



# COUNTRY PROGRAMME ACTION PLAN

EIGHTH PROGRAMME OF COOPERATION BETWEEN

THE GOVERNMENT OF INDIA AND THE UNITED NATIONS POPULATION FUND

2013 – 2017

---

## CONTENTS

THE FRAMEWORK.....	5
PART I. BASIS OF RELATIONSHIP.....	5
PART II. SITUATION ANALYSIS.....	5
PART III. PAST COOPERATION AND LESSONS LEARNED.....	8
PART IV. PROPOSED PROGRAMME.....	9
<i>Young people's sexual and reproductive health and sexuality education</i> .....	10
<i>Family planning</i> .....	15
<i>Gender equality and reproductive rights</i> .....	17
<i>Population dynamics</i> .....	19
PART V. PARTNERSHIP STRATEGY.....	20
PART VI. PROGRAMME MANAGEMENT.....	22
PART VII. MONITORING AND EVALUATION.....	23
PART VIII. COMMITMENTS OF UNFPA.....	25
PART IX. COMMITMENTS OF THE GOVERNMENT.....	26
PART X. OTHER PROVISIONS.....	27

---

## ACRONYMS

ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWP	Annual Work Plan
CPAP	Country Programme Action Plan
CBO	Community Based Organisation
CP	Country Programme
CSO	Civil Society Organisation
CSR	Child Sex Ratio
CSR	Corporate Social Responsibility
ECP	Emergency Contraceptive Pill
FACE	Fund Authorization and Certificate of Expenditures
FP	Family Planning
GBV	Gender Based Violence
GOI	Government of India
HR	Human Resource
ICPD	International Conference on Population & Development
IP	Implementing Partners
IT	Information Technology
JSY	Janani Suraksha Yojana
LoU	Letter of Understanding
LSE	Life Skills Education
M&E	Monitoring & Evaluation
MDG	Millennium Development Goal
MHRD	Ministry of Human Resource Development
MIS	Management Information Systems
MMR	Maternal Mortality Ratio
MOHFW	Ministry Of Health & Family Welfare
MOHRD	Ministry Of Human Resource Development
MOPR	Ministry Of Panchayati Raj
MORD	Ministry Of Rural Development
MOYAS	Ministry Of Youth Affairs And Sports
MWCD	Ministry of Women and Child Development
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NCERT	National Council of Educational Research and Training
NFHS	National Family Health Survey
NGO	Non Governmental Organisation
NIOS	National Institute of Open Schooling
NRHM	National Rural Health Mission
NSDC	National Skill Development Corporation
NVS	Navodaya Vidyalaya Samiti
NYKS	Nehru Yuva Kendra Sangathan
OCP	Oral Contraceptive Pill
ORGI	Office of The Registrar General Of India
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PIP	Programme Implementation Plan
PRI	Panchayati Raj Institution
RCH	Reproductive and Child Health
RH	Reproductive Health
RRF	Results and Resource Framework
SAI	Supreme Audit Institution
SBA	Skilled Birth Attendant
SC	Scheduled Caste
SHG	Self Help Group
SRB	Sex Ratio at Birth

---

SRH	Sexual and Reproductive Health
ST	Scheduled Tribe
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNDAF	United Nations Development Action Framework
UNDMTG	United Nations Disaster Management Theme Group
UNFPA	United Nations Population Fund
VHSC	Village Health and Sanitation Committee

## THE FRAMEWORK

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

2. This CPAP is a five-year framework defining mutual cooperation between the Government and UNFPA covering the period 2013-17. It is prepared based on the development challenges identified during the United Nations Development Action Framework (UNDAF) planning process and conforms to UNFPA’s Strategic Plan (2012-13). It takes into account the Millennium Development Goals (MDGs), as well as the relevant approach papers to the XII Five Year Plan (2013-17). The CPAP, prepared in close consultation with the Government and other stakeholders, defines the broad outline of the goals and strategies that the Government and UNFPA jointly subscribe to, within agreed financial parameters.

### PART I. BASIS OF RELATIONSHIP

3. The Special Agreement Concerning Technical Assistance concluded on 24 February 1952 between the Government of India and the United Nations, *inter alia*, the Agreement Concerning Assistance From the Special Fund concluded on 20 October 1959 between the Government of India and the United Nations Special Fund, and the United Nations Development Programme standard annex to project documents (“Standard Annex”), appended hereto as Annex Two and forming a part of this CPAP, *mutatis mutandis* apply to the activities and personnel of UNFPA in India. This CPAP, together with any work plan concluded hereunder, which shall form part of this CPAP and is incorporated herein by reference, constitutes the Plan of Operation as referred to in the Agreement between the Government of India and the United Nations Special Fund, and the project document as referred to in the Standard Annex. All references in the Agreement between the Government of India and the United Nations Special Fund and in the Standard Annex to “Executing Agency” shall be deemed to refer to “Implementing Partner” as such term is defined in the Financial Regulations of UNFPA and used in this CPAP and any work plans concluded hereunder.

### PART II. SITUATION ANALYSIS

4. India, a middle income country with 1.2 billion people, is one of the fastest growing economies of the world. Remarkable economic growth of 6 to 8 percent annually in the past decade has led to a doubling of the per capita income from Rs. 24,143 in 2004-05 to Rs. 54,835 in 2010-11 (\$997; \$1=Rs 55). While economic growth has been unprecedented, levels of inequality and social exclusion remain significant. It is increasingly accepted that growth without equity cannot lead to sustainable development and the Government embarked on an agenda of faster, sustainable and inclusive growth. There are inherent inequalities within society which are leading to social exclusion, particularly for Scheduled Castes (SCs), Scheduled Tribes (STs), minorities, and workers in the informal sector. Poverty levels are also much higher for SCs and STs, who account for about one-fourth of India’s population. There has been a steady “urbanisation of the poor” with an increase in the absolute number of the urban poor, often slum dwellers. The feminisation of poverty is also on the increase, often accentuated at older age. Generally, poverty levels remain high and more than 30 percent of the population lives below the poverty line.

5. The annual population growth rate peaked at 2.2 percent during the 1980s and was 1.6 percent in 2011. Among the large states, interstate differences in the growth rate over the last decade are vast, varying from a mere 0.47 percent in Kerala to 2.24 percent in Bihar. The Total Fertility Rate (TFR) declined from 3.6

children per women in 1981 to 2.6 in 2009. Most states have reached replacement levels except large northern states such as Bihar, Uttar Pradesh, Rajasthan and Madhya Pradesh, in which TFRs continue to exceed 3.0. By 2030, India is likely to overtake China and become the most populous country in the world with 1.5 billion people.

6. Today, about 358 million people in India, or almost one-third of the country's population, are young people aged 10-24 years. Generally, adolescents and young people today are healthier, more urbanised and better educated than those of earlier generations. They are shaping social and economic development, challenging social norms and values, and building the foundation of the nation's future. Recognising the importance of harnessing the demographic dividend of India's 'Youth Bulge' the Ministry of Youth Affairs and Sports (MOYAS) has recently revised the Youth Policy, to support the implementation of a Youth Agenda in India.

7. The practice of child marriage is deeply rooted in India. According to the National Family and Health Survey (NFHS-III) 47 percent of women aged 20-24 were married by age 18. In some states like Rajasthan (65.2 percent), Uttar Pradesh (58.6 percent), Madhya Pradesh (57.3 percent) and Bihar (69 percent) the majority of girls marry before the age of 18 years. A strong cultural value to prove fertility within the first year of marriage is prevalent and compounds the downside of child marriage: one in five young women aged 20-24 had their first baby before attaining 18 years of age. One in seven pregnancies is a teenage pregnancy. Four out of 10 maternal deaths occur among women aged 15-24. Young women from Scheduled Castes (SCs), Scheduled Tribes (STs) and Muslim minorities are more at risk. For instance, spacing method use among the ST women was less than 5 percent, for SC women it was 8 percent while the same among other castes was more than 15 percent. Conversely, the unmet need for spacing was higher among ST and SC women and highest among the Muslim minorities.

8. In 2011, 31 percent of India's population lived in urban areas. By 2030, the urban population will double to over 600 million people. Within 20-25 years, 300 million people will be added to urban areas, causing densification of towns, sprouting of peri-urban settlements and slums around larger towns and cities. Adolescents and young people in slums, often migrants moving to seek employment, are likely to be without their regular support network and living in conditions with significant bearing on both mental and physical health. Young people, more often males, form the core group of migrants and are more disadvantaged compared to other city dwellers on almost all social development and health indicators. Substantive proportions of them may be out of school, working in the unorganised sector and exposed to several risks that compromise their education, health and well-being. Favourable averages in statistics from urban areas on health and development indicators often mask the realities of poor and marginalised people living in slums with minimal infrastructure and support from civic authorities.

9. Literacy and educational attainment levels have shown incremental increase over time, along with a narrowing of the gender gap. As of 2011, about three-quarters of the population aged 7+ years is literate, with considerable state-wide variations. While a majority of India's population is now literate, education attainment levels are low. There is a strong political will to ensure the Right to Education of Children. Indeed, of those 20 years and above, just 31 percent of males and 15 percent of females have completed high school and gender disparities persist even among the young. However, as school retention and literacy rates improve, there is an opportunity to extend sexual and reproductive health (SRH) information through the educational system. Such strategies will prevent school drop-outs and early pregnancies, and prevent adolescents from being further marginalised and vulnerable.

10. Correlated to higher literacy levels, contraceptive use has been increasing in India. Nationally, about three out of five currently married women practice some method of contraception and almost half use a modern method of contraception. The use of modern methods of contraception has increased from 37 percent to 49 percent during the period 1992-93 to 2005-06, suggesting an increase of about 1 percent per year. Still, only 6 percent of married women aged 15-19 years use a modern contraceptive method for spacing births or delaying first conception while the unmet need for family planning in this age group is 27 percent. The contraceptive prevalence rates are much lower among the young, poor, less educated, Muslims and those belonging to SCs and STs.

11. Modern contraceptive use ranged from about 40 percent in states like Assam, Bihar and Uttar Pradesh to 60 percent or more in South Indian states. Unmet need for contraception is substantial and it is estimated that if unwanted births had been eliminated, the TFR would have dropped to below replacement levels (1.9 births per women) by 2005-06. As of 2005-06, about 13 percent of currently married women had an unmet need for contraception. Female sterilisation still constitutes about 80 percent of all modern contraceptive methods. To make a decisive shift away from the current emphasis on terminal methods to choices more appropriate for adolescents and young people, there is a pressing need to make spacing methods widely available through appropriate information and quality services.

