
Country Programme Action Plan 2018-2022

Government of India and the United Nations Children's Fund



unicef  for every child



सत्यमेव जयते



Towards a new dawn

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The Framework

The Government of India, hereinafter referred to as “the Government,” and the United Nations Children’s Fund, hereinafter referred to as “UNICEF,”

- **Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child;
- **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- **Entering** into a new period of cooperation from 1 January 2018 to 31 December 2022;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I: Basis of Relationship

1. The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 10 May 1949, and amended on 5 April 1978, provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan (CPAP) for the period 2018 to 2022 is to be interpreted and implemented in conformity with the BCA. The programmes and projects described herein have been agreed jointly by the Government and UNICEF.

Part II: The Situation of Children and Women in India

Basic Data	
Child population (millions, under 18 years, census 2011)	444
U5MR (per 1,000 live births, SRS 2015)	43
(male/female)	(40/45)
Underweight (% moderate and severe, NFHS-4, 2015-2016)	36
(%, urban/rural, poorest/richest)	(29/38, 49/20)
Maternal mortality ratio (per 100,000 live births, SRS 2013)	167
Primary school attendance (% net, male/female, RSOC 2013-14)	75.3/74.9
Population using safely managed drinking water (% rural, JMP, 2017 ¹)	49
Population defecating in the open (% rural, JMP, 2017)	56
Adult HIV prevalence rate (% NACO, 2015)	0.26

¹ JMP, 2017 relates to data from Dec, 2015

Child marriage (% , NFHS-4, 2015-2016)	26.8
Child labour (% , 5-14 years of age, 2005-2006)	12
Birth registration (% , under 5 years of age, RSOC, 2013-14)	72
(% , male/female, urban/rural, poorest/richest)	(71/73, 83/67, 57/86)
GNI per capita (PPP 2016, US\$, World Bank)	6490
1-year-olds immunized with DPT3 (% , NFHS-4, 2015-16)	78
1-year-olds immunized against measles (% , NFHS-4, 2015-16)	81

Summary of the Situation of Children, Adolescents and Women

2. With 1.2 billion people and the world's fourth-largest economy, India's recent growth and development has been a globally significant human development achievement. Life expectancy has more than doubled, literacy rates have quadrupled, health conditions have improved, and a sizable middle class has emerged. The number of people living in extreme poverty (less than US\$1.90 a day) has declined to 21 per cent, but 58 per cent of people remain poor (less than US\$3.10 a day).¹ India ranks 130th out of 188 countries in the Human Development Index for 2015.² However, with a combination of high economic growth and human development progress, India is on the path to reducing inequality.
3. Significant access and quality achievements have been made in education: About 70 million children attend pre-primary, primary enrolment is near-universal, participation in upper primary has increased, and reading and mathematics scores have improved in the early grades of publicly funded schools in seven states (Chhattisgarh, Gujarat, Maharashtra, Punjab, Haryana, Telangana, Uttarakhand). In addition, reading levels for Class III pupils have increased by 7 per cent since 2014.³ Disparities have decreased with regard to the number of out-of-school children. Gender and other social gaps have been addressed through provisioning of schools (toilets for girls/boys, drinking water) and cash transfer schemes.
4. A strong legislative/policy environment for education exists, and the draft National Education Policy provides for two years of pre-primary education. In 2013, the Government adopted the National Early Childhood Care and Education Policy, signifying the importance of early childhood development (ECD) and its impact on breaking the intergenerational cycle of deprivation cycle. Efforts are being made to reduce school dropout. An estimated 6.1 million children aged 6-13 years remain out of school,⁴ while another 20 million children do not attend preschool. Between 2010 and 2016, more than 13 million students moved from public to private schools.⁵
5. Health indicators also have improved. Between 1990-2015, under-5 mortality declined by 66 per cent, and the maternal mortality ratio fell 68 per cent. Progress has been relatively slower for neonatal mortality, with a 56 per cent decline during the same period; neonatal mortality contributes to 58 per

² World Development Indicators 2016, World Bank Group

³ ASER, 2016

⁴ National Sample Survey of Estimation of Out-of-School Children in the Ages 6-13 in India, Social and Rural Research Institute

⁵ District information system for education data E/ICEF/2017/P/L 22

cent of under-5 deaths. At the same time, this rate encompasses wide variations between and within states; rural, urban and urban poor; and across gender, caste and wealth quintiles.

6. The improvement in immunisation coverage is relatively modest, with a 19-percentage-point increase from 43 per cent in 2005 (NFHS-3) to 62 per cent in 2015 (NFHS-4). However, wide variations remain between and within states, as well as across castes and wealth quintiles, along with minimal immunisation coverage improvement in urban/peri-urban settings. Most unimmunised children come either from tribal or other marginalised population groups, and/or living in remote villages or in urban/peri-urban slums.
7. More children are being breastfed, and between 2006 and 2016, stunting among children under age 5 years fell from 48 per cent to 38 per cent. Stunting prevalence is higher among Scheduled Castes (43 per cent) and Scheduled Tribes (44 per cent). About 21 per cent of children under age 5 are wasted.⁶
8. The Government has introduced policy and legislative measures to improve the nutritional situation of children and women. In particular, the National Food Security Act 2013 reaffirms the Government's commitment to securing this right for all children through access to, and the provision and promotion of, essential nutrition and care services.
9. The Government has made the achievement of Clean India a high priority, supported by increased budget allocations for the elimination of open defecation. This has created a "once-in-a-generation" movement, with the alignment of public sector interests, public budgets, and social awareness behind the formerly intractable problem of open defecation. Nonetheless, there is still a way to go to achieve a sustained open defecation-free India; as of December 2015, it is estimated that 39.84 per cent of the population had no sanitation facility;⁷ moreover, national-level disparities persist by location, social group and wealth quintile.
10. With regard to water supply, if India managed to achieve 93 per cent coverage in rural areas in 2015, the baseline for the relevant Sustainable Development Goal (SDG) which is about access to safely managed drinking water⁸ is 49 per cent. Two-thirds of rural districts are affected by extreme water depletion. In these districts, the water table has gone down by 4 metres in the past 20 years, mainly due to over-exploitation of water resources, particularly for irrigation.
11. Recent reports show that 38 per cent of schools do not have appropriate toilets for girls (ASER 2016); 58 per cent of preschools have no toilet; and 56 per cent have no water on premises. Because of a continued need for additional WASH measures for infection prevention and control in health care facilities, sepsis is directly responsible for 11 per cent of maternal deaths in India and 15 per cent of neonatal mortality.
12. The flagship Anganwadi Services [under Umbrella Integrated Child Development Services (ICDS) Scheme] cover health care services and nutrition, immunisation and preschool non-formal education for children younger than age 6 years. Sustained efforts have resulted in the elimination of polio and maternal/neonatal tetanus.

⁶ International Institute for Population Sciences, National Family Health Survey (NFHS)-4 2015-16.

⁷ JMP 2017 report

⁸ Safely managed drinking water means water source is located on premises, available when needed and free of contamination

13. Since 2009, the Government has supported an integrated child protection scheme and has developed a robust legal framework for protection.⁹ While regional disparities exist, child marriage has significantly decreased, from 47 per cent (2006) to 27 per cent (2016).¹⁰ To address girls' vulnerability, programmes that address the child sex ratio, as well as girls' empowerment under a life-cycle continuum, are being implemented. The country's first 24/7 free outreach service for children, Childline, is expanding nationwide. Meanwhile, the number of child workers has declined over the last 40 years, even as there are still 10.1 million child workers aged 5 to 14 years (2011).
14. The 705 Scheduled Tribes constitute 8.6 per cent of the total population and 10.2 per cent of the child population, with 92 per cent of tribal people living in rural areas. More than 2 in 5 tribal households are in the poorest wealth quintile, compared with just over 1 in 10 non-tribal households. Nationally, 45 per cent of rural tribal people remain below the national poverty line, compared with 25 per cent for all groups. Tribal people face challenges related to livelihood opportunities; chronic health issues; identity and governance; lack of human resources, infrastructure and institutions; and the exploitation of natural resources
15. Gender equality has made gains as a result of legislative and policy measures, social protection schemes for girls and adolescents, and gender-sensitive budgets. India has attained gender parity in primary enrolment and boosted female literacy from 54 per cent (2001) to 66 per cent (2011).¹¹ Gender-based discrimination and violence continues to be a challenge. India ranks 130th out of 155 countries in the 2015 Global Gender Inequality Index. Higher under-5 mortality rates are found among girls than boys (13 per cent). Many women face overlapping social, emotional, physical, economic, cultural and caste-related deprivations.¹²
16. India has the largest population of adolescents in the world, with 253 million individuals aged 10-19 years, which is about 21 per cent of the world's adolescent population of 1.2 billion. This large cohort of young people represents a great demographic dividend, with the potential to contribute to India's economic growth and development. While India has made major progress in reducing child mortality and increasing children's access to primary education, millions of children are lost in transition: from childhood to adulthood, and from school to work. For some, the transition has been accelerated from childhood to parenthood. The most critical transition tends to occur between ages 15 and 17 years. However, it is important to think about adolescents' needs within a continuum of investments; multiple challenges exist, given the diversity and complexity of adolescent issues in India. Adolescent girls in India particularly experience multiple layers of vulnerabilities, based on sex, age, caste, socioeconomic status and geography. These include poor nutritional status (56 per cent are anaemic), early marriage and early childbearing, as well as issues related to reproductive health and empowerment.
17. Vulnerabilities to natural hazards, particularly floods and drought, continue to be a challenge, while the national emergency response capacity has increased significantly in recent years.
18. Common barriers that impede overall equitable results include: (a) capacity and systems at state and local levels to deliver quality services; (b) the need for more robust data for planning and monitoring

⁹ Including the Juvenile Justice Act; Child Marriage Prohibition Act; Protection of Children from Sexual Offences Act; and Child Labour Prohibition and Regulation.

¹⁰ NFHS-3 and NFHS-4.

¹¹ Census 2011

¹² *The Lancet* 2006, 367: 211-218

programmes; (c) the level of implementation of policy provisions and flagship programmes; (d) inefficiencies in budget allocations and expenditures; and (e) knowledge gaps, coupled with harmful social norms and practices.

19. Lessons learned from the previous Country Programme 2013-2017, confirmed by consultations with partners, highlight the importance of convergent multisectoral programming following a life-cycle approach that addresses social and behavioural norms, with a focus on marginalised groups and gender inequalities.

PART III: Lessons from the Country Programme 2013-2017

20. The lessons from the Country Programme 2013-2017 indicate progress on county- and programme-wide convergent programming for bringing about social change for children. Many strategic partnerships for child-centred research, advocacy and investment in child rights have been established, and the new Country Programme 2018-2022 will need to continue enhancing this approach through partnership mapping analysis.
21. Enhancing convergent, cross-sectoral programming has been at the centre for both national and state flagship programmes. Integration of social and behavioural change communication (C4D) and policy advocacy into all programming, implementation and monitoring continue to be critical strategies to be emphasised during the new Country Programme. One of the most positive and well-documented lessons from the current Country Programme involves UNICEF's contribution to the successful eradication of polio in India. These lessons, including learning from social mobilisation and social mapping, as well as engaging of influencers, will be applied to promote public demand for routine immunisation.
22. In addition, intensified efforts will be continued to further strengthen the equity focus, in particular vis-à-vis the most marginalised children and families in tribal and urban settings including differently abled children, children infected and affected by HIV, etc. While strategies focusing on gender and social inclusion have been successfully mainstreamed in overall programming, an explicit focus on gender disaggregation within each programme priority, as well as all research and analyses, will sharpen achievement of the Country Programme objectives.
23. Knowledge management and innovations underpin the capacity to transform and deliver results. This has been successfully applied when scaling up an online monitoring system for Special Newborn Care Units (SNCUs) to monitor their performance. The close monitoring of SNCUs started small, with a pilot in one state at the beginning of the Country Programme 2013-2017, but was scaled up to all 29 states by the end of the programme cycle, thereby covering more than 90 per cent of SNCUs. In addition, an innovative start-up initiated by UNICEF in Rajasthan is in the process of being gradually scaled up across the country by the Government of India to assist Auxiliary Nurses and Midwives (ANMs). An online tool will empower ANMs to deliver quality maternal, newborn and child health services equitably, while also strengthening the real-time information system for collection of maternal and child health-related data. For the new Country Programme 2018-2022, a knowledge management strategy and platform will be put in place to systematically gather material for internal and external learning practices.

