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UNITED NATIONS POPULATION FUND

Final country programme document for India

Proposed indicative UNFPA assistance:	$70 million, $60 million from regular resources and $10 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Eighth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Young people's sexual and reproductive health and sexuality education	25.0	5.0	30.0
Family planning	15.5	-	15.5
Gender equality and reproductive rights	9.0	2.5	11.5
Population dynamics	9.0	2.5	11.5
Programme coordination and assistance	1.5	-	1.5
Total	60.0	10.0	70.0

I. Situation analysis

1. India has experienced remarkable economic growth, at a rate of 7 to 8 per cent per annum in the past decade. It is now a middle-income country. Nevertheless, economic and social disparities persist.

2. The annual population growth rate peaked at 2.4 per cent during the 1980s and was 1.6 per cent in 2011. The total fertility rate declined from 3.6 children per woman in 1981 to 2.6 in 2009. India is experiencing a population 'bulge' in the working-age group. There is increasing recognition of the need to invest in the health and development of young people, in order to harness the benefits of this demographic dividend.

3. Adolescents and young people are healthier, more urbanized and better educated than those of earlier generations. However, social and economic vulnerabilities persist. Young people aged 15-24 account for one fifth of the population, and face risks related to sexual and reproductive health. There is a need to address the needs of this large, heterogeneous group.

4. Early marriage and childbirth are prevalent. Among women aged 20-49, the median age at first marriage is 17.2 years. Approximately one sixth of married girls aged 15-19 have already given birth or are pregnant, increasing the risk of neonatal and maternal mortality and low birth weight. High levels of anaemia are a major factor in their poor maternal health.

5. School enrolment and retention rates have increased across regions and among scheduled castes and tribes. The gender gap has narrowed, with more girls attending school. Nevertheless, high drop-out rates, especially at the secondary school level, are a major concern. Effective strategies are needed to extend sexual and reproductive health information and services to out-of-school adolescents, who are often marginalized and vulnerable. Such strategies are also needed to reduce the high adolescent fertility rate, as well as maternal mortality, sexually transmitted infections and HIV, early marriage and gender-based violence among young people.

6. Despite improvements in maternal health, the maternal mortality ratio remains high, at 212 maternal deaths per 100,000 live births (2007-2009), with large disparities among states and wealth quintiles. Four of 10 maternal deaths occur among women aged 15-24. India has made progress in increasing institutional deliveries and antenatal care. However, cost-effective preventive measures are insufficient.

7. Only 10.5 per cent of married women aged 15-24 use modern contraceptive methods for spacing births or delaying first conception. Data on modern contraceptive use among unmarried young people are not readily available, which has hampered the development of effective policies.

8. To provide universal access to high-quality services, the twelfth five-year plan seeks to nearly double the expenditures dedicated to health care, from 1.3 to 2.5 per cent of the gross domestic product. However, challenges persist, including a lack of human resources, poor infrastructure, fragmented information systems, and limited managerial and technical capacity in the health sector. Although initiatives such as the national rural health mission are addressing health-related issues, there is a need to increase the quality of and access to services, including life-saving strategies, such as strengthening midwifery skills.

9. Gender disparities persist. India ranks 129 of 146 countries in the UNDP gender inequality index. The preference for sons over daughters is evidence of gender inequality in India. The sex ratio at birth is approximately 906 girls to 1,000 boys (2007-2009); at the state level, the lowest ratio is 830 girls to 1,000 boys.

10. There is a need for further research on population dynamics, because many policy and

programmatic issues remain unaddressed, due to gaps in collecting and analysing data and using it in policy development, particularly at the subnational level. These gaps impede the design and implementation of inclusive social policies and the management of programmes that address the needs of marginalized and vulnerable groups, including scheduled castes, tribes and minorities.

II. Past cooperation and lessons learned

11. UNFPA support to India began in 1974. The seventh country programme, 2008-2012, sought to strengthen reproductive health services by: (a) participating in the sector-wide health programme; (b) integrating sexual and reproductive health 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 decentralized 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.

12. The UNFPA programme allocated approximately one third of its resources to the second national reproductive and child health 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 the quality of reproductive health services, including access to a range of contraceptives for vulnerable populations.

13. 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.

14. Based on these findings, the evaluation recommended: (a) a focus on the need for high-quality reproductive health 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 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.

III. Proposed programme

15. The proposed eighth cycle of assistance, 2013-2017, builds on the national priorities articulated in the twelfth five-year plan of India. It is guided by the priorities identified in the United Nations Development Assistance Framework (UNDAF), based on consultations with the Government and civil society.