12. Although, the maternal mortality ratio (MMR) has declined from 301 per 100,000 live births in 2001-03 to 212 by 2007-09, it remains far from India's goal of reaching 100 per 100,000 live births by 2012. The same is true for the goal of infant mortality rate (IMR) of 30 per 1000 live births by 2012, as it currently stands at 44 per 1000 live births (2011). The inter-state variation of MMR ranges from 81 per 100,000 live births in Kerala to 390 in Assam, 359 in Uttar Pradesh, 318 in Rajasthan, 269 in Madhya Pradesh, 261 in Bihar and 258 in Odisha. The conditional cash transfer under Janani Suraksha Yojana (JSY) scheme has resulted in a surge in institutional deliveries, registering an increase from 40.7 percent in 2005-06 to 73 percent by 2009. About 64 percent of institutional deliveries took place in public sector facilities. However, lack of quality of care and skilled human resources at these facilities have limited a commensurate reduction in both maternal and neonatal mortality.

13. The XII Five Year Plan seeks to nearly double the public expenditure dedicated to health care, from 1.3 to 2.5 percent of the gross domestic product to ensure provision of universal access to high quality health and RH services. However, challenges persist, including a lack of human resources, sub-optimal infrastructure, fragmented information systems, and limited managerial and technical capacity in the health sector. Although initiatives such as the National Rural Health Mission (NRHM) are addressing health related issues, there is a need to increase the quality of and access to RH services particularly for young, marginalised and vulnerable populations.

14. India ranks 129 of 146 countries in the UNDP gender inequality index. Data confirm that women have limited control over economic resources, freedom of movement and decision making authority, thus restricting their ability to make strategic life choices. One of the most fundamental expressions of gender inequality in India is the preference for sons over daughters. It is manifested in health care and feeding practices of children and more recently, in the practice of gender-biased sex selection. Disparities in son preference are wide: About 40 percent of women in states like Bihar, Rajasthan and Uttar Pradesh prefer sons to daughters, while only 10-12 percent in the southern states of Andhra Pradesh, Kerala and Tamil Nadu express this preference. In 2011, the child sex ratio (0-6 years) dropped to 914 from 927 in 2001, the lowest since independence. Nearly two-thirds of all states have a child sex ratio (CSR) of less than 950 with alarming declines seen in Jammu and Kashmir (82 points) and Lakshadweep (81 points) among other states.

The sex ratio at birth (SRB) has been observed to be lower in the more affluent states of Punjab (832), Haryana (848) and Maharashtra (895) and in states characterised by gender stratified social systems such as Rajasthan (877) and Uttar Pradesh (870). The trend has been more common among wealthier households. The phenomenon was more urban in the past census, but has now diffused to rural and tribal areas as well.

15. Despite its relatively young population, India is witnessing a rapid demographic transition where population ageing is emerging as an area of concern. The old age group (60 years and above) is rapidly increasing and will more than double by 2030. Older persons, and particularly women, are likely to be vulnerable as it relates income insecurity, illiteracy, age-related morbidity and physical and economic dependency. Good health must lie at the core of India's response to population ageing. Older persons must have access to affordable health care and services that meet their needs.

16. India is one of the most disaster-prone countries in the world. It is estimated that 60 percent of the country is prone to earthquakes and 70 percent to floods. The intensity and frequency of natural disasters have increased in last decade, often leaving a large number of vulnerable people in need of aid and assistance. Natural disasters like floods and cyclones are fairly frequent and earthquakes also occur regularly, with a concentration of disasters occurring in coastal and mountainous regions. About half of all districts experience some form of disaster every year. Although health services are being provided to the disaster affected communities, reproductive health (RH) and gender-based violence (GBV) issues are often not addressed adequately and appropriately.

17. The needs and challenges, but also opportunities, faced by adolescents, women, elderly and other vulnerable groups must be addressed in policies and programmes. Further research is needed to identify the specific needs of these population segments, as many policy and programmatic issues remain unaddressed, due to gaps in collecting and analysing data and use of same in policy development, particularly at sub-national level. These gaps impede the design and implementation of inclusive social policies and management of programmes that address the needs of marginalised and vulnerable groups, including SCs, STs and minorities.

### **PART III. PAST COOPERATION AND LESSONS LEARNED**

18. UNFPA support to India began in 1974. The Seventh Country Programme, 2008-2012, sought to strengthen RH services by: (a) participating in the sector-wide health programme; (b) integrating SRH education and life skills into school curricula; (c) reducing the preference for sons and the sex ratio imbalance at birth; (d) supporting the use of data disaggregated by sex and age for decentralised planning and integrated district development plans; and (e) supporting the mainstreaming of a gender perspective in the census and conducting research on emerging issues to build evidence at the national level and in five states, and to provide support to 13 districts with the worst health-related indicators.

19. The UNFPA programme allocated approximately one-third of its resources to the second national Reproductive and Child Health (RCH) programme. The evaluation of the UNFPA programme acknowledged the value of UNFPA-pooled funding, which contributed to: (a) improvements in the quality and reach of family planning and maternal health services; (b) an increase in the institutional delivery rate; and (c) a reduction in maternal mortality. This modality permitted UNFPA to participate in the design, review, monitoring and assessment of the national sector-wide programme and agenda, and was an effective way to leverage technical assistance and resources. However, there is a need to improve access to and quality of RH services, including access to a range of contraceptives for vulnerable populations.

20. The evaluation found that while the inclusion of life-skills education in school curricula contributed to gains in knowledge, expected attitudinal changes lagged behind. The programme supported measures to address the sex ratio imbalance, including: (a) government initiatives; (b) advocacy efforts; (c) the capacity development of civil society; and (d) the building of a strong evidence base through research. Although these efforts raised public awareness of the sex ratio imbalance, they have not led to a change in the trend.

21. Based on these findings, the evaluation recommended: (a) a focus on the need for high-quality RH services, particularly birth-spacing methods for young people, especially out-of-school youth; (b) continued attention to the sex-selection issue and the generation and use of population data for development planning, including data on ageing; and (c) the generation of evidence through research, the development and testing of models, and the provision of high quality technical assistance to influence policy and planning at national, state and district levels. The evaluation also recommended the continued presence of UNFPA in the five states supported during the previous programme cycle, in order to consolidate achievements.

#### **PART IV. PROPOSED PROGRAMME**

22. The eighth cycle of assistance, 2013-17, builds on the national priorities articulated in the XII Five Year Plan of India as well as the United Nations Development Action Framework (UNDAF) at the country level, which was based on consultations with the Government and civil society. Furthermore, the UNFPA-supported programme is based on national ICPD-related goals and priorities and national MDGs. The UNFPA Country Programme (CP) contributes to selected results of the UNDAF and in turn to national priorities according to UNFPA's comparative advantage in the country, building on past support and achievements.

23. Through its work, UNFPA will seek to achieve results with six principles in mind: (a) promote the generation and sharing of knowledge; (b) foster innovative scalable solutions; (c) involve the private sector; (d) encourage South-South collaboration, (e) strengthen institutional capacities; and (f) be guided by a rights-based approach with a focus on gender equality. In this context, five Country Programme Outputs have been formulated, which in turn fall under and contribute to four outcomes of the UNFPA Strategic Plan, as follows:

##### ***Young people's sexual and reproductive health and sexuality education (Strategic Plan Outcome 6)***

- Output 1: Young people, especially the marginalised (scheduled castes, tribes and minorities), have acquired gender-sensitive knowledge on sexual and reproductive health and services.
- Output 2: Adolescents have access to gender-sensitive, life skills-based sexual and reproductive health education in schools.

##### ***Family planning (Strategic Plan Outcome 3)***

- Output 3: Health systems are strengthened to provide high-quality sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalised populations.

##### ***Gender equality and reproductive rights (Strategic Plan Outcome 5)***

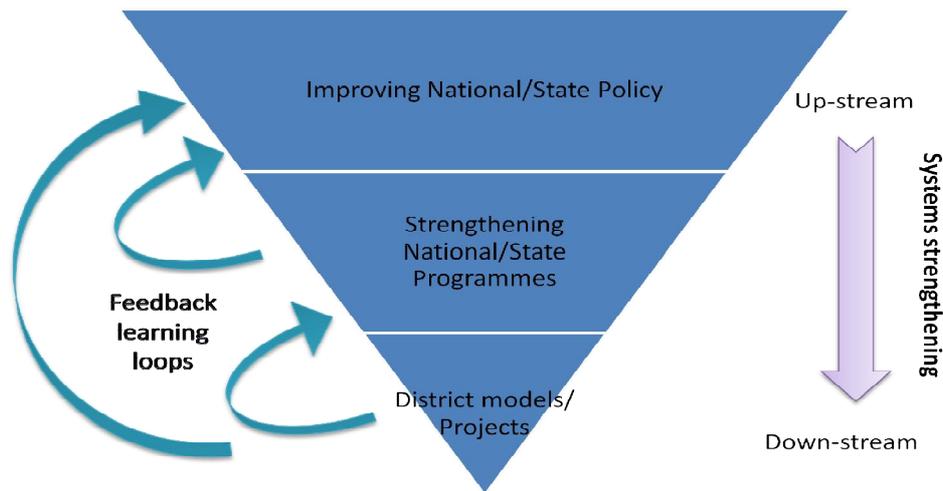
- Output 4: Strengthened capacity of state and non-state entities to reverse son preference.

##### ***Population dynamics (Strategic Plan Outcome 1)***

- Output 5: Strengthened national capacity to incorporate population dynamics in relevant national and sub-national plans and programmes, with a focus on gender and social inclusion.

24. Given the middle-income country status of India, UNFPA will support the consolidation of earlier achievements as well as ‘upstream’ policy development and advocacy. With this in mind, the methodological approach will emphasise systems strengthening by pursuing programme strategies in the order of priority depicted in Figure 1.

**Figure 1**



25. To transact this strategy, evidence-based advocacy and communication will form the cornerstone of programme implementation at all levels. Communication expertise will be harnessed to reinforce the feedback learning loops, through campaigns and strategic communication activities in order to ensure broad-based, upstream change. To this end, UNFPA will leverage the nation’s information technology (IT) capacity and other emerging opportunities to multiply return on investments across all thematic areas.

26. The thematic areas and the outputs were selected and formulated with integration of logical inter-linkages in mind. The nexus of integration points between Youth, Family Planning, Gender and Population Dynamics is vast and dynamic and is described under each area. The effort to achieve the five outputs (under the four thematic outcome areas) will be approached in a holistic manner to ensure that inter-linkages between the four areas are leveraged for maximum impact on the outcome indicators reflected in the Resource and Results Framework in Annex One.

***Young people’s sexual and reproductive health and sexuality education***

27. A safe and successful passage from adolescence into adulthood is the right of every child. This right can only be fulfilled if families and societies make focused investments and provide opportunities to ensure that adolescents and youth progressively develop the knowledge, skills and resilience needed for a healthy, productive and fulfilling life. Further, national development can only be achieved if adolescents and youth are included as full and active participants. Investments in young people now are in everyone’s interest and are everyone’s responsibility: families, community leaders, non-governmental organisations, governments, the private sector, the international community, and others alike.

28. Overall, the pursuit to reach the two outputs in this thematic area will be based on the five keys of UNFPA's Global Adolescent and Youth Strategy, 2012-13: (i) Evidence-Based Advocacy, Policy Development and Accountability, (ii) SRH Services, (iii) Comprehensive Sexuality Education, (iv) Adolescent and Youth Leadership and (v) Innovative Initiatives to Increase Inclusion.

