

Country Programme Performance Summary

A. Country Information		
Country name: INDIA		
Category per decision 2013/31: Orange	Current programme period:	Cycle of assistance: Eight

<u>Youth Output 1</u>			
<i>Young people, especially the marginalized (scheduled castes, tribes and minorities), have acquired gender-sensitive knowledge on sexual and reproductive health and services</i>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • 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. 	0	5 models in UNFPA supported states	4 models were supported by UNFPA. These include: (i) Addressing adolescent fertility in Barwani district of Madhya Pradesh; (ii) Action for Adolescent Girls in various geographies in Rajasthan and Odisha; (iii) Reaching out to adolescent boys and girls through NYKS in five states; and, (iv) reaching out to girls in hostel settings in MP.
<ul style="list-style-type: none"> • Percentage of young people with knowledge of reproductive and sexual health issues. 	35% among both girls and boys, unmarried (aged 15-24)	50% in both girls and boys (aged 15-24 within UNFPA supported states)	41% among girls and 37% among boys in the age group 12-18 (AEP Assessment, 2016-17). It is noteworthy that baseline data was drawn from the Youth Study (2006-07), which was a population based sample and included both married and unmarried young women and men. The achievements are being reported from preliminary findings from the assessment of the school-based Adolescence Education Program supported by UNFPA.

Key Achievements

The Action for Adolescent Girls initiative supported by UN Foundation, CIDA and DfID so far have reached out to over 17,000 girls in Rajasthan and Odisha. During the reporting period, The programme used peer educators supported by adult mentors to mobilize girls and provide accurate, age appropriate and contextually specific information, inculcating progressive attitudes and developing skills (including life skills, vocational and employable skills) to enable them to realize their true potential. In addition, the project invested in building community ownership and responsiveness towards girls' empowerment. As part of the project, a Girl-centred curriculum on empowerment of girls was developed through a series of consultative processes that engaged all stakeholders including, peer educators, field functionaries, senior representatives from Implementing Partners and UNFPA staff.

- Under the Adolescent Health and Development (AHD) project, UNFPA reached 40,000 adolescents through 1860 Teen clubs in 10 districts across 5 states of Bihar, Madhya Pradesh, Maharashtra, Odisha and Rajasthan. The project is implemented in partnership with the Nehru Yuva Kendra Sangathan (under the Ministry of Youth) and civil society organizations. The initiative focused on creating spaces and establishing processes where adolescent girls and boys can enhance their capacities, be better informed about their health and take the responsibility for their development.
- UNFPA has successfully implemented projects to increase access for spacing methods for young couples. For example, due to UNFPA supported "Addressing Adolescent Fertility" Project in Barwani district of Madhya Pradesh, which aimed to increase access to spacing methods among adolescent couples through the existing network of Accredited Auxiliary Health Assistants (ASHAs), the percentage of acceptors of spacing methods of family planning among married adolescents increased to 38.1% by the end of December 2015 from 5.4% at July 2011.
- UNFPA's support to design and roll out of the national flagship programme on adolescence health - Rashtriya Kishore Swasthya Karyakram (RKSK) - launched in 2014 has been a significant achievement of the 8th country programme. RKSK serves as the guiding post for enhancing the health and well being of 253 million adolescents in the country. One of the key achievements of UNFPA is to help the government launch the mobile app *Saathiya* for the peer educators. It is a free, user-friendly app that covers topics related to adolescence, nutrition, sexual and reproductive health, pregnancy, substance abuse, menstruation, mental health, life skills, rights of adolescents and violence. It also provides adolescents the much needed connect to a trained counselor via a helpline for seeking any additional information.
- In 2014, UNFPA supported Population Foundation of India (PFI) in adapting a television edutainment serial into an interactive radio-cum-IVRS solution, especially to reach out to young people in rural and semi-urban areas. The serial, titled 'Main Kuchh Bhi Kar Sakti Hoon (I, A Woman, Can Achieve Anything)' achieved significant reach among young people, especially women. Based on the impact assessment of the serial, in 2015, Season II of the serial was used to focus on themes covered by RKSK and also to brand and promote RKSK peer educators as Saathiya. Extracts from the various episodes were woven together to produce a theme film for Saathiya, a set of 6 training films, and a celebrity endorsement by Indian actor Farhan Akhtar. These films have been dubbed in 13 languages and sent by MoHFW to all states/UTs.
- As an outcome of UNFPA's advocacy and support for policy design, the Government of Odisha formulated the Odisha State Youth Policy in 2013. UNFPA played a key role in supporting the consultations and achieved broad participation, including more than 150,000 youth, grassroots level community members, programme managers, and policy makers. The fact that the Government has allocated 50% funds for completion of envisaged activities that are directly monitored by Chief Secretary, Government of Odisha reflects the highest priority accorded to Youth Policy in the State and will ensure that the Policy directives remain responsive to the needs and concerns of young people in the State.
- Another major contribution is UNFPA's support for implementing the Youth Policy's flagship programme, namely the Active Citizenship Programme, which has evolved from a UNFPA-supported programme in a few secondary schools to a government scheme in 2015-16, with budgets allotted for its expansion to all government and private educational institutions in the state.
- UNFPA initiated a programme for adolescent girls residing in hostels under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) in Madhya Pradesh. The strategy involved orienting wardens and teachers, adopting a peer led approach and developing linkages with other initiatives for empowerment of around 3800 adolescent girl students staying in RMSA hostels.

