ratio is as high as 130. Gender component of 7th CP will achieve the following output:

4.5.1 Skewed sex ratio at birth is addressed through advocacy and action

In order to address skewed sex ratio at birth, various interventions are envisaged during CP-7. They are as follows:

a. *Support to strengthening implementation of the PCPNDT Act at national and state levels:* This strategy will focus on working with central and state governments towards strengthening the implementation of the Pre-conception and Pre-natal Diagnostic Techniques Act[1] (governing use of diagnostic technologies), which will entail support for human resources and for capacity building at national and state levels for effective implementation and monitoring of the Act.

   In order to strengthen national capacity for implementation and monitoring of PCPNDT Act, a National Support and Monitoring Cell has been established as part of the PCPNDT division, MOHFW. The cell consists of a team leader, a social scientist and a legal expert (need based). UNFPA will provide human

[1] The PCPNDT Act was passed in 1994 and further amended in 2003. In a nutshell, the Act regulates the use of technology capable of detecting the sex of the child such as the ultrasound. It prohibits the use of technology for the reasons of sex selection, bans advertisement for sex selection, makes mandatory registration of facilities using ultrasound and similar techniques and maintenance of records of such procedures offered to pregnant women.

resource inputs for the cell. Human resource requirements for establishing such cells at the state level will be supported in selected states considering the need, the state governments capacity for optimal utilization of the cell and sustainability. UNFPA proposes to undertake policy advocacy and technical support through the Central Supervisory Board and facilitate committees set up by the GOI.

Appropriate Authorities are mandated to implement the Act. However need for capacity building of the Act implementers has been articulated at several fora. UNFPA will provide technical assistance for capacity building of Appropriate Authorities and District Magistrates based on requests from national and state governments. Orientation of Judiciary on sex selection and PCPNDT Act for better understanding of the problem and its consequences and need for speedy dispensation of justice, would be another priority area. Hence, judicial colloquia at state and zonal levels will be supported including capacity building of lawyers and legal networks on a select basis. Orientation of lower judiciary and public prosecutors will be undertaken through state judicial academies. Efforts of National Commissions like National Human Rights Commission (Case law documentation) and National Commission for Women would be supported for complementary and convergent action to address the issue.

Since the implementation of PCPNDT Act would be through structures and bodies at the state/ UT and district levels through state governments, the Programme will support state governments for setting up of state resource groups, implementation of state action plans and for testing approaches through pilots/ projects.

In order to facilitate monitoring of the implementation of PCPNDT Act at the state and district levels, UNFPA will support MOHFW in developing a management information system. A web-based reporting system for effective and timely reporting on violations of PCPNDT Act would also be supported.

b. *Sex Selection (prevention) issues integrated into ongoing programmes/ activities of various ministries and agencies:* Mainstreaming a concerted response to address sex selection in the work of other ministries and government departments (for eg. MOYAS, MOPR, MORD, MHRD, Ministry of Defence and other relevant ministries and agencies) is central to addressing the issue and its many nuances. This would entail identifying opportunities that enable key ministries/departments to integrate strategies to address this issue in their ongoing programmes/schemes for a more synergistic response in tackling the problem.[2]

c. *Advocacy initiatives supported to create a conducive environment against sex selection and enhancing value of girl child.*

It is envisaged to *work with the medical community* so as to build peer pressure on doctors and other members of the medical community that violate this law. This will include partnering with professional medical associations such as Indian Medical Association (IMA), Indian Association of Preventive and Social Medicine (IAPSM), Federation of Obstetric and Gynecological Societies of India (FOGSI), Indian Radiology and Imaging Association (IRIA) and other related

[2] These opportunities would include working with youth groups, armed forces' schools and training institutions, involve sensitization of panchayati Raj representatives, work with self-help groups etc. who are interacting with the larger community that engages in the practice of sex selection. These initiatives would be aimed at both strengthening Act implementation as well as bringing about a mindset change.

professional groups. Environment building initiatives and facilitating self-regulation and monitoring from within the medical associations and medical councils through communication campaigns will be key activities. A key strategy will be partnering with IMA, national and state branches to operationalise IMA resolution against sex selection. Support will be provided to organize capacity building workshops and to develop state/district specific action plans to bring in moral pressure on the members of the medical community to stop sex selection and promote ethical practices in keeping with the law. Another set of initiatives under this strategy will be partnership with medical and nursing college students and the faculty to sensitize medical students on the issue and enabling them to take a stance against sex selection in their professional and personal lives.

Popular culture will be used as a vehicle to reach out to the youth and to provide a wider visibility and public awareness on the issue. Production and dissemination of music videos by popular singers, celebrity endorsements, effective advocacy through UNFPA Goodwill Ambassador/s and reaching out to and through Bollywood are some of the activities envisaged.

Interventions will be undertaken to enhance coverage on the issue and to project *positive image of girls in the media*, through orientation workshops for media personnel and enabling media editorials. Partnerships with media houses will be developed for collaborative efforts to address the issue such as seeking discounted print space in matrimonial sites to promote relevant messages. It is also planned to recognize media efforts towards gender sensitive reporting through national awards. Partnerships with media houses to take up social responsibility initiatives on sex selection and related issues will also be explored. Support to schools of journalism and media courses in order to improve the skills of media students and budding journalists in development-communication would also be explored.

UNFPA will facilitate availability of a set of *creatives and artworks* on the issue by encouraging creative excellence through specific creative agencies, national competitions and campaigns. These creatives / artworks will be made available for wider audience and multiple stakeholders through the web, to use them in their advocacy, communication and CSR efforts.

UNFPA will facilitate adoption of sex selection as one of the social responsibility issues to be addressed by *PSUs, corporates and government entities* on sex selection and related issues. This intervention would also entail encouraging these entities to effectively utilize the creative / artworks developed by UNFPA to effectively communicate on the issue.