24. To break the cycle of intergenerational poverty and low educational status, several critical interventions will be prioritised. Among these are: reducing child marriage, improving the health and nutritional status of adolescent girls, and generating better education opportunities. The role of UNICEF in this context is to address multidimensional deprivations affecting the lives of adolescents. UNICEF will support Government efforts through social behaviour change strategies for parents, communities and adolescents themselves. In particular, UNICEF will support Government efforts to increase the value of girls and to recognise adolescent boys and girls as productive citizens and agents of change.
25. In the area of child protection, the key lesson learned was the need to pursue multi-stakeholder dialogue and coordination at national, state and district levels alike for effective implementation of the Juvenile Justice (Care and Protection of Children) Act 2015 and the Protection of Children from Sexual Offences Act 2012. Under the leadership of the Supreme Court Juvenile Justice Committee, established in 2013, three rounds of regional and national consultations with key stakeholders has resulted in major progress in the implementation of these laws at state level and improved coordination, in close cooperation with the Department of Women and Children and police authorities, among others.

Part IV: Proposed Programme

Country Programme Outcomes

26. Aligning with the priorities and policies of Government of India and UNICEF's Global Strategic Plan, this Country Programme 2018-2022 is to contribute to national flagship programmes and targets to enable all children, especially the most disadvantaged and excluded, including differently abled children, children infected and affected by HIV, etc., to have their rights progressively fulfilled and to develop their full potential in an inclusive and protective society. This envisaged impact will be achieved through eight programme outcomes, namely: (a) reduction of child and maternal mortality; (b) reduction of undernutrition of children and adolescent girls; (c) safe and sustainable water, sanitation and hygiene services; (d) all girls and boys learn; (e) protection of children from violence, abuse and exploitation; (f) inclusive social policy; (g) public and private-sector engagement for child rights and (h) programme effectiveness. These programme outcomes are underpinned by the crosscutting priorities of gender equality and disaster risk reduction, and promotes synergies across multiple programme outcome areas to address early childhood development and adolescent development issues. Overall, outcome targets of programmes are aligned with the national targets set by the Government of India.

Outcome 1: Reduction of child and maternal mortality

27. This outcome is aimed at ensuring that pregnant women, newborns, children and adolescents in UNICEF programming states have equitable access to and use quality health services at all levels, with a focus on marginalised groups. It will address the high burden of mortality and morbidity, aligned with the National Strategy for Reproductive, Maternal, Neonatal and Child Health plus Adolescents (RMNCH+A). The prioritisation of deprivations and interventions to be addressed will vary by the typology of states, geographies, and burden and dimensions of inequity. Strong emphasis will be given to (1) reduction of neonatal mortality, since it accounts for 58 per cent of under-5 deaths, as

highlighted above, and (2) to improving routine immunisation coverage, in line with Government of India priorities.

28. The main approaches and priorities will include:

- (a) Engagement and collaboration with the Government on relevant policy advocacy and dialogue on the unfinished agenda of Millennium Development Goals (MDGs) 4 and 5, and on emerging child health issues such as ECD, universal health coverage and adolescent health;
- (b) Catalytic programmatic support, through identifying best practices and promoting them at scale;
- (c) Contextualised support for maternal and child health programming in line with the National Health Strategy, National RMNCH+A Strategy, India Newborn Action Plan (INAP), and the Call to Action commitments.
- (d) Advocacy and technical support for increased access to quality essential maternal and child health services, including skilled birth attendance; essential newborn health; early initiation of breastfeeding, immunisation; early detection and management of birth defects and developmental delays, and reduced mortality through the prevention and treatment of childhood pneumonia, malaria, diarrhoea and HIV/AIDS;
- (e) Promotion of gender and an equity focus on the health and well-being of the girl child and marginalised communities. There will be a strong focus to address the gender gap in child survival especially addressing social norms around care seeking behaviour for the female newborn.
- (f) Advocacy for increased public spending on health, to ensure universal health coverage, in line with the SDG3;
- (g) Convergent multi-sectoral programming, including nutrition, water, sanitation and hygiene (WASH), education and child protection;
- (h) Strengthened partnerships with health professional societies, civil society, bilateral and multilateral organisations, and non-Government organisations (NGOs), under Government leadership.
- (i) UNICEF will support the Government of India, in collaboration with partners, such as, WHO and GAVI, through sharing of market intelligence, vaccine demand forecasts and priority vaccines requirements to inform development of affordable vaccines by Indian manufacturers.

Outcome 2: Reduction of undernutrition of children and adolescent girls

29. This outcome prioritises reduction of stunting and wasting in children under age 2 years, as well as malnutrition in adolescent girls and women before, during and after pregnancy. The focus will be on reducing disparities and prioritising improvements in nutrition among the poorest wealth quintile and disadvantaged groups (Scheduled Castes and Scheduled Tribes) Priority will be given to improving complementary feeding and addressing severe acute malnutrition (SAM). Strengthening positive behaviours and attitudes, community norms and the demand for and use of services will be addressed through enhanced programme communication and partnering with local governments and communities. The programme aims to contribute to the targets of National Nutrition Mission to reduce malnutrition among children.

30. The main approaches and priorities will include.

- a) Assist the Government at national and state levels to apply a strong equity lens and ensure that disaggregated data are used to accelerate the provision of nutrition interventions under Anganwadi Services, the National Health Mission and the National Rural Livelihoods Mission;
- b) Support National and State Nutrition Missions, to strengthen and synergise both governance and multi-sectoral coordination in policies and programme implementation for maternal, adolescent and child nutrition outcomes, through key nutrition, WASH, poverty alleviation and health responses. Support particularly will be given for convergence between Anganwadi Services, the National Health Mission and the Rashtriya Kishor Swasthya Karyakram (RKSK) health programme for adolescents, which is expected to foster improved coordination for nutrition and deliver nutrition-specific and nutrition-sensitive interventions;
- c) Strengthen the capacity of frontline functionaries in nutrition and health, as well as the most relevant nutrition-sensitive sectors and their institutions, to enhance the quality of training curricula and counselling tools and approaches. This will be focused specifically on complementary feeding, adolescent girls' and maternal nutrition, and SAM;
- d) Assist state Governments to develop and implement at-scale behaviour change communication for improved feeding and caring practices, as well as hygiene and parenting skills, through interventions by frontline workers and community groups;
- e) Strengthen the Management Information System of the Ministry of Women and Child Development by enhancing capacities for monitoring, reporting and evaluation;
- f) Facilitate technical exchange at state and national levels to design and deliver policies, strategies, programmes and guidelines, based on good practices.
- g) For a comprehensive approach to prevention and management of acute malnutrition, priority will be on management of moderate acute malnutrition.
- h) Explore and facilitate innovations and e-learning courses and platforms on nutrition.

Outcome 3: Safe and sustainable water, sanitation and hygiene services

31. The outcome aims to support national flagship programmes, including the Clean India Mission to eliminate open defecation; the WASH in Schools initiative, including for preschools; health facilities programmes; and the rural water supply programme. Currently, a unique window of opportunity exists to support unprecedented achievements, notably, to decrease the number of open defecators to contribute to the national ODF target. It also aim to support in increase the proportion of the population practising handwashing with soap, and the population using safely managed drinking water in line with state and national targets.
32. The main approaches and priorities will include:
- a) Develop the capacity to implement district-wide implementation models that incorporate behaviour change and integrate successful approaches into state and national operational guidelines;
 - b) Strengthen social and behavioural change approaches focused on the use of toilets and handwashing with soap, while enhancing the sustainability of open defecation-free outcomes;
 - c) Foster public-private partnerships and promote at-scale innovations, such as affordable financing options to ensure equitable access to facilities; an online district planning and knowledge diffusion tool to strengthen the district-wide approach and cross-learning; and low-cost technologies for affordable WASH facilities and services;

- d) Support convergent programming with nutrition to reduce stunting; WASH services in Anganwadis; WASH in Health to ensure child survival and reduce sepsis; WASH in Schools, including menstrual hygiene management, to improve education outcomes, especially for adolescent girls; strengthened community resilience through water safety planning; and regulation for water resource management to mitigate the impacts of natural disasters and climate change;
- e) Analyse data and generate and disseminate evidence to strengthen the performance of national programmes.

Outcome 4: All girls and boys learn

- 33. The outcome will strengthen Government efforts to ensure that all children enjoy a quality education and learn. This will reduce gender and social disparities and equip children with the knowledge and skills for the next levels of education and social change. This will be achieved through improved school readiness for children aged 3 to 5 years; support to improve attendance, participation and completion, especially for girls; and support to improve learning in a safe and protective environment.
- 34. The programme is aligned with the Government's legislative and policy framework, and national targets for education, including the Right to Education Act 2009, the draft National Education Policy, and the National Early Childhood Care and Education programme 2013, as well as SDG4. Emphasis will be on supporting improved education governance; developing the capacity of institutions to scale up the delivery of quality education; engaging with partners and influencers and decision makers to scale up access for adolescent girls; and encouraging participation among communities and parents.
- 35. The main approaches and priorities will include:
 - a) Strengthen systems that produce reliable data, facilitate linking of data systems like the Anganwadi Services and U-DISE and generate evidence on inequities in access, participation and learning, as well as with regard to the transition of pupils from elementary to secondary schooling.
 - b) Support the Government in planning, budgeting, implementing and monitoring by the generation and use of data and evidence to reach "last mile" children through enhanced coordination and multi-stakeholder involvement;
 - c) Support convergence between the Ministries of Women and Child Development and Human Resource Development to enhance early childhood care, nutrition and education and school readiness, and to ensure that all children complete quality education. Coordination and convergence to address the health issues of adolescent girls will be facilitated by the Ministries of Health and Family Welfare and Human Resource Development;
 - d) Support an increase in the capacities of key state institutions and civil society organisations to deliver quality pre-primary and elementary education, through professional teacher development, supportive supervision and monitoring, and enhanced assessments;
 - e) Adopt behaviour change strategies to influence socio-cultural practices and norms that have precluded children's education, particularly for girls, children with special needs and children from some social and cultural backgrounds.
 - f) Support innovations and e-learning platforms for early childhood education.

Outcome 5: Protection of children from violence, abuse and exploitation

36. The outcome will support the Government in strengthening child protection systems that reinforce preventive strategies and responsive mechanisms, through support to enhanced budgeting, governance and monitoring systems and the effective execution of national legislation, policies and programmes; support to the development and specialisation of the child protection workforce; *enhancing programmes to prevent violence against children and child marriage; leveraging Government programmes that promote behaviours which protect and empower adolescents; and facilitation* of improved evidence generation as well as the quality and use of data.
37. The programme, aligned with the Government priorities and SDGs 5, 8 and 16, will address core child protection issues, including child marriage, child trafficking and violence.
38. The main approaches and priorities will include.
- a) Contribute to the capacity building of the specialised child protection workforce at district level and below, through development of practice standards, skills and accreditation and the introduction of performance management mechanisms;
 - b) Support Government information systems to generate and use data on child protection issues and the performance of services;
 - c) Strengthen the ability of Government institutions and service providers to promote standards of care, prevent family separation and model family- and community-based care to address child protection issues, including for children without family care by specially focusing on the Central Adoption Resource Agency and other partners supporting alternative care;
 - d) Enhance the capacity and skills of Government and key stakeholders (frontline workers and community structures) to generate demand and engage with adolescent girls, boys, parents and community influencers for adolescent empowerment and prevention programmes. Support the development and implementation of programmes to enhance the skills and participation of adolescents, with further engagement of parents and communities;
 - e) Develop a model programme to prevent violence against children, including child safety online, sexual exploitation of children and child pornography, with a focus on strengthening parenting practices and the role of community leaders. In collaboration with MWCD launch a national advisory group with stakeholders including the corporate sector and other partners for the elimination of harmful content against children in the digital space.
 - f) Support the strengthening of public finance mechanisms for the implementation of child protection legislation and policies, including costing and financing models; financial performance reviews; and improved budget planning and monitoring.
 - g) Enhance support to MWCD for implementation of *Beti Bachao Beti Padhao* Programme and *Mahila Shakti Kendras*.
 - h) Support the development of a national plan of action on ending child marriage.

Outcome 6: Inclusive social policy

39. The component will be focused on support for guidelines and systems that ensure all children, particularly the most disadvantaged and excluded, progressively benefit from effective, inclusive social services and social protection systems. These will be based on equity-focused evidence that supports SDG implementation and monitoring. The programme will support the Government by strengthening of multi-sectoral plans and public financing for children to implement the National Plan of Action for Children. Likewise, it will support governance and monitoring systems and social-

protection schemes to make them more child-sensitive to break inter-generational cycle of multi-dimensional deprivations with focus on the prenatal period, early childhood and adolescents.

