

INDIA



2021

ANNUAL REPORT



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Since the first country programme began almost 50 years ago in 1974, UNFPA has been working in India to improve reproductive health and rights and to achieve gender equality, including working to eliminate gender-based violence. As you will read in this report, we are now moving into our 10th country programme. Many things have changed during this half-century, with India making enormous strides both socially and economically. The widespread use of family planning has meant that India has reached the replacement level of fertility. Women have achieved great advances in the political and economic spheres, and sex selection in favour of boys is falling. Government policies at all levels are geared towards helping vulnerable populations and those furthest behind in achieving both economic and social well-being.

But of course, challenges remain. Not every woman or couple has access to contraception and the client-centred counselling they need. Levels of violence against women and girls are still elevated, and too many girls (and boys) are getting married while they are still children. The country has shown that it is possible to achieve the Sustainable Development Goals by 2030 and is working to reach the

Three Transformative Results of zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices. But there is still much work to be done and UNFPA is there to help.

Inevitably, there have been hiccoughs along the way, and the last two years have been particularly difficult because of the widespread disruption caused by the COVID-19 pandemic. In response UNFPA stepped outside of its usual role to furnish needed personal protective equipment and spread messages on COVID-19 prevention and mitigation. Our social media outreach expanded beyond our usual topics of family planning and women's empowerment to encompass COVID prevention and response, especially as it affected our target audience of girls and women of reproductive age.

The 2021 annual report details how we are working to improve the capacities of auxiliary and midwife nurses and of medical staff; how we are working at the policy level to expand contraceptive choice in India; and how we are working to prevent the scourge of child marriage through communications campaigns and peer-to-peer mentoring programmes. In the past, a major UNFPA



focus has been on combatting gender-biased sex selection. This continues as does our support for demographic studies and preparations for the 2021 housing and population census, which had to be postponed because of the pandemic.

In the context of the vastness of the human and financial resources available in India, UNFPA support must be targeted so that its impact is maximized. I am especially heartened, for example, by the work UNFPA is doing with a local women's group in Patna city to empower women sanitation workers. This is the model of how UNFPA works in the country – by supporting projects designed to empower women on a local scale but that show the way for positive change nationally.

To focus its support and funding where it is needed most, UNFPA purposely limits itself to working in the states with lagging sexual and reproductive health indicators. We have developed close working partnerships with our counterparts in the state governments and know that working in these environments is where we can make the most impact. Indeed, in those states, our advocacy and communication campaigns reach millions

of people. UNFPA is a catalyst for change that brings our expertise, experience, and international best practices to help India realize its national development goals.

We could not do it without the cooperation of the Government, sister United Nations agencies, the private sector, the many non-governmental and civil society organizations and institutions with whom we work, and without the skilled and highly dedicated staff of the UNFPA Country Office in India. All of these partners working together can look forward to the continued achievement of results in the coming year and in the next programme cycle as India accelerates towards achievement of the Sustainable Development Goals by the end of the decade.



Andrea M. Wojnar

UNFPA India
Representative and
Country Director Bhutan





UNFPA's mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled, ensuring rights and choices for all.

Our work is guided by the principles of a human-rights based approach set in place by the **1994 International Conference on Population and Development (ICPD)**, gender empowerment and equality, and the imperative that no one is left behind.

ZERO

unmet need
for family
planning

ZERO

preventable
maternal
deaths

ZERO

gender-based
violence
and harmful
practices

We work towards achieving **three transformative results** that promise to change the world for every woman, man and young person **by 2030.**



UNFPA has been operating in India since 1974. Currently in its 9th Country Programme, which ends in 2022, UNFPA works at the normative level with the central and state governments and focuses on four states, Bihar, Madhya Pradesh, Odisha and Rajasthan, where indicators are lagging. UNFPA's nodal Ministry is the Ministry of Health and Family Welfare.



The 9th Country Programme focuses on empowering young people with critical life skills and invests in adolescent health and well-being. It also ensures universal access to high quality sexual and reproductive health services and rights, addresses gender discrimination and harmful practices such as gender-biased sex selection and child marriage, and uses population data to maximize the demographic dividend.



The total fertility rate – the average number of children born per woman – has declined from 2.2 to

2.0

at the national level. A total of 31 of 36 (28 states and 8 Union Territories making up 69.7% of the country's population) have achieved fertility rates below the replacement level of 2.1.



POPULATION DYNAMICS AND FAMILY PLANNING

The adolescent fertility rate has also gone down marginally from 51 to

43

births per 1,000 adolescent girls.



The use of modern family planning methods has increased from 47.8% to



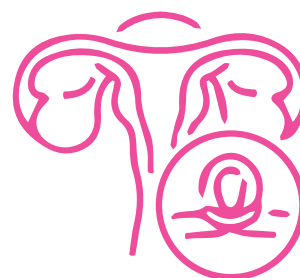
56.5%

in 2019-2021, with a corresponding improvement in quality of care – 62% of current users have received information about contraceptive side effects.

Female sterilization continues to dominate the method mix contributing to

67%

of modern family planning use.



The unmet need for family planning has decreased from 13.1% to

9%

in 2019-2021.



MATERNAL HEALTH



The maternal mortality ratio (MMR) in India has dropped nearly

10%

in three years – from 130 per 100,000 live births in 2014-2016 to 103 per 100,000 live births in 2017-2019.

The recommended four antenatal check-ups have increased by 7% to reach

58.1%



Teenage pregnancies have been reduced marginally by 1% –



7.9%

of girls and women aged 15-19 years had either given birth or were pregnant at the time of the survey.



Institutional births increased by 9.8% to reach

88.6%

in 2019-2021.



Post-natal visits have gone up by 15.6% to reach

78%



GENDER AND EQUALITY

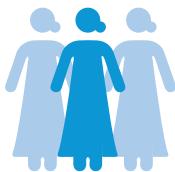


The prevalence of child marriage has gone down marginally from 26.8% in 2015-2016 to

23.3%

in 2019-2021.

One in three women continue to face violence from their spouse.



The sex ratio at birth has shown a slight improvement from 919 to

929

females per 1,000 males over the same period.