29. In this context, special emphasis will be placed on curbing child marriage as a key determinant for both early child-bearing, lack of empowerment of adolescents and adverse gender conditions. To this end, the programme will seek to strengthen the linkages between young people's SRH and sexuality education; Family Planning; Gender Equity; and Research and Data related to Population Dynamics.

Output 1: Young people, especially the marginalised (scheduled castes, scheduled tribes and minorities), have acquired gender-sensitive knowledge on sexual and reproductive health and services

30. The output would be achieved by pursuing three strategies: (a) one that mainstreams the youth agenda into national policy, (b) one that reaches adolescents and young people by leveraging existing national programmes and schemes, and lastly (c) one that establishes new scalable intervention models for marginalized adolescents and young people.

31. Each level of strategy will be mutually reinforcing and where possible have linkages to the strategies under Output Two. At each level the focus will be on creating an enabling environment that empowers young people, particularly from the marginalised communities to access gender sensitive SRH information and services. Young people have the idealism, enthusiasm and imagination to transform the social and economic fortunes of their communities. In order to realise their full potential as individuals, leaders and agents of progress, UNFPA will facilitate and support meaningful engagement of young people, particularly the marginalised, to actively contribute towards decision-making processes that affect their health and well-being at all stages of policy design, programme formulation, implementation, monitoring and evaluation. Hence, supporting development of youth advisory panels, strengthening existing youth networks and creating new networks as relevant will be an intrinsic component of UNFPA's work with young people in India.

**Strategy 1: Mainstream the agenda of adolescents and young people in national policies and programmes**

32. The situation analysis articulates the need to invest in the health and well-being of adolescents and young people. The Ministry of Health and Family Welfare (MOHFW) has recognized the limitations of facility-based disease prevention and management approaches in the existing Adolescent Reproductive and Sexual Health (ARSH) Strategy and is poised for a paradigm shift. UNFPA will support the shift based on principles of health promotion, collaborative community-based approaches and innovations for assured, customised and consistent outreach to different sub-groups cognizant of their realities and health needs. The National Adolescent Health Strategy, being formulated, will serve as the basis for NRHM Programme Implementation Plans (PIPs) as well as development of state-level annual health plans. On request UNFPA will provide high quality technical assistance for the adoption and implementation of the Adolescent Health Strategy at state and district level in selected geographies.

33. The Ministry of Youth Affairs and Sports is the nodal Ministry for the issues concerning overall development of young people. MOYAS has recently revised the Youth Policy and the 2012 draft is available for further discussions before it is finalised. UNFPA will support further policy development and facilitate integration of various constituencies as the National Youth Policy is being finalised. UNFPA will work to integrate adolescents as a distinct constituency with unique needs to be addressed in the National and State

Development Plans and explore possibilities of budgeting for adolescents. UNFPA will promote formulation and implementation of state-specific youth policies.

34. To inform the national policy and programme development work, UNFPA will invest in enhancing India's capacity to conduct research on issues related to adolescent health and well-being through partnerships with national and international institutions/universities that have long-term interest in building expertise in this field. UNFPA will provide support to youth networks to engage adolescents and youth to advocate for their issues.

**Strategy 2: Leverage national programmes to reach vulnerable adolescents and young people with information on reproductive health**

35. Young people have voiced the need for gender-sensitive life skills focused information and youth-friendly services. UNFPA will provide technical assistance to existing Government initiatives with the mandate to improve adolescent health and well-being. UNFPA will pursue, where appropriate, its partnerships with programmes such as the SABLA programme for adolescent girls and Saksham for adolescent boys of the Ministry of Women and Child Development (MWCD) and Adolescent Health and Development Programme of the Nehru Yuva Kendra Sangathan (NYKS) in MOYAS. In this context, UNFPA will also include support for activities in the North East of India, as an area identified by MOYAS with particular vulnerabilities among adolescents and young people. The technical assistance will include capacity building on responding to adolescent concerns, setting up monitoring mechanisms, audience-specific communication strategies and facilitating partnerships and collaborations with relevant Government departments, civil society organisations, community-based organisations and academic institutions.

36. UNFPA intends to establish comprehensive outreach plans in collaboration with the government, civil society, academic institutions and individual experts as needed to profile young people so as to better understand their needs and concerns. Partnerships with the corporate sector will also be explored. The outreach plans will be guided by the realities of young people and will be strongly anchored in a rights-based perspective and leadership development. The strategies will aim to empower adolescents and youth with life skills focussed on experiential learning on RSH issues in a gender-sensitive manner, facilitate linkages with education and skills building institutions for better employability and improve access to youth-friendly and gender-sensitive services in the public and private sector. These strategies will include activities to address socio-cultural determinants with adverse effects on young people, including the practice of child marriage.

37. UNFPA will explore diverse partnerships for the integration of life skills focused adolescent health and well-being in tandem with the overall empowerment of young people. Such initiatives include National Skill Development Corporation (NSDC), Industrial Training Institutes (ITIs), NACO's workplace interventions, Saakshar Bharat, Jan Shikshan Sansthaan, bridge courses sponsored by Department of Education to enable out-of-school adolescents to be enrolled in age-appropriate learning levels in formal schools, Panchayati Raj Institutions (PRIs), Self Help Groups (SHGs) and others as appropriate. In this context, as identified by the MOHFW, enhanced efforts will be made to reach adolescents in the age group from 10 to 19 years. UNFPA will also support research to improve the knowledge base on adolescent health, including support to further studies of early adolescence (10-14 years), an age group which has not yet been included in large scale national surveys.

### **Strategy 3: Establish new intervention models for reaching vulnerable young people with information, skills and services to improve their reproductive health**

38. As is evident from the situation analyses, the indicators of adolescents of the SC/ST, Muslim minorities and those living in urban slums are particularly poor, with higher rate of adolescent pregnancies and closely spaced pregnancies, which is not only an obstacle to their full development but also puts them at a far higher risk of developing complications as well as maternal and newborn morbidity and mortality. The Government is keen to improve the health and social development indicators of these marginalised groups and several additional grants, aid and schemes are available to achieve these objectives. UNFPA will partner with government entities and other stakeholders for faster implementation and reaching the last mile.

39. Thus provision of information, life skills and services to these adolescents including addressing unmet need for reproductive health information and contraception will have high priority. Enhancing life skills would empower both adolescent girls and boys to be able to articulate their views on varied issues including those related to child marriage, gender-based discrimination and gender-based violence (GBV).

40. The reasons for vulnerability and marginalisation of each sub-group of STs, SCs, Muslim minorities and urban poor are many and only context-specific responses can provide sustainable solutions. UNFPA will invest in reaching specific groups of marginalised young people through comprehensive initiatives taking into account the existing Government schemes for these sub-groups.

41. Efforts would also be made to develop innovative counselling services in community settings through, for example, trained peer educators, community elders or providers in government or private sector. Community-based social action and provision of opportunities for effective engagement and participation of young people in social development processes will be pursued. Multiple communication options and entry points would be explored by collaborating with relevant partners. UNFPA proposes to work with STs, Muslim minorities and urban poor living in slums to develop models that reach the marginalised, that can be scaled up and expanded both inter- and intra-state-wise. Based on field presence, UNFPA will concentrate investment in districts with high concentration of the above-mentioned sub-groups in consultation with the Governments and develop comprehensive scalable intervention models.

42. For the purposes of this work and to develop models, one or two model districts will be identified with significant ST populations, one or two model districts with significant Muslim populations and one or two districts or wards with significant slum populations. Based on experiences and learning from these areas, UNFPA would promote and support young people from these groups to further the agenda of improving the health and well-being of adolescents and young people. Working and aligning with Government programmes as well as interventions through NGOs, private providers and private companies would be a prominent part of the strategy.

#### Output 2: Adolescents have access to gender-sensitive, life skills-based sexual and reproductive health education in schools

43. UNFPA would pursue a dual approach to continue to work with educational agencies engaged in addressing life skills and SRH needs of vulnerable adolescents and to place increased emphasis in engaging the Government and State Education Boards in the UNFPA priority states on initiating co-curricular, curricular activities or a combination of both with the long-term goal of curricular integration for purposes of sustainability. State-based initiatives would also include programmes for pre-service training of teachers and provision of counselling services in schools as well as explore the possibility of having teachers offer these

services at the community level. Young people in educational institutions will be actively engaged through mechanisms such as youth advisory panels to articulate their concerns, identify the gaps in existing initiatives and recommend mechanisms to facilitate their access to gender sensitive, life skills-based SRH education.

### **Strategy 1: Further policy level engagement with national level agencies**

44. National Council of Educational Research and Training (NCERT) is the lead agency for implementation of the Adolescence Education Programme of the Ministry of Human Resource Development (MOHRD). UNFPA has partnered with NCERT for more than two decades for implementation of ARSH programmes in school systems at the national level. In the CP8, UNFPA will continue its partnership with NCERT to sensitise different stakeholders, policy makers, State Education Boards, civil society organizations, educationists and media on the merit of empowering young people with information and skills to enable them to respond to real life situations effectively. Specific advocacy efforts will also be launched through NCERT with State Boards of Education for institutionalisation of co-curricular and curricular components of adolescence education, advocacy with Universities and State Departments of Education for including elements of adolescence education in pre-service training of teachers and exploring innovative ways of engaging young people so that they are able to share their views and inputs in the design of policies, programmes and materials. Evidence-based advocacy efforts will focus on addressing ASRH concerns in relevant government programmes and advocating for adequate allocation of funds to ensure full implementation of ongoing programmes. To undertake these tasks and to strengthen the role of NCERT as the key body for technical assistance and reference, UNFPA will support the establishment of a national resource centre to respond to the evolving needs of adolescents through meaningful programming and resource materials.

### **Strategy 2: Promote gender-sensitive life skills based sexual reproductive health education in state education systems**

45. UNFPA will make efforts to institutionalise the agenda of adolescent health and well-being in school education, in the State Education System schools, especially in the UNFPA priority states, based on the opportunities that would be available. Working through schools is a very efficient and effective mechanism of reaching school-going adolescents. The focus will be on utilising government structures and systems. School-based programmes will support strategies to address ASRH concerns within schools. Capacity building initiatives will seek to increase technical competence and influence attitudes of school teachers, principals, parents and other stakeholders. Support will also be provided to monitoring and supervision of these activities.

46. Partnership with National Institute of Open Schooling (NIOS) will be continued on SRH education as the institution has a unique standing of providing individuals, especially the marginalised who had dropped out earlier, the opportunity to continue their schooling. The support would be to enhance capacities of NIOS tutors to transact the revised life skills integrated courses earlier developed with UNFPA support. Opportunities of supporting life skills integration in vocational courses will also be pursued. UNFPA will support states in improving the quality of life skills training in the Bachelor of Education programme for prospective teachers.

