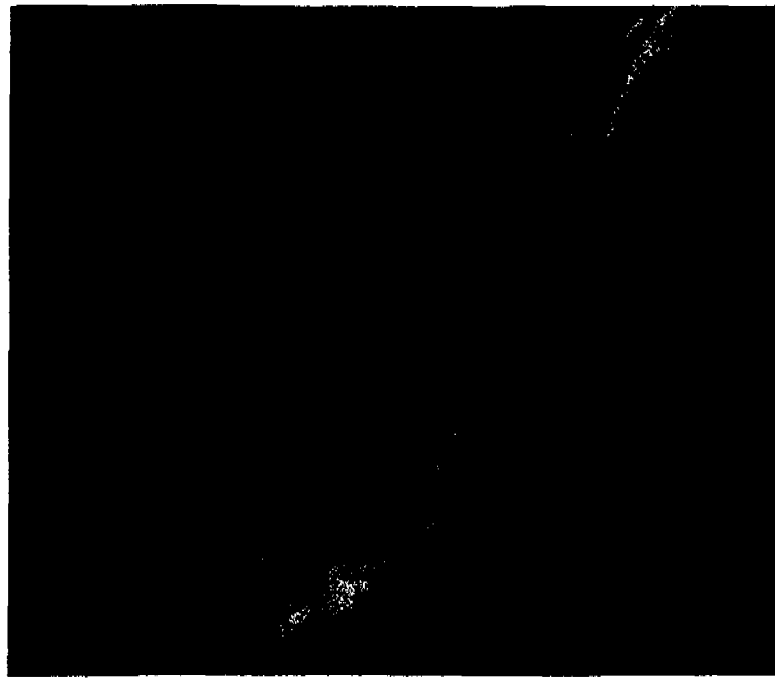


**A PROGRAMME FOR  
CHILDREN AND WOMEN  
IN INDIA**



**PLAN OF OPERATIONS  
1999 – 2002**



**Government of India  
in cooperation with  
the United Nations Children's Fund**



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# PART ONE FRAMEWORK

## PREAMBLE

The Government of India, hereinafter referred to as the Government, and the United Nations Children's Fund, hereinafter referred to as UNICEF, sharing the aim of:

- **furthering** their mutual agreement and cooperation for realizing the goals specified in India's National Plan of Action for Children and fulfilling the rights of children to survival, protection, participation and development;
- **building** upon the experience acquired during the previous Plans of Operations (1991-95 and 1996-97) which points to the effectiveness of increased women's participation, concerted community action and strong alliances between government and civil society, for promoting the best interests of children;
- **following** upon the commitments made by the Government for implementing the Convention on the Rights of the Child (CRC), pursuing the goals adopted at the World Summit for Children and set out in the World Declaration on the Survival, Protection and Development of Children in the 1990s, and adopting the principles of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW);
- **entering** into a new period of cooperation, the details and mutual arrangements of which are elaborated in a Plan of Operations covering the period 1 January 1999 to 31 December 2002;

do hereby jointly affirm that these responsibilities will be fulfilled in a spirit of mutual cooperation, and have agreed as follows:

### **Article One**

#### 1. BASIS OF RELATIONSHIP

- 1.1. The Basic Agreement concluded between the Government and UNICEF on 10 May 1949, as amended on 5 April 1978, provides the basis of the relationship between the Government and UNICEF. This Plan of Operations shall be governed by that agreement.
- 1.2. The Plan of Operations is comprised of three parts. **Part One** contains Articles wherein the general policies, priorities, objectives, strategies, management responsibilities, and commitments of the Government, as well as the programme components supported by UNICEF and the corresponding resource allocations, are described. **Part Two** outlines the programme strategy in greater detail, and the planned activities in each of the major areas of cooperation. **Part Three**, in a separate volume that will be finalized later, will describe the details of Plans of Action developed at the state level and agreed upon between the state governments and counterparts at the state level and UNICEF. The three parts are designed as one country programme of cooperation governed by the provisions of this Framework.

## Article Two

### 2. CONTEXT OF COOPERATION

- 2.1. The new programming opportunities for children need to be examined in the context of the ratification by the Government, in December 1992, of the Convention on the Rights of the Child (CRC). The Convention reiterates many of the commitments to children contained in the Constitution of India and gives further impetus to the Government's commitment to vigorously pursue the National Policy for Children (1974), the National Plan of Action for Children (1992), and the directions outlined in the Ninth Five-Year Plan.
- 2.2. Promoting child rights is founded on a vision of society in which children can freely develop their capabilities to the fullest extent possible. It is, however, only when all children are assured of their rights to survival, protection, development and participation that the spirit of the Convention will be fulfilled. Commitment to universal child rights demands non-discriminatory and equal treatment of children, irrespective of gender, caste, class, religion, race or ethnic origin. It calls for respecting, fulfilling and promoting children's rights – economic and social as well as civil and political - and recognizing the close interdependence of both sets of rights.
- 2.3. Advocacy for child rights must be viewed from the perspective of both the present and future generations. Sustainability in this context implies striving for equality of opportunities for the present generation of children without putting the rights of future generations at risk.
- 2.4. This has a major implication for the Government at various levels in terms of resource allocation. The Government is called upon to undertake all appropriate legislative, administrative, and implementation measures to fulfil the rights of children. This obliges the Government at various levels to find resources, public or private, necessary for ensuring that the rights of each and every child are fulfilled.
- 2.5. At the same time, the rights perspective also emphasizes the responsibilities of the family and the community – in ensuring that the rights of children are not violated. Many of the violations of child rights, such as child abuse, violence and discrimination, remain invisible, often within the household. Others, such as child prostitution or discrimination against the girl child are manifested in acts such as female foeticide and occur with the complete knowledge of the community and society. The rights approach calls for the family and society to highlight any violation of child rights -- whether in the household or at the societal level and to ensure that action is taken to prevent such exploitation of children.
- 2.6. Interventions for assuring child rights seek to address underlying root causes of poverty and deprivation, social and gender discrimination, as well as the symptoms and immediate causes. **Children and the community are viewed as legitimate claimants, not as beneficiaries or welfare-recipients.** Educating families to make informed choices, articulate their demands, and participate actively in setting priorities is as important as ensuring adequate public provisioning of basic services. At the same time, coalition building and advocacy for children become essential to bring about attitudinal changes -- of both government functionaries entrusted with the responsibility for service delivery, and of members of society -- so as to establish societal norms that would indeed promote the best interests of children.
- 2.7. A continuing challenge lies in the persistence of high Infant Mortality and Child Mortality rates as well as high levels of low birth weight, maternal mortality and child labour in the country. Sustainable efforts in assuring rights of children, especially through various programme components included in this plan, must necessarily lead to a perceptible impact in terms of

achieving these complex goals. They have been identified as the key indicators for this country programme cycle.

- 2.8. This Plan of Operations marks 50 years of collaboration between the Government and UNICEF, an opportune moment for reflection on the nature of past cooperation and the gains that have been realized for children. The Plan is also significant as it will shape global outcomes - nearly 23% of the world's children live in India - and enable India to advance the global agenda for the child. Details of the Plan have been worked out after careful assessment of progress, analysis of lessons learned, several reviews, consultations and many rounds of discussions with the Government, NGOs and other partners.

### **Article Three**

#### **3. SITUATION OF CHILDREN – RIGHTS AND OPPORTUNITIES**

- 3.1. In 50 years of independent nationhood, India has made notable progress in many fields in assuring children their rights to survival, development, protection and development. There have been major gains for children in terms of a sharp decline in vaccine-preventable diseases and the virtual eradication of dracunculiasis. The country is also well on the road to eradicating polio. High levels of iodization of salt and significant improvements in access to safe drinking water have also been achieved. There has been marked progress in the physical provisioning of primary schools. Today, close to 95% of the population have access to a primary school within a walking distance of one kilometre. Progress in expanding food supply and establishing an effective food distribution system have led to the virtual elimination of famines and famine related deaths.
- 3.2. These achievements, however, should not be allowed to mask the magnitude of the unfinished task still at hand. Even today, close to 1.8 million children die every year before completing their first year of life and many of these deaths are avoidable. Close to 53% of children under the age of five years remain moderately or severely malnourished; and a similar proportion remain stunted with life-long consequences. There are nearly 100 million children out of school and almost a third of those who enrol in Class 1 drop out before completing primary school. Close to 125,000 women die during pregnancy or during or just after child birth every year. HIV/AIDS is beginning to spread to the general population. There are an estimated 4 million HIV positive persons living in India, greatly increasing the risks of vertical transmission of HIV/AIDS to newborn children.
- 3.3. The Maternal Mortality Rate, estimated at 437 per 100,000 live births, remains unacceptably high. Although successive programme efforts have resulted in improving coverage in terms of access to health services, TT immunization and ante-natal care, the assurance of safe motherhood to India's women is yet to become a reality in most states. Sustaining ongoing efforts for improving coverage and strengthening First Referral Units for emergency obstetric care will need priority attention, especially in the states of Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh.
- 3.4. Statistics reflecting India's overall achievements also do not reveal significant disparities in the fulfilment of child rights - across states, geographic locations, caste and gender. Infant mortality rates, for instance, vary from 12 per 1000 live births in Kerala to 96 in Madhya Pradesh. Infant survival rates among Scheduled Castes are 24% lower than the national average; and literacy rates among Scheduled Tribe populations are almost 40% lower than the national average. Child malnutrition rates vary from 28-30% in Kerala, Manipur, Mizoram and Nagaland to 63% in Bihar. Whereas Kerala and Himachal Pradesh have both achieved almost universal schooling for primary school children, only 50% of children between 6-10 years attend school

in Bihar. Fulfilment of child rights also varies between rural and urban areas. Whereas urban areas are better endowed with physical and social infrastructure, access is severely constrained for many reasons. The quality of life for children in urban areas, particularly in crowded metropolitan cities such as Calcutta, Chennai, Delhi and Mumbai, as well as those living in slums and illegal settlements of all major towns and cities is extremely poor.

- 3.5. The risks faced by a child are closely linked to the rights enjoyed by women and girls in society. Serious anti-female biases, restraints on women's freedoms and unequal access to basic social services in the community and nutritious food in the family, result in inequitable disadvantage to young girls and women. This manifests itself in widespread malnutrition including anaemia especially among females which is inevitably transferred to the newborn child. Women and adolescent girls also carry a heavy burden of domestic work, spending long hours collecting water, gathering fodder and firewood. Often, women and young girls are also victims of domestic violence, a phenomenon that is only recently being acknowledged in society. The resulting poor health and nutritional status of women is a major factor contributing to nearly one-third of babies being born with low birth weight.
- 3.6. The newborn infant faces several disadvantages even at birth. Only about half the births are registered under the Civil Registration System, thus depriving many children of their first civil right. Immunization coverage has risen over the past decade, but recent studies show that only one third of all children are fully immunized. In many districts, surveys reveal coverage rates that are even lower. Poor knowledge about feeding practices, inadequate access to health care and neglect, cause a substantial proportion of children to become moderately or severely malnourished between the ages of 6-18 months, often irreversibly undermining their growth and development.
- 3.7. During early childhood, many children do not enjoy a safe and secure environment. Lacking access to proper shelter and hygienic conditions, many of them suffer from diarrhoea and other illnesses. Only 30% of households in the country have access to proper sanitation. The situation in urban slums is extremely serious with an over-burdened public health system. Children whose parents are illiterate and poor face a further disadvantage in not being able to enjoy an atmosphere conducive for learning. Girls in particular face neglect and discrimination as a strong son preference translates into discriminatory treatment.
- 3.8. The scale is often decisively tilted against the child at an early age. By the age of six years, when it is time to enter primary school, many children find school to be intimidating. The problems are further compounded by inadequate support at home, and by the rigid structure and inadequate education inputs of formal schooling. Children either never enrol or quickly drop out of school and become victims of commercial exploitation in the form of child labour and at times even sexual exploitation. Young girls begin to share the heavy burden of domestic responsibilities very early and looking after younger siblings often denies them the opportunity to complete school.
- 3.9. Issues of protection persist as the child grows older. Young boys and girls between the ages of 8 and 14 years drop out of school, take on an adult workload, fall prey to commercial exploitation or become neglected street-children. Girls face the additional risk of being abused and forced to enter prostitution. Children who are physically and mentally threatened as well as those in conflict situations are inadequately protected.
- 3.10. Some recent political and economic developments could enhance opportunities for the realization of child rights. The 73<sup>rd</sup> and 74<sup>th</sup> Constitutional amendments have opened up new opportunities for decentralized programme management. The reservation for women of one-third of seats in elected local bodies mandated by these amendments, as well as the extraordinarily empowering experience of the Total Literacy Campaigns, have significantly increased the opportunities for women to shape the development agenda in favour of children.

The acceleration in economic growth since the initiation of economic reforms in 1991 has increased the potential for mobilizing additional resources for children.

- 3.11. National and state level experiences within India offer several important lessons. First, the fulfilment of child rights is not correlated to levels of income in any predictable manner. Violations of child rights can occur even in relatively affluent societies. For instance, discrimination against girls and anti-female biases are glaring in Punjab and Haryana, two of the wealthiest states in the country. Such discrimination is less among tribal communities that typically have much lower levels of income. Second, child rights can be assured even at relatively low levels of income. The record of Kerala, Mizoram, Himachal Pradesh and Nagaland, all relatively low-income states, in ensuring the right to primary education is impressive. Third, fulfilment of rights imposes an obligation on the State to allocate financial and other resources to ensure universal provisioning and coverage. The remarkable success of Himachal Pradesh in achieving almost universal schooling shows that it is possible for State action to ensure that child rights are secured.
- 3.12. Field level evidence also confirms that the assurance of women's rights is crucial for the fulfilment of child rights. Experience suggests that much of this empowerment comes from collective action by women themselves and also from improving their right to information. Both these are extremely powerful in removing barriers of caste, class and gender that typically restrict women's access to resources and essential services. It is also increasingly evident that while legislation provides an enabling context, change comes about only when civil society is mobilized around the issue of child rights. Local energies and leadership, including those of youth in the community, need to be tapped and mobilized to create informed social demand for changes beneficial to children and to generate attention towards the most vulnerable among them. Child rights are best fulfilled if they are translated into practical goals, which are closely monitored by the community. Monitoring is important not only to see whether goals are achieved, but also to ensure that attendant developments do not jeopardize the best interests of children. The effectiveness of such monitoring has been revealed, for instance, in the country's drive to ensure universal access to safe water. Recent studies show that whereas 90% of the population has access to drinking water, indiscriminate drilling and over-exploitation of groundwater are causing major threats to water quality and to the level of the water table. Finally, sustained advocacy becomes crucial in order for people to accept new societal norms, to bring about changes in mind-sets and for patterns of resource allocations for children.
- 3.13. Experience in the last seven years has shown that disasters and natural calamities such as cyclones, earthquakes, floods, droughts and major disease outbreaks such as gastroenteritis and plague, as well as other accidents and social emergencies, result in deprivation for children and in a great strain on critical services for children including child survival interventions, primary education and essential nutrition services. There is a need to ensure that the gains of the ongoing development programme are not compromised by such calamities and disturbances.

#### ***Article Four***

#### **4. OBJECTIVES AND PRIORITIES**

- 4.1. The overall objectives of the Government of India-UNICEF programme of cooperation during 1999-2002 are to:
  - accelerate the realization of universal child rights by ensuring that society will respect, protect and find ways of fulfilling obligations to children; and in doing so, achieve the World Summit goals for Children;



- ensure that women's rights are progressively met with improvements in the position of girls and women in society; and
- strengthen the capacities of communities to analyze their situation, set priorities and monitor activities and outcomes at the local level.

Three complex goals -- reduction in incidence of low birth weight, reduction in the maternal mortality rate and elimination of child labour -- will be tracked to measure progress towards these overall objectives and the impact of the GOI-UNICEF programme of cooperation. Sustained progress in each of the sectoral goals will have a major influence on achieving these three complex outcomes.

- 4.2. The realization of child rights is embodied in the following major goals for children endorsed by India in its National Plans and as an active and influential participant in many international fora including SAARC, the World Summit for Social Development (1995) and the Fourth World Conference on Women (1995).

#### **Health**

- Reduction of infant and under-5 mortality rates to at least 50 and 70 per thousand live births respectively by the year 2002;
- Reduction of the maternal mortality rate from 437 to at least 300 per hundred thousand live births by the year 2002.

*(Chapter 3 in Part Two on "Reproductive and Child Health" lists the supportive goals)*

#### **Nutrition**

- Reduction of the 1990 levels in severe and moderate malnutrition among under-5 children by at least 50% by the year 2002.

*(Chapter 4 in Part Two on "Childhood Development and Nutrition" lists the supportive goals)*

#### **Sanitation, Hygiene and Water Supply**

- Universal access to safe drinking water by the year 2002;
- Improvement in access to sanitation from the present level of 30% to at least 50% by the year 2002.

*(Chapter 5 in Part Two on "Child's Environment : Sanitation, Hygiene and Water Supply" lists the supportive goals)*

#### **Education**

- Ensure universal access to primary education by the year 2002, with special attention to the enrolment and education of the girl-child.

*(Chapter 6 in Part Two on "Primary Education" lists the supportive goals)*

#### **Child Protection**

- Progressive elimination of all forms of child labour, especially of the most exploitative forms, by the year 2002.

*Chapter 7 in Part Two on "Child Protection" lists the supportive goals)*

- 4.3. In the pursuit of these goals, and consistent with the rights approach to programming, special attention will be paid to developing time-bound, cost-effective practical actions that:

- reduce disparities in achievement of goals for children across region, gender, class, and community. Special attention will be given to the more remote and under-served areas including desert tracts, hill regions of Uttar Pradesh, Himachal Pradesh, Jammu and Kashmir and the north-eastern states. Narrowing gender disparities and undertaking affirmative action in favour of the girl child will be special areas of focus in all programme plans;

- mobilize collective community action in support of programmes for children and encourage leadership by women and youth to focus on extending full support to the fulfilment of child rights (such as ensuring the right to primary education, the right to health and abolition of child labour) as well as bringing less visible issues of children (such as malnutrition, child abuse, HIV/AIDS, sexual exploitation, and violence against women) into the realm of policy and decision-making;
  - enhance the quality of public services as well as their accountability to the community; and
  - strengthen advocacy efforts to create new societal norms that respect the rights of children.
- 4.4. Over the years, the Government-UNICEF partnership has evolved into progressive cooperation with different ministries and departments, in pursuit of joint objectives for children. UNICEF has played different roles at different stages of programme evolution. It has helped support innovative projects which have later been expanded into national programmes, and been instrumental in mobilizing additional resources for children through advocacy and awareness building. It has also played a catalytic role in bringing together different agencies, including those in the private sector and industry, to address specific problems concerning children. Over the years, UNICEF has worked closely with them to augment the manufacturing potential of domestic industry to develop and utilize appropriate technologies, and with communities and government functionaries to strengthen local capacities.
- 4.5. The rights approach gives critical importance to the processes adopted for the creation of a caring community for all children. Accordingly, the strategic thrust of the programme process, in both rural and urban settings, is Convergent Community Action – which promotes processes that bring government service providers closer to the community and makes them more responsive to local demands. These processes offer both opportunity and responsibility to women and youth in the community to act for the good of children. Such an approach is reflected in sectoral programmes that have been clustered under various headings: Child's Environment - Sanitation, Hygiene and Water Supply; Reproductive and Child Health; Primary Education; Childhood Development and Nutrition; Child Protection; and Advocacy and Information for Child Rights.

### **Article Five**

#### **5. COUNTRY PROGRAMME STRATEGY**

- 5.1. Extensive consultation with counterpart government ministries and departments, the Planning Commission, United Nations agencies, the Bretton Woods institutions, bilateral partners, representatives of the Executive Board member-countries, NGO partners, and key institutions such as the National Human Rights Commission and the National Commission on Women, has led to the identification of the strategy for the programme of cooperation. The country programme is driven by four strategic thrusts.
- 5.2. First, *strengthening partnerships*, always central to UNICEF, assumes a new significance in the context of child rights. Success will depend to a large extent on how effectively violations of many of the basic rights, such as universal schooling, universal immunization and protection from exploitation become societal norms and are universally monitored by the public. Such a climate can be created by forging cooperation and alliances of a wide range of social and other organizations in support of children. Building such partnerships are crucial for the realization of goals for children. Effective mobilization of civil society can achieve remarkable results - as was demonstrated during the series of pulse polio drives organized in recent years. A major potential resource for change exists in the capacity of youth organizations at various levels to become active participants in the processes of development.

- 5.3. Second, *promoting decentralized community management*, that enables local people to initiate, sustain and support action for children is strategic for creatively and meaningfully dealing with India's range of contrasts, uneven progress and enormous diversity in terms of class, gender, caste, ethnicity and geographic location. Efforts will be made to strengthen capacity for local governance by building the skills of *panchayat* and *nagar palika* members, especially women, to plan, implement and monitor local programmes for children. The participation of local NGOs, women's groups, parents, families, youth organizations at various levels and of the community, will be encouraged to complement the efforts of government. At the same time, efforts will also be made to link up with the decentralization processes within sectors, already under way, at both the centre and the state level.
- 5.4. Third, *enhancing women's capabilities*, will constitute a critical element of the programme, vital for the fulfilment of child rights. This is particularly important given the persistent and pervasive nature of gender inequality and the serious discrimination against girls and women. Field level experience suggests that the advancement of women's rights has several positive outcomes for children. Special efforts will be made to provide girl children and adolescent girls improved access to information and learning opportunities and to offer them a more equitable and meaningful role as members of their families and communities. Apart from promoting economic opportunities for women, there will be a special emphasis on improving the position of women in society and the effectiveness of women's participation in community-level decision making. This requires major changes to be brought about in the perceptions and mind-sets of all segments of society, male and female, so that women become socially, politically and culturally more effective in influencing public decision making.
- 5.5. Fourth, *ensuring convergence* of basic social services around families most in need has emerged as a strategic component arising from the recognition of the critical role of the community and of the diversity of India's settings. Convergent Community Action (CCA) - support for capacity building to bring government service providers into closer and more responsive working relationships with an informed and actively participating community - is an important catalytic strategy to underpin all programmes throughout the country. The re-establishment of local self-government bodies in most states and the widespread networks of national youth services offer rich potential to lead and energise these processes. The environment for intensifying CCA has been invigorated by the recent emergence of diverse, vibrant and strong local groups and of community organizations, notably of youth and women. The CCA approach offers an opportunity to ensure the local relevance of programme interventions and will form the basis for developing detailed plans of action at district and local levels in cooperation with state governments.
- 5.6. UNICEF will consolidate its support around efforts that:
- promote innovation;
  - support scaling up of projects for wider coverage;
  - catalyze public action and leverage resources for children;
  - promote networking and exchange of experiences within and outside India;
  - collaborate closely with legal and other institutions for promoting child rights; and
  - invest in changing behaviour patterns and attitudes through sustained advocacy.
- 5.7. The emphasis and thrust of the programmes will differ from state to state depending upon the issues that attain priority. In the more backward states, with poorer indices of human development, child survival and development, will receive major attention, whereas in states and regions which have recorded relatively better progress vis-à-vis child survival and development, the emphasis will increasingly move towards addressing protection and participation rights. The flow of resources will accordingly correspond to the priorities of each state. Focused attention will be given to the states of Assam, Bihar, Madhya Pradesh, Orissa,

Rajasthan and Uttar Pradesh, which have some of the lowest indicators of social development, child survival and development. Support will also be provided to helping the north-eastern and other under-served states to prepare plans of action for programmes for children, institutionalize mechanisms for monitoring key indicators to measure progress. Consistent with the emphasis on decentralization as a strategic thrust, the greater emphasis of programme cooperation at the operational level will be on districts, hill, desert and tribal areas, and communities with key indicators below national and state averages. However, there will be a concerted effort to intensify advocacy for children across the country.

- 5.8. These strategies will be adopted for the implementation of the projects envisaged in various sectors, viz., child health, nutrition, child development, child protection, primary education, sanitation and water supply. Relevant chapters in Part Two corresponding to the different sectors present details.
- 5.9. In accordance with the UN General Assembly Resolution 46/182, and consistent with the UNICEF Executive Board resolutions on the matter, UNICEF will support, together with other UN agencies relief measures and rehabilitation services for women and children, as well as acceleration of specific programme components during times of local emergencies resulting from natural calamities, disasters and disturbances.

### **Article Six**

#### **6. MANAGEMENT OF PROGRAMME COOPERATION**

- 6.1. The Department of Women and Child Development (DWCD) in the Government of India will be responsible for the policy coordination of this Plan of Operations. The specific functional responsibility for the administration of the programmes at the national level and the projects at the state level rests with the relevant department or ministry in the Central Government, and the relevant departments at the State level, as indicated in the respective chapters of Part Two of this Plan of Operations.
- 6.2. Annual plans of action will be prepared under each programme, jointly by the ministry or department concerned and UNICEF and shared with DWCD. Programme performance and expenditure will be jointly reviewed at mutually agreed intervals by UNICEF, DWCD and the ministry or department concerned. At the state level, DWCD will request the Chief Secretary to nominate a nodal department and official to co-ordinate the planning, implementation and monitoring of UNICEF-assisted projects and activities within the overall framework of the GOI-UNICEF cooperation agreement.
- 6.3. The overall levels of expenditure by programme will be reviewed quarterly by DWCD and UNICEF. In the light of such reviews, the need for reallocation of resources between programmes will be determined by UNICEF and DWCD in consultation with the ministries or departments at the central level and the identified nodal department at the state level.
- 6.4. Additional project staff, if and when required, will be sanctioned by UNICEF as per its policy and in accordance with the relevant donor agreements and consistent with the budget approved by the Executive Board.
- 6.5. Appropriate mechanisms will be evolved jointly by each of the participating ministries or departments and UNICEF to ensure that UNICEF assistance is routed to both government departments and the constituents of the wider civil society, including non-government organizations, to secure child rights in a manner that is accountable and is consistent with the objectives of the programme as set out in the GOI-UNICEF cooperation agreement.

- 6.6. A system will be established for sharing information on activities and events under this Plan of Operations between UNICEF and DWCD as well as the ministries or departments concerned, on a regular basis.
- 6.7. The Planning Commission will guide the overall planning and coordination, as well as monitoring and evaluation in accordance with the principles and objectives as stated in the Ninth Five-Year Plan, the provisions of the National Plan of Action for Children, the State Programmes of Action on Children and the priorities as set for implementing the Convention on the Rights of the Child.
- 6.8. The responsibilities of the states and union territories for the implementation of the various programmes will be specified in the related chapters of Part Two of the Plan of Operations, or documented, where appropriate, in detailed annual work plans prepared jointly by UNICEF and the ministries or departments concerned at the national and state levels. UNICEF will extend support to the implementation of State Plans of Action through its state offices. At the state level, the state government will designate a nodal department to regularly review progress on the projects. Such assessments will be facilitated by regular field monitoring, conducting suitable surveys such as Multi-Indicator Cluster Survey (MICS), and preparation of situation analyses and updates that highlight trends in the situation of children and women and share the findings on a regular basis with the implementing departments at national, state and district levels.
- 6.9. An ongoing system of review of the situation vis-à-vis the rights of children and women will be institutionalized with a view to assessing and analyzing the environment and determining the extent to which goals as set by the Government and UNICEF are being achieved. Such a situation analysis will be used to assess the outcomes and determine the strategies for the next Country Programme of Cooperation.

### **Article Seven**

#### **7. COORDINATION WITH THE UN SYSTEM AND OTHER AGENCIES**

- 7.1. This Plan of Operation has been shared with the United Nations agencies in India and complements the activities of various UN agencies, particularly the ILO, FAO, UNAIDS, UNDCP, UNDP, UNESCO, UNFPA, UNIFEM, WFP and WHO country programmes of cooperation.
- 7.2. UNICEF will work with the UN system in developing the United Nations Development Assistance Framework (UNDAF) that provides for a process of complementary effort in the pursuit of child rights and the goals of human development. Every effort will be made to generate common advocacy positions and promote collaborative programming that will ensure that child rights remain a core part of the UN agenda.
- 7.3. UNICEF will increasingly collaborate with the World Bank, Asian Development Bank, Swedish International Development Agency (SIDA), Norwegian Agency for Development (NORAD), the Netherlands, Canadian International Development Agency (CIDA), United States Agency for International Development (USAID), Department for International Development (DfID), Danish International Development Assistance (Danida), Australian Agency for International Development (AusAID), Micronutrient Initiative (MI) and other donors including Japan, Germany and Italy, in major projects and programmes covered in this Plan of Operations.

- 7.4. The Government will together with UNICEF prepare specific proposals for raising donor funds for supplementary funding through UNICEF for the projects and programmes covered in this Plan of Operations.
- 7.5. UNICEF participation in various multi-donor missions for specific programme appraisals will continue with a view to providing support for the objectives of the GOI-UNICEF programme of cooperation. Relevant donor missions and their representatives will also participate in programme reviews and supervisory missions with a view to learning lessons, identifying constraints and reviewing progress.

### **Article Eight**

#### **8. UNICEF ALLOCATIONS**

- 8.1. The Government will support efforts by UNICEF to raise supplementary funds to meet the financial needs of the agreed programme and will work with UNICEF by encouraging potential donor governments to make available to UNICEF the funds needed to implement the supplementary funded components of the country programme approved by the UNICEF Executive Board.
- 8.2. The UNICEF Executive Board has approved a total amount not exceeding the equivalent of US \$ 120 million from UNICEF General Resources to support the programme activities described in this Plan of Operations for the period January 1999 to December 2002. The Executive Board has also authorized the Executive Director to seek special purpose contributions for this Plan of Operations to an amount equivalent to US\$ 180 million. Both these amounts are subject to availability of funds through contributions for General Resources globally and through specific contributions for supplementary funds jointly raised by the Government and UNICEF from bilateral donors, UNICEF National Committees and such other individuals, corporations and foundations within the country.

(In Thousands of United States Dollars)

	General resources	Supplementary funds	Total
Reproductive and Child Health	16 000	83 000	99 000
Primary Education	20 000	28 000	48 000
Childhood Development and Nutrition	21 500	22 000	43 500
Child's Environment	20 000	28 000	48 000
Convergent Community Action	10 006	4 500	14 506
Advocacy and Information for Child Rights	6 259	4 000	10 259
Planning, Monitoring and Evaluation	3 986	500	4 486
Child Protection	7 172	10 000	17 172
Cross-sectoral costs	15 119	-	15 119
<b>Total</b>	<b>120 042</b>	<b>180 000</b>	<b>300 042</b>

## **Article Nine**

### **9. COMMITMENTS OF THE GOVERNMENT**

- 9.1. The Government will be responsible for the implementation of the sectoral and inter-sectoral programmes in this Plan of Operations and will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring, necessary for the programmes, except as provided by UNICEF and other United Nations or international agencies. Details of the Government commitment within this Plan of Operations are broadly outlined in the relevant chapters contained in Part Two. These would not include various contributions by communities upon whom the programmes are centred, and by non-governmental agencies that facilitate the programme process.
- 9.2. In order to enhance convergence of services, and shaping of plans to state-specific settings, the precise details of individual programmes will be negotiated at the level of state governments. Details of commitment within each programme will be included in the Plans of Action at the state and district levels summarised in Part Three that will be developed separately.
- 9.3. **Monitoring and Reporting:** UNICEF supplies will be kept and accounted for separately by the Government and other agencies participating in the programme. The accounting procedure for supplies, equipment and cash disbursements will conform to the general accounting procedure of the Government and will provide the information required by UNICEF and its authorized accountants and auditors.
- 9.4. In order to have timely information on the movement and use of equipment, supplies and cash grants in implementing the Plan of Operations, a system of administrative reporting and monitoring will be instituted for each programme and project at central and state levels.
- 9.5. The Government and implementing departments at central and state levels will provide periodic status reports to UNICEF on each UNICEF-assisted programme activity. Key indicators of physical and financial progress will be developed for each activity showing the expected and achieved objectives. UNICEF and the Government will mutually agree on the proforma to be used and the frequency of reporting. DWCD at central level and the identified nodal departments at the state levels will play a role in ensuring that cash advances for programme activities are accounted for by the implementing agencies in a timely manner consistent with the accounting requirement of UNICEF.
- 9.6. The joint analysis of findings from the reporting process will provide a basis for refinements within each programme. The information received will also provide a basis for the Annual Review and for re-arranging the reservation of funds, supplies, personnel including consultants and equipment on updated time schedules and redefined areas of investment, where appropriate.
- 9.7. **Mid-Term Review:** A mid-term review of the programme will be carried out towards the end of the year 2000, to identify the achievements and constraints, assess programme strategies, identify lessons learned and indicate critical changes that may be necessary for programme cooperation and for specific modifications to the country programme, if any.
- 9.8. **Evaluation:** An evaluation of the results of the different programme components and the processes will be undertaken by individuals or institutions identified for the purpose jointly by UNICEF and the concerned sectoral ministry or department. The reports prepared after evaluation will be made available to UNICEF, DWCD and sectoral ministry or department to help and to guide corrective action by the implementing agencies as well as further cooperation

between the Government and UNICEF. The evaluations will cover key areas of child rights that are addressed in the present programme of cooperation and will derive conclusions and lessons learned for follow-up.

- 9.9. **Publication:** The Government and UNICEF will authorize the publication through national and international media, of the results of the country programme and the experience derived therefrom.
- 9.10. **Third Party Liability:** The Government shall be responsible for dealing with any claims which may be brought by third parties against UNICEF, its advisers, agents and employees, and shall hold harmless UNICEF, its advisers, agents and employees in case of any claims or liabilities resulting from operations under this agreement, except where it is agreed by the Government and UNICEF that such claims or liabilities arise from the gross negligence or wilful misconduct of such advisers, agents or employees.
- 9.11. **Indemnity:** Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF for civil liability under the laws of the country in respect of vehicles and various supplies procured with UNICEF assistance and used in programme activities.

### **Article Ten**

#### **10. FINAL PROVISIONS**

- 10.1. This Plan of Operations comprising Part One, Part Two and Part Three is construed to be one unified country programme. The general provisions of the Framework are applicable to each of the programmes and activities detailed in the chapters of Part Two and Part Three.
- 10.2. The Plan of Operations becomes effective upon signature but will be understood to have covered the period from 1 January 1999 to 31 December 2002.
- 10.3. The Plan of Operations may be modified by mutual consent of the Government and UNICEF.
- 10.4. The Government of India and its various ministries and departments at central and state levels will ensure continuation of various privileges and immunities including the waiver and exemptions of various taxes and customs duties on goods and services procured under the GOI-UNICEF cooperation for the programmes and projects, in accordance with the Basic Agreement of 10 May 1949 between the Government of India and UNICEF, amended on 5 April 1978. The Department of Women and Child Development will play a coordinating role in ensuring that the privileges and immunities are respected by all agencies of the government.
- 10.5. Upon expiration of this Plan of Operations, any supplies and equipment furnished under Article Eight of this Plan of Operations and to which the Government holds title will be disposed of as mutually agreed between the Government and UNICEF. Any transport, supplies or equipment to which UNICEF has retained title will be disposed of by UNICEF in accordance with its established procedures as approved by its administrative manuals and instructions.

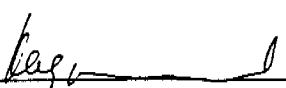


10.6. Nothing in this Plan of Operations shall be construed to waive the protection to UNICEF of the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of India is a signatory.

**IN WITNESS THEREOF THE UNDERSIGNED, BEING DULY AUTHORIZED,  
HAVE SIGNED THIS PLAN OF OPERATIONS.**

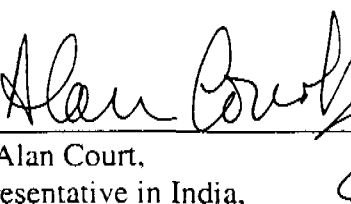
**Done in three copies in English, at New Delhi.**

For the Government of India

  
Ms. Kiran Aggarwal,  
Secretary,  
Department of Women and Child Development

Date: 3 May, 1999

For the United Nations Children's Fund

  
Mr. Alan Court,  
Representative in India,  
United Nations Children's Fund

Date: 3 May, 1999

# Chapter 1

## Programme Strategy for Child Rights

GOI-UNICEF Master Plan of Operations, 1999-2002

### Introduction

- 1.1. This Chapter outlines the strategy for the GOI-UNICEF 1999-2002 Programme of Cooperation for children in India. It is based on a careful assessment of past programme performance, detailed discussions with government, non-governmental organizations and other partners, and a series of critical review meetings, both internal and external, held during 1995-98.
- 1.2. The programme adopts a rights-based strategy for realizing the overall vision for India's children as enshrined in the Constitution of India. The proposed strategy seeks to move India rapidly towards the fulfilment of commitments emerging from the ratification of the Convention on the Rights of the Child (CRC) in 1992. It seeks to ensure that the goals set at the World Summit for Children, as well as those articulated in India's National Plan of Action for Children (NPA) and the many State Programmes of Action for Children (SPACs) are fully realized.
- 1.3. The programme strategy responds to a vision of children in the 21st century in which their human rights are respected, protected and fulfilled. Children are to be seen as citizens, participants in development and individuals who have, and may fully exercise, rights. In this context, it is the fulfilment of children's economic, social and cultural rights, which assumes new urgency and needs to be viewed as inseparable from their civil and political rights. The movement towards these new norms will only emanate from societies founded on the values of equity and solidarity, sensitive to the needs and aspirations of their poorest and most disadvantaged members. Such societies strive to guarantee equity of opportunities for children, are guided by the best interests of children and support the development of the capabilities of every single individual without distinction.
- 1.4. This Chapter presents a programming framework for child rights that responds to the reality of India, and within this framework, identifies key strategies and areas for UNICEF intervention. It outlines the main principles of the CRC, and discusses the programme implications that follow from ratification. The Chapter describes the significance of effective partnerships, decentralized decision-making, greater involvement of women's and youth groups and convergence as strategic elements that will guide both conventional as well as new programmes of action for child rights. It sets out the concept of Convergent Community Action (CCA) as a key strategy applicable to both rural and urban areas. Expansion of opportunities – economic, social, cultural and political – and the creation of a caring community are regarded as necessary for the fulfilment of child rights.

### Implications of CRC ratification

- 1.5. The Convention on the Rights of the Child (CRC) is founded on the principle of universality, embodied in India's Constitution, which demands that all children and women without exception, everywhere, have equal rights. It envisages a society in which children can freely develop their capabilities to the fullest extent possible. It is, however, only when all children are

assured of their rights to survival, protection, development and participation that the spirit of the Convention will be fulfilled. Commitment to universal child rights demands non-discriminatory and equal treatment of children, irrespective of gender, caste, class, religion, race or ethnic origin. Considerations of class, caste and gender severely constrain the fulfilment of child rights for a large number of children, especially those belonging to Scheduled Castes and Scheduled Tribes, those living in remote rural and tribal areas, and a majority of the poor.

- 1.6. Embodied in the CRC is the principle of "children first" and a societal obligation to act in the best interests of children. The CRC also draws attention to the legal imperatives of respecting, fulfilling and promoting the realization of child rights. Commitment to the CRC implies that benefits derived from an expansion in income and employment, improvements in the position of women, greater inclusion of disadvantaged communities in public decision making, and decentralized governance will be channeled more effectively towards promoting child rights.
- 1.7. The CRC emphasizes the indivisibility and interdependence of all rights - civil, political, economic, social and cultural. Many of these rights are closely interlinked. Promoting the right to basic education, for instance, also promotes greater equality in society. It opens up economic opportunities for better jobs as much as it does social opportunities for improved interaction, and political opportunities for more meaningful participation in public debate and decision making. Similarly, the close association between women's empowerment and improvements in child survival underscores the importance of expanding political opportunities, especially for women.
- 1.8. Intrinsic to the CRC are the notions of equity and social justice strongly emphasised in India's Constitution, several legislations and the National Plan of Action for Children. Many forms of denial of rights reflect severe forms of injustice. The large-scale denial of the right to basic education, for instance, is one of the most serious forms of denial of child rights. In this perspective of deprivation and/or denial of child rights, programming requires that special attention be paid to fulfilling the rights of "unreached" children; especially those belonging to socially and economically disadvantaged communities, children of remote areas, hill regions, tribal belts and hitherto inadequately attended slums. It also implies addressing the requirements of the child in a holistic and multi-sectoral manner.
- 1.9. India's prospects of fulfilling child rights are closely linked to the country's overall development strategy, the approach to poverty eradication, and the priority placed on human development.

#### **What is discrimination?**

The term "discrimination" is not defined in the Convention on the Rights of the Child, nor is it defined in the International Covenant on Civil and Political Rights which includes a similar non-discrimination principle. The Human Rights Committee, however, which oversees the Covenant, issued a General Comment in 1989 proposing a definition of discrimination. The Committee quotes article 1 of the International Covenant on the Elimination of All Forms of Racial Discrimination which says that the term "racial discrimination" shall mean "*any distinction, exclusion, restriction or preference based on race, colour, descent or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life*". Article 1 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) uses a similar definition.

Much will depend upon the effectiveness of social and economic policy analysis, and on the nature of interventions that are put in place to end human deprivations. Progress vis-à-vis child rights will also depend upon an expansion of social and political opportunities especially for women. In recent years several new opportunities for children have emerged and the prospects have indeed improved. Optimism about the future of children is based on the recent

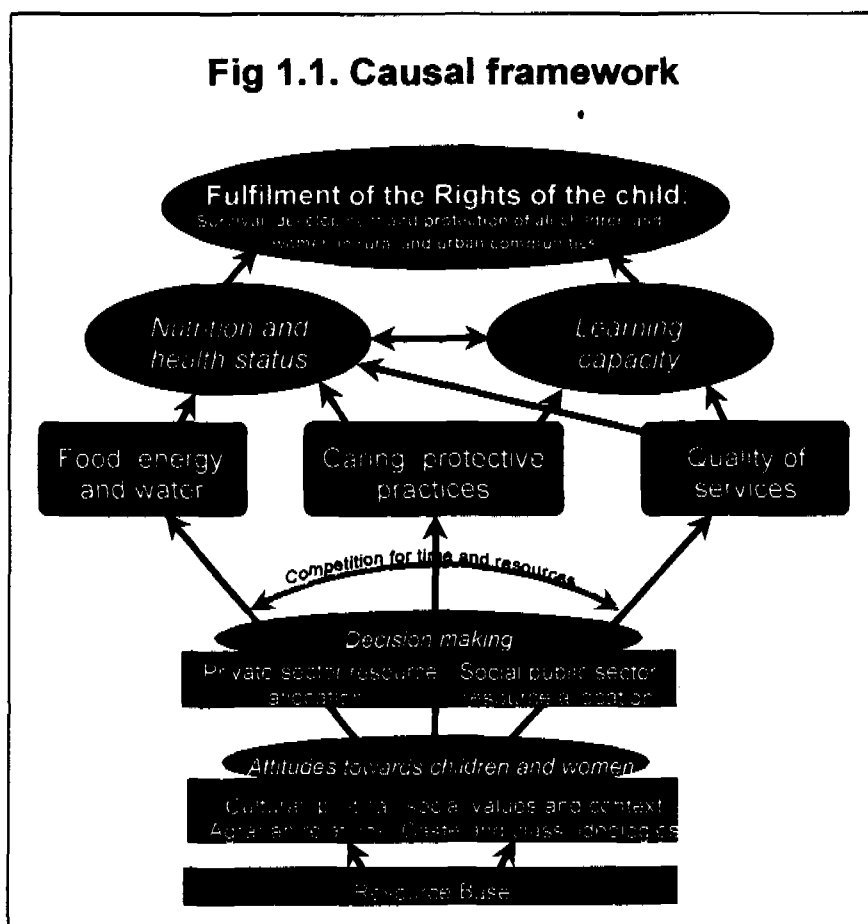
improvements in the economic climate, the efforts at decentralization of governance following the 73rd and 74th Constitutional amendments, and the emergence of several articulate women's and social action groups across the country.