The proportion of women who own bank accounts has gone up from 53% to

78.6%



COVID-19 Response

Addressing the Second Wave



As with the rest of the world, in 2021 India faced the second year of the global COVID-19 pandemic with new variants of the virus leading to a surge of infections. As part of its assistance to India, UNFPA recalibrated and re-organized its programmatic interventions to meet the exigencies of the pandemic, including by providing technical assistance to the states of Bihar, Odisha, Madhya Pradesh and Rajasthan to ensure the continuation of essential sexual and reproductive health services.

In immediate and direct response to the medical emergency occasioned by the pandemic, UNFPA provided 1,200 oxygen concentrators and personal protective equipment in the form of 400,000 surgical masks, 60,000 N95 masks, and 39,000 coveralls to the health departments of the UNFPA focus states. UNFPA also sponsored the orientation of 2,250 faculty members of medical colleges on COVID-19 clinical management, vaccination and maternal health services.

A major issue everywhere was that health staff resources were strained. Globally and in India, this meant that staff working on sexual and reproductive health had to assume other duties as well. In Rajasthan, UNFPA supported the state health department in “task-shifting” so that auxiliary nurse midwives were able to carry out the initial, and follow-up, injections of contraceptives after a telephone consultation with a medical

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Helping the elderly during the COVID-19 pandemic

Dr. Usha Vaidya is 84 years old and even at her age leads rural outreach teams to deliver medical services to older people through a mobile health unit in Indore, Madhya Pradesh. During the COVID-19 pandemic, Dr. Vaidya and her colleagues have adapted protocols and sourced needed supplies so that they can continue to deliver health services to older people in rural areas.

“Older people were already isolated before the pandemic, but with financial stress and the medical system overwhelmed by the virus, COVID-19 has made them even more vulnerable. There is also a great need for medical care in old age homes ... we distributed things like a refrigerator, essential supplies and medicine,” said Dr. Vaidya.

“There were no doctors available because most of the doctors were employed on COVID-19 duty,” she said. “The people were waiting for advice from somewhere.”

The outreach was made possible through a UNFPA – HelpAge India partnership to meet the challenges faced by older people in India in the context of COVID-19. With UNFPA support, HelpAge India reached more than 300,000 older people through different health interventions across 17 states.

officer. This maximized the time of the hard-stretched medical officers and ensured that women could get access to contraception at a nearby health facility staffed by an auxiliary nurse midwife.

The closure of schools and social isolation caused by COVID-19 disrupted the lives of millions of adolescents and young people, worsening their social, health and economic advancement. To respond to this, UNFPA collaborated with the Ministry of Education to set up a state-of-the-art technology-based tele-counselling helpline service for young people across Madhya Pradesh.

The service provided a toll-free helpline “Umang Adolescent Helpline” six days a week from 8 a.m. to 8 p.m. This helpline was operated by qualified clinical psychologists to address a range of adolescent health issues. Since its launch in 2020, approximately 80,000 calls have been handled by the service providers.

On a wider scale, UNFPA’s public communications programmes were able to reach 27.5 million persons to promote COVID appropriate behaviour and address vaccine hesitancy through print, radio and social media.

Reaching the Three Transformative Results by 2030

ZERO

Unmet Need for Family Planning

In UNFPA-supported districts,

87%

of health facilities provide
at least five family planning
methods

'We Care' app gets more than

17,000

family planning requests

8

out of 10 UNFPA-
trained chemists report
better family planning
services to clients

India achieved its family planning 2020 commitments ("FP 2020") for modern contraceptive prevalence, which stands at 55 per cent today. Now the country must increase that coverage and improve the quality of family planning services and counselling to achieve FP 2030 goals. To that end, UNFPA is supporting the Ministry of Health and Family Welfare by extending technical assistance in designing evidence-based policies, guidelines, and training and by providing resources to strengthen the family planning logistics management information system (FPLMIS).

The Ministry of Health and Family Welfare (MoHFW) has launched several interventions throughout the country that have included an expanded basket of choices for contraceptives. It has introduced new methods such as (injectable contraceptives, weekly contraceptive pill, and prioritized improvement in the quality of services. In addition, the Ministry recognizes family planning as an important pillar in reducing maternal and infant mortality.

Recognizing that these gains must be built upon, UNFPA co-convened a series of meetings of FP 2020 focal points in India and supported the Ministry of Health and Family Welfare to develop plans for FP 2030. UNFPA also facilitated a virtual consultation with multiple stakeholders on the 'Role of Social Marketing in Reducing Unmet Need in India', which presented the findings from an important study on Indian social marketing and ways of expanding social marketing of contraceptives through such measures as increasing the use of digital technology to deliver services and information.

Strengthening family planning services in priority districts

UNFPA extended technical assistance to 14 districts in Odisha, Rajasthan and Madhya Pradesh by providing specialists who mentored local health facilities on issues such as how to address unmet need, ensure quality



“UNFPA’s technical assistance, supportive supervision and advocacy in the targeted 14 districts resulted in 87 per cent of facilities providing at least five birth spacing methods, 85 per cent of facilities having adequate stocks of contraceptives, and 99 per cent of facilities obtaining proper consent from the client before performing sterilization procedures.”

services, strengthen family planning logistics management information systems, and reduce stock-outs of contraceptives. UNFPA worked with the Departments of Health to organize trainings, including e-modules, for healthcare providers and managers on integrated sexual and reproductive health and youth-friendly services and provided them with resource materials.

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In Madhya Pradesh, UNFPA facilitated a family planning programme review that focused on access and utilization of reversible contraception methods. In addition, training videos on logistics management and family planning methods were developed.

In Odisha, support was provided to strengthen quality assurance mechanisms. UNFPA carried out Family Welfare Days in Gajapati and Rayagada districts to address cultural barriers and generate demand among young and newly married couples. UNFPA supported automated contraception vending machines, which the state government is now scaling up.

The use of the mobile application 'WeCare' was intensified in Bihar to generate awareness and mobilize young people from the most marginalized including the Dalit communities to access sexual and reproductive health services. The app received 17,267 requests for family planning services in 2021.

Pharmacists as first line of healthcare contact for family planning

The first-line contact for many women and couples on obtaining contraceptives and family planning advice is the local pharmacist, or chemist. Several

studies have indicated the knowledge gap of chemists on family planning methods. With the aim of bridging the gap, UNFPA with support from the Rural Electrification Corporation (REC) Foundation, implemented an 'Over-the-Counter Advice' project in partnership with Population Health Services India (PHSI) between July 2018 and March 2021.