### **Strategy 3: Support provision of counselling services to school students as well as young people in the community**

47. It is important to explore alternatives for providing first level of youth-friendly services, especially counselling services (that may not be necessarily located within the health sector) and identifying innovative mechanisms of providing these services through non-health personnel such as peer educators, sensitive adults, and teachers by providing basic training and support to them. Within schools, several approaches

could be adopted including hiring of counsellors, having shared counsellors, training teachers as basic/first level counsellors with pre-identified referral linkages. Leveraging these school-based resources for providing such services at the community could also be explored.

48. Navodaya Vidyalaya Samiti (NVS) experimented with provision of counselling services in 200 schools with inputs from UNFPA. This will be expanded to cover all the 700 schools across in the country to evolve a model that could be continued and also replicated in other schooling systems by the Government. Lessons learned from the experience of NVS would be utilised in the designing and refining of counselling strategies and methods that would be pursued in the state schooling systems.

### ***Family planning***

49. The family planning (FP) related outcome comprises of interventions which are focused on both the demand side and supply side. The strategies are based on the principles of promoting SRH, promoting rights-based quality SRH services through evidence-based advocacy and technical assistance, strengthening health systems for effective service delivery, ensuring reliable availability and supply of quality contraceptives and operations research. Emphasis will be placed on meeting the unmet need for spacing methods of contraception among young people.

Output 3: Health systems are strengthened to provide high quality sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalised populations.

### **Strategy 1: Strengthen policy and programme design to improve quality of services based on promotion of reproductive rights and gender mainstreaming**

50. Inequities in contraceptive coverage persist across a wide range of social/income groups as well across regions. As India aims to embark on the path of *Universal Health Coverage* in the XII Five Year Plan, UNFPA will work closely with the MOHFW to identify opportunities for organising strategic support to design contents and delivery of RH services package. Advocacy will be undertaken to address reproductive rights and gender issues in the provision of RH services. Technical assistance would be organised to strengthen Reproductive Health Commodity Security and programme support communication. The Country Programme would also support advocacy for expanding method choices including long-term reversible contraceptives, and improve method mix. Reforms would be pursued in administration of PPP schemes by establishing collateral management modalities for delivery of FP services. Assessments, evaluations and operations research would be supported for generating evidence to design advocacy interventions.

### **Strategy 2: Enhance health care delivery systems for improving quality and coverage of RH services**

51. Taking cognisance of the large amount of funds provided by the Government for the NRHM but the weak sub-systems in the health sector in the states, UNFPA will support need-based, client-centred and quality oriented RH services. UNFPA has been successful in the CP7 in strengthening family planning management (planning, monitoring, capacity building, supplies and quality assurance) at state level through management information systems (MIS) improvements. Based on the lessons learned, similar need-based efforts will be supported and further enhanced in priority states in the CP8. Programme support in the RHCS would focus on organising technical support to states for demand forecasting, strengthening procurement systems, supply chain management, monitoring stock-outs and quality of commodities. UNFPA will provide Technical Assistance in key strategic areas, such as ARSH and FP through placement of consultants, development of communication strategies for adolescent health, support to national and regional workshops and exposure visits as required.

52. Conditional cash transfer schemes have resulted in significant increase in public sector institutional deliveries. However, several programme reviews have raised concerns about non adherence to evidence-based practices during intra-partum and immediate post-partum care. The Government is committed to providing massive investments to increase the number of nurse midwife training schools as well as improve quality of pre-service training in these schools. As a first step, an additional six-month internship has been introduced in the auxiliary nurse midwife (ANM) training. A competency based certification system is being introduced for ANMs and GNMs. UNFPA will place emphasis on strengthening pre-service training so that ANM graduates have the requisite skills. UNFPA will provide support for establishing national nodal centres and state nodal centres in selected states, to ensure adherence to prescribed clinical and educational standards of ICM in nurses' training schools. Gender perspectives will be given due emphasis so that services are responsive to the needs of women, by addressing health issues that adversely impact women's SRH, including GBV.

53. Along with UNICEF and WHO, as part of the UNDAF, joint programmes would be undertaken to empower Village Health and Sanitation Committees (VHSCs) and SHGs to acquire the knowledge and skills necessary to access quality primary health care in defined programme areas. Support will be provided to improving human resource availability and deployment in the health sector by supporting the formulation of appropriate comprehensive HR policies. Lastly, support will be provided to improving management capacities of health systems to better plan, implement and monitor health interventions, especially at the district and block levels.

54. The Minimum Initial Service Package for RH in emergency situations will be mainstreamed to improve readiness, mitigation and recovery phases in disaster responses. In emergency situations, the Government may also call upon UNFPA within the larger UN effort to provide relevant response support in its areas of comparative advantage, such as psychosocial support and sexual and gender based violence.

### **Strategy 3: Support alternate service delivery models to address underserved young people**

55. Existing data suggest high unmet need for contraceptives amongst vulnerable groups such as STs, SCs, minorities and slum dwellers in urban areas. UNFPA supported a mix of approaches in CP7 in engaging village based volunteers such as accredited social health activists (ASHAs) and incentivising them to promote non-clinical contraceptives i.e. OCPs, ECPs and condoms. Based on past positive results in increase of contraceptive usage by young people, these efforts would be expanded to more districts inhabited by vulnerable and underserved population groups. Programme support would include inputs such as continued training, improved supervisory practices, close tracking of acceptors as well as performance monitoring of ASHAs and use of MIS data for improved decision making. These approaches will be suitably anchored in districts where other UNFPA support for adolescents would be undertaken. Lessons learned from these sites would feed in to the policy dialogue and inform design of programmes in other districts supported by NRHM or other relevant national flagship programmes.

56. National AIDS Control Programme-IV (NACP-IV) and NRHM make a strong plea for forging RH-HIV convergence in programme delivery, including integration of family planning in HIV/STI services. The UNFPA Programme would support intervention packages which include provision of hitherto neglected RH services for sex workers. Similar interventions are contemplated for FPLHIV groups in select sites. In addition, the work started in establishing community-based organisations (CBOs) of female sex workers and their collectives will be continued to establish them as effective partners in HIV prevention efforts.

## ***Gender equality and reproductive rights***

57. UNFPA's support to gender equality will be based on a dual approach that explicitly supports interventions to address gender-biased sex selection under Output Four below, while mainstreaming gender across other programme areas. UNFPA will mainstream gender through both upstream policy level interventions and downstream community processes to transform discriminatory attitudes, behaviours and practices. In summary, the main inter-linkages with the other programme areas are:

- **Youth:** UNFPA will incorporate a gender perspective in life skills education, including capacity-building of teachers, counsellors and field volunteers. The programme will reach out to out-of-school youth to promote gender-sensitive life skills focused information, counselling and skill building with focus on marginalised population groups. The interventions will enhance gender equality through youth participation and leadership; and provide support to young women and men in exercising their reproductive rights in a responsible manner.
- **Family planning:** UNFPA will ensure that health service delivery will incorporate gender in quality assurance processes and build capacity on gender and health within health systems and in communities. Evidence and knowledge building will be pursued for issues that adversely impact women's SRH.
- **Population dynamics:** UNFPA will focus on strengthening national and state institutional capacity for collection and analysis of gender and age disaggregated census and other data. Action-research and evaluation studies will be undertaken on thematic areas of sex selection and RH, integrating a gender perspective.

### Output 4: Strengthened capacities of state and non-state entities to reverse son preference

#### **Strategy 1: Improve policy response to reverse son preference**

58. UNFPA will support MOHFW as well as state Health and Women and Child Development Departments in the UNFPA states in ensuring an effective policy and legal response to address the concerns of the girl child. Research will be undertaken to review the effectiveness and impact of government policies, schemes and programmes aimed at enhancing the value of the girl child. Similarly, research will also be undertaken to provide evidence on factors that are likely to trigger change in attitudes towards girls and ways in which communication aimed at changing attitudes can be more impact-oriented and targeted to primary stakeholders. Evidence so generated will influence policy advocacy processes and also be aimed at strengthening civil society supported community level interventions to address gender discrimination. Support will be provided for policy dialogue and consultation among state and non-state actors to continually evolve consensus, build synergy and adjust strategies to respond to the changing nature of the problem. This will include support to efforts of the state to formulate specific schemes and policies to address declining child sex ratio and for the empowerment of the girl child. South-South cooperation will be enhanced by facilitating exchange of research findings and expertise, as well as linking ongoing research with global/regional research on the issue.

59. It is proposed to undertake joint UN programming on the issue as part of UNDAF (2013–17). Research on issues such as dowry and marriage, two key reasons for daughter aversion, will be pursued as a joint UN initiative given that such a study needs to draw on the expertise of multiple UN agencies, each in turn being in a position to influence policy processes on different aspects concerning dowry and marriage. The research agenda will be further synchronised to contribute to the High Level Committee's research on developing the report on Status of Women in India, wherein declining child sex ratio has been identified as a priority. Recognising the elements such as dowry, asset ownership, safety and security that contribute to gender

discrimination and the “unwantedness” of girls, efforts will be made to test district level approaches in conjunction with the existing government initiatives and projects to enhance the value of girls in families and communities.

60. UNFPA will work with the Office of The Registrar General of India (ORGI) and with select state governments to improve the availability and the quality of birth data. Efforts will be made to encourage tracking and analysis of SRB trends at the district level. In addition, following the availability of SRB data from Census 2011, UNFPA will strategically work with select state governments to study SRB data in affected districts and its correlation with other socio-economic variables so as to guide state-level policy and programme decisions.

### **Strategy 2: Strengthen capacity of state and non-state actors to implement the PCPNDT Act**

61. Results of the Census 2011 pointing to the continued decline in child sex ratio underscore the need to deepen efforts to strengthen the implementation of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act in states. This will involve engaging with policy makers at the national and state levels as well as with the judiciary in key states. The Ministry of Health and Family Welfare and the Departments of Health in UNFPA states will be the key partners. Experience of work with the judiciary at the state level has proven the effectiveness of this intervention in galvanising the state machinery in improving Act implementation.

62. UNFPA will support capacity building of law implementers, specifically different authorities under the law and the judiciary as well as administrators and officials involved in Act implementation. In this context, sensitisation of medical professionals will play a complementary role in strengthening compliance with the law. With an eye on the long term, opportunities to support integration of the issue of gender and sex selection in the training curricula for medical, legal and media professionals will be explored.

63. At another level, NGO networks will be supported to undertake capacity building of their members/partners in select geographies to understand the issue of sex selection and develop strategies to respond to it. Guidelines, training modules and resource material will be developed and IT-enabled solutions such as websites, monitoring and reporting mechanisms will be supported to aid capacity building and sensitisation processes.

64. Given the varying levels of Act implementation in the different UNFPA states, Act related research and advocacy initiatives will be undertaken to improve information about the status of implementation and more awareness on lacunae among the larger public and civil society.

### **Strategy 3: Promote partnership building among state and non-state actors to reverse son preference**

65. Work on sex selection is influenced by multiple ideologies and perspectives, largely owing to the overlap with safe abortion but also due to the manner in which ‘rights’ are articulated in the context of this issue. This has led to a divisive rather than a unified response in articulating and positioning the problem. Though several actors have worked on the issue for almost two decades, the extent to which new actors have come on board is limited.