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

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none">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.	16%	40%	24.2% There is increasing realization that Adolescence Education is an important component of school education and there is Government support for initiating the program at age 11 rather than 14. However, the roll out of Adolescence Education in diverse geographies has been slower than anticipated. More active advocacy with the Ministry of Human Resource Development, National AIDS Control Organization (that supports the programme in several geographies) as well as state Governments is needed to expedite the implementation.
<ul style="list-style-type: none">Percentage of secondary students in a defined geographical area who have received gender-sensitive, life skills-based sexual and reproductive health education.	15% (estimate based on 2007 youth study)	70% (of UNFPA-supported states)	82% (AEP Assessment, 2016-17) It is noteworthy that baseline data was drawn from the Youth Study (2006-07), which was a population based sample. The achievements are being reported from preliminary findings from the assessment of the school-based Adolescence Education Program supported by UNFPA. The assessment was fielded across approximately 120 schools. Approximately, 5800 students participated in the assessment in the ages ranging from 12-18.

Key Achievements

- UNFPA has been able to provide high level technical support to enhance ownership and support institutionalization of the Adolescence Education Programme (AEP) that is implemented across 3024 schools including two formal national school systems (Kendriya Vidyalayas, n=1120, Jawahar Navodaya Vidyalayas, n=585), tribal residential schools in Odisha,(n=318) and state board schools in Bihar,(n=809) and the National Institute of Open Schooling (NIOS). There is a high level of ownership through institutional mechanisms such as allocation of time in the school timetable and investments in sensitizing principals and training school teachers to reach out to adolescents. The programmes in diverse geographies reach out to approximately 837,650 adolescents in the formal school systems and approximately 221,000 learners at the secondary level through NIOS. Specifically in Odisha, the partnership and advocacy with the government's Department of Scheduled Tribes and Scheduled Castes Development (SSD) has also led to steadily enhancing financial investment in the programme by the Government.
- The AEP with the 2 national schooling systems has consistently invested in creating system-specific human resources through master trainers and nodal teachers. As a result of the support provided by UNFPA, on an average, there are 2 trained teachers across all the 1700 schools.
- In partnership with the National Council of Educational Research and Training (NCERT), UNFPA supported establishment of a virtual resource center on different aspects of AEP (www.aeparc.org).
- During the reporting period, UNFPA's partnership with Odisha government's Department of Scheduled Tribes and Scheduled Castes Development (SSD) and a local NGO to provide life skills education in residential tribal schools has been a huge success. The UNFPA pilot project was subsequently scaled up by State Government. Currently around 130,000 students of 800 residential tribal schools (337 SSD high schools of all 30 districts and 463 middle schools in nine districts) are covered under the programme.
- During the reporting period, the CO invested in initiatives to improve mental health and well being of school going adolescents and supported 1) a programme to orient approximately 10% school staff to create support teams and 2) a Randomized Controlled Trial to create health promoting schools comparing teachers as counselors with lay counselors.

RH and FP 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

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Percentage increase in the availability of high-quality reproductive health services, including a wide range of contraceptives, especially for underserved populations Current users of family planning ever told about side effects of current method (%) 	<p>To be determined</p> <p>29.1 (NFHS-3, 2005-06)</p>	<p>At least 20% increase in client satisfaction surveys (within UNFPA supported states)</p> <p>49.1</p>	<p>Data is not available for this indicator as the client satisfaction survey was not conducted. However, as a proxy to the indicator, the quality of family planning services have been measured in terms of providing information on side effects of current methods to the users from the National Family Health Survey (3rd and 4th round)</p> <p>43.0 (NFHS-4, 2015-16)</p>
<ul style="list-style-type: none"> Number of auxiliary nurse midwives trained in the new competency-based midwifery curriculum (in selected states). 	0	5000	2270 Although this was initially planned in 2 – 3 states, due to the presence and engagement of other partners, UNFPA undertook this activity only in Rajasthan. Hence the programme could not achieve the target figure of 5,000
<ul style="list-style-type: none"> Percentage of districts where reproductive health issues are integrated into disaster-preparedness plans. 	6%	50%	55%. The interventions were undertaken in 10 states and 55% of the districts in these states integrated reproductive health issues into district disaster preparedness plans.