UNFPA will continue to reach out to youth and other sections of community through *faith based organizations* in order to stimulate mindset change.

d. *Strengthened capacity of NGOs, civil society and academic institutions to address the issue:* UNFPA will build the capacities of NGOs and civil society networks to take up advocacy and action at community level on the issue. The focus of UNFPA strategy will be to develop a common vision and collective action on the issue by supporting a perspective building process. Towards this end, state resource groups, civil society organizations will be supported for facilitation of national level coordination mechanisms, building on emerging opportunities and to pilot approaches, in order to build knowledge and capacities on involving

community groups in changing mindsets influencing the practice and in the larger context of ensuring gender equality.

e. *Support to strengthened evidence base on the issue through research initiatives in identified areas:* CP-7 will support research initiatives and pilots in order to strengthen evidence base for programming on sex selection. Research initiatives will aim at analyzing the trends in sex ratio at birth and the triggers, including causal factors and consequences of sex selection. Sex selection is also emerging as a problem in many countries of the Asia region. Facilitating exchange of experiences and pooling research capacities of this region will help to improve design and implementation of interventions.

4.6 POPULATION AND DEVELOPMENT COMPONENT

India is going through a demographic transition and the age structure of the population is changing due to declining fertility and mortality levels. Because of this and the population momentum, the proportion of youth has reached its highest level ever. The challenge therefore is to ensure that the potential of this "youth bulge" will be "ready and able" when they enter job market, seize opportunities to escape poverty, that they are healthy and educated, that they will be responsible parents when they start reproducing, and that they do not end up as unemployed.

The percentage of older population is increasing due to increasing life expectancy and also due to declining fertility, which limits the number and proportion of children in the population. Analysis of changes in age-structure of the Indian population indicates that India is currently going through the "demographic bonus" but in different measure in the states. The overall challenge that arises from this is how India can reap maximum benefit from this situation. Its phenomenal economic growth can to some extent be attributed to it, and can become an engine to fuel sustainable development, by channelizing substantial investments into the social sectors. However, equitable distribution of this development (across states as well as across castes) is a specific challenge. Further, the growing economy is not the only factor that drives (internal) migration but is also driven by unequal distribution of (economic) growth. The Country Programme therefore, would address these intricacies by making available data on emerging issues, undertake specific research and policy-level studies and build capacities of stakeholders, to address issues related to population and development.

4.6.1 Social development planning supported in the context of emerging demographic transition perspectives.

To enable this, following strategic interventions will be pursued:

a. *Enhance Capacity building of Programme Managers in use of social and gender disaggregated data for planning, monitoring and policy dialogue*

An integrated system for monitoring development programmes will be established in five selected districts where UNFPA has state presence. Currently, the districts have a database for each of the national and state development programmes. Since the objective is to enhance the capacity of programme managers for better use of data in planning, monitoring and policy advocacy and have a broader perspective of population and development, only critical monitoring indicators that are reported to higher levels would be tracked on a routine basis. Decision on the number of indicators to be tracked, periodicity of tracking, defining the

indicators, and interpreting results would be pursued after consultations with the respective programme managers. Existing databases will be utilized for the purpose and efforts will be made to improve the quality of data. The District Collector who is the Chairperson of all development programmes, and Chief Development Officer along with respective programme heads will be oriented in use of information. Wherever feasible this intervention will be coordinated with similar efforts to be pursued by other UN agencies for strengthening capacities for effective monitoring of select poverty schemes and programmes. In the process of undertaking this exercise, an effort to streamline the civil registration system will be considered.

b. Capacity of administrators strengthened on population and developing linkages

The country needs a large pool of administrators/senior officers who can understand the population and development linkages in the context of present and future scenarios. Administrators from government departments undergo management training at different points in time of their career and short-term training programmes are offered at various national-level institutions. Considering that these administrators play a vital role, UNFPA will identify and strengthen select institutions to provide in-service short-term training to administrators thereby enabling them to guide and monitor development programmes in an integrated manner. Work initiated in the earlier Programme on developing the strategy for short-term trainings will be continued.

c. Enable availability of data on emerging issues through large-scale surveys for evidence based planning, decision making and programme performance assessment

CP7 will provide support to large scale national-level surveys of the Government such as NFHS, DLHS, and Annual Health Survey for collection, analysis and disseminating data on emerging issues of concern. Technical support will be provided in pre-survey design formulation, development of tools, and finalization of analysis plan with a focus on gender and social equity issues.

d. Research studies made available on Emerging Areas

Research would be an integral part of CP7. The changing demographic scenario and differentials within the country provides scope for undertaking further research either using existing secondary data or by conducting research studies. UNFPA would identify and undertake research around areas such as ageing, female headed households, adolescents, urbanization and migration, abortion, maternal mortality, sex-selection and other emerging areas. An indicative list of research studies includes the following:

- NFHS-III data will be available soon. Further analysis of data around UNFPA's programme areas of reproductive health, family planning, sex ratio at birth, women's empowerment would be undertaken
- Study of elderly with Department of Geriatrics, AIIMS
- Study of elderly with a focus on their needs specifically of single and widowed women, their medical needs, shelter and related issues
- Status of rural migrants specifically women and children in large cities of India on issues such as adequacy of living space, inheritance of property, safety and violence against women.

- Social and economic implications of unemployment among youth in rural India
- Social, economic and demographic differentials of female-headed households in comparison to male-headed households
- Impact of JSY in maternal mortality reduction

e. Information on Policy Issues Available on Ageing, Urbanization and Migration, Abortion, Maternal Mortality and Sex-Selection.

It is important to have evidence-based information on policy issues for initiating a policy dialogue and advocating it at the higher level. UNFPA will support elements of the CP7 programme and would focus on the above research areas and others that have policy implications. Research and policy briefs would be prepared and shared and policy concerns and issues of relevance will be taken up for advocacy activities with relevant stakeholders. In other words, a platform for sharing and linking research with policy issues would be created.

f. Capacity of Office of the Registrar General of India (ORGI) strengthened for conduct of 2011 Census

The Office of the Registrar General of India has already started working on the preparatory activities of Census 2011. Technology options for data capture is being explored and house listing and mapping activities are expected to start in the near future. UNFPA conducted a study on implementation status of Population and Housing Census wherein India and several other countries were covered. The India study as expressed by ORGI staff members revealed that strengthening of pre-census mapping, data analysis and processing capabilities of staff members, helping in choosing IT technology for faster data capture, finalization of the data collection tools, analysis and dissemination plan would be necessary. UNFPA will develop a detailed work-plan with ORGI on the above aspects and in addition, provide inputs on engendering census 2011 and necessary media support will be provided specifically to capture more details of female headed households, women's work and employment.

g. Human Resource Development for creating a pool of PDS professionals

The country needs a large pool of trained population, gender and development specialists to collect, analyze, interpret and disseminate socio-economic and demographic data, and to guide and monitor current and emerging population and development issues (population momentum, skewed distribution of population, rapid urbanization and migration, ageing, environmental degradation, gender gaps, female headed households, feminization of poverty and others). This output aims at building the capacity of experts in research and analysis of data on emerging population and development issues, so that gender and development trends can be integrated into population and development planning at all levels, including sectoral planning.