66. To pull together the efforts of new and old actors, there is a need to locate the larger civil society action around preventing gender discrimination as the anchor for campaign mobilisation that also includes gender-biased sex selection in its ambit. It is necessary to expand the partnership around this issue, to reconcile divisive perspectives, build consensus on the ever evolving nature and factors surrounding sex selection and most importantly, ensure that the ownership of the issue rests as much with the government as with civil

society. Efforts will be made to support a people-based campaign on the issue, through regional consultations to draw in new actors and find synergies with other gender-related campaigns and concerns.

67. Bringing about societal mindset change to address the root causes of sex selection requires a coming together of multiple community-level actors along with the creation of an environment that reinforces the change in the perception about daughters. Towards this end, UNFPA will support civil society organisations to work with community-level actors to address the demand-side factors influencing sex selection. NGO led interventions will be supported as pilots and prototypes in geographies where other critical supply side interventions are also being supported, namely Act implementation and state-level policy advocacy.

68. Given the growing influence of media on choices and decision-making, it is a key constituency in the enabling environment with a role in building and breaking gender stereotypes. UNFPA will support work with the visual and print media and the advertising community with a view to influencing the larger environment that tends to shape gender norms, roles and expectations.

### ***Population dynamics***

69. The outcome related to population dynamics, that is, to contribute to improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality, will, in principle, be cross-cutting and be pursued in an integrated fashion through strategies outlined under the other thematic outcome areas. However, some elements of the work will stand on their own and not be cross-cutting. These areas include work on emerging areas such as population ageing as well as some direct support to relevant institutes and agencies such as support to ORGI in post-census activities.

### **Output 5: Strengthened national capacity to incorporate population dynamics in relevant national and sub-national plans and programmes, with a focus on gender and social inclusion**

#### **Strategy 1: Undertake policy and programmatic research studies to generate relevant policy evidence**

70. The final population data based on the 2011 Census will be available during the first quarter of 2013 which coincides with the beginning of CP8 programme. In-depth analysis of census data will be undertaken on thematic areas of work including studies on demographic aspects. For this purpose, UNFPA will engage institutional mechanisms wherein national and state institutions will be tasked to prepare thematic policy and research papers and monographs and will facilitate in its dissemination. In addition, action-research, behavioural and evaluation studies will be undertaken on thematic areas of sex selection, RH and FP with a focus on youth and from a social inclusion and gender perspective. These findings will be used as inputs for programming within UNFPA's thematic areas and advocated at policy level as well. This apart, UNFPA will support and leverage national surveys of the government from its thematic perspectives (NFHS-4, Social Institutions and Gender Index etc.) for generating databases and evidences for policy and programming and also enabling in tracking ICPD indicators and MDGs. Furthermore, many models and innovative approaches are proposed for field-based experimentation in various thematic areas. To assess and advocate for scaling up and replication of such models, UNFPA will also support econometric and cost-benefit studies to understand the cost-effectiveness and social value addition of the model interventions.

#### **Strategy 2: Position population ageing in the development planning process with a view to improved social policies, plans and programmes**

71. During the CP7 cycle, UNFPA prioritised ageing research. Research base on the subject is lacking and hence, UNFPA has initiated an exercise to build a research knowledge base in India by commissioning a series of secondary and primary studies in select states of the country. In CP8, the focus on policy and

programmatic research will continue and large-scale surveys and studies will be undertaken or leveraged. In addition, support in strengthening government training institutions, developing standards for old-age care centres and evolving state level policies and programmes will be pursued. Public discourse change will be pursued through advocacy networks for bringing this issue to the forefront of the development agenda with cross-cutting linkages to health and social security. With the feminisation of ageing and the demographic flip from child-dependency to elder-dependency approaching, innovative interventions will be pursued to have a catalytic impact on national awareness and programmatic action.

### **Strategy 3: Enhance and build institutional and human resource capacity in use of demographic data for planning and monitoring**

72. In the past, the United Nations Joint Programme on Convergence, implemented in partnership with UNDP and UNICEF, focused on improving decentralised planning and monitoring in priority states and districts. In CP8, similar efforts will be continued to assist the Planning Commission and other government partners to improve the planning and monitoring of national flagship programmes by building and strengthening institutional capacities including capabilities of data producers, providers and users for enabling evidence-based planning and programme management. UNFPA will support sensitisation of senior government officers on population dynamics and development of inter-linkages from a social and gender perspective, and support capacity enhancement of district statistical officers in evidence-based planning and monitoring. Strengthening of the health management information system, civil registration data and review will also be taken up and would form part of the process.

73. The efforts to build institutional capacity will also be pursued in a broader regional context by stimulating South-South collaboration. To this end, UNFPA will support the establishment and operationalisation of a Census Resource and Training Centre (CRTC). UNFPA, along with other UN agencies, will technically and financially support the establishment of the CRTC by way of development of training curricula, streamlining data e-archiving and data warehousing, and strengthening capability of ORGI staff members in use of IT applications in data collection, and building the capacity in Geographic Information Systems to function both as a training and resource centre. It will help in initiating capacity building programmes by supporting training of trainers for the internal staff members on demography, population projections at sub-national levels, gender-data analysis, interpretation and dissemination. Further, UNFPA will assist ORGI in establishing linkages and networks with census offices and statistical agencies of other countries in establishing itself as a Centre of Excellence offering technical assistance, consulting services and training in the region.

## **PART V. PARTNERSHIP STRATEGY**

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

75. UNFPA will collaborate with government bodies in implementing the programme. Other partners will include civil society organisations, professional associations, universities and research organisations as well as international development partners in support of the country's population and RH policies, strategies and programme activities to contribute to the UNDAF outcomes and the MDGs.

76. In parts of the programme existing partnerships are set to be continued. Partnerships with implementing partners (IPs) will be strengthened including through capacity-building in relevant areas and as per need. The partnership strategy for achieving CPAP results will be based on the following:

- Mutual exchange of knowledge and expertise through policy relevant experiences from other countries, documentation and dissemination of best practices and in management capacity development in planning, monitoring and evaluation in population and RH programmes;
- In line with UN Reforms, work with other members of the UN Country Team, and through UN Thematic Working Groups and in the harmonisation and simplification process, in coordination with other development partners;
- Work in partnership with the Government in South-South cooperation in the areas of population, RH and sex selection;
- Emphasis needs to be given to position the role of UNFPA as a facilitator that links innovation of development work in its thematic areas with related agencies. Moreover, UNFPA will engage in policy dialogue such as policy analysis and advocacy, strategic planning, and emerging population concerns.

77. The Ministry of Health and Family Welfare will be the central coordinating ministry for the UNFPA programme. UNFPA will coordinate programme implementation with federal and state government partners, United Nations organisations, civil society and development partners. The indicative list of the Ministries is listed below:

- **Under Output 1**, young people, especially the marginalised, partners include Ministries of Youth Affairs and Sports, Human Resource Development, Women and Child Development, Panchayat Raj, Labour, Tribal Development and Minority Affairs, and Urban Development.
- **Under Output 2**, adolescents having access to gender-sensitive, life skills-based sexual and reproductive health education in schools, partners include the Ministries of Human Resource Development, Health and Family Welfare, the National Institute of Open Schooling, National and State Councils of Educational Research and Training and Teacher Training Colleges and State Education Departments.
- **Under Output 3**, strengthening health systems, partners include the Ministry of Health and Family Welfare, which is the nodal Ministry for UNFPA.
- **Under Output 4**, Strengthening capacity of state and non-state entities to reverse son preference, partners include the Ministries of Health and Family Welfare and Women and Child Development.
- **Under Output 5**, strengthening national capacity to incorporate population dynamics in relevant national and sub-national plans and programmes, with a focus on gender and social inclusion, partners include Office of the Registrar General of India, Planning Commission, Ministries of Social Justice and Empowerment, Urban Development, and Statistics and Programme Implementation.

78. Should additional IPs become necessary in the course of the programme, in line with its procedures, UNFPA will assess potential partners for capacity and suitability to ensure the highest quality of service. In addition to IP arrangements, specific activities will be implemented by contractees, either individuals or organisations, in line with UNFPA procedures for procuring such services, e.g. universities, professional colleges, research organisations or civil society organisations. Further, UNFPA will implement selected activities as required by UNFPA procedures and as per need and expediency.

79. When warranted, especially in pursuit of scalable models, UNFPA may partner with relevant NGOs, who offer expertise or innovative approaches for increased outreach of improved service delivery, especially to marginalised and vulnerable groups at district level and in urban slums. Further reach and programme impact may also be pursued by fostering collaboration with private sector partners. This may be in the form of seeking access to CSR funds; through in-kind technical or other support; or by accessing key target groups through private or corporate partners.

80. Within the United Nations system, partnerships will be pursued within UNDAF clusters. Linkages with United Nations Disaster Management Theme Group (UNDMTG) will be utilised for developing response to disaster and environmental emergencies with special reference to RH and gender issues. The programme will work with other UN Agencies such as UNICEF, ILO, WHO, UN Women, UNESCO, and UN System projects and initiatives such as Solutions Exchange.

81. Partnerships will be established through an AWP and a Letter of Understanding (LoU). Monitoring mechanisms will be reflected appropriately.

## **PART VI. PROGRAMME MANAGEMENT**

82. National execution continues to be the preferred implementation arrangement. UNFPA will carefully select IPs based on their ability to deliver high-quality programmes. UNFPA will continuously monitor their performance and periodically adjust implementation arrangements, as necessary. In the event of an emergency, UNFPA may, in consultation with the Government, re-programme activities, especially life-saving measures, to better respond to emerging issues.

83. The AWP drawn up based on the overall programme strategies of the CPAP will be the primary tool to govern the programmatic relationship between UNFPA and each IP. The AWP will capture the main inputs, associated resources, and their contribution to expected programme results as measured by relevant output indicators. It is the basis for requisitioning, committing and disbursing funds to carry out planned activities and for their monitoring and reporting. The AWP is developed by the UNFPA Country Office and the IP following a consultative process that ensures ownership of process and results.

84. Multi-year AWPs may be agreed upon by UNFPA and the IP. Although planning can take place for multiple years, UNFPA funds will be committed only for the current calendar year. Funds for subsequent years will be subject to the availability of resources.

85. The IP is responsible for contributing to the implementation of the AWP by undertaking the responsibilities allocated to it in the AWP and in the LoU. Other key responsibilities of an IP include: preparing the AWP in collaboration with UNFPA; ensuring that all activities in the AWP are duly implemented in accordance with agreed regulations and rules; establishing operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports; conducting monitoring and evaluation activities as per UNFPA policies with participation of UNFPA staff where relevant, including provision of progress monitoring reports; leading the preparation of the annual review meeting of the work plan support and participation of UNFPA; ensuring audits are conducted in accordance with UNFPA requirements; organising annual and end-of-work plan inventories; and ensuring that operational and financial closure of the AWPs follow UNFPA procedures.