Key Achievements

UNFPA made a major contribution through development and rollout of the national flagship programme, Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A), at the national and state levels. At the national level, UNFPA continued to provide technical assistance in planning and rolling out the RMNCH+A programme with contributions ranging from reviewing, providing feedback and working on guidelines and other related documents, to participating in review missions and meetings. UNFPA is the lead development partner for RMNCH+A in Rajasthan and continued its efforts to rollout the initiative in the 10 High Priority Districts (HPDs) identified in the State. In other states where UNFPA has a presence, UNFPA supported the roll-out of RMNCH+A through district monitors deployed in 6 districts spread across 4 states.

- During the reporting period, UNFPA, in collaboration with USAID, put in place efforts to strengthen FP2020 country coordination mechanism, which is responsible for providing strategic inputs and directions to the national family planning programme. UNFPA FP2020 roll out at national level and helped to develop and update FP2020 district roadmaps of various states. UNFPA through FP2020 coordination mechanism continues to provide technical and operational support to GoI for the introduction of injectables into the public health system.
- UNFPA provided supported to the development of a national guidelines on maternal health to improve care and reduce maternal morbidity. At the state level, UNFPA provided technical assistance for maternal health for monitoring the implementation of improvements in facilities designated as delivery points in HPDs. Apart from this, in Rajasthan and Madhya Pradesh it has helped establish teams of mentors (specialists and senior nurses) to improve the midwifery skills of staff nurses and ANMs at delivery points. During the reporting period, UNFPA also helped to set up a State Nodal Centre in Rajasthan for strengthening the pre-service midwifery education in the State. As part of this, UNFPA helped to set up a comprehensive skill lab, IT lab and seminar room at College of Nursing, Udaipur.
- On the request of the government, an evaluation of the government's contraceptive social marketing programme was undertaken by UNFPA in 2014. During the reporting period, UNFPA presented the key findings of the evaluation to senior government officials of the Ministry, which was chaired by the Secretary, Health and Family Welfare. Over the last year, many of the recommendations seemed to have been implemented by the Ministry, notably among them to revise the prices of the socially marketed products, merging of technical support unit of the ministry and NACO etc. The study report has been finalized and printed for wider dissemination among the stakeholders.
- To improve the delivery of contraceptives in Odisha, UNFPA in partnership with the Department of Health and Family Welfare, Government of Odisha pioneered a web and SMS based Logistics Management Information System. The web-based RH Commodity Logistics Management Information System (RHCLMIS) in Odisha led to fewer stock-outs, and is being considered for replication at state and national level
- During the reporting period, UNFPA continued to engage with the state governments of Maharashtra and Odisha for strengthening health sector's response to violence and for rolling out guidelines and protocols for medico-legal care of survivors of sexual violence. As a result of UNFPA's continuous advocacy, the government of Maharashtra issued an order stating that new MOHFW protocols in Maharashtra, which are much more nuanced, will be used for provision of medico legal care to survivors of sexual violence.
- Advocacy with the National Disaster Management Agency (NDMA) to mainstream SRH, including issues related to GBV, in disaster preparedness and humanitarian response led to the development of a facilitator's manual for MISP for SRH in disasters. MISP trainings have been conducted in 10 states and MISP and SRH services have been incorporated in over 50% of the district disaster management and health plans. The effectiveness of the capacity building on disaster preparedness was evident in in the implementation of the MISP during the floods in Jammu and Kashmir, Odisha and Chennai.

Gender Output 1:***Strengthened capacity of state and non-state entities to reverse son preference***