1.10. Nevertheless, effective fulfilment of child rights is constrained by persistent and systematic caste, class and gender discrimination. As a result, exploitation of children, women and men persists in several parts of the country. Even in areas where social changes have occurred, new forms of conflict and violence have emerged. The country programme of cooperation takes cognizance of both the reality and the effects of such conflicts.

1.11. Public action is urgently needed to address the more fundamental causes of rights denial. Focusing on the more immediate, and often more visible problems can have a limited impact – similar to addressing symptoms rather than the more fundamental underlying causes. Underlying factors influencing the fulfilment of the rights of children and women relate closely to cultural, political and social values, which determine attitudes towards children. They are further conditioned by dominating considerations of caste, class and gender. These, and other factors, in turn influence decisions relating to resource allocations, both public and private.

1.12. Figure 1.1 presents a causal framework that highlights the importance of understanding both immediate and underlying causes. The need to achieve adequate health and nutritional status, as well as the achievement of each child's full learning capacity are identified as immediate pre-requisites for fulfilling the child's rights. Access to resources - food, energy and water - are essential but often far from adequate. The causal framework, however, highlights challenges in two areas that have not been adequately addressed so far:

- ♦ protective practices, as they affect first the child but also women. Protective practices as defined here are inclusive of, yet broader than, caring practices within the family and in the community. Caring is insufficient unless it protects children against exploitation. Prevention from exploitation requires protection by the family, by civil society and by the State in terms of the framing and enforcement of appropriate legislation -- recognizing though, that it is enforcement which very often falls short of intent; and



- ◆ quality of services that depends upon (a) the nature of physical provisioning, and (b) the attitude of service providers. The efficacy of social sector services can be greatly improved by merely getting service providers to recognize and respect the rights of people. The synergistic outcomes of community demand matched by effective public provisioning of quality services can vastly improve the confidence of the people in the public delivery systems.
- 1.13. India's size, diversity and the complexity of circumstances confronting children, call for effective local planning and strong local public action. India's recent experience points to the extraordinary role of locally empowered women, the role that youth organizations can play, as well as the role the community itself can play in creating an enabling environment for promoting child rights. Active local involvement sets in motion a process whereby families and the community can access resources and make informed choices. It also brings into focus the importance of other inter-related rights such as the right to information.
  - 1.14. Ratification of the CRC imposes obligations on several parties. Principal among them is the State, responsible for and obliged to respect, protect, facilitate and fulfil rights as embodied in the CRC. State parties are obliged to act in the "best interests of the child" by ensuring that rights are not violated, and legal provisions, in line with the CRC, are effectively enforced. At the same time, the ratification imposes an obligation on the State to mobilize sufficient resources, public as well as private, to ensure the fulfilment of child rights.
  - 1.15. Rights also impose obligations on all members of civil society including the community, local groups and the family as duty-holder, caregiver and protector of children. Many of the violations of child rights take place within the household, sometimes without but very often with the knowledge of the community. This is particularly so with regard to issues of protection, such as child abuse, violence against women, and sexual exploitation of children .
  - 1.16. Adopting a child rights framework has several strategic implications for India's programmes.
    - ◆ Efforts must be intensified to "reach the unreached" without diluting the pressure to ensure universal coverage of basic services and fulfilment of the rights of all children. Priority attention must be paid to the concerns of neglected children. At the same time, every effort must be made to highlight denials of child rights that remain by and large neglected by society. "Unreached" children include those belonging to scheduled castes or scheduled tribes, disadvantaged because of socio-economic and socio-cultural factors; disabled children; children in conflict with the law, and others. Such children do not benefit from mainstream social services and development programmes. In fact, the sectoral government departments are not structured to serve them. Each sector needs to create a special plan programme in order to extend its outreach to the most neglected children. In addition, a separate programme addressing children in need of special protection measures needs to be supported.

## Best interests of the child

The concept of the "best interests" of children (Article 3) has been the subject of more academic analysis than any other concept included in the Convention on the Rights of the Child. The wording of the principle indicates that its scope is very wide, going beyond State-initiated actions to cover private bodies too, and embracing all actions concerning children as a group.

In its reporting guidelines and in its examination of States Parties' reports, the Committee on the Rights of the Child has emphasized that consideration of the best interests of the child should be built into national plans and policies for children and into the workings of parliament and government, nationally and locally, including, in particular, in relation to budgeting and allocation of resources at all levels. The assessment of the impact on the child and building the results into the development of law, policy and practice thus becomes an obligation.

- ◆ Significant improvements in the quality of services are required. Emphasis on rapid physical expansion of basic social services has, in the past, tended to be at the expense of quality. This means that deficiencies have occurred in accountability, accessibility, acceptability, and, as a consequence, sustainability of service delivery. Efforts are needed to correct this situation and establish the efficacy of public health and other services throughout the country.
  - ◆ Sustainability of initiatives needs to be built on the foundations of a strong alliance for children between civil society and government. There must be greater involvement and mobilization of civil society, especially of women and youth for the fulfilment of child rights. This needs to be achieved by creating awareness and commitment within communities and enabling them to identify their own priorities and design interventions that are best suited to the local realities.
  - ◆ Information collection, processing and monitoring. Local level monitoring and feedback mechanisms must be strengthened so that local governments, *panchayats*, women's and youth organizations and other members of the community can assess for themselves the situation of children and the effects of different approaches.
  - ◆ Universality of child rights requires that their fulfilment becomes a norm in every society. Only then will denial stand out as an abuse and violation of child rights that demands immediate attention. Such a norm can be established only through effective advocacy that brings about changes in people's understanding, attitudes and behaviour. Forceful advocacy, for instance, is needed as an integral part of a strategy to eliminate discrimination against girls and women, and to establish a proper gender balance in society.
- 1.17. The pursuit of goals for children for the year 2000, endorsed during the World Summit for Children and embodied in the National Plan of Action for Children, will also contribute towards assuring the rights of children. As the end of the decade falls within this programme period, it offers an opportunity to galvanize support and mobilize resources in order to accelerate progress towards realization of these goals. The endeavour will be to move rapidly towards the goals with improved efficiency and to focus on the most-disadvantaged groups in society at state and district levels. Special attention will need to be paid to unreached groups in remote geographical areas as well as to communities such as scheduled castes and scheduled tribes. Attention will also be given to issues of community participation, especially of the informed segments of women and youth for sustainability.

## Strategic elements

- 1.18. Four basic strategies will be pursued during the programme: strengthening partnerships for children; decentralization; gender equality and women's empowerment; and promoting convergence through community action.

### **Partnerships**

- 1.19. Pro-active rights alliances for children that promote public awareness become critical to change mind-sets and attitudes, influence behaviour, and prevent violations of child rights. In the area of child protection, especially, there is a need to strengthen legal measures and law enforcement, thereby, setting standards to complement behavioural change. The judiciary, the police and legal activists therefore become crucial civil society partners in the prevention of extreme violations of child rights.
- 1.20. Mobilization for child rights will require strengthening partnerships with central, state and local governments, as well as with women's groups and youth organizations. Much of the effort will be devoted to enhancing the capabilities of local governments to improve the effectiveness of planning and the quality of interventions for children. In this process, every effort will be made to make the system more competent and responsive to the demands of the community, to increase accountability, reduce leakage and to maximize transparency in decision making.
- 1.21. Active involvement of NGOs, especially those concerned with children, women and youth, will be sought to test new approaches, support innovations and improve access to appropriate technologies. Partnerships with NGOs, the corporate sector, trade unions, human rights commissions, the police, legal bodies, political parties, academic institutions, youth networks and media will be forged for advocacy and dissemination of critical messages for child rights. The participation of children themselves in fulfilling their own rights and those of other children will be promoted through schools and initiatives such as child-to-child activities and children's *panchayats*.
- 1.22. UNICEF will strive towards attracting maximum domestic and international resources for India's children. This will include mobilizing not only monetary resources but also the rich experience among different agencies dealing with children and human development. Special efforts will be made to link with bilateral agencies in order to benefit from new technologies and expertise, besides exploring the induction of additional funds. UNICEF will also seek the active support of private and other donors.
- 1.23. UNICEF will work closely with UN agencies within the United Nations Development Assistance Framework (UNDAF), increasingly moving to new forms of cooperation, drawing on common analytical work, and strengthening the UN system's overall advocacy for children. In this regard, UNICEF will work to advance the various inter-related commitments made by India at many of the recent global summits. UNICEF will also collaborate to augment resources, financial and technical, for children from other national and international agencies such as the World Bank, the Asian Development Bank, and from the private sector.
- 1.24. The success of such partnerships will be gauged by the extent to which public action for children is forthcoming, and the extent to which key children's issues are brought into the public policy arena. The impact of partnerships will also be reflected in the degree to which improvements take place in programme design and implementation at the community level.

## **Decentralization**

- 1.25. The GOI-UNICEF programme strategy will rest upon the potential for people to initiate, sustain and support local action for children. Experience suggests that this is the only way to respond creatively and meaningfully to India's diversity, range of contrasts and uneven progress in terms of class, caste, gender, ethnicity, and geographic locations. The Government's efforts to decentralize are embedded in the structural changes brought about by the 73rd and 74th Constitutional amendments devolving power to a three-tier government. The presence and involvement of youth, in local bodies as well as in the community at large, is an added resource for local mobilisation and action, with national youth services' infrastructure offering further potential to strengthen the processes for desired social change.
- 1.26. This potential for local action especially of women and youth, can be effectively tapped by providing communities with critical inputs for decision making, and by establishing effective inter-sectoral linkages. Effective devolution of authority is also needed so that decision-making on financing, resource allocations and utilization is shifted to the *panchayats* and *nagar palikas*. Only then will the village or the community be able to collectively and creatively set the local development agenda for children.
- 1.27. The GOI-UNICEF programme of cooperation will aim to strengthen capacity for local governance by supporting training initiatives to equip *panchayat* and *nagar palika* members, especially women, with the skills to lead, implement and monitor local programmes and initiatives for children. The involvement of women's groups, youth organizations, parents, families and the community in public decision-making will also be promoted. Joint programmes with national, state and local governments will be developed for strengthening the local database for decision-making, training, exchange, and sharing of information. Efforts will be made to create a broad platform for establishing complementarity and synergy between the activities of local NGOs and community organizations. Support will also be extended for strengthening local and district level planning processes and for improving the local provisioning of basic social services, promoting accountability, reducing wastage and promoting efficiency of operations.

## **Centrality of women and gender relationships**

- 1.28. The GOI-UNICEF strategy will retain and reinforce the emphasis on expanding women's capabilities as vitally necessary for the fulfilment of child rights. The advancement of child rights, in many respects, is complementary to and contingent upon the advancement of women's rights. Promoting women's rights is particularly critical for India given the persistent and pervasive nature of gender inequalities and the serious discrimination against girls and women. Experience suggests that oppressive patriarchal values can be changed only with the empowerment of women, beginning with the conscious provision of equal opportunity to girls. This can come about through women's collective action and an equitable expansion of opportunities for women and girls. These would include not only increasing opportunities for employment, land ownership and credit, but also improving opportunities for participating more actively in public decision making. Such active participation must come about at all levels: within the family, in the community, and at the level of local governance and policy making.
- 1.29. UNICEF will, therefore, as part of its strategy, provide flexible support to local movements of women, as well as orientation and support to newly elected members of local bodies. It will support efforts to improve the involvement of women in social development projects in both rural and urban areas, not as beneficiaries but as active decision-makers and change agents. It



will support efforts to improve collection of and access to gender-disaggregated, socio-economic data.

- 1.30. UNICEF will also support efforts that seek to correct imbalances in gender relationships between women and men. Issues of stereotyped male attitudes, gender discrimination and violence against women will be addressed. Dialogue on male responsibility within the household and towards children will be encouraged in order to open up space for women. Participatory methods of training and strong public advocacy will be used to bring about shifts in parental responsibilities in an effort to reduce the excess burden on women by encouraging fathers to assume equal responsibility. Attention will be given to the potential for youth groups and youth services to enhance the access of young and adolescent girls to opportunities for leadership.
- 1.31. The close interdependence between children's rights and women's capabilities makes it imperative to view the CRC from a strong gender perspective. Progress on the CRC is closely linked to the fulfilment of the commitments made in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Efforts will be made to strengthen linkages with the women's movement to promote the best interests of children. Attention will be paid to infants and young children as well as to the much-neglected group of adolescents.

### **Convergence**

- 1.32. Convergence as a strategic component has emerged from the recognition of the critical role of the community in protecting and promoting child rights. Convergent Community Action (CCA) - support for capacity building to bring government service providers into a closer and more responsive working relationship with an informed and actively participating community - is a vehicle to explore and demonstrate the efficacy of participatory approaches. Mechanisms will be developed for youth in the community to act for the well-being of children, and for adolescent girls to benefit from improved development efforts to fulfil their own rights.
- 1.33. CCA has been visualized as a strategy for social development and social change directed at satisfying the rights of deprived children and women in a context of persistent disparities. It envisages releasing, building and supporting processes for social action that will improve the functioning of basic social services. At the core of CCA is empowerment of communities to access and manage social sector services. CCA as a strategy is intended to be flexible in order to accommodate the varying conditions at local level. Where institutions such as women's groups, youth clubs and organizations or *panchayats* are in place, CCA will operate within the existing structures to improve their efficiency and effectiveness. In places where existing institutions are not fully operational, CCA will be used to develop new mechanisms, especially among women and youth, for identifying priorities and initiating action for child rights. In other cases where government structures are in place and community processes are also underway, CCA can help to extract maximum synergies.
- 1.34. The environment for intensifying CCA has been invigorated by the recent emergence of diverse, vibrant and strong groups of community organizations, most notably of women and youth. These include *panchayats* and *nagar palikas*, rural and urban women's groups, youth clubs and youth organizations, Total Literacy Campaign groups, Village Education Committees, thrift and credit societies, and other community-based organizations.
- 1.35. Experience suggests that organized groups of people, are capable, given sensitive support, of radically changing their life situation. Two critical elements of such support, however, are: (1) improved responsiveness of government and other functionaries to the awakened and informed demand by people for better quality of services; and (2) improved ability of the community, especially of women and youth, to perceive and articulate needs, and to actively participate as

partners in setting the development agenda. The CCA strategy is a response to the emerging demands from local community groups for a more meaningful involvement in decision-making processes relating to their immediate environment.

1.36. The process of CCA entails efforts to catalyze, strengthen and accelerate convergence for fulfilling the rights of children. There will be three critical elements of such a strategy.

- ◆ The first will be to foster a team approach between elected representatives and community groups especially of women and youth, development administrators and functionaries of various departments at the village, block, district and municipal levels. The objective will be to jointly assess problems, analyze the needs of children, and plan action to address them.
- ◆ The second element will be to promote effective social communication among team members in order to encourage a dialogue between the community and those organizing and providing services.
- ◆ The third element will be to develop and implement an effective system of information collection and monitoring by the community – especially by the informed leadership of women and youth that will help track the progress being made to achieve the goals for children.

CCA becomes not a programme in itself but a strategy that informs and influences the way all sectoral efforts are carried out.

1.37. The fulfilment of child rights requires an equitable expansion of opportunities across regions and different communities, between rural and urban areas, and across states and districts. At the same time, every effort is needed to strengthen the foundations of a caring community – a society in which children are respected and protected, and where assurance of child rights becomes a societal norm. This, however, will require strategic support for a variety of programmes for children.

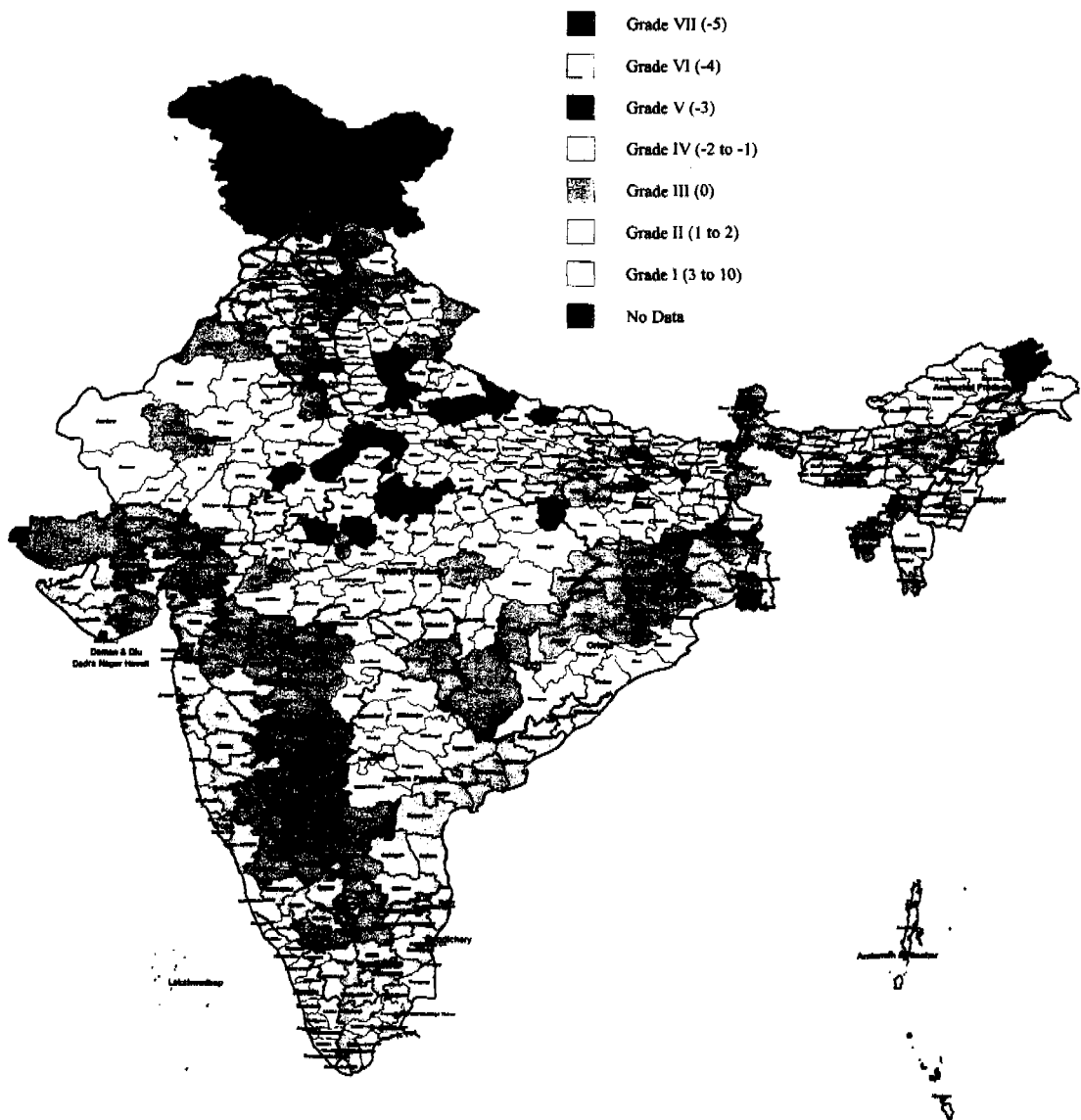
### **Focus of UNICEF support**

1.38. Commitment to child rights requires concerted public action at the macro level where the GOI-UNICEF programme will attempt to influence development strategies, social policy, and public attitudes in favour of children. The intention will be to ensure that the benefits of economic progress and political developments are channeled most effectively and efficiently to promote the best interests of children. Three broad types of support are envisaged to influence activities at this level across all states. These will include:

- ◆ measures to strengthen the database for decision making, sharpen social policy analysis, and improve planning for children;
- ◆ support for advocacy intended to change people's mind-sets, values and attitudes, especially of the care-givers and women, young couples and the youth in general, as an important way of establishing new social norms that respect the rights of the child; and
- ◆ support for improving the effectiveness of delivery systems and efficiency of programming for children and women.

1.39. Support from UNICEF may take the form of technical assistance, funds, or essential supplies. However, recognizing the enormous development diversity within India (see Figure 1.2), the priorities, nature and mix of GOI-UNICEF support will depend upon the context prevailing in particular states and regions.

Fig 1.2 Districts Ranked by Indicators for Infant Mortality, Gender, Literacy & Fertility



1.40. In this programme period, six states (Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh) will receive intensive UNICEF support. These states are characterized by inadequacies in the fulfilment of child rights, deficiencies in public administration and governance and, more generally, shortfalls in human development. In these states, illiteracy is high, incomes are low, income poverty is widespread, malnutrition remains serious, physical and social infrastructure are inadequate, discrimination against women is marked and access to basic social services is severely constrained by considerations of caste, class and gender. Together, they account for over 45% of the population and more than 54% of the country's children. UNICEF support in these states will be intensified to augment essential supplies, strengthen delivery systems and extend the reach of quality services. The flow of resources from

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UNICEF will be biased towards these regions – corresponding to a higher intensity of effort and also reflecting priorities – namely to focus on areas where human poverty is concentrated.

- 1.41. In other states GOI-UNICEF support will focus on (1) communities living in pockets of deprivation and poverty including those found in remote hills and deserts, tribal areas and slum dwellers in urban areas, (2) capacity building to strengthen social policy analysis, (3) improvements in the quality of social services, and (4) enhancing institutional efficiency and effectiveness of programmes for children. Continuing advocacy for ensuring that programmes in place are well funded and administered will complement efforts in these areas. In addition, efforts will be made to identify and concentrate on specific issues of child rights that require special attention in these states. These could include, for instance, the problems of children in growing metropolitan cities and in neglected tribal communities; of children belonging to migratory communities; of those belonging to communities susceptible to environmental disasters; and of children living in regions characterized by communal and other conflicts.
- 1.42. There is also another setting in which neither a deficiency of incomes nor a shortage of resources is a principal reason for the persistent violation of certain child rights. For instance, discrimination against girls and women is widespread even in Punjab and Haryana which are states more affluent and better endowed with resources than most others in the country. Similarly, the neglect of tribal regions and the poor quality of government schools in a better-off state like Maharashtra reflect more a shortfall in policy and investment than a shortage of financial resources per se. Again, child abuse, trafficking and domestic violence are not related to income levels in any predictable manner. In these areas, GOI-UNICEF support will aim to increase awareness, build public consciousness and mobilize public action through effective advocacy for changing policies and societal norms.
- 1.43. It is recognized that the monetary contribution by UNICEF to India's development budget is very small. It therefore becomes all the more important to utilize the limited resources strategically in order to realize maximum gains for children. Guided by the principles of the CRC and India's commitments to children, UNICEF support will therefore be channeled towards the following types of activities intended to augment the Government's on-going efforts:
- 1.44. *Catalyze public action for child rights*: UNICEF will intensify its role as a catalyst to mobilize public action for children. This will entail:
- ◆ Effectively advocating for child rights keeping in mind issues of sustainability of effort as well as intra-generational and inter-generational equity. Sustainability in this context implies striving for equality of opportunities for the present generation of children without jeopardizing the rights of future generations. This has implications for the State in terms of resource allocations, especially as the State is called upon to undertake all appropriate legislative, administrative, and other measures to fulfil the rights of children. It obligates the State to find resources, public or private, necessary for ensuring that the rights of each and every child are fulfilled.
  - ◆ Strengthening alliances for children - by looking beyond traditional partners - and supporting new networks with civil society for advocacy and monitoring of child rights issues. This will be done by generating greater awareness of the CRC among children, among the public and agents of change, including women's and youth groups, through media and communications strategies and by influencing existing training and orientation programmes for these networks. UNICEF will also work more specifically with the legal sector, including the Human Rights and Women's Commissions, for review and possible revision of various laws, improved enforcement and action on violations of child rights.

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- 1.45. *Promote innovations in programmes:* The adoption of the CRC, as well as the changing environment in which programmes are operating call for new and creative approaches. Moreover, CCA as the common strategy requires experimentation at the grassroots level to design interventions most suited to local settings and circumstances. UNICEF will encourage and support such innovation in both government and non-governmental programmes in which UNICEF cooperates. This will include specific attention to programme design and implementation methods, including support for action research to demonstrate viable strategies to reach the unreached. In each area, effective documentation will be encouraged to serve as a basis for systematic assessment of interventions.
  - 1.46. *Support scaling-up of interventions for children:* Many pilot activities never go beyond the limits of their initial experimentation. The process of 'scaling up' is essential in terms of India's numbers and can also help to identify what can and cannot be supported. Several exploratory programmes in health, education, child labour, water and sanitation, and nutrition, as well as application of the CCA strategy, are ready for scaling-up to the district, state and national levels. UNICEF will extend financial, technical and managerial support for such initiatives.
  - 1.47. *Strengthen rights monitoring and evaluation:* UNICEF will work towards developing and applying monitoring systems that reflect evaluation of processes as well as outcomes. For this, it may be necessary to identify and use new indicators for rights monitoring. Assistance will be provided for developing indicators and mechanisms for monitoring compliance with the CRC in line with UNICEF's role as articulated in Article 45 of the CRC. UNICEF will seek to be a source of reliable research, data, documentation and knowledge on the situation of children and women, especially in unreached communities. UNICEF will play an active role in promoting the exchange of knowledge across projects. In doing so, it will also bring to bear the international experience that may be relevant to improving the effectiveness of programming for children. It will support action research to monitor and evaluate the effects of large-scale intervention programmes. It will also assist the preparation of the country reports on CRC, implementation and monitoring for review by the Committee on the Rights of the Child.
  - 1.48. *Leverage maximum resources for children:* UNICEF will be an active partner of the Government in mobilizing resources for children. Here, the effort will go beyond identifying and mobilizing financial resources. Equal attention will be paid to tapping resources in terms of knowledge base, technologies and expertise that are available with different organizations. In doing so, UNICEF will partner with international development banks and agencies such as the World Bank, ADB, DfID, USAID, CIDA, SIDA and other bilateral agencies, and share its insights and experiences while formulating programmes for children in India. The considerable opportunities for raising resources from the corporate sector, and involving this sector more actively in programmes for children, will be explored and developed.
  - 1.49. *Encourage children's participation:* Efforts will be made to increase the involvement of children in the planning and implementation processes. Mechanisms will be developed to ensure that policymakers and members of civil society, especially the women's groups, youth leadership, and leadership of the *panchayats* and *nagar palikas*, listen to children's voices. Involving children in advocacy is an effective way of bringing about changes in attitudes and behaviour in society. If children today are made conscious of their rights and can exercise them meaningfully, it will enable them to perceive more effectively that they as tomorrow's citizens must ensure for universal child rights for the next generation. Working through schools also helps to break caste, class and gender barriers in society.

## Meaningful participation by children

Interpreting Article 12 of the CRC relating to children's participation, the Manual on Human Rights Reporting, 1997 states: "*This article sets one of the fundamental values of the Convention and probably also one of its basic challenges. In essence it affirms that the child is a full-fledged person having the right to express views in all matters affecting him or her, and having those views heard or given due weight. Thus the child has the right to participate in the decision-making process affecting his or her life, as well as to influence decisions taken in his or her regard...*

*"... The child should therefore not be envisaged as a passive human being or allowed to be deprived of such a right of intervention, unless he or she would clearly be incapable of forming his or her views. This right should be ensured and respected even in situations where the child would be able to form views and yet be unable to communicate them, or when the child is not yet fully mature or has not yet attained a particular older age, since his or her views are to be taken into consideration 'in accordance with the age and maturity of the child'..."*

- 1.50. Within this overall framework of support, UNICEF will actively seek universal coverage of basic social services while intensifying its focus on disparity reduction and reaching more difficult-to-reach and marginalized children. It will ensure flexibility in its programming as a way of responding to the country's diversity. It will strive for balance: between improving the quality of existing services and physical expansion, between programming for rural and urban areas and between support for on-going programmes and investment in innovations. Importantly, UNICEF will give due weight to process (empowerment, gender, participation, and sustainability) in its programme support as well as to outcome (specific, desirable goals for children). It will seek to draw public attention, especially of women and youth leadership to critical factors that deny children their rights, and advocate for action. Best practices will be shared and promoted for adoption by local communities and governments across the country.
- 1.51. The GOI-UNICEF programme is conceived nationally but will be implemented locally. Accordingly, detailed Plans of Action for promoting child rights will be prepared at state level by UNICEF and state governments. These documents will reflect the priorities of each state. The ten state offices of UNICEF will work closely with state and local governments to fulfil the commitments to children. UNICEF itself will support this process by vesting greater decision-making authority and responsibilities in its State Offices.

# Chapter 2

## Convergent Community Action

GOI-UNICEF Master Plan of Operations, 1999-2002

### 2.1. Rural Convergent Community Action

#### 2.1. Programme summary

Convergent Community Action (CCA) is the strategy applied to build community-based planning, implementation and monitoring throughout the country programme. The strategy revolves around the *Gram Sabha* as the community and calls for its participation and ownership of programmes seeking to fulfil children's and women's rights. CCA also requires sector service responsiveness to the priorities and demands identified by the community through an inter-sectoral facilitating team of grassroots functionaries. The strategy reflects the decentralization of governance through the 73<sup>rd</sup> Constitutional Amendment and seeks to strengthen this process through building the capacities of elected members of *panchayats*, especially women and youth.

While CCA is the strategy to be integrated in all GOI-UNICEF programmes, provision is also made for programme support to facilitate the building of effective community processes and to train members of *panchayats*. Thus, two projects are incorporated under CCA Rural:

- (i) Expansion and strengthening of cross-sectoral processes, and
- (ii) Capacity building of *panchayats* to fulfil children's rights.

#### 2.2. Problem statement

- 2.2.1. As emphasized in Chapter 1 on programme strategy, the community must play a critical role in respecting, protecting and fulfilling the rights of children. The obligations of the state and the community towards children need to converge around the community itself. Convergent Community Action (CCA) therefore represents the strategy for promoting and sustaining child rights at the community level. CCA will enrich all the sectoral programmes under GOI-UNICEF cooperation in this country programme. Importantly, CCA is also a vision for addressing the underlying problem of poverty which undermines efforts to realize the rights of children.
- 2.2.2. People living in, or close to, poverty in rural areas continue to form the largest socio-economic class in the country. The core of human poverty is still stubborn, its inter-related causes being deep-rooted and intimately linked to caste, gender discrimination and exploitation. Its worst victims are children, especially girls, and next to them, women bear a disproportionate share of the burden.
- 2.2.3. So far, centrally planned programmes for poverty alleviation, women's participation and child development, have tended to focus on the technical and financial aspects of "sectoral" concerns in areas such as education, health and household economic security, each in isolation of the other. In comparison, socio-political processes have not received sufficient attention. As

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a result, rights fulfilment, especially for children and women, has never been high on the public agenda. This conventional 'sectoral services' approach has not prevented the dominant socio-economic and socio-cultural systems from regularly reproducing poverty, widening economic inequalities, maintaining social exclusion and limiting social opportunities.

- 2.2.4. Interventions for poverty alleviation need to reflect the fact that the causes of human deprivation differ from one region to another, from one community to another. In some cases, rapid environmental degradation may be the underlying cause of poverty. In another context, denial of access to basic social services arising out of caste and gender considerations may account for persistent deprivations. Elsewhere, the underlying cause of poverty may be linked to unequal patterns of landholdings and asset distribution. Given India's heterogeneity and the multiplicity of underlying causes, any uniformly planned intervention is likely to have limited impact. If more rapid progress in ending human deprivations is to occur, flexible and local-specific solutions are required.
- 2.2.5. Understanding how the poor cope with vulnerability and poverty is also necessary for designing appropriate interventions. There is much to learn from people even in impoverished communities, given their resilient capacity to handle the cluster of adversities such as exploitation, social isolation, hunger, economic insecurity, illiteracy, poor environmental sanitation and disease. This is itself a reason to encourage those in poverty to come together to change their own situation. Moreover, their coping strategies need to be recognized and built upon for sustaining interventions to alleviate poverty.
- 2.2.6. A rights-based approach gives primacy to community-based initiatives that aim to link community participation processes with development efforts recognizing that external inputs can only catalyze and complement community action. They cannot replace it. It is in such a context that the CCA strategy of the GOI-UNICEF country programme becomes significant.

### **2.3. Past cooperation and lessons learned**

- 2.3.1. In the areas of community development and women's empowerment, UNICEF provided direct support to the Government of India for Development of Women and Children in Rural Areas (DWCRA) and Community Based Convergent Services (CBCS) until the end of 1995. During 1996-1998, UNICEF collaborated with the government in exploring CCA, which has grown beyond the conventional concept of community participation in government programmes into **community action** along with **convergent support** from the various wings of government and the non-governmental sector.
- 2.3.2. The CCA strategy attempts to reverse the administration-centred planning process, making full use of the 73<sup>rd</sup> Constitutional Amendment and the current trend to devolve political power to the people in their village assembly (*gram sabha*). The elected local government (*panchayat*) must function as the main enabling and executing instrument in a democratic design of decentralized development, responsible for fulfilling and monitoring the rights of children. An organized community, with an aware, articulate and active group of women at its core, with support of youth groups and children, will identify the genuine needs, prioritize the options, draw up their own plans of action and ensure their implementation. In making this happen, elected representatives, professional experts, frontline functionaries and voluntary workers have a facilitating role, depending on their own commitment to move from pre-determined programmes to people-led planning. A fragmented approach which comes easily to compartmentalized functionaries does not respond to the inter-related needs of children or adults, which vary with location and time. The government's role is changing, without its responsibility diminishing. For sustainability communities need to develop themselves and not be developed.



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- 2.3.3. Such a CCA strategy upholds the Indian cultural tradition by which, irrespective of the level of material sufficiency, children grow up integral to the family and the community, true to the spirit of Article 5 of the Convention on the Rights of the Child. Indeed, CCA will make the development process respond to, rather than bypass, the demands which human rights make on the state and society.
- 2.3.4. Particular efforts have been made to target CCA to the most deprived, unreached and under-served communities. The CCA strategy has been reinforced by GOI-UNICEF cooperation on training programmes and capacity-building exercises for elected members of *panchayats*, especially women. This training has focused on building motivation and leadership skills, as well as capacity to design, implement and monitor programmes for children.
- 2.3.5. While support to the training of women *panchayat* members has been broad-based in every state, the CCA strategy has been tested in some 50 districts in 15 states with mixed results. In some districts, the CCA has been successful, whereas in others, it has slipped back into a project mode of implementation. The CCA process objectives may be perceived as complex and difficult to achieve, given the political and administrative reality. There remains a lack of ownership of CCA both at central level, within the sectoral ministries, and in state departments. The community mobilization aim of CCA has often been successfully achieved but sectoral responses to community demands and developmental plans have been delayed and weak.
- 2.3.6. A recently conducted evaluation offers early insights into the efficacy of CCA. Two important lessons emerge. First, wherever active women's groups exist, CCA has provided them with a vibrancy and confidence to think and act together and interact more effectively with government functionaries for improved provision of services at the grassroot level. For example, through participatory learning and action (PLA), community needs on issues such as health care, primary education, safe drinking water and sanitation, have been more clearly defined. Correspondingly, the responsiveness of *panchayat* representatives and functionaries has risen. Second, the administrative and political processes and structures, long accustomed to a command culture, have to adapt in order to weld an inter-departmental support team of frontline functionaries and to provide space for CCA to become the central strategy for a movement of and by the people.
- 2.3.7. It is at the sub-district level that more effective convergence has emerged. However, the challenge of scaling up to the district level, and generating coverage beyond a set of discrete communities where PLA can be successfully applied, is yet to be addressed. Perhaps the **district** should be regarded as the operational unit for CCA and efforts need to be made to develop modified mobilization tools and systems to enable the strategy to be effective at this level.
- 2.3.8. Several factors are favourable to a scaling up of the CCA experience. Training for *panchayat* members has provided a favourable environment for CCA and has served as an important complementary initiative. The spread of literacy has empowered more women, making them articulate and active in public fora. Mahila Samakhya, NGO action, active youth groups in several parts of the country as well as the emergence of social action groups demanding the right to information, for instance, have also contributed by actively mobilizing communities and enabling them to make demands on the local governments. While the pace is gradual, the trend of change through CCA is positive and irreversible with community solidarity increasing towards a proper assignment of duties and rights. In this process, it is essential that the centrality of children within the CCA agenda remains assured.

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## 2.4. National priorities

- 2.4.1. The principles of convergence of services at the grassroots level and ownership by communities over their development agenda are clearly reflected in the Ninth Five-Year Plan. The Ministry of Rural Development (MORD) is actively promoting and supporting the CCA approach as a means of strengthening the decentralization of governance. Indeed, the potential of the CCA strategy for social change has increased following the 73rd Constitutional Amendment Act, 1992, and the provisions of the Panchayats (Extension to the Scheduled Areas) Act, 1996. In an increasing number of villages, organized communities, prominently including women, are able to exercise their democratic duties and rights using the forum of the *gram sabha*, turning the *panchayats* into effective and accountable executive agencies of self-government. Youth clubs and organizations, in several districts have been able to add value to the community level processes.
- 2.4.2. In this process, state governments have begun to explore ways of restructuring the planning process by enabling the *gram sabha* to discuss and determine plans of action responding to people's needs and existing gaps in basic development. Planning by the people (rather than planning for them) becomes the basis for preparing annual and five-year plans at the successive levels – district and beyond. It is important however to reaffirm that the integration of measures within these plans must respect, protect and fulfil children's rights.

## 2.5. Programme objectives

- 2.5.1. The principal objectives of GOI-UNICEF collaboration on rural CCA will be to:
- contribute to the fulfilment of the rights of the least-served children in deprived rural communities by ensuring adoption of appropriate community processes;
  - strengthen the capacity of government to respond to community plans and achieve convergence of services for the child;
  - promote sustained action through better awareness and capacity of all 500,000 women representatives of *panchayats*; and
  - develop and implement monitoring systems which can be employed by the community to track the situation of children and women and generate appropriate action in at least one-third of all villages.

## 2.6. Programme strategy

- 2.6.1. Recognizing the multiple causes of poverty and the diversity of context, UNICEF will support two prongs of the CCA strategy: i) community empowerment and ii) improved government responsiveness to community demand. With regard to community empowerment, there can be no uniform approach to mobilizing people. Every community has a natural and concerned group of potential leaders among the deprived, including women. The task is to recognize and nurture them as a **community mobilization team (CMT)** in enthusing the people and mobilizing their creative energies around key concerns and issues. Women have a crucial role to play in both decision making as well as in effecting the much-needed behavioural change. At the same time, interests of minority groups and backward communities must also be represented. On this basis, the effort will be to sustain a two-way interaction with an **inter-sectoral facilitating team of functionaries (IFT)** as well as with the elected *panchayat*.
- 2.6.2. A typical IFT would comprise a school teacher, anganwadi workers, multi-purpose health workers and a nominee or representative of local voluntary organizations. The youth

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movement could also represent an important channel for CCA, with youth leaders activating the IFT in some cases. The functions of the IFT would include interacting with *gram panchayats*; facilitating the implementation and monitoring of the community-led action plan jointly with the *gram panchayat*; efficient, coordinated and timely service inputs; informing the community; and promoting social communication.

- 2.6.3. Professional support in communication is key to the development of specific skills for frontline workers to enable them to discharge their social responsibilities, to become inter-sectoral facilitators and team players within the IFT, to link up resources and catalyze community-wide action. As team building goes beyond the aims of traditional training programmes, there will be a need to identify and engage a wider support group, for example from the youth group, from the NGO sector, that has knowledge of local history, culture, and resource distribution. Experience in community development, and participatory processes for assessment, analysis and training will also be required. Core groups of women have already become effective communicators in many cases. Such groups will enable the poor to draw up their own agenda for action, determine priorities, devise solutions and logically follow through, without over-dependence on the bureaucratic system.
- 2.6.4. In the renewed phase of 'implementing' the CCA strategy, focused attention will be paid to concurrent changes in (a) the government system at the state and national levels, so as to actively promote *convergence* of services; and (b) the need-based flow of resources, from various existing schemes under different departments, in specific predictable support of the plans generated from the community level. Whatever may be the financial formula adopted by the state and central planning systems, resources must be assured for the plans determined by the *gram sabha* to be implemented with the assistance of the local government. In this context, open dialogue with key officials and representatives of civil society at central and state levels will be critical - both in order to gain support as well as to refine CCA processes. Government officials of sectoral departments need to become oriented to CCA, to understand CCA as a means of improving the delivery and sustainability of services, and to develop closer involvement and commitment of the community. Periodic assessment will be an integral part of the process to provide the knowledge on which future policy will be based.
- 2.6.5. Whereas each sector will link to CCA (as noted in the relevant chapters of this MPO), two additional projects are to be separately supported to assist in building the community processes and structures on which the sectors will converge, and to build the capacity of *panchayats* to address child rights.

## **2.7. Projects**

### **Project 1: Expand and strengthen cross-sectoral processes**

2.7.1. The specific objectives of this project will be to:

- mobilize the poorest rural communities, especially women, to demand better quality social services in all blocks of selected districts in major states (the estimated proportion of women who will be mobilized in each block will be 50%);
- support establishment of effective community structures for improving service delivery in the health, primary education, nutrition, water and sanitation (hygiene) sectors in all blocks of the selected districts in 15 states; and
- draw and disseminate major lessons each year that can influence policies for scaling up the CCA strategy.

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2.7.2. Rather than expanding CCA to new districts, the emphasis will be on upscaling within the existing districts where CCA is being implemented in selected communities and adopting the CCA strategy in districts where community based programming in sectoral programmes is already under implementation. This will require the development of alternate strategies for increasing the coverage of community mobilization and community monitoring of the situation of children.

2.7.3. Principal activities envisaged under the project will be the following:

- advocate for improved understanding of CCA within government and NGOs through support for inter-departmental interactions, government-NGO exchanges, and review of experiences and information from the field;
- develop the CCA process through the formation of self-help groups (SHGs), especially of women, to work in partnership with their communities and the IFT, with emphasis on thrift and credit as a key mobilizer of the SHGs as well as a means of developing the household economy;
- through PLA, build skills within the SHGs to conduct community needs assessment, analyses and actions, and capacity to monitor the situation of children through the application of appropriate indicators (to be jointly developed with community and government partners);
- create awareness of income generation and poverty alleviation schemes, linking thrift and credit activities to the schemes;
- participatory training, principally PLA, to build the capacities of community groups, youth groups, NGOs and government functionaries to effectively organize communities and promote convergence of services, as well as act as a team in support of CCA;
- train on specific themes related to child rights, emphasizing appropriate and feasible community actions to protect these rights;
- evolve, field test and implement communications packages to enhance community participation and cohesiveness, with appropriate use of local media including folk theatre;
- train teams of frontline workers in decision-making, problem solving, conflict resolution, creative and critical thinking, inter-personal communications, team-building, coping with crisis, self-awareness and empathy with the deprived;
- document success stories and lessons learned for refining the strategy; and
- research ways of scaling up CCA to the district level and define participatory methodologies that can be applied on a wider scale.