The programme entailed extending training and mentoring support to 3,500 chemists and their staff in five selected districts of Maharashtra, Uttar Pradesh, Bihar, Odisha and Rajasthan states. The achievements were improvement in the knowledge of chemists about reproductive health products and greater confidence in providing correct messages on contraceptives, stocking more products, and increasing sales. From the trained cohort of chemists, eight out of ten shared regular information with their customers on reproductive health products and contraceptives, and 41 per cent of the pharmacists reported increased knowledge of family planning.

Small families and healthy babies

Geeta Bari is the Auxiliary Nurse Midwife at the sub-health centre in Bhakrani, a rural town in Rajasthan about 250 kilometres west of Jodhpur. The sub-health centre has two maternity beds and a counselling room. Since Ms. Bari started working at the sub-health centre in 2009, she has delivered over 150 babies and counselled thousands of mothers, would-be mothers and girls and young women about the benefits of delaying childbirth and having small families.

"I have been working very hard for over a decade to help the women in my district. Initially, the women were hesitant about using contraception, but gradually with constant counselling, there was a change in their perspectives ... when one woman benefitted from use of contraception or by availing institutional delivery, other women too felt encouraged," she said.

"COVID has not stopped me or even slowed me down. I realized that it was important to continue these essential services and encourage women to avail institutional delivery and contraception even in these challenging times ... so I carried on with my routine of going house-to-house distributing pamphlets," she reported.



ZERO

Preventable Maternal Deaths

More than

3,000

nurses trained on safe delivery

11

medical colleges report improved delivery practices following UNFPA training



New mobile app leads to improved delivery room care

The level of maternal deaths in a country is an accurate indicator of the strength of the health system as a whole. In India, the Government has introduced various flagship interventions to reduce the number of women who die in childbirth by providing respectful, women-centric, reproductive, maternal and newborn healthcare services. These initiatives include the Pradhan Mantri Surakshit Matritva Abhiyan, the Labour Room Quality Improvement Initiative (LaQshya) in conjunction with Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana and 'Surakshit Matritva Aashwasan' (SUMAN), all of which have bolstered efforts in achieving a responsive healthcare system.

These concerted efforts have resulted in a consistent and sharp reduction in the maternal mortality ratio over the past three years. The MMR has progressively declined from 130 (2014-16) to 103 (2017-19) per 100,000 – a notable 21 per cent reduction. In order to help continue this trend, UNFPA provides technical expertise and supports strategic programmes with the Government of India and state governments in Rajasthan, Bihar, Madhya Pradesh and Odisha.

Trained midwives are the key to reducing maternal deaths

One of the major contributors towards maternal deaths is poor quality of care at the time of delivery. Global evidence indicates that midwifery-led care can address the dearth of skilled birth attendants, reduce over-medicalization of maternal healthcare and promote client-centred services.

To accelerate the reduction of maternal and neonatal mortality in India, the Government of India launched the National Midwifery Initiative in 2018 to train nurse practitioners in midwifery. In 2021, UNFPA supported the training of 3,033 participants from nursing councils, nursing directorates, and the faculty of nursing schools from 25 states and union territories. The initiative is expected to bring high-quality care closer to the community while reducing the burden on higher-level health facilities.

UNFPA has been supporting the Ministry of Health in the implementation of this intervention through technical assistance, including the recruitment of international midwifery educators to establish National Midwifery Training Institutes. UNFPA has also provided orientation to the Indian Nursing Council and state nursing councils in 12 states and conducted

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a virtual orientation for 1,171 in-service nurses, nursing students and nursing faculty.

Improving quality of care

UNFPA partnered with the Post Graduate Institute of Medical Education and Research (PGIMER) to implement quality improvement measures in eleven medical colleges across Rajasthan, Gujarat and Chandigarh. A virtual advocacy meeting was

conducted with senior doctors from the National Medical Commission for integrating evidence-based labour room and postpartum family planning practices, including respectful maternal care, into the medical curriculum. As a result of these measures in approximately half of these colleges there was an improvement in delivery practices due to improved quality of teaching and the same percentage have introduced standard screening checklists for contraceptives.



UNFPA facilitated the roll-out of the Prasav Watch (“prasav” means childbirth in Hindi) application in Rajasthan. The application is a tablet-based delivery and immediate postpartum monitoring and decision-support tool. It enables labour room service providers to stay alert and make informed decisions for managing high-risk conditions. The

other key focus area was in quality improvements of health facilities by strengthening the Government-led LaQshya and SUMAN initiatives in 14 priority districts of Rajasthan, Odisha and Madhya Pradesh. This is being accomplished through facility visits, capacity-building workshops, mentoring, and monitoring.

Saving mothers' lives in remote areas

Twenty-six-year-old Dr. Khemraj is the medical officer in charge of the community health centre in Sam, a tourist destination in the middle of the Thar desert not far from Jaisalmer, Rajasthan. He and his fellow doctors 16 sub-centres covering 73 villages. Dr. Khemraj completed his medical education in the southern city of Bengaluru and returned to his hometown of Sam armed with a desire to serve his people with medical assistance.

“We take maternal death very seriously here. In the unfortunate event of a maternal death, we have a review based on a checklist which we submit within 24 hours of the incident,” Dr. Khemraj explained. In the past, the health centre suffered from shortages of equipment, drugs and infrastructure required for a modern delivery room needed to ensure safe deliveries. Since then, the situation has been steadily improving.

“With UNFPA’s support and coordination, the quality of delivery care services through regular training of medical officers and nurses, availability of critical equipment and drugs, and the infrastructure of the community health centre has improved tremendously. We take our trainings very seriously because of which our capacities to handle challenging circumstances has been upgraded,” said Rukhmani Kaur, an Auxiliary Nurse Midwife working under the supervision of Dr. Khemraj.

Her colleague Lichhama Meena added: “The incidence of home deliveries has declined considerably with women now opting for institutional delivery. There is now zero maternal death. I counsel on antenatal care, provide tetanus shots to pregnant women and also address postnatal care. I have seen many positive changes in the communities I serve.”