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of government institutions, non-governmental organizations and private-sector entities adopting and implementing communication and advocacy strategies to reverse son preference, targeting different populations groups 	0	At least 7	Total 7. These include: <u>Government:</u> <ul style="list-style-type: none"> Beti Bachao Beti Padhao (Govt. flagship programme – save and educate girls); Standard Operating Guidelines for implementation of PCPNDT Act Govt. of Odisha policy for women and girls Work on gender microsite (census office) and gender statistics (statistics ministry) <u>Civil Society:</u> <ul style="list-style-type: none"> Girls Count Coalition (National civil society coalition with over 400 CSO members) Communication protocols on addressing GBSS (has been widely used by MWCD and CSOs in trainings for media and other stakeholders) <u>UN agencies:</u> <ul style="list-style-type: none"> Joint research with UN agencies (UNWOMEN and UNICEF) Gender sensitive media reporting
<ul style="list-style-type: none"> 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 	0	5	Total 7. These include, <ul style="list-style-type: none"> Child sex ratio trends publication 2013 Study – laws and son preference in India, 2013 Masculinity study – ICRW 2014 Incentive study – IIPS 2014-15 Reversing son preference – Gokhale Institute 2015 GBSS and correlated factors – class, education, marriage Squeeze, crime 2015-16 SRB trends publication and estimation of missing girls 2015-16

Key Achievements

- There is widespread acknowledgement among stakeholders in national and state government, media outlets, and civil society partners of UNFPA’s significant contribution to placing GBSS on the policy agenda. Maharashtra and Odisha have attained high levels of institutionalization with government investment of funds for training and monitoring through health programmes, review of action on complaints, active district committees, online complaint system (especially in Maharashtra) and regular video-conferencing updates by key officials. Two UNFPA-supported judicial training products are considered useful training tools by state judicial academies. Training of judiciary at all levels is leading to active engagement with the Act, with significant convictions and de-registration of erring doctors. Support to Girls Count, a civil society coalition of 400 NGOs, works across many states to strengthening government accountability in implementing the PCPNDT Act and challenge discriminatory gender norms and structures that lie at the roots of son preference. Population First has increased the outreach to regional and vernacular media, and improved the quality and sensitivity of reporting on GBSS and gender issues. Significant impact of these efforts on public discourse has been documented.
- UNFPA-supported research on the drivers of son preference and declining sex ratio has informed national programmes – most notably BBBP and state policies for the Girl Child (Rajasthan) and for Girls and Women (Odisha). UNFPA also conducted a useful review of the effectiveness and impact of government policies, schemes and programmes that provide financial incentives to raise the value of the girl child, resulting in policy measures to ensure that such schemes promote and underscore the importance of higher education and skill investment for girls, as opposed to linking the financial incentive to marriage or sterilization.
- As part of the global programme on ending child marriage, UNFPA India integrated programming on child marriage within its strategy for addressing harmful practices and support for large-scale national programmes such as BBBP. Key achievements include outreach to over 30,000 girls in community settings and in hostels with targeted interventions in life-skills and linkages to livelihood skills across 5 states (Bihar, Madhya Pradesh, Maharashtra, Odisha and Rajasthan); and launch of large scale communication campaign *Saanjha Abhiyan* on addressing child marriage in Rajasthan in collaboration with the state government, UNICEF and CSOs.

P&D Output 1:

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

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Number of UNFPA supported institutions functioning as centers 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. 	0	At least 3 additional institutions	During the reporting period, UNFPA supported 2 institutions to function as centers of excellence. UNFPA supported the establishment of Center of Excellence (CoE) for adolescent and youth in Tata Institute of Social Sciences (TISS), Mumbai. On ageing, a management study was completed to make National Institute of Social Defense (NISD), New Delhi, under Ministry of Social Justice and Empowerment as a center of excellence on ageing issues.

<ul style="list-style-type: none"> • 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). 	<p>7</p> <p>9</p>	<p>15 in UNFPA supported states</p>	<p>List of at least 19 programmatic, thematic and evaluation studies are:</p> <ul style="list-style-type: none"> • Assessment of GoI's Contraceptive Social Marketing Programme • Assessment of Call Centre operated by Population Stabilization Fund • Assessment of Girls child incentive scheme of GOI • Assessment of counseling services in Government schools in Delhi • How many girls are missing at birth in India? Trends in Sex Ratio at Birth • A profile of Adolescent and Youth in India based on Census data • Mapping of Ultrasound Clinics and Assessment of Status of Implementation of PC&PNDT Act in Bihar • Social Security for the Elderly in India • Missing... Mapping the Adverse Child Sex Ratio in India • Study on Masculinity, Intimate Partner Violence and Son Preference in India • Status of Elderly: Pointers for Policy Response in – Himachal Pradesh; Tamil Nadu; Maharashtra and Odisha • An Assessment of Quality of Civil Registration System Data • Disability among Elderly in India (based on Census data) • Innovative Practices of the Care of Elderly women in India • Older women in Indi: Economic, Social and Health Concerns, Thematic Report • Seven state reports on the Status of Elderly (in Kerala, Tamil Nadu, West Bengal, Odisha, Punjab, Himachal Pradesh and Maharashtra) • Study on Population and Sustainable Development • Policy Paper on Urbanization, Migration and Development • India Exclusion Report
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Key Achievements

UNFPA has helped to create a knowledge base on population ageing through partnership with premier institutions in India and has published several thematic, working papers and state level policy briefs on ageing. In addition, ElderlyInfoIndia – a portal repository on data, resources and knowledge products has been designed. Meetings with senior government officials of key ministries, implementing schemes and programmes for the elderly, were organized to facilitate better coordination and convergence of programmes and schemes at different levels. UNFPA also provided technical and financial support for the Longitudinal Survey on Ageing in India (LASI) and has developed a state of the art report on ageing titled ‘India Ageing Report’.