40. The main approaches and priorities will include:
- a) Contribute to evidence-based planning, development and implementation of social protection policies and programmes by strengthening the Government capacity to operationalise social protection systems that leave no child behind;
 - b) Foster institutional links and convergence among the Ministries of Women and Child Development, Health and Family Welfare, and Rural Development, as well as with Panchayati Raj Institutions and others. Integrate information systems between different departments and Ministries and strengthen a single registry system for integrated social protection;
 - c) Support measures and systems to strengthen public financing for children, adolescents and women to increase investments in policy implementation supported by effective monitoring and evaluation systems;
 - d) Support measures to strengthen local governance structures, Panchayat Raj Institutions and systems at national and decentralised levels to plan, implement and deliver social services for children by using quality data for enhancement of governance and accountability and ensuring the participation of adolescents and women;
 - e) Support the strengthening of Government capacities to monitor and evaluate achievements against the SDGs, including supporting Data for Development Coordination Committee for SDGs. Review national and state data collection and monitoring systems in collaboration with the Ministry of Statistics and Programme Implementation, NITI Aayog and ministries and state governments with a focus on data for children and the Goals;
 - f) Support states to strengthen systems for civil registration and vital statistics and a single-registry system, to ensure that social services and protection reach the most marginalised and vulnerable.
41. UNICEF's normative role as a child rights guardian continues to be central in this programme. With several of the Convention on the Rights of the Child (CRC) Committee's recommendations being operationalised by the Government of India (development of the National Plan of Action for Children 2017 being a key example), UNICEF will promote the child rights agenda on the table and provide technical support to the National and State Commissions of Protection of Child Rights, child rights ombudsmen and civil society. With the next CRC reporting for India being due to start by 2019-2020, UNICEF will support the Government in monitoring realisation of child rights.

Outcome 7: Public and private-sector engagement for child rights

42. UNICEF will engage with the Government and the private sector and play an important role in convening public and non-public stakeholders around children's issues at the global, regional and national levels. This component is aimed at increasing the knowledge of the public and private sectors regarding the impact of business policy on children and communities and promoting responsible business practices.
43. The main approaches and priorities will include.
- a) Support enhanced collaboration between the public and private sectors through synergistic approaches and contributions of financial and non-financial resources;
 - b) Strengthen initiatives with targeted businesses and key stakeholders;

- c) Facilitate increased commitment and action by key business stakeholders to promote, support, respect and fulfil child rights.

Outcome 8: Programme effectiveness

44. The component is aimed at ensuring that the Country Programme 2018-2022 is efficiently designed, monitored, managed and supported. It covers cross-sectoral support to all programme components and coordination; social and behavioural change communication; external and internal communication; advocacy; strategic positioning and partnerships, all aimed at facilitating public dialogue and engagement, and fostering of knowledge sharing and creating an enabling environment for the realisation of child rights. Here the focus will be on inter-sectoral linkages to enhance the uptake of social services, nurture positive behaviours and enable evidence-based child rights advocacy. This will include guidance and technical support on performance monitoring; knowledge management; risk analysis, disaster risk reduction and climate resilience; field services; gender mainstreaming; and supply and Information Technology, as well as office compliance with carbon-offsetting standards and environmental protection policies.

Country Programme Strategies

45. The Country Programme 2018-2022 will use a combination of crosscutting strategies for the achievement of results underlined in the eight programme outcome areas. For all programmes, UNICEF will apply the following underlying approaches:

- a) *Foster cross-sectoral programming that responds to each child and adolescent as a whole.* UNICEF will foster cross-sectoral and multisectoral programming that provides a holistic response to children and to the environment in which they live. All sectoral programmes directed toward adolescents will be supported under one “umbrella,” and UNICEF will help to strengthen these Government programmes for scale, convergence and sustainability. In turn, this will strengthen strategic links among sector-specific work for and with adolescents. UNICEF therefore will focus on (i) leveraging sectoral Government schemes; (ii) ensuring that the Government’s and partners’ investments in and for adolescents achieve more than the sum of the sector-specific programme interventions; and (iii) bringing adolescent voices into the public domain to enhance programme efficiency and effectiveness.
- b) *Support improved delivery of essential services to the most disadvantaged children.* UNICEF will support policy, capacity development and systems strengthening measures at the national and state levels to improve the delivery of essential services to the most disadvantaged children. This will be designed to help break the intergenerational cycle of deprivations, with particular focus on the prenatal to early childhood and adolescent age groups in the life cycle. The system strengthening strategy will include developing human resources and helping to assure financial resources; reinforcing accountability mechanisms; supporting preventive and responsive services; and facilitating robust data management and analysis.
- c) *Strengthen gender-informed and gender-responsive programming in all areas.* The promotion of gender equality and the empowerment of women and girls is central to UNICEF’s mandate and the organisational focus on equity. UNICEF will seek to address discriminatory practices

as well as support girls and boys to transform social narratives and promote behaviour change. UNICEF will work toward intensifying the gender dimension of programmes overall by promoting the focus on gender in *Anganwadi* centres, schools, and the health care systems and processes, as well as by expanding gender capacity and expertise; helping to strengthen gender analysis, data and tools; documenting and sharing best practices; and advocating for larger and more effective allocation and utilisation of resources respectively.

- d) *Generate, analyse and promote the use of evidence and data on child well-being, with a strong equity focus.* A strong focus will be given to research, policy analysis and evaluation of what works for children, and to an emphasis on the collection and analysis of disaggregated data, while filling research and evaluation gaps on the evolving risks and opportunities for children. Timely and updated evidence will be generated and collated, and national- and state-level evaluation capacity and information systems will be strengthened to ensure adequate evaluation and monitoring of the situation of children, adolescents and women, as well as to inform policies and planning systems in support of the achievement of SDG targets. Support for SDG implementation and monitoring will be a crucial underpinning of this programme strategy.
- e) *Strengthen policies, effective planning and implementation with Government partners.* UNICEF will also advocate for policy and legislative changes in accordance with children's rights, and will support capacity development of national human rights institutions to facilitate access to child-friendly remedies. Aligned to the Government's long-term vision, UNICEF will focus on strengthening policies and systems to ensure that children, particularly the most disadvantaged and marginalised, progressively benefit from effective and inclusive social services and social protection systems.
- f) *Promote behaviours that generate demand for and the uptake of services, and foster social norms that contribute to child rights.* UNICEF has developed a good knowledge base on social and behavioural change, as well as expertise in public advocacy and engagement with the general public on child and adolescent rights. This expertise will be used to design and upscale large-scale programmes. Institutionalization of government systems for social and behaviour change capacity development with standardized mechanisms for on-going training, improved interpersonal communication skills of service providers, adoption of recommended supervision and quality assurance will be focus. Community engagement for demand creation and social mobilisation will be central to this approach, because promoting healthy behaviours requires approaches tailored to the norms of each community. Communication for development initiatives have proven vital in addressing the demand-related barriers to child well-being. Therefore, strong linkages and synergies between different programmes will be important, given the fact that many deprivations have a strong component of weak demand/awareness and are linked to barriers emerging from social norms and cultural practices. Targeted social and behaviour change campaigns for the hard-to-reach, underserved and marginalized families and communities towards increasing their access to services and benefits as well as establishment of long-term partnerships (e.g. with faith-based organizations, tribal groups, PRIs, Self Help Group Federations, Farmer cooperatives, Youth networks) and trans-media platforms (E.g. Community Radio, TV, video and digital tools) will be a central strategy. Evidence generation and knowledge exchange will be supported to improve strategic planning and collective advocacy for social and behaviour change

communication interventions, including specific approaches to address the role of gender norms in perpetuating negative behaviours or fostering positive ones.

- g) *Further strengthen online engagement for child rights awareness creation and action.* UNICEF will take full advantage of opportunities in the growth of online communication and engagement tools, including social media, mobile technologies and other innovative platforms, to build public engagement and to facilitate public dialogue and debate on key issues relating to child rights, to promote key messages, and to address social norms and social attitudes relating to the well-being of children. These tools also will be utilised to build the conversation between children, adolescents and decision makers and to facilitate a dialogue in support of child rights. Offline engagement toward addressing the digital divide, especially for girls and women, will be part of a comprehensive digital response.
- h) *Apply differentiated programme engagement at national and state levels to respond to the diversified context and scale of equity issues in the states, focused on high-burden states.* Differentiated programming and modes of engagement at state level will be one of the key operational strategies of the new Country Programme 2018-2022. This envisions three typologies of states in accordance with the levels of development and the operating environment:
- *High-burden states:* The five-high burden states are Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, and West Bengal, occupying 33 per cent of India's geographical area. They are largely rural in character, accounting for 50 per cent of the country's rural population and 32 per cent of the urban population. These states have the largest share of the burden of issues concerning children in terms of infant mortality rate (IMR), under-5 mortality rate (U5MR), neonatal mortality rate (NMR), low immunisation rates, stunting, open defecation, low school attendance of 6- to 14-year-old children, child marriage, and adolescent pregnancies, among others. The applied strategies in these high-burden states seek to accelerate and scale up actions for children to survive and thrive, to learn in school and be protected; and to become capable, self-confident and productive adolescents.
 - *States with large tribal populations:* These include Jharkhand, Chhattisgarh, Odisha and Assam. While the proportion of deprivations on key child development indicators in these states is often as high as those of high-burden states, these face additional challenges and constraints posed by civil strife. The typology therefore aims to address the high burden of deprivations with differentiated programming and an "extremely hard to reach" lens for mostly tribal children. In these states, UNICEF will strengthen its focus on governance of community based structures, bridge the data gap for children in civil strife affected areas, enhance collaboration with tribal department as well as support and facilitate institutional capacity building.
 - *Transition states:* The states of Andhra Pradesh, Telangana, Karnataka, Gujarat, Maharashtra, Tamil Nadu and Kerala are characterized by better developed social systems and services, stronger governance mechanism and capacities, higher GDP, strong institutions, private sector presence, and potential for technological solutions to engage in upstream work. In these states there will be a special focus on public financing for children, decentralised governance and social protection for children and their families, and child rights monitoring to address inequities and ensure the realisation of children's rights. Expansion of partnerships beyond traditional partners will include centres of excellence, think tanks, and the private sector. The focus on

innovations and upstream evidence-based advocacy for children's issues will be at the heart of UNICEF's strategies in these states.

- *States where UNICEF does not have a physical presence:* In the states of Haryana, Punjab, Jammu & Kashmir and the North Eastern states, partial areas of support will be considered on a case-by-case basis and upon explicit request from the respective state governments. The Country Programme 2018-2022 will therefore adjust the magnitude of programming and adopt a range of strategies including establishment of offices as required and agreed upon with government to deal with geographic differences, while also taking into account socio-economic disparities within each state.
- *Support to districts:* Following central and state government recommendations, support to districts will be provided. In these geographic focus areas, convergent planning and implementation processes of flagships like Anganwadi Services, Child Protection Services, National Health Mission, SSA and *Swachh Bharat Mission (SBM)* will be strengthened and support to the Office of the District Collector and the Panchayati Raj System provided. UNICEF will prioritise its interventions in the priority districts identified by the MWCD under the National Nutrition Mission, Ministry of Health and Family Welfare under RMNCH+A strategy and NITI Aayog for transforming the backward districts to the extent possible.

46. In recognition of India's fast-paced urbanisation, UNICEF will continue to support selected interventions in urban areas upon request from nodal Ministries and departments, with a focus on monitoring and targeting the most vulnerable and marginalised.
47. To support children with disabilities, UNICEF will continue facilitating convergence among health, nutrition, education, and protection programmes, and will engage further with partners to identify areas of support.
48. In close collaboration with the nodal Ministry of Women and Child Development (MWCD), focus will be placed on the following areas:
 - a) The Nutrition programme will support national policies and programmes to protect, promote and support essential infant and young child feeding and care practices for optimal nutrition and development. Simultaneously, the Nutrition programme will provide support to national policies and programmes on women's nutrition, care and empowerment, particularly during adolescence, pregnancy and lactation.
 - b) The Health programme will provide technical assistance in strengthening the Village Health and Nutrition Days and promoting integrated supportive supervision of frontline workers. The RCH programme will also assist in developing technical guidelines for health interventions within the Anganwadi Services framework.
 - c) The Water, Sanitation and Hygiene (WASH) programme will continue to support the development of WASH norms and standards for *Anganwadi* centres, as well as convergence with other programmes so that critical WASH interventions and messages are incorporated into relevant Government flagship programmes through evidence-based advocacy, capacity building and technical assistance.
 - d) The Education programme will support early childhood education (ECE), with a focus on the most disadvantaged communities, through support to enhanced quality of preschool education and ECE, and to Anganwadi Services convergence with Sarva Shiksha Abhiyan (SSA) This will include technical support to standards, curriculum development, capacity building of

- ECE functionaries and teacher support in *Anganwadi* centres/schools, as well as to building of a knowledge base for good practices.
- e) The Child Protection programme will continue to support the Child Protection Services (CPS) and Beti Bachao Beti Padhao (BBBP), to prevent violence against children and harmful practices, and will help to reinforce preventive strategies and responsive mechanisms, with special attention to the girl child.
 - f) The Inclusive Social Policy programme will support MWCD in equity-focused evidence generation and analysis that strengthens sound programming, advocacy and leveraging of partnerships for children. It will also support to strengthen social protection schemes and increase investments for children by effective and efficient public finance management.