16. Given the middle-income country status of India, UNFPA will support the consolidation of earlier achievements as well as ‘upstream’ policy development and advocacy. UNFPA will: (a) encourage South-South collaboration, involving the private sector; (b) promote the generation and sharing of knowledge; and (c) foster innovative solutions.

17. The programme seeks to reduce disparities and promote inclusive development through a strategic focus on young people, especially marginalized and vulnerable populations, in the five states where UNFPA provides support. The programme is guided by a rights-based approach and gender equality.

Young people's sexual and reproductive health and sexuality education

18. This strategic plan outcome area contributes to the UNDAF outcome that seeks to provide vulnerable and marginalized populations with equitable access to high-quality basic services in selected states.

19. Output 1: Young people, especially the marginalized (scheduled castes, tribes and minorities), have acquired gender-sensitive knowledge on sexual and reproductive health and services. The programme will design and test multiple strategies, by using peer educators, community health workers, and information and communication technology to enable young people to make informed and responsible decisions related to their sexual and reproductive health. In selected states, the programme will adjust interventions to meet the needs of marginalized young people, including those who are out of school and unemployed, by linking such interventions with skills development and educational opportunities. The programme will build on sexual and reproductive health services provided by the Government and others, or support alternate channels where services are not available.

20. Output 2: Adolescents have access to gender-sensitive, life skills-based sexual and reproductive health education in schools. The programme will support strategies to address adolescent sexual and reproductive health concerns within schools. Capacity-building initiatives will seek to increase technical competence and influence school teachers, principals and other stakeholders. Evidence-based advocacy efforts will focus on addressing adolescent sexual and reproductive health concerns in relevant government programmes and will advocate the adequate allocation of funds to ensure the full implementation of the programmes.

Family planning

21. This outcome area also contributes to the UNDAF outcome related to improving the quality of reproductive health services, family planning and the prevention of HIV.

22. Output 1: Health systems are strengthened to provide high-quality sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalized populations. The programme will strengthen health subsystems to improve access to, and the availability and quality of, reproductive health services, keeping gender perspectives and the needs of vulnerable groups in mind. It will also expand the provision of contraceptives and will test new mechanisms to make a wide range of birth-spacing methods available to the poor and the young in selected states. In addition, the programme will develop service-delivery prototypes in underserved areas, and will strengthen midwifery capacity, through education, regulation and associations at national and state levels. In addition, the programme will support the inclusion of reproductive health services in state and district disaster risk reduction plans.

Gender equality and reproductive rights

23. This outcome area contributes to the UNDAF outcome related to responsive and accountable government and civil society institutions that seek to improve the position of women by: (a) advancing their social, political and economic rights; (b) preventing gender discrimination by reducing gender inequality; and (c) reversing son preference and the sex-ratio imbalance at birth.

24. Output 1: Strengthened capacity of state and non-state entities to reverse son preference. UNFPA will support the development of an evidence base for advocacy and action through research in the areas of gender discrimination,

son preference and sex selection. The programme will develop a forward-looking and comprehensive national advocacy and communication strategy. The strategy will seek to advocate the expansion of successful interventions and the strengthening of laws that discourage son preference and gender-biased sex selection. UNFPA and the Government will develop regional and interregional partnerships to collect and exchange knowledge and good practices.

Population dynamics

25. This outcome area contributes to the UNDAF outcome focusing on governance systems that are more inclusive, accountable and decentralized, and programme implementation that is more effective for realizing the rights of marginalized groups, especially women and children.

26. Output 1: Strengthened national capacity to incorporate population dynamics in relevant national and subnational plans and programmes, with a focus on gender and social inclusion. The programme will support the study of population dynamics and policy research to enable effective policy and programme interventions in India, specifically in states where the UNDAF is operational. UNFPA will support data collection, research and the formulation of social policy and programme analyses in areas constrained by data gaps, with a focus on young people, family planning, sex selection and ageing. It will also support the strengthening of the civil registration system to improve the accuracy of vital data as well as the establishment of a census resource and training centre to undertake South-South collaboration.

IV. Programme management, monitoring and evaluation

27. 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 organizations, civil society and development partners.

28. National execution continues to be the preferred implementation arrangement. UNFPA will carefully select implementation partners 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, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

29. The programme will use national systems as sources of data, including censuses, sample registration system surveys, national health surveys and assessments of the twelfth five-year plan by the Planning Commission. UNFPA will also commission specific evaluations. This may be done selectively at the request of the Government, or as part of United Nations system-wide initiatives.