86. The IP will designate an official to act as coordinator for UNFPA support. The coordinator will oversee the day-to-day management of the AWP in conjunction with the relevant UNFPA office.

#### *Cash transfer*

87. National execution, with its different options for cash transfer, continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select IPs based on their ability to deliver quality programmes. UNFPA will continuously monitor their performance and adjust implementation arrangements, as necessary. It will ensure that the appropriate risk analysis is performed in conformity with the harmonised approach to cash transfers.

88. All cash transfers to an IP are based on the AWPs agreed between the IP and UNFPA.

89. Cash transfers for activities detailed in AWPs can be made by a United Nations agency using the following modalities:

- Cash transferred directly to the IP:
  - a) Prior to the start of activities (direct cash transfer), or
  - b) After activities have been completed (reimbursement);
- Direct payment to vendors or third parties for obligations incurred by the IP on the basis of requests signed by the designated official of the IP;
- Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with IP.

90. 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. UNFPA shall not be obligated to reimburse expenditure made by the IP over and above the authorised amounts.

91. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the IP and UNFPA, or refunded.

92. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government IP, and of an assessment of the financial management capacity of the non-UN<sup>1</sup> IP. A qualified consultant, such as a public accounting firm selected by UNFPA, may conduct such an assessment, in which the IP shall participate. The IP may participate in the selection of the consultant.

93. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised during the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits. A qualified consultant, such as a public accounting firm selected by UNFPA, may conduct such an assessment, in which the IP shall participate.

## **PART VII. MONITORING AND EVALUATION**

94. UNFPA, in collaboration with the Government and other IP, will monitor and evaluate the programme. Coordination of the overall programme and review of its progress will take place within the UNDAF

---

<sup>1</sup> For the purposes of these clauses, "the United Nations" includes the International Financial Institutions (IFIs).

framework for India, led by the respective nodal ministries and the Planning Commission as applicable. Monitoring and evaluation of the UNFPA programme is aligned with and contributes to the overall monitoring and evaluation of the UNDAF, as put in place by the UN Country Team and the Government.

95. The Government and UNFPA will ensure continuous monitoring and evaluation of the CPAP, for tracking results of the interventions, efficient utilisation of programme resources as well as accountability, transparency and integrity. A results-based management approach will be applied to monitoring and evaluation of the UNFPA programme. The monitoring and evaluation mechanism put in place will be complementary to the government systems and will strengthen monitoring and evaluation systems within the government both at the central and state levels.

96. The CP includes a monitoring and evaluation plan that demonstrates how the CP result will be monitored and evaluated during the course of the programme cycle, using targets and indicators. It identifies the necessary programme monitoring and evaluation activities and allocates funds for the purpose. The monitoring and evaluation framework will be reviewed and updated annually by UNFPA.

97. Given UNFPA's work at the state and district levels in India, monitoring of results will be pursued at these levels, where appropriate and relevant. The monitoring outcome and output indicators outlined in the Results and Resource Framework (RRF) will be relevant for state and districts where UNFPA has a presence. Main indicators, especially those at outcome level, will be monitored reliant on national data collection systems. In cases where indicators are not included in relevant national surveys, UNFPA will pursue inclusion of such indicators. In case data is not available through the national system, complementary surveys may be undertaken, in collaboration with relevant research institutions or UN partners.

#### *Monitoring and Annual Work Plan review*

98. UNFPA aims to introduce a systematic approach for progress reporting for IP based on UNFPA reporting requirements. The monitoring of all AWP's will be carried out on a quarterly basis using the revised AWP Progress Report format. To measure progress towards results, the MIS of each AWP will be streamlined and a web-based data management system will be evolved to measure progress at each level by all stakeholders in a transparent manner.

99. An annual review meeting with the IP will take place in the fourth quarter of each calendar year to review progress against the AWP and towards achieving the targeted programme output. The AWP review meeting will focus on achievement of results using the established indicators. The status of implementation of the work plan activities must also be reviewed, along with identification of lessons learned and best practices, main constraining and facilitating factors affecting implementation from the previous year(s). The annual review will inform the planning of the next AWP. In the case of multi-year AWP's, the review meeting will also be used to review, update and revise activities and budgets for the coming year or years.

100. The IP is responsible for participating in the AWP review meeting with the UNFPA Country Office, including preparing required information. The UNFPA Country Office is responsible for planning and conducting the AWP review meeting with each IP.

101. To facilitate assurance activities, the IP and the UNFPA may agree to use web or IT-based programme monitoring tools allowing data sharing and analysis.

#### *Financial monitoring and audit*

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

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance;
- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance;
- Special or scheduled audits: UNFPA, in collaboration with other United Nations agencies, will establish an annual audit plan, giving priority to audits of IPs with large cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

103. The Supreme Audit Institution (SAI) may undertake the audits of government IPs. If the SAI chooses not to undertake the audits of specific IPs according to the frequency and scope required by UNFPA, audits shall be conducted by auditors designated by UNFPA. Assessments and audits of non-government IPs will be conducted in accordance with the policies and procedures of UNFPA.

#### *Evaluation and mid-term review*

104. UNFPA, in agreement with the Government Coordinating Agency, may decide to review the CPAP, e.g. at mid-term. A mid-term CPAP review would address need for changes to the CPAP document for the remaining part of the programme cycle. The CPAP review process will be led by the Government Coordinating Agency with support from UNFPA.

105. Relevant evaluations will be commissioned as per the monitoring and evaluation plan of the CP. An end of programme cycle evaluation will be conducted in the penultimate year of the CP to ensure that the results are available in time to inform development of the next programme. This evaluation will assess performance and achievements, lessons learned and best practices.

### **PART VIII. COMMITMENTS OF UNFPA**

106. The planned funding envelope for the UNFPA CP8 is US\$ 70 million. This estimate of resources for the CP will originate in part from UNFPA regular resources (\$60 million) and in part from other potential funding sources (\$10 million), such as (i) global resources for country programming from UNFPA thematic funds; (ii) humanitarian funding where relevant, including from UNFPA Emergency Fund; (iii) country level resources mobilised by the UN Country Team through the UNDAF; and (iv) additional resources expected to be mobilised at country level including for joint programmes if applicable.

107. The overall funding envelope will be subject to the availability of UNFPA regular resources and the mobilisation of additional resources in the course of the programme. The UNFPA Country Office will work closely with national partners to mobilise required additional resources from relevant sources including donors.

108. As a guiding principle and in line with the Executive Board approved CP, the funding will be divided as follows among the thematic areas: Young People (43%), Family Planning (27%), Gender Equality and Rights (15%); and Population Dynamics (15%). Furthermore, 60% of the core funds will be utilised through the five state offices and 40% will be used at the national level. The state-level funding will, in principle, be divided equally among the states, although depending on the needs and relative emphasis placed on the various thematic areas.

109. The UNFPA Country Office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff who provide technical and programme expertise, as well as associated support, to implement the programme. It will maintain multidisciplinary teams at the national level and in five states i.e. Rajasthan, Madhya Pradesh, Bihar, Odisha and Maharashtra. In addition, the Asia and the Pacific Regional Office will assist in identifying additional technical resources and provide quality assurance.

110. In case of direct cash transfer or reimbursement, UNFPA shall notify the IP of the amount approved by UNFPA and shall disburse funds to the IP in 15 days.

111. In case of direct payment to vendors or third parties for obligations incurred by the IP on the basis of requests signed by the designated official of the IP or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed to with IPs, UNFPA shall proceed with the payment within [here insert the number of days as per agency schedule].

112. UNFPA shall not have any direct liability under the contractual arrangements concluded between the IP and a third party vendor.

113. Where more than one United Nations agency provides cash to the same IP, programme monitoring, financial monitoring and auditing will be undertaken jointly or in coordination with those United Nations agencies.

## **PART IX. COMMITMENTS OF THE GOVERNMENT**

114. The Government will contribute to the implementation of the UNFPA-funded programme by ensuring the necessary in-kind support including staff time and other organisational resources required for the successful and timely management and implementation of the programme.

115. The Government will collaborate with UNFPA in efforts to mobilise additional resources for the programme as required; it will organise periodic programme reviews and planning meetings as appropriate with participation of programme partners.

116. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the AWP will be used by IPs to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The IPs will use the FACE to report on the utilisation of cash received. The IP 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 IP.

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

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

119. In the case of international NGO and IGO IPs cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilisation of all received cash are submitted to UNFPA within six months of receipt of the funds.

120. To facilitate scheduled and special audits, each IP receiving cash from UNFPA will provide United Nations Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;
- All relevant documentation and personnel associated with the functioning of the IP's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the IP and UNFPA. Each IP 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 to UNFPA that provided cash (and where the SAI has been identified to conduct the audits, and to the SAI).
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies (and where the SAI has been identified to conduct the audits, and to the SAI), on a quarterly basis (or as locally agreed).

#### **PART X. OTHER PROVISIONS**

121. Whereas this CPAP supersedes any previously signed CPAP;

122. Whereas the CPAP may be modified by mutual consent of both parties;

123. Whereas nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government is a signatory;

124. In witness thereof the undersigned, being duly authorised, have signed this Country Programme Action Plan on this day, 30 January, 2013 in New Delhi, India.

For the Government of India

Date: 30.1.13

Signature:



Name: Mr. P K Pradhan  
Title: Secretary, Health and Family Welfare

For the United Nations Population Fund, India

Date: 30.1.13

Signature:



Name: Ms. Frederika Meijer  
Title: UNFPA Representative

## UNFPA-India Eighth CPAP Results and Resources Framework (based on the CPD RRF)

UNDAF Outcome # 4: Vulnerable and marginalized populations have equitable access to and use quality basic services in selected states (i.e., health, education, sanitation, HIV and AIDS, safe drinking water)									
UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, USD)					
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<b>Young people's sexual and reproductive health and sexuality education</b>  DRF Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)  <u>Outcome indicator:</u> • Adolescent birth rate Baseline: 99 births per 1,000 women; Target: 60 per 1,000 (weighted average for UNFPA-supported states)	<u>Output 1:</u> Young people, especially the marginalized (scheduled castes, tribes and minorities), have acquired gender-sensitive knowledge on sexual and reproductive health and services	<ul style="list-style-type: none"> <li>Percentage of young people with knowledge of reproductive and sexual health issues. Baseline: 37% among girls and 45% among boys (aged 15-24); Target: 50% in both girls and boys (aged 15-24) (within UNFPA-supported states); MOV: Survey [CPD Indicator]</li> <li>Percent of out-of-school adolescents in program geographies demonstrating improvement in knowledge on issues related to Adolescent Reproductive and Sexual Health Baseline: TBD; Target: &gt; 10% increase; MOV: Survey</li> <li>Number of models developed, tested and costed to reach marginalized young people in out-of-school settings with partnerships with the government, civil society or private sector [CPD Indicator] Baseline: 0; Target: 5; MOV: Model Evaluation</li> </ul>	Ministries of: Health and Family Welfare; Human Resource Development; and Youth Affairs and Sports; Tribal Development; Minorities Affairs; state governments; academic institutions; civil society organizations; private-sector entities; United Nations Children's Fund (UNICEF); UNDP; World Health Organization (WHO); ILO	2.25	2.75	3	3	2.75	\$13.75 million
				Other Resources				\$5 million	
• Percentage increase in the use of modern contraceptive methods among women aged 15-24. Baseline: 9.1%; Target: 12% (weighted average for UNFPA-supported states) [CPD Indicators]	<u>Output 2:</u> Adolescents have access to gender-sensitive, life skills-based sexual and reproductive health education in schools	<ul style="list-style-type: none"> <li>Percentage of government schools in a defined geographical area that have adopted curricular or co-curricular approaches on gender-sensitive, life skills-based sexual and reproductive health education Baseline: 16%; Target: 40%; MOV: State School Information Systems</li> <li>Number of State Boards of Education implementing life skills adolescence education in</li> </ul>	Ministries of: Health and Family Welfare; Human Resource Development; NCERT; SERTs; NIOS; Teachers Training Colleges; state governments;	Regular Resources (USD Millions)					
				2	2.25	2.5	2.25	2.25	\$11.25 million
Other Resources				Nil					