Other important areas that require attention are business demography and qualitative research methods. The existing graduate level population studies in Institutes/Universities are strongly focused on demographic techniques. Options of including such courses in the curriculum could be explored and faculty capacity could also be developed. UNFPA would selectively work with institutions that are interested in pursuing these courses. It will adopt a multi-pronged approach for operationalizing this intervention:

(i) Support participation of professionals in national and international workshops, trainings, seminars, and familiarization visits within and outside the country. This would enable GOI/NGO officials to respond to management of Reproductive Health, Population and Development programmes;

(ii) Review the adequacy of the existing graduate level syllabi/curricula in terms of its potential to prepare students to address the emerging population and development issues of the 21st century; and work with interested institutions to integrate teaching on the above issues

h. South-South Cooperation mechanisms established to support knowledge transfer for understanding population and development issues

The Country Office will identify institutions of excellence and provide support to develop long-term and sustainable capacity on emerging issues in population and development. Institutional networks in the region for exchange of knowledge, expertise and material in areas of common interest will be established with the support of CST office. Workshops/Seminar to facilitate exchange of experiences will be facilitated.

4.7 PROGRAMME COORDINATION AND ASSISTANCE (PCA)

The PCA is a sub-component of the PDS programme with a budget of US $ 1 million for the CP7 period. The PCA funds would be utilized to facilitate the development, monitoring and evaluation of the Country Programme, inter-agency activities related to Resident Coordinator System, formulation of UNDAF, advocacy activities, workshops, meetings and research activities and selective emergency interventions.

PART V PARTNERSHIP STRATEGY

5.1 Effective partnership strategies are critical to deliver programme outputs and contribute to achievement of programme goals. These partnerships could be in the form of joint programmes and provision of technical assistance. Partnership strategies will attempt to link the country programme resources in synchronization with UNDAF.

UNFPA India will work in close partnership with Government at the national and sub-national levels, UN Country Team, CSOs, academic and research institutions and international development partners in support of the country's population and reproductive health policies, strategies and programme activities to contribute to the UNDAF outcomes and the MDGs. The partnership strategy for achieving CPAP results will be based on the following:

- Mutual exchange of knowledge and expertise through policy relevant experiences from other countries, documentation and dissemination of best practices and in management capacity development in planning, monitoring and evaluation in population and reproductive health programmes;
- In line with UN Reforms, work with other members of the UN Country Team, and through UN Thematic Working Groups and in the harmonization and simplification process, in coordination with other development partners;
- Work in partnership with the Government in South-South cooperation in population, reproductive health and HIV prevention areas;

- Emphasis needs to be given to position the role of UNFPA as a facilitator that links innovation of development work in RH issues and population development with related agencies. Moreover, UNFPA will engage in policy dialogue in the new aid environment such as policy analysis and advocacy, strategic planning, and emerging population concerns.

5.2 As guided by national consultations and UNDAF, the Government and UNFPA wish to pursue an active partnership strategy of working closely with UN agencies, particularly Ex-Com agencies, bi-lateral agencies, Government departments at national and in few selected states, parastatal organizations, commissions (such as NHRC, NCW, State Commissions) and missions (e.g., JNNURM). An indicative list of ministries, in addition to Health and Family Welfare, which is the nodal Ministry, includes Women and Child Development, Human Resource Development, Youth affairs and Sports, Panchayati Raj and Rural Development. Support for population and development strategies will include engagement with ministries such as Social Justice and Empowerment, Labour and Urban development and RGI. UNFPA intends to continue its presence in the states of Maharashtra, Madhya Pradesh, Rajasthan and Orissa. However, this engagement would be based on specific needs of these states. On the request of Government of India, UNFPA will support the State of Bihar in place of Gujarat. Considerable progress need to be made by Bihar to improve on the RH and development indicators whereas the comparable indicators for Gujarat are better. However for Gujarat, UNFPA will continue its engagement to provide inputs to address issues related to sex selection, ARSH, and other interventions, as desired by the Government of Gujarat. This assistance will be coordinated by the UNFPA Office in New Delhi. Efforts will be made to synergise UNFPA's strategies and inputs with other UN agencies supporting Bihar, which is also a UNDAF focus State. UNFPA will also programme resources for addressing skewed sex ratios in some of the "red" states (Punjab, Haryana, Union Territory of Chandigarh, Himachal Pradesh, Delhi and others).

5.3 International NGOs, National NGOs, advocacy networks, academic institutions and professional associations will be engaged as implementation partners after due assessment.

5.4 Within United Nations systems, partnerships will be pursued within UNDAF theme groups on Maternal and Child Health, HIV/AIDS and Gender. Similar linkages with United Nations Disaster Management Theme Group (UNDMTG) will be utilised for developing response to disaster and environmental emergencies with special reference to reproductive health and gender issues. The programme will work with other UN system projects and initiatives such as Solutions Exchange.

5.5 Partnerships will be established through an annual work plan and a letter of understanding. Monitoring mechanisms will be reflected appropriately.

PART VI PROGRAMME MANAGEMENT

6.1 The Government and the UNFPA will be jointly responsible for effective management and delivery of results of the CPAP. MOHFW will assume the role of the Government Coordinating Authority (GCA) and will have the overall responsibility of implementing the Country Programme.

6.2 The Programme Component Manager (PCM) will be responsible for coordinating and synergizing the interventions related to the component. The interventions related to

the component could either be implemented by the Government or by UNFPA. For the Reproductive Health component pertaining to the contributions to SWAp, sex selection, technical assistance at State and National levels, MOHFW will be the PCM. For interventions related to in-school adolescents, Ministry of Human Resource Development (MHRD) will be the PCM. The Programme Component Manager for out-of-school will be the Ministry of Youth Affairs and Sports (MYAS). For HIV/AIDS interventions the National Aids Control Organisation will be the PCM. For interventions related to population and development Office of the Registrar General of India will be the PCM.