ZERO

Gender-Based Violence and Harmful Practices

1,200

staff in One Stop Centres trained on mental health and psychosocial support

More than

1,400

counsellors trained on GBV counselling



Training module on GBV for Panchayati Raj institutions rolled out

246

medical officers trained on medical response to GBV

While India's commitments to international conventions have positioned gender equality and the empowerment of women and girls as national priorities, harmful social norms, regressive practices, patriarchal biases, and discrimination against the girl child persist. Some of the biggest stumbling blocks for female empowerment and India's achievement of sustainable development are linked to gender inequality.

UNFPA's support for eliminating violence against women and girls is based on addressing structural causes through advocacy and research, strengthening comprehensive service delivery points for survivors of violence, advocating for implementing laws that promote gender equity and equality, and investing in women's organizations. One area of focus has been on addressing gender-biased sex selection through support for effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques Act and the [Beti Bachao Beti Padhao](#) ('Save the Girl Child, Educate the Girl Child') programme that aims to educate citizens against gender bias and improve the efficacy of welfare services for girls.

Strengthening One Stop Centres

One Stop Centres (OSCs) are intended to support any woman affected by violence whether physical, sexual, emotional, psychological or economic abuse. Aggrieved women facing any kind of violence who have reached out or been referred to the One Stop Centre are provided with specialized services. UNFPA is supporting the Ministry of Women and Child Development in setting up One Stop Centres in Punjab, Chhattisgarh, Odisha, Rajasthan, Maharashtra and Haryana to deliver integrated services covering medical, legal, psychosocial, and counselling support to women affected by violence.

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UNFPA has worked to develop the capacities of staff and counsellors in the One Stop Centres. Staff and counsellors were trained on mental health and psychosocial support (85 per cent of the target). In addition, training was carried out for 1,433 counsellors and staff on the basics of counselling, protection of women against domestic violence, prohibition of child marriage, and other aspects of gender-based violence and harmful practices (97 per cent of the target). These trainings strengthened the capacities of 177 One Stop Centres (25 per cent of all centres in the country) to provide mental health and psychosocial support to survivors of violence.

Menstrual hygiene management for adolescents

The use of menstrual hygiene products in India has gone up by almost 20 per cent since 2015-16. However, approximately one in four adolescents and young women do not use hygienic methods for menstrual health management. Further, inadequate access to water, sanitation and hygiene facilities poses a major obstacle to women and girls in maintaining their menstrual hygiene. A growing body of evidence indicates a strong linkage between girls' inability to manage menstrual hygiene and poor

reproductive outcomes, drop-out and absenteeism from educational institutions and workplaces (with all that implies for realization of life goals) and repercussions on mental health. The challenges women and girls face during menstruation are often caused by lack of structures in place to support menstrual needs but are also deeply rooted in regressive social norms in schools, workplaces, and homes.

To better equip girls and young women in managing menstrual hygiene a pilot initiative (2020-2022) was rolled-out in five states (Bihar, Chhattisgarh, Madhya Pradesh, Rajasthan and Telangana) to expand product choice, address stigma and taboos about menstruation, and promote good hygiene practices and waste management. Key interventions included addressing the menstrual hygiene needs of women and girls during emergencies; the needs of women and girls with disabilities; understanding knowledge, attitudes and practices of women and girls around menstruation and menstrual hygiene products; and understanding the supply chain and procurement practices for menstrual products.

In Rajasthan, UNFPA, UNICEF and UN Women have advocated and collaborated with the State



Department of Women and Child Development to develop an enabling and supportive environment for girls and women by increasing menstrual health and hygiene awareness and by improving access to safe menstrual products. In 2019, the state government launched a scheme budgeted at \$26 million a year to distribute free sanitary napkins to women and girls of reproductive age and to increase awareness of safe menstrual hygiene practices, including safe disposal.

Working through panchayats to eliminate violence

In rural India, Panchayati Raj institutions are local decision-making bodies elected every five years with at least one third of the members required to be women. They are the closest and most accessible government institutions for women who are seeking redressal from violence and harmful practices. UNFPA supported the capacity building of Panchayati Raj officials and elected representatives from one district each in the states of Bihar, Madhya Pradesh, Rajasthan and Odisha to address informal discriminatory norms and structures at the community level that may be denying women and girls their full rights.

UNFPA and its partner the People's Rural Education Movement (PREM) have been working with Panchayati Raj Institutions and the state-run Mission Shakti to institute 'girl friendly panchayats'. The aim of the intervention is to establish a conducive environment for girls and women to voice their concerns and have their issues addressed. In 2021, a training module on '*Building Capacities of Panchayati Raj Institutions for Enhancing the Value of Girls and Women*' was developed and disseminated. UNFPA and its partners have also engaged extensively on integrating issues of gender-based violence into their development plans including advocacy workshops to create awareness and understanding of existing legislation.

Strengthening health sector response to gender-based violence

UNFPA has been working to build capacities of health professionals on gender-based violence response. In 2021, UNFPA supported the training of 246 medical officers on a comprehensive health sector response to gender-based violence, including medico-legal care for survivors of sexual violence. The trainings were conducted for district

and sub-district hospitals in Maharashtra and in 11 medical colleges in the states of Rajasthan, Gujarat, Punjab, and Chandigarh. UNFPA also helped to strengthen the knowledge and skills of 60 civil society organizations and non-governmental organizations in six states (Manipur, Mizoram, Jharkhand, Rajasthan, Chhattisgarh and Madhya Pradesh) in responding to survivors of violence including establishing linkages with healthcare and other gender-based violence referral services.

UNFPA helped with training programmes on gender-biased sex selection and effective implementation of the anti-sex selection law to build the capacities of Chief Medical Officers/Civil Surgeons in Punjab, Chhattisgarh, Madhya Pradesh, Maharashtra, Bihar and Chandigarh. Outside of the medical community, UNFPA undertook a programme to sensitize 60 per cent of the district Judicial Officers in Karnataka on gender justice. Advocacy campaigns reached 3 million people through print and social media on gender equality, child marriage and other harmful practices.

Stopping child marriage

Marriage under the age of 18 is illegal in India, but that does not mean that it is uncommon. Shreya (not her real name) is a 20-year-old student based in Jaipur, Rajasthan, who volunteers for Jeevan Ashram Sansthan (JAS), a non-governmental organization partner of UNFPA that is working to provide opportunities to people facing inequality and injustice, including promoting women's equality.