- As part of the support for data generation and use, UNFPA has supported Census office in establishing a digital library of all the historical census records since its inception in India. The digitization of approximately 2.8 million pages of old census records was completed and the data is now available to researchers and policy makers. UNFPA also supported preparation of a Training Manual on Census operation.
- An expert group meeting comprising former Census Commissioners of India, senior officials from Office of the Registrar General & Census Commissioner, India (ORGI) and UN agencies was held to discuss the roadmap of establishment of the Census Resource and Training Centre (CRTC), a platform for south-to-south cooperation (SSC) and knowledge sharing to meet the growing internal and external demands for advanced training in census, surveys and vital statistics related operations.
- For strengthening the Civil Registration system, UNFPA through its partner institutions undertook district level data analysis to check for the quality issues. A primary study on systemic bottlenecks for poor coverage of civil registration was also completed and findings were disseminated with senior officials of the ORGI.
- During the reporting period, UNFPA generated evidence on a number of issues in the forms of research studies, analytical and working papers, assessments and evaluations for policy advocacy. These included, but are not limited to
 - A study to assess the tribal sub plan and scheduled caste sub plan of the Government of Odisha. The study helped to identify grey areas and bottlenecks in ensuring the benefits reach the desired beneficiary without any delay.
 - Strategic policy paper on population linking it to poverty for the consideration of Prime Minister’s Office.
 - Paper on migration and urbanization trends in India.
 - A paper on ‘Demographic Transition and Exclusion’ that looked at the changes in population age structure, migration and urbanization and how certain population groups, especially the socially marginalized and vulnerable population groups are affected by these changes.
- Analysis of the census data and publications on the skewed sex ratio at birth at national, state and district level. This has been particularly useful in building political will and capacity for implementation of the PCPNDT Act as well as in planning BBBP interventions;
- Considering the country is embarking on a major Urban Development initiative, termed ‘Smart Cities’, UNFPA has initiated an ambitious exercise to support cities develop their Smart City plans using the large amount of data available to address pertinent issues, especially, related to women, youth, the aged through consultative processes. As a part of this support, UNFPA has developed a module on socio-demographic data use for designing social interventions for the Smart City Mission.
- UNFPA participated in various Technical Committees established by the MoHFW for the National Family Health Survey (NFHS-IV) and continued to provide technical and financial support for undertaking of fieldwork for NFHS – IV. In 2016, UNFPA also provided technical support for the planning of NFHS – V.
- The CP8 evaluation also mentioned that CP8 has made strong contributions to progress on GBSS, ageing data analysis and social inclusion issues through research and evidence building that informed policy. Some of the notable ones are- analysis of the census data and publications on the skewed sex ratio at birth at national and state level that has been particularly useful in building political will and capacity for implementation of the PCPNDT Act as well as in planning BBBP interventions; assessment of Tribal Sub-Plan and Scheduled Caste Sub-Plan Programme Implementation In Odisha; and concept paper on “Leveraging Population Dynamics: Way Forward for Poverty Reduction and Sustainable Development in India”, for the perusal of the Prime Minister's Office (PMO).

C. National Progress on Strategic Plan Outcomes¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	NA	NA	NA	NA	This data is not available in the country
Contraceptive prevalence rate (total)	48.5%	2005-06 (NFHS-3)	47.8%	2015-16 (NFHS-4)	The figure is for modern method of FP (mCPR)
Proportion of demand for contraception satisfied (total)	81.5%	2005-06 (NFHS-3)	80.6%	2015-16 (NFHS-4)	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	NA	NA	NA	NA	This data is not available.
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	73.1%	2012 (Sample Registration System)	83.2%	2015-16 (NFHS-4)	Deliveries either conducted in an institution or home delivery conducted by skilled health personnel

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	2	2012	8	2016	(i) IUCD reference manual for MOs and nursing personnel, (ii) Standards and quality assurance for sterilization services, including FAQs, (iii) Reference manual for female sterilization, (iv) Reference manual for injectable contraceptive (DMPA), (v) Supplement for MPA- Subcutaneous (MPA-SC), (vi) Standard operating procedure for National RMNCH-A supportive supervision, (vii) Reference manual for Oral Contraceptive Pills & (viii) Post abortion family planning-technical update
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	62.0%	2006	Not Available		This data is for condom use among non-regular partner from NACO Behavioral Surveillance Survey
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	29,653 Crores	2015-16	37,061 Crores	2016-17	The budget of the Department of Health and Family Welfare, which was Rs. 29,653 Crores in 2015-16 has been increased to Rs. 37061 Crores in 2016-17.