2.7.4. Key outputs of this project will be:

- strong community mobilization in selected districts to achieve goals and fulfil child rights;
- at least 50% of the women in these districts playing an active role, in close collaboration with leadership and youth groups to monitor the situation of children, operating SHGs for thrift and credit and mobilizing the community as a whole to work for children's rights;
- institutions and resource persons capable of promoting PLA approaches throughout the selected districts;
- a set of social communications packages for promoting CCA at village level;
- teams of frontline workers in each district sensitive to the development agendas of the poorest communities and able to provide appropriate and timely sectoral responses;
- a series of case studies and best practices on CCA; and
- a refined and modified community mobilization / PLA approach applicable district-wide.

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## **Project 2: Build capacity of *panchayats* to fulfil children's rights**

2.7.5. The principal objectives of this project will be to:

- build the capacity of leadership of *Panchayati Raj*, especially the 500,000 women members in all major states (125,000 in the first year, 125,000 in the second year, 125,000 in the third year and 125,000 in the fourth year), to assess the situation of children in their constituencies and take action to fulfil their rights;
- facilitate the role of *panchayats* in monitoring child rights with reference to key indicators in at least one-third of the *panchayats* where training has been completed; and
- identify major constraints to *Panchayati Raj* actions for children on an annual basis in each of the States and mobilize policy support to address them along with the necessary additional resources that may be required.

2.7.6. While the CCA strategy will be intensively pursued in selected districts, support to training of elected *panchayat* members, especially women, will be on a national scale. This is in recognition of the potential of *panchayat* women leaders and members to address the rights of children at the community level. UNICEF will maintain a continuing involvement with these women leaders through the district and local self-government bodies, NGOs and the wider civil society.

2.7.7. Key activities under the project will be to:

- train all (500,000) women leaders and elected representatives of *panchayats* in poor communities in leadership, management practices and monitoring of key actions for children;
- enable at least one-third of *panchayat* women leaders to undertake child rights monitoring through developing and adopting sets of practical goals for their communities;
- increase the availability of resource persons and build institutional capacity to develop CCA and action for children through *Panchayati Raj* by training of trainers and development and provision of training materials;
- develop curriculum content in consultation with the community, *panchayats*, grassroots functionaries and state government;
- coordinate sectoral inputs to *Panchayati Raj* training;
- evaluate the impact of training on *panchayat* members, including ongoing assessment of their role in realizing child rights; and
- monitor the constraints to *panchayats* for taking effective action for children and promote ways to overcome these.

2.7.8. Key outputs from this project will be:

- 500,000 trained women members of *panchayats* capable of developing, implementing and monitoring programmes for children;
- at least one-third of women *panchayat* members with skills for systematic monitoring of identified goals for children;
- institutions and resource persons competent to continue appropriate training for *Panchayati Raj* members;
- relevant software, curricula and refined methodologies for training *Panchayati Raj* members; and
- information, documentation and evaluations concerning factors impeding the effectiveness of *panchayats* in improving the situation of children and recommendations for making improvements.

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## **2.8. Programme linkages**

- 2.8.1. The success of the CCA strategy will be determined by the coming together of organizational, technical and material resources, which already exist but require focused redirection towards needs perceived by the community. Two of the many examples of such resources capable of better utilization by the community in an inter-sectoral perspective are DWCRA (Development of Women and Children in Rural Areas) and ICDS (Integrated Child Development Services), both of which have extensive coverage.
- 2.8.2. The CCA strategy in the rural areas is the framework through which all sectors and UNICEF-supported programmes will develop improved community participation and sectoral responsiveness to the needs and rights of the poorest rural children and women. As such, programme linkages will necessarily be extensive both to rural-specific schemes and to sectoral programmes.

## **2.9. Milestones and indicators**

2.9.1. The target for CCA will be to cover all blocks in selected districts over the four-year programme period. During this period, all 500,000 women elected to *Panchayats* will also be trained.

- Half the blocks in each target CCA district will be covered by the end of year 2000. For *Panchayati Raj* training, the project milestones will be training for 125, 000 women during the first year and similar numbers during subsequent years to reach the targeted total in 2002.

2.9.2. Key indicators for monitoring the progress of CCA in the districts will include:

- percentage of women's groups mobilized and organized from poor households and actively participating in the *gram sabha*;
- number of communities having their own development agenda;
- number of actions / responses to the community's development agenda taken by the block or district administration;
- increased access to social services; and
- number of functioning IFTs regularly involved in community mobilization and convergent service delivery to the poorest.

2.9.3. Key indicators for monitoring the progress of *Panchayati Raj* training will include:

- number of capable training teams / resource institutions;
- number of women *panchayat* members actively participating in *Gram sabha*;
- number of *panchayats* actively monitoring school functioning, teacher attendance, functioning of anganwadi centres, functioning of health sub-centres and other service functions;
- trends in financial resource allocation to *panchayats*; and
- number of *panchayats* working effectively with IFTs

## **2.10. Programme management**

2.10.1. It is important that functional mechanisms are established to promote convergent policy formulation, programme planning, implementation and monitoring.

- 2.10.2. At the **block level**, a CCA support group, comprising of a wide range of functionaries, will be convened by the Block Development Officer (BDO) and will report to the President of the *panchayat samiti*. The main functions of this group will be to strengthen the CCA strategy at the village level, enhance the accountability of the functionaries involved and ensure community and family self-management with a focus on the most deprived and vulnerable. The group will interface with the IFT and the community.
- 2.10.3. At the **district level**, there will also be a CCA support group coordinated by the District Collector, Chief Executive Officer or District Development Officer. The group will report to the President of the *zilla parishad*. All departments, district level officers, the chairperson of the *zilla parishad*, the youth officer, representatives of voluntary agencies and a few selected community women organizers will participate. The group will plan and monitor programme-support and resolve conflicts and problems in implementing CCA.
- 2.10.4. At the **state level**, the state government will set-up a CCA steering group consisting of secretaries and heads of departments and representatives from the local UNICEF office. Prominent scholars and representatives of voluntary organizations will participate. The steering group will be responsible for policy orientation, administrative support, coordination, review of results, problem-solving, linking ongoing schemes to community needs, and reallocation of resources in keeping with changing demands.
- 2.10.5. At the **central level**, the Government will establish a steering group in the Ministry of Rural Development to play a nodal role in promoting effective implementation of the CCA strategy. It will consist of representatives of the Department of Women and Child Development, ministries and departments of Education, Health and Family Welfare, Labour, Youth Affairs and Sports, Social Justice and Empowerment, Planning Commission, selected voluntary organizations, respected community members and UNICEF. The group's functions will include strategic support based on feedback from the field, resource mobilization, coordination, review of progress and problem solving.
- 2.10.6. Professional, organizational and financial resources specific for implementing the CCA strategy in the selected areas will be allocated by the Government of India. The programme-related resources will be synergistically applied together, using the CCA strategy in support of community goals and children's rights. To ensure this, necessary steps will be taken from time to time by the Ministry of Rural Development and its state counterparts.
- 2.10.7. With the assistance of the Central and State levels, the development administrations at the district, block and village levels, will provide organizational, institutional, technical and resource support for services to converge on the community, with attention paid to their reach and relevance. A key concern will be the specific commitment of financial resources to needs identified by the communities. In essence, this assistance will be more for facilitation than control. The emphasis will be on community-owned actions and community-controlled processes, thereby resulting in more sustainable achievement of human rights and goals for children.

## **2.11. Partnerships**

- 2.11.1. Realizing the rights of the poorest rural children and women through CCA is the obligation of a wide range of government departments, civil society and community. The extent of government partnerships required is evident from the above description of programme management. Strengthening the role of the *panchayats* and linking them more

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effectively both to the communities they serve and to the bureaucracy will be fundamental.

- 2.11.2. Voluntary organizations have helped in raising the status of women and in participatory development through a variety of successful projects as agents of social change. CCA envisages their active involvement as partners to facilitate social action by women's groups. The strategy will seek to link them up with the state and district initiatives wherever strong and committed leadership is available.
- 2.11.3. Community-based planning for development and strategies for women's empowerment are being supported by several multilateral and bilateral agencies. A key example is UNDP's 'pro-poor community based initiative' which aims to strengthen people's capacity to overcome their poverty. Linkages with such efforts will be established at the appropriate levels and in the relevant districts.

## **2.12. Risks**

- 2.12.1. For the success of CCA, strong relationships at the local level with all partners are required. Convergence demands commitment and professional nurturing. Inter-sectoral cooperation is difficult to achieve, especially at the more central levels, and the necessary reinforcement for CCA throughout the government system may not occur. The sectoral ministries especially need to fully recognize the value of CCA for the delivery and sustainability of their programmes.
- 2.12.2. Teamwork is fundamental to the CCA programme strategy. CCA can only be as effective as the capacity and readiness of the partners implementing the strategy. For such teamwork, behavioural change will be required at the household and community levels and within the government system. Acknowledgement of family obligations to fulfil children's rights will also be an integral part of attitudinal change at household level. Accordingly, the strategy will aim at changing attitudes, imparting knowledge and building capacities through joint training and interaction of community volunteers, elected representatives at the village, block and district levels, with priority to women, and the IFT.
- 2.12.3. Progress in implementing CCA depends heavily on factors such as attitudinal change, particularly among government functionaries at the grassroots. There is a risk, however, that entrenched attitudes towards poor, low caste and tribal people will remain and behavioural change will be resisted. PLA approaches can be misused with poorly undertaken exercises resulting in misinformation and the creation of community expectations which cannot be met.
- 2.12.4. Open or latent conflicts within a community may persist mainly on account of exploitation of the weak by those who are powerful. Social distinctions like religion and caste, race and language are often misused to provide a pretext for such domination. The resultant deprivation is usually compounded by the absence or denial of government support of even basic services in health care and safe water, sanitation and shelter, education and training, credit and employment because of inefficiency, indifference or diversion of resources. Such conflict and vested interests may, in some areas, seriously hamper the CCA strategy.



## **2.13. Monitoring and evaluation**

- 2.13.1. On the basis of the participatory process, monitoring of both process indicators and outcomes will be led by the community especially by the women and youth leaders with technical guidance from service functionaries and professional supervisors in an inter-sectoral perspective. This will ensure tracking of locally relevant indicators disaggregated by age, gender and other relevant categories towards the development goals of the community, with priority for children, for measuring progress and course correction.
- 2.13.2. Support for this would include an improved data system at each level which clearly identifies the needs of the poor; better management information systems for sectoral services and their convergence; use of appropriate poverty indicators; collation and analysis of community-generated data at upper levels of the participating government sectors; and use of these data for management decisions to improve both processes and outcomes. Special efforts will be made to develop gender-disaggregated data, so that monitoring responds to the special needs that vary by gender and the well being of girls.
- 2.13.3. Action research will be supported on critical issues, with focus on improving sustained coverage and convergence of support services and quality for achieving the goals for children and women from the local to the national levels.

## **2.14. Budget**

- 2.14.1. Subject to availability of funds, UNICEF will allocate US \$ 5.28 million from General Resources and US \$ 4.25 million in Supplementary funds to Rural Convergent Community Action Strategy. In addition, funds from the respective programmes will also be used increasingly for adopting a programme strategy that emphasises the CCA principles.

RURAL CONVERGENT COMMUNITY ACTION	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	1.44	1.32	1.26	1.26	5.28
Supplementary Funds	0.75	1.00	1.25	1.25	4.25

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## 2.21. Urban Convergent Community Action

### 2.21. Programme summary

The strategy of Convergent Community Action (CCA) in the urban areas reflects the contextual differences between the urban and rural environments. The strategic principles are similar. Urban CCA aims to build community structures in the poorest areas, including unauthorized settlements, to which the social service sectors can link for improved delivery to the most needy children and women. Through city planning systems, the strategy seeks to promote partnerships of the government and civil society organizations for more coordinated and effective responses to demands identified by the urban poor towards fulfilling the rights of children and women. Planning will be supported by improved information on the situation of poor children and women in urban areas, especially through community mapping and participatory learning and action. As with Rural CCA, the urban strategy reflects the decentralization of governance through the 74<sup>th</sup> Constitutional Amendment Act and will strengthen this process through building the capacities of elected members of *nagar palikas*, especially women.

The strategy spans all sectoral programmes of GOI-UNICEF cooperation. At the same time, specific programme support is provided for two projects:

- (i) Develop and strengthen cross-sectoral processes, and
- (ii) Build capacity of *nagar palikas* and sector programme administrators.

### 2.22. Problem statement

2.22.1. There is a pressing need to apply CCA in the urban areas of India where extreme deprivation and violations of children's and women's rights are seen. There are differences in context between the urban and rural situations which imply both challenges, and opportunities, for CCA implementation in poor urban settlements. The usual clustering of poor families in urban areas, with the accompanied risk of spread of disease, even when service delivery might be considered relatively easier in such settings is a major challenge. However, the social sector services for urban slums are not as organized and targeted as they are for rural communities. There is also the constant migration of poor families from the rural areas to the cities, frequently to settle in unauthorized colonies, creating waves of new, impoverished communities. The application of the CCA strategy in urban areas will need to recognize and adapt to these contextual differences.

2.22.2. India's urban population is rapidly expanding. In 1997, approximately 28% of the total population inhabited urban areas and this is projected to increase to 33% by the year 2005. The urban poor are estimated at 80 million - two-thirds of whom are children, youth and women. There are over 3,900 urban settlements throughout the country but the majority of the urban population (two-thirds) lives in 300 Class-I cities (populations of 100,000 or more). Acute deprivation is particularly seen among the urban poor, a sizeable proportion of whom occupy illegal or unauthorized settlements, lacking many essential social services such as water and sanitation. The fulfilment of children's and women's rights in these particularly disadvantaged urban settings therefore presents a difficult challenge.

2.22.3. Recent data reveal that the children in urban slums may often be worse off than their rural counterparts. Poor environmental conditions characterised by irregular and often unsafe water supply, congestion, growing pollution, and a very poor sewerage and garbage disposal system greatly increase the risks of morbidity and mortality among children in urban areas. The stagnation in urban infant mortality rates over the past few years, and its increase in some states is of particular concern. It suggests a worsening in survival conditions of poor people,

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especially those living in urban slums. The outbreaks of plague, viral hepatitis, malaria and various forms of viral fevers and respiratory illnesses are clearly indicative of the deteriorating quality of life in the cities.

- 2.22.4. There are major differences in institutions and service delivery systems in urban and rural areas. The 74th Constitutional Amendment Act (1992) provides for a third tier of government, *nagar palika*, at the municipal level. While outlining a range of new responsibilities, the provisions of this Act are more general than those of the 73rd Constitutional Amendment Act. Importantly, they fail to clarify municipal responsibility for social sector services, such as primary education, early childhood education, nutrition (Integrated Child Development Services) and primary health care. Devolution of resources from states to municipalities for carrying out these functions is still not clearly spelt out. Most municipalities suffer from an inadequate financial base, weak planning and management systems, particularly for social services, and competing demands made on newly elected representatives. In this scenario, the needs of the urban poor, especially children, continue to receive low priority.
- 2.22.5. Unlike in rural areas, there is no outreach system under which functionaries of different departments are responsible for covering a well-devised geographic area. There is very little coordination between different development agencies; on the contrary, they often work at cross-purposes or have overlapping responsibilities. The poor convergence of services, combined with the low priority accorded to the social sector, make the task of fulfilling child rights in urban areas difficult.
- 2.22.6. There exists a major potential for mobilizing public action in cities. At the same time, elected representatives are being trained to more adequately carry out their social responsibilities and more fully understand issues of children's and women's rights.

### **2.23. Past cooperation and lessons learned**

- 2.23.1. During 1991-1997, UNICEF extended support to the Government's initiative for women's organization and mobilization under the Urban Basic Services for the Poor (UBSP). At the same time, efforts to address gaps in the programme and meet children's needs more effectively were supported. As part of this strategy, UNICEF assisted the establishment of State Urban Development Agencies (SUDAs) and district and city agencies in major states. NGOs were supported through state partnerships in specific activities. Community-based organizations (CBOs), including neighbourhood committees (NHCs), and wider networking of CBOs and NHCs at ward level as community development societies (CDS) were promoted. The CBOs have evolved as valid community structures on which to build actions to fulfil children's rights and, especially, on which to link interventions by the social sectors.
- 2.23.2. Participatory Learning and Action (PLA), widely used in rural situations, has been adapted for urban application and promoted in cities and communities in which the UBSP strategy is being implemented. PLA as a tool for community micro planning is now being employed not only by UBSP field workers but, in addition, by those from other sectoral departments and by NGOs. PLA has been conducted to initiate experimental efforts towards pro-poor, child-friendly city planning. Such efforts have yielded greater awareness among relevant partners and community-government action in cities ranging in size from Delhi and Calcutta to Jaipur and Gaya (Bihar). Over 30 cities are currently engaged in such city planning processes and many others are in the planning stage. Specific, smaller scale ventures in healthy city planning, jointly pursued by communities and health departments, are under way in 10 cities. Urban adaptation of ICDS, and its expansion to better cover the needs of poor urban children and women, is ongoing. "Slum networking", a city-community participatory approach for environmental improvement, is also being explored.

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2.23.3. The network of 100,000 women leaders of urban poor communities and 10,000 neighbourhood associations established under UBSP offers a foundation for extending community participation in addressing the needs of the urban poor. Systematic assessment of the gains for women and children through UBSP is ongoing but preliminary findings point to a number of useful lessons:

- PLA is being more widely used by government staff with community leadership as it enables them to develop micro-plans more systematically and to establish a basis for community monitoring of the situation of children and the relative effectiveness of service delivery;
- additional income for women generated through thrift and credit, and linking them to available micro-credit and employment creation schemes, is partly utilized for child care, nutrition and elementary education;
- community groups established and consolidated under the UBSP strategy have played an important role in promoting selective goals for children, in areas such as immunization, early childhood education, elementary education, salt iodization and resource mobilization for household sanitation. These achievements can now be extended to the wider spectrum of children's and women's rights;
- simple techniques, such as mapping of poor clusters by ward, are very valuable in facilitating planning and action by municipal and district administrations and elected representatives. These mapping exercises, combined with simultaneous mapping of basic services for children - ICDS centres, primary schools, PHC and health posts using community PLA, now provide essential information hitherto unavailable to these city managers and programme implementers. Such initiatives are demonstrating effective ways to link community-driven plans with city facilities and resources leading to improved utilization and deployment of these resources, as well as identifying gaps requiring additional interventions.

## **2.24. National priorities**

2.24.1. The Ninth Plan accords high priority to the participation of people in development as well as improving the convergence of social sector services on the poor. The Plan gives attention to the urban sector, emphasizing in particular the need for environmental improvement and poverty eradication. New government initiatives have been established including the National Slum Development Programme (NSDP), a nationwide decentralized scheme to improve conditions in urban poor settlements, and the new Swarna Jayanti Shahar Rozgar Yojana (SJSRY), which provides a revamped national employment programme for the urban poor. Both these schemes envisage implementation through the neighbourhood and community group processes, and mobilized women's groups, developed under the UBSP strategy. The new schemes also aim to enhance basic social sector services and infrastructure.

2.24.2. A national training strategy aimed at enhancing the capacities of members of the *nagar palikas* has also been finalized. The strategy involves adoption of processes to ensure better community involvement. However, during implementation of the training, it will be crucial to ensure a focus on the rights of the most vulnerable children of the cities and towns.

2.24.3. The UBSP strategy has developed the single largest network of recognized women's community associations in cities, presently covering nearly 10% of urban poor families. Following the incorporation of the UBSP principles in the SJSRY, the Government is now committed to community mobilization and organization as the basis for poverty alleviation in the cities and towns.

2.24.4. Convergence of social sector service delivery is another priority of the Ninth Five-Year Plan. Documented experience from several states clearly demonstrates that, while community

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systems may be in place in city slums, complementary responses from the service sectors are invariably inadequate or lacking. Urgent action is required towards effectively linking social service delivery to community processes aimed at empowering the urban poor.

## **2.25. Programme objectives**

2.25.1. The main objectives of GOI-UNICEF collaboration on urban CCA will be to:

- contribute to the fulfilment of the rights of the least-served children in 50% of urban poor communities by ensuring adoption of appropriate community processes;
- develop sectoral policy frameworks and norms for service delivery for assuring the rights of the urban poor child;
- improve responsiveness and convergence of service delivery for the least-served urban child;
- create better awareness and capacity among all elected women representatives of *nagar palikas*, as well as administrators in selected cities, for fulfilling the rights of children;
- develop and implement community-based monitoring systems to track the situation of children and women in at least one-third of urban poor communities.

## **2.26. Programme strategy**

2.26.1. The thrust of GOI-UNICEF cooperation on urban CCA will be to build upon and expand community structures and participatory processes, focusing on presently unreached children and women. Emphasis will be on convergence of social sectors and the broad partnerships necessary to fulfil children's and women's rights in the most disadvantaged urban communities. GOI-UNICEF support will target selected cities with a sizeable concentration of urban poor and under-served child populations. However, training of elected women representatives of *nagar palikas* will be conducted on a national scale.

2.26.2. Overall, GOI-UNICEF cooperation in the urban context will have two major thrust areas:

- enhancing sector-specific services towards fulfilling the rights of the poorest children and women in urban areas;
- developing cross-sectoral processes of community mobilization and action towards achieving and monitoring the goals for children.

2.26.3. The first major thrust area will include the development and testing of sectoral strategies for the poorest urban settlements. While details are found in the respective chapters of this MPO, highlights of the sector specific programme components are noted below:

- **Child health and maternal health** : Enhance reproductive child health programme delivery (RCH) through community partnerships, improved city planning systems, better appreciation by the health sector of the specific problems confronting the urban poor (see Chapter 3).
- **Environment and the child**: Develop, demonstrate and promote appropriate systems of environmental sanitation to better meet the needs of women and children living in urban poor communities, including unauthorized settlements where insanitary conditions pose considerable health and survival risks for children (see Chapter 5).
- **The learning environment**: Improve the coverage and quality of primary education for all children in urban poor communities, including illegal settlements, as part of district, city-specific and community plans (see Chapter 6).

- **Childhood Development and Nutrition:** Improve outreach to the young child in urban poor communities in order to promote better nutrition and child care practices at the household level and in the community, and improve linkages (see Chapter 4).
- **Children in need of special protection:** Promote the best interests of children who are abused and those in need of special protection measures, including street and working children, especially the girl child (see Chapter 7).
- **Advocacy, Information and Communication:** Advocate a caring environment for the urban poor child, particularly children living in unauthorized communities, through effective mobilization of government and civil society, with a focus on children's participation (see Chapter 8).
- **Planning, Monitoring and Evaluation:** Integrate the concerns of the urban poor in all research and monitoring systems in order to improve planning and policy reforms (see Chapter 9).

2.26.4. The main elements of the strategy for the second major thrust area will be to:

- establish, support and strengthen community structures in urban poor settlements;
- promote partnerships between city governments, various departments, youth organizations, NGOs and community organizations for advancing child rights; and
- make planning for child rights an integral part of city planning systems.

2.26.5. Attitudes toward the urban poor generally reflect neglect and apathy. There is a need to encourage civic responsibility both among the urban poor and those in a position to assist them to fulfil children's rights as developmental assets for the city. Advocacy will therefore be an important part of the strategy to promote a better understanding of the conditions and needs of children and women in the most deprived urban communities. This will aim at more effective policy formulation and timely implementation towards realization of children's and women's rights. It has to be recognized that, irrespective of "legal land title or status", all children have basic rights. There will therefore be specific emphasis in the programme on design and implementation of communication and advocacy packages to sensitize a range of stakeholders (including community residents, government functionaries, elected representatives, youth leaders, civil society and the private sector) on the rights of the most deprived, urban children.

2.26.6. In support of advocacy, research will form an important strategic element of CCA in the urban areas. Little research has so far been undertaken on informal and illegal settlements in urban India to provide systematic information on the living conditions and situations of children and women inhabiting them. Whenever such information has been available, however, it has had clear value for policy and programme formulation.

## **2.27. Projects**

### **Project 1: Develop and strengthen cross-sectoral processes**

2.27.1. The specific objectives of this project will be to:

- mobilize the poorest urban communities, especially women, youth and key leadership groups within the community in at least one city / town in each of the states, to demand better quality social services;
- support establishment of effective community structures for improving service delivery in health, primary education, nutrition, water and sanitation (hygiene) sectors in at least one city / town in each of the states; and

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- draw and disseminate lessons that can influence policies for reaching disadvantaged urban communities.

2.27.2. The project will focus on cities with high concentrations of urban poor. The selection of towns, however, will be undertaken by the state governments on the basis of problems faced by the urban poor in these cities, irrespective of size. There will be no restriction on the number of cities/towns per state to be selected for CCA, provided the activities can be supported within the available resources.

2.27.3. Principal activities envisaged in this project are the following:

- advocate for a pro-poor and child-friendly focus in all urban sector programmes and sector specific initiatives, and an improved understanding of CCA within the Government and NGOs, through support for inter-departmental interactions, and government-NGO exchanges, and review of experiences and information from the field;
- develop the CCA process through the formation of community organizations and self-help groups (SHGs), especially of women, youth, and their networking to work in partnership with government and civil society;
- through PLA, improve skills within the SHGs to conduct community needs assessment, analyses and actions, as well as the capacities of community organizations, youth groups, NGOs and government functionaries to effectively address NPA goals, children's and women's rights, participatory and empowering processes, and city planning which is pro-poor and child-focussed;
- facilitate formal registration of the community organizations and access to income generating schemes (SJSRY, SC/ST schemes), with thrift and credit being introduced as a key mobilizer as well as a means of developing the household economy;
- develop city-wide and ward-wise mapping and databases towards better management of governmental and non-governmental resources for under-served urban communities;
- evolve, field test and implement communications packages to sensitize a range of stakeholders on the rights of the poorest urban children and women, using case studies, documentation, investigative research and creative media;
- through action research, study key issues relevant to policy making such as relative accessibility to social services, reasons for denial of proper access and optimum ways of reaching the urban poor; sector-specific studies will include a focus on improving environmental sanitation, increasing access to elementary education for migrant children, protecting the homeless, and others; and
- document success stories and lessons learned.

2.27.4. The main outputs of the project will be:

- strong community mobilization in at least one city per state towards achievement of goals and fulfilment of rights for children;
- at least 50% of the women in these cities playing an active role in monitoring the situation of children, operating SHGs for thrift and credit and mobilizing the community as a whole towards children's rights;
- institutions and resource persons capable of promoting PLA approaches throughout the targeted cities / towns;
- a set of social communications packages for promoting CCA at city level;
- city-wide maps and databases for pro-poor, child-friendly city planning; and
- a series of case studies and best practices on CCA in urban areas.

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## **Project 2: Build capacity of *nagar palikas* and sector programme administrators**

2.27.5. The principal objectives of this project will be to:

- build the capacities of *nagar palikas*, especially of the elected women members in all cities/towns of states (25% in the first year, 50% in the second year, 75% in the third year and 100% in the fourth year), to assess the situation of children in their constituencies and take actions to fulfil their rights;
- train programme administrators in all cities / towns (25% in the first year, 50% in the second year, 75% in the third year and 100% in the fourth year) to more effectively address child rights in the most disadvantaged urban communities;
- facilitate the role of *nagar palikas* in monitoring child rights with reference to key indicators in at least one-third of the *nagar palikas* where training has been completed; and
- identify major constraints to *nagar palika* actions for children on an annual basis in each of the state settings and mobilize policy support to address them along with the necessary additional resources that may be required

2.27.6. While CCA will be intensively pursued in selected cities, support to training of elected women members of *nagar palikas* will be on a national scale. This is in recognition of the potential of *nagar palika* women leaders and members to address the rights of children at community level. At the same time, broad support will be provided for training of administrators of urban programmes to sensitize them on child rights issues and create awareness of measures required to fulfil them.

2.27.7. The main activities of this project will be the following:

- train all women leaders and elected representatives of *nagar palikas* in leadership, management practices, child rights, setting goals and monitoring key actions for children;
- enable at least one-third of *nagar palika* women leaders to undertake child rights monitoring through developing and adopting sets of practical goals for their communities;
- national training on specialized subjects and techniques for trainers and senior managers from different sectors, especially related to urban poverty themes and processes to promote CCA and child rights;
- train city administrators, including sector programme managers and implementors, to foster teamwork among community workers and functionaries, such as the ANM, anganwadi worker, teacher and resident community volunteer, using PLA to sensitize functionaries to community realities and opportunities;
- develop curriculum content in consultation with the community, *nagar palikas*, government functionaries and participatory training specialists;
- coordinate sectoral inputs to *nagar palika* training;
- create awareness of the availability of SHGs among development and social sector agencies and promote interactions;
- evaluate the impact of training on *nagar palika* members, including ongoing assessment of their role in realizing child rights; and
- monitor the constraints to effective action for children by *nagar palikas* and promote ways to overcome them.

2.27.8. The main outputs of the project will be:

- trained women members of *nagar palikas* capable of developing, implementing and monitoring programmes for children;



- at least one-third of women *nagar palika* members with skills for systematic monitoring of key goals for children;
- city administrators trained to promote child rights and convergent action for realizing them;
- institutions and resource persons competent to continue appropriate training for *nagar palika* members;
- relevant software, curricula and refined methodologies for training *nagar palika* members; and
- information, documentation and evaluations concerning factors impeding the effectiveness of *nagar palikas* in improving the situation of children and recommendations for making improvements.

## **2.28. Programme linkages**

- 2.28.1. The CCA strategy in the urban areas is the framework through which all sectors and UNICEF-supported programmes will develop improved community participation and sectoral responsiveness to the needs and rights of the poorest urban children and women. Programme linkages must necessarily be extensive both to urban-specific schemes as well as to the broad range of sectoral programmes.
- 2.28.2. Efforts will be made to promote child rights in all urban poverty and development schemes including the SJSRY, mega-cities, NSDP and others emerging during the Ninth Plan.

## **2.29. Milestones and indicators**

- 2.29.1. The target for urban CCA will be coverage of all deprived slum and other areas in at least one major city / town in all states over the four-year programme period. During this period, all women elected to *nagar palikas* will also be targeted for training.
- 2.29.2. Half the urban poor communities in CCA cities will be covered by the year 2000. For *nagar palika* training, the project milestones will be 25% of women members during the first year, extending to 50% in the second year, 75% in the third year towards the goal of full outreach by the year 2002.
- 2.29.3. Key indicators for monitoring the progress of CCA in the selected cities will include:
- the number of women's groups mobilized and organized from poor households and actively participating in slum improvement;
  - the number of poor communities that have set their own development agenda;
  - the number of actions/responses to the community's development agenda taken by municipal corporations and municipalities;
  - increased access to social services; and
  - the number of service sector teams regularly involved in community mobilization and convergent service delivery to the poorest.
- 2.29.4. Key indicators for monitoring the progress of *nagar palika* and city administrators training will include:
- the number of capable training teams / resource institutions;
  - the number of women *nagar palika* members actively participating in pro-poor, child-friendly city planning committees;
  - the number of city administrators actively participating in pro-poor, child-friendly city planning committees;

- the number of *nagar palikas* actively monitoring school functioning, teacher attendance, functioning of AWCs, functioning of health sub-centres and other service functions;
- trends in financial resource allocation to *nagar palikas*; and
- the number of *nagar palikas* working effectively with the city administration.

### **2.30. Programme management**

- 2.30.1. It is important that a functional mechanism be established in government to promote convergent policy formulation, programme planning, implementation and monitoring. At the national level, the programme process in the urban sector will be coordinated by the Ministry of Urban Development (MOUD) and the Department of Women and Child Development (DWCD). The counterpart state departments will be responsible for related functions at the state level. A formal inter-ministerial committee will be convened by MOUD comprised of representatives of DWCD, the Department of Education, the Ministry of Health and Family Welfare, the Ministry of Labour and the Ministry of Social Justice and Empowerment. The involvement of key NGOs with experience in participatory development will be important in the coordination process.
- 2.30.2. A programme framework will be provided on a annual basis to all cooperating states to facilitate the planning of specific goals, objectives, activities and inputs (of government, other partners and UNICEF). GOI and UNICEF will jointly review state plans to achieve a consensus on their conformity to the agreed guidelines. Progress reports will be shared with UNICEF and GOI on a biannual basis for formal review. Meetings on the implementation of the plan and joint monitoring of activities will also be arranged at regular intervals.
- 2.30.3. Within the schemes and programmes as outlined in this chapter, the city administrations at the municipal and ward levels will provide organizational, institutional, technical and resource support for services to converge on the community, with attention paid to their reach and relevance. Of particular importance will be the commitment of financial resources from the range of central and state government schemes available for infrastructure and other needs identified by the targeted communities. In essence, programme management will be characterized by facilitation rather than control over the planning and development process envisaged. The emphasis is on community-owned actions and community-controlled development, thereby resulting in more sustainable achievement of rights and goals for children.

### **2.31. Partnerships**

- 2.31.1. It is increasingly evident that realizing the rights of the poorest urban children and women is the obligation of a wide range of government departments, civil society and communities. The extent of governmental partnerships required is evident from the above description of programme management. The programme process will be promoted directly by the city/town administration, with much of the resources and responsibilities devolved to the neighbourhood committees and community development societies. These will function in cooperation with the elected representatives of *nagar palikas*, supported by an inter-sectoral team of service functionaries, NGOs, the private sector and others interested and committed to meet the needs of the urban poor.
- 2.31.2. In view of the increased attention to urban problems being devoted by the UN agencies, the World Bank and a number of bilateral donors, it will be important to liaise closely with these agencies to ensure complementarity with the CCA process.

## 2.32. Risks

- 2.32.1. The provision of basic, social and physical services and facilities for children living in unauthorized communities relies upon municipal will and action, supported by clear and specific directions from the government and its departmental programmes. Successful advocacy for the rights of these children will require strong relationships at the local level with all partners. Municipal systems are still very weak. Convergence and pro-poor, child-friendly city planning will require professional nurturing for success to be shown. Inter-sectoral cooperation is difficult to achieve, especially at the more central levels. The development of an acceptable framework for such collaboration in cities presents a major challenge.
- 2.32.2. Urban CCA with its orientation toward process rather than targets is time-intensive for both government and UNICEF. This time-intensiveness may be difficult to reconcile with the need to reach sectoral goals for children. PLA approaches can be misused. Poorly undertaken exercises can result in misinformation. Government officials (health workers, teachers, engineers, CDPOs, city managers and municipal officials) will require training and encouragement to use participatory approaches in the intended manner. Listening skills are essential for appropriate sectoral responses to community plans. The importance of attitudinal and behavioural shifts in the government sector also deserves attention.

## 2.33. Monitoring and evaluation

- 2.33.1. It is expected that in poor communities in the largest cities of the country, the situation of children and women will be significantly improved and NPA goals met through the combination of community processes and sectoral interventions established through CCA. Monitoring systems, which encompass both process and quantitative indicators, will need to be evolved. PLA processes will be encouraged at community level for community monitoring and action. At ward and city level, inter-sectoral systems for monitoring will need to be developed, consistent with other reporting mechanisms. Sentinel surveillance and MICS may also be refined as monitoring tools for consideration by local governments.
- 2.33.2. Evaluation of the impact of community processes and convergent service delivery towards rights fulfilment will be conducted at intervals during the MPO to assess changes over time. Sector assessments will likewise develop criteria to evaluate community participation, ensuring that urban poor sub-samples are incorporated into all sector research and databases. This is further noted in the sectoral chapters of this MPO document.

## 2.34. Budget

- 2.34.1 Subject to availability of funds, UNICEF will allocate US \$ 3.52 million from General resources and US \$ 3.25 million in Supplementary funds to the Urban Convergent Community Action strategy. In addition, funds from the respective sectoral programmes will also be used to increasingly adopt a programme strategy that emphasises the CCA principles.

URBAN CONVERGENT COMMUNITY ACTION	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	0.96	0.88	0.84	0.84	3.52
Supplementary Funds	0.50	0.75	1.00	1.00	3.25

# Chapter 3

## Reproductive and Child Health

GOI-UNICEF Master Plan of Operations, 1999-2002

### 3.1 Programme summary

The GOI-UNICEF Reproductive and Child Health programme attempts to:

- strengthen the capacity of communities to express the health needs of children and women more effectively;
- enable government health workers to respond more sensitively; and
- improve the capacity of health systems to provide better quality services.

Primary attention will be given to the revitalisation of the health sub-centre through appropriate training and supervision inputs, strengthened management and referral linkages, increased ability of village workers to provide comprehensive preventive and curative primary health care, assured supplies of essential drugs, and greater involvement of the community. A new cluster strategy will be used to support the sub-centre in high priority programme areas (e.g. 6-8 clusters of 2-3 Districts each in poorly performing states) to achieve substantial results. In addition, UNICEF will continue to support national efforts to improve immunisation coverage, to eradicate polio, to improve new born care and efforts to reduce maternal mortality through improved management of obstetric emergencies. Major inputs in these areas – improved monitoring, participatory training methods, and the creation of a social movement to support children and women's rights to survival and health - will be channelled through the Ministry of Health and Family Welfare's Reproductive and Child Health (RCH) Programme at national, state and district levels.

### 3.2 Problem statement:

- 3.2.1. India's progress in expanding access to health services across the country has been considerable. There has been a sustained expansion in the physical health infrastructure. Structures have been put in place for control of communicable diseases, which along with substantial expansion in access to safe drinking water has greatly reduced the burden of disease.
- 3.2.2. Infant mortality rates have declined - from 110 per 1,000 live births in 1981 to 71 per 1,000 live births in 1997. However, wide disparities persist. IMR varies from 12 in Kerala to 96 in Orissa (a level higher than Bangladesh or Nepal). IMR is 22% higher than the national average amongst Scheduled Castes; and 45% higher among Scheduled Tribes.
- 3.2.3. The rate of decline of infant and child mortality has also slowed in recent years. Infant mortality overall has remained close to its present level of 71 per 1,000 live births since 1993. There has been no decline in urban IMR over the same period. Moreover, age-specific child mortality (between the ages of 1-4) at 24 per 1000 live births has been declining at a slower rate since 1981 – three points per year between 1981 and 1986, two points between 1986 and 1991, and 1.5 points between 1991 and 1993. This slowing of momentum on child survival is

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- a cause of growing concern at a time when other conditions are becoming increasingly favourable particularly with the spread of literacy and improved communications.
- 3.2.4. Deaths in infancy are not spread out evenly through the first year. In 1992, 66% of infant deaths were neonatal deaths. This concentration of deaths in the first month of life underscores the importance of the peri- and neonatal period for urgent policy attention. Whereas mortality differentials between boys and girls in the first year of life are small at the national level, with greater disaggregation of data, girls continue to face higher risks of mortality. Mortality among girls is 20% higher than among boys throughout childhood. One of the largest such differentials in developing countries, this reflects the unequal treatment that girls receive, especially in caring practices and health-seeking behaviour.
  - 3.2.5. Much of this mortality is attributable to underlying malnutrition (see Chapter - 4). Nearly one third of babies born are of low birth weight – itself a reflection of poor condition of women's nutrition. Some 80% of women are anaemic and as many as 58% reduce, rather than increase, their food intake during pregnancy. Yet the link between national health programmes and interventions to tackle malnutrition has been weak.
  - 3.2.6. The national EPI programme has helped reduce death and illness from vaccine-preventable disease. Deaths from measles, pertussis and diphtheria are now as much as 80% less than pre-immunization levels. Immunization coverage, however, remains low in many districts, with as many as 30% of children not receiving any vaccinations at all. There has been success in bringing down the incidence of neonatal tetanus which has fallen from 10 to 20 per thousand live births in the last 5-8 years. However, there is still a large disparity between states in reported TT coverage. Multi-indicator cluster surveys indicate that only 43% of pregnant women had received full TT immunization in Rajasthan, while 92% had received such immunization in Tamil Nadu.
  - 3.2.7. Infections of the lower respiratory system continue to account for 15-28% of infant deaths, with twenty percent of children suffering from acute respiratory infections receiving no treatment at all. Deaths due to diarrhoea have been declining, although only 43% of mothers in India (in 1993) knew about ORS, and only 26% reported having ever used it. These figures point to the difficulties the primary health care system has faced in responding to illnesses that cannot be predicted, and to the need for care to be available at all times. It is here that problems are most acute. The system has performed reasonably well in terms of planned preventive activities but repeatedly falls short of responding to the needs of urgent 'unscheduled' care. As a consequence, families often turn to an unregulated private sector for curative care.
  - 3.2.8. The maternal mortality rate, estimated to be between 437-570 per 100,000 live births, remains unacceptably high. Close to 125,000 women die from pregnancy or pregnancy-related causes every year. Precise levels of maternal mortality are not known, itself a comment on the low political priority given to women's health. Many of these deaths occur in young women. Most are preventable. Yet management of obstetric emergency remains a major service gap for women. Less than 25% of deliveries take place in institutions. Community studies in tribal areas show that almost half of the women dying of maternal causes die at home and another 10-15% die on the way to hospital.
  - 3.2.9. Even as the country faces the challenge of completing this unfinished agenda noted above, new risks are emerging. Infectious diseases such as malaria and tuberculosis are resurgent in many parts of the country and contribute to both child and maternal mortality. Recent evidence indicates that women and men carry an extremely high burden of reproductive tract and sexually transmitted infections. Some studies have shown that as many as 50-80% of Indian women had symptoms of reproductive tract infections (RTI) and up to a quarter may be infected with sexually transmitted diseases (STD). This underlines their vulnerability to the

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spread of the HIV/AIDS epidemic. It is currently estimated that there are around four million HIV-positive persons living in India. There is also evidence that HIV/AIDS is no longer restricted to high-risk groups, but has penetrated the wider population including rural areas. Among antenatal mothers, up to 4% have been reported to be HIV-positive in sentinel centres in Mumbai and Manipur. Vertical transmission of HIV/AIDS threatens to be a major source of infection among children. The implications for the health of the child need to be carefully understood and responses need to be developed with sensitivity.

- 3.2.10. Several recent studies have pointed out that 70-90% of all curative health care in India is delivered by the private sector. People who go to the private health practitioners, however, often do so because they have no other option. It is perhaps true that the private practitioners offer services that are more easily available, have regular hours, more personalised treatment, a better supply of medicines, and offer continuity. But this does not mean that the quality of care is assured. The price paid for health through the private sector can be very high, often putting a poor family into debt and threatening an already precarious income flow. The real issue is that the government primary health care centre and the sub-centre offer little by way of good quality or regular care to the community. Unless the sub-centres begin to function well, there is little that can be done to prevent the poor from being exploited by private practitioners.