Shreya learned about the impending marriage of a teenage girl named Sapna (not her real name), whose family was forcing her to leave school and get married to a 30-year-old man who had loaned the family money. Taking advantage of a UNFPA-funded project called Naubat Baja, Shreya called a mobile – and stopped the marriage. Sapna was placed in a shelter and was able to re-enrol in school.

“Naubat Baja” means an ensemble of musical instruments that was used in the past to serve as a “town crier”. Brought up to date through the use of mobile phones, Naubat Baja serves as a helpline for adolescents to learn about gender-based violence and to receive counselling help. The helpline does not require an internet connection and has a call-back feature to ensure there are no missed calls.

Child marriage is still widespread in India, with 23.3 per cent of all marriages involving girls under age 18 and/or boys under age 21. Shreya had witnessed the damage such marriages can cause, with her two elder sisters being married when they were still minors. “I have seen the difficulties they face now due to lack of education. I do not want other girls to fall into this trap,” said Shreya. Shreya herself is now working on her Master's degree.





Youth Empowerment

18,250

schools roll out School Health and Wellness Programme

12,200

teachers trained as Health and Wellness Ambassadors

Life-skills education reaches

2 million+

students in UNFPA-supported districts



More than

250,000

students receive counselling through UNFPA programmes



In pursuing the Three Transformative Results, UNFPA employs a number of strategies and techniques to amplify its messages and reach those most vulnerable to poor sexual and reproductive health and gender-based violence. Foremost among these strategies are the programmes that target young people as agents of change.

The Government of India, faced with the largest youth cohort in the country's history, welcomes this strategy, which supports its numerous policies and programmes addressing

the needs of adolescents and youth. A major policy framework for addressing the need for comprehensive preventive and promotive health education, including sexual and reproductive health, through schools is the School Health and Wellness Programme launched in 2018. The programme envisages training two teachers from each school in the country as a 'Health and Wellness Ambassador' to impart health and wellness education to the country's 260 million school students and through them, their families and communities to accelerate better health outcomes and sustainable development in the country.

UNFPA is supporting the roll-out of the School Health and Wellness Programme in 18,250 schools across Odisha, Rajasthan, Bihar, Madhya Pradesh and Delhi and has extended technical assistance in formulating the operational guidelines and curriculum for the programme. Through this initiative, a total of 12,200 teachers have been trained as Health and Wellness Ambassadors.

A two-day national review of the programme, jointly led by UNFPA and the Ministry of Health and Family Welfare, provided the opportunity for discussion and brainstorming to address challenges and create a roadmap for the programme in 2022.



Life-skills education promotes lifetime well-being

Life-skills education is an important component of any health and wellness package. UNFPA ensured the continuity of life-skills education sessions during the pandemic by using various platforms reaching out to students affected by school closures. This included online sessions by trained teachers and talk shows, videos and animated films on YouTube (which received nearly 2.6 million views and more than 600,000 responses from students through feedback forms). During the year, 30 life-skills education episodes were telecast in Madhya Pradesh on the state television channel, and these received more than 453,000 responses from students and teachers.

As a whole, life skills education was significantly scaled-up and expanded across 11 school systems in UNFPA priority states so it now covers approximately 2.02 million students in 26,322 schools, reaching 73 percent of planned outreach in 2021. During the year, 32,764 school teachers were trained to deliver life-skills education (51 per cent above the target). The programme reached the most vulnerable and those from marginalized communities through tribal residential schools (1,173 schools),

special schools for adolescents with disabilities (153 schools) and madrasas (1,055 schools).

UNFPA also supported the roll-out of life-skills education through community-based platforms of the National Adolescent Health Programme to reach 2.07 million adolescents with life skills education in Madhya Pradesh, Rajasthan and Odisha (93 per cent of the target). More than 250,000 adolescents received mental health and psychosocial counselling through adolescent-friendly health clinics, helplines and online channels as a result of UNFPA's support in 2021.

Special groups need special programmes

Different UNFPA programmes addressed particular vulnerabilities of different groups of adolescents. 'Mission Uday' is a multi-stakeholder initiative designed to foster positive change among young people in tribal communities of Odisha; in 2021 it trained 520 young people (100 per cent of the target). UNFPA's collaboration on the 'Smart City

Mission' engaged young people on various social empowerment programmes in the slums of Patna and Bhubaneswar.

Through the Taalim-i-Naubalighan (Adolescence Education Programme) project implemented in partnership with the Government of Bihar, UNFPA spearheaded a first of its kind intervention in the country, through which a life-skills curriculum is being integrated into Islamic madrasas across the state of Bihar. It was started as a pilot project in 494 madrasas in two districts, and the state has committed to upscaling this programme to all 2,000 madrasas in Bihar, thus covering 1 million adolescents by 2022. In 2021, the project covered 30 districts and developed a team of 104 trainers for 24 Madrasa Resource Centres that trained 1,871 madrasa teachers and 913 principals. UNFPA has engaged credible academic institutions as technical partners in this initiative, working with schools of Islamic thought to mainstream gender into curricula.

Mentoring for better adolescent reproductive health

Peer-to-peer mentoring by adolescents on reproductive health and rights and the prevention of gender-based violence has been shown to be an effective tool – and it is working in India as well. In Jaisalmer, Rajasthan, UNFPA has supported a 'Scheme for Adolescent Girls' to give teenage girls, especially those who have been forced to leave school because of family circumstances, access to information on reproductive and general health. In Jaisalmer district, almost 3,000 girls belong to these adolescent clubs, each one of which is guided by a young woman "Sathin" or friend.

One of the leaders "Sathin Askii" reported that "I love working with them and feel like a proud older sister – especially when I see them empowered with knowledge and improving their lives. I am very happy with the work that I do."

Among many other topics, the mentoring programme discusses the physiological changes that occur during adolescence, menstrual hygiene and its management, and the harmful effects of child marriage and early pregnancy.

"How can a child have a child of her own! We understand the damaging effects of early marriage and teenage pregnancy and how it can negatively affect our bodies and health. We look forward to these meetings and have a strong desire to learn about things we are unaware about. We want to do something important and useful in our lives. We have dreams and ambitions and this support group brings us one step closer to realizing them," said 17-year-old Geeta, one of the members of the adolescent groups in Jaisalmer.