6.3 Agreements/Letter of Understanding between MOHFW, State Departments of Health and Family Welfare and UNFPA will be drawn for the interventions to be supported in the respective States. The Departments of Health and Family Welfare in the 5 States will act as the PCM for the interventions to be supported within these States.

6.4 The PCM will be responsible for coordinating the annual work plans of the Implementing Partners (IP) working towards the realisation of outputs under a programme component. If the PCM receives funds or channelises funds to implementing Partners, it will also have the responsibility of monitoring the utilization of funds by the IPs. The coordinating role of the PCM include responsibilities such as preparing the Annual Component Progress Report (ACPR) and organising component level meetings with Implementing Partners in the context of UNFPA annual review. In addition, the PCM is expected to facilitate information-sharing of lessons learned and effective practices among implementing partners and to discuss and address any constraints encountered in the implementation of the AWPs under the component.

6.5 Selection of Implementing Partners (IP) is based on criteria related to their management systems including financial management; institutional and technical capacities; past experience in implementing related activities including experiences from previous country programmes; and comparative advantage and potential to contribute to the country programme outcomes and outputs.

6.6 Implementing Partners will assume responsibility for implementing programme activities by signing an AWP and a Letter of Understanding (LoU) with UNFPA, as long as they are in accordance with the CPAP. IPs are responsible for contributing to programme outputs and outcomes by implementing activities as in accordance with their AWPs. Furthermore, they will participate in and facilitate monitoring and evaluation by undertaking regular field-monitoring visits, prepare AWP monitoring tool assisted by the M&E team, contribute to the Annual Progress Report, and participate in monitoring and evaluation meetings and events. Each IP is responsible to establish and operate arrangements for financial management and accountability, including preparing request for advances and expenditure reports. All IPs are expected to cooperate and collaborate with other IPs working toward the achievement of the programme component and with the PCM.

6.7 The Programme will be executed under the overall coordination of Ministry of Health and Family Welfare. An Apex Coordination Committee (ACC) will be established under the Chairpersonship of Secretary (H&FW). Members of the ACC will comprise nominees from other participating Ministries/Departments and State Governments at a level not lower than a Joint Secretary and UNFPA. The Joint Secretary in-charge of UNFPA matters will be responsible for convening the meetings of the ACC.

6.8 An annual meeting will be held by the Apex Coordination Committee organized by the Ministry of Health and Family Welfare (the nodal agency for CP7) at the level of Secretary (H & FW) preferably in the month of December for the ensuring year. The objective of this meeting will be to approve the Annual Plan of Operations (APO) and budgets for the interventions to be pursued under different components of the Country Programme as also the progress made in the previous year. It is expected that the Programme Component Managers would have completed the review of interventions and prepared the ACPR as detailed in 6.4 above.

6.9 Annual Work Plan (AWP) will be prepared based on the agreements at the APC chaired by Secretary (H&FW). The semi-annual progress on AWPs plans will be reviewed in June/July each year by the Joint Secretary in charge of UNFPA matters in MOHFW who will head the Programme Review Committee (PRC). The members of the PRC will include nominees from the participating Ministries/Departments and State Governments at a level not lower than a Director. The PRC will have the authority to revise the activities up to an extent of 20% of approved budgets.

6.10 Within the approved set of areas of intervention at the Annual Meeting of the Apex Coordination Committee (ACC) chaired by the Secretary (H&FW), AWPs will be developed with IPs and agreed by UNFPA. For those interventions areas that may be defined later during the year and which do not fall within the agreements at the Annual Review Meeting and costing more than US$ 200,000, written concurrence of GCA/MOHFW will be sought.

6.11 The UNFPA country office in India consists of a Representative, who is also the Country Director of the UNFPA Office in Bhutan, Deputy Representative, two Assistant Representatives, an Operations Manager, one National Programme Associate, one Admin/Finance Associate and support staff who are supported from UNFPA's core resources from headquarters.

6.12 UNFPA-India office will have state offices in the states of Madhya Pradesh, Rajasthan, Orissa, and Maharashtra. Each state office will be supported by State Representative, State Programme Officer, Admin/Finance Associate and Support Staff. For the State of Bihar, the composition of the UNFPA Office would be decided based on the support to be provided and also after holding discussions with other UN agencies that are currently working or propose to work in the State.

6.13 UNFPA office in New Delhi will also be supported by a Programme management Unit. Programme Management Unit will consist of 10 Programme Officers in the field of RH, HIV, ARSH, Gender, Advocacy, PDS and South-South collaboration. This unit will also be supported by four Admin/Finance/Programme associates and few support staff.

6.14 Due to the expected stronger policy advocacy and technical support role and required actions to facilitate convergence, gender mainstreaming and advocacy, UNFPA will maintain a multi disciplinary team at the national level and in 5 states. Resources for this have been earmarked within the country programme resources as detailed in Annex 1.

6.15 All cash transfers to an Implementing Partner are based on the Annual Work

Plans agreed between the Implementing Partner and UNFPA.

Cash transfers for activities detailed in AWPs can be made by UNFPA using the following modalities:

1. Cash transferred directly to the Implementing Partner:
   a. Prior to the start of activities (direct cash transfer), or
   b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be re-programmed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

6.16 Audit will be an integral part of this programme. To ensure sound financial and administrative management and fund-wide policy, a panel of auditors will be constituted for this purpose. Audit observations/ findings will be used together with monitoring, evaluation and other reports to continuously improve quality of activities and management.

6.17 Resource mobilization efforts will be intensified to support the Results and Resource Framework (RRF) and ensure sustainability of programme (ref Annex 2).

PART VII MONITORING AND EVALUATION

7.1 The CPAP has two main instruments to guide M&E of the programme. "The CPAP Planning and Tracking Tool" will be used to ascertain the progress of programme outputs and assess their contribution to programme outcomes. The indicators and targets established at the beginning of the programme will be reviewed and updated annually. "The CPAP Monitoring and Evaluation Calendar" will provide an overview of M&E activities to be undertaken during the course of the programme cycle. It will facilitate collaboration and coordination of M&E activities among programme stakeholders. The calendar will be reviewed and updated annually.

7.2 The Government and UNFPA will be responsible for ensuring continuous monitoring and evaluation of the CPAP for efficient utilization of programme resources as well as accountability, transparency and integrity. The implementing partners will provide periodic reports on the progress, achievements and results of their projects, outlining the challenges faced in project implementation and resource utilization as articulated in the AWP.