### **3.3. Past cooperation and lessons learned**

- 3.3.1. GOI-UNICEF cooperation has spanned several decades. From 1985 until the present, UNICEF has been involved in the Universal Immunization Programme (UIP) through procurement and installation of cold chain equipment and imported vaccines. It has also contributed significantly to training and operational expenses for organising the vaccination systems. Building upon the strengths of the UIP achievements, it contributed to the development of the Child Survival and Safe Motherhood (CSSM) programme, which has, until recently, been its main plank. CSSM concentrated on extending the outreach sessions established under the immunisation programme to include a range of complementary interventions. It also combined this with a major training component and the launch of the first safe motherhood initiative to strengthen emergency obstetric care at sub-district level. However, a careful review of the programme revealed that:

- community involvement was insufficient; planning remained largely top-down;
- training of health workers was not as effective as intended on several counts; length of courses was too short to cover the range of topics addressed and there was no reinforcement through continuing refresher training; co-ordination of training with delivery of supplies and equipment was weak; participatory methods of training were also rarely emphasized;
- progress in Safe Motherhood was poor largely due to its relatively low political priority, the need for complex interventions, and limitations imposed by staffing issues in First Referral Units;
- distribution of equipment was not optimal, with limited monitoring of use at the end point;
- weak inter-sectoral linkages with ICDS and other community programmes limited the impact of health interventions;
- needs of children in urban poor communities were neglected; and
- appropriate measures of performance and achievement are needed especially as the agenda has expanded to incorporate more comprehensive and complex objectives of the RCH programme.

- 3.3.2. Such factors interacted with more systemic weaknesses to reduce the effectiveness and sustainability of health interventions. A further 'lesson learned' was that the powerful interrelationship between malnutrition and health calls for strategies that reach out beyond

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health to include interventions to reduce malnutrition, tackle poor environmental conditions and more fundamentally address gender inequity in the family and society.

- 3.3.3. The launch of the new Reproductive and Child Health (RCH) programme by the Government in 1997 addressed many of these shortcomings, and also provided a fresh impetus to the child's right to survival and good health.

### **3.4. National priorities**

- 3.4.1. The RCH Programme will be the centre piece of the Government's efforts in family health during the Ninth Five-Year Plan. It is envisaged as a major intervention intended to promote child survival, improve the health status of women in particular, lower fertility rates by enabling women to make informed choices, and significantly reduce major disparities in health outcomes across communities and between regions. The new national programme advocates an integrated approach to family planning, child survival, and safe motherhood by bringing together reproductive and child health services with progressive expansion into newer aspects of women's reproductive health such as diagnosis and treatment of STDs and RTIs.
- 3.4.2. A key policy change in the programme is the decision to adopt a decentralised participatory approach. It moves away from a system of centrally determined "targets" and focuses on improving quality and management practices, doing away with the practice of offering monetary and other incentive payments for family planning acceptors. It emphasizes the need to improve access to quality services by increasing inter-sectoral approaches within health, family welfare, women and child development etc., and also links with existing NGO and private sector services to fill critical gaps in the public sector.
- 3.4.3. The RCH programme envisages a major strategic shift in approach with a focus to help families meet their own health and family planning goals. Special attention will be paid to quality of care, client satisfaction and meeting the demands of the community. The programme will emphasize the importance of participatory planning with the community, gender sensitivity, and monitoring of outcomes rather than the chasing of targets.
- 3.4.4. UNICEF will continue its partnership with the Government in the RCH programme by building on the successes of the partnership developed in the Child Survival and Safe Motherhood (CSSM) programme and learning from experiences gained to improve the efficiency of interventions.
- 3.4.5. In addition to the involvement in the RCH programme, UNICEF seeks to integrate its activities with the Health Department as well as the Family Welfare Department. This would be done through new inputs, including advocacy and monitoring, to reduce TB in childhood, malaria, particularly in pregnant women, and control of HIV/AIDS.

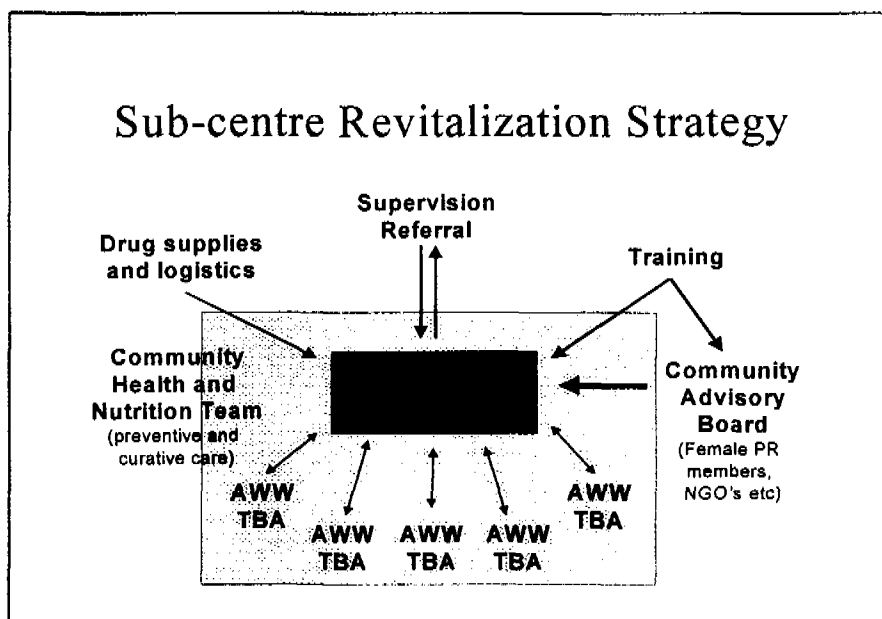
### **3.5. Programme Objectives**

- 3.5.1. The principal objectives of the programme of cooperation between the Government and UNICEF in the health sector are:
- to improve the health and nutritional situation of women and children, focusing particularly on areas of high morbidity and mortality;
  - to improve the quality of health care services in the public sector;

- to enhance the capacity of the individual and the family to provide adequate care and nurturing practices for children and women; and
- to enable communities to articulate their demand for health care, participate in the planning and allocation of resources, improve access and utilization of health services, and oversee the performance of sub-centres.

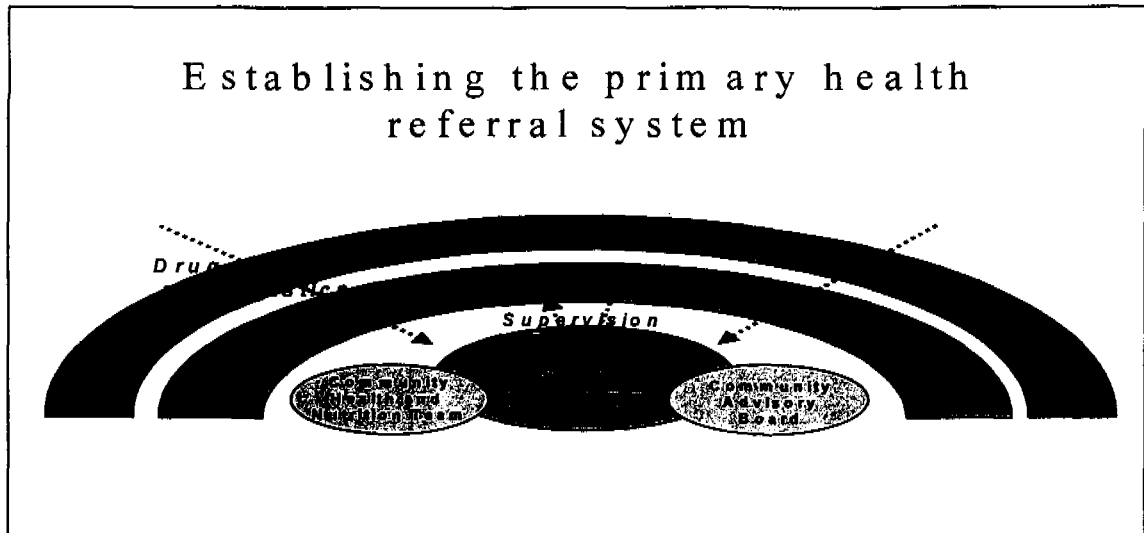
### 3.6. Programme strategy

- 3.6.1. Within the RCH programme, UNICEF will focus its efforts at the community level aiming to ensure that the planning of health services responds to the community demands for better quality of care and service. The wide disparities in health indicators and settings across (and within) states call for a design of programme interventions that can reflect such differing needs. The overall mix of strategies adopted to achieve the objectives will vary accordingly. However, they will centre upon revitalising the health sub-centre.
- 3.6.2. **Revitalising the health sub-centre:** The provisioning of appropriate health care for children at the village level is a major responsibility of the Government. The Government is obliged to provide for essential services to all children and women. Today, with no village level health worker in place in a majority of the states, the sub-centre is the most important point of contact and interface between the community and the primary health system. If it functions well, health programmes are effective; if it functions poorly or not at all, little can be done to reach out to communities.
- 3.6.3. It is the quality of service at this level that determines whether a child's right to health is respected, facilitated or not fulfilled at all.
- 3.6.4. A key strategy will be to establish the sub-centre as the main locus of activities and revitalize its linkages with the community. Emphasis will be on the improvement and sustainability of service quality. This includes the development of an information loop that originates from community needs (defined and monitored by the community) and is responded to by knowledgeable service providers.





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- 3.6.5. A revision of the sub-centre functions is planned to balance preventive with curative care and ensure sub-centre workers will be present every day at a fixed time to treat the common primary health care needs of the community. This will require training of sub-centre workers (both male and female MPWs) and a revised logistics system to make sure there is a steady supply of the essential drugs presently being provided to each sub-centre. Logistics has been recognised as a weakness by the Ministry of Health and Family Welfare, and with increasing quantities of drugs, contraceptives, micronutrients, materials, and other equipment becoming necessary, central procurement is becoming more difficult. UNICEF, along with other donors like UNFPA and the World Bank will assist the Government in the development of this system by contributing to the establishment of divisional systems in 4-5 States, aiming to provide the necessary supply based on the seasonal needs of each sub-centre.
- 3.6.6. Key to this concept is the development of a referral system *to* as well as *from* the sub-centre. Referrals to the sub-centre will be improved by the establishment of community health and nutrition teams, formed by the 5-7 anganwadi workers working with the sub-centre staff and reaching out to the community and TBAs. The community will generate information for planners to take decisions regarding programme interventions, training, etc. Community needs assessments, conducted as part of a participatory planning exercise at the PHC level will be used to generate training programme design, supplies, communications, etc., by health or other functionaries. On-going needs assessment will be carried out in quarterly review meetings held by Block PHC Medical Officers with the participation of ANMs and other health staff. In addition, training of *Panchayati Raj* and/or other community members in community based surveillance (e.g., disease identification, recognition of complications of pregnancy) will increase their ability to identify the extent of problems that need solving, and assist the government in specific disease eradication and elimination programmes. Such efforts need to be backed by effective training and communication. Linkages between the community and the sub-centre, and the sense of community 'ownership' of the activities originating from the sub-centre will be strengthened through women members of *panchayats* taking an active role in oversight of the sub-centre's work.
- 3.6.7. While the basis of improved child survival and maternal health lies in the community and the structures developed therein to promote good health and nutrition, there is a definite need to strengthen facilities that will enable referral of cases with life-threatening conditions in a timely way. This is as true for children as it is for adults.
- 3.6.8. The gap between need and availability of services is greater in maternal care and management of obstetric emergencies. Building on the experience of CSSM, referral for safe motherhood will be strengthened as part of a more integrated approach, with the First-Level Referral Unit (FRU) seen more as part of a network of services rather than its sole focal point. Community health and nutrition teams made up of ANMs, AWWs, and TBAs will be trained to identify and treat anaemic women early in their pregnancy. Efforts will be made to ensure essential management of an obstetric emergency, stabilised at each step, in the community, through the sub-centre and PHC, up to the secondary or tertiary level where life-saving services are available.



- 3.6.9. Strategies to support the sub-centre will be concentrated in some defined and high priority programmatic as well as geographic areas (e.g., 6-8 clusters of 2-3 districts each in mostly poorly performing states) to achieve substantial results. Based on the experience of the first two years, the aim is to introduce this system on a national scale by incorporating it into the RCH programme in the second half of the programme cycle.
- 3.6.10. **Assuring essential health care as a right for every child:** Much of the effort in child health during the last decade has been to take to scale low-cost and effective health measures that can be available to every family and household. These possibilities have shaped and set many of the WSC, National Health and NPA goals for the year 2000. This has been given new momentum by the recent switch to eradication strategies for diseases such as polio (and soon to include measles). Apart from mobilizing the Government and communities around a health issue, the nation-wide campaign against polio has had the remarkable effect within a very short period of helping create a 'norm' across all sections of society where every parent knows where and when her child should be immunized against polio. The same sense and awareness of universal access to services needs to be created around other critical child and maternal health interventions that are already available but whose benefits are still far from reaching every child or family. This includes ensuring that every child is fully immunized against all vaccine preventable disease, that every parent is aware of and can practice ORT, that every family can recognize the early signs of acute respiratory infections like pneumonia, that every pregnant mother receives antenatal care, etc. A key strategy will be continued advocacy with political leaders, activists, NGOs, at national, state, district and community levels, and monitoring progress on these critical indicators.
- 3.6.11. At the same time it must be recognised that the unreached are predominantly communities that are more socially disadvantaged and those residing in remote, tribal, and difficult-to-reach areas including urban slums. Apart from special approaches to reach these groups, it will be important to intensify efforts to ensure that the health system in these areas is strengthened by effective involvement of the community. This implies increasing the number of functional sub-centres in remote areas, making sure that communities participate in ensuring that they are safe for ANMs to stay in, and that positions of the female and male workers are filled in such areas. It will also call for a major information and communication effort to inform families about the importance of preventive interventions for children and women, promoting equal treatment for both boys and girls, and motivating the health system to work towards assuring universal coverage and access. For such advocacy to succeed, it will also be necessary to build strong coalitions for children involving the media, NGOs and community organizations.

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- 3.6.12. Analysis of health care delivery has indicated that the crucial last step of assuring care delivery from the sub-centre to the community has only been partially met. It is necessary to guarantee that essential preventive and curative care is available and accessible to every child at no-cost or at a cost that will inflict no major burden on the family. To do this, it will be necessary to increase the ability of the sub-centre workers to provide *both* preventive and curative care through training, adequate supplies, and close interaction with the community.
- 3.6.13. **Strengthen monitoring and performance evaluation within the national health system:** Considerable data are collected on the functioning of the health system and on the achievement of health goals. But systems for careful analysis and feedback remain weak. Data are seldom processed or used to inform decisions especially at the local levels. The endeavour will be to strengthen existing efforts at data collection, analysis and feedback; and also put in place a core system of data collection and monitoring that enables communities to monitor performance and progress. A major input will be to develop systems that use the community based surveillance to measure reduction of maternal mortality.
- 3.6.14. UNICEF has traditionally worked with the rural health care system, leaving urban health care to be addressed by municipalities and the private sector, with NGOs often helping to fill gaps. There is a need for an integrated approach to health services in urban slums, taking into account different conditions of urban settlements, the presence of private practitioners, and the pressing need for environmental improvements.
- 3.6.15. **Nutrition and health of adolescents and women:** A key thrust under the Child Survival and Safe Motherhood programme was to improve the survival of women during pregnancy, childbirth, and the post partum period. However, one of the major problems facing women in the country is anaemia, which contributes significantly to maternal mortality. It is well known that a woman with severe anaemia coming to the attention of the Health worker late in her pregnancy is difficult to treat. For this reason, additional attention will be given to developing strategies to reach adolescent girls to improve both their knowledge and their nutrition. Programmes such as these can serve as entry points for more holistic interventions aimed at improving adolescent health and development.

### **3.7. Projects**

The following projects are envisaged during the period 1999-2002:

#### **Project 1: Integrating child health and survival**

3.7.1. The project aims to:

- develop the quality of service provided by primary health care workers at both the sub-centre and the PHC;
- support delivery of community-responsive interventions for children that integrate both preventive action and curative care;
- provide support to disease eradication efforts; and
- bring together health, nutrition and environmental interventions in a combined programme strategy.

3.7.2. These efforts of child health form an integral part of the RCH programme and in that sense are closely linked with measures to promote maternal health (separated here only for reasons of presentation). The project will emphasise a unified approach in addressing the major causes of morbidity and mortality among children, bringing together both preventive (prevention of growth faltering, disease prevention, early recognition and case management of health

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problems in the home) and curative care. This will include under the Integrated Management of Childhood Illnesses (IMCI), management of malnutrition, ARI, diarrhoea, malaria, measles and treatment of other vaccine preventable disease.

**3.7.3. Major activities in support of the rural component will:**

- pilot innovative strategies around the sub-centre in 4-6 districts, starting at the block level and develop a district model that can be taken to scale especially in the worst-off states;
- adapt the IMCI strategy to India's setting, develop training and reference materials. This will involve experimenting with the IMCI strategy in 3-4 districts in the first year incorporating the strategy in national training modules by year 2 and expanding to nationwide implementation in Years 3 and 4;
- provide continuing inputs into national RCH training strategies, introducing and strengthening participatory training methodologies for ANMs and paramedical workers;
- develop strategies to strengthen immunisation services, especially in poorly performing, unreached and low coverage areas focusing on surveillance, by conducting and monitoring of National Immunization Days (NIDs) for polio eradication, NNT campaigns and measles immunization campaigns to eliminate measles. Support will include reimbursable procurement using funds from donors as they are available. UNICEF will continue to augment government production of BCG from its own resources. UNICEF will join the government in securing the necessary requirement of OPV for the intensification of the pulse polio programme. It will also supplement TT supplies to facilitate the NNT elimination efforts in high-incidence states. The strategy for NNT elimination will be developed jointly with the Ministry of Health and Family Welfare in conjunction with the states involved which are still evolving these programmes;
- in close collaboration with the child's environment programme (see Chapter 5), review and scale up the morbidity reduction aspects of the CDD-WATSAN strategy to a level that government can adopt for replication. In doing so, give a much stronger focus on nutrition and community processes needed to integrate water, sanitation and personal hygiene with health and nutrition; and
- reduce the constant and chronic challenge to children's health and growth from an unsafe environment through inter-sectoral strategies involving Health, Nutrition, Water and Sanitation.

**3.7.4. Major activities under the urban component will:**

- demonstrate approaches to urban RCH in 4-6 cities, develop linkages with urban ICDS, urban CCA and Municipal Health systems and neighbourhood groups and train Community Health Teams;
- facilitate generation of disaggregated data for RCH in urban slums through routine RCH reporting;
- work with departments and ministries involved in strengthening immunisation services, especially in poorly performing, unreached and low coverage slums; and
- support monitoring of NID, conduct NNT campaigns and measles immunisation campaigns to eliminate measles.

**3.7.5.** In both urban and rural areas, efforts will be made to strengthen monitoring and evaluation across the programme through (a) building capacity at the district and PHC levels for local analysis and feedback; (b) organising periodic coverage evaluation, health facility surveys and rapid community appraisals to validate routine reporting; (c) developing tools for evaluating outcome and impacts of RCH activities in general and the effects of UNICEF inputs in particular.

- Among the many reasons for the ineffectiveness of health interventions have been the poor linkages with the community and a poor understanding of the health-seeking behaviour of different communities. Refinements to existing programmes as well as design of new interventions need to be based on a proper appreciation of the factors that prevent children from gaining access to health services. At the same time, it is important to understand which groups of children are left out, why services have not reached them, and what factors limit their own capacity to demand services.
- Operational research will address these and related issues including (a) relevance of various interventions (supplementation of vitamin A, IFA, Anthelmintic treatment, etc.) for better child health and (b) support to multi-centric study to test the efficacy of existing / new Typhoid vaccines.

3.7.6. The principal outputs of the project will be:

- IMCI training adapted to reach sub-centre level workers
- project tested and scaled up for Health, Nutrition, and Environment
- sustainable model of sub-centre functioning (including training, drugs, referrals, community input) ready for upscaling and adoption by national RCH programme.

### **Project 2: Safe motherhood and women's health**

3.7.7. This project aims to:

- reduce maternal mortality and morbidity through the provision of a comprehensive maternal health package, with emergency obstetric care as its focus;
- improve the quality, coverage and utilisation of basic maternity services in all health facilities;
- strengthen the referral system from village to First Referral Units (FRUs) in order to provide quality obstetric care; and
- create a social movement for the prevention of maternal deaths and recognition of women's reproductive rights.

3.7.8. The project aims to explore a more integrated approach to women's health which will address the shortcomings of a purely obstetrical perspective. Adolescents will become an important target group in terms of primary preventive activities to encourage delayed marriages and improved awareness of reproductive health in preparation for future safe parenthood.

3.7.9. The project utilizes three key approaches:

- strengthening of the capacity of the primary and first-referral level care for the management of normal and complicated pregnancies;
- establishing and strengthening referral linkages; and
- empowering communities for demand generation of women and adolescent health services and thereby more effective utilization of services including timely referral.

While continuing to advocate for FRU development, efforts will concentrate on the sub-centre and its linkage with the community.

3.7.10. Major activities in the rural component will include:

- continued advocacy with state and central governments (a) to give a higher priority to women's health and prevention of avoidable mortality and (b) for specific policy changes to

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- strengthen the functioning of First Referral Units in terms of staffing, use of equipment and training of staff;
- a focus on FRU operationalization, through conducting workshops at state and district level, clarifying the concept of antenatal care and aiming to improve partnerships between professional bodies and government.
  - develop training programmes for health functionaries to improve the quality of care. These would strengthen inter-personal communication, technical skills, participatory approaches from grassroots level to the FRU, and would include four components of effective antenatal care;
  - develop systems to guarantee the supply of obstetric first aid kits to the sub-centre, and essential equipment for antenatal care, and systems to monitor the status and quality of care.
  - support to the Baby Friendly Hospital Initiative (BFHI) and its transition to 'BFHI Plus' which includes newborn care and appropriate care during illnesses;
  - develop IEC material focusing on inclusion of decision-makers and influencers in recognition of complications, organisational preparedness for referral at village level and preventive care during pregnancy. This will include activities aimed at increasing utilization of FRUs, antenatal registration through social mobilization, and advocacy with bodies of local self-governance e.g. *Panchayats*;
  - increase sensitivity of health workers to adolescent needs, using participatory training skills while increasing awareness in adolescents and youth groups both in schools and in communities in preparation for responsible future parenthood and independent adulthood, including prevention of RTIs and AIDS. Also develop networks through which 'adolescent friendly' programmes can be implemented, while improving linkages with existing adolescent programmes of the Departments of Women and Child Development and Youth Affairs and Sports;
  - strategies to reduce vertical transmission of HIV/AIDS and provide the counselling necessary to accompany such efforts are not yet in place. At the same time, stigmatization and discrimination against HIV-positive women and children is a major barrier to providing support. The first year of the programme cycle will be dedicated to strategy design and testing approaches working in close collaboration with NACO and UNAIDS.

3.7.11. A special focus will be on improving the quality of urban health services for women. Activities will include:

- disaggregate data on maternal mortality and other process indicators of maternal health for urban areas, and use these data for advocacy. At the same time, surveys in urban centres will be initiated for identifying issues that need to be addressed to improve the system of care;
- co-ordinate closely with activities supported through the nutrition programme to explore opportunities for convergent action in existing UBSP districts.
- train health and nutrition workers in basic obstetric care, liaise with medical schools and professional bodies to ensure that referral linkages for obstetric emergencies are in place;
- develop a system for collection of process and impact data at urban health centres relevant to women's health. Organise urban-poor specific surveys to assess the health status and reach of RCH services;
- co-ordinate with partners and NGOs to identify issues relevant to adolescent needs in urban areas;
- improve triage, of maternal complications (i.e., stabilization through critical intervention before transferring patient).

3.7.12. Operational research on poorly understood issues of women's health: areas already identified include (a) establishing obstetric referral systems; (b) improving staffing patterns at FRU; (c) improving the scope of care available at health facilities e.g. use of HIV testing kits, anaemia testing strips, and testing for RTIs and (d) adolescent health including provision of iron and

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folic acid supplements, and involvement of AWWs and health functionaries as adolescent counsellors.

3.7.13. Key outputs will be:

- Institutionalized triage system from sub-centre to the FRU, as part of an improved referral system throughout the RCH programme;
- strategy for decreasing vertical transmission of HIV/AIDS that is tested and accepted by the Government;
- improved data collection for measurement of both outcome and process related indicators for assuring safe motherhood.

### **Project 3: Community action for health**

3.7.14. The objective of this project will be to:

- empower community members to take a more active role in health and nutrition care of children and women in the community;
- develop and strengthen linkages between the community and the sub-centre; and
- forge linkages between health interventions and nutrition through more effective interaction between the health system and the ICDS network.

3.7.15. This project brings together the community approaches described in the first two projects and will provide the framework through which the child health and safe motherhood programme operates. The approach will be guided by the strategy of convergent community action (CCA) for rural and urban areas, as outlined in Chapter 2 and will centre on participatory training to link the sub-centre worker to the community and establish community-based surveillance to provide data for local decision-making.

3.7.16. Improved child survival and improved caring practices for the child and the mother will only be possible if there is improved outreach into every community. This can be achieved by ANMs, TBAs and ICDS anganwadi workers working together with the community as a team, being better trained and supported in their roles, and addressing jointly the health and nutrition needs of women and children. Nurturing and strengthening this relationship will be a centre-piece of attention.

3.7.17. At the same time, the community must become increasingly aware of its role, and must work towards changing the attitudes of men and society towards women and the girl child. There is also need for an enhancement in programme activities directed towards the period of adolescence, pregnancy and infancy when prevention of malnutrition is still possible and feasible.

3.7.18. The specific emphasis in joint training will be on MMR reduction, improved new-born care, including detection and prevention of low birth weight, and malnutrition prevention. Integrated training packages will be designed to strengthen community involvement in the RCH programme and increase the ability of sub-centre workers to deliver quality services and build effective partnerships in the community.

3.7.19. Major activities will include:

- strengthen linkages with ICDS (in consultation with DWCD, MOHRD and other sectors) for co-ordinating joint activities;

- promotion of the health sector's responsiveness to community plans, linking with CCA through inter-sectoral support groups particularly in the health and ICDS programmes to be established at block, district, state and central levels;
- enhancement of RCH through community partnerships, and increased appreciation by health workers of specific problems facing the urban poor (see Chapter 2); and
- strengthen NGO abilities in training and community awareness enhancement in order to improve community use of RCH services.

3.7.20. Key outputs will be:

- formation of Community Advisory Boards, representing all of the communities served by the sub-centre, to monitor and participate in its activities.
- enhanced participation of all sectors of the community in the RCH programme.

**Project 4: Enhancing supply management for primary health care**

3.7.21. The project aims to increase the service delivery capability of the government primary health care system.

3.7.22. One of the most important factors that detracts from community participation in sub-centre activities is the perennial lack of supplies, particularly drugs. This MPO incorporates a shift from the previous intensive GOI-UNICEF input to the cold chain to increased input to the drug supply chain. The same logistical capacity now needs to be used to guarantee that there are no sub-centres without adequate supplies of appropriately dated drugs. It is possible that many of the same logistical nodes used in the UIP programme can be used for drugs.

3.7.23. Drug management for the sub-centre could be used as a first step towards the development and acceptance of an essential drug policy by the government. Only through the purchase of generic rather than brand name drugs will State governments find the revenue necessary to maintain this supply.

3.7.24. UNICEF will support the Government of India in its challenge to develop an environment friendly cold chain with the appropriate non-CFC refrigerants. In addition, in a new initiative, it will work closely with the MOHFW to develop a streamlined and efficient drugs logistics system that can guarantee an adequate supply of essential drugs at all times at the sub-centre.

3.7.25. Major activities will include:

- a planned phase-over of cold chain maintenance and repair to the government including provision of initial support to a Central Technical Cell;
- operational research and field testing of CFC-free equipment;
- development of an essential drugs policy for sub-centre level and identification of strategies to increase community involvement in drugs management;
- development and testing of strategies to guarantee a regular supply of essential drugs at the sub-centre level;
- development of Divisional Stores concept with a demand driven, bottom up approach that provides appropriate drugs and supplies to the sub-centre according to seasonal needs;
- operational research and field-testing of "environmentally friendly" cold chain equipment.

3.7.26. Key outputs will be:

- transition to environmentally friendly non-CFC based refrigeration system for the cold chain; and



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- established logistics for a consistent, sustainable and adequate supply of essential drugs to sub-centres in selected states and districts.

### **Project 5: Training**

3.7.27. The objectives of this project are to:

- design the integrated training package in support of community action for health; and
- develop communication materials designed to bring about changes in community behaviour.

3.7.28. Activities include:

- development of training and orientation programmes to increase community awareness and inter-sectoral participation in the RCH programme;
- adaptation of IMCI, Safe Motherhood content, using participatory methods to improve adult learning;
- integration of information gained from on-going community based situation analysis (using PLA methods) into upgradation and revision of training programme;
- preparation of training plans for joint training of health workers, ICDS anganwadi workers and others, including inputs to the design of training programmes for TBAs;
- development of strategies for 'distance learning' by community level functionaries;
- development of communication material, designed to bring about changes in the behaviour, attitudes and practices of community members and frontline workers, in selected CCA districts (1 district in 5 states) which are applying the CCA strategy;
- preparation of materials on health as a contribution to the *Panchayati Raj* and *Nagar Palika* training initiatives (see Chapter 2); and
- development of a community-based community-oriented communication strategy to support RCH.

3.7.29. Key outputs will be:

- community based communication strategy developed for RCH programme;
- sub-centre workers trained in RCH content (knowledge and skills) using participatory methods; and
- increased levels of community knowledge of preventive and curative care of women and children.

In addition to these five projects at the national level, there are an additional 14 Health projects operated through the State offices. All Health Projects are unified around the three-fold aim to (i) increase the quality of service delivery overall, (ii) develop urban specific initiatives for improved RCH care delivery, and (iii) improve community demand for services. The projects at the state level will include sub-projects derived from the five projects at the national level.

### **3.8. Programme linkages**

3.8.1. Recognising the close linkages between health and malnutrition, efforts will be made to strengthen cooperation with the ICDS programme particularly at the state level. Linkages will be established with the *panchayats* and the community and will be brought into centre-stage. The programme will build strong linkages with the CDD-WATSAN initiatives and with the on-going projects under the Ministry of Rural Development. Linkages with the schooling system will be established especially for providing health inputs for the design of an appropriate curriculum, and to educate the community more broadly on many new concerns

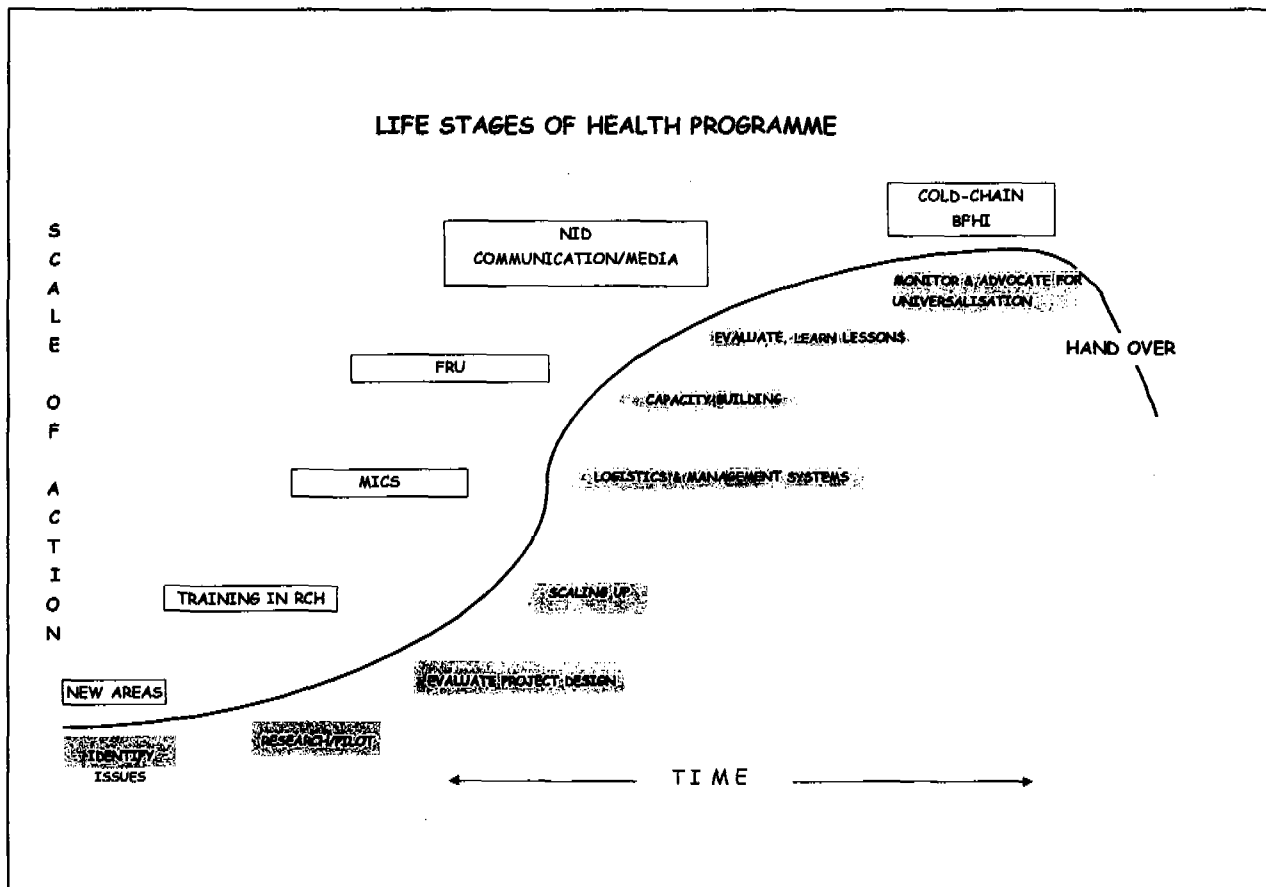
such as HIV/AIDS. Linkages will also be established and strengthened with the SJSRY in urban areas, making every effort to increase the involvement and participation of the community in the management of the health programme.

### 3.9. Milestones and indicators

Major milestones and indicators for the year 2002 are:

- IMR reduced from 71 in 1997 to 50 or less;
- child mortality rates (1-4 years) reduced from 23.9 in 1994 to 20 or less;
- MMR reduced from 437 to 300 per 100,000 live births;
- polio eradicated and steps initiated towards the eradication of measles;
- measles cases reduced by 90% and deaths by 95% from the level in 1990, and mortality due to pneumonia reduced by 40% and diarrhoea by 50% in children under the age of 5 years;
- immunization coverage stepped up and sustained at 80% or more in all urban slums, towns and districts, and over 90% by all states;
- TT coverage of pregnant women increased and maintained from 78% to 90%, and near 100% immunization of women of child bearing age in NNT high risk slums and towns as well as high risk states; and
- NNT eliminated in major cities.

### 3.10. Programme management



3.10.1. The life stages of the health programme are depicted in the 'S' curve above. The illustration represents the various areas of activities at different stages in the life of a programme. In the

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boxes are the areas of ongoing support at various stages which are moving towards the period of hand-over. The new areas of support at the bottom of the S curve are listed below.

### 3.10.2. Areas of continuing support:

- phase-over of cold chain maintenance to the Government with established, environmentally-friendly system using an appropriate non-CFC coolant
- Efforts to improve service quality at the First Level Referral Units
- Training of ANMs and male multi-purpose workers (MPW) in RCH programme
- Support to National Immunization Days for polio eradication
- Communication and media support for national programmes
- Technical support to MICS
- Phasing over of BFHI to the Government and IMA with conversion to BFHI plus

### Areas of new support

- Drug management: logistics and essential drugs, including support to the Divisional Stores concept.
- Joint training of ANMs, AWWs, and MMPHWs in areas of basic curative care
- Prevention of adolescent pregnancy and reproductive awareness
- Educational support to women members of *Panchayati Raj*
- Extension of all programmes into urban centres
- Co-ordination of RCH with re-emerging diseases: malaria, TB
- Incorporation of Integrated Management of Child Illnesses (IMCI) to RCH training
- Support (technical and financial) to the MOHRD for joint training of AWWs/ANMs
- Support (technical and financial) to the National and State Institutes of Health and Family Welfare for national training co-ordination and planning
- Modelling of decentralized district planning
- Development of community based monitoring and surveillance loops
- Development of mother and baby friendly hospitals (BFHI plus)
- Implementation of the sub-centre revitalisation strategy in 4-6 clusters of 2-3 districts each in largely poorly performing states.

3.10.3. The management of the UNICEF country programme is decentralised through the 10 UNICEF state offices. The implementation of UNICEF supported activities will be conducted through the state offices. These state offices will have the responsibility of liaison with state departments, district administrators, donors at state level and local private sector, and will ensure that UNICEF activities are consistent with the specific needs of the conditions prevalent in that state or district. The UNICEF country office will continue providing technical support to state offices, and will liaise with central government and donors.

## 3.11. Partnerships

3.11.1. The donor environment in the Family Welfare sector is complex and varied. Bilateral donors include Danida, USAID, AusAID, SIDA, CIDA, DfID and Japan, many of whom have defined geographical or project areas of interest by state or district. The World Bank is involved in implementing the RCH Project with specific inputs in social, technical and institutional development. Other major donors are the European Union, UNFPA and UNICEF.

3.11.2. Special efforts will also be made to link up with NGOs to learn and transfer experience about community-based interventions and community health.

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### **3.12. Risks**

- 3.12.1. Much progress has been achieved in the year leading up to the launch of the Reproductive and Child Health Programme. Achieving a balance between vertical and integrated programmes, preventive and curative services, and clarification at what level the services are to be provided (e.g. sub-centre, primary health care centre, etc.) is still needed. The full costs of these interventions will need to be determined.
- 3.12.2. Many of the micro-level issues are not fully resolved as yet and plans for management and full programmatic intervention can take place only after the documentation of field experiences, some of which are not yet in place. The method of case management of reproductive tract infections and the feasibility of laboratory diagnosis versus the syndromic approach is still an unresolved issue, as are the needs for confidentiality and partner notification. These issues become primary in programmes addressing reduction in vertical transmission of HIV/AIDS. Decentralized planning at district level for a complex set of interventions as provided for in the RCH programme is a completely new activity in India. Although some experiences are currently being documented, the feasibility of implementation of district level plans is yet to be determined. For many of the activities described in the strategy, it remains uncertain as to whether efforts to upscale them to national level will be successful.
- 3.12.3. The implications of many of the policy changes implicit in the RCH programme have yet to be fully explored. There is a concern that the removal of numerical targets set from the centre may lead to a decline in health service performance. Whether this decline will continue or is simply an indication of adjustment is uncertain. Limited availability of resources in terms of manpower, infrastructure and technology is a further constraint, which will have implications upon supervisory capacity and logistical support. The availability, capacity and readiness of both public and private sectors have yet to be tested.
- 3.12.4. Socio-cultural dimensions will also need to be considered as a constraint in the new approach. It is not known to what extent these dimensions will affect the client and community based approaches being proposed in the RCH Programme.
- 3.12.5. The absorptive capacity of fund utilization within the health system is also uncertain and influenced by the complexity of the donor environment of the RCH Programme. Some of the issues that may affect fund utilization are:
- Large scale influx of sharply time-bound World Bank funds may lead to selective spending of donor funds;
  - Lack of clarity at state level over individual donor responsibility and their commitment to funding in different geographical areas as well as different programme areas; and
  - UNICEF capacity to utilize funds as a result of the shift from expenditure on hardware to software. Many activities planned for quality improvements, for example, development of NGO partnerships, improving management systems, and action research, hinge on human resources and are not related to hardware provision.

### **3.13. Monitoring and evaluation**

3.13.1. Major activities envisaged include the following:

- monitor and assess major UNICEF health activities within the context of LFA and the indicators developed for it;
- the result based monitoring (RBM) will be pursued to ensure desired results;

- build capacity in Government, at central, state, district and PHC levels for local analysis and feedback;
- support coverage evaluation, health facility surveys and rapid community appraisals to validate routine reported sub-project information, and support jointly with the Planning, Evaluation and Monitoring Programme the conduct of Multi-Indicator Cluster Surveys (MICS) on key indicators at national, state, district and specific population levels;
- develop community based surveillance models for AFP, NNT, measles, maternal deaths and child deaths; and
- The National Polio Surveillance Project will provide information for AFP (Acute Flaccid Paralysis) surveillance. The monitoring of AFP surveillance indicator and community based surveillance will be supported through District Participatory Planning. Neonatal mortality surveys in high-risk states/districts and measles incidence in select urban slums and outbreak investigation all over the country will form other tools of monitoring the impact of immunization coverage.

The following areas will be evaluated as per the Integrated Monitoring & Evaluation Plan

AREA OF EVALUATION STUDY	1999	2000	2001	2002	
CSSM Programme Evaluation (NIS)	✓				E
PPI- CES (N/S)	✓	✓	✓	✓	E
NNT Prevalence Survey (S)		✓			S/E
Measles Survey (S) * Prevalence (including post measles complications) and care seeking behaviour		✓			S/E
Comprehensive maternal mortality survey (N)	✓	✓			S
RCH Training: * 6-day orientation * Clinical skills * Joint Training	✓	✓	✓		E S
Community Level New Born Care	✓				S
MICS	✓	✓	✓	✓	M
Cold Chain evaluation : 10-year retrospective		✓			

E = Evaluation S = Study N = National S = State M = Monitoring

### 3.14. Budget

3.14.1. The General Resources funding serves as a core financial commitment to the programme. In addition, supplementary funds will be raised jointly with the Ministry of Health and Family Welfare. The indicative budget of UNICEF commitment, subject to availability of funds from donors, is summarised below:

REPRODUCTIVE AND CHILD HEALTH	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	4.50	4.00	4.30	3.20	16.00
Supplementary Funds	21.00	21.00	21.00	20.00	83.00

# Chapter 4

## Childhood Development and Nutrition

GOI-UNICEF Master Plan of Operations, 1999-2002

### 4.1. Programme summary

Reducing malnutrition among young children, adolescents and women remains one of the most difficult and complex goals. Closely associated are issues of early childhood development where recent advances in knowledge have underlined the critical significance of this period in a child's growth. The GOI-UNICEF programme seeks to encourage and assist the strengthening of the nationwide network of anganwadis now in place under the ICDS by developing strategies that focus on prevention of malnutrition and promotion of early childhood development (ECD). This will be achieved by reaching out to children in the most critical age group of under three years and focusing on caring practices in the household, improving access to health care and a safe environment, reducing gender discrimination, and enhancing the position and well-being of adolescent girls and improving the nutritional status of women. Efforts will be intensified to improve the quality of early childhood care in the family, community and anganwadis, introducing child-centred, active learning, thereby facilitating a natural progression from ECD to primary schooling.

The programme will be decentralized and linked closely to the responsibilities of elected *panchayat raj* and *nagar palika* members, and other community support groups, (including women and youth) as a way of promoting much needed community involvement in nutrition and early childhood development. Inter-sectoral collaboration and convergence of field functionaries around these community processes will also be an important feature of the programme. At the same time, advocacy and communications strategies will be promoted to increase the "visibility" of malnutrition and greater awareness of the importance of early childhood development.

### 4.2. Problem statement

- 4.2.1. Fifty three per cent of under-five children in India are malnourished, and account for one-third of the world's children who suffer from malnutrition. The rate of decline in malnutrition also remains strikingly low, at no more than one per cent per year.
- 4.2.2. Inadequate intake of micronutrients continues to compromise the health and development of Indian children and women. Over 50 per cent of young children, adolescent girls and women in the reproductive age group suffer from nutritional anaemia. Sub-clinical Vitamin A deficiency in pregnant women and children increases morbidity and mortality. Despite recent progress in salt iodization (86 per cent) throughout the country, considerable numbers of newborns and school children remain vulnerable to iodine deficiency disorders (IDD).
- 4.2.3. Such high levels of malnutrition persist despite the major investment of human and financial resources by the State in child development programmes. The Integrated Child Development Services (ICDS) programme, launched in 1975, has become the largest effort in history to improve nutrition and child development and now operates in over 400,000 of the country's 600,000 villages. However, the expansion and continued strengthening of infrastructure

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support to ICDS Anganwadi Centres (AWCs) to meet the goals for children represents a continuing challenge, especially in unreached areas.