Cross-Sectoral Priorities

Disaster Risk Reduction (DRR)

49. Systematic preparedness in advance of crises has demonstrated significant returns on investment. UNICEF will continue to promote risk-informed programming, increasing its contribution to systems strengthening to support children and their families to anticipate, withstand and quickly recover from shocks and stresses. UNICEF will support Government efforts in mainstreaming child-centred DRR, which will include strategies for addressing climate change adaptation (CCA). UNICEF also will promote enhanced capacity of stakeholders to ensure equitable access to services and improved protection for children in areas vulnerable to and affected by disaster. Comprehensive school safety and security is an important strategy in this regard.
50. Efforts also will be made to improve the resilience of rural and urban communities to disaster, and to build communities' capacity to meet the challenges of climate change to ensure the protection of children's rights.

Emergency Preparedness and Response

51. Emergency Preparedness and Response mechanisms and systems will put in place in advance to enable an effective and timely emergency response to humanitarian crisis, based on analysis of the risks in a particular context, taking into account national capacities and UNICEF's comparative advantage. In addition, UNICEF will continue to strengthen its ability to deliver on its Core Commitments for Children (CCC); any request from the Government on emergency preparedness and response will be guided by CCC¹³ principles.

Gender Equality

52. The promotion of gender equality is integrated into each programme outcome of the Country Programme 2018-2022. These results include quality maternal care; decreasing excess female mortality under age 5 years; menstrual hygiene management; adequate nutrition for women and girls; equitable learning and skills for girls and boys; reducing child marriage and other forms of child abuse; and transforming gender-discriminatory roles and practices and promoting enhanced social value for girls. In addition to gender-equitable outcomes, addressing some of the barriers to the

¹³https://www.unicef.org/publications/files/CCC_042010.pdf

empowerment of adolescent girls will be emphasised, as will supporting state governments to develop and strengthen cash transfer schemes for adolescent girls that empower them with skills, resources, networks and other means necessary to make decisions for their own well-being. Further, UNICEF will support sex-disaggregated data collection, analysis and use for advocacy and programming.

Partnerships

53. In addition to its collaborative work with UNDP, UNFPA, UN Women and WHO to achieve results under the Country Programme 2018-2022, UNICEF will rely on strong partnerships with other members of the United Nations family under the United Nations Sustainable Development Framework (UNSDF) 2018-2022, as well as with The World Bank. UNICEF will promote a UN-wide response through the United Nations Disaster Management Team, will provide active support to the United Nations Communication Group, and will support UN System's joint efforts for outreach and engagement strategies around the SDGs. Where relevant, UNICEF will strengthen its leadership for the coordination of development partners for key strategic programmes; for example, UNICEF is chairing the group of partners supporting the SBM.
54. Collaboration with civil society partners will remain essential, including continued engagement with international NGOs, global foundations, academic institutions, faith-based organisations, elected representatives, the mass media, celebrities, high-profile supporters, the private sector, communities, and youth and children's organisations, as well as working closely with young people themselves. In addition, UNICEF's partnership with GAVI, Unilever and IKEA Foundation will continue to achieve results for children, adolescents and women in India.
55. Alongside UNICEF's nodal Ministry (MWCD) and other core Government bodies (Ministries of Health and Family Welfare, Human Resource Development, Drinking Water and Sanitation) essential to the child rights mandate, UNICEF will, when requested, work in partnership with additional Government bodies in enhancing the child rights agenda in the country; these can include the Ministries of Rural Development, Panchayat Raj, Tribal Affairs, Minority Affairs, Social Justice and Empowerment, Information and Broadcasting, Finance, Corporate Affairs and NITI Aayog.
56. UNICEF's resource mobilisation strategy also will include close contacts with the National Committees for UNICEF, as well as partnerships with the private sector and the public. Resources from national and multinational corporations and individuals will be sought in accordance with applicable rules and regulations.
57. A three-pronged approach to promote private-sector engagement will be accelerated: (a) Influencing business' internal and external operations and building their capacity to translate child rights and business practices into tangible actions. This will include support for child rights-focused corporate social responsibility (CSR) activities and sustainability policies, such as due diligence guidelines; (b) Promoting the application of CSR as a process toward achieving results for children; and (c) Mobilising in-kind resources from the private sector in the form of technical expertise, technology applications, research and marketing, among others.
58. UNICEF will continue to build on the strong relationship already developed with the National Corporate Social Responsibility Hub, the Indian Institute of Corporate Affairs (IICA) and various business associations, thereby raising awareness and commitment about children's rights in the

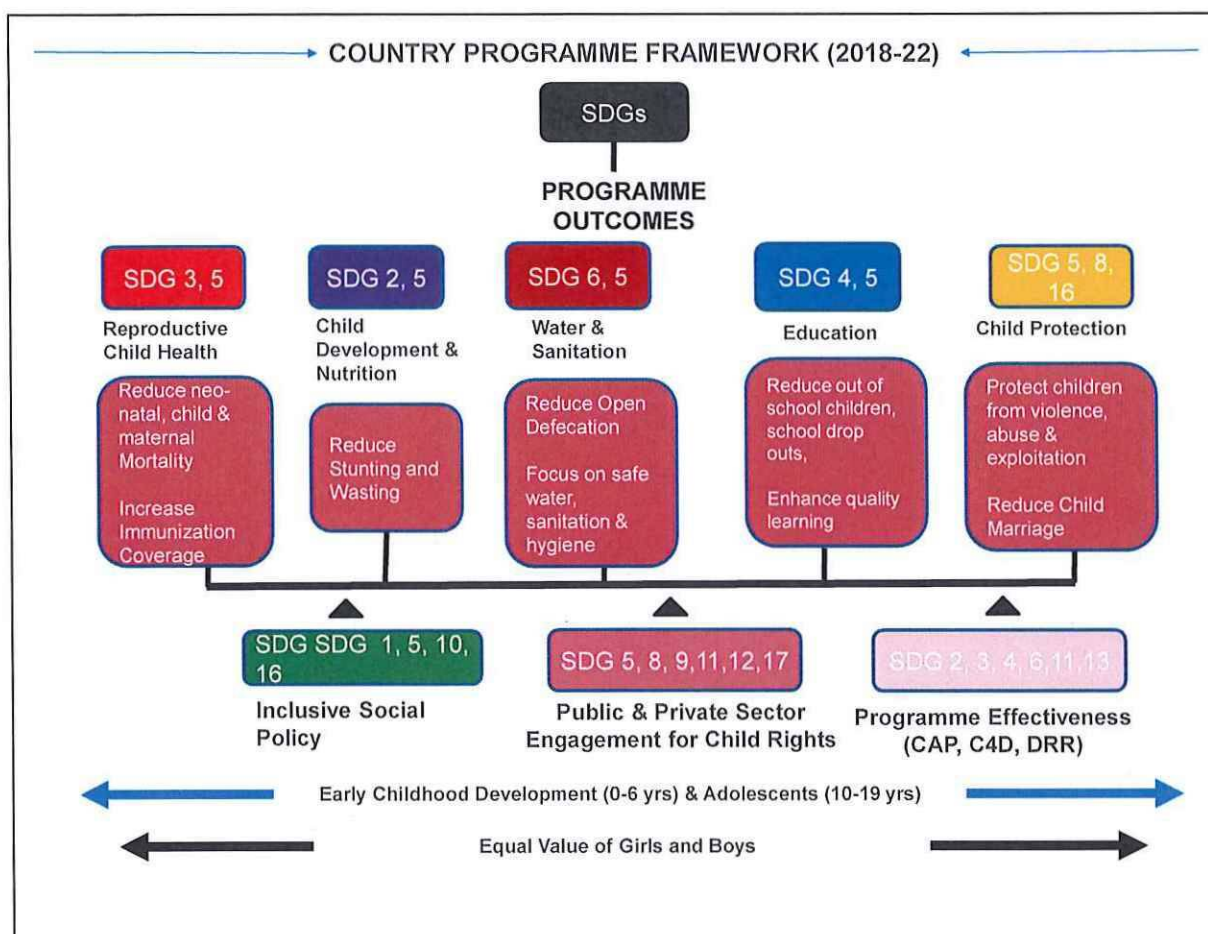
Indian business sector. It will strengthen the capacity of businesses to take action on these commitments and support the Government of India and other key actors in building a strong policy environment around children's rights and business.

Innovation for Children

59. This approach will include emphasis on the use of technologies to better engage communities and enhance development programming for children. It also will involve identifying the most promising innovations for application in different contexts, while also supporting partners to adopt, adapt and scale up the most successful approaches.

Programme Structure

60. Overall, the programme is structured along the sectoral outcomes in Health, Nutrition, WASH, Education and Child Protection. Clear results are identified for all outcome areas, with enhanced focus on achieving convergence for every child to survive and thrive, as well as for all children to learn and be protected. Heightened synergy will be achieved by focusing on two phases in the life cycle (ECD, adolescence) and by working at upstream and downstream levels simultaneously. The major shift in the next Country Programme is in line with the national vision of the central Government, and will feature increased intensity of programming in high-burden states, followed by states with large tribal populations and affected by civil strife. The states that have reached a higher level of income and more robust capacities for programme delivery will apply a special focus on providing evidence and good examples for increased convergence, efficiency and effectiveness of social programmes. Inter-state exchanges and cross-learning will enrich the experiences of the different states.
61. In all, the programme structure will not differ significantly from the Country Programme 2013-2017, yet some variation will be found in the management structure, thus reflecting the strategic shift toward convergent programming and outcomes. The proposed structure is illustrated below.



Summary Budget Table

<i>Programme Component</i>	<i>(In Thousands of US Dollars)</i>		
	<i>Regular Resources</i>	<i>Other Resources</i>	<i>Total</i>
Health	53 000	98 000	151 000
Nutrition	43 800	56 700	100 500
Water, Sanitation and Hygiene	30 000	54 000	84 000
Education	30 000	52 000	82 000
Child Protection	30 000	56 000	86 000
Inclusive Social Policy	25 000	4 000	29 000
Public and Private-Sector Engagement for Child Rights	2 100	2 900	5 000
Programme Effectiveness	87 715	26 400	114 115
Total	301 615	350 000	651 615

Part V: Programme Management

62. The Ministry of Women and Child Development is the main coordinating body providing strategic direction for implementation of the Country Programme 2018-2022. In addition, programme components and outcomes will be managed with relevant Ministries, state governments, government agencies and inter-sectoral coordinating bodies, in collaboration with parastatal organizations, civil society organisations (CSOs) and academia.
63. For each programme, a Government official will be designated who will have overall responsibility for planning and implementation of programme activities alongside the nominated UNICEF counterpart. MWCD will periodically convene a meeting with representatives from the respective departments, as well as other concerned Ministries and UNICEF staff, to review and share information on programme interventions. Programme performance and expenditure will be jointly reviewed annually by MWCD, UNICEF, and the Ministry or department concerned.
64. UNICEF will support the implementation of the Country Programme 2018-2022 at state level through a physical presence in 13 states, while covering 16 states¹⁴ through state Rolling Workplans (RWPs). At state level, the department nominated by the Chief Secretary as the nodal department will coordinate the planning, implementation and monitoring of UNICEF-assisted interventions within the overall framework of the Government of India-UNICEF cooperation agreement. As also foreseen at national level, in each state programme performance and expenditure will be jointly reviewed annually by the nodal department, the UNICEF state office, and relevant departments.
65. The Government and UNICEF acknowledge the role of NGOs and other CSOs, academic and research institutions, national and state commissions for women and children, and others, as critical partners in implementing this Programme of Cooperation 2018-2022. Appropriate mechanisms will be developed jointly by each of the participating Ministries or departments and UNICEF to ensure that UNICEF assistance is routed in the most effective manner to the constituents of the wider civil society, including NGOs and research agencies. This will help to ensure accountability and consistency with the objectives of the programme, as set out in the Government of India-UNICEF Country Programme of Cooperation 2018-2022.
66. The basis for all resource transfers to an implementing partner are based on and detailed in the RWPs agreed between the implementing partner and UNICEF. The RWPs describe the specific results to be achieved as part of the Country Programme 2018-2022, and will detail the specific activities to be carried out, the responsible implementing institutions, timeframes, and planned inputs from the Government and UNICEF. The process of reviewing workplans and planning for the subsequent year/s is covered under Section VI.
67. As part of efforts to simplify and harmonise rules and procedures among UN Agencies, the Country Programme 2018-2022 will utilise a Harmonised Approach to Cash Transfers (HACT), the common operational framework for transferring cash to Government and non-Government Implementing Partners.