Summary of National Progress

- The National Rural Health Mission that was launched in 2005, continued and in 2013, another component of National Urban Health Mission (NUHM) was added as a Sub-mission of an over-arching National Health Mission (NHM). While the activities of NHM go much beyond maternal health, the most significant has been its flagship programme of Janani Suraksha Yojana (JSY), which is a safe motherhood intervention implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.
- In 2013, India launched the RMNCH+A approach, that looks at major causes of maternal and child mortality, and on delays in accessing health care and services. It identifies the priority interventions under each thematic area and focuses on high focus districts. These maternal health programmes have contributed to a significant increase in the proportion of institutional deliveries in India (from 38% to 79%, from 2005-6 to 2016-16, NFHS-4). The maternal mortality has also reduced, though not commensurate with the increase in institutional deliveries.
- Government of India continued its focus on family planning, through 4 methods that were available in its family welfare programme (sterilization, IUDs, condoms and oral pills), with a substantially increased focus on postpartum IUCDs. In 2015, government of India approved three new contraceptives to be introduced in the family welfare programme – injectables (IM DMPA), Progesterone only pills and Centchroman. It has developed an operational plan for their roll out, and has initiated the procurement process. The newer contraceptives are expected to reach the public health system in 2017. In September 2016, in order to accelerate access to high-quality family planning choices, Government of India has launched 'Mission Parivar Vikas', a programme focusing on improving access to contraceptives through delivering assured services, dovetailing with new promotional schemes, ensuring commodity security and building capacity of service providers.
- The total fertility rate in India declined from 2.7 to 2.2 (from 2005-6 to 2015-16), though the modern contraceptive prevalence rate did not increase. The contraceptive focus in India continues to be on sterilization, which contributes to more than 75% of all modern contraceptive use in 2015-16. The effects of introduction of new contraceptives on method mix are expected to be visible in the next few years.

UNFPA's Contributions

- UNFPA contributed to the development and rollout of the RMNCH+A programme, at the national and state levels. UNFPA provided high quality technical assistance for the quality of childbirth services at facilities with high delivery caseloads, through capacity building of providers and managers, development of guidance materials, and robust monitoring systems. It also supported the development of quality assurance systems and promoted adolescent sexual and reproductive health (ASRH) through technical support to adolescent friendly health clinics and community-based models of improved contraceptive access to adolescents. It also helped establish teams of mentors to improve the midwifery skills of staff nurses and ANMs at delivery points. The web-based RH Commodity Logistics Management Information System (RHC LMIS) in Odisha led to fewer stock-outs, and is being considered for replication at state and national level.
- UNFPA provided supported to the development of a national guidelines on maternal health and family planning to improve care and reduce maternal morbidity. UNFPA is supporting government of India in procurement of injectables IM DMPA for its national family welfare programme, and providing technical assistance in building a robust quality assurance system to ensure smooth roll out.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	47.1	2006-07	Not available		Youth in India: Situation and Needs study by Pop Council.
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes		Yes		Currently, there are no laws or policies restricting access to contraceptives for adolescents.

Summary of National Progress

- India is home to an estimated 358 million people (2011) in the age group of 10-24 years comprising 31% of the country's population. There is a growing realization that harnessing this demographic dividend and achieving the Sustainable Development Goals (SDGs) will require sustained investments and partnerships to respond to health, education, employment concerns of young people. As a result, there have been genuine efforts by Government to design and implement youth friendly policies and programs across several sectors.
- In this context, the National Youth Policy introduced in 2014 envisions to empower youth to achieve their full potential, and through them enable India to find its rightful place in the community of nations. The policy recommends measurement of progress on a Youth Development Index, which is a comprehensive measure that includes indicators on education, health and well-being, employment and opportunity, political and civic participation. In the year 2016, India ranked 133 among 183 participating countries on this index re-enforcing the need for urgently programming resources for young people in a comprehensive manner.
- The National Adolescent Health Programme (Rashtriya Kishore Swasthya Karyakram, RKSK) launched in 2014 is the first and largest ever national adolescent health programme in the world and marks a paradigm shift in focusing on this population group and engages with diverse sectors to respond to adolescent needs and concerns comprehensively.
- The Skills Development and Entrepreneurship Ministry was set up in 2014 and clearly recognizes young people as the core group that it intends to serve through wide ranging and ambitious programmes and schemes. Ministry of Human Resource Development's draft Education Policy (to be launched in 2017) places emphasis on child development and clearly recognizes the relevance of life skills in holistic development of young people.