- 4.2.4. The "invisibility" of malnutrition has much to do with its neglect. The only means of assessing its degree is through measuring weight against a child's age. Yet growth monitoring is neither widespread nor focused on the very young child.
- 4.2.5. Malnutrition is also surrounded by many misconceptions. Contrary to prevailing belief, malnutrition is an outcome of infections, illnesses, inadequate or inappropriate feeding and caring practices, and not necessarily an outcome of low incomes. Income poverty matters, but does not fully explain the pervasiveness of malnutrition in the country. Much malnutrition in children takes place in households where there is no shortage of food for adults or older children.
- 4.2.6. Access to and utilisation of quality health services is one of the most important determinants. Although the country's primary health care system has expanded considerably, access to such services is still limited on account of many social and geographical barriers (see Chapter 3).
- 4.2.7. Caring practices include not only care of children, but care of women as well. Care of women and girls is as important as care provided by women. Girls and women in India find themselves in a particularly disadvantaged position in the extended family, with excessive demands on their time and energies to meet household needs. They are also vulnerable to violence and abuse and poor care within the family. Promoting gender equality, particularly in shared parenting and care responsibilities is crucial for preventing malnutrition.
- 4.2.8. Girls are married young, thus enduring early pregnancies and childbirth before they attain physical and mental maturity. While differences in nutritional status between boys and girls are not visible in macro-level data, the care-seeking and care-providing behaviours of families continue to discriminate against the girl child. A first daughter is often given care comparable to a son, but second or third girl children are particularly vulnerable to malnutrition and higher child mortality.
- 4.2.9. Low birth weight is the best single indicator of the risk of malnutrition. It is also emerging as a major cause of chronic illnesses later in life, as well as a factor in mental retardation. Close to 33 percent of all infants born in India are of low birth weight - a level that has hardly fallen in the last two decades.
- 4.2.10. Low birth weight reflects an inter-generational transmission of malnutrition. Better education for girls, improving the knowledge of mothers and adolescent girls, and better care of girls and women, especially during pregnancy, are vital conditions for improving the health and nutritional status of both women and children. These 'pre-birth' factors have not so far been well addressed within child development and nutrition programming in India.
- 4.2.11. Insufficient attention has been paid to the child's growth during the critical period between 4 and 24 months when malnutrition sets in and peaks. Low awareness among families and service providers about proper feeding practices directly contributes to the problem. Recent data reveals, for instance, that only one-third of children are given complementary foods between the ages of 6-9 months, when breastfeeding needs to be supplemented with regular consumption of semi-solid or mushy foods.
- 4.2.12. Nutritional status, especially of the youngest child during the first three years of life, has significant implications for physical and cognitive development just as the psycho-social stimulation and the child-parent interaction has. Neglect of children in this age group has

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serious implications in terms of overall development, readiness for schooling and learning capacity.

- 4.2.13. Iodine deficiency disorders (IDD) in expectant mothers can result in mental retardation in their infants while iron deficiency in infancy and early childhood period delays psychomotor development and impairs cognitive development. Good progress has been made in reducing IDD by making iodized salt widely available. Progress in tackling anaemia and Vitamin A deficiency, however, has not been adequate.
- 4.2.14. The right of all women to be informed and counselled on appropriate infant and young child feeding practices needs to be recognised. This is even more crucial for the most marginalised and disadvantaged groups. The spread of HIV/AIDS in India poses a special threat to the nutritional wellbeing of the child. The choice of feeding practices by a HIV positive woman should be an informed choice. The threat of social discrimination and even being ostracised adds to the vulnerability of mothers and young children.
- 4.2.15. Environmental stress and geographical remoteness present special difficulties in realising nutrition rights for children and women. Nutritional security is severely compromised at certain times of the year because of adverse weather conditions and poor land productivity. These have an even more profound effect on people belonging to the scheduled castes and scheduled tribes due to their inadequate household resources and lack of access to social services. Concerted efforts are required to address the nutritional needs of these under-served communities.

### **4.3. Past cooperation and lessons learned**

- 4.3.1. Cooperation between the Government and UNICEF in support of the national Integrated Child Development Services (ICDS) has extended over nearly 25 years including support to the expansion of ICDS anganwadi network, training of anganwadi workers, and improvement of supervisory capacities. UNICEF extended institutional support to the National Institute for Public Cooperation and Child Development (NIPCCD) for training and monitoring activities. Support has also been provided to universalise the availability of iodized salt through improved production, enforcement of legal ban on the sale of non-iodized salt, and greater community awareness. Special measures to promote awareness and use of Vitamin A through supplementation, dietary change and fortification were also supported by UNICEF.
- 4.3.2. During 1996-98, GOI-UNICEF collaboration has led to:
  - greater decentralisation of training with a focus on equipping anganwadi workers with skills to improve service quality;
  - testing of more responsive, community-based ICDS models to serve previously unreached populations (such as the setting up of 2000 mini-child care centres under the 'poriyawadi' initiative to better serve scattered tribal hamlets in Madhya Pradesh; and child care services for women migrant construction workers in urban pockets of Rajasthan);
  - initiatives in 12 states to strengthen 'joyful learning' in anganwadi centres for early stimulation and development of children under three years of age;
  - expanding opportunities for establishing linkages between ICDS, the Reproductive Child Health and CDD-WATSAN district approaches;
  - establishment of the National Task Force on micronutrients to promote multisectoral approaches to reducing micronutrient deficiencies (Vitamin A, iron);
  - successfully extending the ban on sale of non-iodized salt to include almost all states, and a remarkable increase in the availability and use of iodized salt in many states;



- piloting initiatives to prevent anaemia through the social marketing of iron supplementation, focusing on adolescent girls and women;
- development and application of uniform messages and materials on infant and young child feeding for country-wide use; and
- development of a responsive community based strategy to improve household food security in communities vulnerable to environmental stress (e.g. in tribal areas of Orissa).

4.3.3. Several major areas of concern have emerged from this cooperation.

- The 'visibility' of malnutrition and child development needs to be increased both at family and service provider levels;
- Behavioural factors which influence child development and nutrition outcomes have been neglected;
- Family and community capacities for providing a caring and stimulating environment to the young child need enhancement;
- Managerial capacity at all levels for programme planning, implementation and monitoring needs strengthening; and
- While initiatives have been taken to focus on the younger child (under two years), the ICDS programme has not in practice been able to reach out effectively enough to this group, to pregnant and lactating mothers and to adolescent girls.

4.3.4. Experience also suggests an urgent need for inter-sectoral planning and action, active community participation and partnerships with *Panchayati Raj* and *Nagar Palika* institutions. Where successes have been registered, they have been often due to the improved quality of training interventions, strengthened NGO networks and the forging of partnerships with communities. In this context, joint training and teamwork of anganwadi workers, ANMs and school teachers have proved particularly important. The work of the anganwadi centres would benefit from close coordination with that of the health sub-centres and the primary schools. Similar joint strategies need to be elaborated to address child development needs and nutritional deprivation in the urban slums.

4.3.5. The key to quality improvement in early childhood development is the partnership of parents, families and communities with anganwadi workers and other village-based functionaries. While the anganwadi worker has the responsibility to promote ECD and nutrition for children up to six years of age, she is often too overburdened with her core tasks (centring around food and its distribution) and rarely has the benefit of meaningful refresher training. Supportive supervision and active community support become key elements of quality improvement. Such initiatives merit focused attention.

4.3.6. The fact that malnutrition in India is intimately related to discrimination against girls and women means that socio-cultural factors must be more squarely addressed. Prevailing mind-sets, especially those of men, towards women's role in society need to be changed through effective communication. Nutrition programmes need to be integrated with convergent processes and community action for women's empowerment and behavioural change. This calls for extending partnerships of concern for nutrition beyond government to civil society organizations.

#### **4.4. National priorities**

4.4.1. India's Ninth Plan reaffirms the priority being given to promoting the young child's right to full development, with ICDS continuing to be the prime vehicle for this purpose. This reinforces the earlier national commitment embodied in the National Policy for Children, the

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National Plan of Action for Children, the National Policy for Education, and the 1996 Resolution of SAARC.

- 4.4.2. The National Nutrition Policy (NNP, 1993) and the National Plan of Action for Nutrition (NPAN, 1995) emphasize the importance of action by all social sectors to influence the nutritional status of children. These two documents provide the policy framework for increasing investment in nutrition. The universalization of ICDS reflects the Government's commitment to reach all young children and women with a comprehensive package of services to promote child development and prevent malnutrition.
- 4.4.3. The World Bank-supported *Women and Child Development (WCD)* project has now been established in five states (Kerala, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh). The project offers an opportunity for close collaboration between government, UNICEF and other partners in planning, implementing and monitoring child development and nutrition interventions for young children and women. The World Bank-supported project for ICDS training offers another major opportunity for improving the quality of training to ICDS functionaries.

#### **4.5. Programme objectives**

- 4.5.1. Within the overall objectives of preventing malnutrition during pregnancy and the first two years of life, and improving the learning capacities of the young child, the GOI-UNICEF programme in Nutrition and ECD will attempt to:
- reduce by half the proportion of low birth weight babies by the year 2000;
  - reduce by half the malnutrition in the 0-2 year age group;
  - reduce anaemia in adolescents and pregnant women by 40 per cent of current levels;
  - ensure 90 per cent coverage of Vitamin A supplementation for children below 3 years;
  - increase the proportion of children receiving quality early childhood development focusing on difficult-to-reach communities, especially girls;
  - strengthen capacities of communities to create a positive nurturing environment for the child;
  - eliminate iodine deficiency disorders; and
  - contribute to elimination of gender imbalance in social parameters within a fixed time frame.

#### **4.6. Programme strategy**

- 4.6.1. A strategy to fulfil child development and nutrition rights needs to be inter-sectoral. It must usefully adopt a life cycle approach, with interventions at each stage of a child's development, accelerating and building on earlier positive action. Support will be provided for establishing a Nutrition Mission at the centre that will provide focused leadership for preventing and reducing malnutrition in the country. The programme strategy will have six major elements:
- **Special focus on adolescence:** Efforts will be made to address 'pre-birth' causes of malnutrition by focusing on adolescent girls. In this regard, serious initiatives are needed to remove discrimination and neglect of girls and women. Delaying the age of marriage and conception to at least 18 years is especially important. At the same time, women and young girls need to be empowered to take decisions that will improve their own nutritional status as well as that of their children. Ensuring adequate nutrition for girls in this age group will involve increasing calorie and protein intake, and also the consumption of iron and folic

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acid tablets. Strategies to reach the adolescent girl are still relatively untried. Interventions such as better enrolment and retention of girls in schools through elementary education, and incorporation of appropriate nutrition information in the school curriculum are known to yield positive results. It will however be necessary to experiment with new approaches that correct the neglect and enable mainstreaming of adolescent girls in each state. These will be linked to the ICDS Adolescent Girls' Scheme.

- Improving care during pregnancy: Nutritional status of children depends critically upon appropriate pre-natal care. This requires improvement in women's access to antenatal care and also strong family and community support in village and urban settings. Early identification and registration of pregnancy by the anganwadi workers need to be closely linked to care being provided by the ANMs. This calls for a much greater emphasis on integrating the work of the ICDS with that of the health sub-centre. Attempts will be made to bring the ICDS and the health system closer to jointly address the health and nutrition needs of women, adolescents and young girls. Given that many of the objectives of the national Reproductive Child Health (RCH) programme are supportive of the nutrition objectives of ICDS, the strategy will be to foster close collaboration between the two national programmes.
- Strengthening the emphasis on prevention: There is conclusive evidence to show that preventing malnutrition before its onset is a practical and cost-effective approach. Preventive approaches to malnutrition and disability must focus on adolescence, pregnancy, infancy, and early childhood. A preventive strategy calls for the promotion of better caring practices. It requires renewed advocacy, and effective dissemination of critical nutrition information to promote positive behaviour towards breastfeeding, introduction of complementary feeds, and proper intake of Vitamin A, iron and iodized salt by women and children. Intensifying the emphasis on prevention of malnutrition also calls for ensuring improved access to clean water and appropriate sanitation, and the adoption of hygienic practices in each household. It will also entail influencing health-seeking behaviour, including the pursuit of immunization coverage and proper care when a child falls ill.
- Specific strategies to combat micronutrient deficiencies: The potential of micronutrients to improve the nutrition and health status of both children and women is enormous, but is not being fully exploited. Significant benefits can accrue, for instance, from ensuring that every child has Vitamin A supplementation by making use of the measles immunization contact for the first dose of Vitamin A. Major benefits will also accrue by effective tackling of iron deficiency. Both call for improvements in procurement (both in quantity and quality), distribution and timely utilisation.
- Considerable improvement in nutritional status can also be made through the fortification of staple foods and commonly used commodities (like oil, sugar, salt) with iron and other micronutrients. The country is close to universal salt iodization. This achievement needs to be sustained and extended by institutionalising mechanisms for monitoring the elimination of IDD.
- Improving access to quality ECD interventions: Innovative child care approaches for children and women in difficult-to-reach communities need to be developed, tested and mainstreamed through both ICDS and expanded partnerships with civil society organizations. Family and community based interventions and partnerships will be promoted and experimentation undertaken to rationalise current workloads. Early joyful learning for three to six year-old children will also be pursued in anganwadi centres, linking them to initiatives in primary schools. Joint planning, training, cluster level support and monitoring with the primary education sector will be encouraged.

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- **Mobilising action by women and the community:** Major attitudinal changes are needed within the community, particularly with respect to stereotyped images and expectations held by men and by mothers-in-law. The strategy will therefore encompass positive reinforcement of the role of men in family care, and joint responsibilities of parenthood, in community mobilisation and women's empowerment. It will involve facilitating the community and elected members of *panchayats* and *nagar palikas* to monitor and take action to promote child development and enhance the nutritional status of women, infants and children. The formulation of inter-sectoral plans of action at district and city levels will be encouraged. The nutrition and child development programme will integrate the CCA strategy in both rural and urban areas, focusing especially on the disadvantaged, and presently unreached communities. Increased attention will be given to promoting early childhood development and preventing malnutrition in the urban areas through better outreach to the vulnerable child living in illegal settlements and in the poorest urban communities.

Sustainable improvement in nutrition and child development will occur only when violations of children's and women's rights are addressed by recognising the poor as key actors in the development process. In partnership with government, communities, functionaries, and elected representatives need to be mobilized to assess and analyse the nutritional situation of their children and women.

#### **4.7. Projects**

The following projects have been proposed with a view to steadily eliminate malnutrition and promote ECD.

##### **Project 1: Community action for nutrition**

4.7.1 The objectives of this project will be to:

- mobilize 75 per cent of the communities in 60 rural and urban areas to prevent malnutrition in adolescence, pregnancy, at birth and during early childhood;
- promote the monitoring of progress in achieving project goals by at least one-third of the communities;
- demonstrate and scale up viable approaches to malnutrition reduction at district and city levels;
- make explicit linkages between health, nutrition, environment and CCA;
- pilot fortification of staple foods with micronutrients; and
- pilot interventions to reduce anaemia by adopting a social marketing and communication approach.

4.7.2. Specific elements of community action for nutrition will be:

- Universal early registration of all pregnancies for antenatal care, tetanus toxoid immunization, iron and folic acid supplementation, improved food intake and care;
- Exclusive breastfeeding for children from birth to around four months of age, timely immunization and support for appropriate care of low birth weight babies as part of newborn care;
- Appropriate and timely complementary feeding, using household resources, starting at around four months, with continued breastfeeding well into the second year;
- Universal coverage of nine month-old children with measles immunization and five half-yearly doses of Vitamin A supplement up to three years of age;

- Care for childhood illnesses, including correct management of diarrhoeal diseases (ORT and continued feeding) and ARI at home, supported by referral to the health sub-centre and PHC;
- Monitoring and promoting the growth of young children (especially under two years) with active participation of mothers and communities; and
- Community-based initiatives for improving care and feeding practices using communication and mobilization approaches and monitoring behavioural change.

4.7.3. This project will initially focus in one or two districts and cities (selected on the basis of poorer indices of human development and child survival and development) in all major states including those of the World Bank-supported WCD project. Pilot initiatives will be established in districts, blocks and cities where there is maximum potential for reaching the poorest, most disadvantaged communities and where links with CCA are feasible. Efforts will be made to disseminate the lessons learned from these pilot initiatives and scale them up during the latter phase of the 1999 – 2002 MPO period. Attention will also be devoted to extending outreach to areas of environmental stress, such as the tribal regions within the focus states, building upon the experience gained through the household food security project in Orissa.

4.7.4. Key activities under this project will be to:

- develop and test, during the first two years, strategies for malnutrition reduction, through social mobilization, programme communication and strengthened managerial capacity and linking with the other relevant sectors including the CCA strategy;
- scale up tested strategies in the focus states during the second phase of the country programme;
- foster teamwork and a close interface between the anganwadi worker and the ANM, on the one hand, and between these functionaries and women's groups and members of *panchayats* and *nagar palikas*, on the other. The aim will be to train teams of anganwadi workers, ANMs, primary school teachers and other local functionaries;
- build on the approaches pioneered through CDD-WATSAN through the development of a set of strategies that link nutrition with environmental improvement and better hygiene behaviours, taking this to scale in at least one state. This would include steps to improve environmental sanitation at AWC level, and propagate cultivation and consumption of dark green leafy vegetables.
- support the training of newly elected women members of *panchayats* and *nagar palikas* with identification and orientation on practical actions they can take to improve child nutrition and development in their communities;
- promote the development of simple indicators that can be used by community-based functionaries and the community to monitor the nutritional status of women and children;
- support action research, surveys and evaluations, monitoring and documentation of approaches, including operational research to develop viable approaches to food fortification with Vitamin A and iron, and approaches to accelerate reduction of anaemia;
- strengthen the monitoring system for salt iodization at production sites, retail outlets and school and household levels;
- link with city planning activities to ensure adequate nutritional support to poor urban women and children ;
- build the capacities of managers to converge sectoral inputs through effective planning, prioritizing and packaging of interventions.

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4.7.5. The key output of the project will be the development of:

- a district based nutrition programme at the community, household and individual levels in different social settings in both rural and urban areas that will demonstrate reduction of young child malnutrition;
- state-specific communication and training strategies; and
- universal salt iodization sustained.

#### **Project 2: Early Childhood Development**

4.7.6. This project aims to improve the quality of Early Childhood Development (ECD) by :

- developing and mainstreaming community-based approaches to ECD for children under three years of age;
- enhancing the capabilities of care-givers;
- increasing family and community participation;
- strengthening 'joyful learning' in anganwadis; and
- strengthening linkages between the anganwadis and primary schools.

4.7.7. Support will be extended to the following activities:

- develop and test community-based child care approaches for children under three years;
- explore ways to provide ECD in poor, unrecognized urban areas;
- strengthen the capacities of AWW supervisors, building a system of peer support at cluster level and linking this supervision system with similar systems in health and primary education;
- develop decentralized planning, implementation and monitoring of state-specific ICDS training;
- strengthen decentralized programme management and monitoring capabilities;
- collaborate with NGOs for action research, monitoring and documentation of pilot initiatives for mainstreaming and improving ECD quality, especially in the five states of WCD projects;
- facilitate networks of civil society partners, including the private sector, to articulate, establish and demonstrate quality standards for ECD;
- promote and scaling up early joyful learning activities and fostering operational linkages between ICDS and primary education in 25 per cent of DPEP blocks;
- develop a communications and mobilization strategy for promoting ECD for implementation in focus districts and World Bank-supported project states; and
- develop decentralised capacity of ECD trainers, training teams and training institutions at national, regional and state levels.

4.7.8. The project will focus on improving access to quality interventions in one to two districts and cities of all major states, including the World Bank-supported WCD project. Lessons learned will be shared with ICDS for wider application.

4.7.9. The key outputs of the project will be:

- replicable district-based ECD strategies at family and community levels;
- state-specific training strategies for child care functionaries; and
- strengthened linkages between ICDS and primary education in disadvantaged communities.

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### **Project 3: Advocacy and Communication for Nutrition Rights**

4.7.10. Development and nutrition rights of children will not be fulfilled without major political support to address malnutrition and the needs of women, adolescent girls and the young child. The objectives of this project therefore are to:

- ensure that nutrition and ECD are high on the national and state political agenda;
- intensify discussions around the national and state nutrition policies;
- encourage additional resource mobilization for nutrition and child development; and
- build new partnerships for nutrition with civil society and human rights organizations.

4.7.11. Principal activities under this project will seek to:

- position nutrition and early child development as human rights and make them issues of public policy;
- advocate and build capacity at the highest levels of policy and planning to ensure a common understanding of causes of malnutrition and the strategies and actions that are needed to improve nutritional status;
- collect and disseminate relevant data, including best practices, for nutrition and ECD planning and policy formulation;
- build the capacity of regional and state nutrition resource centres implementing the National Nutrition Policy;
- facilitate interactions with policymakers from different sectors for multi-sectoral planning and mainstreaming of nutrition and ECD goals;
- advocate the development and implementation of nutrition policy for the neglected urban slums as a special area of concern;
- develop partnerships for improved nutrition and ECD with civil society organizations, including the national and state human rights commissions, the media, NGOs and medical, nutritional and legal professionals;
- provide technical back-up to the various advisory committees on nutrition and ECD, including assistance with follow up on relevant provisions of the CRC national report;
- intensify communication efforts to increase visibility and concern for child development and nutrition as a societal priority.

4.7.12. The key outputs of the project will be:

- increased 'visibility' of malnutrition and its recognition as a major impediment to social development;
- improved food security and change in policies that will have greater impact on reducing malnutrition; and
- strengthened institutional capacity to respond to challenges of child development and nutrition.

### **4.8. Programme linkages**

4.8.1. The nutrition programme recognizes the need to develop linkages with several sectors for the elimination of malnutrition. In particular, ICDS and RCH need to be closely linked for joint capacity-building and training aimed at improving nutrition and health outreach to children and women in the poorest communities. A major initiative to strengthen collaboration with CDD-WATSAN, for improved sanitation and health, and with the primary education programme, as a continuum from ECD, is necessary. The focus on community mobilization processes, behavioural changes, women's empowerment and on the training of members of local governing bodies demands an adoption of the CCA strategy in both rural and urban areas.

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#### **4.9. Milestones and indicators**

4.9.1. The programme will be monitored using the following process, outcome and impact indicators:

##### **Impact indicators by 2002**

- reduction in severe and moderate malnutrition in 0-3 year old children by half;
- reduction in low birth weight incidence by 50 percent;
- reduction by 40 percent in iron deficiency anaemia among pregnant women; and
- at least 80 percent of 0-6 year old children from disadvantaged groups having access to ECD services.

##### **Core process indicators**

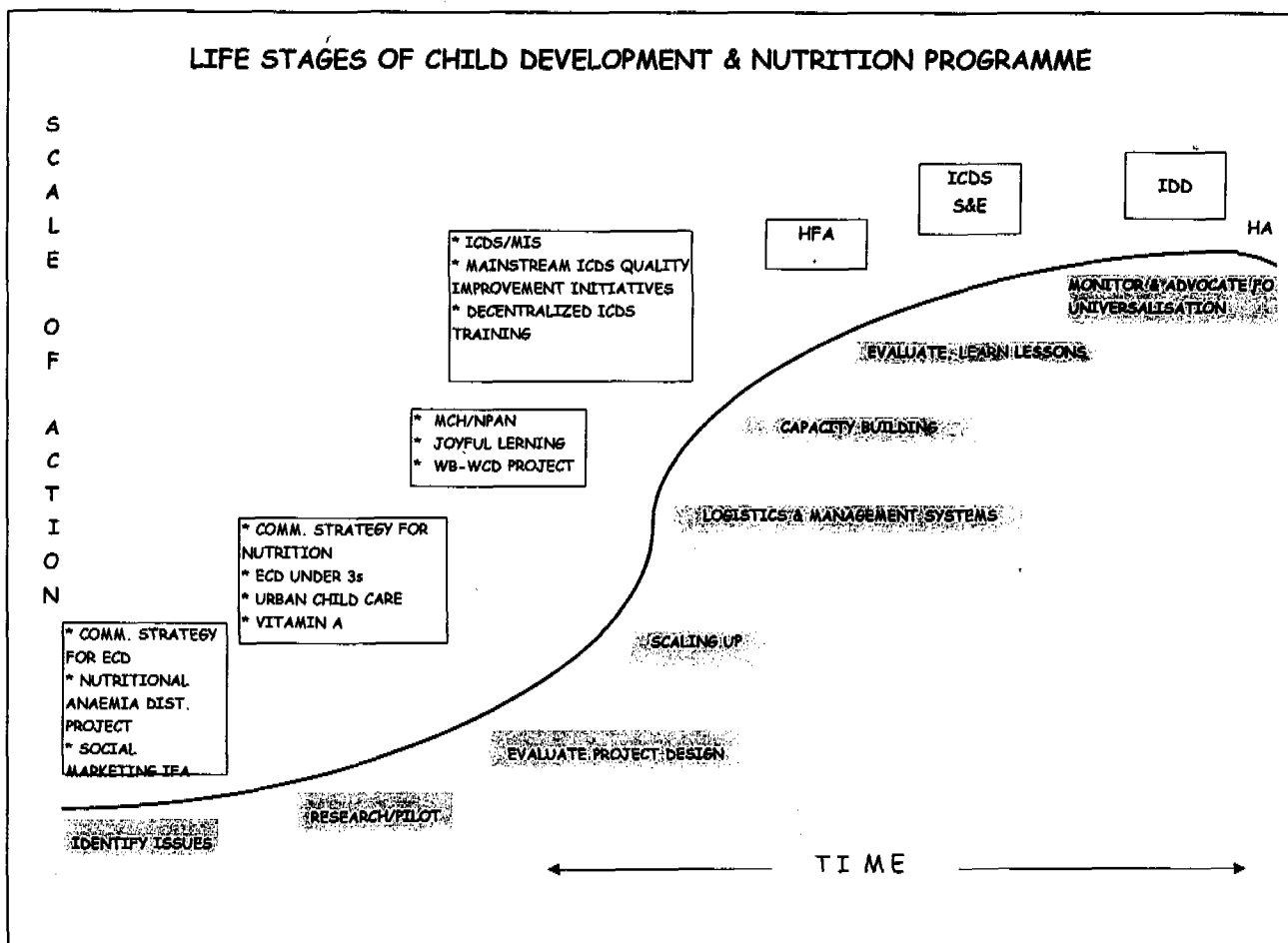
- increase in the percentage of 6-9 month old children receiving breastfeeding and complementary foods;
- increase in the percentage of pregnant women registered for antenatal care by the 16<sup>th</sup> week;
- increase in the percentage of adolescent girls consuming weekly dose of IFA tablets;
- increase in the percentage of women having the first child after 20 years of age;
- increase in the percentage of anganwadi centres with community/women/parents' groups constituted and functioning regularly;
- increase in the percentage of women leaders of *panchayats and nagar palikas* oriented to promote key actions for child development in their communities;
- increase in the percentage of 5-6 year old children from anganwadi centres enrolled in primary schools;
- increase in the percentage of parents/care-givers of children below three years receiving development and care counselling;
- increase in the percentage of project areas with inter-sectoral teams for child development and nutrition in place and functioning;
- review/update of policies and legislative frameworks for child development, nutrition and food security; and
- institutions identified and capacity strengthened for child development and nutrition at national/regional/state levels.

#### **4.10. Programme management**

4.10.1. The Department of Women and Child Development (DWCD) of the central government's Ministry of Human Resource Development will continue to function as the main agency for programme coordination, working with the states in formulating nutrition policies, procedures and approaches. Given the inter-sectoral nature of support required, it will be necessary to establish inter-departmental steering committees and working groups at central, state and district levels to support field collaboration and monitor progress and constraints. These committees will have representation from the health, rural and urban development, water and sanitation, education and agricultural sectors. Inputs to programme management from *Panchayati Raj* and *Nagar Palika* institutions and NGOs will also be required.

4.10.2. The figure below represents the life stages of the Child Development and Nutrition programmes. The support for universal salt iodization are in the advanced stages of programming, with continuous monitoring identified as a priority in the current programme cycle. Other programme components such as the application of the CCA strategy for strengthening household food security and family level care for children to prevent malnutrition, are still in the pilot stages.





#### 4.11. Partnerships

4.11.1. Networking with new partners, both within government and civil society, will be a priority for creating a movement to fulfil the child's development and nutrition rights. Partnerships will be established with professional bodies (IAPE, NFI, IAP), training and research institutions (NCERT, NIPCCD, NIN, other academic and research institutions), *Panchayati Raj* and *Nagar Palika* institutions, national and international NGOs, UN agencies, the World Bank, the Asian Development Bank, sectoral departments, the private sector and civil society.

#### 4.12. Risks

4.12.1. The success of the nutrition and child development programme will depend upon the effectiveness of the decentralization process within the government. Careful nurturing will be required to strengthen decentralized, inter-sectoral planning, implementation and management of programmes. Inadequate attention to the demands of decentralization processes, in terms of availability of human resources, willingness and ability of functionaries to work with other sectors, time allocations and monitoring requirements by managers, could adversely affect the programme.

4.12.2. The key thrust of the programme is to bring about attitudinal and behavioural changes to improve nutrition. The potential of communication and community mobilization has not been fully exploited, with most efforts relying more on information dissemination. The development and implementation of communication approaches and tools which will change

entrenched mind-sets represent major challenges for the programme, as will the monitoring of such change by programme managers.

- 4.12.3. The Government's commitment to universal coverage by ICDS should go beyond the numbers of children receiving services to issues of quality, processes and the capacity of human resources. The effectiveness and sustainability of the programme could be diminished by a simple increase in the numbers of children covered. The challenge is to mobilize adequate resources for quality improvement and capacity development for training to match the pressure to achieve quantitative targets.

#### **4.13. Monitoring and evaluation**

4.13.1. In view of the emphasis on capacity building, pilot initiatives and scaling up, regular monitoring and evaluation will be required. The focus will be on process evaluation, the extent of community participation, progress in behavioural change, degree of inter-sectoral linkages in programme implementation and outreach of anganwadi workers. This ongoing monitoring should lead to prompt course corrections, if necessary. National and state institutional capacity to conduct appropriate monitoring will be strengthened. Support will be given at state and district levels to ensure that the existing monitoring systems (MMR and MPR) are analysed and used at local levels. In focus districts, multi-indicator cluster surveys (MICS) will be carried out to establish baselines and annual targets and to monitor progress.

4.13.2. Project implementation will be reviewed at national, state and district levels on an annual basis. Overall mid-term review of the programme will take place at the end of the year 2000 with final evaluation in 2002.

#### **4.14. Budget**

4.14.1. The following table presents the funding requirements for the three projects, divided between general resources which provide the core funding for projects and supplementary funds which Government of India and UNICEF will seek jointly to raise from donors. Implementation is subject to the availability of these resources. However, it is expected that funding will be secured to finance the entire programme. Detailed budgeting will be undertaken based on the annual planning exercise and funds known as available.

<b>NUTRITION &amp; EARLY CHILDHOOD DEVPT.</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>TOTAL (US\$ IN MILLIONS)</b>
General Resources	6.00	5.50	5.00	5.00	21.50
Supplementary Funds	5.00	5.00	6.00	6.00	22.00

# **Chapter 5**

## **Child's environment**

### **Sanitation, hygiene and water supply**

**GOI-UNICEF Master Plan of Operations, 1999-2002**

#### **5.1. Programme Summary**

With considerable national achievements in provision of drinking water, the GOI-UNICEF programme makes a strategic shift to focus more intensively on environmental sanitation and hygiene. Ambitious goals for increasing sanitation coverage will be supported with major efforts in social mobilization and behavioural change, using schools as important centres for creating new norms of hygiene in the community. The maturing of the water well drilling sector allows UNICEF to phase out support in this area, allowing attention to shift to water quality, sustainability and the management of fresh water resources. The emerging urban environmental crisis mandates special attention. Resource mobilization, private sector involvement and Government-civil society partnership will be important programme elements. Within this overall framework, UNICEF resources will focus on states/regions with the poorest indicators of children's wellbeing.

#### **5.2. Problem Statement**

- 5.2.1. Unhygienic practices and contaminated water cause diarrhoea and ill-health which account for nearly 400,000 child deaths annually. The lack of sanitation is a significant contributory factor in malnutrition, which impairs the growth of more than 58 million children. Over 70 % of the health problems faced by children in primary schools are caused by inadequate hygiene. These factors directly undermine and prejudice the child's right to survival and development. Moreover, a heavy burden of drudgery is imposed on women and young girls having to walk long distances to obtain safe water for household use. Low awareness about the importance of hygienic practices actively contributes to nullifying the advantages of access to safe water. If a water storage container is not clean, or family members do not wash their hands after defecation, then even safe water brought to the home is compromised. The failure to assure safe water and a clean environment also affects the fulfilment of other rights. For instance, the absence of separate, safe and clean toilets deters parents from sending their daughters to school and denies many girls the right to basic education. The perceived duty of girls within the family to fetch water, and perform other household chores, is another factor contributing to the denial of education for girls.
- 5.2.2. A child's right to a secure environment begins with assured access to safe water and clean surroundings, both vital for healthy growth of the child. The assurance of such a right depends critically upon public provisioning by the state, the behavioural patterns of parents in the family and outside the home, and upon how well-informed communities are about the benefits of hygiene and environmental sanitation. However, social discrimination and exclusion tend to deny communities the right to use public water sources.
- 5.2.3. India has made significant progress during the last three decades in provisioning of rural water supply. The Government has adopted a coverage norm of one safe source supplying 40 litres

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per capita per day, for a population of 250, within a distance of 1,600 metres in the plains or 100 metres elevation in the hills. In 1996, about 86 per cent - 85% urban and 86% rural - of the population had access to safe drinking water. This has effectively reduced the time and energy spent, particularly by women and young girls in obtaining water for the household. The country is also on the threshold of eradicating guineaworm disease. No case of guineaworm was reported in 1997 and 1998, two successive years of zero incidence.

- 5.2.4. The 14% of the population that remains without access to safe water represents in numerical terms a substantial population, many of whom reside in tribal or remote geographical areas. Statistical coverage does not always guarantee effective access to all social groups, especially those living in India's many hamlets, often composed of scheduled castes and scheduled tribes.
- 5.2.5. Starting from a low base, progress in household toilet coverage has accelerated over the last five years. In 1996, about 26% of households had access to proper sanitation - up from 23% in 1991. Slow progress reflects not so much the absence of appropriate technologies or financing mechanisms, but more a state of mind. At policy level, the heavy dependence on subsidies, together with a narrow focus on the choice of technology, have slowed progress. Added to this is a general lack of demand for toilets, and indifference on the part of families and communities for a safe environment for their children and for themselves.
- 5.2.6. Fulfilment of the right to safe drinking water and a clean environment has been uneven. Whereas 70% of urban households has access to proper sanitation, it is only 25% among rural households. The urban figure, however, disguises the fact that millions of families in the poorest urban settlements, many of which are unauthorized, face insanitary conditions that are life threatening to children. Communities belonging to scheduled castes and scheduled tribes stand out as the most disadvantaged groups in terms of enjoying equal access to safe drinking water and environmental sanitation.
- 5.2.7. The country faces several challenges concurrently.
- Problems of water quality are becoming increasingly acute. Borewells, long promoted as safe sources of water, are found to be faecally polluted as a result of poor well construction and insanitary well surroundings. At least 10% of the population has excess levels of fluoride, arsenic, iron or salinity in their sources of drinking water.
  - Sustainability of the very technologies used to rapidly and cost effectively provide access to safe water to millions of households is under threat from falling water tables, caused by over-exploitation of groundwater for irrigation and industry. The fresh water situation is increasingly threatened by indiscriminate pollution of surface as well as ground water.
  - The continued neglect of the environment in urban slums poses one of the greatest threats to progress on reducing infant and child mortality and improving nutritional status of children living in such disadvantaged areas. Almost a third of households in urban slums does not have access to any kind of toilet. Drainage and garbage disposal systems are often overwhelmed or absent. Public latrines, poorly designed and maintained, become themselves major centres of infection, and often deter use by women and children.
  - Public water supplies are often irregular or out of order for long periods. A recent Government study revealed, for instance, that 23% of handpumps, 14% of mini-piped schemes and 44% of larger piped water supply schemes were not functioning due to breakdown and poor maintenance.
  - Several factors constrain the fulfilment of the child's right to safe drinking water and a clean environment. Some of them are within the control of the household and the community,

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others beyond their control. A major factor however has been attitudinal and behavioural change that has been slow to come about. A child's most immediate environment is the family and the home, where hygiene practices, such as hand washing, toilet use and the safe handling of drinking water are critical. Behavioural changes become fundamental to alter such practices. Outside the home, the child's environment widens to include the community, where safe water sources, waste management and drainage are crucial. In the desire for expanding physical coverage, critical issues of water quality have been neglected. Beyond the habitation, the management of land, forest and water has a direct bearing on the living conditions of the communities depending on these resources. Very little public action has been mobilized for preventing environmental deterioration and its impact on water table replenishment and sustainability.

### **5.3. Past cooperation and lessons learned**

5.3.1. GOI-UNICEF collaboration in the sector dates from the 1960s. In more recent years, it has included support to the Central and State Governments as part of the national effort to :

- expand physical coverage of water supply and sanitation;
- address water quality problems;
- continue research and innovation in the development of handpumps that are more suitable for community maintenance and repair;
- develop alternative delivery systems for sanitation;
- eradicate guineaworm disease;
- demonstrate approaches that link safe drinking water and sanitation with hygiene awareness and proper case management of diarrhoea (CDD-WATSAN);
- build capacity; and
- implement IEC and MIS systems.

5.3.2. Several issues need urgent attention:

- efforts to promote awareness and bring about behavioural changes within communities have been inadequate in scale and priority. Yet there is evidence that a strong communication strategy backed up with an effective delivery mechanism can accelerate attitudinal change and adoption of new practices.
- offering a range of technology options can contribute to a more rapid diffusion and adoption of affordable sanitation. It is also found that a zero subsidy approach need not exclude low-income families.
- community participation in the planning and execution of water supply improvements is generally low, with the possible exception of a few projects where a special effort has been made to solicit such participation. This has resulted in poor utilization and community indifference towards the operation and maintenance of completed facilities.
- women's participation in decision making relating to water provisioning remains confined to a few regions despite the fact that women remain the group most affected by such decisions.
- it was long assumed that groundwater was safe and therefore inadequate attention was paid to development of water quality monitoring. After fluorosis and arsenic-related health problems became evident, this has acquired new urgency. Residual pesticides and fertilizers also contribute to fresh water contamination.
- over-exploitation of groundwater for irrigation (also a result of heavily subsidized agricultural inputs) calls for a new regulatory framework.
- the alarming and visible deterioration of the quality of the urban environment, particularly in slums, is a matter of concern. Air pollution, especially lead and solid particulate matter,

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as well as extremely poor sanitation, pose significant risks to the health of millions of children in urban areas.

#### **5.4. National priorities**

- 5.4.1. The National Water Policy (1987) gives the highest priority to water for drinking purposes, while the *Environment (Protection) Act (1986)* seeks to protect and improve the environment. There is growing realization of the importance of decentralization, community participation and cost sharing. Many states have moved away from reliance on subsidies for household toilet construction for those above the poverty line, and are increasingly focusing on hygiene education and promotion of environmental sanitation. Government is also committed to ensure that all primary schools have at least one safe source of drinking water and access to proper sanitation. In areas where near-universal access has been assured using current norms, states are being encouraged to revise the norm upward to one source for 150 people within a distance of 500 metres, supplying 55 litres per person per day.
- 5.4.2. The Government and UNICEF are aware of the deepening crisis faced by the deteriorating environment of the urban poor. In 1991, more than a quarter of the population, close to 217 million people, was living in cities. Some 40% of the urban population lives in slums or as squatters. Projections to the year 2020 suggest close to half of the population, some 600 million people, will be in urban areas. The problems of overcrowding, poor housing, and grossly inadequate basic services will be magnified unless intensive efforts are made to improve environmental sanitation conditions among the urban poor.
- 5.4.3. The Ninth Plan aims to provide *access to safe water* to all households by the year 2002 and emphasizes the importance of prudently using fresh water. The Government's goal for rural sanitation by 2002 is an ambitious 50 % (though more modest and realistic for India than the Summit goal of full coverage).

#### **5.5. Programme objectives**

- 5.5.1. In working towards the goal of assuring every child the right to safe water and a clean environment, the Government and UNICEF will collaborate to:
- increase awareness of families and communities on hygienic practices and the importance of safeguarding their immediate environment;
  - promote sanitation and hygiene in and through schools to bring about behavioural change and to enable young girls to realize their right to basic education;
  - increase access to sanitary means of excreta disposal and a safer environment for children;
  - strengthen community participation and promote the active involvement of women in the national water supply and sanitation programmes;
  - ensure access to safe drinking water for the remaining 14 % of the population; and
  - create a sustainable water environment in the country.

#### **5.6. Programme strategy**

In extending support to the country's efforts to assure every child the right to safe water and a clean environment, the GOI-UNICEF programme will:

- 5.6.1. **Promote education for behavioural change:** Assuring the right to safe water and a clean environment depends critically upon the practices adopted by households. Simple practices such as hand-washing after defecation and before eating go a long way towards curbing the

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transmission of diseases. To bring about changes in behaviour is critical, but not easy. UNICEF will therefore focus its attention on intensive IEC that will generate awareness and knowledge of the importance of hygiene, increase demand for environmental sanitation at home, and advocate for hygienic practices. Educating and motivating mothers on personal, domestic and environmental hygiene will continue to be an integral part of the strategy.