30. 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. The Asia and the Pacific regional office will assist in identifying additional technical resources and provide quality assurance.

RESULTS AND RESOURCES FRAMEWORK FOR INDIA

National priorities: (a) investment in the health and well-being of young people; and (b) empowering young people with information and skills on sexual and reproductive health (The draft approach paper to the 12th five-year plan**,** 2013-2017)
UNDAF outcome: vulnerable and marginalized populations have equitable access to and use high-quality basic services in selected states (i.e., health, education, sanitation, HIV care and safe drinking water)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Young people's sexual and reproductive health and sexuality education Outcome indicators: •Adolescent birth rate Baseline: 99 births per 1,000 women; Target: 60 per 1,000 (weighted average for UNFPA-supported states) • 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)	Output 1: Young people, especially the marginalized (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	Output 1 indicators: • Number of successful, innovative models developed, tested and costed, to reach marginalized young people with gender-sensitive information and services on sexual and reproductive health, including through private-sector entities. Baseline: 0; Target: 5 models in UNFPA-supported states • 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) Output 2 indicators: • 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% • 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)	Ministries of: Health and Family Welfare: Human Resource Development; and Youth Affairs and Sports; state governments; academic institutions; civil society organizations; private-sector entities; United Nations Children's Fund (UNICEF); UNDP; World Health Organization (WHO)	$30 million ($25 million from regular resources and $5 million from other resources)
Family planning Outcome indicators: • Unmet need for contraception among women. Baseline: 14.7% (2005-06); Target: 7.4% (weighted average for UNFPA-supported states) • Percentage of deliveries by skilled birth attendants Baseline: 51.2%; Target: 75% (weighted average for UNFPA-supported states)	Output 1: Health systems are strengthened to provide high-quality sexual and reproductive health services, including family planning services, with a focus on vulnerable and marginalized populations	Output 1 indicators: • Percentage increase in the availability of high-quality reproductive health services, including a wide range of contraceptives, especially for underserved populations Baseline: To be determined; Target: at least 20% increase in client satisfaction surveys (within UNFPA supported states) • Number of auxiliary nurse midwives trained in the new competency-based midwifery curriculum (in selected states). Baseline: 0; Target: 5,000 • Percentage of districts where reproductive health issues are integrated into disaster-preparedness plans. Baseline: 6%; Target: 50%	Ministry of Health and Family Welfare; National Disaster Management Authority; Nursing Councils; state governments; academic institutions, private-sector entities; UNAIDS; UNICEF; UN-Women; WHO	$15.5 million from regular resources

UNDAF outcome: government and civil society institutions are responsive and accountable for improving the position of women, by advancing their social, political and economic rights and preventing gender discrimination				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Gender equality and reproductive rights Outcome indicator: • Sex ratio at birth Baseline: 906 girls to 1,000 boys Target: 932 girls to 1,000 boys	Output 1: Strengthened capacity of state and non-state entities to reverse son preference	Output 1 indicators: • Number of government institutions, non-governmental organizations and private-sector entities adopting and implementing communication and advocacy strategies to reverse son preference, targeting different population groups Baseline: 0; Target: at least 7 • 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 Baseline: 0; Target: 5	Ministry of Health and Family Welfare; Ministry of Women and Child Development; state governments; UNICEF; UN-Women; academia; civil society; media; regional partners	$11.5 million ($9 million from regular resources and $2.5 million from other resources)
UNDAF outcome: governance systems are more inclusive, accountable and decentralized, and programme implementation is more effective at realizing the rights of marginalized groups, especially women and children				
Population dynamics Outcome indicator: • Number of state and district plans and programmes developed by considering population dynamics and issues related to the International Conference on Population and Development Baseline: 3 states, 15 districts; Target: 5 states, 50 districts (UNFPA-supported states)	Output 1: Strengthened capacity to incorporate population dynamics in relevant national and subnational plans and programmes, with a focus on gender and social inclusion	Output indicators: • 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. Baseline: 0; Target: at least 3 additional institutions • Number of high-quality programmatic, thematic and evaluation studies in priority areas completed for guiding policy and programmatic actions (including ageing and demographic analysis, statistics on the sex ratio at birth, and gender-specific studies). Baseline: 7; Target: 15 in UNFPA-supported states	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	$11.5 million ($9 million from regular resources and $2.5 million from other resources) Total for programme coordination and assistance: $1.5 million from regular resources