¹⁴ Assam, Bihar, Uttar Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, West Bengal, Maharashtra, Gujarat, Andhra Pradesh, Telangana, Karnataka, Tamil Nadu and Kerala

68. Cash transfers for activities detailed in RWPs can be made by a UN Agency using the following modalities. 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);
 - c) 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;
 - d) Direct payments to vendors or third parties for obligations incurred by UN Agencies in support of activities agreed with Implementing Partners.
69. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorised expenditures shall be requested and released quarterly, or after the completion of activities. UNICEF shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorised amounts.
70. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNICEF, or refunded.
71. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of an assessment of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN¹⁵ Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNICEF may conduct such an assessment, in which the Implementing Partner shall participate.
72. 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.
73. Risks associated with climate change may adversely impact the implementation of the Country Programme 2018-2022. UNICEF will expand its partnerships and strengthen communication and evidence-based advocacy in this regard, while supporting the Government in risk-informed programming and the regular monitoring of disaster risks. Programme implementation risks that are related to fund transfers will be monitored through regular updates of risk management tools, performance reviews of office management targets and standards, and adherence to quality, value for money and principles of the harmonised approach to cash transfers.

Part VI: Monitoring and Evaluation

74. Progress will be monitored using indicators in the Results and Resources Framework at the outcome level, through national and state data systems. Clearly defined progress indicators, baseline values and end-of-cycle targets will help track UNICEF's performance and contribution toward achievement of the SDGs. Progress will be monitored at all levels, focused particularly on reducing barriers and bottlenecks and disaggregating data to reveal and address inequity and gender differences. UNICEF

¹⁵ For the purposes of these clauses, "the UN" includes the International Financial Institutions.

will support the strengthening of Government capacity and monitoring systems to systematically track progress of the most marginalised groups.

75. UNICEF will work with other UNs organizations to further strengthen Government capacities to monitor and evaluate achievement of the SDGs. UNICEF's strategy for SDG monitoring will include continued support to the Government in assessing data gaps, strategizing for a comprehensive data plan, promoting new technology, data innovations and building human resources capacity through institutionalised partnerships and effective advocacy with the Government to generate robust and quality data in new areas, along with other UN Agencies. UNICEF also will promote evaluation and research and support the regular review of the strategic data plan.
76. UNICEF has been working with the Ministry of Statistics and Programme Implementation (MoSPI) and other Ministries and departments at national and state levels to strengthen data. SDG monitoring is seen within UNICEF as an excellent opportunity to further strengthen its support to the Government, helping to define and advance the research agenda for children, and with a view to providing the basis for evidence-based programming and policy formulation. An equity-focused Situation Analysis of children in India will be produced, regularly updated and disseminated using Government data. The Government likewise will be engaged on building capacity in new data sets to undertake equity analysis of the Government's data, and in the dissemination of results on DevInfo and CensusInfo platforms.
77. The UNICEF Plan for Research and Impact Monitoring and Evaluation (PRIME) will monitor and assure the quality of major strategic surveys, evaluations and research products to be published by UNICEF jointly with Government and other partners. The PRIME will be developed on a biennial basis, reflecting the research priorities for the Country Programme 2018-2022, in support of filling evidence gaps concerning the most marginalised children in India. The biennial PRIME plan will be part of the rolling workplans.
78. UNICEF will conduct a Mid Term Review of the Country Programme 2018-2022 with the Government to identify the achievements and constraints, thereby assessing progress under the programme. For that reason, UNICEF will collaborate with the Government and other partners to review the current status of the programme, agree on necessary adjustments, and jointly plan the next phase. Further, the Mid Term Review will identify strategies and lessons learned and indicate critical changes. An agile "managing for results" approach will facilitate strategic shifts that keep pace with the evolving programme environment at the state and national levels.
79. The UNICEF Evaluation Plan (Annexure B), to be implemented alongside the programme, will provide evidence on results delivered under key programming areas. All evaluations will be conducted in line with the United Nations Evaluation Group Norms and Standards¹⁶, UNICEF Evaluation Policy¹⁷ and the recently developed Gender Action Plan 2018-2021. All evaluations will have a crosscutting focus on equity, vulnerability and hard-to-reach populations. Evaluation evidence for the purpose of replicating and scaling up successful UNICEF and Government programming will be prioritised. Management responses will be developed, and the implementation of evaluation recommendations will be monitored to ensure its use in informing policies and programmes.

¹⁶<http://www.uneval.org/document/detail/1914>

¹⁷[https://intranet.unicef.org/epp/evalsite.nsf/0/9CE2CE22C04213E585257B9600504238/\\$FILE/2013-14-Revised_evaluation_policy-ODS-English.pdf](https://intranet.unicef.org/epp/evalsite.nsf/0/9CE2CE22C04213E585257B9600504238/$FILE/2013-14-Revised_evaluation_policy-ODS-English.pdf)

80. Performance monitoring of the programmes will be further strengthened on the basis of a well-defined results framework (refer Annexure A). Programmes will be guided by a monitoring and evaluation framework embedded in UNICEF's Enterprise Resource Plan for improved measurement of results and financial management. Routine monitoring, field visits, baseline and end-line surveys of programmatic interventions will be a fixture in the design. This applies equally to joint programming with other UN entities under the UNSDF.
81. MWCD and UNICEF will convene review meetings to assess achievement of results, plan for ensuing years, and endorse RWPs. This will provide a basis for refinements within each programme. The information received also will provide a basis for the Annual Review and for rearranging the allocation of funds, supplies and personnel, including consultants, as well as equipment, on updated time schedules and redefined areas of investment, where appropriate. UNICEF will produce an Annual Report that will be available on its public website¹⁸.
82. UNICEF will monitor results through annual management plans, workplans and internal and peer reviews to assess key strategic, programmatic, operational and financial risks, and to define risk control and mitigation measures. UNICEF will continue to monitor the effectiveness of governance and management systems, the stewardship of financial resources, and the management of human resources.
83. Bilateral donors, multi-donor global- and country-level partnerships, international foundations, the private sector and UNICEF National Committees will be engaged for results and resources for children, supplemented by UNICEF core resources.
84. Implementing Partners agree to cooperate with UNICEF 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 UNICEF. To that effect, Implementing Partners agree to the following:
- Periodic on-site reviews and spot checks of their financial records by UNICEF or its representatives;
 - Programmatic monitoring of activities following UNICEF's standards and guidance for site visits and field monitoring;
 - Special or scheduled audits. UNICEF, in collaboration with other UN Agencies, will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNICEF, as well as to those whose financial management capacity needs strengthening.
85. The audits will be commissioned by UNICEF and undertaken by private audit services. Assessments and audits of non-Government Implementing Partners will be conducted in accordance with the policies and procedures of UNICEF.

¹⁸<https://icon.unicef.org/apps02/cop/SitePages/CountryOfficePortal.aspx?CoarId=1276&Year=2016&Country=India#>

Part VII: Commitments of UNICEF

86. The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of US\$301.6 million from UNICEF Regular Resources, subject to availability of funds, to support the activities detailed in this CPAP, for the period beginning 1 January 2018 and ending 31 December 2022.
87. The UNICEF Executive Board also has authorised UNICEF to seek additional funding to support the programmes specified in this CPAP, referred therein as Other Resources, for an amount equivalent to US\$350 million. The availability of these funds will be subject to the interest of agencies and partners in proposed interventions of the CPAP. The above funding commitments and proposals are exclusive of additional funds that will be raised in response to emergencies as needed.
88. In support of the needs of the Country Programme 2018-2022, the Government will support UNICEF in mobilising resources from prospective donor partners. In line with India's rapid development, and as highlighted above, a need particularly exists for increased engagement with the general public on children's rights through fundraising and communication initiatives; this will serve to build public commitment and secure resources for social programmes for child rights advocacy efforts. The Country Programme 2018-2022 will seek to build on UNICEF's successful domestic fundraising support from the public and individuals, as well as the corporate sector. UNICEF will support fundraising through proven and efficient techniques such as direct mail; telemarketing; direct-response TV; social media; and face-to-face campaigns and advocacy initiatives. UNICEF, with partners, also will develop targeted and innovative communication and resource mobilisation strategies for promoting children's rights within the broader community, including the public and private (corporate) sector, through the lens of CSR.
89. The overall levels of expenditure by programme will be reviewed periodically by MWCD and UNICEF. In the light of such reviews, and in the event of the need to respond to rapidly changing or unanticipated conditions of children, reallocation of resources between programmes will be determined by UNICEF and MWCD in consultation with the concerned Ministries or departments at the central and state levels.
90. UNICEF support to the development and implementation of activities within the CPAP may include technical support, cash assistance, supplies and equipment, procurement of services, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities and staff support. This will be done in line with RWPs, which will be developed in close consultation with, and approval from, the Government at national and state levels. Part of UNICEF support may be provided to NGOs and CSOs, as agreed within the framework of the individual programmes and in line with RWPs.
91. UNICEF shall appoint project staff and consultants for programme development, programme support and technical assistance, as well as monitoring and evaluation activities.
92. Subject to Annual Reviews and progress in the implementation of the programme, UNICEF funds are distributed by calendar year and in accordance with the CPAP. These budgets will be reviewed and further detailed in the Rolling Work Plans. By mutual consent between the Government and UNICEF India, if the rate of implementation in any project is substantially below the annual estimates, funds

not earmarked by donors to UNICEF for specific projects may be reallocated to other programmatic interventions that are expected to achieve faster rates of execution.

93. UNICEF will consult with Ministries and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, to facilitate efficient and timely clearing, warehousing and distribution.
94. In consultation with MWCD, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP and RWPs, with the aim of reprogramming those commodities within the framework of the CPAP.
95. In case of direct cash transfer or reimbursement, UNICEF shall notify the Implementing Partner of the amount approved by UNICEF and shall disburse funds within 10 working days.
96. 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 UNICEF in support of activities agreed with Implementing Partners, UNICEF shall proceed with the payment within 10 working days.
97. UNICEF shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third-party vendor.
98. Where UN Agencies other than UNICEF are supporting the same partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN Agencies.

Part VIII: Commitments of the Government

99. The Government will provide all personnel, premises, supplies, technical assistance and funds, as well as recurring and non-recurring support, necessary for the programme, except as provided by UNICEF and/or other UN Agencies, international organisations or bilateral agencies, or non-Government organisations.
100. The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the Country Programme 2018-2022 and will cooperate with UNICEF by: (i) encouraging potential donor governments to make available to UNICEF the funds needed to implement the unfunded components of the programme; (ii) endorsing, as appropriate, UNICEF's effort to raise funds for the programme from the private sector, both internationally and in India; and (iii) permitting contributions from individuals, corporations and foundations in India to support this programme in accordance with applicable laws.
101. A standard Fund Authorisation and Certificate of Expenditure (FACE) report, reflecting the activity lines of the RWP, will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNICEF will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilisation of cash received. The Implementing Partner shall identify the designated official(s) authorised 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.

102. Cash transferred to Implementing Partners should be strictly spent for the purpose of activities as agreed in the RWPs.
103. 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 RWPs, and ensuring that reports on the full utilisation of all received cash are submitted to UNICEF within six months of receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, UN Agency regulations, policies and procedures will apply.
104. In the case of international Implementing Partners, cash received shall be used in accordance with international standards, in particular ensuring that cash is expended for activities as agreed in the RWPs, and ensuring that reports on the full utilisation of all received cash are submitted to UNICEF within six months of receipt of the funds.
105. To facilitate scheduled and special audits, each Implementing Partner receiving cash, through either direct cash transfer, reimbursement or direct payment, from UNICEF will provide UN Agencies or their representative with timely access to:
- All financial records that establish the transactional record of the cash transfers provided by UNICEF;
 - All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structures through which the cash transfers have passed.
106. The findings of each audit will be reported to the Implementing Partner and UNICEF. Each Implementing Partner will furthermore:
- Receive and review the audit report issued by the auditors
 - Provide a timely statement of the acceptance or rejection of any audit recommendation
 - Undertake timely action to address the accepted audit recommendations
 - Report on the action taken to implement accepted recommendations to UNICEF India, on a biannual basis
107. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNICEF under this CPAP. UNICEF also shall be exempt from Goods and Services Tax (GST) with respect to procurement of supplies or services procured in support of UNICEF-assisted programmes.
108. With respect to cash assistance from UNICEF, the Government will designate the names, titles and account details of recipients authorised to receive such assistance. Responsible officials will utilise cash assistance in accordance with Government regulations and UNICEF regulations and rules, in particular ensuring that cash is expended against prior approved budgets. Any balance of funds unutilised, or which could not be used according to the original plan, shall be reprogrammed by mutual consent between the Government and UNICEF. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country,

but not higher than those applicable to the United Nations System (as stated in International Civil Service Commission circulars).