- 5.6.2. **Improve quality and sustainability:** Urgent efforts are needed to identify regions where water quality is threatened and to prevent rapid depletion of safe ground water. UNICEF will support the development of appropriate, simple technologies that will enable communities to test the quality of water, and take appropriate action when sources are found to be unsafe. Advocacy and demonstration will be used to support measures for the regeneration of water sources in areas where over-exploitation of groundwater has led to a decline in water tables. Special efforts will be made to identify causes, protect and prevent pollution of water sources.
- 5.6.3. **Enhance community participation:** Support will entail a shift in strategy from a supply-driven welfare approach to a demand-driven strategy, calling for a greater degree of community participation. This will require working closely with a number of groups including *gram panchayat* WATSAN committees, urban neighbourhood committees (NHCs), community development societies (CDS) and similar community-based organizations. Along with the other sectors, contributions will be made to convergent community action in selected districts and cities. The IEC strategy developed by the Technology Mission envisages institutional structures at *panchayat* levels. If properly strategised, the *panchayat* network can be an effective channel for maintaining water sources, creating demand for home toilets, promoting village hygiene, and developing the micro watershed. The large number of women members of the *gram panchayats* and *nagar palikas* make it possible to involve women more closely in decision-making processes related to water and sanitation facilities. An effective system of community level monitoring to track progress towards goals will also be put in place.
- 5.6.4. **Encourage innovation:** Completing the unfinished agenda of ensuring universal access to safe drinking water remains a top priority for the Government and UNICEF. Groups that are left out, accounting for 14% of the country's population, dwell mostly in regions that are difficult to reach -- in hilly areas, deserts and underserved areas inhabited by socially backward communities. Innovative approaches will be supported to reach such communities, and ensure sustainability of investments. Experimentation will include community-household management and the application of alternative, appropriate technologies. Ways of scaling up experiences in community action to district and state levels will be sought.
- 5.6.5. **Promote inter-sectoral convergence:** Improved hygiene is essential for improved nutrition and health. Schools and *anganwadis* can be effective channels for promoting hygiene among children. Health sub-centres are also potential channels for the promotion of hygienic practices. Providing toilets and water facilities in schools encourages adoption of hygienic practices and also reduces school drop-out rates of girls in particular. Ensuring that every *anganwadi* is close to a safe water supply becomes a supporting objective. Principles of convergent community action (CCA) outlined in Chapters 1 and 2 will be followed. Working closely with other departments and programmes, inter-sectoral convergence will be pursued to bring water and sanitation service providers into a closer and more responsive working relationship with an informed community and other government functionaries. Inter-sectoral convergence should be most visible at the *gram panchayat* level.

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## 5.7. Projects

- 5.7.1. Annual government investments related to water supply and sanitation exceed US\$ 500 million. These investments focus largely on service delivery, repairs and capacity building. In terms of investment, UNICEF's contribution to the national programme is modest. However, over the years UNICEF has established its 'niche' in the national water supply and sanitation programmes as a key partner in initiating innovative approaches, strategies and technologies for eventual inclusion in national policy.
- 5.7.2. In the programme of cooperation for the period 1999-2002, UNICEF will continue to play its catalytic role in the sector, focusing more on environmental sanitation and hygiene, as well as sustainability. The emerging urban environmental crisis will receive special attention. The maturing of the water well drilling sector allows UNICEF to phase out support in this area. In water supply, attention will shift to water quality, rejuvenation of drilled wells, decentralized systems for maintenance and repair and the management of fresh water resources. Resource mobilization, private sector involvement and government-civil society partnership will need support.
- 5.7.3. Within this overall framework, 45% of UNICEF resources will flow to six focus States -- Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh - home to more than 47 % of the nation's children, which have the poorest indicators and record of child survival and development rights. Another 30% of resources will be devoted to seven other large states (Andhra Pradesh, Gujarat, Karnataka, Kerala, Maharashtra, Tamil Nadu and West Bengal), and 25% of UNICEF resources will be for the remaining states and national level activities. Demonstration projects will be taken up in such districts, blocks and cities where there is maximum potential for reaching the poorest and most disadvantaged communities, also keeping in mind the potential for future replication and scaling up of the demonstrated strategies, approaches and technologies.

### Project 1: Environmental sanitation and hygiene

5.7.4. The principal objectives of this project will be to:

- promote the seven components of sanitation, backed by appropriate technology and financing systems, through government and NGO channels in the 13 selected States;
- scale up alternate delivery and credit mechanisms to cover at least 20% of blocks;
- develop a suitable communication and social mobilization strategy, for promoting improved hygiene behaviour, at national level and in all states;
- improve hygiene practices (personal, domestic and environmental) among children, families and communities through interventions in 25% of primary schools; and
- expand the scope of the CDD-WATSAN strategy to include nutrition for a better synergistic effect in at least 3 districts each, in six States which are reporting a high degree of malnutrition.

5.7.5. Principal activities under this project will include:

- communication and social mobilization to promote key sanitation and hygiene practices and generate demand for household toilets, through communication research and material development and all possible channels such as mass media, schools, anganwadis, NGOs, women's organizations and *panchayats*.
- advocacy and strategy development for increased priority and resource allocation to this sector by promoting innovative ideas, developing demonstration projects and consultations in different fora, both at national and state levels.



- scale up alternative delivery and credit mechanisms by forging alliances with NGOs, cooperative and self-help groups and linking with employment schemes.
- promote sanitation upgradation (simple pit latrine to lined pit latrine to double pit latrine, etc.), through demonstration and social mobilization and establishing demonstration units in the ICDS anganwadi centres and primary schools.



- curriculum development, technical and managerial training at the national, state and district levels through agencies such as the Technical Teachers Training Institutes (TTIs), polytechnics, Academies of Administration, State Institutes of Rural Development (SIRD), District Institutes of Education and Training (DIETs), Community Development Training Institutes and Anganwadi Training Centres.
- development and implementation of convergent projects such as CDD-WATSAN-Nutrition and WATSAN-Education.
- research and development related to designing of new technologies and modification of existing technologies, pollution and solid waste management.
- monitoring and evaluation of the rural sanitation programme.

5.7.6. The project will have the following key outputs:

- revised Centrally-sponsored Rural Sanitation Programme (CRSP) guidelines, reflecting the strategy for Ninth Plan;
- curricula for engineering schools and polytechnics, including low-cost sanitation and hygiene;
- training of selected non-technical grassroots functionaries, such as teachers, anganwadi workers and *panchayat* members, institutionalized in the six focus States;
- IEC and sanitation cells strengthened in 13 States;
- training of trainers for masons at district level in 13 States and at block level in the 6 focus States;
- alternative delivery mechanism spread to over 1,000 blocks; and
- about 150,000 primary schools and anganwadi centres covered with safe water and adequate sanitation, and actively promoting sanitation and hygiene.

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## **Project 2: Rural water supply**

5.7.7. The principal objectives of the project will be to:

- develop sustainable technologies and community-based approaches for the most difficult to reach communities, through the government service delivery system, in six focus states;
- develop operational systems for community-based water quality surveillance and home/community water treatment in at least 3 districts where water quality problems are severe, in each of the 13 selected States;
- establish decentralized systems for operation, maintenance and repair of water supply systems in at least 3 districts, in each of the 13 selected States;
- develop approaches for improved management of fresh water resources in six focus States.

5.7.8. Principal activities under this project will include:

- research, development and demonstration of alternative technologies to serve those who cannot be reached with conventional technologies, focusing on protected wells, rooftop rainwater harvesting, HRF/SSFs, spring protection, household water treatment and specialized drilling;
- conduct community participatory surveys to identify the under-served and unreached and advocate for priority attention to their water supply needs;
- supply of spares for UNICEF-supplied rigs and well rejuvenation equipment less than 10 years old, which are not available in India;
- build capacity and create awareness, through HRD cells, NGOs and training institutions at national and State levels;
- develop water quality monitoring and surveillance systems, focusing on activities linked specifically to *panchayats*;
- develop decentralized systems for maintenance and repair of water supply systems, focusing on activities linked specifically to *panchayats*, and the refinement of easy-to-maintain and durable deepwell handpumps;
- promote well rejuvenation technologies;
- develop and demonstrate community management of the micro watershed through action research, with priority for water and ecologically stressed areas, focusing on activities linked specifically to the protection of public drinking water sources;
- engage national and state governments, politicians, *Panchayati Raj* institutions, non-governmental organizations and communities in a policy dialogue which encourages the adoption of a new paradigm on the management of, and rights over, the water resources of the country; and
- extend the scope and coverage of local level studies to watersheds and districts, including the consideration of institutional, financing and social equity issues.

5.7.9. The main outputs of the project will include:

- alternative technologies demonstrated in the six focus States, targeting the most difficult to reach communities;
- state-level strategy for community-based water quality surveillance systems and domestic and community water treatment technologies demonstrated in 13 States;
- state-level strategy for decentralized systems for operation and maintenance of water supply systems demonstrated, covering several districts each in 13 States;
- in one drought-prone district in each of the six focus States, demonstrate one project on community action for the environmental protection of drinking water sources;
- in each of the six focus States, at least one study of the fresh water situation covering one watershed in one district; and
- for the six focus States, state-specific maps delineating the geographical areas of water problems and water resource management.

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### **Project 3: Urban Environment**

5.7.10. The principal objectives of this project will be to:

- advocate for policy change towards a better environment for the urban poor;
- establish strong slum networking in selected cities to enhance community-based management of the urban environment;
- identify and develop community-based demonstration projects for home sanitation and solid waste management in slums of six major cities;
- establish linkages with Urban CCA and provide technical inputs related to sanitation and hygiene.

5.7.11. Principal activities under this project will include:

- develop and implement pilot projects in selected urban-poor communities on home sanitation, solid waste management, water conservation, water quality monitoring and waste water disposal;
- in cooperation with other sectors, develop child-friendly city plans of action related to water supply and sanitation, to benefit the poorest children and women in selected cities;
- disseminate best practices on community management, water quality monitoring and surveillance and water conservation;
- strengthen the database on the status of sanitation, water supply and air pollution related to the urban poor, at national and state levels;
- demonstrate the application of participatory learning with communities on the importance of a clean environment; and
- promote city-community-NGO partnerships for improving the living conditions of the urban poor.

5.7.12. The main outputs of the project will include:

- documentation of the existing pilot projects;
- existing strategy replicated in new areas;
- improved database on urban water supply and sanitation, with focus on the poorest; and
- active city-community-NGO alliances.

### **Project 4: MIS and surveillance**

5.7.13. The objectives of this project will be to:

- establish an effective system for community-based monitoring of water use and environmental sanitation in at least 3 districts in each of the six States;
- provide timely reporting on the implementation of the programme at district and state levels; and
- monitor guineaworm cases until guineaworm-free certification is achieved.

5.7.14. Principal activities under this project will include:

- support demonstration projects on community-based monitoring of key WATSAN indicators in selected blocks in each of the five focus States;
- develop systems which feed community data into the state-specific MIS systems, wherever such systems are operational;
- monitor UNICEF-supplied rigs, well rejuvenation equipment, and rig/HFU spares;

- collect and analyze sector and programme data, for reporting and for further development of the situation analysis;
- organize evaluations of critical components of the programme; and
- support intensive guineaworm case surveillance.

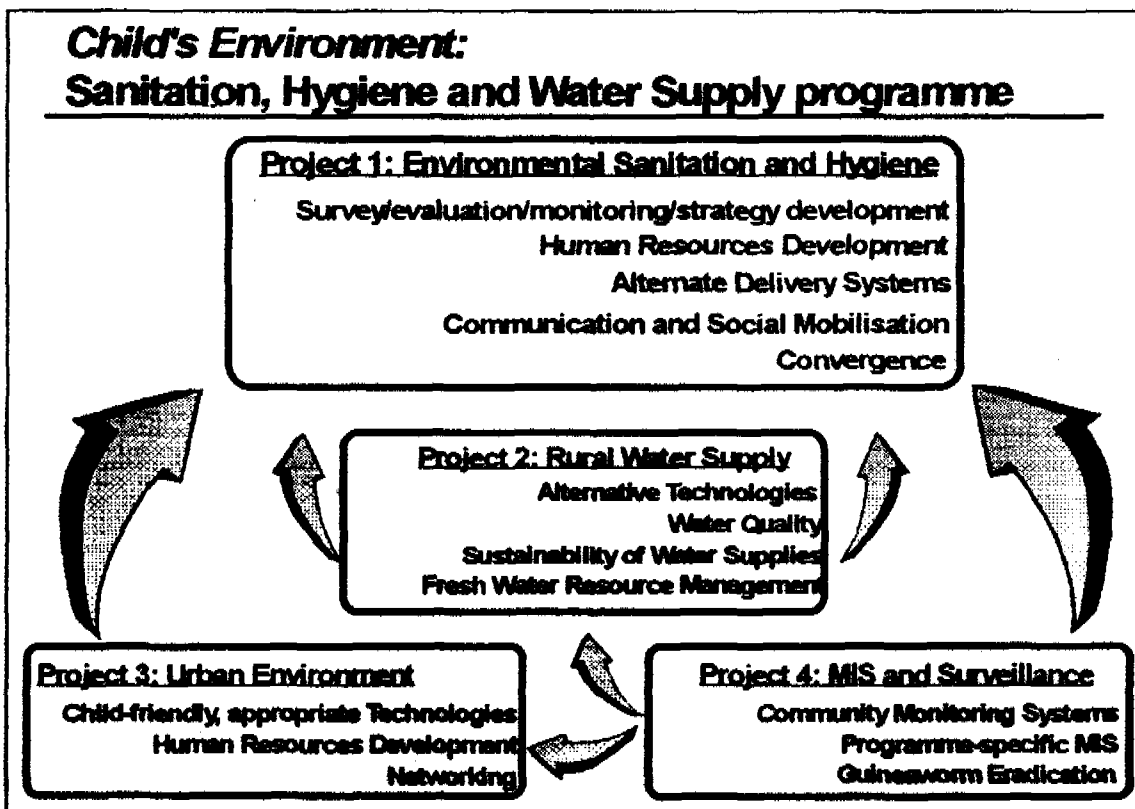
5.7.15. The main outputs of the project will include:

- a state-level strategy for community monitoring adopted in five major States;
- an up-to-date information base on UNICEF-assisted sectoral programmes, as well as the sector in general;
- timely monitoring reports on UNICEF supplied rigs /HFUs/TMC/spares; and
- report to the global guineaworm monitoring system.

## 5.8. Programme linkages

5.8.1. Inadequate water supply and sanitation are among the core causes of poor health and malnutrition. Water supply and sanitation will therefore be closely linked to health and nutrition programmes to address the underlying problem of diarrhoea. Water supply and sanitation improvements for primary schools and ICDS anganwadi centres will complement and reinforce UNICEF support through the education and ICDS programmes. School sanitation will be closely associated with a strengthened school health programme.

5.8.2. Effective community processes are crucial for improving the child's environment and, as such, close linkages will be established with CCA approaches and community workers in both rural and urban areas. Cooperation with local governing bodies will also be necessary. The responsibilities of the *Panchayati Raj* institutions include water supply and sanitation. It is at the level of the *gram panchayat* and *nagar palika* that the potential to effectively link water supply and sanitation with health care, nutrition and education is greatest.



5.8.3. As shown in the figure, the four projects that make up this programme are also closely interlinked. Project 1 will form the core of the programmes, focusing on the promotion of the multifaceted sanitation package, both in communities and in primary schools. Projects 2, 3 and 4 will bring specialized expertise and support to Project 1, while also contributing to other crucial components of the water supply and sanitation sector.

5.8.4. The development of human resources is a key component of each of these projects. The table below shows the core activities of the Child's Environment programme and the linkages of these activities to the major impact goals of the Plan of Operations.

Child's Environment Programme: Core Activities	Major Impact Goals
<ul style="list-style-type: none"> <li>• Promote sanitation and hygiene through primary schools</li> <li>• Facilitate implementation of the national IEC strategy in selected districts, in all States.</li> <li>• Establish alternative delivery and credit mechanisms to enhance sanitation coverage.</li> <li>• Support the development of decentralized maintenance of water supplies, with community participation.</li> <li>• Support the development of community-based water quality surveillance.</li> <li>• Pursue convergence with health, nutrition and education.</li> <li>• Pilot projects to improve the environment of the urban poor.</li> <li>• Develop community monitoring of the child's environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Sanitation package promoted in all primary schools in 25 per cent of districts, in all States.</li> <li>• Ensure compulsory primary education.</li> <li>• Empower all newly elected leaders in village <i>panchayats</i> and <i>nagar palikas</i> on action for child development, through intensive IEC.</li> <li>• Train teams of AWWs, ANMs, TBAs, school teachers and other local workers in half of all village and urban poor communities to reduce child mortality and morbidity, through WATSAN interventions.</li> <li>• Inform and empower one-third of all communities to monitor key indicators of progress for children.</li> </ul>

### 5.9. Milestones and indicators

The programme has adopted the following milestones and indicators, which will allow ready review of progress as implementation progresses:

Milestones:	1999	2000	2001	2002
Access to sanitation (% pop'n)	30	40	45	50
Access to safe water (% pop'n)	93	96	98	100
Alternative delivery and Credit Mechanism (% of blocks)	7	10	15	20
Sanitation and hygiene in schools (% of schools)	5	10	2	25

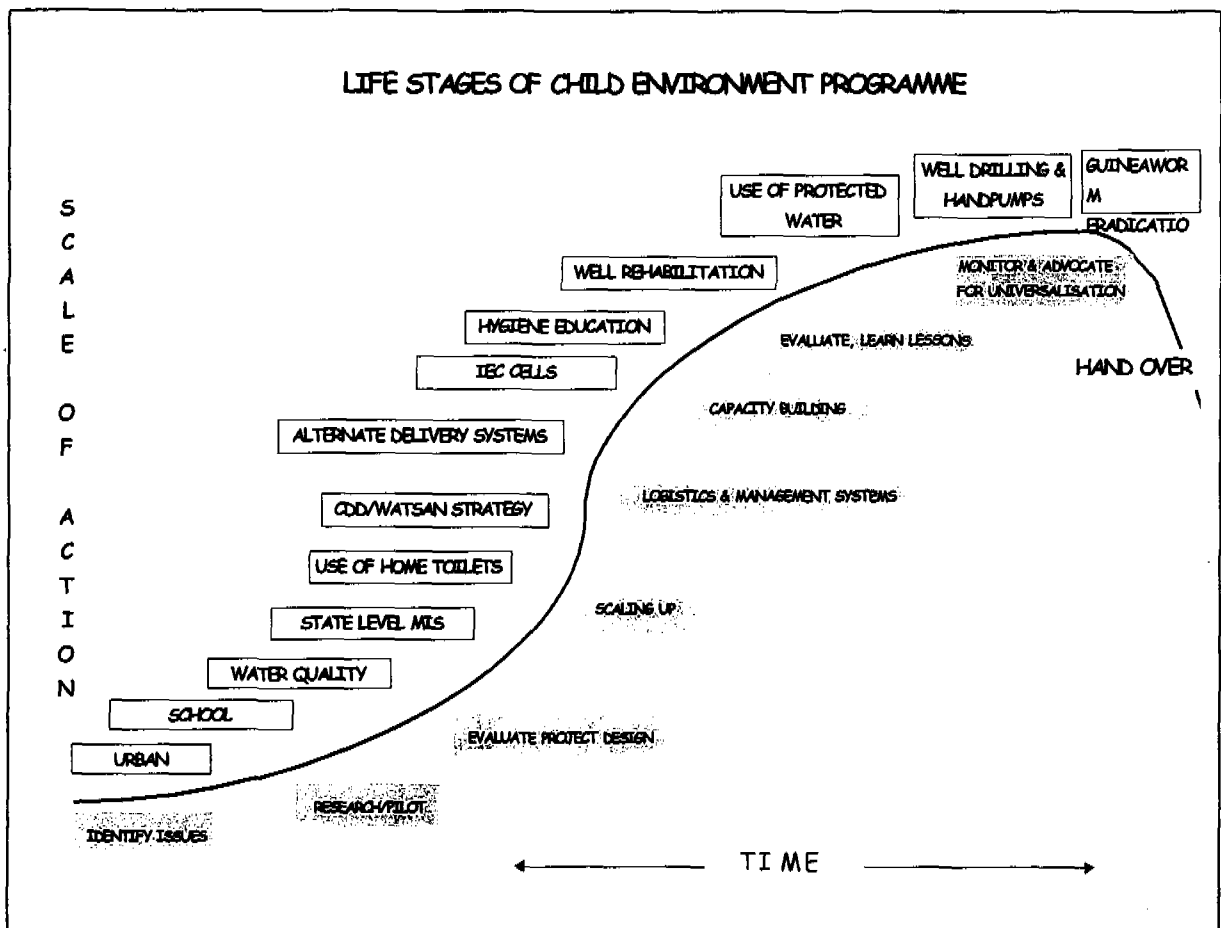
*Zero guineaworm cases reported in 1999 and 2000*

**Indicators (process, by 2002):**

- All States to have a functioning Sanitation and IEC Cell;
- Every village *panchayat* to have at least one mason trained on home toilet construction;
- 20% of blocks covered with alternative delivery system and credit mechanism;
- 25% of primary schools actively practicing and promoting sanitation and hygiene;
- Alternative water supply technologies demonstrated in six states;
- Thirteen states to have accepted community-based water quality surveillance systems and domestic and community water treatment;
- Thirteen states to have decentralized systems for operation, maintenance and repair of water supply schemes;
- Six states to practice environmental protection of drinking water sources through community action, in drought-prone districts;
- At least one study of the fresh water situation covering one watershed in one district, each in six states completed;
- Fresh-water status maps produced for six states, covering quantitative and qualitative aspects; and
- India certified guineaworm-free by the year 2000.

**5.10. Programme management**

5.10.1. The figure below shows how UNICEF's level of effort and nature of support evolves as programme interventions are conceived, their efficacy demonstrated, and their application scaled up for absorption into national Government programmes. The time scale on the graph typically covers ten to fifteen years, highlighting the importance of consistent programme planning over several MPO periods.



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- 5.10.2. The Rajiv Gandhi National Drinking Water Technology Mission of the Central Government's Ministry of Rural Development will continue to function as the main agency for programme implementation, working through the State Governments. The Mission is responsible for formulating sector policies, procedures and approaches and ensuring coordination with the Department of Education, for school sanitation. The programme components dealing with the urban environment and the fresh water situation require cooperation with the Ministries of Urban Development, the Ministry of Environment and Forests and the Ministry of Water Resources. In the States, State Water Supply Agencies, the Rural Development Departments, the *Panchayati Raj* Departments and various urban governmental agencies will implement different components of the programme. In selected programme components, implementation will involve appropriate NGOs. The extent and nature of NGO involvement will vary from component to component and from state to state.
- 5.10.3. UNICEF State Offices cover 13 major states, home to more than 90% of the population. Each state office has one or two full-time water supply and sanitation professionals working on the programme. In addition, each State Office has an inter-disciplinary team of professionals and support staff, with expertise in health, nutrition, education, community development and social communication. This inter-disciplinary group facilitates convergence of water supply and sanitation with other programmes. UNICEF country office supports the State Offices with a team of experts covering various specialization.
- 5.10.4. In all 13 states, a state-level sanitation and IEC cell has been set up. Although not all are equally effective, these high-level cells serve to emphasize the importance of sanitation, information, education and communication.

### **5.11. Partnerships**

- 5.11.1. Alliances will be formed or strengthened with NGOs and other partners in civil society. The focus will be on national level organizations with an all-India field network, while local NGOs will be partners on a selective basis. Some of the partner agencies include NDDDB, Cooperative Unions, All India Women's Conference, Bharat Scouts and Guides, Mahila Samakhya, Nehru Yuva Kendra Sangathan (NYKS) and NSS. The vast network of polytechnics can be associated with HRD and operational research at the micro level, with higher level institutions of learning, such as the IITs and TTTIs providing support at the macro level.
- 5.11.2. Within the context of UN reform, UNICEF will work closely with other UN agencies supporting the WATSAN sector, in particular UNDP, UNDP/World Bank Regional Water and Sanitation Group, World Bank and WHO. The World Wide Fund for Nature (WWF) will be another important partner. The already established inter-agency working group for water supply, environment and sanitation will be a platform to address common policy issues and make collaborative efforts. Coordination with other donor agencies in the sector including Dutch Government, DfID, SIDA, Danida, WaterAid, USAID, etc. will be further strengthened.

### **5.12. Risks**

- 5.12.1. With poor sanitation and hygiene being largely the result of traditional attitudes and behaviour, communication will need to have a substantial impact on mindsets before any improvements can be expected. There is a risk that these mindsets are so entrenched that change will take more time than expected.

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- 5.12.2. External factors, outside the scope of the programme, will have a bearing on overall success. These include factors such as lowering water tables and poor water resource management.
- 5.12.3. The programme encompasses a wide range of components relating to the child's environment. There is a risk that this diversity will result in inadequate resources to effectively develop each of the programme components, potentially reducing the long-term impact of UNICEF support.
- 5.12.4. In many States, the delegation of power to the *Panchayati Raj* system will be a slow process, which will affect the strategy for decentralized management of water supply and sanitation interventions.
- 5.12.5. A goal of 50% sanitation coverage is very ambitious given current trends and implies a major increase in current levels of investment in sanitation. The risk is that the pressure to deliver on the targets will lead to a top down vertical programme that does not give attention to community processes.

### **5.13. Monitoring and evaluation**

- 5.13.1. The programme will contribute to the efforts to monitor sector progress, particularly with regard to CRC goals related to safe water and the safe disposal of excreta. A variety of tools are in use for this purpose including (1) the decadal national census due in 2001; (2) National Sample Surveys; (3) Multi-indicator Cluster Surveys. The programme will assist these nationwide surveys in defining proper criteria and definitions of "safe water", "safe excreta disposal" and 'key hygiene practices'; so as to measure as accurately as possible progress made in achieving the goals.
- 5.13.2. The programme will also conduct surveys to assess changes in behavioural practices and attitudes, and assess the nature and effectiveness of community involvement. The programme will support the development of appropriate systems to enable both rural and urban communities to monitor key indicators of programme progress. UNICEF and RGNDWM will further strengthen routine monitoring systems to collect and analyze data on the operational status of water supplies, on the utilization of drilling rigs and well-rejuvenation equipment, besides the use of UNICEF spare parts.

### **5.14. Budget**

- 5.14.1. Subject to availability of funds, UNICEF will allocate about US\$ 5 million per year in General Resources and US \$ 7 million in Supplementary Funds to the Child's Environment programme. The supplementary funds will be solicited from donors jointly with Government of India.
- 5.14.2. UNICEF funds will be primarily used for:
- social mobilization, information, communication, health education;
  - capacity building;
  - alternate delivery systems and credit mechanisms;
  - development and documentation of sector policies and approaches;
  - production of IEC materials;
  - commissioning of studies and surveys;



- operational research;
- monitoring and evaluation;
- technical assistance; and
- selected hardware inputs.

UNICEF assistance will comprise about 40% hardware and 60% software.

CHILD'S ENVIRONMENT SANITATION, HYGIENE & WATER SUPPLY	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	5.20	5.00	4.90	4.90	20.00
Supplementary Funds	6.00	6.00	8.00	8.00	28.00

# Chapter 6

## Primary Education

GOI-UNICEF Master Plan of Operations, 1999-2002

### 6.1. Programme summary

The GOI-UNICEF programme will work in support of India's recent move to make elementary education a fundamental right. Concentrating on universalizing primary education, the programme seeks to address critical issues of quality in the classroom. Advocacy efforts will be intensified through communication and media campaigns to bring about universal acceptance of elementary education as a fundamental right and a societal norm for all children. Special attention will be paid to closing the gender gap and reducing disparities in educational achievements.

The child's active learning capacity will be improved by concentrating on the "quality triangle" i.e (a) the child as an active learner, (b) school-community partnerships, and (c) the teacher's interaction in the classroom. The programme will support the extension of Minimum Levels of Learning and extend the teacher empowerment strategy, improve the effectiveness of multi-grade teaching, link the strengths of the Bihar Education Project to investments channeled through DPEP-3, and improve schooling for the urban child. Efforts will be made to strengthen decentralized planning of education, considerably improve quality of data for decision making, forge stronger links with early childhood development programmes, and create community monitoring systems for ensuring that all children go to school.

### 6.2. Problem statement

- 6.2.1. The right of every child to free and compulsory education is forcefully argued in the Convention on the Rights of the Child (CRC). By ratifying the CRC in December 1992, India has legally endorsed the idea that rights of children are not only to be respected but should be actively protected, facilitated and fulfilled. Such rights are also provided for in the Constitution of India. Article 45 of the Indian Constitution directs the State to endeavour to provide within a period of 10 years from the commencement of the Constitution (1950) free and compulsory education for all children until they complete the age of 14 years. Recognition of the fundamental nature of this right, however, is quite recent. Parliament has responded positively to the decision of the Supreme Court in 1993 to re-affirm the fundamental right of Indian citizens to free education till the age of 14 years. The Government has initiated measures to make universal elementary education a fundamental right.
- 6.2.2. There has been a significant expansion of primary and elementary education since Independence. India has over 150 million children being taught by 2.9 million teachers in 760,000 elementary schools. Of these, some 100 million children are enrolled at the primary level in 590,000 schools where they are taught by 1.7 million teachers. As a result of this massive expansion in the physical provision of schools, approximately 95% of the country's population have a primary school within walking distance of one kilometer. The Gross Enrolment Ratio (GER) at the primary stage is 104% (93% for girls and 114% for boys). The Net Enrolment Ratio is estimated to be about 20% lower than the GER.

6.2.3. However, even after 50 years after Independence, Universal Elementary Education (UEE) remains a challenge. Close to 60% of women and 36% of men, some 330 million in all, cannot read or write, while nearly 110 million children are out of school, many of them working under extremely exploitative conditions. Thirty five per cent of enrolled children drop out before completing primary education or Grade 5. Girls are consistently denied equal opportunities to attend and complete primary schooling. Levels of learning are generally low. Such a neglect of the right of every child to basic education, despite the Constitutional commitment, represents one of the major areas of omission in India's development experience - largely responsible for constraining more rapid social advancement and economic progress.

6.2.4. The functioning of the primary school system points to several areas where improvements are needed.

- Physical distance to schooling remains a problem especially for disadvantaged communities and those residing in tribal, hilly, desert and remote areas.
- Major efforts are urgently needed to improve the quality of education, an area that has only recently begun to receive attention.
- Low attendance and high dropout rates persist. This is also related to social distance arising out of caste, class and gender considerations.
- The learning-teaching environment inside the classroom is often discouraging, particularly for children who are first-generation learners. Teachers, often inadequately trained, have lost much of their motivation and enthusiasm to teach.
- Learning achievements of children are still strikingly low across the country.
- The involvement of the parents and the local community, so critical for the efficient functioning of schools and for greater accountability of teachers to the community, remains weak.

6.2.5. Recent studies point to a growing demand for primary education, for girls as well as boys, even among the poorest of families. Evidence suggests that it is not income poverty alone that prevents parents from sending their children to school. Neither is it the desperate need of poor families to supplement family incomes through child labour that keeps children out of school. There are other more serious underlying causes for the denial of the right of every child to basic education linked to continuing social and gender discrimination, and to the poor functioning of the school system.

6.2.6. India's National Policy on Education 1992 addresses many of the issues of low enrolment, poor retention, ineffective curriculum, and poor quality. Efforts have been intensified in recent years following the launch of the District Primary Education Programme (DPEP) in 1992 and the Minimum Levels of Learning (MLL) initiative. There has been an increasing shift in monetary resources to primary education. The quantum of international funds for primary education has also gone up. However the scale of resources required to translate the fundamental right embodied in legislation into reality for every child is substantial. While the political commitment to provide such funding is frequently expressed, required resource allocations to primary education remain highly vulnerable to contingent pressures.

### **6.3. Past cooperation and lessons learned**

6.3.1. In recent years, and during the Bridge period (1996-98), UNICEF has worked closely with the Government in implementing the Bihar Education Project, expanding primary education opportunities in one of India's most challenging states, and extending support through SUPER - Support for Primary Education Renewal. SUPER encompasses the teacher empowerment and "joyful learning" strategy intended to attract and retain children in school and is now being implemented in modified form in 11 states. This includes *Shikshak*

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*Samakhya* in Madhya Pradesh. It takes the form of *Guru Mitra* (or Teacher Friendly Scheme) in Rajasthan, *Anandayee Shikshan* (Joyful Learning) in Maharashtra, *Ruchipurna Shikshan* in Uttar Pradesh, *Anandmay Shiksha* in Orissa, *Ujala* in Bihar, *Anand Path* in West Bengal, *Tarang Ullahas* in Gujarat, *Ma Badi* in Andhra Pradesh and *Nali Kali* in Karnataka.

6.3.2. The strategy has helped to break out of an otherwise rigid structure of teaching, and instill an approach that is fresh, stimulating and low cost. The significant scale of the movement (that has crossed regional boundaries) and the enthusiasm generated by its approach have brought out the importance of participatory methods and mobilization techniques in teacher training programmes. Its rapid expansion has also established that it is possible to scale up the programme to cover a large number of schools. The key features of the strategy that have contributed to its success include:

- a participatory approach to training: one that does not suffer from the major “transmission losses” of top-down cascading models of training but adopts the teacher-to-teacher approach, drawing on the rich experience of teachers themselves and making teachers feel committed to and involved in bringing about change;
- a mobilization strategy that enlists the active participation of the critical number of teachers (especially in Grades 1 and 2);
- a special effort to motivate local teachers, giving them the freedom and opportunity to use their creative talents to design teaching materials, plan ‘joyful’ activities, and make the classroom and teaching-learning environment attractive;
- a decentralized approach to management of teacher training as part of an effort to illustrate and build on the teachers own strengths; ongoing peer support provided through block and cluster resource centres is intended to promote interaction and address some of the grievances of teachers;
- a classroom revitalization effort involving Teachers Associations as partners in shaping a creative and stimulating learning environment.

6.3.3. Strategies to promote Minimum Levels of Learning (MLL) introduced in 18 states succeeded in mobilizing and focusing attention in a systematic way on the quality of learning achievement of the primary school age child. Special efforts have also been made to involve the community, teachers associations, NGOs and other agencies at the grassroots level. Such linkages were established under various earlier generation projects supported by UNICEF including Nutrition, Health Education and Environmental Sanitation (NHEES), Developmental Activities in Community Education and Participation (DACEP), Area Intensive Education Programme (AIEP) and Project on Integrated Education for the Disabled (PIED). Child-to-child activities were also undertaken, but remain relatively undeveloped. Recent efforts have also focussed on mainstreaming working children into the regular school system. The importance of early childhood care and development has been emphasized as a way of preparing the young child to participate in primary schooling.

6.3.4. Collaboration with DPEP and other agencies also highlighted the importance of strong partnerships and community mobilization as pre-conditions before investing funds for physical infrastructure. Even in areas with the poorest indicators, success has been achieved through decentralized processes and community action and linking to the CCA strategy in both rural and urban areas.

6.3.5. Past experience also highlights the importance of preparing the young child for entering the formal school system. Close collaboration with the ICDS programme to link anganwadis to primary schools has helped to increase enrolment and retention. Again, successful efforts to mainstream working children have helped establish the viability of transition schools for ensuring absorption into formal primary schools. The GOI-UNICEF programme on Primary Education will draw on all these experiences.

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## 6.4. National priorities

- 6.4.1. India launched two major initiatives to accelerate the achievement of universal elementary education during the Eighth Five-Year Plan (1992-97): The District Primary Education Programme (DPEP) and the National Programme of Nutritional Support for Elementary Education (Mid-day Meals). The Ninth Five-Year Plan continues to emphasize the importance of elementary education, and aims to (a) provide schools for all rural habitations that do not as yet have schools, (b) reduce dropout rates from the existing 36% to 20% at the end of the primary stage, and (c) expand the Minimum Levels of Learning (MLL) curriculum to all primary schools. Both DPEP and the Mid-day Meals scheme are being expanded and strengthened. The Ninth Plan also places special focus on backward states and districts, and intensifies efforts to ensure that the right to basic education is fulfilled for the girl child and for children belonging to disadvantaged groups. It seeks to enlist the support of NGOs and the corporate sector in the planning and design of community level interventions.
- 6.4.2. The Government has also resolved to make the right to elementary education a fundamental right and is presently working out modalities for its implementation. The Ninth Plan envisages to reach by the last year of the plan an allocation of six percent of GDP for education, with at least half of that devoted to elementary education.

## 6.5. Programme objectives

- 6.5.1. UNICEF will collaborate with the Government to make elementary education a fundamental right. This includes working towards making primary education universal and compulsory. Within this overarching goal, the objectives of the GOI-UNICEF programme of cooperation (1999-2002) will be to:
- enhance the learning capacity of every child by ensuring learning of socially relevant knowledge and skills;
  - expand participation opportunities in the community for both children and parents to improve the functioning of schools; and
  - increase community demand and responsibility for addressing the learning needs of the child in keeping with the obligation to protect, facilitate and fulfil the rights of all children.

## 6.6. Programme strategy

- 6.6.1. UNICEF will concentrate on enhancing the child's active learning capacity by concentrating on the "quality triangle", namely:
- **Improving the quality of the learner:** One of the important goals of the programme is to develop the child's active learning capacity. Here the child is not seen merely as a student in the classroom but as a citizen of society. Active learning capacity therefore involves learning achievement in the broadest sense, not just factual recall but socially relevant competencies and skills such as higher order thinking skills used in inquiry, creativity and problem-solving. It refers to the capacity of the child to benefit from learning experiences both inside and outside the classroom. It involves the child in "learning to learn" and equipping the individual for life-long learning. Improving the quality of the learner calls for paying attention to the conditions confronting the child both inside and outside school. Learning about life skills includes developing an awareness of the risks of human life and

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building up coping mechanisms. This would include, for instance, building an awareness of various health risks including HIV/AIDS and enabling the community to cope with the problems of stigmatization and discrimination. The nutritional and health status of the child, caring practices, access to health care, early childhood stimulation are critical in ensuring that the child takes full advantage of learning opportunities in school. An attempt will be made to link the learning in the classroom to the needs of the local community as a way of reinforcing the knowledge levels of the child and the family. This will help to establish the relevance of the curriculum and the learning process to everyday needs and prepare children to participate in the key settings of their social environment.

- **Improving the quality of school-community partnership:** Linkages between the school and the community need to be established and institutionalized throughout the country. Communities need to understand what is happening in their school and to share a common perception of learning with the teacher. This can come about if parents, elected leaders, and the community participate in the management of the school, and monitor its effectiveness according to criteria determined along with teachers. It is only by involving the community and educational functionaries in this way that children will attend school regularly and learn in a deeper and wider sense. Concerted efforts will therefore be made to promote effective community participation in school management, monitoring and joint school-community learning activities. At the same time, the importance of the school itself in equipping individual students to play a meaningful part in family and community life will be reinforced.
- **Improving the quality of the school and teacher:** Improving the quality of the school and the teacher, calls for not only modifying textbooks and curriculum, but also for significantly changing how teachers teach and relate to students. Child rights in primary education go beyond just the right to school study. The classroom provides a good starting point for demonstrating the importance of all child rights. Teaching *for* child rights is more important than teaching *about* child rights. It has much to do with the teaching-learning processes and methods actually used by teachers on a day-to-day basis in the classroom and is also closely linked to the teacher's own personality. A number of child rights have to be actually practiced, not just taught as a topic. Respect for a child has to be shown, not told. Thus what a teacher teaches should be consistent with how she is teaching it. The teacher's attitudes, beliefs and behaviour do have an effect on students. Teacher training and community involvement must also help to inculcate in teachers respect for students and their parents without discrimination. It must protect students from peer intolerance and abuse; empower children by providing in-class opportunities for discussions; encourage free expression of ideas; and ensure that students are taught what they need to know in order to contribute to society.

6.6.2. A special effort will be made to link classroom learning (which develops the understanding, problem solving, engagement and curiosity of the child) with the needs of the local community. This will require new partnerships with the community and changing attitudes of teachers themselves towards their mission with appropriate support and facilitation from the state.

6.6.3. Besides concentrating on these three critical dimensions of quality, UNICEF will collaborate with the Government to mobilize collective action in support of making primary education universal. The main strategy will be to:

- **Change mind-sets to accept elementary education as a fundamental right:** Among the major challenges that India faces in the coming years is to build public support for elementary education as a fundamental right. This will involve making people accept the idea of primary education becoming universal and compulsory. Built into such a strategy is also the need to accept elimination of child labour as a necessary prerequisite. Legislative

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and other measures aimed to achieve universalization of elementary education (UEE) can succeed only if people are convinced that child labour is an abuse of the right of children to childhood. UNICEF will also work closely with NEEM (National Elementary Education Mission) to mobilize support in favour of UEE, mobilize additional investments, catalyze innovative action and support exchange of experiences within India.

### **6.7. Projects:**

GOI-UNICEF cooperation during 1999-2002 will include the following projects:

#### **Project 1: Expand coverage of SUPER**

- 6.7.1. UNICEF will continue to support the Government's initiatives under Support for Primary Education Renewal (SUPER). This will include specific assistance to promote Minimum Levels of Learning (MLL) and the teacher empowerment strategy. The objectives of SUPER are to:
- improve the quality of teacher/learning processes in the classroom, (especially for girls and those belonging to deprived communities and disadvantaged social groups);
  - enhance community participation in effective school management;
  - demonstrate the replicability and scaling up of such strategies; and
  - address the underlying social conditions which affect attendance and performance of school aged children in the most disadvantaged blocks of selected districts.
- 6.7.2. Presently 102 districts in the country are receiving UNICEF support under SUPER. Based on a dialogue at state level, the project will be expanded to cover additional districts, blocks and schools. The actual number will depend on the supplementary funds that are mobilized jointly by the Government and UNICEF.
- 6.7.3. A major sub-project will be the support to the Joint UN Education Initiative. Apart from making primary education more accessible, especially for girls and children belonging to deprived communities and disadvantaged social groups, this initiative will focus on increasing effective community participation in school management. It will develop and advocate use of child-centred and gender-sensitive teaching methods in multi-grade classrooms, community schools and learning centres.
- 6.7.4. The Joint UN Education Initiative is a GOI-United Nations programme developed jointly by five UN agencies (UNICEF, UNDP, UNFPA, UNESCO, and ILO) and the Government. It is a five-year programme (1998-2002) that will cover 20 new blocks every year (total of 100 blocks in five years) initially in non-DPEP districts. The programme will be funded and implemented by the government, the state governments and five UN agencies. UNICEF as one of the main funding and implementing agencies would act as the coordinator on behalf of the UN system in the States as well as the disbursement channel for funding through its various State Offices.
- 6.7.5. Within the Joint GOI-UN programme, it is proposed to cover a total of 100 blocks in eight states by the year 2002. Programmes will also be supported in a number of selected blocks outside the DPEP districts.

6.7.6. Key activities under this project will include:

- identify priorities and take action to improve school management through PLA/micro planning which will be jointly undertaken by village education committees (VECs) and *panchayats*, especially in disadvantaged communities;
- create community school models as centres for community learning to target eligible children including adolescents, and parents for literacy; imparting training and creating awareness in respect of care and development activities of young children, including support for integrated education of the disabled children; ensuring that by the end of three years, this approach is ready for scaling up;
- develop a 'teacher empowerment package', along the lines of 'joyful learning', which will include motivational training, regular skills development, accreditation incentives and strengthen local self-help groups among teachers at the cluster level;
- as an immediate priority in the first two years of the programme, develop modules for community-based monitoring and evaluation against indicators of school effectiveness;
- improve teaching methodology for 'multi-grade' and 'multi-level' classes through in-service and pre-service teacher development programmes offered through district, block and cluster level institutions, and involve local NGOs, to make classrooms more interactive, child-centred and gender and caste sensitive;
- build the capacity of national, state, district and sub-district training institutions for providing continuous training in programme management and monitoring for teachers and education managers, administrators and supervisors, *panchayat* representatives and community leaders;
- conduct policy and action research and evaluation (both formative and summative) as well as benchmark surveys and documentation of innovative practices;
- advocate for more appropriate and timely teacher recruitment and deployment (especially in disadvantaged communities); upgradation of pre-service training and development of appropriate supervisory skills;
- develop teacher handbooks and make curricula and textbooks more interactive and include developmental concerns like health, nutrition, and hygiene practices, child rights, gender and caste issues;
- provide limited support to schools for making classrooms more stimulating and create a conducive environment for learning;
- promote children's participation in primary education through their involvement in school governance (*shishu panchayats*) or peer group learning based on child-to-child principles;
- facilitate information exchange on best classroom practices through exchange visits of teacher, production and dissemination of newsletters and documentation of good practices; and
- extend MLL into a system of continuous assessment based on learning milestones.