Technology and Innovation

Harnessing the power of innovation is a key change strategy to maximize the impact of UNFPA interventions through new and more effective approaches to solving problems that accelerate progress for women and girls. In 2021, UNFPA supported programmatic innovation as well as digitalization via the use of mobile technologies and data analytical dashboards.

Mobile app for madrasa adolescent education project

Under the Madrasa Adolescent Education Programme in Bihar, technological interventions were introduced to strengthen school management systems. A mobile application was developed for nodal teachers, principals and facilitators to report on activities undertaken in madrasas accompanied

by an analytical dashboard to monitor progress across each level. The dashboard will monitor the activities of 2,000 madrasas home to 250,000 students across 34 districts of the state.



Digital e-learning courses

UNFPA supported the development of interactive e-modules on integrated sexual and reproductive health services, including family planning, safe abortion, reproductive rights, and maternal health for in-service healthcare providers and managers at the primary level. The modules enable access to training resources for a wide audience, especially in hard-to-reach areas, thereby improving the quality of and access to critical maternal health and family planning services. UNFPA is also partnering with The World Continuing Education Alliance to attain

a global reach through the organization's vast platform.

Mechanizing sanitation workers

The Patna Municipal Corporation in partnership with UNFPA launched the “Women-Led Enterprise on Mechanized Cleaning” in vulnerable slum communities. Starting with a financial viability model, an operational system for a women-led enterprise structure to facilitate economic empowerment and improve capacities on social issues for women belonging to sanitation worker communities was designed and deployed

Transforming Lives of Vulnerable Communities

Historically one of the most marginalized groups in India have been people who have made their living as scavengers – manually cleaning, carrying, disposing or handling human excreta from dry latrines, drains and other sanitation systems. Often members of the Dalit community, these scavengers are among the poorest and socially excluded groups in India. Even though the practice was outlawed in 2013, it remains the only means of support for some impoverished communities. It is estimated that the income from scavenging barely covers two meals a day, and most of the children of scavenging families do not go to school, exposing girls to child marriage and blunting their development potential. In Bihar state, 40 per cent of Dalit girls marry before the age of 18 and have a higher fertility rate than the state average.

In an innovative way to remedy this, UNFPA teamed up with the governing body of Patna City in Bihar to launch the Women's Mechanized Cleaning Cooperative, designed for women workers and led by them, to use machines and safety equipment rather than manual methods. Women employed with the programme are trained to operate and drive specialized machines to clean the city's sewers and septic tanks, helping them to make a living without endangering their lives.

Rani Devi, aged 28, lives with her husband, two children and parents-in-law in a slum settlement in Patna. A sanitation worker by profession, she also worked as a domestic helper, but her daily wages were barely enough to scrape by. When she learned about the Women's Mechanized Cleaning Cooperative, she was eager to join. “When we wear our uniforms, people recognize us and we feel a sense of pride. They say – just look at what these women have achieved and the work they are doing – they have left the men behind,” Ms. Devi said about her profession.





Use of Data and Evidence

The demographic dividend and its implications for India

When there is rapid fertility decline, such as in the case of India in recent decades, the share of the young population falls and that of the working age population rises substantially. This is defined as the 'demographic dividend' that provides an opportunity for a society to benefit at a time when labour force participation and productivity are high. In India, the demographic transition is still ongoing in the northern parts of India. The North-South regional disparities in demographic transition leads to migration mainly for work which has implications for both place of origin and disruption.

To derive maximum benefit from the demographic dividend, India must address issues of employment and female labour force participation and ensure investments in education and skills development. UNFPA has been pioneering the generation of

evidence and facilitating policy dialogue on these important issues including technical policy briefs and a thematic session on the Indian experience sponsored at the International Population Conference. UNFPA continues to be engaged in an evidence-based policy dialogue with national policy makers at National Institution for Transforming India (NITI Aayog) and the Ministry of Health and Family Welfare on the demographic dividend and its potential benefits for India.

UNFPA also supported the Ministry of Statistics and Programme Implementation to track data at district levels by developing small area estimation techniques to track Sustainable Development Goal indicators disaggregated by socio-economic status. As a key member of the Technical Advisory Group on the Fifth National Family Health Survey, UNFPA ensured inclusion of relevant survey questions to track progress on the Sustainable Development Goals which will bring forth new insights previously not available

Development of e-learning modules for the 2021 census

Part of UNFPA's work in the use of data for evidence-based policy development is its continuing role as the lead agency for joint United Nations support to the national census. Although delayed by the COVID-19 pandemic, UNFPA supported the

Office of the Registrar General of India (ORGI) and Census Commissioner in developing e-learning modules for training the estimated 3 million census enumerators and supervisors. The e-learning modules in English have been finalized for the first phase of census operations. UNFPA also developed a mobile self-learning application as a technical resource for enumerators.

UNFPA's India Population Situation Analysis – A Brief Overview

UNFPA undertook a population situation analysis in 2021 to provide an appraisal of the state of India's population. It highlights issues, challenges, and opportunities for action in the areas of population, sexual and reproductive health and rights, adolescents and youth, and gender equality, themes that fall within the purview of UNFPA's mandate and its contribution to the work of the United Nations in India.

The population situation analysis informs about the tremendous gains that the country has achieved over the last few decades in the areas of population, human development, economic growth and poverty reduction. Fertility and mortality rates - key drivers of population change – have declined, with overall fertility in India already at the replacement level. The country needs, however,

to work harder in addressing employment, income inequality and the variations and gaps in progress across states, union territories, income groups, and rural and urban areas. The close association between poverty and fertility persists, with poorer states and poorer households continuing to experience higher fertility.

Additionally, with increasing urbanization, and due to the sheer size of India's population, overcrowding, especially in large metropolitan areas, is a continuing issue and with it, the associated impact on people's needs for services such as housing and health. The rapid growth of India's large cities will inevitably create new demands for energy, water, waste management, reproductive health services, etc., which if not managed efficiently can lead to social stress.





Communications and media

Towards the realization of the three transformative goals, communications and media play an integral role in highlighting and generating awareness, especially in terms of messages to ensure that those furthest behind are informed and made aware of their rights, choices and access. In 2021, new mechanisms and media were employed to address regressive social norms and increase the visibility and outreach of UNFPA's work. Strategic creation and dissemination of important evidence-

based information to multiple target groups was undertaken, including by using popular and influential voices.