<ul style="list-style-type: none"> <li>Percent of out-of-school unmarried adolescents accessing first level of counseling services</li> </ul> <p>Baseline: TBD ; Target: &gt; 20% increase; MOV: Survey</p> <ul style="list-style-type: none"> <li>Currently married women aged 20-24 who were married before 18 years of age</li> </ul> <p>Baseline: 52.7%; Target: 40% MOV: Survey (weighted average for UNFPA-supported states)</p>		<p>co-curricular and/or curricular formats</p> <p>Baseline: TBD; Target: 3; MOV: Evaluation</p> <ul style="list-style-type: none"> <li>Percent of participating schools using the updated training and resource materials for transacting Adolescence Education Program (AEP) curriculum</li> </ul> <p>Baseline: TBD; Target: 80%; MOV: Management Information System</p> <ul style="list-style-type: none"> <li>Percentage of secondary students in a defined geographical area who have received gender-sensitive, life skills-based sexual and reproductive health education. Baseline: 15% (estimate based on 2007 youth study); Target: 70% (of UNFPA-supported states); MOV: Survey [CPD indicator]</li> <li>Percent of in-school adolescents in participating schools demonstrating improvement in knowledge on issues related to Adolescent Reproductive and Sexual Health</li> </ul> <p>Baseline: TBD; Target: &gt; 10% increase; MOV: Survey</p>	<p>academic institutions; civil society organizations; private-sector entities; United Nations Children's Fund (UNICEF); World Health Organization (WHO); UNESCO</p>																			
UNDAF Outcome # 4: Vulnerable and marginalized populations have equitable access to and use quality basic services in selected states (i.e., health, education, sanitation, HIV and AIDS, safe drinking water)																						
UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, USD)																		
<b>Family planning</b>	Output 3: Health systems are strengthened to provide high-quality	<ul style="list-style-type: none"> <li>Percentage increase in the availability of high-quality reproductive health services, including a wide range of contraceptives, especially for underserved populations Baseline: To be</li> </ul>	Ministry of Health and Family Welfare; National Disaster Management	<table border="1"> <thead> <tr> <th>Yr 1</th> <th>Yr 2</th> <th>Yr 3</th> <th>Yr 4</th> <th>Yr 5</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td colspan="6">Regular Resources (USD Millions)</td> </tr> <tr> <td>2.75</td> <td>3.25</td> <td>3.25</td> <td>3.25</td> <td>3</td> <td>\$15.5 million</td> </tr> </tbody> </table>	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	Regular Resources (USD Millions)						2.75	3.25	3.25	3.25	3	\$15.5 million
Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total																	
Regular Resources (USD Millions)																						
2.75	3.25	3.25	3.25	3	\$15.5 million																	
DRF outcome 3:																						

<p>Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Unmet need for contraception among women. Baseline: 14.7% (2005-06); Target: 7.4%; MOV: Survey (weighted average for UNFPA-supported states)</li> <li>Percentage of deliveries by skilled birth attendants Baseline: 51.2%; Target: 75%; MOV: Survey (weighted average for UNFPA-supported states) [CPD Indicators]</li> <li>Percentage of use of spacing methods of contraception among adolescents (10-19) in the programme geographies Baseline: TBD; Target: &gt;10% point increase; MOV: Survey</li> </ul>	<p>sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalized populations</p>	<p>determined; Target: at least 20% increase in client satisfaction surveys (within UNFPA supported states); MOV: Client Satisfaction Survey [CPD indicator]</p> <ul style="list-style-type: none"> <li>Percent of districts in which Quality Assurance Committee is fully functional (adherence with the standards, client satisfaction, investigating into death, failure and major complications) in defined programme geographies</li> </ul> <p>Baseline: TBD; Target: TBD; MOV: Quarterly report of District Quality Assurance Committee, CRM reports</p> <ul style="list-style-type: none"> <li>Number of Auxiliary Nurse Midwives trained in the new competency-based midwifery curriculum (in selected states) Baseline: 0; Target: 5,000; MOV: Examination Results of ANM Schools [CPD indicator]</li> <li>Percentage of districts where reproductive health issues are integrated into disaster-preparedness plans. Baseline: 6%; Target: 50%; MOV: NDMA MIS Reports [CPD indicator]</li> </ul>	<p>Authority; Nursing Councils; Professional Associations and Autonomous Bodies; state governments; academic institutions, private-sector entities; UNAIDS; UNICEF; UN-Women; WHO</p>	<p>Other Resources</p> <p>Nil</p>
---	---	---	---	-----------------------------------

UNDAF Outcome # 3: Government and civil society institutions are responsive and accountable for improving women's, advancing their social, political, economic rights and preventing gender discrimination						
UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, USUSD)		
				Yr 1	Yr 2	Yr 3
<p><b>Gender equality and reproductive rights</b></p> <p>DRF Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Sex ratio at birth</li> </ul> <p>Baseline: 906 girls to 1,000 boys Target: 932 girls to 1,000 boys; MOV: SRS [CPD Indicator]</p>	<p><u>Output 4:</u> Strengthened capacity of state and non-state entities to reverse son preference</p>	<p>Number of government institutions, non-governmental organizations and private-sector entities adopting and implementing policies, programmes, communication and advocacy strategies to reverse son preference, targeting different population groups [CPD Indicator]</p> <p>Baseline: 0; Target: at least 7; MOV: Reports of Government, NGOs and Private sector partners</p> <ul style="list-style-type: none"> <li>Number of UNFPA-facilitated policy / community initiatives undertaken to address daughter aversion (causes and consequences - inheritance or property, marriage, dowry, violence, old age support)</li> </ul> <p>Baseline: 3<sup>1</sup>; Target: at least 5; MOV: Thematic and project reports and reports of state and non-state actors</p> <ul style="list-style-type: none"> <li>Number of UNFPA-supported high-quality multidisciplinary research studies completed for guiding policy advocacy and programmatic actions and communications to reverse son preference and prevent gender-biased sex selection [CPD Indicator]</li> </ul> <p>Baseline: 0; Target: 5; MOV: Research Reports</p> <ul style="list-style-type: none"> <li>Number and types of initiative undertaken to strengthen capacities (of Act implementing authorities, Judiciary, Medical Profession, Frontline workers, PRI and NGOs) to improve PCPNDT Act implementation</li> </ul> <p>Baseline: 2<sup>2</sup>; Target: at least 5; MOV: Project Reports</p>	<p>Ministry of Health and Family Welfare; Ministry of Women and Child Development; state governments; UNICEF; UN-Women; academia; civil society; media; regional partners</p>	<p>1.75</p> <p>1.75</p> <p>2</p> <p>1.75</p> <p>1.75</p>	<p>\$9 million</p> <p>\$2.5 million</p>	<p>Regular Resources</p> <p>Other Resources</p>
UNDAF Outcome # 5: Governance systems are more inclusive, accountable, decentralized and programme implementation more effective for the realization of rights of marginalized groups, especially women and children						

<sup>1</sup> National Advisory Council, Sectoral Innovation Council, Rajasthan state girl child policy

<sup>2</sup> Among Judiciaries and AAs

UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, USUSD)					
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<p><b>Population dynamics</b></p> <p>DRF Outcome 1: Population dynamics and its inter-linkages with the needs of young people (including adolescent), sexual and reproductive health (including family planning), gender quality and poverty reduction addressed in national and sectoral development plans and strategies</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Number of state and district plans and programmes developed by considering population dynamics and issues related to the International Conference on Population and Development</li> </ul> <p>Baseline: 3 states, 15 districts; Target: 5 states, 50 districts (UNFPA-supported states) [CPD Indicator]</p>	<p><u>Output 5:</u> Strengthened capacity to incorporate population dynamics in relevant national and sub-national plans and programmes, with a focus on gender and social inclusion</p>	<p>Number of high quality programmatic, research, thematic and evaluation studies in priority areas completed for guiding policy and programmatic actions (youth, sex-selection and family planning) [CPD indicator]</p> <p>Baseline: Nil ; Target: TBD; MOV: Research Reports</p> <ul style="list-style-type: none"> <li>Number of research studies conducted on population ageing to inform national policy and programmes in pursuit of improved quality of lives of senior citizens</li> </ul> <p>Baseline: Nil; Target: TBD; MOV: Research Reports</p> <ul style="list-style-type: none"> <li>Number of UNFPA-supported institutions functioning as centres of excellence to collect data on socially excluded and marginalized groups and to integrate population dynamics into the planning and management of national programmes, with a scope for South-South collaboration.</li> </ul> <p>Baseline: 0; Target: at least 3 additional institutions; MOV: Annual Reports of the Institutions [CPD indicator]</p>	<p>Ministry of Health and Family Welfare; Office of the Registrar General, India; state governments; UNDP; UNICEF; UN-Women; academic institutions; private-sector entities; regional partners</p>	1.75	1.75	2	1.75	1.75	\$9 million
				Other Resources \$2.5 million					

**Standard Annex for use in countries not parties to the Standard Basic Assistance Agreement (SBAA)**General responsibilities of the Government, UNDP and the executing agency

1. All phases and aspects of UNDP assistance to this project shall be governed by and carried out in accordance with the relevant and applicable resolutions and decisions of the competent United Nations organs and in accordance with UNDP's policies and procedures for such projects, and subject to the requirements of the UNDP Monitoring, Evaluation and Reporting System.
2. The Government shall remain responsible for this UNDP-assisted development project and the realization of its objectives as described in this Project Document.
3. Assistance under this Project Document being provided for the benefit of the Government and the people of (the particular country or territory), the Government shall bear all risks of operations in respect of this project.
4. The Government shall provide to the project the national counterpart personnel, training facilities, land, buildings, equipment and other required services and facilities. It shall designate the Government Co-operating Agency named in the cover page of this document (hereinafter referred to as the "Co-operating Agency"), which shall be directly responsible for the implementation of the Government contribution to the project.
5. The UNDP undertakes to complement and supplement the Government participation and will provide through the Executing Agency the required expert services, training, equipment and other services within the funds available to the project.
6. Upon commencement of the project the Executing Agency shall assume primary responsibility for project execution and shall have the status of an independent contractor for this purpose. However, that primary responsibility shall be exercised in consultation with UNDP and in agreement with the Co-operating Agency. Arrangements to this effect shall be stipulated in the Project Document as well as for the transfer of this responsibility to the Government or to an entity designated by the Government during the execution of the project.
7. Part of the Government's participation may take the form of a cash contribution to UNDP. In such cases, the Executing Agency will provide the related services and facilities and will account annually to the UNDP and to the Government for the expenditure incurred.