6.7.7. The key outputs of this project will be:

- an effective strategy for joyful learning in community schools demonstrated and ready for large scale adoption across the country; and
- adaptation of multi-grade and multi-level materials to the needs of marginalised groups (tribal, urban poor, and disabled) and absorption by the existing system of these models.

**Project 2: Extend efforts in Bihar under DPEP – 3**

6.7.8. UNICEF has worked closely with GOI and the State Government of Bihar in implementing the Bihar Education Project (BEP) in seven districts between 1991-97. Extending funding support to Bihar, one of the most educationally backward states in India, was a conscious decision in line with UNICEF priority to focus on regions of the country where child rights were most neglected. Over the years, BEP has evolved considerably as new approaches were



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tried and established (especially those strengthening the involvement of the community). BEP/DPEP-3 builds on the positive experience of the earlier BEP in a special collaborative relationship with DPEP.

6.7.9. The objectives of the project are to:

- continue to build capacities in teacher training in Bihar; and
- in partnership with DPEP-3, pioneer and demonstrate strategies to enhance the quality of education for unreached groups.

6.7.10. With SIDA and UNICEF financial assistance, DPEP-3 will extend coverage to 17 districts (27 revenue districts). In the preparatory phase, support will focus on creating intensive community dialogue and establishing community ownership prior to making decisions on financial investment. Specifically, UNICEF will provide funding to identified components in order to:

- develop an annual in-service teacher training programme (to be offered at DIETs and BRCs) that will build on the success of the "Ujala" teacher training initiated under BEP;
- develop a training package and set up a process for Village Education Committees that will include micro-planning, participation-learning and action through analysis and assessment for enabling communities to plan and monitor both participation in, and effectiveness of, their local primary schools; and
- build capacity within the SCERT to support in-service teacher training and other initiatives in primary education.

6.7.11. The main outputs of the project will be scaling up community level partnerships in support of primary education across more than half the districts.

### **Project 3: Intensify advocacy for UPE**

6.7.12. UNICEF will work closely with the Government to intensify advocacy for UPE as part of the Government's resolve to make the right to elementary education a fundamental right. The objectives of this project will be:

- to create public support for and awareness of the Constitutional amendment making primary education a fundamental right; and
- strengthen alliances in support of compulsory primary education. Enforcement through statutory measures will entail a Constitutional enactment on the right to education that would establish the political priority and administrative resolve of the country to achieve UEE and thus eradicate illiteracy. Such legislation will offer a strong basis to governments and non-governmental organizations to ensure universal access to elementary education and to ensure universal retention. Recognizing that statute alone will not be sufficient, the move will create the required public support to enable central and state governments to focus on the special needs of the under-served and hard-to-reach populations of hilly areas, deserts, tribal areas and urban poor pockets of cities.

6.7.13. UNICEF will extend support to the National Elementary Education Mission (NEEM) that has been established with the goal of finding strategies to ensure that all children are in school. A major task before the Mission is to evolve strategies for reaching the most-difficult-to-reach children with the help of people's participation and to achieve the goals of UEE in a sustained and integrated manner. UNICEF support in this area will involve working closely with state governments on understanding the implications of implementing UEE in terms of resources, pressures on families and on the education system and monitoring mechanisms. Initially, UNICEF will focus its attention on selected districts, and after documenting and assessing the

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practicalities of UEE, will work with the central and state governments in the scaling-up of this effort.

6.7.14. Principal activities under this project will include to:

- build a grand alliance for UPE involving the corporate sector, NGOs, media, elected leadership, teachers, teachers' associations, educationists, donors and other programme sectors;
- advocate, promote and operationalize compulsory education legislation, child labour laws and education as a fundamental right;
- collaborate with NEEM, the National Human Rights Commission and various state level institutions and NGOs in exploratory actions at district level and in monitoring and enforcing such legislation;
- increase awareness of discriminatory practices against girls, working and disabled children, and other socially disadvantaged groups, including the right of disabled children and those infected with HIV not to be excluded from the classroom;
- harness support for implementing a package of school-related services like school health programmes, safe drinking water and proper sanitation facilities in every primary school (and all girls' secondary schools), closer linkages with child care and adult education programmes, and all other programmes for school children;
- advocate to improve the working conditions of teachers; and
- conduct policy research, evaluations, benchmark surveys and document innovative methods to serve as a basis for informed advocacy.

6.7.15. The main outputs of the project will be:

- sustained awareness among disadvantaged groups that primary education is a right for every child, and
- enhanced mobilization of additional financial support for primary education.

#### **Project 4: Schooling for the urban poor**

6.7.16. The main focus of past cooperation between the Government and UNICEF has been on rural areas. However, with the increasing trends in urbanization, and the accelerated growth of slum populations in cities, the pressures on the urban schooling system are also mounting. Many of the problems of poor quality, inadequate infrastructure, low motivation of teachers, out-dated teaching methods, and low achievement levels that characterize rural schools apply to urban schools as well. Building upon the Government's commitment to ensure primary education to all children, efforts will be made to realize this in urban poor communities, including illegal settlements, as part of district and city-specific planning.

6.7.17. The objectives of this project are to:

- mobilize public action in cities to focus attention on the quality of government schools;
- support activities of SUPER in urban poor and disadvantaged areas; and
- encourage the private sector to invest resources in improving the state of schooling in cities.

6.7.18. At the same time, concerned citizens will be activated to participate in the school system along with local officials. Efforts under way, such as Pratham in Mumbai and the special urban school project in Chennai, will be supported, and the lessons learned transferred to other cities.

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- 6.7.19. An adopted form of SUPER will be implemented to reach the poorest children, especially those inhabiting illegal colonies, in at least one or two major metropolitan cities in all focus states.

## **6.8. Programme linkages**

- 6.8.1. The success of the education programme will depend to a large extent on the effectiveness of the linkages that are built with other sectors. Community participation in particular requires close cooperation with *panchayats*, NGOs and government functionaries at the local level. Development of relevant curriculum, covering aspects of health, nutrition, environmental sanitation, water and other appropriate themes, will also require close interaction with functionaries of different line ministries. Inter-sectoral convergence through convergent community action will be an important strategy in ensuring that the child develops the capacity to learn. Training and community-based activities envisaged under the Education programme will be in line with the principles of CCA outlined in Chapters 1 and 2, and will be undertaken in close coordination with training for the *panchayati raj* and *nagar palika* systems.
- 6.8.2. Special efforts will be made to establish linkages with the early childhood development project and ICDS (see Chapter 4) to better prepare children for entry into primary schools.
- 6.8.3. The programme will link closely with the Ministry of Labour's programmes to eliminate child labour. It will extend special support to transitional schools that prepare working children for the regular school system. Whereas advocacy efforts will cover all states, special sub-projects will be initiated in selected districts and states where the problems of child labour are severe.

## **6.9. Milestones and Indicators**

SUPER operationalised in all UNICEF supported districts by 2002

- 20% increase in the net enrolment of girls;
- 20 % increase in the attendance rate;
- 50% reduction in the dropout rate at the end of primary education;
- 50% increase in primary school completion rate; and
- 30% increase in the average level of primary school learning achievement.

### **Process indicators**

- increase the number/percentage of functioning Village Education Committees (VECs);
- increase the number/percentage of teachers implementing active learning methods in the classroom;
- increase the number/percentage of children who have access to appropriate learning materials; and
- increase the number/percentage of children, especially girls, who have participated in appropriate early childhood programmes such as the ICDS.

## **6.10. Programme management**

- 6.10.1. Under the Constitution of India, responsibility for education is shared between the centre and the states (as part of the 'concurrent list'). This implies that both the central and state governments plan and execute programmes. There has been a strong trend in the recent period towards decentralization of educational planning and management to district and sub-district

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levels involving micro-planning with active participation of communities. UNICEF's core strategy of teacher empowerment/joyful learning aims to reinforce and support these processes through work at district and sub-district levels. At the national level, focus will be on programme policy, development, advocacy, capacity building, monitoring and evaluation.

- 6.10.2. UNICEF as one of the main funding and implementing agencies in SCOPE will act as the UN coordinator on behalf of the UN agencies in the States and also as the disbursement channel for funding through its various State Offices.

### **6.11. Partnerships**

- 6.11.1. Building alliances for achieving UEE will be a critical element of the task ahead. UNICEF will collaborate with various civil society organizations, including the NHRC, NGOs, youth organizations, and private business houses. Teachers' associations will also be involved in the implementation of the programmes.
- 6.11.2. Partnerships will also be strengthened with the World Bank and bilateral agencies such as those of Australia, Japan, and the UK. UN inter-agency collaboration will be further strengthened by the active involvement of participating UN agencies (UNDP, UNESCO, UNFPA and ILO) in the implementation of SCOPE.

### **6.12. Risks**

- 6.12.1. The success of the programme will depend to a large extent on elements of innovation and creativity that are built into its implementation. It will also depend upon the effectiveness with which community level experiences are transferred to influence operations at the district and state levels. It is essential to find ways of increasing teacher participation without adding onerous non-teaching duties. It is also important to conduct additional training programmes in a manner that does not adversely affect regular functioning of the school.
- 6.12.2. While intensive regular monitoring through periodic collection of detailed information is necessary, it may also impose an additional burden on teachers. Initially, communities may perceive and therefore resist school-community learning activities as non-academic. Advocacy would have to be a part of any training package involving the community. Similarly, study materials will need to be designed carefully and integrated so as not to create a curriculum overload.
- 6.12.3. There is a risk that prevailing mind-sets that result in the exclusion of children from the educational system may be difficult to change. The success of the programme will therefore depend critically upon the effectiveness of the advocacy efforts in changing these attitudes and establishing UEE as a societal norm.

### **6.13. Monitoring and evaluation**

- 6.13.1. UNICEF will support the adaptation at the state level, development and implementation of the EMIS component of the District Information System on Education (DISE) in 'joyful learning' districts. DISE has already been established in over 100 DPEP districts. Although the focus is on school-based information, DISE can lead to a rational system for monitoring key indicators in education and assist in defining additional inputs required to support higher enrolment and retention levels.

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6.13.2. To monitor 'joyful learning', significant modifications to the data collection formats will be necessary. This will be greatly facilitated by the concurrent creation of a joyful learning index (JLI) that will result in a database for 'joyful learning' programmes. The JLI will comprise three components – quantitative, qualitative and historical – to monitor the impact of 'joyful learning' from various perspectives.

6.13.3. Quantitative variables identified to assess the impact of 'joyful learning' on primary education include – reduction in the numbers of out-of-school children (or child labour); net enrolment, especially of girls; attendance and drop-out rates; learning achievement (MLL competencies); and reduction in disparities. UNICEF and the Department of Education will together develop reporting systems on key indicators related to EFA 2000, in close collaboration with UNESCO and other agencies.

#### **6.14. Budget**

The following table presents the funding needs for the four projects which are nationwide in scope and the 14 state level projects administered by the State Offices. Implementation is subject to the availability of these resources. The Department of Education, together with UNICEF will solicit funds from bilateral donors to finance the supplementary funds needed for the programme.

<b>PRIMARY EDUCATION</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>TOTAL (US\$ IN MILLIONS)</b>
General Resources	5.50	5.00	4.75	4.75	20.00
Supplementary Funds	6.00	6.00	8.00	8.00	28.00

# Chapter 7

## Child Protection

GOI-UNICEF Master Plan of Operations, 1999-2002

### 7.1. Programme summary

In keeping with the overall programme strategy to reach children excluded from development and social services, support will be provided to address the rights of children in need of special protection measures. These children include those belonging to marginalised communities such as scheduled castes, scheduled tribes and minorities as well as children whose rights are flagrantly violated, prominent among them being children who are out of school, orphans, destitutes, child labourers, child prostitutes, children of prostitutes, street children, children with disabilities, neglected children and children in conflict with the law. The programme strategy will largely focus on prevention through primary education and community processes, with particular attention to measures that will tackle discrimination against girls. Selective support will also be given to exploratory initiatives aimed at rehabilitating these children with a view to gaining knowledge on viable approaches and documenting and disseminating them. At the same time, attention will be given to the CRC follow up and reporting process as well as revision of laws in line with CRC principles. In this context, the umbrella act for children facing neglect and delinquency, the Juvenile Justice Act 1986, in particular, will be reviewed and its implementation strengthened.

Programme implementation will rest upon the development of alliances between government and civil society partners, with particular attention being paid to the scaling up of successful NGO initiatives to district and state levels. Since violations of child protection rights stem from deeply ingrained social, economic and cultural systems, the programme will seek to promote systemic changes towards fulfilling these rights.

The child protection programme will comprise projects at national and state level focusing on :

- elimination of child labour;
- reviewing and adapting legislation and policy;
- collective action to combat the incidence of child trafficking and prostitution;
- city-level actions for street children;
- review and strengthening of the juvenile justice system;
- innovative actions in favour of children in distress such as, orphans, destitutes, children with disabilities, children of prostitutes, children working as domestic help, child beggars, children of migrant workers / tribes and other similar categories of children; and
- HIV/AIDS prevention and control.

### 7.2. Problem statement

- 7.2.1. There are numerous children in India whose rights are seriously violated and who require special measures to promote and protect their rights. Of particular concern are children in the age group 6-18 years who are out of school and have no families or belong to families living below the poverty line. These children are not covered by any existing policies and programmes of the government, particularly the mainstream social sector programmes such as

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education, health care, nutrition, sanitation, hygiene, provision of safe drinking water, etc. Among these are child labourers, often bonded; children sold and trafficked for prostitution or for other purposes, the street children of the growing cities, children with disabilities, children in institutions, children who are victims of armed conflict, children affected by HIV/AIDS and children who suffer abuse and neglect frequently within the family, including those employed as domestic labour. Within these groupings, girls predominate and bear the brunt of exploitation, abuse and violence in view of the prevailing gender discrimination and patriarchal values in society. The vast majority of such children are from the socially and economically deprived scheduled castes and scheduled tribes. The broad country programme goal of reaching the unreached accords utmost priority to the rights of these children. It is a moral, legal and economic imperative that the denial of children's protection rights be urgently addressed. Such denial amounts to a failure to meet the obligations under the international covenant on civil and political rights as well as the standards set by the Indian constitution, legal instruments in place at national and state levels, and the Convention on the Rights of the Child.

- 7.2.2. India continues to have the highest numbers of child labourers globally. The 1991 Census quotes a figure of 11.28 million as child labour, but estimates from non-governmental sources range from 44 to 110 million children. The higher estimates are based on data indicating the numbers of children out of school who are vulnerable to exploitation as child labour. Particularly disturbing is the extent of bonded child labour, which results from lingering feudalism, their parents' indebtedness and situations in which the entire family is bonded. While, in the past, arguments grounded in economics and family hardship have been used to justify child labour, there is increasing acceptance of the reality that child labour depresses adult wage levels, perpetuates survival modes of production and outdated technology and offsets long-term social, human and economic development. While progress has been made in strategy development for the elimination of child labour, there remains a need to generate societal recognition that the prevalence of child labour is closely related to the denial of the fundamental right to elementary education. The shortfalls in education provision and quality which fuel child labour have been elaborated in Chapter 6. Despite changes in societal attitudes in recent years, and government's efforts to develop viable policies and implement actions to eliminate child labour, only a small fraction of children in the workplace have benefited, and young children continue to be placed in hazardous and exploitative work situations instead of in schools.
- 7.2.3. Child prostitution, the most abhorrent form of child rights abuse generally reflecting the exploitation of girls in society, is known to be taking place on a large scale in India. A large number of girls are used for prostitution in the brothels of India's cities many of them trafficked from rural areas within the country and from surrounding nations, particularly Nepal and Bangladesh. There is currently a need for effective measures to prevent such practices and to protect and rehabilitate the victims. Some forms of prostitution emerge from deep-rooted traditional practices and beliefs and distorted religious and cultural norms among certain tribes and caste groups. For example, the practice of Devadasis persists. Regulation on this issue is still a state subject. Andhra Pradesh and Karnataka have enacted laws for the prohibition of devadasi system namely, Andhra Pradesh Devadasis (Prohibition of Dedication) Act, 1985 and Karnataka Devadasis (Prohibition of Dedication) Act, 1987. Girl prostitutes become stigmatized making rehabilitation in their communities extremely difficult and, of course, they are particularly prone to infection with HIV/AIDS. A mix of strategies is required to prevent the trafficking of girls from source areas and to stem the demand for child prostitutes. Country-wide compliance with the national plan of action to combat trafficking and commercial sexual exploitation of women and children is a priority.
- 7.2.4. In the metropolitan cities there are an estimated 500,000 street children, many of whom face violence, abuse and exploitation. These children are particularly vulnerable as they are often without the protection of families and homes. In or out of pavement dwellers' settlements, the

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majority of street children live and work on the streets. Disabled children are put to work as beggars, as are children whose parents work on construction sites as labourers; some are maimed for this purpose, and many others labour as rag pickers for street vendors. Recent studies indicate that these children are increasingly prone to substance abuse, STDs, HIV/AIDS and related health disorders. A section of children, particularly from poor minority communities, are being trafficked to the Gulf region where they are used as beggars or camel jockeys.

- 7.2.5. Ways of effectively following up on India's first report on CRC implementation must be developed and refined. Laws need to be reviewed and refined to match CRC requirements. The challenge to establish child rights as stated in the CRC as political, administrative and social priorities has to be faced. Consistent with CRC obligations concerning the best interests of the child, especially Articles 2 and 3, India is still to reconcile some differences between prevailing traditional values and the provisions of modern law. The best interests of the child as perceived in present legislation sometimes conflicts with indigenous legal traditions. Exploration of such difficult issues is required.
- 7.2.6. The Juvenile Justice Act, 1986 (JJA) is the umbrella act in the country in so far as neglected and delinquent children are concerned. A neglected child under the act includes a child who is found begging; or is found without having any home or settled place of abode and is a destitute without any means of subsistence; or has a parent or guardian who is unfit or incapacitated to exercise control over the child; or lives in a brothel or is found to be leading an immoral, drunken or depraved life; or who is being or is likely to be abused or exploited for immoral or illegal purposes. The Act puts the onus on the government to provide for the care, protection, treatment, development and rehabilitation of all the neglected children in the country. There is a need for greater involvement of the community in this area. Delinquent children i.e. children who have been found to have committed an offence also fall within the purview of the Act. The institutional as well as non-institutional mechanisms established to take care of the neglected as well as delinquent children need strengthening.

The JJA, 1986 details safeguards to protect children from human rights violations and section 18(2) of the Act specifies that no child can be jailed or detained by the police. However, there is a discrepancy between Indian law and the CRC on the age of offenders who can be sentenced to death. Furthermore, implementation of the Act is weak. Infrastructure for institutional care for children, as required under the Act, is inadequate, and functionaries involved in providing such care are poorly trained and insensitive. Very poor standards persist in children's homes and often they are sites for extreme abuse rather than protection.

### **7.3. *Past Cooperation and lessons learned***

- 7.3.1. The child protection programme has evolved through UNICEF and government collaboration in projects aimed to address the problems of children in especially difficult circumstances. Cooperation in this area has been ongoing since the late 1980s. Over the 1991-1998 period, work on child protection has been intensified with the following key developments:

- Previously concealed issues such as exploitative child labour and child prostitution are more openly addressed by government and civil society. Mind-sets are changing with the realization that the phenomenon of child labour is not a necessary evil based on harsh reality but a moral outrage with serious adverse consequences for human capital development in coming generations. Elementary education is acknowledged as an essential component of strategies towards child labour elimination, empowerment of girls and women and redressal of lapses in child protection in general.



- Since 1994-95 government efforts have been stepped up. A major initiative was the launch of the National Programme for elimination of child labour from hazardous occupations by the year 2000 by placing the children withdrawn from such labour in schools. The national programme now focuses on 76 districts in 10 states. UNICEF has provided selective and catalytic support to this programme in some of the 76 districts in which it is implemented.
- Judicial activism has emerged around issues of child and is challenging the authorities to act more urgently and effectively. The Supreme Court judgment of 10<sup>th</sup> December, 1996 gave a fresh impetus to the elimination of child labour from hazardous occupations. The judgement imposes penalties for employers of children in hazardous industries and calls for the formation of a welfare fund for children formerly employed. Similarly the Supreme Court judgements in the Vishaljeet and Gaurav Jain cases require the central and state governments to take immediate steps to rehabilitate children of sex workers. The unsatisfactory implementation of the Juvenile Justice Act 1986 has also been attracting similar notice of the Parliament, the Courts, the National Human Rights Commission and the Media.
- Innovative actions of NGOs, civil society coalitions and district administrations have demonstrated the feasibility of removing children from hazardous and bonded labour and rehabilitating them in communities and schools. A notable example is seen in Andhra Pradesh where, through NGO efforts, children have been removed from agricultural labour and other forms of work and mainstreamed into formal schools following transitional non-formal education. This experience is now being taken to scale by the state government in its "back to school" programme for scheduled caste and tribal children. The district administration of North Arcot, Tamil Nadu, has successfully addressed the problem of bonded child labour in the "beedi" industry. The Rugmark and Kaleen initiatives are demonstrating the feasibility of monitoring child labour in the carpet industry, rehabilitating child workers and engaging the industry itself in prevention. The challenge now is to mobilize opinion and promote voluntary action by manufacturers and employers in developing systems to ensure that no child labour is enlisted in any occupation.
- With governmental and non-governmental partners, UNICEF has facilitated and supported improved collection, analysis and presentation of data on different areas of child protection. Cooperation with the National Resource Centre for Child Labour, as well as state-level NGOs, has led to the provision of more reliable information on the extent and causes of child labour in several sectors, and guided policy and strategy design. Research studies, and a series of consultations with key informants, have created a better understanding of the magnitude and dimensions of child trafficking and prostitution and have resulted in more effective policy and programme design.
- The National Human Rights Commission (NHRC) is devoting increasing attention to child rights, especially child labour in hazardous industries, and sexual abuse and trafficking of children. The Commission has mobilized partnerships of government, police, NGOs and UNICEF around these issues and strengthened the monitoring and watchdog functions of these allies. In addition, the National Commission for Women (NCW) has become a prime force seeking gender justice, the rights of girls, prevention of sexual abuse and child prostitution.

7.3.2. It has become clear that broad partnerships of government and civil society are required to adequately confront child protection issues. Stand-alone government schemes will not be effective in sustaining the prevention and elimination of practices such as child labour and child prostitution. Change in societal mind-sets and commitment, in the form of a social movement, is fundamental. Within government, there needs to be inter-sectoral collaboration and joint initiatives on child protection. The nexus of child protection issues with crime and

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politics means that programme action alone may have limited impact. Improved law enforcement and strong police action are crucial.

- 7.3.3. NGOs have played an important role in advocacy and programme design in the area of child protection. Networking of like-minded NGOs has proved to be a powerful mechanism for advocacy. There remains a need to better replicate programme actions through NGOs, build partnerships with government for scaling up successful NGO initiatives, and build NGO capacity for improved monitoring and documentation.
- 7.3.4. Cooperation so far has also established that prevention rather than curative or rehabilitative approaches, is required as the long term strategy to address the child's protection rights. This means that child protection programmes must be seen within the broad environment of social and economic development in the country, with adequate provision of primary education as a key preventive measure.

#### **7.4. National priorities**

- 7.4.1. Notwithstanding the efforts being made by the government to enrol more and more children in schools, a sizable number of them drop out or do not enrol in schools in the first place. The Integrated Child Development Services (ICDS) makes an effort amongst others to enhance school enrolment in children up to 6 years of age. However, children in the age group of 6-18 years who fail to enrol in schools are left unattended as no focussed effort is being made to main stream them. It is this group of children who contribute to the sizable population of the country's neglected and delinquent juveniles, orphans, destitutes as well as children working as domestic labour. A much higher priority needs to be given to these children, who are subject to rampant abuse and exploitation, deprived of basic human rights and susceptible to disease and mortality. Since such children are beyond the reach of mainstream services, there is a need to evolve specially designed interventions for them within the context of CRC and the Juvenile Justice Act 1986. In particular, emphasis needs to be placed on evolving preventive strategies against destitution and delinquency.
- 7.4.2. The government has renewed its commitments on many occasions to the elimination of child labour, with priority attention to hazardous occupations, and has assigned programmes and resources towards this goal. Following the enactment of the Child Labour (Prohibition and Regulation) Act in 1986 and the formulation of the National Child Labour Policy in 1987, the elimination of child labour has been increasingly regarded as a national priority over the past twelve years. Ratification of the CRC reinforced the resolve to confront the problem of child labour and the National Child Labour Project (NCLP) has been established to provide non-formal education, vocational training, supplementary nutrition and other services to children withdrawn from work. Since 1992, India has also participated in the ILO's International Programme on Elimination of Child Labour (IPEC). The move towards elimination of child labour was given further impetus in 1994 with the implementation of the Prime Minister's Programme for the rehabilitation of children working in hazardous occupations. The recent Supreme Court judgements, and the involvement of the NHRC, have provided important support from the judiciary. In 1997, India made important strides in strengthening child labour policy and its implementation through the preparatory work for the Oslo Conference on Child Labour and, in addition, made a key contribution to the Conference outcome and the resultant Agenda for Action. The priority now is to eliminate child labour from all occupations and industries which deprive the child of the fundamental right to education. The move to make elementary education compulsory is a reflection of this commitment.
- 7.4.3. The other key priority issue which has emerged in recent years is that of child trafficking and prostitution, a practice which is now known to be widespread in India and the region. In the aftermath of a public interest litigation in 1990, and on the Supreme Court's direction, central

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and state government advisory committees were asked to recommend measures to eradicate child prostitution. Since then, important alliances have been formed between government, the NHRC, the NCW, the police and NGOs to elaborate strategies and action plans to address child trafficking and prostitution.

- 7.4.4. Areas of child protection, especially child trafficking and prostitution, are receiving increasing priority within the programmes of the Department of Women and Child Development (DWCD). The Ministry of Social Justice and Empowerment is also strengthening and expanding its work to address the rights of street children, disabled children and children in conflict with the law.
- 7.4.5. DWCD has drawn up a National Plan Of Action with the objective of reintegrating women and child victims of commercial sexual exploitation into the mainstream of society. Action is focused on: (i) economic empowerment, legal reforms and law enforcement; (ii) rescue and rehabilitation; (iii) institutional support systems within the government in relevant departments. The department supports the preparation of programmes and plans for the rescue, rehabilitation and reintegration of women and child victims, with active involvement of the victims themselves and the organizations working for their benefit.
- 7.4.6. The Plan of Action envisages that certain interventions are needed to fill the gaps in the existing services available to children of prostitutes. The services that may be needed are: night care, counseling, health care, STD/HIV/AIDS treatment and care services, education support programmes, anganwadi-cum-child care centres/balwadis, non-formal education and vocational training for adolescent girls.
- 7.4.7. Central Government ministries/departments as well as those in the state governments have been asked to take necessary steps to operationalise the Plan of Action and initiate related interventions. For this, a consultative process has been envisaged to prepare programmes and plans for the rescue, rehabilitation and reintegration of women and child victims with the organizations working for their welfare. The participation of elected local bodies, NGOs and community-based organizations will be ensured in implementing such programmes and project plans

## **7.5. Programme objectives**

7.5.1. The principal objectives of GOI-UNICEF collaboration on child protection will be to:

- work towards progressive elimination of child labour, especially the most exploitative forms;
- incorporate child rights and goals into national and state laws, policies, plans and budgets;
- develop collective public and governmental action towards minimising the incidence of child trafficking and prostitution;
- develop coordinated city-level actions to address the rights of street children, including those who come into conflict with the law;
- work towards reduction of child destitution and delinquency; and
- support and demonstrate special measures to reach children in distress particularly children hitherto unreached by existing programmes of education, health care and services, sanitation, hygiene, etc.

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## **7.6. Programme strategy**

7.6.1. The overall programme strategy for child protection will focus on the following thrust areas:

- changing societal attitudes to child rights violations, a process which will shift public positions from 'denial' to 'willingness to debate', to 'social and legal responses' to 'new societal norms' to 'concerted action';
- prevention to ensure primary school enrolment and retention, supported by integrated community development and women's empowerment;
- selective support to rehabilitation to provide knowledge on workable solutions;
- concentration on a limited number of child protection themes at a given time in view of the need to learn and document successes before taking them to scale;
- recognizing the interrelationships of child rights violations with entrenched social, cultural and economic systems and promoting the need for systemic change, including attention to the criminal nexus factors which may limit the feasibility of interventions ;
- gathering, analyzing and using data for a better understanding of the situation of children in need of special protection measures, the motivations of stakeholders, and the causes of violation of child rights;
- action research to demonstrate viable strategies to address child protection issues;
- strengthening partnerships of NGO networks and other civil society organizations, for generation of political support for actions to protect children; and
- promoting the elaboration of a supportive legislative framework for action to improve child protection, as well as to make law enforcement more effective.

7.6.2. It will also be important to advocate with all sectors so that protection rights of the most vulnerable children become better integrated into the sectoral programmes of government and UNICEF. Priority attention of the sectors to preventive interventions will be promoted, especially to ensure that development and poverty alleviation programmes adequately converge on vulnerable communities, families and children. These will include families who have not been reached by mainstream programmes either because of innate limitations of programme delivery or social discrimination. In particular, programme actions to improve and sustain child protection will be pursued through the rural and urban processes of Convergent Community Action (CCA) outlined in Chapter 2.

7.6.3. Violations of child protection rights must be the concern of civil society as well as government. Moreover, actions to fulfil these rights are the obligations of the state and the public alike. As emphasized above, partnerships of broad NGO networks will be generated along with the engagement of less traditional partners, such as the corporate sector, trade unions, youth groups, religious groups, the police and legal activists. It is envisaged that the NHRC and the NCW will play key roles in these partnerships and will spearhead concerted efforts by civil society and government to ensure child protection rights. Active alliances with lawyers and legal activists will be pursued for reviewing legislations and matching them with CRC standards.

7.6.4. Children in distress including child labour and child prostitution will be the priority of UNICEF concern for both programme support and advocacy. Attention will also be given through advocacy and support to civil society networks, for ensuring the rights of the children in distress particularly street children, orphans and destitutes, children with disabilities, children in conflict with law and children affected by violence and armed conflict.

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## 7.7. Projects

### Project 1: Elimination of child labour

7.7.1. Key objectives of this project will be to:

- change established mind-sets regarding causes and solutions to the child labour problem;
- demonstrate viable strategies for child labour elimination in different settings and take these experiences to scale;
- mobilize support for compulsory elementary education as a major step towards preventing child labour; and
- establish effective networking of civil society partners for advocacy, monitoring and information dissemination.

7.7.2. Support will be provided for select components of the National Programme for the Elimination of Child Labour (NPECL) in at least 25 districts across the country. Advocacy, information gathering and dissemination, research, documentation and monitoring will be supported on a national scale.

7.7.3. Principal activities envisaged in this project are the following:

- for the NPECL, promote social mobilization (especially towards universalizing elementary education); develop communication strategies; facilitate sectoral convergence, in line with the CCA strategy; encourage participation of *panchayats*, women's groups, NGOs and other civil society groups; and establish linkages with micro-credit initiatives, especially for women, to reduce the indebtedness that may promote child labour;
- facilitate data collection and exchange of information on innovative actions for the prevention and rehabilitation of child labour;
- document and disseminate best practices;
- promote networks of NGOs, the media, representatives of industry, trade unions, legal and social activists, academics and government administrators to act as watchdogs for child labour and develop the monitoring capabilities of these networks;
- engage the corporate sector to implement monitoring systems and codes of conduct to discourage child labour in primary and sub-contracted operations (including family enterprises), assist trade bodies such as the Carpet Export Promotion Council (CEPC) and broaden the Rugmark experience beyond the carpet sector to other industries which need to monitor child labour;
- demonstrate programme strategies through action research and exploratory projects implemented by NGOs, district administrations and private enterprises, building upon knowledge already gained on suitable rehabilitation approaches for children released from work;
- develop and test ways of scaling up exploratory initiatives;
- advocate support for elementary education, and effective implementation of legislation on compulsory primary education, as the key measure to prevent child labour, as well as support for complementary strategies to address child labour (including income enhancement, enforcement of minimum wages for adults, women's empowerment, convergence of services on families of child labourers and enforcement of legislations);
- incorporate the gender dimension of child labour into advocacy action, including an emphasis on the prime role of women in eliminating child labour; and
- assist the National Resource Centre for Child Labour (NRCCL) to facilitate select research, develop training materials, support the training of trainers, contribute to the database, advise central and state governments on policy and programme design and monitor

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implementation; a key element of training will be linkage with capacity-building initiatives for elected representatives of *panchayats* by developing training materials on child labour which may be used in such initiatives to create awareness and mobilize community action.

7.7.4. The main outputs of the project will be:

- strong civil society and government commitment and associated actions towards eliminating child labour;
- a comprehensive knowledge bank on child labour, including case studies and best practices;
- an effective monitoring and watchdog system through networking and community alliances;
- a set of demonstrated strategies and actions to prevent and eliminate child labour; and
- aware and committed *panchayat* and *nagarpalika* members and other representatives of the community.

**Project 2: Reviewing and adapting legislation and policy**

7.7.5. The main objectives of this project will be to:

- ensure harmony of national and state laws with the CRC;
- integrate child rights concerns into national and state policies and plans of action for children; and
- strengthen the enforcement of relevant laws for the protection of children.

7.7.6. Within this project, support will be provided for the following activities:

- implement recommendations emanating from the country report on the CRC;
- review national and state legislation for compliance with the CRC and promote changes in legislation to more adequately reflect CRC principles;
- promote the development and implementation of a comprehensive Children's Act;
- encourage review and modification of national policies on children, including the NPA, SPACs and district plans, from a child rights perspective;
- assist the development of overall national policy on child rights through contributions to preparation of the next Five-Year Plan;
- establish a participatory process for the preparation of India's second report on CRC implementation, due in 2002;
- assess the relative impact of traditional values, and social and legal structures, on child rights and campaign to bring about essential changes in traditional attitudes and practices pertaining to children;
- build the capacities of law enforcement organizations - police and border officials - for improved protection of children;
- sensitize lawyers and judges, especially on the situation of the girl child and other gender issues; and
- build the capacities of NGOs and other civil society organizations to more effectively access the legal process on behalf of children.

7.7.7. The expected outputs of this project will be:

- legal standards that adequately reflect the "best interests of the child";
- all national and state policies and plans of action updated to incorporate the child rights perspective, including the Tenth Five-Year Plan;

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- all law makers, enforcers and implementors sensitized and trained to effectively address issues concerning the protection of all children, particularly girl children; and
  - wide awareness and knowledge regarding the laws that govern children; to empower and enable NGOs and other civil society organizations to initiate appropriate legal action when necessary.

**Project 3: Collective action to eliminate child trafficking and prostitution**

7.7.8. The principal objectives of this project will be to:

- demonstrate and pilot measures for rehabilitation of children of commercial sex workers;
- create public awareness on child trafficking and prostitution and mobilize public opinion;
- demonstrate viable strategies for eliminating child trafficking and prostitution in different settings; and
- promote effective legal action to protect children from trafficking and prostitution.

7.7.9. Programme interventions in at least 10 source districts will be supported to demonstrate strategies and actions for prevention of child prostitution and trafficking and for rehabilitating children of sex workers. This support will reflect the CCA and inter sectoral approaches outlined in earlier chapters.

7.7.10. Key activities of this project will be to:

- improve enforcement, develop and implement public information campaigns;
- test and disseminate strategies for the rehabilitation of children withdrawn from prostitution;
- mobilize strong public opinion against child prostitution through advocacy and social communications, including appropriate messages for the prevention of HIV/AIDS;
- develop and strengthen partnerships to eliminate child prostitution, building on the leadership already demonstrated by the NHRC and NCW in mobilizing alliances around this issue;
- support NGOs in particular to implement exploratory actions, provide data and monitor the incidence of child trafficking and prostitution;
- promote community awareness on child trafficking and prostitution through contributions to training materials for elected representatives of the *panchayats* and *nagarpalikas*; and
- in collaboration with UNIFEM, assist inter-country initiatives within the SAARC region to investigate and address problems of child trafficking across national borders.

7.7.11. The main outputs of the project will be:

- more rigorous enforcement procedures for laws to protect children from trafficking and prostitution;
- a set of demonstrated programme strategies and interventions to prevent child trafficking and prostitution as well as rehabilitation of children of sex workers in at least 10 source districts;
- an informed public committed to preventing child prostitution and HIV/AIDS;
- alliances networking closely in a movement against child prostitution; and
- data on the incidence of child trafficking and prostitution and current trends.

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#### **Project 4: City level actions for street children and juvenile justice**

7.7.12. The main objectives of this project will be to:

- reduce the incidence of child destitution and neglect;
- reduce child abuse and exploitation in the family and within the community;
- reach out with the help of specially designed strategies and projects to children in distress such as orphans, destitutes, children with disabilities, domestic child labour, child beggars, children of sex workers, etc;
- strengthen family integration and prevent children from working on the streets;
- demonstrate and replicate workable approaches and actions to protect street children;
- strengthen policy to protect children in conflict with the law; and
- promote public awareness of the Juvenile Justice Act.

7.7.13. Principal activities envisaged under this project are to:

- support innovative programmes and initiatives aimed at ameliorating the conditions of street children, neglected and delinquent juveniles, and other categories of children in distress;
- promote preventive actions and linkages with the various government schemes and services available in the urban areas (through the Ministry of Social Justice and Empowerment; and the SJSRY of the Ministry of Urban Development);
- assist the efforts of the Ministry of Social Justice and Empowerment to promote comprehensive city-level plans for street children based on partnerships between NGOs, municipal corporations and state governments for programme development, implementation and monitoring;
- assist the SJSRY focus on a priority basis on "at risk" families for offsetting family breakdown, destitution of children and vulnerability of girls to prostitution;
- develop and apply training activities for government functionaries and civil society partners concerned with street children, incorporating the principles of the CRC and messages on sexually transmitted diseases, including HIV/AIDS, in training materials;
- demonstrate approaches to fulfilling the rights of street children through exploratory projects;
- develop street children monitoring systems for use by central and state governments;
- support select components of 'Childline' (a telephone helpline for destitute children), particularly in training, documentation and assessment;
- develop an improved database on children in conflict with the law to guide policy development and implementation;
- develop and implement training strategies and materials for orienting concerned parties - judiciary, police, government and NGOs - towards viable, non-institutional approaches for the care, protection and rehabilitation of children in conflict with the law;
- promote public awareness of the Juvenile Justice Act (JJA);
- develop monitoring systems for use at national and state levels towards a more child-friendly approach in implementing the JJA and stemming child abuse in institutions for destitute children; and
- review and revise the JJA to fully embody the principles of the CRC.



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7.7.14. The main outputs of this project will be:

- broad partnerships for city plans to benefit street children;
- functionaries and civil society partners sensitized and trained on issues of street children;
- a set of case studies and best practices demonstrating viable approaches to realize street children's rights;
- an effective monitoring system and database on street children and children in conflict with the law; and
- an improved JJA matching CRC principles.

**Project 5: HIV/AIDS prevention and control**

7.7.15. Main objectives are to:

- advocate for the development and implementation of supportive policies to protect the rights of children and women in HIV/AIDS prevention and care programme and activities;
- mobilize the government and civil society for HIV/AIDS prevention and care of children and affected families;
- strengthen community processes for the reduction of children's vulnerability to HIV/AIDS and its impact on them as well as to care for orphans; and
- focus attention on the special vulnerability of children and young people to HIV/AIDS and promote their participation in HIV/AIDS prevention and care programmes.

7.7.16. Principal activities envisaged in this project are to:

- promote community awareness and increase their knowledge on HIV/AIDS and related issues;
- mobilize public support through advocacy and through promotion of a wider media coverage;
- integrate HIV/AIDS prevention and care into all the training activities of UNICEF supported programmes;
- build capacity of *panchayati raj* and *nagar palika* members and women's groups to prevent the transmission of HIV/AIDS and to care for those affected;
- collect and update data on vulnerability of children and young people to HIV/AIDS;
- strengthen UNICEF state level capacity for advocacy, HIV/AIDS prevention and care;
- promote the building of partnerships and networks at state level for HIV/AIDS prevention and care; and
- produce advocacy material for the promotion of HIV/AIDS prevention with a focus on children especially those living in difficult circumstances.

7.7.17. The main outputs of this project will be:

- an effective and updated database on Children and HIV/AIDS in India;
- state level government and civil society sensitized and mobilized to protect the rights of children and women while carrying out HIV/AIDS prevention activities and to care for children and families affected;
- increased knowledge levels of HIV/AIDS prevention in the community; and
- *panchayati raj* and *nagar palika* members and women's groups skilled in HIV/AIDS prevention and care through participatory training processes.

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## **7.8. Programme linkages**

7.8.1. The objectives of the child protection programme cannot be achieved without a cohesive, inter-sectoral approach involving many agencies, both within government and outside. For example, strategies and actions towards eliminating child labour and child prostitution must be pursued through close collaboration among those involved in the labour, education, rural and urban development, welfare and legal sectors. The complete elimination of child labour depends very much on the successful implementation of the education programme described in Chapter 6. Nevertheless, education programmes need to be linked to other interventions for community action and development, such as women's empowerment, income generation and legal action within the framework provided for in the CCA strategy. Conversely, unless child protection rights are fully addressed, sectoral goals for survival and development will not be achieved.

## **7.9. Milestones and indicators**

7.9.1. The target will be complete elimination of child labour in at least 15 districts by the end of 2002.

7.9.2. The milestone by the end of the year 2000 is elimination of hazardous forms of child labour in at least 5 districts, as well as 50% reduction of child labour in 10 districts.

7.9.3. Indicators for monitoring of progress will include:

- number of children working in specified sectors;
- trends in school retention, especially girls;
- number of legal cases (resulting in prosecution or not); and
- number of successful public or government actions.

7.9.4. With respect to the JJA, the Act would need to be revised by the year 2000. A tested monitoring system on JJA implementation and abuse in institutions for destitute children will need to be in place by 2002. Appropriate indicators of progress will include:

- proportion of child offences dealt with under JJA;
- number of Juvenile courts for children established throughout the country; and
- trends in incidence of abuse in children's institutions.

## **7.10. Programme management**

7.10.1. Given the need to establish close programme linkages with different sectors, activities envisaged under child protection will be implemented within the framework of Annual Plans of Action jointly determined by the Department of Women and Child Development, the Ministry of Labour, the Ministry of Social Justice and Empowerment, the Ministry of Rural Development and other concerned government agencies. Cooperation for integrated planning, execution of activities and monitoring will be promoted and facilitated by an inter-sectoral programme group. This group will meet periodically to review the progress of the GOI-UNICEF-supported Child Protection programme.