Communications technologies were deployed by UNFPA to actively respond to the COVID-19 pandemic through utilizing community, national and private radio channels to support the Ministry of Health and Family Welfare's national campaign on COVID vaccination. UNFPA carried out targeted social media campaigns that reached an estimated 34 million people.

Partnerships and resource mobilization

Partners for the implementation of the UNFPA programme in India include the Ministry of Health and Family Welfare, the Ministry of Women and Child Development, the Ministry of Panchayati Raj, the Ministry of Youth Affairs and Sports, the Ministry of Statistics and Programme Implementation, the Office of the Registrar General and Census Commissioner of India, State Governments of Bihar, Odisha, Madhya Pradesh and Rajasthan, civil society, the private sector, academia, medical bodies, the media, judiciary, and, most importantly, communities.

In addition to its core programme funds, UNFPA was able to leverage additional funding through a number of strategic partnerships. UNFPA was supported by the Norwegian Embassy in India for its program 'Enhancing the value of women and girls through media and civil society engagement'. The project aims to create an enabling environment to address discriminatory structures and norms that lead to gender inequality and practices such as gender-based violence and gender-biased sex selection. The success of this flagship project led to the renewal and scale-up of UNFPA's partnership with Norway for an additional year.

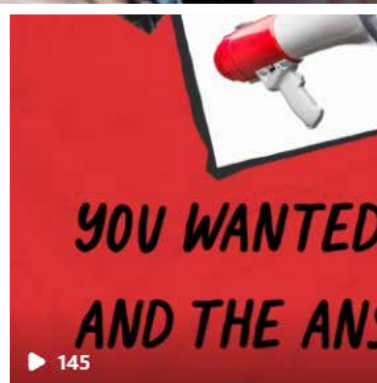
The Rural Electrification Corporation (REC) Foundation has been in partnership with UNFPA India since January 2018 through a three-year agreement to advance the empowerment of adolescents and young persons. In 2021, efforts were continued in influencing national and state-level policies and programmes. UNFPA was able to draw upon a partnership with the private sector Ferring Pharmaceuticals to supply medicine to reduce excessive bleeding after childbirth.

UNFPA and UNICEF jointly implemented the Global Programme to End Child Marriage in India, currently in its second phase (2020-2023). In 2021, the Programme reached 725,000 adolescents with services and information on preventing child marriage, health (especially COVID-appropriate behaviour), life skills, and prevention of violence, with a special emphasis on those left furthest behind (e.g., adolescents with disabilities, adolescents from scheduled caste and scheduled tribe communities, adolescents belonging to religious minorities, etc.). The programme also invested in the capacity building of healthcare professionals in providing adolescent-friendly health services and technical support on gender in the life-skills education components of the School Health and Wellness Programme.



Communications and Media Snapshot





Evaluation of UNFPA's 9th Country Programme (2018-2022)



In line with UNFPA programme guidelines, an evaluation of the 9th Country Programme was conducted in 2021. The evaluation recognized the pivotal role played by UNFPA in the FP 2020 mechanisms and the programme support at the national level that helped sustain the Health Ministry's priority of expanding choices in birth spacing methods. Technical support provided by UNFPA in the focus states was also highlighted. High-quality technical assistance contributed to promoting rights-based approaches in family planning service delivery and reduced the frequency of contraceptive stock-outs, especially in three of the four focus states.

The country programme evaluation recommended advancing UNFPA's foothold in advocacy at the national level on the sexual and reproductive

health and rights agenda, expanding work in the states, and building on the midwifery initiative. It recommended that UNFPA work to retain its particular niche in institutionalizing large-scale programmes for young people and in enhancing access to sexual reproductive health services for them.

At the national level, the country programme evaluation recognized UNFPA's role in strengthening the implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques Act and in using media to challenge regressive social norms and discriminatory practices. The country programme evaluation suggested consolidation of support in addressing gender-based violence, gender-biased sex selection, and child marriage at the national level, on critical gender issues.

Outcome 1

SEXUAL AND REPRODUCTIVE HEALTH: ACHIEVEMENT OF RESULTS

Sl. No.	CPD Output and Signature Indicators	Targets (2021)	Achievements (2021)
RRF Output Indicators			
1	Proportion of districts in select states that implemented advisories and guidelines to ensure universal access to rights-based reproductive health information and services	77%	66%
RRF Output Indicators			
2	Percentage of women in the age group 15–29 years using modern spacing methods in UNFPA supported states	15%	17.5% (Source - NFHS-5)
RRF Output Indicators			
3 & S04	Percentage of healthcare facilities that deliver integrated sexual reproductive health services in UNFPA focus districts	35%	50.3%
RRF Output Indicators			
4 & S05	Number of adolescents receiving reproductive health information and/or services enabled by the health system in UNFPA supported states	320,867	1,028,782

Outcome 2

YOUTH AND GENDER: ACHIEVEMENT OF RESULTS

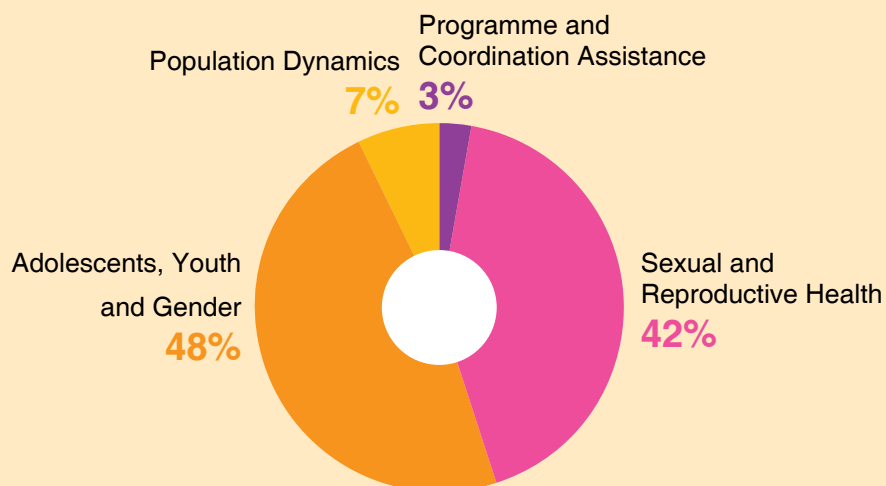
Sl.	CPD Output and Signature indicators	Targets (2021)	Achievements (2021)
RRF Output Indicators			
5	Proportion of UNFPA-supported states implementing policies and programmes for empowerment of girls and women	100%	100%
RRF Output Indicators			
6	Number of school systems institutionalizing rights-based, gender-transformative life-skills education	9	11
RRF Output Indicators			
7 & S12	Number of adolescent girls and boys reached with life skills-based adolescent education in selected states	3,850,000	4,097,400
RRF Output Indicators			
8	Proportion of priority districts in UNFPA supported states implementing multi-sectoral interventions to empower girls and address harmful practices	75%	75%