109. UNICEF supplies will be kept and accounted for separately by the Government and other agencies participating in the programme. The accounting procedure for supplies, equipment and cash disbursements will conform to the general accounting procedure of the Government and will provide the information required by UNICEF and its authorised accountants and auditors.
110. The Government and UNICEF will authorise the publication, through national and international media, of the results of the Country Programme 2018-2022 and the experiences derived from it.
111. As per the provision of the BCA, the Government will be responsible for dealing with any claims that may be brought by third parties against UNICEF and its officials, advisors and agents. UNICEF and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNICEF that such claims and liabilities arise from gross negligence or wilful misconduct of such experts, agents or employees.
112. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF for civil liability under the laws of the country with respect of vehicles and various supplies procured with UNICEF assistance and used in programme activities.
113. The Government and its various Ministries and departments at central and state levels will ensure continuation of various privileges and immunities, including the waiver and exemptions of taxes, fees, tolls and customs duties on goods and services procured under the Government-UNICEF Programme of Cooperation, in accordance with the Basic Agreement of 10 May 1949 between the Government and UNICEF, amended on 5 April 1978. MWCD will play a coordinating role in ensuring that the privileges and immunities are respected by all agencies of the Government.

PART IX: Other Provisions

114. This Country Programme Action Plan becomes effective upon signature, but will be understood to cover programme activities to be implemented during the period from 1 January, 2018 through 31 December 2022.
115. The Country Programme Action Plan may be modified by mutual consent of the Government and UNICEF, based on the outcome of the annual reviews, the Mid Term Review or compelling circumstances.
116. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of India is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorised, have signed this Country Programme Action Plan on this 25th of January, 2018 in New Delhi, India.



For the Government of India



For the United Nations Children's Fund

Mr. Rakesh Srivastava, Secretary
Ministry of Women and Child Development

Dr. Yasmin Ali Haque, Representative for
UNICEF in India

Acronyms

ANM	Auxiliary Nurse Midwife
BBBP	Beti Bachao Beti Padhao
BCA	Basic Cooperation Agreement
CCA	Climate Change Adaptation
CCC	Core Commitments for Children
C4D	Communication for Development
CPAP	Country Programme Action Plan
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ECE	Early Childhood Education
FACE	Fund Authorisation and Certificate of Expenditure
GDP	Gross Domestic Product
GST	Goods and Services Tax
HACT	Harmonised Approach to Cash Transfers
ICDS	Integrated Child Development Services
CPS	Child Protection Services
IICA	Indian Institute of Corporate Affairs
IMR	Infant Mortality Rate
INAP	India Newborn Action Plan
MDG	Millennium Development Goal
MoSPI	Ministry of Statistics and Programme Implementation
MWCD	Ministry of Women and Child Development
NGO	Non-Government Organisation
NFHS	National Family Health Survey
NMR	Neonatal Mortality Rate
PRIME	UNICEF Plan for Research and Impact Monitoring and Evaluation
RCH	Reproductive and Child Health
RKSK	<i>Rashtriya Kishor Swasthya Karyakram</i>
RMNCH+A	Reproductive, Maternal, Neonatal and Child Health Plus Adolescents
RWP	Rolling Work Plan
SAM	Severe Acute Malnutrition
SBM	<i>Swachh Bharat Mission</i>
SDG	Sustainable Development Goal
SSA	<i>Sarva Shiksha Abhiyan</i> (Education for All)
U5MR	Under-5 Mortality Rate
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDF	United Nations Sustainable Development Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Annexure A: Results Matrix

Outcome 1: Health: Reduction of child and maternal mortality

Sustainable Development Goals: Good health and well-being (SDG 3), Gender equality (SDG 5)
National Priorities: Aligned with the national Health Policy 2017, national RMNCH+A strategy, Call to Action, India Newborn Action Plan (INAP), India Action Plan for Pneumonia and Diarrhoea (IAPPD), the Multi-Year Strategic 2013-17 Plan Universal Immunization Program, and the Global Vaccine Action Plan
UNSDF Outcome: By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition, and water and sanitation services
Flagship Results: <ul style="list-style-type: none"> • Reduction in neo-natal mortality • Improve immunization coverage

Results statements	Indicators ¹⁹	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
Outcome 1 Pregnant women, newborns, children and adolescents in UNICEF programming states have equitable access to and utilize quality health services at community, outreach and facility level, with focus on marginalized groups and girl child, by 2022.	Percentage of adolescent girls 15-19 years who are already mothers or pregnant at the time of survey	√	√	√	7.9%	<5%	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	Government: MoHFW, MWCD, State Governments, Immunization Technical Support Unit, NIHFWS, SHTO Pune, NACO, SACS, National Institute of Medical Statistics and National Institute of Epidemiology, National Health System Resource Centre, MoDWS National flagship programmes: NHM, INAP, GAVI & MYIP, IAPPPD Multi Year Immunization Plan, IAPPD, CTA, RMNCH+A Others: Collaborative centres, NGOs, Professional Bodies NNF, IAP, FOGSI,
	Number of UNICEF programming states with >90% coverage of skilled birth attendance	X	√	√	1/16	16/16	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	
	Number of UNICEF programming states with <10% gap between institutional delivery and Early Initiation of Breast Feeding (EIBF)	√	√	√	4/23	23/23	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	

¹⁹ For the indicators where disaggregated data can be made available based on gender, age group, wealth quintile, caste and rural – urban difference, the same would be captured additionally in the reporting.

Results statements	Indicators ¹⁹	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
	Percentage of asphyxia related deaths in Special Newborn Care Units (SNCUs) in UNICEF programing states	√	√	√	31.4%	<15%	SNCU online data base	IMA, KMC Foundation, WHO, UNDP, BMGF, UNAIDS, CDC
	Percentage of district hospitals in UNICEF supported High priority districts with functional Kangaroo Mother Care (KMC) facilities	√	√	√	<5%	80%	SNCU online data base and NHM project implementation plans	
	Percentage of female admissions in Special Newborn Care Units (SNCUs) in UNICEF programming states	√	√	√	41%	46%	SNCU online data base	
	Percentage of children fully immunized	√	√	√	62%	90% at National level with no state below 80% and no district <75%	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	
Intermediate outcome 1 Increased number of pregnant women, newborn, children and adolescents	Percentage of pregnant women tested for HIV	√	√	√	46%	95% by 2020	Global Aids Response Progress Report	

Results statements	Indicators ¹⁹	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
especially from marginalized groups receive essential package of quality RMNCH+A services.	Percentage of pregnant women receiving 4 or more ANC visits		√	√	51.2%	80%	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	
	Number of deliveries in high burden and large tribal population states conducted by skilled birth attendant		√	√	17 million	20 million	HMIS data of Ministry of Health	
	Percentage of SNCU discharges in UNICEF programing states receiving scheduled follow up visits both in community and facility	√	√	√	19%	80% (Boys and Girls)	SNCU online data base	
Intermediate outcome 2 Increased number of pregnant women and children especially from the marginalized groups receive quality immunization and package of other essential services for addressing common childhood illnesses	Percentage of children with diarrhoea in last two weeks, who received Oral Rehydration Solution (ORS)		√	√	50.6% at national level	70% at national level	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	
	Percentage of children aged 12 to 23 months receiving 3 doses of DPT (DPT3 coverage).	√	√	√	78.4%	90%	Baseline – NFHS 4 End line – NFHS 5 or equivalent survey	

Results statements	Indicators ¹⁹	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
	Number of transition states with <10 % difference in full immunization coverage between the highest and lowest wealth quintiles. (disaggregated for rural and urban)	√			TBD (currently only national level data is available where gap is 25%)	7/7	Baseline – RSOC End line – NFHS 5 or equivalent survey data	

Outcome 2: Nutrition: Reduction of undernutrition of children and adolescent girls

National Priorities: Reduce undernutrition throughout the life cycle with a focus on the first 1,000 days of life and adolescent girls in India
Sustainable Development Goals: Zero hunger (SDG 2), Gender equality (SDG 5)
UNSDF Outcome/s: By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition, and water and sanitation services
Flagship Results: Reduction in stunting and wasting amongst children and women

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	Means of Verification (MOV)	Key Partners
Outcome 2 By 2022 infants, young children, adolescent girls and mothers more equitably benefit from high-impact nutrition interventions	Proportion of children under five years of age who are stunted (moderate and severe) ²⁰ (in Country Programme Document) (SDG 2.2.1)	√	√	√	38.4% Boys: Girls: ²¹	29.3% Boys: Girls: ²	NFHS-4, CNNS and NFHS-5	MoWCD, MoHFW, MoRD, WHO, WFP, FAO
	% children 6-23 months receiving minimal dietary diversity ¹	√	√	√	9.6% ²² Boys: Girls: ²	30.0% Boys: Girls ²	NFHS-4, CNNS and NFHS-5	MoWCD, MoHFW, MoRD, WHO, WFP, FAO

²⁰ Disaggregation(s) of results by: Boys/Girls, Rural/Urban ST/SC/OBC

²¹ Sex disaggregated results will be added when the final report of NFHS4 is published

²² In preliminary report of NFHS4 only minimum adequate diet reported, the indicator will be corrected when the final report of NFHS4 is published.

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	Means of Verification (MOV)	Key Partners
	(in Global Results Framework 1.14)							
	% children below five years who are wasted (WHZ<-2SD of WHO growth standards) ¹ (in Country Programme Document) (SDG 2.2.2)	√	√	√	21.0% Boys: Girls: ²	10.3% Boys: Girls: ²	NFHS-4, CNNS and NFHS-5	MoWCD, MoHFW, MoRD, WHO, WFP, FAO
	% of children with SAM admitted in treatment programme (Community based SAM and Facility based SAM) ¹ (in Global Results Framework 1.17)	√	√	√	<1 % Boys: Girls: ²	20% Boys: Girls: ²	Program data; denominator population estimates and NFHS-4 or CNNS	MoWCD, MoHFW, MoRD, WHO, WFP, FAO
	% adolescent girls 15-19 years who are undernourished (BMI for age <-2SD of WHO growth standards) ¹ (Adolescent)	√	√	√	42%	32% {10% point reduction from CNNS (NFHS-5)}	NFHS-4, CNNS and NFHS-5	MoWCD, MoHFW, MoRD, WHO
	% adolescent girls 10-19 years who consumed IFA tablet in last one week preceding the survey (in Country Programme Document) (Adolescent)	√	√	√	26%	10% point increase from CNNS (NFHS-5)	CNNS 2018 (baseline) and NFHS-5 (end line)	MoWCD, MoHFW, MoRD, WHO
	% women who consumed IFA for 100 days or more when they were pregnant (in Global Results Framework 1.d.1)	√	√	√	30.3%	80%	NFHS-4 (baseline) and NFHS-5 (end line)	MoWCD, MoHFW, MoRD, WHO
Intermediate outcome 1 By 2022, state governments implement programmes to deliver infant and young child	% high burden districts (HBDs) ²³ in UNICEF supported states implementing strategies to improve foods and feeding in	√	√	√	0	100% of HBDs ²	MOH programme data	MoWCD, MoHFW, MoRD, WHO, WFP

²³ HBDs will be defined through consensus between state and country office based on state strategies and nationally defined priority districts.