UNFPA's Contributions

- UNFPA is a part of the Youth Advisory Body, which is a high level committee on youth issues convened by Ministry of Youth Affairs. The Ministry of Health and Family Welfare (MoHFW) recognizes the technical assistance provided by UNFPA in the design and roll out of RKSK. UNFPA's inputs in designing the programme has made sure that the strategy has expanded its focus from nutrition and sexual and reproductive health to include issues related to injuries and violence including gender-based violence, non-communicable diseases and mental health. The strategy also elaborates a continuum of care for young people with a focus on health promotion, disease prevention, counseling services and referral to adolescent friendly health clinics and UNFPA continues to be a reliable partner for contextualization and roll out of the programme in diverse settings.
- The National Council of Educational Research and Training (NCERT) as well as State Board of Education in Bihar and Department of Scheduled Tribes and Scheduled Castes Development (SSD) in Odisha recognize UNFPA as a reliable technical partner for school based Adolescence Education (adapted version of Comprehensive Sexuality Education).
- In 2015, UNFPA launched the Youthinfo India (www.youthinfoindia.org) portal that provides exhaustive data on the young people of India. It is a user friendly website that encourages access and use of data on youth concerns and issues to make evidence-based, compelling arguments to support unique needs and concerns of young people and design of youth responsive policies and programs.
- Finally UNFPA also leads and coordinates the UN Country team efforts on all the youth issues.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	NA	No	NA	A gender equality action plan integrating RR specific targets is not in place. However, national women's empowerment policy and national health and population policies do make reference to reproductive rights. Allocations are made under specific schemes such as the recent expansion of maternity benefit scheme and measures to ensure institutional deliveries
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	66 accepted recommendations	UPR -2 (2012)	Report not submitted	UPR 3 – draft report available for public comment (January 2017)	Draft report points to several steps taken to address each of the recommendations. However, this cannot be formally quantified in terms of proportion of taken actions (draft report available at https://mea.gov.in/Uploads/PublicationDocs/27953_27953_UPR_-III_for_MEA_website_.pdf)

Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	54%	2005-06 (NFHS-3)	Tbc	Tbc	NFHS-4 indicator for the country is still awaited
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Summary of National Progress

- India does not have national action plan with a specific focus on reproductive rights. However, several of the policy statements including health, population and women's empowerment policies emphasize reproductive rights. Laws concerning marriage, abortion and those to prevent and address violence empower individuals and communities to seek legal recourse to uphold their reproductive rights. Judiciary has played a proactive role in the recent past by safeguarding reproductive rights. Recent judgments related to sterilization quality or women's right to access abortion or allowing abortion after the 20-week deadline in specific circumstances have all gone a long way underscoring these rights. At the same time, there have been a few setbacks as well with the courts not yet striking down Article 377 that criminalizes homosexuality or some judgments that have upheld the validity of two-child norm in the context of family planning for elected representatives to be role models for the rest of the community.
- India has have an active monitoring and statutory body in the form of National Human Rights Commission and National Commission for Women. These bodies have taken cognizance of several violations of rights and proactively investigated and followed up on the matter, a recent example being the exploitation of girls in tribal residential schools.
- In the context of violence, post the Nirbhaya gang rape of 2012, the laws governing sexual violence including harassment of women at the workplace, have seen many positive developments that have struck down victim blaming and irrational procedures such as the 'two finger test', while ensuring that past sexual history and presence/absence of injuries is not considered as the only way of proving sexual assault.