7.3 Financial reporting will be on a quarterly basis and harmonized with UN agencies to the extent possible. There will be an annual programme review exercise, closely aligned and synchronized with the UNDAF review process, feeding into the joint strategy meetings. The exercise will also revisit the CPAP's RRF and prepare for the following year's AWPs.

7.4 In a major step forward in the application of results-based management, outcome indicators have been agreed to with the Government and other key stakeholders. Results-based management will be systematically integrated across all UNFPA-supported AWPs. Additionally, comprehensive participatory approaches that are qualitative in nature for monitoring and evaluation will be developed and applied in partnership with project implementers and beneficiaries to ensure that basic programme and project monitoring systems are in place and aligned with the results framework.

7.5 Revisions may be made to AWPs with the signature of the UNFPA Representative - only those case of revisions which do not involve significant changes in the immediate objectives, activities and outputs of the project, but are caused by the rearrangement of inputs already agreed to or by cost increases due to inflation and provided the Representative is demonstrably assured that the other signatories of the project have no objection to the proposed changes. Periodic reporting will be carried out by the implementing agencies to ensure that Government and UNFPA oversight of the programme and its components is consistent with the overall mission and vision of the UN's support to the Government of India.

7.6 UNFPA will participate in the quarterly and bi annual review of RCH 2/NRHM programme through Joint Review Mechanism along with other development partners. Thematic reviews will also be supported. UNFPA will set out specific modalities of the review along with other ministries on a periodic basis. Similar joint review mechanisms are also envisaged for the NACP as it is also being designed on the principles of 'three ones'.

7.7 Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

(i) Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,

(ii) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,

(iii) Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where so desired: and in consultation with the [coordinating Ministry]) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing partners and the UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

The Supreme Audit Institution may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing

Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

PART VIII COMMITMENTS OF UNFPA

8.1 Regular resource allocation for the country programme for the Country Programme period (2008-2012) is US $60 million subject to availability of funds. Working closely with the Government and other relevant development partners, UNFPA plans to mobillise and additional US $5 million as non-core resources, subject to interest by funding partners. These allocations do not include emergency funds that may be mobilized in response to any humanitarian or crisis situation. Additional resources mobilized through non-core resources will be utilised for policy advice, technical assistance, capacity building, systems development and knowledge generation and sharing.

8.2 UNFPA will ensure coherence between CPD/CPAP/AWP, UNDAF results matrix and MDGs, including M&E reporting systems.

8.3 The Results and Resource Framework (RRF) constitutes the core of the CPAP. The CPAP RRF further elaborates the Country Programme Document (CPD) RRF and is linked to the UNDAF results matrix. It spells out the key results that UNFPA will be accountable for over the period of the programme cycle.

8.4 The Country Office is continuing to develop in-house expertise in the areas identified in the country programme to offer advice and knowledge in the form of tools and methodologies for programme development, implementation and management of results. The country office structure and staffing pattern will evolve during the next country programme to provide effective, quality and timely service to the clients by building staff capacity through effective learning plans. Regional centres will be tapped as a technical resource for the formulation and management of programmes and for continued knowledge development in the country office.

8.5 In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within reasonable time.

8.6 In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within reasonable time.

8.7 UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

8.8 Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

PART IX COMMITMENTS OF THE GOVERNMENT

9.1 The Government's contribution to the country programme would include:

a) Counterpart contribution in terms of cash or kind, staff time;

b) Support for UNFPA in its efforts to raise funds required to meet the financial needs of the country programme;

c) The organisation of periodic programme review and planning meetings where appropriate; and

d) The facilitation of the participation of development partners including donors and NGOs where appropriate and agreed.

9.2 Mechanisms for participatory planning, monitoring and evaluation of the country programme involving other development partners including the participation of civil society groups where appropriate and agreed will be pursued. The Government will also lead efforts for coordination of sectoral and thematic development partners groups to facilitate fulfillment of programme objectives.

9.3 In addition, the Government will facilitate joint review visits for the purpose of monitoring, meeting clients, assessing the progress and evaluating the impact of the use of programme resources. The Government will make available to UNFPA in a timely manner any information about policy and legislative changes occurring during the implementation of the CPAP that might have an impact in cooperation.

9.4 The Government will provide necessary support to UNFPA and concerned implementing agencies to carry out the 7th Country Programme of Cooperation. The Government's contribution to the Country Programme will include personnel, office spaces and logistics support as available in the project areas.

9.5 Each of the UNFPA-assisted implementation programme, provincial departments and municipal local Government units shall maintain proper accounts, records and documentation with respect to funds, supplies, equipment and other assistance provided under this Country Programme.

9.6 Authorized officials of UNFPA shall have access to all relevant accounts, records and documents concerning the distribution of supplies, equipment and other materials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.

9.7 All supplies and equipment procured by UNFPA for the Government shall be transferred to the Government immediately upon arrival in the country. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed Government receipt. If any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWPs and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

9.8 An evaluation of the impact of programmes on its beneficiaries including youth and women will be undertaken by the Government or designated institutions, at periodic intervals in consultation with UNFPA. The reports of these evaluations will be made available to UNFPA and will help guide further development of the cooperation between the Government and UNFPA.

9.9 The Government shall facilitate and cooperate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and

officials for the purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

9.10 A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

a. all financial records which establish the transactional record of the cash transfers provided by UNFPA;
b. all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore

a. Receive and review the audit report issued by the auditors.
b. Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash.
c. Undertake timely actions to address the accepted audit recommendations.
d. Report on the actions taken to implement accepted recommendations to the UN agencies.