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	Means of Verification (MOV)	Key Partners
nutrition services for children under-two	children between 6-23 months as per plan							
	Number and % districts implementing Mother's Absolute Affection (MAA) programme as per plan	√	√	√	500	680 (100%)	MOH/DHFW programme data	MoWCD, MoHFW, MoRD, WHO, WFP
Intermediate outcome 2 By 2022, in UNICEF supported states, state government provide timely and quality services for the community-level treatment of Severe Acute malnutrition	% high burden districts (HBDs) ² implementing a community-based programme for treating children with SAM	√	√	√	0	80% HBDs ²	Programme data/Annual State programme monitoring reports	MoWCD, MoHFW, WHO,
	% of the HBDs ² implementing community-based management of SAM % of treatment sites achieving Sphere quality standard (>75% cured/recovered, <15% defaulted and <5% died)	√	√	√	0	50%	Programme data/Annual report	MoWCD, MoHFW, WHO
Intermediate outcome 3 By 2022, state government provide nutrition services for adolescent girls and women (before, during and after pregnancy)	% eligible girls 10-19 years covered under WIFS programme, in last month Disaggregation: Schools/Out of school (Adolescent)	√	√	√	0.26	80%	WIFS MIS	MoWCD, MoHFW, MoRD, WHO, MoHRD
	% eligible pregnant women who received at least 100 IFA under MoH antenatal contact point	√	√	√	TBC	80%	MOHFW HMIS, Anganwadi Services (ICDS), MPR	MoWCD, MoHFW, MoRD, WHO
	% eligible pregnant women registered under One Full Meal (OFM) Scheme who received OFM for 21 days or more, in last month	√	√	√	TBD	100%	State financial guidelines, procurement tracking and progress reports	MoWCD, MoHFW, MoRD

Outcome 3: WASH: Safe and sustainable water, sanitation and hygiene services

National Priorities: Implementation of Swachh Bharat Mission, creation of open defecation free communities
Sustainable Development Goals: Clean water & sanitation (SDG 6), Gender equality (SDG 5)
UNSDF Outcome/s: By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition, and water and sanitation services
Flagship Results: Reduce open defecation with focus on sanitation

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
Outcome 3 Infants, young children, and caregivers especially the most vulnerable have equitable access to and use sustainable, safe, and affordable WASH services (including in Institutions) across the lifecycle.	Number of new users of safely managed sanitation (SDG 6.2.1, SP Indicator S-4.4)	√	√	√	0	318 million	JMP, household surveys, MDWS MIS	Ministries of Drinking Water & Sanitation, Human Resource Development, Health & Family Welfare, Urban Development, World Bank, Water Aid
	Proportion of rural population using a safely managed drinking water service (SDG 6.1.1, SP Indicator Q)	√	√	√	49% (JMP)	69%	JMP; NSSO; NFHS; MDWS MIS	
Intermediate outcome 1 Increased percentage of households living in a hygienic and ODF environment	Number of UNICEF supported districts (rural) that are open defecation free in selected states (SP R-4.b.2) % of rural schools with adequate and functional ²⁴	√	√	√	15 Schools National 69% (toilets) 62% (girls toilet)	80 75% (WASH)	MDWS MIS; NARSS ASER, U-DISE, state level SSA Reports; MHRD reports	Ministries of Drinking Water & Sanitation, Human Resource Development, Health & Family Welfare, Urban Development, World Bank, Water Aid

²⁴ Functional means usable WASH facilities as monitored by government. UNICEF will advocate to include CWSN friendly parameters in the monitoring systems and after this is achieved, the indicator will be updated accordingly

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
	gender sensitive WASH facilities in UNICEF supported districts (SP R-4.b.1) (<i>Gender disaggregated</i>)	√	√	√	74% (water) 48% (Hand washing facility)			
	% of rural Anganwadis with adequate and functional WASH facilities in UNICEF supported districts (<i>ECD beam</i>)	√	√	√	Anganwadis 42% (toilets) 43% (water)			
	% of delivery points in UNICEF supported HPDs with fully functional WASH/Infection Prevention and Control Package as per prescribed norms in UNICEF supported districts (SP R-4.b.1)	√	√	√	31%	60% (WASH)	MWCD, State Anganwadi Services (ICDS) reports, RSOC, NARSS	
	% of rural households with Hand washing facility with soap available at home (SP S-4.6)	√	√	√	34%	90%	State WASH assessment reports; National HMIS	

Results statements	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
						66%	RSOC, NARSS, NSSO, NFHS	
Intermediate outcome 2 Increased percentage of households use safe drinking water ²⁵ .	Proportion of population using a basic drinking water service (SDG 6.1.1, SP Indicator Q-4.1)	√	√	√	85% (JMP)	95%	MDWS MIS, state ; reports, JMP, NFHS, NSSO	Ministries of Drinking Water & Sanitation, Human Resource Development, Health & Family Welfare, Urban Development, World Bank, Water Aid
	Number of UNICEF supported districts that have plans ²⁶ to safely managed drinking water supply reaching 80% achievement rate (SP Q 4.a.1)	√	√	√	0	10	State reports (to be established)	

²⁵ including for resilient development and humanitarian situations

²⁶ Plans will have component of resilient development in disaster prone districts

Outcome 4: Education: All boys and girls learn

National Priorities: Implementation of the Right of Children to Free and Compulsory Education (RTE) Act in 2009, covering elementary education (equivalent of primary and lower secondary education), and implementation of the National Early Childhood Care and Education Policy in 2013, covering early childhood education.
Sustainable Development Goals: Quality education (SDG 4), Gender equality (SDG 5)
UNSDF Outcome/s: By 2022, more children, young people, and adults, especially those from vulnerable groups, enjoy access to quality learning for all levels of education
Flagship Results: Reduction of dropout and out of school children

Results statements	Indicators ²⁷	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
Outcome 4 Girls and boys, particularly the most disadvantaged, participate in quality early childhood and elementary education ²⁸ with learning outcomes at grade appropriate level	Number of elementary school age out of school children ²⁹ (OOSC)	√	√	√	6 million Boys: 3.1M Girls: 2.9 M	3 million Boys:1.55 Girls:1.45	OOSC study, 2014	Joint OOSC study by UNICEF, UNESCO, UNSDF - 2019
	% of children achieving minimum proficiency level in Reading and Mathematics at grades 3, 5 & 8	√	√	√	43%- Reading) Boys: 42% Girls: 44% 49%- Math (Grade 5) Boys: 47.3% Girls: 49.6%	58%- Reading) Boys: 57% Girls: 59% 64%- Math (Grade 5) Boys: 63% Girls: 65%	National Achievement Survey, NCERT (Minimum proficiency levels need to be calculated for Grade 3 and 8)	NAS, NCERT- MHRD; every two years (2017, 2019, 2021)

²⁷ In each of the indicators disaggregated data will be indicated by gender, geographical locations, social and minority groups, wealth quintile and children with special need where available and appropriate. Further, almost all indicators suggested for the Education programme are either from SDG or from standard Indicators for education

²⁸ Elementary education in India encompasses primary and upper primary education, which are the equivalent of primary and lower secondary education globally.

²⁹ Any child between 6 and 14 years, even when enrolled, had not attended school any time in two months preceding the survey, will be counted as out of school.

Results statements	Indicators ²⁷	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
						(3% annually ³⁰)		
	Completion rate at primary and Upper Primary level with Gender Parity Index	√	√	√	78% Boys- 79% Girls- 77%	87% Boys- 87% Girls- 87%	NSSO data will be used for the calculation with UIS method	MoSPI, NSSO data available in every four years
	% of children (6 years) complete pre-school with developmentally ³¹ appropriate level ³²	√	√	√	32%	60% Boys- 60% Girls- 60%	A scientifically designed study will be taken up in 2020 to measure the developmentally appropriate level	CECED, NIPCCD, Pratham, WCD
Intermediate outcome 1 Number of out of school children reduced by 3 million in 6 high concentration states ³³	Number of elementary school age out of school children ³⁴ (OOSC) Milestone (1) Number of previously out of school children in the reporting year accessing formal or alternative education		√		6 million Boys 3.1M Girls: 2.9 M	3 million Boys 1.55 Girls:1.45	Desk review of District student tracking report Milestone – 1 institutional data compilation - Annual	
Intermediate outcome 2 Learning outcomes improved by 15% in	Milestone(1) % of children achieved minimum proficiency level in	√ (Grades 3,5 & 8)	√ (Grades 3, &5)	√ (Grades 3, & 5)	43%- Reading) Boys. 42%	58%- Reading) Boys. 57%	National Achievement Survey, NCERT	

³⁰ Learning outcomes will be increased by 3% annually is ambitious, however, ASER survey shows that there are some turn around and achievement increased by 7% in 2 years in some states. However, the target may be revisited during the mid-term review if required

³¹ At least achieve half of the skills in three of the four developmental domains, literacy, numeracy, physical and socio-emotional development; The baseline of 32% children (3-6yrs) at developmentally appropriate level is estimated from ASER centre and CECED study on ECE using School Readiness Inventory (SRI) tool developed by the World Bank
Reference http://img.asercentre.org/docs/Research%20and%20Assessments/Current/Education/ecestrandareport2011-12dec30_final.pdf

³² Developmentally appropriate level is defined as At least achieve more than half of the skills in three of the four developmental domains i.e., literacy, numeracy, physical development and socio-emotional development

³³ Bihar, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and West Bengal. These six states constitutes nearly 75% of the total out of school children in India

³⁴ Any child between 6 and 14 years, even when enrolled, had not attended school any time in two months preceding the survey, will be counted as out of school

Results statements	Indicators ²⁷	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
selected districts of 16 States	Reading ³⁵ and Mathematics at grades 3, 5 & 8				Girls: 44% 49%- Math (Grade 5) Boys: 48% Girls: 50%	Girls: 59% 64%- Math (Grade 5) Boys: 63% Girls: 65% (3% annually ³⁶)		
	Transition rate - Primary to upper primary - Upper primary to secondary	√	√	√	90% (Both B & G) 91% B- 93% G- 89%)	95% (both B and G) 95% (both B and G)	UDISE; Annual	
Intermediate outcome 3 School readiness is improved for children in selected districts of 16 States	Milestone (1) % of children (3-6) attending any Early Childhood education Milestone (2) % of children (3-6) who have participated in one or two years of Early childhood education with an educator who promotes learning and school readiness	√	√	√	69% Boys: 69% Girls: 70%	90% Boys: 90% Girls: 90%	Small sample survey Milestone 1 – 2018 Milestone 2 - 2019	

³⁵ As per the policy decision, NAS collects data on Reading comprehension only. However, UNICEF will be engaged at national level to include other components of Language like writing etc.,

³⁶ Learning outcomes will be increased by 3% annually is ambitious, however, ASER survey shows that there are some turn around and achievement increased by 7% in 2 years in some states. However, the target may be revisited during the mid-term review if required.

Results statements	Indicators ²⁷	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
	# of years of free and compulsory education guaranteed in legal framework (advocacy for pre-school and secondary education)	v	v	v	8 years	11yrs	Education policy document/ RTE/ MHRD	

Outcome 5: Child Protection: Protection of children from violence, abuse and exploitation

National Priorities: Aligned to strengthening the implementation of the Juvenile Justice (Care and Protection of Children) Act; The Prohibition of Child Marriage Act; the Protection of Children from Sexual Offences Act and the The Child Labour (Prohibition And Regulation) Amendment Act. Support to the national flagship programmes namely, Child Protection Services, Rashtriya Kishor Swasthya Karyakram, Sarva Shiksha Abhiyan and Beti Bachao Beti Padhao
Sustainable Development Goals: Gender equality (SDG 5), Decent work & economic growth (SDG 6), Peace, justice & strong institutions (SDG 16)
UNSDF Outcome/s: By 2022, institutions are more responsive, accessible, and accountable to the poor, women, children, and young people, and especially those from vulnerable groups
Flagship Results: Reduction of child marriage

Result Statements	Indicators ³⁷	Transition	High Burden	Large Tribal Pop.	Baseline	Target	Means of Verification	Key Partners
Outcome 5 By 2022, parents, communities and stakeholders adopt positive practices supported by preventive and responsive child protection services that protect and empower children and adolescents	Percentage of women age 20-24 years married before age 18 years	√	√	√	26.8 (NFHS-4)	21.4	NFHS	Government: MWCD, MoSJE, MoLE, MoPRI, MoS, MoYS, Police and Judiciary National flagship programmes: Anganwadi Services (ICDS), NHM, NRLM, SSA, SBM, ICPS, RKSK, RMSA, BBBP, SABLA
Intermediate Outcome 1 By 2022, key child protection structures at state and district levels	Number of states in which at least 50% districts have child protection structures (DCPU, CWC, JJB and SJPU) that deliver responsive ³⁸ child protection services which	√	√	√	All 16 programming States have structures in place	All 16 programming States demonstrate responsive	CPMIS Reports	

³⁷ For each of the indicators, disaggregated data will be reported by residence, religion, age, gender, social group and wealth quintile where available and appropriate

³⁸ Responsive services include the services mandated through various legislations and the functioning of the statutory bodies- CWC, JJB, SJPU, DCPU

deliver responsive child protection services	meet legislative standards (as per JJ Act 2015)					structures with these elements		
Intermediate Outcome 2 By 2022, select states implement at scale ³⁹ adolescent empowerment ⁴⁰ and prevention programmes supported by systems and stakeholders ⁴¹ for adolescent girls and boys	Number of adolescent girls and boys receiving ⁴² at least one programme/scheme targeted at adolescents	√	√	√	470,000	2.5 million	Government/ Implementing Partners Monitoring Report	

³⁹ At scale means the programme is being implemented in at least 50% of the districts in the state

⁴⁰ Empowerment here means having access to information, education, skills and spaces

⁴¹ Parents, communities and service providers

⁴² Receiving: Availing the services

Outcome 6: Inclusive Social Policy

National Priorities: Government of India's National Development Agenda of Accelerated Growth with Inclusion and Equity; Good Governance and Innovative Budgeting and Effective Implementation
Sustainable Development Goals: No poverty (SDG1), gender equality (SDG 5), reduce inequalities (SDG 10), peace, justice & strong institutions (SDG 16), partnerships (SDG 17)
UNSDF Outcome: By 2022, institutions are more responsive, accessible, and accountable to the poor, women, children, and young people, and especially those from vulnerable groups

Results statements ⁴³	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
Outcome 6 Social policies and strategies inform more effective and efficient planning, budgeting and implementation of social service programmes for reducing inequities and gender inequalities especially for the most vulnerable and marginalized children and adolescents by 2022	Proportion of children below 5 years whose births have been registered and have a certificate. (SDG 16.9.1, SP 3.7)	√	√	√	80% Rural: 76% Urban: 89% ⁴⁴	100% Disaggregated by Rural / Urban, gender and social Groups Milestone: Year 1-2: 3% per year Year 3-4: 4% per year 5 th Year: 6 % over the previous year	Baseline: NFHS 4 Endline NHHS-6 or equivalent survey	Government: Ministry of Women and Child Development, Ministry of Statistics and Programme Implementation, Ministry of Panchayat Raj, NITI Aayog, ORGI Others: Research organisations, academic institutions and CSOs
	Strategic Framework developed at national level to integrate social protection programmes for children					National: 0	National: 1 Milestone: Year 1-2: Coverage and vulnerability analysis of national SP; Year 3-4: Advocacy for setting up inter-	Government's strategic Framework paper available in the public domain/ Government's order / notification

⁴⁴ Baseline is taken only available source, NFHS-4 Factsheet which refers to children under five whose birth have been registered.