(a) Participation of the Government

1. The Government shall provide to the project the services, equipment and facilities in the quantities and at the time specified in the Project Document. Budgetary provision, either in kind or in cash, for the Government's participation so specified shall be set forth in the Project Budgets.
2. The Co-operating Agency shall, as appropriate and in consultation with the Executing Agency, assign a director for the project on a full-time basis. He shall carry out such responsibilities in the project as are assigned to him by the Co-operating Agency.
3. The estimated cost of items included in the Government contribution, as detailed in the Project Budget, shall be based on the best information available at the time of drafting the project proposal. It is understood that price fluctuations during the period of execution of the project may necessitate an adjustment of said contribution in monetary terms; the latter shall at all times be determined by the value of the services, equipment and facilities required for the proper execution of the project.
4. Within the given number of man-months of personnel services described in the Project Document, minor adjustments of individual assignments of project personnel provided by the Government may be made by the Government in consultation with the Executing Agency, if this is found to be in the best interest of the project. UNDP shall be so informed in all instances where such minor adjustments involve financial implications.

5. The Government shall continue to pay the local salaries and appropriate allowances of national counterpart personnel during the period of their absence from the project while on UNDP fellowships.
6. The Government shall defray any customs duties and other charges related to the clearance of project equipment, its transportation, handling, storage and related expenses within the country. It shall be responsible for its installation and maintenance, insurance, and replacement, if necessary, after delivery to the project site.
7. The Government shall make available to the project - subject to existing security provisions - any published and unpublished reports, maps, records and other data which are considered necessary to the implementation of the project.
8. Patent rights, copyright rights and other similar rights to any discoveries or work resulting from UNDP assistance in respect of this project shall belong to the UNDP. Unless otherwise agreed by the Parties in each case, however, the Government shall have the right to use any such discoveries or work within the country free of royalty and any charge of similar nature.
9. The Government shall assist all project personnel in finding suitable housing accommodation at reasonable rents.
10. The services and facilities specified in the Project Document which are to be provided to the project by the Government by means of a contribution in cash shall be set forth in the Project Budget. Payment of this amount shall be made to the UNDP in accordance with the Schedule of Payments by the Government.
11. Payment of the above-mentioned contribution to the UNDP on or before the dates specified in the Schedule of Payments by the Government is a prerequisite to commencement or continuation of project operations.

(b) Participation of the UNDP and the executing agency

1. The UNDP shall provide to the project through the Executing Agency the services, equipment and facilities described in the Project Document. Budgetary provision for the UNDP contribution as specified shall be set forth in the Project Budget.
2. The Executing Agency shall consult with the Government and UNDP on the candidature of the Project Manager<sup>1</sup> who, under the direction of the Executing Agency, will be responsible in the country for the Executing Agency's participation in the project. The Project Manager shall supervise the experts and other agency personnel assigned to the project, and the on-the-job training of national counterpart personnel. He shall be responsible for the management and efficient utilization of all UNDP-financed inputs, including equipment provided to the project.
3. The Executing Agency, in consultation with the Government and UNDP, shall assign international staff and other personnel to the project as specified in the Project Document, select candidates for fellowships and determine standards for the training of national counterpart personnel.
4. Fellowships shall be administered in accordance with the fellowships regulations of the Executing Agency.
5. The Executing Agency may, in agreement with the Government and UNDP, execute part or all of the project by subcontract. The selection of subcontractors shall be made, after consultation with the Government and UNDP, in accordance with the Executing Agency's procedures.
6. All material, equipment and supplies which are purchased from UNDP resources will be used exclusively for the execution of the project, and will remain the property of the UNDP in whose name it will be held by the Executing Agency. Equipment supplied by the UNDP shall be marked with the insignia of the UNDP and of the Executing Agency.

---

<sup>1</sup> May also be designated Project Co-ordinator or Chief Technical Adviser, as appropriate

7. Arrangements may be made, if necessary, for a temporary transfer of custody of equipment to local authorities during the life of the project, without prejudice to the final transfer.
8. Prior to completion of UNDP assistance to the project, the Government, the UNDP and the Executing Agency shall consult as to the disposition of all project equipment provided by the UNDP. Title to such equipment shall normally be transferred to the Government, or to an entity nominated by the Government, when it is required for continued operation of the project or for activities following directly therefrom. The UNDP may, however, at its discretion, retain title to part or all of such equipment.
9. At an agreed time after the completion of UNDP assistance to the project, the Government and the UNDP, and if necessary the Executing Agency, shall review the activities continuing from or consequent upon the project with a view to evaluating its results.
10. UNDP may release information relating to any investment oriented project to potential investors, unless and until the Government has requested the UNDP in writing to restrict the release of information relating to such project.

#### Rights, Facilities, Privileges and Immunities

1. In accordance with the Agreement concluded by the United Nations (UNDP) and the Government concerning the provision of assistance by UNDP, the personnel of UNDP and other United Nations organizations associated with the project shall be accorded rights, facilities, privileges and immunities specified in said Agreement.
2. The Government shall grant UN volunteers, if such services are requested by the Government, the same rights, facilities, privileges and immunities as are granted to the personnel of UNDP.
3. The Executing Agency's contractors and their personnel (except nationals of the host country employed locally) shall:
  - (a) Be immune from legal process in respect of all acts performed by them in their official capacity in the execution of the project;
  - (b) Be immune from national service obligations;
  - (c) Be immune together with their spouses and relatives dependent on them from immigration restrictions;
  - (d) Be accorded the privileges of bringing into the country reasonable amounts of foreign currency for the purposes of the project or for personal use of such personnel, and of withdrawing any such amounts brought into the country, or in accordance with the relevant foreign exchange regulations, such amounts as may be earned therein by such personnel in the execution of the project;
  - (e) Be accorded together with their spouses and relatives dependent on them the same repatriation facilities in the event of international crisis as diplomatic envoys.
4. All personnel of the Executing Agency's contractors shall enjoy inviolability for all papers and documents relating to the project.
5. The Government shall either exempt from or bear the cost of any taxes, duties, fees or levies which it may impose on any firm or organization which may be retained by the Executing Agency and on the personnel of any such firm or organization, except for nationals of the host country employed locally, in respect of:
  - (a) The salaries or wages earned by such personnel in the execution of the project;
  - (b) Any equipment, materials and supplies brought into the country for the purposes of the project or which, after having been brought into the country, may be subsequently withdrawn therefrom;

(c) Any substantial quantities of equipment, materials and supplies obtained locally for the execution of the project, such as, for example, petrol and spare parts for the operation and maintenance of equipment mentioned under (b), above, with the provision that the types and approximate quantities to be exempted and relevant procedures to be followed shall be agreed upon with the Government and, as appropriate, recorded in the Project Document; and

(d) As in the case of concessions currently granted to UNDP and Executing Agency's personnel, any property brought, including one privately owned automobile per employee, by the firm or organization or its personnel for their personal use or consumption or which after having been brought into the country, may subsequently be withdrawn therefrom upon departure of such personnel.

6. The Government shall ensure:

(a) prompt clearance of experts and other persons performing services in respect of this project;

And

(b) the prompt release from customs of:

(i) equipment, materials and supplies required in connection with this project; and

(ii) property belonging to and intended for the personal use or consumption of the personnel of the UNDP, its Executing Agencies, or other persons performing services on their behalf in respect of this project, except for locally recruited personnel.

7. The privileges and immunities referred to in the paragraphs above, to which such firm or organization and its personnel may be entitled, may be waived by the Executing Agency where, in its opinion or in the opinion of the UNDP, the immunity would impede the course of justice and can be waived without prejudice to the successful completion of the project or to the interest of the UNDP or the Executing Agency.

8. The Executing Agency shall provide the Government through the resident representative with the list of personnel to whom the privileges and immunities enumerated above shall apply.

9. Nothing in this Project Document or Annex shall be construed to limit the rights, facilities, privileges or immunities conferred in any other instrument upon any person, natural or juridical, referred to hereunder.

#### Suspension or termination of assistance

1. The UNDP may by written notice to the Government and to the Executing Agency concerned suspend its assistance to any project if in the judgement of the UNDP any circumstance arises which interferes with or threatens to interfere with the successful completion of the project or the accomplishment of its purposes. The UNDP may, in the same or a subsequent written notice, indicate the conditions under which it is prepared to resume its assistance to the project. Any such suspension shall continue until such time as such conditions are accepted by the Government and as the UNDP shall give written notice to the Government and the Executing Agency that it is prepared to resume its assistance.

2. If any situation referred to in paragraph 1, above, shall continue for a period of fourteen days after notice thereof and of suspension shall have been given by the UNDP to the Government and the Executing Agency, then at any time thereafter during the continuance thereof, the UNDP may by written notice to the Government and the Executing Agency terminate the project.

3. The provisions of this paragraph shall be without prejudice to any other rights or remedies the UNDP may have in the circumstances, whether under general principles of law or otherwise.

## Annual Distribution Estimations of Regular Resources\* - UNFPA Country Programme Eight (2013-2017)

Figures in million USD

CPAP Output***	Programme Output Nodal Entity	Primary National Implementing Agency**	Primary State level Implementing Agency**	2013	2014	2015	2016	2017	Total
Youth: Out-of-school	MOHFW	MOHFW, MOYAS	Health Dept, MOYAS, CSOs	2.25	2.75	3	3	2.75	13.75
Youth: In-school	MOHFW	MOHFW, MHRD	Health Dept, HRD Dept, CSOs	2	2.25	2.5	2.25	2.25	11.25
Family Planning	MOHFW	MOHFW	Health Dept, CSOs	2.75	3.25	3.25	3.25	3	15.5
Gender Equality	MOHFW	MOHFW	Health Dept, UNFPA, CSOs	1.75	1.75	2	1.75	1.75	9
Population Dynamics	MOHFW	ORGI	State level institutions	1.75	1.75	2	1.75	1.75	9
Programme Coordination Assistance	UNFPA	UNFPA	n/a	0.3	0.3	0.3	0.3	0.3	1.5
<b>Total</b>				<b>10.8</b>	<b>12.05</b>	<b>13.05</b>	<b>12.3</b>	<b>11.8</b>	<b>60</b>

\* All figures are estimations for planning purposes and may change over time

\*\* Approximately 60% of the budget will be spent at state level. Approximately 40 % will be spent at national level.

\*\*\* Technical Assistance is cross-cutting comprising of human resources and operations of approximately US\$3.6 million annually