UNFPA's Contributions

- UNFPA has closely worked with both NHRC and NCW to highlight several critical issues including use of Assisted Reproductive Technologies and surrogacy by creating evidence base and ensuring high-level advocacy. Technical assistance has been provided to initiative a reproductive rights inquiry through the NHRC. Through advocacy with different state governments, key policy processes have been supported such as the women's empowerment policy in Odisha and new schemes have been influenced to ensure they are rights based and gender sensitive, examples being removal of two-child norm condition from maternity benefit schemes in Odisha and delinking the emphasis on marriage at 18 years to greater focus on higher education in financial incentive scheme for girls in Rajasthan.
- Furthermore, UNFPA has also played a key role in select states with high incidence of child marriage, in advocating with the state government for accelerating action on ending child marriage. In Rajasthan, UNFPA's advocacy and technical assistance with the Govt. has been instrumental in the launch of a state level action plan and a large-scale communication campaign on ending child marriage. Given its mandate, India CO has played a central role in strengthening health sector response to violence by facilitating rollout of the health ministry guidelines for support and care of victims/survivors of sexual violence and medico-legal evidence collection. Capacity building of health service providers, counselors and civil society organizations has been supported in select states in collaboration with the government.
- Similarly, technical assistance has been provided to the women's ministry to strengthen the guidelines for setting up of One-stop crisis centers to provide a comprehensive response to women facing violence and input into the development of Standard Operating Procedures. Technical support has also been provided to civil society organizations working to create awareness about the prevalence of FGM in the Bohra Muslim community. Though prevalence is low given the small size of Bohra population, UNFPA under-the-radar support to CSOs with data, information and technical inputs, has enabled NCW to take cognizance of the issue and recognize FGM as a 'barbaric practice' leading to a violation of rights.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2011	N/A	N/A	Next census is scheduled for 2021
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2005-06	Yes	2015-16	NFHS-4 Fact sheets for 26 states have been disseminated
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	N/A	N/A	Yes	2015-16	UNFPA is undertaking comprehensive AEP assessment survey among school
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	12 th Five year Plan	2012	NA		NITI Ayog is preparing the development plan

Summary of National Progress

- During the reporting period, India conducted the 4th round of National Family Health Survey 2015-16 (NFHS-4) and the fact sheet for India was released in the first quarter of 2017. Preparatory arrangements for the next census scheduled for 2021 and NFHS –V have also started.
- In 2015, the GoI replaced the planning commission with a new National Institution for Transforming India (NITI) Ayog, which will serve as the premier policy think tank of the government. The NITI Ayog is currently in the process of developing a larger and more focused 15 – year “National Development Agenda”, keeping in view the sustainable development goals and targets of India. The 15-year development plan will replace the five-year plans of the government. As per the plans, there will be a shorter seven-year action plan within the larger framework and a review within three years for any course correction. The NITI Aayog will create a dashboard for constant monitoring, evaluation and reviewing and also fix up outcome targets for all major schemes of infrastructure and social sectors.
- Based on the direction from the NITI Aayog, several States have already developed or are in the process of developing their SDG Vision documents. These documents have used population dynamics and linkages with development including situational analysis of population size, fertility trends, migration and urbanization etc. The Recent National Economic Survey for 2016-17 has laid a special focus on Demographic Dividend and how India could realize this potential.

UNFPA’s Contributions

- UNFPA actively participated in the planning of NFHS-IV and was instrumental in including questions on (i) Hysterectomy; (ii) violence during pregnancy and (iii) ownership of land/assets
- UNFPA has been working very closely with NITI Ayog, MoHFW and state governments to ensure that the new 15 year vision document of GoI incorporates issues related to UNFPA mandate. UNFPA will continue to advocate with NITI Ayog and MoHFW on the need to ensure universal access to reproductive health in the context of SDGs.
- UNFPA has agreed to support State Governments in the process of formulating state level SDGs. UNFPA has already had some involvement in Assam, Haryana and Odhisa. UNFPA's engagement in this effort will be in coordination with other UN agencies and CO will provide support for the formulation of the State SDGs, specially advocating and providing evidence in our mandated areas/issues under goals 3 (target 3.7 on SRH care), 4 (target 4.7 on skills), 5 (target 5.5 on SRH and RR), 10 (equity and social protection issues),11 (target 11.3 and 11.a. on cities and urban planning); and 17 (target 17.18 data).

D. Country Programme Resources*						
SP Outcome	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Choose only those relevant to your CP						
Increased availability and use of integrated sexual and reproductive health services	11,414,472	10,328,310	-	-	11,414,472	10,328,310
Youth policies and programmes, and increased availability of comprehensive sexuality education	15,865,372	14,777,691	945,577	868,347	16,810,949	15,646,038
Advanced gender equality, women's and girls' empowerment, and reproductive rights	6,087,843	5,556,311	524,475	394,183	6,612,318	5,950,494
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	6,209,209	5,552,816	51,045	43,721	6,260,254	5,596,537
Programme coordination and assistance	1,085,685	970,111	-	-	1,085,685	970,111
Total	40,662,581	37,185,238	1,521,097	1,306,252	42,183,678	38,491,490

* The amounts for planned are the actual yearly project budgets

**Expenditures reported are for the period 2013-2016 (as of 31 December 2016)