ANNEX 1 - DETAILS OF COUNTRY PROGRAMME RESOURCES

In million USD

S. No.	Programme Areas	Programme Component Manager / Implementing Partner	Implementing Agency*	2008	2009	2010	2011	2012	Total
1	Contribution to RCH II SWAP	Ministry of Health & Family Welfare	Ministry of Health & Family Welfare	4.4	4.4	3.8	2.8	2.6	18
2	Interventions for in school adolescents	Ministry of HRD	Ministry of HRD	0.4	0.6	0.8	0.8	0.8	3.4
3	Interventions for adolescents	Ministry of Youth Affairs and Sports	Ministry of Youth Affairs and Sports	0.6	0.8	0.8	0.8	0.8	3.8
4	Pilot interventions for adolescents	MHRD and MYAS	UNFPA	0.32	0.35	0.35	0.38	0.4	1.8˜
5	HIV/AIDS Interventions	NACO	NACO, UNFPA	1	1	1	1	1	5˜
6	Interventions to address sex selection	MOHFW	MOHFW, UNFPA	1.6	1.6	1.6	1.6	1.6	8˜
7	Technical Assistance at National level	MOHFW	UNFPA	0.6	0.6	0.8	1	1	4
8	Technical Assistance at State level	State Health Departments	UNFPA	1.2	1.2	1.2	1.2	1.2	6
9	Interventions in Population and Development	ORGI and UNFPA	ORGI and UNFPA	0.4	0.55	0.65	0.7	0.7	3
10	Support for Disaster Management	MOHFW and UNFPA	UNFPA	0.2	0.2	0.2	0.2	0.2	1
11	Programme Coordination Assistance	UNFPA	UNFPA	0.2	0.2	0.2	0.2	0.2	1
12	Programme Support (Technical, Advocacy and Operations)	UNFPA	UNFPA	2	2	2	2	2	10
			Total	**12.92**	**13.50**	**13.40**	**12.68**	**12.50**	**65**

* Which will award contracts or execute activities directly

˜ Multi-bi resources of US$ 5 million to be raised for these interventions

ANNEX 2 - RESULTS & RESOURCE FRAMEWORK FOR INDIA (2008-2012)

Results	Indicator	Baseline (year)	Target (year)	Means of verification	Assumptions and Risks
CPAP Outcome-Reproductive Health **Improved reproductive health of the population**	■ **Reduced maternal mortality Ratio** ■ **Reduced unmet need for contraception** ■ **Reduced adolescent fertility rate** ■ **Reduced adult HIV Prevalence**	**301 (01-03)** **12.8 (05-06)** **16.8%** **0.36 (05-06)**	**<100 (2012)** **80% of need met** **12%** **No value stated in NACP III. Stated as: Reduce new infection estimated in the first year by 60% in high prevalence states and 40% in vulnerable states**	**SRS Reports** **NFHS/National Household surveys** **---do---** **NACP III Reports and NFHS Survey Report**	UNFPA is part of the National RCH II SWAp and helps government, technically steer the programme at the national, state and below levels. The responsibility of implementation wrests with the government and the pace of implementation can have a bearing in achieving the indicators. The indicators proposed are in sync with the national goals.
CP Output 1 **Enhanced access and utilization of high quality reproductive health services by vulnerable communities**	■ Modern contraceptive prevalence rate among currently married women aged 15-49 years ■ Percentage of deliveries by SBAs increased ■ Percentage of FRUs functional as per national guidelines ■ Percentage of districts having operational plans for FRUs and 24 hr services ■ Number of districts having QA groups established ■ Number of institutional mechanisms responding to GBV (eg: GBV protocols being adopted by states in responding to GBV as an health issue)	48.5 %(2005-06) 48.8 %(2005-06) <30% (2006) <50% (2006) 7 (2006-07) Nil	59% (2012) 80% (2012) 100%(2012) 100%(2012) 20(2012) 1 state	National Level Large Household Surveys ---do--- NRHM Service statistics/facility surveys UNFPA progress reports Service statistics	
CP Output 2 **Safe Sex Behaviour promoted amongst vulnerable population groups** **(sex workers and women)**	■ Percentage of female sex workers reached out by Targeted Interventions ■ Percentage of female sex workers reporting use of condoms with their most recent client (UNGASS (C)6)	45% (2005) Value yet to be published from the latest round of BSS	80% (2012) No end-line goal specified in NACP-III	CMIS Reports of NACO BSS Reports for HRG	UNFPA will be supporting setting up of TSU in one state and will monitor its work to achieve the national goals specified in the NACP-III. Source of verification depends on frequency of BSS studies undertaken by NACO and other development partners.

Results	Indicator	Baseline (year)	Target (year)	Means of verification	Assumptions and Risks
CP Output 3 **Adolescents and youth empowered with knowledge and Life skills for improved reproductive and sexual health (in school and out-of-school)**	▪ Percentage of youth (15-24 years) with accurate knowledge of HIV/AIDS (who recall 3 modes of transmission, 2 modes of prevention and who reject major misconceptions about HIV transmission (UNGASS (G) 10) or as an alternative using the same definition, NFHS-III can be used as well.	Boys: 36.1% (2005-06) Girls:19.9% (2005-06) Comprehensive definition: Refer NFHS-3 India Report, page nos. 325-328)	No end-line goal specified in NACP-III	BSS/NFHS Reports	Responsiveness of MoYAS, MHRD and their implementing partners in undertaking planned activities. Capacity of MoYAS improves
	▪ Application of Life skills by adolescent boys and girls	Not Available	40% of adolescent boys and girls demonstrate life skills in intervention sites	Skill application test to be administered in select intervention sites	
	▪ Integration of life skills education in school curricula and extra curricular activities	LSE gaps identified by mapping exercise	Inclusion of LSE in school curricula and extra curricular activities	Mapping Exercise Reports	
CP Output 4 **Reproductive Health and Gender issues mainstreamed in recovery and rehabilitation response to natural disaster and environmental challenges**	▪ Percentage recovery and rehabilitation plans prepared reflecting RH and gender perspectives	Not Applicable	As and when prepared	Recovery and rehabilitation plan documents	
CPAP Outcome-Gender **To prevent gender based violence and empower women**	▪ Child Sex Ratio	927 females per 1,000 males (2001 Census)	Improved by at least five points	Census 2011 and SRS Annual Reports/Large-Scale Surveys	
CP Output 1 **Skewed Sex ratio at birth addressed through advocacy and action**	▪ Sex ratio at birth in worst affected districts improved	To be determined	Improved by at least 10 points	Special Studies to be undertaken or if available thru' AHS	No change in current practices of doctors
	▪ Gender gap in Under 5 mortality rate reduced at national level	6.8 (2005)	<5 (2012)	SRS and Census	Overall change in Indian society of the value of the girl child