Outcome 3

POPULATION DYNAMICS: ACHIEVEMENT OF RESULTS

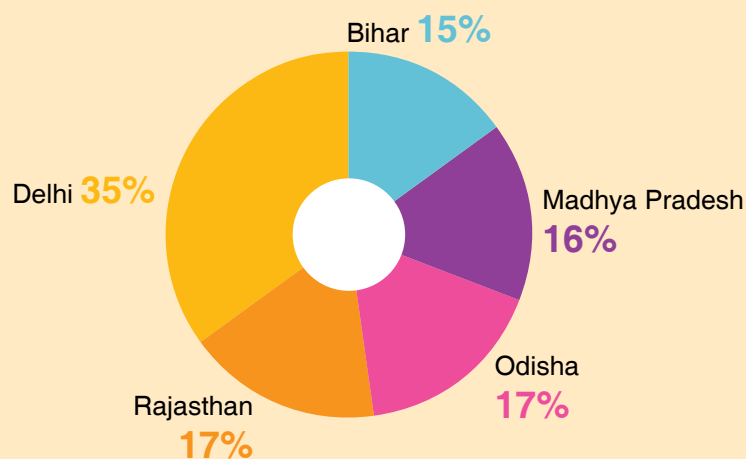
Sl.	CPD Output and Signature Indicators	Targets (2021)	Achievements (2021)
RRF Output Indicators			
9	Proportion of Sustainable Development Goal indicators in the areas of the UNFPA mandate that have disaggregated data available for monitoring	79%	75%
RRF Output Indicators			
10 & S16	Number of technical papers and policy briefs developed on emerging population issues	20	20

2021 EXPENDITURES BY THEMATIC AREAS



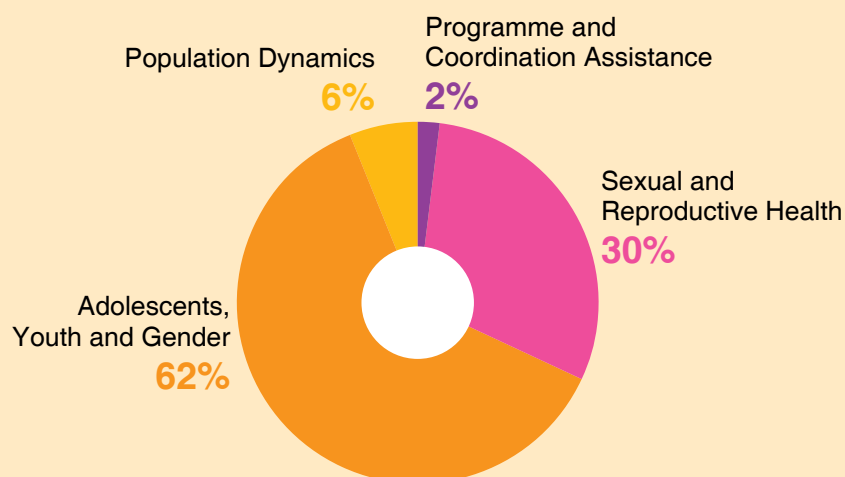
Thematic Area	Amount (US\$)	Amount in Millions (US\$)
Sexual and Reproductive Health	3,709,435	3.71
Adolescents, Youth and Gender	4,205,583	4.21
Population Dynamics	639,457	0.64
Programme and Coordination Assistance	270,309	0.27
Total	8,824,783	8.82

2021 EXPENDITURES BY GEOGRAPHIC AREAS



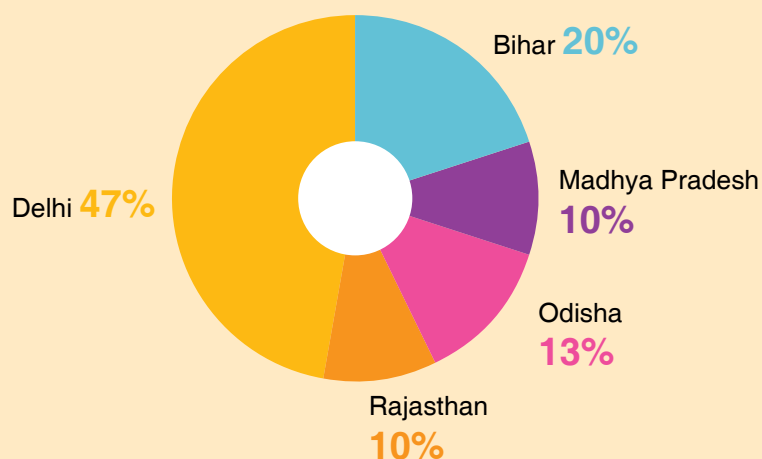
Geographic Area	Amount (US\$)	Amount in Millions (US\$)
Bihar	1,336,856	1.34
Madhya Pradesh	1,451,340	1.45
Odisha	1,459,604	1.46
Rajasthan	1,523,663	1.52
Delhi	3,053,319	3.05
Total	8,824,783	8.82

2022 ALLOCATION BY THEMATIC AREAS



Thematic Area	Amount (US\$)	Amount in Millions (US\$)
Sexual and Reproductive Health	2,933,741	2.93
Adolescents, Youth and Gender	6,190,862	6.19
Population Dynamics	621,752	0.62
Programme and Coordination Assistance	200,000	0.20
Total	9,946,355	9.95

2022 ALLOCATION BY GEOGRAPHIC AREAS



Geographic Area	Amount (US\$)	Amount in Millions (US\$)
Bihar	1,957,023	1.96
Madhya Pradesh	985,054	0.99
Odisha	1,264,152	1.26
Rajasthan	1,010,748	1.01
Delhi	4,729,378	4.73
Total	9,946,355	9.95



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