Results statements ⁴³	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
						ministerial committee Year 5: Framework developed		
	% of Union Government allocations to child-focused programs / schemes ⁴⁵ increased ⁴⁶				3.3 % Budget Estimate (BE) 2017-18	5% (minimum) Milestone: Year 1-5: 0.5 % per year (over the previous year) BE in 2022-23 Budget (By end of CP)	Budget document of national Government CBGA Report	
Intermediate outcome 1 Social protection policies address inequities driven by vulnerability including caste, tribal and gender, risks, shocks and discrimination	Number of girls, boys (with special focus on ECD and adolescent) received cash transfer under selected key state flagship social protection programmes in UNICEF programming states; ⁴⁷ (SDG 1.3.1, SP 5.4)	√	√	√	Baseline for 2016 is being collected and available on 15 October. ⁴⁸	10% point increase in five years, with respect to the state's baseline of 2016 Milestone: 2% per year	MIS of Flagship programme	
	Number of states that have an integrated social	√	√		State: 0	States	Protocols available in the public domain	

⁴⁶ Child focused programmes are the composition of the programme as per the CBGA's report.

⁴⁷ Schemes are identified by the states. Receiving cash transfer should be annually or completed set of annual cash transfers

⁴⁸ Baseline for each state and total will be available by 15 October 2017.

Results statements ⁴³	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
	protection strategy operationalised ⁴⁹						GOs from national and state level	
Intermediate outcome 2 Effective and efficient management capacity of fiscal space strengthened in UNICEF programming states to influence investment for implementation of policies for children and adolescents including the most vulnerable and marginalized children, adolescents and women by 2022	Number of States that increase budget allocations (by 3 percentage points ⁵⁰) for the key programmes ⁵¹ for children and adolescent in health, education, nutrition and protection ⁵²	√	√	√	States 0	16 states	Children related statement available in the public domain on annual basis	
	Number of States that utilise 90 % or more of the budget on average for the key programmes ⁶ for children and adolescent in health, nutrition, WASH, education and protection	√	√	√		16 states		
	Number of states that have formulated and institutionalised the Statement on Child Budget.	√	√	√	2 states (KER, BI)	16 states	State Government's Statement on Child Budget	

⁴⁹ functional common review mechanism with frameworks, guidelines & implementation protocols for social protection programmes /schemes

⁵⁰ Over a period of 5 years

⁵¹ child focused programmes are EDUCATION – Sarva Shiksha Abhayan (SSA), Rashtriya Madhyamika Shiksha Abhayan (RMSA), Central Sponsored schemes specifically for educational development of Scheduled Tribe, Scheduled Caste and Minorities (Scholarships, Residential Schools, Vocational Training etc), Mid-Day Meal Scheme Child Survival and development (include 2 sectors - health, nutrition) - National Health Mission (NHM) – Includes JSY, RBSK, National Health Protection Schemes (NHPS) – The RSBY was renamed RSSY in 2016-17 and NHPS in 2017-18, Integrated Child Development Services (ICDS) – Anganwadi Services + National Nutrition Mission + Maternity Benefit Programme, Scheme for Adolescent Girls (SABLA) WASH - Swachh Bharat Mission (SBM) CHILD PROTECTION - Child Protection Services - (This has been reclassified under ICDS as Child Protection Services), Beti Bachao Beti Padhao (BBBP) - (This has been reclassified under Mission for Empowerment and Protection for Women)

⁵² same as above

Results statements ⁴³	Indicators	Transition	High Burden	Large Tribal Pop.	Baseline	Target	MOVs	Key Partners
Intermediate outcome 3 By 2022, local governance structures and systems strengthened to ensure delivery of social services for children in UNICEF programming states.	Percentage of gram panchayats/urban local bodies that have plans directly benefitting children and women in health, nutrition, education, protection and WASH.	√	√	√	will be established by Dec 2017)	Increase by 10 %	Rapid assessment report, using real time monitoring tool MIS of GDP or modified Plan plus database	

Outcome 7: Public and private sector engagement for child rights

Key results	Progress indicators	Baseline	Target	Means of verifications	Key Partners
Outcome 7 Business and Key Business Stakeholders demonstrate growing willingness, commitment and resource allocation for protecting and promoting child rights in policy and practice by 2022	Proportion of identified key business stakeholders ⁵³ that have contributed, advocated, demonstrated respect for and support ⁵⁴ child rights.	Outcome of the India Private Sector Engagement (PSE) Baseline Survey conducted in 2018	20% increment from baseline to end line at the end of the country programme (2022/2023)	India PSE Survey in 2018 and 2022	Business networks/coalitions, industry associations, private sector
	Proportion of companies spending CSR budgets in national priorities linked to the child rights agenda	Mapped basis cumulative CSR spend amounting to 4800 Crores of 96 companies	75% of companies spending in UNICEF priority areas and other child rights issues	MoCA Annual CSR Report Secondary Research on CSR focus of companies	

⁵³ Key business stakeholders can include Government, Multinational businesses, Domestic businesses, Business associations or industry bodies, Multi-stakeholder platforms, or any other relevant influencer of business. The term ‘businesses’ includes privately owned, not-for-profit or state-owned businesses.

⁵⁴ Respect and Support: Refer to the Children’s Rights and Business Principles

Outcome 8: Programme Effectiveness

Results statement	Indicators	Baseline	Target	MOVs	Key Partners
<p>Outcome 8</p> <p>India Country Programme is effectively and efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children</p>	<p>Management and programme priorities indicators meeting the global scorecard benchmarks</p>	<p>80% KPIs</p>	<p>100% KPIs on track</p>	<p>Global Performance Score Card</p>	<p>Government: MWCD, NDMA</p> <p>National flagship programmes</p>

Annexure B : Evaluation Plan

UNICEF Evaluation Plan (2018-22)

Evaluation Title	UNDAF (or equivalent) Outcome	UNICEF Strategic Plan Outcome	Criteria used for selection	Intended use of Evaluation Findings	Expected start date
1. Evaluation of UNICEF contribution to the implementation of the child protection legislation and policies in India	<p>Priority VII. Greater inclusion, equality, and justice for women and young people</p> <p>Outcome 7. By 2022, institutions are more responsive, accessible, and accountable to the poor, women, children, and young people, and especially those from vulnerable groups</p>	Protection of children from violence, abuse and exploitation	<p>Long periods of unevaluated programme implementation;</p> <p>Programme component, when expenditure has reached \$10 million.</p>	To inform UNICEF programming in 2018-22 country programme as well as to enhance Gol & other key stakeholder learning on child protection related policy implementation	April 2018
2. Evaluation of the causal impacts of the Adolescent Empowerment Programme in reducing child marriages, teenage pregnancies, and school drop-out rates in selected UNICEF programming states.	<p>Priority VII. Greater inclusion, equality, and justice for women and young people</p> <p>Outcome 7. By 2022, institutions are more responsive, accessible, and accountable to the poor, women, children, and young people, and especially those from vulnerable groups</p>	<p>Protection of children from violence, abuse and exploitation</p> <p>All girls and boys are learning</p>	Programme replication or scale-up	The findings, together with the Impact Evaluation with IKEA funds (Regional Office manages this impact evaluation), will address a critical evidence gap in adolescent programming both nationally and globally and provide policy makers rigorous evidence for policy formulation.	January 2020
3. Evaluation of UNICEF India WASH Programme	Priority III. Good health, nutrition, water and sanitation	Safe and sustainable water, sanitation and hygiene services	<p>Programme replication or scale-up;</p> <p>Programme component, when expenditure has reached \$10 million</p>	The evaluation will inform strategic reflection and possible reprogramming required in the post-Clean India era (Clean India Mission (SBM) expires Oct 2019). The evaluation will also contribute to sectoral learning and knowledge sharing and inform advocacy efforts. For UNICEF globally the evaluation will provide learning on implementation at scale models and the factors that drive the achievement of results in such environments.	January 2020
4. Effectiveness of UNICEF-supported Special Training/Accelerated Learning Programmes in bringing OOSC to School	<p>Priority II. Inclusive, quality education and employability</p> <p>Outcome 2. By 2022, more children, young people, and adults, especially those from vulnerable groups, enjoy access to quality</p>	All girls and boys are learning	Programme replication or scale-up;	The findings will be used to inform UNICEF's programmatic interventions with respect to mainstreaming OOSC. They will also provide critical evidence to Gol on what works in reducing the numbers of OOSC and dropout rates, towards policy and	June 2021

Evaluation Title	UNDAF (or equivalent) Outcome	UNICEF Strategic Plan Outcome	Criteria used for selection	Intended use of Evaluation Findings	Expected start date
	learning for all levels of education			programme revision and reorientation	
5. Evaluation of UNICEF-supported Early Childhood Development programming on promoting <i>nurturing care</i> and responsive and positive parenting	<p>Priority II Inclusive, quality education and employability</p> <p>Outcome 2. By 2022, more children, young people, and adults, especially those from vulnerable groups, enjoy access to quality learning for all levels of education</p> <p>Priority III Good health, nutrition, water and sanitation</p>	<p>Reduction of undernutrition of children and adolescent girls</p> <p>All girls and boys are learning</p> <p>Early Childhood Development (programme beam)</p>	Programme replication or scale-up, with a formative focus on conceptual and practical replicability in diverse state contexts;	The findings will inform advocacy efforts with the government at national and state levels for promoting nurturing care and responsive and positive parenting as well as early screening and intervention at scale. The evaluation will provide evidence on the feasibility of using existing programmes, structures and staff to counsel parents, towards promoting the optimal development of children. It will also inform UNICEF ECD programming with respect to any adjustments required in the approach and scalability in other states	June 2020
6. Process evaluation of Maternity Benefit Programme	<p>Priority I. Reduced poverty and inequality in rural and urban areas</p> <p>Outcome 1. By 2022, institutions are strengthened to progressively deliver <i>universal access to basic services</i>⁵⁵, employment, and sustainable livelihoods to the poor and <i>excluded, in rural and urban areas</i></p>	<p>Inclusive Social Policy, Reduction of undernutrition of children and adolescent girls</p> <p>Reduction of child and maternal mortality</p>	Programme replication or scale-up	The findings of the evaluation will be used to inform the policy makers at the national and state level on the key strengths, weaknesses and improvements required for national scale up. The analysis of bottlenecks will support the government's effort in making the scheme more accessible for all vulnerable women	May 2018
7. Evaluation of UNICEF support to improved routine immunization coverage	<p>Priority III. Good health, nutrition, water and sanitation</p> <p>Outcome 3. By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition, and water and sanitation services</p>	Reduction of child and maternal mortality	<p>Long periods of unevaluated programme implementation;</p> <p>Programme component, when expenditure has reached \$10 million</p>	The findings will be used to inform UNICEF's programmatic interventions on improved immunization coverage and ways to effectively address the needs of the most disadvantaged and excluded populations. Findings will also provide critical evidence to GoI on best practices and strategies to overcome both supply and demand side bottlenecks	June 2018

⁵⁵ Focus will be on Justice delivery, Financial, Housing, Sanitation services

Evaluation Title	UNDAF (or equivalent) Outcome	UNICEF Strategic Plan Outcome	Criteria used for selection	Intended use of Evaluation Findings	Expected start date
8. Evaluation of Integrated Management of Severe Acute Malnutrition, in selected States of India.	<p>Priority III. Good health, nutrition, water and sanitation</p> <p>Outcome 3. By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition, and water and sanitation services</p>	Reduction of undernutrition of children and adolescent girls	<p>Long periods of unevaluated programme implementation;</p> <p>Programme replication or scale-up</p>	The evaluation findings will address the existing evidence gap on successful approaches and strategies for integrated management of SAM and will inform Ministry of Health and Family Welfare and UNICEF programming on the same.	June 2019