Results	Indicator	Baseline (year)	Target (year)	Means of verification	Assumptions and Risks
CPAP Outcome-Population and Development **Build Capacity to integrate population dynamics into national policies and programmes**	▪ Policy actions initiated in one or two emerging areas ▪ Plans and Policies reflect population and development linkages by utilization of disaggregated data for planning and in monitoring	0 0	1 (2009) 2(2010) DPIPs/Monitoring reports in intervention sites located in states of UNFPA presence	Activity Reports and project report District Service Statistics and DPIPs in UNFPA states Census 2011 Census 2011	
CP Output 1 **Social development planning is supported with special emphasis on demographic transition perspectives**	▪ X no. of districts adopting and using disaggregated data for planning, monitoring and policy dialogue ▪ Information made available on policy issues of concern for policy dialogue and advocacy ▪ Data available on emerging and priority issues and programme performance assessed ▪ X no. of Institutions started imparting training on population and development ▪ Pre-census media activities supported for 2011 census ▪ X no. of institutions supported in S-S collaboration	NA Policy Research on a thematic area will be covered each year from 2009 onwards Will be identified and large-scale national surveys of AHS, NFHS etc. will be supported Nil TBD	5 districts (2010) One dissemination workshop each year Surveys include PDS issues 2 Planned and Supported upon request	District Service Statistics Workshop and Policy Reports/Briefs Survey Reports and funding agreements and expenditure statements Agreement, Reports and Work-plan agreement Work-plan and agreements and documentation of media activities	Commitment of Collectors to the value and use of data at the district level.

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women										
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**						
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
Reproductive Health	Outcome: Improved reproductive health of the population Outcome indicators: • Reduced Maternal Mortality Ratio • Reduced unmet need for contraceptives • Reduced Adolescent Fertility Rate • Reduced adult HIV prevalence as reflected in national development plans	**Output 1:** Enhanced access and utilization of high quality reproductive health services by vulnerable communities Output Indicators: • Increase contraceptive prevalence rate among currently married women in age 15-49 years by 2011 • Percentage of deliveries by SBAs increased by 2011 • Percentage of FRUs became functional as per national guidelines by 2011 • Number of districts operationalized plans for FRUs and 24 hours services • Number of districts having QA groups established. • Increased number of Institutional mechanisms responding to GBV; (e.g. GBV protocols being adopted by States in responding to GBV as health issue) • Increase in percentage of public awareness campaigns and interventions led by men and boys in ending GBV	Development Partners, United Nations agencies, National and State Governments and Civil Society	$ 7 million	$ 7 million	$ 5 million	$ 4 million	$ 4 million	**$ 27 million**
		Output 2: Safe Sex Behaviour promoted amongst vulnerable population groups (sex workers and women) Output indicators: ▪ Establishment of Technical support Units and knowledge centres ▪ No of programmes for PLHAs with focus on integration ▪ Resource centre on HIV and sex work established	NACO, State SACS	$ 1.1 million	$ 1.1 million	$ 1.1 million	$ 1.1 million	$ 1.1 million	**$ 5.5 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women									
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**					
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
		▪ Inputs for policy and programme level convergence for HIV and RH provided ▪ No of Continuing Education centres providing information on HIV prevention **<u>Output 3:</u>** Adolescents and youth empowered with knowledge and Life skills for improved reproductive and sexual health (in school and out-of-school) <u>Output Indicators</u> ▪ Increased knowledge of adolescents and young people in 15-24 yrs age group who correctly identifies ways prevention of sexual transmission and reject major misconceptions on HIV/AIDS ▪ Number of teachers trained to impart knowledge and skills through LSE subjects **<u>Output 4:</u>** Reproductive Health and Gender issues mainstreamed in recovery and rehabilitation response to natural disaster and environmental challenges <u>Output Indicators</u> • RH and gender perspectives fully reflected in the recovery and rehab plans	MOYAS, MHRD, UGC, State Ministries of Education National and State Disaster Management Agency	$ 2.5 million $0.2 million	$ 2.5 million $0.2 million	$ 2.5 million $0.2 million	$ 2.5 million $0.2 million	$ 2.5 million $0.2 million	**$ 12.5 million** **$ 1 million**
Gender	OUTCOME: To prevent gender based violence and empower women <u>Outcome indicator:</u> • Child sex ratio	**<u>Output 1:</u>** Skewed Sex ratio at birth addressed through advocacy and action <u>Output indicators:</u> ▪ Sex ratio at birth in worst affected districts improved	Governments national and state; NGOs; Commission, Researchers, census office	$ 2.5 million	$ 2.5 million	$ 3 million	$ 3 million	$ 3 million	**$ 14 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women										
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**						
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
Population and Development	Outcome Build Capacity to integrate population dynamics into national policies and programmes Outcome Indicator a. Policy actions initiated in one or two emerging areas b. Plans and Policies reflect population and development linkages by utilization of disaggregated data for planning and in monitoring c. Under 5 mortality rate d. Literacy rate among 15-24 yrs old female e. Proportion of Population aged 10-24 yrs	**Output 1** Social development planning is supported with special emphasis on demographic transition perspectives **Strategic Intervention 1:** Enhanced capacity of programme managers in use of disaggregated data for plan formulation, monitoring and policy dialogue Indicator: -X no. of districts adopting and using disaggregated data for planning, monitoring and policy dialogue -Y no. of districts have data systems in place **Strategic Intervention 2:** Policy issues made available on Ageing, Urbanization and Migration, Abortion, Maternal mortality, Sex-Selection etc. Indicator: -Information made available on policy issues of concern for policy dialogue and advocacy **Strategic Intervention 3:** Enabled availability of data on emerging issues through surveys for evidence-based planning, decision-making and programme performance assessment- NFHS, DLHS, AHS Indicator: -Data available on emerging and priority issues and programme performance assessed **Strategic Intervention 4:** Capacity of administrators strengthened by broadening their vision on population and development linkages (LBSNA, ASCI, IIPS etc) Indicator: -X no. of Institution imparting training on population and development -Y no. of administrators trained	Selected ministries dealing with migration, ageing and urbanization, civil society and academic institutions	$ 0.8 million	$ 0.8 million	$ 0.8 million	$ 0.8 million	$ 0.8 million	**$ 4 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women									
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**					
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
		Strategic Intervention 5: Capacity of ORGI strengthened for conduct of 2011 Census Indicator: -Time lag between census data collection and dissemination of cleaned census data reduced **Strategic Intervention 6:** South-South Cooperation mechanisms in place to support knowledge transfer for understanding of Population and Development issues Indicator: -X no. of institutions involved in S-S collaboration -X no. of workshops/seminars on selected themes conducted							
Programme Coordination				$ 0.2 million	$ 0.2 million	$ 0.2 million	$ 0.2 million	$ 0.2 million	**$ 1 million**
TOTAL				**$ 14.3 million**	**$ 14.3 million**	**$ 12.8 million**	**$ 11.8 million**	**$ 11.8 million**	**$ 65 million**

Annex 2(contd): Results & Resource Framework for INDIA (2008-2012)

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component					
				2008	2009	2010	2011	2012	Total
Reproductive Health	Outcome: Improved reproductive health of the population Outcome indicators: • Reduced Maternal Mortality Ratio • Reduced unmet need for contraceptives • Reduced Adolescent Fertility Rate • Reduced adult HIV prevalence as reflected in national development plans	**Output 1:** Enhanced access and utilization of high quality reproductive health services by vulnerable communities Output Indicators: • Increase contraceptive prevalence rate among currently married women in age 15-49 years by 2011 • Percentage of deliveries by SBAs increased by 2011 • Percentage of FRUs became functional as per national guidelines by 2011 • Number of districts operationalized plans for FRUs and 24 hours services • Number of districts having QA groups established. • Increased number of Institutional mechanisms responding to GBV; (e.g. GBV protocols being adopted by States in responding to GBV as health issue) • Increase in percentage of public awareness campaigns and interventions led by men and boys in ending GBV	Development Partners, United Nations agencies, National and State Governments and Civil Society	$ 7 million	$ 7 million	$ 5 million	$ 4 million	$ 4 million	**$ 27 million**
		Output 2: Safe Sex Behaviour promoted amongst vulnerable population groups (sex workers and women) Output indicators: ▪ Establishment of Technical support Units and knowledge centres ▪ No of programmes for PLHAs with focus on integration ▪ Resource centre on HIV and sex work established	NACO, State SACS	$ 1.1 million	$ 1.1 million	$ 1.1 million	$ 1.1 million	$ 1.1 million	**$ 5.5 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women									
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**					
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
		▪ Inputs for policy and programme level convergence for HIV and RH provided ▪ No of Continuing Education centres providing information on HIV prevention **Output 3:** Adolescents and youth empowered with knowledge and Life skills for improved reproductive and sexual health (in school and out-of-school) Output Indicators ▪ Increased knowledge of adolescents and young people in 15-24 yrs age group who correctly identifies ways prevention of sexual transmission and reject major misconceptions on HIV/AIDS ▪ Number of teachers trained to impart knowledge and skills through LSE subjects	MOYAS, MHRD, UGC, State Ministries of Education	$ 2.5 million	$ 2.5 million	$ 2.5 million	$ 2.5 million	$ 2.5 million	**$ 12.5 million**
		4.7.1 **Output 4: Reproductive health and gender issues mainstreamed in recovery and rehabilitation response for natural disaster and environmental challenges** Output Indicators Reproductive Health and Gender issues mainstreamed in recovery and rehabilitation response to natural disaster and environmental challenges Indicator RH and gender perspectives fully reflected in the recovery and rehab plans	National and State Disaster Management Agency	$0.2 million	$0.2 million	$0.2 million	$0.2 million	$0.2 million	**$ 1 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women									
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**					
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
Gender	OUTCOME: To prevent gender based violence and empower women Outcome indicator: • Child sex ratio	**Output 1:** Skewed Sex ratio at birth addressed through advocacy and action Output indicators: ▪ Sex ratio at birth in worst affected districts improved	Governments national and state; NGOs; Commission, Researchers, census office	$ 2.5 million	$ 2.5 million	$ 3 million	$ 3 million	$ 3 million	**$ 14 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women										
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**						
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
Population and Development	Outcome Build Capacity to integrate population dynamics into national policies and programmes Outcome Indicator f. Policy actions initiated in one or two emerging areas g. Plans and Policies reflect population and development linkages by utilization of disaggregated data for planning and in monitoring h. Under 5 mortality rate i. Literacy rate among 15-24 yrs old female j. Proportion of Population aged 10-24 yrs	**Output** Social development planning is supported with special emphasis on demographic transition perspectives **Strategic Intervention 1:** Enhanced capacity of programme managers in use of disaggregated data for plan formulation, monitoring and policy dialogue Indicator: -X no. of districts adopting and using disaggregated data for planning, monitoring and policy dialogue -Y no. of districts have data systems in place **Strategic Intervention 2:** Policy issues made available on Ageing, Urbanization and Migration, Abortion, Maternal mortality, Sex-Selection etc. Indicator: -Information made available on policy issues of concern for policy dialogue and advocacy **Strategic Intervention 3:** Enabled availability of data on emerging issues through surveys for evidence-based planning, decision-making and programme performance assessment- NFHS, DLHS, AHS Indicator: -Data available on emerging and priority issues and programme performance assessed **Strategic Intervention 4:** Capacity of administrators strengthened by broadening their vision on population and development linkages (LBSNA, ASCI, IIPS etc) Indicator: -X no. of Institution imparting training on population and development -Y no. of administrators trained	Selected ministries dealing with migration, ageing and urbanization, civil society and academic institutions	$ 0.8 million	$ 0.8 million	$ 0.8 million	$ 0.8 million	$ 0.8 million	**$ 4 million**

National Priority/goal: Reduction in Maternal Mortality Ratio, Total Fertility Rate, Prevention of HIV infections in high risk/general population, balanced sex ratios and reduced crime against women									
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**					
				2008	**2009**	**2010**	**2011**	**2012**	**Total**
		Strategic Intervention 5: Capacity of ORGI strengthened for conduct of 2011 Census Indicator: -Time lag between census data collection and dissemination of cleaned census data reduced **Strategic Intervention 6:** South-South Cooperation mechanisms in place to support knowledge transfer for understanding of Population and Development issues Indicator: -X no. of institutions involved in S-S collaboration -X no. of workshops/seminars on selected themes conducted							
Programme Coordination				$ 0.2 million	$ 0.2 million	$ 0.2 million	$ 0.2 million	$ 0.2 million	**$ 1 million**
TOTAL				**$ 14.3 million**	**$ 14.3 million**	**$ 12.8 million**	**$ 11.8 million**	**$ 11.8 million**	**$ 65 million**