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## **7.11. Partnerships**

- 7.11.1. The success of the Child Protection programme, in terms of scope and impact, will depend on the strength and effectiveness of partnerships between many governmental and civil society organizations. Close collaboration between different government sectors will be promoted as a priority for better cohesion of field actions around the objectives of the child protection programme. The cooperation amongst the Ministries of Labour, Social Justice and Empowerment, Urban Development and Rural Development as well as the Departments of Women and Child Development and Education will be particularly important.
- 7.11.2. Alliances of NGOs will be facilitated and strengthened to increase advocacy, as well as to disseminate information and replicate the successful experiences. The media will also continue to be a key partner in investigative research and in reporting serious violations of child rights. Non-traditional partners will increasingly be brought into the advocacy and action networks on child protection. These include civil society groups such as the corporate sector, trade unions, youth, women's groups and lawyers. The commissions – NHRC and NCW – will be facilitated to continue their leadership roles in advocacy and partnership-building. Government-civil society partnerships will be particularly important to make an impact on violations of children's protection rights.
- 7.11.3. Revision of law, and improved enforcement, will require close partnerships with the judiciary and legal professionals. The programme will also attempt to engage the police force and border officials more effectively in protecting and fulfilling children's rights.
- 7.11.4. In view of the significant global attention now devoted to child protection issues, especially child labour and child trafficking and prostitution, linkages with multi- and bilateral agencies will be actively cultivated. This means closer collaboration with other UN agencies (especially ILO, UNDP, UNESCO, UNIFEM, UNHCR and WHO) and the World Bank. Partnerships with donors will be extended since their interest in the area of child protection has increased significantly and recent international conferences have contributed to the commitment of bilateral agencies. UNICEF National Committees and international NGOs will also be included in the widening global partnerships on child protection.

## **7.12. Risks**

- 7.12.1. Since the root causes of denial of children's protection rights are largely embedded in societal attitudes and traditional norms, positive changes may be difficult to effect and slow to occur. Unless the influence of prevailing mind-sets is successfully addressed, there is a risk that programme actions may amount to tokenism only. Moreover, in these relatively new and complex areas of programming, there is no proven programme design. Time-consuming innovations, which can be tested only for small population samples, may not be replicable. There is a risk that interventions which are successful at micro-level may not be taken to scale. In fact, going to scale with child protection interventions will depend greatly on the ability of NGOs and state governments to develop close and workable partnerships. The fulfilment of children's protection rights will require fresh partnerships with a broad range of civil society and governmental organizations. This entails the risk of conflict, especially between new partners and the more traditional allies, regarding principles and directions in addressing child rights violations.
- 7.12.2. Legislation may be gradual to adapt to CRC principles. Violations of civil and political rights will be particularly difficult to address. Connivance by police and officials, as well as the involvement of strong criminal elements, may preclude law enforcement to offset practices such as child trafficking and prostitution.

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### 7.13. Budget

The budget proposed for the programme over four year is US \$ 17 million with US \$ 7 million from General Resources and US \$ 10 million from Supplementary Funds subject to availability of funds. Specific proposals for supplementary funds in consultation with relevant department(s) in the government will be prepared to secure supplementary funds for various projects in the programme.

<b>CHILD PROTECTION</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>TOTAL (US\$ IN MILLIONS)</b>
General Resources	1.80	1.60	1.70	1.90	7.00
Supplementary Funds	2.00	2.00	3.00	3.00	10.00

# Chapter 8

## Advocacy and Information for Child Rights

GOI-UNICEF Master Plan of Operations, 1999-2002

### 8.1. Programme summary

Advocacy and information for child rights will promote policies and programmes to ensure wide public knowledge of child rights challenges, and to foster commitment and essential actions. A social and political groundswell must be generated and sustained to act as an effective push factor and reminder to government and civil society whose attitudes, policies and behaviour affect children and the course of their lives. Importantly, denials of child rights need to be made visible. The advocacy strategy will focus particularly on establishing the concept of the 'caring community' for children, aiming to change attitudes at policy, societal and service delivery. Information collection and dissemination and communication outreach will be key to the programme. While advocacy will address all the rights of children as articulated in the CRC, emphasis will be given to a few critical rights themes in view of the broad impact that improvements in these areas would have for children. These themes are: compulsory primary education, child protection, nutrition, the urban and migrant child and the girl child as well as safe motherhood for women. The key progress indicators of the country programme – infant mortality, birth weight, material mortality, and child labour, will be extensively promoted.

The advocacy for child rights programme will comprise three projects:

- creating constituencies around the CRC through alliances and networks;
- advocating attention to the girl child; and
- promoting the rights of specially disadvantaged children.

### 8.2. Problem statement

8.2.1. India has extensive constitutional and statutory provisions to safeguard human rights of children. India's accession to the CRC in December, 1992, has enlarged the range of accepted national obligations in the country's declared commitment to its children. Recent policies and programmes, as well as judicial activism, have further strengthened the prospects for realizing the full range of children's rights. Despite these, the country's 380 million children continue to face sizeable challenges in realising their rights to survival, development, participation and protection.

8.2.2. A gap persists, however, between Society's commitments to fulfilling children's rights, as stated in the Constitution, legislation and the CRC, and the effective implementation of these commitments. There are daily violations of child rights as childhood continues to be denied to millions of children. Traditional values, often in conflict with current norms of child rights, tend to work against the enforcement of legislation. Patriarchy, caste and social attitudes further constrain the fulfilment of the rights of children and women.

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- 8.2.3. The fundamental right to survival is not easily guaranteed. One in eight children dies before the age of five from preventable diseases and malnutrition. Of all those who do survive, millions do not ever realize their right to development. Almost half of India's children between the ages of 6 and 14 years do not attend school. Notwithstanding the growth in awareness of the fundamental right to education and freedom from child labour, societal commitment to development for every child remains weak.
- 8.2.4. Even in the sphere of civil and political rights much remains to be achieved to meet constitutional, legal and CRC standards. Violations of civil and political rights include bonded child labour, sale and trafficking of children for prostitution or other purposes, foeticide and female infanticide. These practices continue despite existing legislation which outlaws them. Rights to identity, birth registration, freedom of expression and association, privacy and physical integrity need to be better respected and fulfilled in law and practice.
- 8.2.5. Because of strong gender discrimination, girls are more disadvantaged than boys, from birth and even before. In fact, the prevailing, traditional preference for boys makes girls especially vulnerable to rights violations. The skewed sex ratios, particularly in northern India where in some areas there are less than 900 women per 1000 men, are dramatic evidence of discriminatory practices against girls and women. Systemic problems affecting girls are many and varied. Legislation prohibiting the use of amniocentesis and sonogram tests for sex determination during pregnancy was invoked in September, 1994. However, amniocentesis continues to be widely used for this purpose and leads to the abortion of an overwhelming number of female foetuses. Enforcement of the legislation is yet to be seen. It is estimated that at least 10,000 cases of female infanticides occur annually in parts of rural India. Parents also give priority health and nutrition care to male infants. The burden of providing girls with an adequate dowry is a key factor making girls less desirable. Although abetting or taking dowry is illegal under the Dowry Prohibition Act (1961), it is still widely practiced. Dowry-related violence against young women and girls, sometimes resulting in death, is commonplace. Despite the existence of the Child Marriage Restraint (Amendment) Act of 1976, girls continue to be married off at young ages, especially in northern India. It is reported, that nearly half of girls in Bihar, Uttar Pradesh, Rajasthan and Madhya Pradesh are married at or before the age of sixteen. Changing deep-rooted attitudes, and making systemic improvements to create education, employment and income opportunities, remain the challenges towards fulfilling the rights of girls in India.
- 8.2.6. A key area of future development is respect for, and fulfilment of, children's participation rights as established in Articles 12 and 13 of the CRC. These are rights surrounded by ambivalence or lack of awareness, based on a misunderstanding of the scope and content of these provisions. There is a misconception that participation rights amount to recognition of the personal autonomy of children at the expense of parental responsibilities for child care and nurturing. This calls for a clarification of the concept of child participation, so as to build better adult capacity to encourage and support the participation of children in realizing their rights, and to demonstrate ways in which effective child participation can be achieved.
- 8.2.7. The wellbeing of children is strongly influenced by groups and individuals who personally benefit from exploiting children and who pose considerable barriers to realizing child rights. These negative stakeholders are predominantly those who profit, often considerably, from exploiting children in practices such as bonded child labour or prostitution. They may include members of organized crime rings. A key advocacy challenge, therefore, is to create public indignation against such crimes against children, societal insistence on more concerted action by government and law enforcement authorities, and systemic changes to make this action effective.
- 8.2.8. The family and the home have always been considered as secure havens for children. Recent evidence, however, reveals that many children are under threat of violence and abuse within

their homes, perpetrated by the very people whom they trust most -- parents, relatives, neighbours and friends. There are also areas of armed conflict and insurgency in India where, in some instances, children face serious risks of getting killed, maltreated and orphaned and, in many others, of being denied access to education because of school closures. A much better knowledge of the situation of children in such conflict situations is needed to enable viable protection policies and actions to be designed. Children who have run away from home; street children; disabled children; those put to begging; and physically, mentally and sexually abused children - all need protection. Debate and dialogue around these problems is essential so that concerted action can be launched to address them.

### **8.3. Past cooperation and lessons learned**

- 8.3.1. India's accession to the CRC has generated increased awareness of child rights and their denial. A climate of collaboration towards fulfilling children's rights has been created through a series of national and state level consultations, substantive inputs from NGOs to India's report to the UN Committee on the Rights of the Child, and through public affirmations on child rights issues by prominent individuals and institutions. Advocacy has prompted the media to direct increased attention to children's rights and to violations of protection rights in particular. Major landmarks include the recent move to make elementary education a fundamental right; the Supreme Court judgment urging elimination of hazardous child labour; and the preparation of the report on CRC implementation.
- 8.3.2. India's active participation in SAARC resulted in a significant new SAARC commitment to eliminate hazardous and bonded child labour by the year 2000 and all forms of child labour by 2010. SAARC has also committed itself to work to end child trafficking and prostitution. These declarations have implications for Indian policy and programmes on these issues. However, experience with advocacy in such complex areas has shown that it is important to keep the spotlight on the issues even when public commitments appear to be in place.
- 8.3.3. Positive forces for change are emerging. The National Human Rights Commission (NHRC) and the National Commission for Women (NCW), both established recently, have been instrumental in bringing violations of child rights to light and promoting policy action. UNICEF has become a close partner of these Commissions. The energies of youth -- a constituency relatively more open to new ideas and to the possibilities for change -- offer an impressive and countrywide potential for behavioural change and public education. All these alliances need further cultivation to accelerate the impact of their concern for children.
- 8.3.4. Key lessons learned from past experience include:
- it is possible with focused and informed advocacy to evolve official and public positions on sensitive issues, such as child labour and child prostitution, from denial to greater debate, openness and action. For example, arguments on child labour have evolved from those based on 'economic necessity and hard reality' to others founded on the recognition that children have human rights;
  - the judiciary has been able to assume an important leadership role in protecting child rights, often expanding the scope of public interest litigation presented on behalf of children. The challenge is to sustain such judicial initiatives in terms of public policies and actions;
  - basing arguments on sound data and good research is vitally important. Emotions often cloud facts surrounding sensitive, child rights issues. Advocacy must be based on reliable information, regularly updated from the field;
  - data, compiled into attractive formats and in appropriate languages for use by media, NGOs and speechwriters, play a key role in sensitizing decision-makers. The Progress of Indian States is a prime example of a document used as a key advocacy tool;

- orientation of major institutions and media on child rights has enriched communication capacity, particularly in improving information quality. Experience with All India Radio, Doordarshan and the Directorate of Field Publicity has been particularly important in this respect; and
- while building alliances of concerned partners towards fulfilling child rights is crucial, there is a need to address the motivations of those who presently exploit children. Communication and law enforcement strategies are required to change the behaviour of these negative actors.

#### **8.4. National priorities**

- 8.4.1. The rights of children are firmly enshrined in the Constitution and in national and state laws and policies. The National Plan of Action for Children (NPA) and the respective State Programmes of Action for Children (SPACs) define the priority goals to be achieved during this programme period. Ratification of the CRC by India reinforced the national priority afforded to respecting, protecting and fulfilling child rights. While this is so, it is recognized that law and policy revision is required to more adequately reflect CRC standards.
- 8.4.2. The creation of the National Human Rights Commission (NHRC) and its extension to the states has further elevated human rights issues in the national agenda. The NHRC and its counterpart institution for women's rights – the National Commission for Women – have placed child rights uppermost in their portfolios.
- 8.4.3. There have been landmark actions in recent years, which illustrate the priority given to fulfilling children's rights. These include the various SAARC resolutions on children, especially regarding the situation of girls, child prostitutes and bonded child labourers; the Asian Media Summit of 1996, which endorsed the important role of information in meeting child rights; the move to make elementary education a fundamental right and the various judicial actions on child labour.
- 8.4.4. Growing initiatives by civil society organizations related to child rights are already laying the foundations for broader alliances in advocacy, and programme actions.

#### **8.5. Programme objectives**

The key objectives of GOI-UNICEF cooperation on advocacy for child rights will be to:

- achieve informed public commitment to respect, protect and fulfil all the rights of children with special emphasis on survival, primary education, nutrition, protection, and to promote safe motherhood;
- create constituencies for children by generating alliances and networks;
- instill and activate the recognition and articulation of child rights by all service providers through the communications systems and the training components of these services; and
- build and support a special constituency for the girl child.

#### **8.6. Programme strategy**

- 8.6.1. The overall strategy is to work at *three* levels to change attitudes towards child rights and establish the concept of the 'caring community':
- policy level to improve the policy-making environment in the best interests of the child;



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- societal level to enable the public to meet its obligations for children; and
  - service level to make it mandatory for service providers to meet their obligations towards every child.

8.6.2. There will be four broad components of the strategy:

- **Disseminate information** on child rights and the CRC widely, to adults and children.
- **Establish societal norms** through informed advocacy, public debate and legal activism. The strategic aim will be to encourage debate on existing practices and standards, generate increasing acceptance of revised norms wherever necessary and exert positive pressure for public action. The obligations of the State need to be seen in conjunction with those of family and community.
- **Generate and sustain visibility** for flagrant denials of child rights. The strategy will be to bring such issues before the public, spread knowledge and awareness and establish broad commitment throughout government and civil society to the provisions of the CRC.
- **Promote redesign of systems and communication outreach** to address rights. Advocacy will support the programme strategy of shifting the perspective of government programmes from the concept on service delivery to satisfy needs to that of service obligations to fulfil rights, including sectoral programmes and allocation of funds. Social communication will create community awareness of rights, increase demand for quality services and facilitate responses of the social service sectors.

8.6.3. These above strategic thrusts are interrelated and supportive of the programme objectives. Advocacy for action will therefore be pursued in conjunction with the sectoral programmes. It will also promote the general principles of the CRC and issues of civil and political rights not easily addressed through these programmes.

8.6.4. While advocacy will address all the rights of children embodied in the CRC and promote the indivisibility and interdependence of rights, the programme will focus on certain priorities for action. Weight will be given to some key rights violations because of the opportunities to be gained by maintaining the momentum of previous advocacy and programme actions; and the broad impact that positive changes in these areas would have on the situation of children. These priorities will be compulsory primary education, child protection including survival of female babies, nutrition, the urban and migrant child and the girl child. Links with the women's movement will be strengthened to leverage commitment to fulfilling the rights of girls as the essential basis for women's empowerment and meeting the standards set by CEDAW.

## **8.7. Projects**

### **Project 1: Creating constituencies around the CRC through alliances and networks**

8.7.1. The principal objectives of this project will be to:

- collate and disseminate data on child rights;
- integrate child rights into public agendas and political manifestos;
- create strong alliances of key NGOs, youth organizations and other civil society organizations for child rights advocacy;
- promote child participation in advocacy for their rights; and
- generate public demand through strengthening communication on child rights through the media.

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8.7.2. Key activities under this project will include support to:

- influence political leadership and opinion leaders in civil society, especially youth through information and advocacy contacts and alliances;
- mobilize *NGOs* and civil society organizations for child rights advocacy through planned and sustained information outreach, capacity building, training and networking;
- develop and implement community-based communication on child rights jointly with youth organizations;
- enhance effective information dissemination through close relationships with all communication / media channels. This will be done by strengthening the capacity of the media to report on child rights issues, through subject orientations, formal and informal briefings and thorough incorporation of child rights modules into journalism courses;
- collaborate to establish reliable national information resources, regularly updated and disseminated for public and policy use and support fact-finding activities for this purpose;
- develop, test and apply key indicators for monitoring child rights and gaining consensus on process indicators for rights violations;
- build the rights communication base and capacities of government and community outreach services for promoting the concept of the 'caring community';
- promote sectoral goals and rights issues with particular emphasis on compulsory primary education, nutrition, child protection, the urban and migrant child and the 'excluded' child affected by discrimination (such as the child infected with HIV/AIDS);
- create social audit mechanisms for monitoring child rights and providing consistent data on rights as a tool across all programmes and states, using appropriate indicators;
- develop and implement a range of initiatives for promoting child participation in rights advocacy, including children's parliament, children's *panchayats*, school activities and child-to-child activities;
- prepare and disseminate materials on child rights suitable for various target audiences including children; and
- facilitate the child rights work of the NHRC, NCW and other organizations, including universities and law colleges, to speak out on child rights violations.

8.7.3. The expected outputs of this project will be:

- strong, committed and articulate networks of government institutions, individuals, *NGO's*, and other civil society organizations who will act as monitors for child rights violations, and advocate for fulfilment of rights by all children.
- committed media specialists, oriented on all subject issues of child rights, who will consistently and constantly develop and promote correct perspectives on the rights of children in the media.
- service providers-cum-communicators across all sectors, trained in child rights and able to deliver services and monitor rights violations with a sense of commitment to underprivileged people.
- vigilant communities who will evolve community processes for meeting the rights of children and women in their communities and who will report on incidents on violation of child rights.
- a reliable database on child rights which will be regularly updated, and used as child rights indicators for monitoring and informed advocacy.

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## **Project 2: Establish a special constituency for the Girl child**

8.7.4. The principal objectives of this project will be to:

- integrate girl child issues and age-profiled rights perspective into policy, public agenda and programme design;
- create public awareness of violations of girl child rights; and
- work towards changing people's attitudes towards gender and childhood.

8.7.5. Key activities under this project will include to:

- position the girl child in the whole debate on women's status in society, linking to CEDAW and emphasizing the denial of basic rights to girls and age-specificity in advocacy on female rights;
- facilitate research for collecting and disseminating quantitative and qualitative data on girl child rights for inclusion in the Tenth Five-Year Plan, the NPA, SPACs, district plans and political manifestos;
- develop a national girl child policy position for advocacy use;
- collate and disseminate data on violence against girls and abuse within the family to promote public and policy action;
- promote debate on the civil and political rights of girls, and her right to physical integrity within the family, using MEENA communication materials;
- engage National Ambassadors, and other public figures including film stars, to create alternative male stereotypes, non-violent male role models and empowering images of women;
- prepare and contribute materials on girl child rights, such as MEENA, to training programmes for *Panchayat Raj* and *Nagar Palika* members, and frontline workers to initiate debate at the community level;
- promote policy and programme actions to address problems such as dowry, child marriage, female foeticide, female infanticide and child prostitution;
- facilitate networks of civil society alliances to address issues of the girl child; and
- build the capacity of youth infrastructure and using the energies of the youth movement to promote the rights of the girl child.

8.7.6. The expected outputs of this project will be:

- a national Girl Child policy position.
- a national programme to ensure the survival of girl children, reduction in violence and abuse of girl children and change in social customs that govern the lives of girl children (especially customs pertaining to marriage and child birth).
- public opinion built and constituencies created to express moral outrage regarding all atrocities against girl children, including the formation of fora to spread knowledge and awareness of judicial / legal matters affecting girl children.

## **Project 3: Promoting the rights of specially disadvantaged children**

8.7.7. The principal objectives of this project will be to:

- prevent childhood disabilities by promoting actions by the social service sectors;
- make disabled children more active members of society;
- create greater societal concern for children in conflict situations, including abuse within the family; and
- develop workable actions towards realizing the rights of children affected by violence.

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**8.7.8. Principal activities under this project will be to:**

- promote improved caring practices and better nutrition during pregnancy and early childhood;
- enable disabled children to fully participate in mainstream activities and develop to their full potential;
- integrate the rights of disabled children in the agendas of all sectors and assisting the children to become active members of society;
- assist policy design and strategy development to address the rights of children affected by family violence and armed conflict through establishing databases for better understanding of the situations of these children;
- employ data and programme documentation to advocate for greater concern and more effective actions to benefit these children;
- develop and implement communication campaigns to draw public attention to, and discourage, violence against children and women; and
- facilitate appropriate communication and partnerships between government, NGOs and international agencies to address the needs and rights of children in areas of conflict, especially in Jammu and Kashmir and north eastern India.

**8.7.9. The expected outputs of this project will be:**

- dissemination of reliable data on the situation of children affected by violence and armed conflict to assist policy design and programme implementation;
- sectoral programmes that fully integrate the rights of disabled children and promote their mainstreaming into society;
- effective networks of government, civil society and international partners with integrated programmes to benefit children and women in conflict situations; and
- communication programmes focused on violence against children and women to increase awareness and promote protection and behavioural change.

**8.8. Programme linkages:**

**8.8.1.** Advocacy for child rights is a major cross-cutting theme of the country programme and hence such programme linkages must be extensive. Special support will be provided to the social communication needs of the CCA strategy in rural and urban areas. The potential of the media will be tapped to benefit the work of all sectoral programmes. Close cooperation with these programmes will be necessary to ensure that concerns for the girl child and urban child are adequately reflected in them. Given the advocacy focus on primary education, nutrition and child protection, strong linkages will be developed with the relevant programmes in these areas.

**8.9. Milestones and indicators**

- Major networks mobilized for the key outcome goals of the country programme;
- India's second report on CRC implementation prepared through a broad consultative process, discussed and submitted;
- Support advocacy and public commitment to respect, protect and fulfil child rights;
- An informed and active public and opinion - makers in support of the girl child.

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## **8.10. Programme management**

- 8.10.1. DWCD will be the nodal counterpart for advocacy on child rights and in bringing key issues to policy and public attention. In this, the Department will facilitate partnerships for appropriate actions by all government sectors and civil society organizations. The nature and extent of the required partnerships is outlined in section 8.11 below. Because of the particular role of the media in advocating for actions on child rights, the Ministry of Information and Broadcasting will be closely involved in programme management. At decentralized levels, the respective state departments of women and child development and UNICEF state offices will work in partnership and facilitate advocacy work at state, district, sub-district and community levels. Critical support for advocacy will come from the strategic planning, monitoring and evaluation activities undertaken by UNICEF.

## **8.11. Partnerships**

- 8.11.1. The forging of wide-ranging alliances to pursue child rights and generate greater concern for children is an integral part of the programme strategy. The programme demands the establishing of networks and partnerships between many civil society organizations (CSOs), as well as between CSOs and government. Partnerships should aim to foment the broadest societal movement towards the realisation of child rights. Sustained fact finding and information flow will keep groups and individuals updated so that they in turn become positive influencers of public opinion and subsequently of the policy. Legislators (national and state), planners, lawyers, government officials and NGO leaders are key partners in this context. The programme will continue to assist the NHRC and NCW in their leadership roles to protect the human rights of children. Extensive linkages to NGOs are envisaged as a necessary feature of programming for child rights advocacy. Partnership with the NCW will be especially important for advocacy on girl child issues and violence against girls and women.
- 8.11.2 The corporate sector, including the Chambers of Commerce, has also emerged as a key advocacy partner. Partnerships with the private sector will be strengthened, particularly in support of compulsory primary education and child labour elimination.
- 8.11.3 The contribution to the public policy making process through research and ideas exchange will be strengthened through collaboration with universities and research institutions. Quality research, information gathering, analysis and documentation will be required and greater recognition of child rights as an academic discipline.
- 8.11.4 A prominent partner will be the media in its various forms. A flexible plan for working with the media will be developed and implemented. This will include building the capacity of the media to report on child rights issues and to effectively take on the roles envisaged in the programme strategy.
- 8.11.5 With respect to government, the Department of Women and Child Development (DWCD), as the focal point for child rights will, along with UNICEF, establish convergent advocacy actions with other departments and ministries. Key among these will be the Ministry of Information and Broadcasting, Prasar Bharati, the Ministry of Law and Justice, the Ministry of External affairs, the Department of Culture, the Department of Youth Affairs and Sports, the Home Ministry, and the Ministry of Social Justice and Empowerment. These governmental partnerships will be especially important in view of the advocacy focus on nutrition, primary education, child protection, girl child and the urban child.

## 8.12. Risks

- 8.12.1. National commitment to the realization of child rights depends on strong, positive public opinion. The best interests of the child do not yet have sufficient and indisputable political or social weight. Social divisions are rife and have negative consequences for fulfilling rights. The end of these political and social currents will not be seen during the programme period. Advocacy and information must be used to place children above these dividing lines.
- 8.12.2. While current national political will is clearly expressed in policy decisions to undertake affirmative actions, there is a risk that political and administrative commitments may not be sustained. These commitments will need to be firmly institutionalized for continuity of action and investment at all levels.
- 8.12.3. Informed community demand is subject to custom and tradition, embedded in society and often undermining the realization of rights as expressed in legislation. Indigenous legal traditions may continue to dominate and prove impossible to harmonize with the CRC and national laws. Enforcement mechanisms are only as strong as their actual application. Vested interests in the exploitation of children will provide major obstacles to progress in fulfilling child rights. As in the case of reservations in politics for women, or the issue of special measures to address caste imbalances, groups perceiving themselves as being adversely affected by such measures will resist them. Children too live within these restrictive, socially condoned frames. Such social resistance calls for influential exemplars and effective communication with the target groups. Spokespersons for children must be articulate and informed.
- 8.12.4. Child rights is not a welfare subject. The rights perspective in programming requires attention to the task of total and sustained coverage, the extension of governmental support beyond conventional service infrastructures and the active enlistment of wider social energies in meeting the challenge of recognizing and reaching every child. Quantum and percentage targets have achieved results in meeting developmental goals but they have left many children unreached. The focal role of DWCD in leading national advocacy for the rights of all children is therefore both a challenge and an opportunity.
- 8.12.5. Overall, government – civil society partnerships will require conscious nurturing to become peer relationships. Neither the state nor NGOs can build a caring community alone. The creation of such an informed community demands openness with information and free information flow, community-based social audit being an important element. The difficulties of generating transparency with information may prove difficult to surmount.

## 8.13. BUDGET

The programme provides for a total of US \$ 10 million for both General Resources and Supplementary Funds over the four-year period, subject to availability of funds. Proposals for supplementary funding in priority areas will be prepared in consultation with Government departments and the programme implemented based on resources available.

ADVOCACY FOR CHILD RIGHTS	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	1.50	1.40	1.50	1.60	6.00
Supplementary Funds	1.00	1.10	1.00	1.00	4.00

# Chapter 9

## Planning, Monitoring and Evaluation

GOI-UNICEF Master Plan of Operations, 1999-2002

### 9.1. Programme Summary

Planning, monitoring and evaluation have a strategic significance for the GOI-UNICEF programme of cooperation in the endeavour to promote child rights. The monitoring and evaluation functions become critical for assessing and improving the quality, efficiency and effectiveness of programme interventions. They are equally important for enabling UNICEF to improve its internal operations and emerge as an effective knowledge-based institution.

During the programme period, efforts will be intensified to develop new community-based monitoring mechanisms, strengthen existing national data systems for children, undertake critical evaluations of programme interventions, and enhance the capacity of local institutions for carrying out periodic assessments. Special efforts will be made to transform UNICEF into a learning and knowledge-based institution that can provide strategic inputs for the national programme.

### 9.2. Problem Statement

- 9.2.1. Planning for India's children occurs within the framework of the country's Five-Year Plans that lay out the national development agenda and set guidelines for programmes and activities. The Plan documents specify priorities, outline specific programmes, earmark resources, and set goals.
- 9.2.2. Reviewing the agenda for child rights – that remains large and unfinished – reflects shortcomings in planning vis-a-vis processes and achievements that need to be urgently addressed. Efforts are needed to (1) strengthen the planning process to make it more child-oriented, (2) focus on the most disadvantaged groups as a way of narrowing disparities, and (3) draw attention to the less visible and more silent violations of child rights that have not yet become accepted as part of the public agenda. Strategic planning also assumes a new significance in the current context of globalization and reforms where the overwhelming attention being paid to the economic sectors tends to displace social sector concerns and children's issues.
- 9.2.3. Monitoring of child rights plays a critical role in influencing the planning process. Monitoring, for child rights is best done when there are clearly defined goals against which progress can be measured easily by the community itself. Whereas national systems of monitoring have been developed, there is still a lot that needs to be done for improving the quality and reliability of data. Delays and time lags often characterize data processing. Reporting biases also occur - as in the case of school enrolment data - which reduce the effective use of data for decision making. More timely feedback on performance and progress is not typically available to the local community and government functionaries, which reduces effectiveness and can adversely affect their motivation.

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- 9.2.4. Monitoring for child rights calls for developing *process* indicators - not always quantifiable, but crucial nonetheless in understanding and assessing progress. This has remained a neglected area in most sectors. There are also some areas where relevant data on children are not readily available. This is particularly so in the case of disaggregated statistics - where specific information by gender, district, block, or different communities is not always available. In some instances such as child labour, there is a problem of standardizing definitions and putting in place appropriate systems of data monitoring.
- 9.2.5. Evaluation and action research are necessary for testing out new ideas and innovative approaches. These are also important for objectively assessing the experiences of different projects and feeding the lessons learned into programme design and implementation across the country. Regular evaluation also helps to make changes in programme interventions, influence the utilization of resources, carry out informed advocacy, and mobilize public action. It is only through a careful analysis of costs, resource use and outcomes that the efficacy of programmes can be established. The CCA strategy advocated throughout this programme calls for methods that involve the community not only in the design of programme interventions but also in the assessment of progress. Methodologies for conducting such participatory appraisals need to be refined and institutionalized.
- 9.2.6. The monitoring and evaluation functions will also enable UNICEF to strengthen its capacity as a knowledge-based institution. Careful assessment of the Indian experience can provide valuable insights that can shape not only programmes within India, but also those outside the country. Such a cross-fertilization of ideas and international exchange of experiences can initiate a process of continuous learning. This will contribute to shape the future programme activities of UNICEF.

### **9.3. Past cooperation and lessons learned**

- 9.3.1. UNICEF has worked closely with the Government to develop the National Policy for Children and the National Plan of Action for Children, which set out goals consistent with those endorsed by India at the World Summit for Children. This was followed by the preparation of detailed State Plans of Action for Children. Starting with Tamil Nadu in 1994, 17 major states and one union territory have prepared such State Programmes of Action for Children. District and city plans have also been prepared in certain states. Monitoring mechanisms of varying types have been established in each state.
- 9.3.2. UNICEF has also worked closely with the Government to support the development of Management Information Systems in a number of sectors. These include, for instance, support to:
- the National Industrial Development Corporation for developing an information system for the Child Survival and Safe Motherhood programme, now being extended to the Reproductive Child Health programme;
  - the National Institute of Educational Planning and Administration for developing an extended District Information System on Primary Education (DISE) and Educational Information system;
  - the National Informatics Centre (NIC) of the Planning Commission for developing a comprehensive Water and Environmental Sanitation Information System to facilitate programming and resource monitoring in Madhya Pradesh and Orissa; and



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- the NIC and Department of Women and Child Development for developing an Information system for Integrated Child Development Services especially at state and district levels.
- 9.3.3. *Nutritioninfo*, a database developed for providing reliable and up-to-date information on a wide range of nutrition indicators, has been enlarged into the "*Childinfo*" database to include all sectoral indicators related to women and children. *Childinfo* offers the potential of being a major database on social development that can be linked to all departments and ministries associated with the country programme. In addition, it also offers the potential of being adapted to develop a common UN database on various UN and World conferences.
- 9.3.4. UNICEF has supported action research and evaluation studies in a number of areas. These include for instance, an All-India Survey on Human Development carried out by the National Council of Applied Economic Research on behalf of the Planning Commission, a series of studies on primary education under the District Primary Education Programme (DPEP), and a review of CCA in 10 of the 50 exploratory districts in collaboration with the Ministry of Rural Development. Such studies help to establish the baseline against which progress can be periodically assessed.
- 9.3.5. UNICEF has participated with the Government and other partners in several key programme evaluation missions in different sectors. These include evaluation of the universal salt iodization programme, assessment of the rural water supply programme with DfID, review of the Bihar Education Project, an evaluation of the Pulse Polio campaigns, and a major evaluation of the UNICEF-assisted WES sector. Inputs from such evaluations help to improve the effectiveness and reach of existing national programmes for children and women.
- 9.3.6. Beginning with 1994, a series of Multi-indicators Cluster Surveys (MICS) have been carried out in several major states and districts. The results of these surveys are used for specific action at district and state levels as well as for developing a policy framework for programmes especially to further accelerate programmes for urban poor. The methodology and training for conducting such sample surveys are being standardized so that results can be compared between states.
- 9.3.7. A careful review of past cooperation points to several areas of strategic importance that need to be developed and strengthened, such as:
- Rigorous social policy analyses especially within the context of economic reforms that monitor allocations to, and performance of, the social sectors. Such analyses are also needed to ensure effective integration of economic and social policies that promote human development and the rights of children.
  - Strong community-based systems of data collection and monitoring so that timely feedback can be provided to local representatives and government functionaries.
  - New indicators relating to the monitoring of child rights will have to be evolved especially those relating to processes of development and qualitative aspects of interventions.
  - Informed advocacy to bring many issues of children, especially those so far neglected, into the public agenda for debate and discussion.
  - More rigorous economic assessment of programmes, as well as an intensive study of their cost-effectiveness.
  - Methodologies for evaluating training inputs especially as efforts are made to introduce new training inputs for *panchayat* members.

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- Support discussions between government and NGOs so that constructive dialogue can result in better programming for children.
  - Ensure effective ways of sharing of experiences across the country and capacity for making informed decisions based on careful analysis.

9.3.8. The last Mid-Term Review of the GOI-UNICEF Programme of Cooperation was conducted in 1993. This was followed by annual reviews in 1996 and 1997. The country programme preparation for the short bridging programmes for 1996-97 and 1998 involved identification of key strategies within a rights framework. Annual reviews linked to the programme development for the country programme have identified monitoring and evaluation particularly at the level of state and districts as major areas for focus in the new country programme.

#### **9.4. National priorities**

- 9.4.1. India's priorities for children are articulated in the National Programmes of Action for Children and find further refinement in the Ninth Five-Year Plan. They include a commitment to meet the goals for children for the year 2000 endorsed at the World Summit for Children. UNICEF will work closely with the Planning Commission and other government and specialist partners to advance the cause of children, and support the monitoring of goals for the year 2000 as well as those relating to the year 2002.
- 9.4.2. State governments have similarly developed detailed programmes of action that specify relevant state level and sometimes district level goals. Different departments and ministries have also spelt out clear objectives and goals that are listed as milestones and outputs in the relevant Chapters of this MPO. UNICEF will collaborate with the departments and ministries concerned with monitoring progress towards the realization of these goals.
- 9.4.3. India has made a number of commitments at SAARC and other international fora for attainment of goals relating to the advancement of children and women. There are also reporting obligations that arise out of the ratification of the CRC and other Conventions. UNICEF will work closely with the Government to facilitate the preparation of such reports.

#### **9.5. Programme Objectives**

- 9.5.1. The objectives of strategic planning will be to:
- develop a Programme Knowledge Network in active collaboration with other UN agencies, NGOs, national and technical institutions;
  - network with social science and technical institutions, management centres, research organization and NGOs to develop a framework for preparation of State Situation Analyses for the next programme as an input into the State Programmes for Children, the Tenth Five-Year Plan and the next country programme; and
  - strengthen Strategic Planning for GOI-UNICEF cooperation.
- 9.5.2. The main objectives of monitoring will be to:
- strengthen capacity for monitoring Child and Women's rights;
  - improve coordination of the support for Management Information Systems for programmes that will strengthen the decentralization process;

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- develop and maintain a database on quantitative and qualitative indicators as well as lessons learned with a view to supporting action for children and women;
  - develop a community level monitoring system in partnership with NGOs, *panchayats* and *nagar palikas*; and
  - assist in carrying out Multi-indicators Cluster Surveys and support use of data for planning and review of programmes for children and women.

9.5.3. The main objectives of evaluation will be to:

- assess programmes and their components with the intention of drawing lessons from successes and failures;
- identify key factors that can ensure efficient operations;
- evaluate the cost effectiveness of different programme components; and
- develop new methodologies to evaluate changes in attitudes and behaviour, or even in community and women's empowerment.

## **9.6. Programme strategy**

9.6.1. Strategic planning requires an effective information base that is continuously updated, and a mechanism for sharing information, assessments and evaluations with the wide range of partners, NGOs and other organizations. Efforts will be made to expand the information base particularly on the new areas related to child protection in the light of the CRC ratification and the possibilities that have opened up with the 73<sup>rd</sup> and 74<sup>th</sup> Constitutional Amendment Acts.

9.6.2. UNICEF will focus on the following elements to enrich planning, monitoring and evaluation :

- constantly review national economic trends to assess impact on resource flows to the social sectors and on programmes for children and women;
- support efforts to improve quality, reliability and timeliness of data collection and processing;
- establish and strengthen mechanisms for improving the linkages between research findings, data analyses and programme performance;
- create and strengthen networks in support of children that have access to relevant information on children;
- support a series of internal evaluations to identify new staff capabilities and fulfil training needs in order to enhance the effectiveness of UNICEF intervention; and
- support rigorous research to validate the effectiveness of new programmes.

## **9.7. Projects:**

### **Project 1: Strategic Planning**

9.7.1. Strategic Planning for the Tenth Five-Year Plan and the next country programme – India has undergone several significant changes over the years, and many more are under way especially in the economic and political spheres. While some states and regions are grappling with challenges to child survival, other states and regions are beginning to move rapidly ahead only to encounter newer challenges. The Government, to a large extent, has been able to mobilize sufficient resources. The country has built up strong national production capacities and has greatly reduced dependence on foreign assistance,

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and there is increasing sophistication in the manner in which economic issues are handled. These changes have several implications for UNICEF support to the Government - in terms of the strategic areas of cooperation, the nature of assistance, and even more importantly, in terms of the useful role that UNICEF resources can play in collaborating with the Government to advance the rights of children. It is therefore important that strategic analysis and thinking guide the UNICEF Global Medium Term Plan for the period 1999-2002 to meet the new programming challenges at both the national and state levels. At the same time, strategic initiatives will be needed to mobilize public and private sector responses that will strengthen the realization of child rights.

- 9.7.2. **Situation Analysis and Situation update** – The publication of the Situation Analysis of Women and Children and the State level Situation Analyses of women and children will be supplemented periodically by the preparation of updates. In addition, analytical papers on critical issues such as violence against women, protection rights including child prostitution and child abuse will be prepared in collaboration with Government and civil society organizations.

### **Project 2: Monitoring**

- 9.7.3. **Monitoring of Goals** - The project will support the framework of monitoring emerging from various Global Conferences including the World Summit for Children as well as the Convention on the Rights of the Child. *Childinfo* will be further enlarged in scope to provide for a common UN database on social sector information. Government at national and state levels will be supported for maintaining, updating and using such a database for programme development and review.
- 9.7.4. **Programme Knowledge Network** - UNICEF will support the creation of a Programme Knowledge Network both through an electronic medium and through an active interface with national and state level institutions. This will be developed based on studies, evaluations and assessments that UNICEF supports in various sectors at the national and state level. The database so prepared will be accessible not only to the Government and UNICEF, but more broadly to a wide range of NGOs and civil society organizations. The database will also serve a network of national, state and research institutions to be created on key areas related to Child Rights and goals. Effective linkages will be established with the Global Knowledge Forum to enrich its agenda for developing countries and for providing a user interface at the field level.
- 9.7.5. **Annual Review of the country programme** will be conducted jointly by UNICEF and the Government (co-ordinated at the Government level by the Department of Women and Child Development). The Mid-Term Review of the programme (MTR) will be initiated towards the end of the year 2000 and a joint review carried out in early 2001 to suitably adjust programme directions, wherever necessary. Specific programme and project evaluations based on the Integrated Monitoring and Evaluation Plan (to be developed separately) will be carried out. A programme assessment will also be carried out in selected state settings. These assessments and evaluations will feed into the Annual Review and MTR process as well as help develop the next country programme.
- 9.7.6. **Economic and cost analyses of selected sectoral programmes and projects** will be carried out. Capacity building for carrying out such analyses on a regular ongoing basis within both UNICEF and the Government will be supported. Such analyses will be linked to the strategic planning initiatives for ensuring that sectoral allocations at various levels are increased to meet the requirements of assuring child rights.

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- 9.7.7. Support will be given to ensure that the Management Information Systems developed in individual sectors are brought together at the district level in selected states, in order to link the district planning initiatives around an information system that is reliable, timely and efficient. Community monitoring systems in the CCA districts and towns will be supported for enabling the community level leadership of the *panchayats* and *nagar palikas* to not only inform themselves of the progress of programmes for women and children but also direct the programme efforts at local levels. Support will be given to NFHS, SRS, Census, Registration of vital events and NSSO to ensure quality in information collection and analysis as well as to ensure that child rights and UNICEF concerns are adequately reflected in the information systems of the country.
- 9.7.8. The GOI-UNICEF programme envisages US \$ 180 million in supplementary funds. To ensure that this funding is available and is managed well, an effective fund-raising strategy and accountability to donors needs to be developed. One of the key activities under the project will be to support development of specific supplementary donor proposals and appeals for joint use by UNICEF and the Government with donors both externally and within the country.
- 9.7.9. The global Programme Manager System (ProMS) will be implemented from 1999. This will form the basis for ensuring a regular and effective Information System on programme performance and monitoring.
- 9.7.10. State and District Programmes of Action for Children have been developed in several states of the country. During the period, the State Programmes of Action for Children will be updated in those states where they have already been prepared, to take cognizance of the country programme objectives and Convention of the Rights of the Child. In addition, SPACs will be prepared in the remaining states and union territories. These will look ahead into a 10-year perspective and set up systems for regular inter-sectoral programme implementation reviews.

### **Project 3: Evaluation**

- 9.7.11. Programme Evaluation and Project Evaluation of specific programmes/projects will be carried out with a view to drawing lessons for either scaling up, or identifying areas for replication or modification.
- 9.7.12. The evaluation of projects and programmes will pay specific attention to the strategies of the country programme i.e. convergence, decentralization, centrality of gender and partnerships and assess the extent to which these strategies have been incorporated in the programme, projects and sub-projects.
- 9.7.13. A major activity under the project will be to strengthen the evaluation capacity both within UNICEF and with key government counterparts.
- 9.7.14. Create a programme knowledge network based on evaluations carried out for regular use by Programme Officers both of UNICEF and government departments and update Evaluation Database. Linkages will also be established with major evaluation faculties and organizations involved in evaluations and assessments of programmes for women and children.

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## **9.8. Programme Linkages**

- 9.8.1. The community monitoring initiatives will be in close collaboration with the districts and towns where CCA strategies are being applied.
- 9.8.2. The quantitative and qualitative monitoring of various indicators on women and children will be carried out in collaboration with various sectoral programmes and projects supported by UNICEF.
- 9.8.3. Strategic evaluations, programme assessments and the Mid-Term Review will be carried out in collaboration with all sectoral programmes and departments and ministries of Government of India as well as state governments.
- 9.8.4. Linkages will be strengthened with UN agencies and major NGOs, as well as various national and state level technical and research institutions.

## **9.9. Milestones and Indicators**

### **9.9.1. Situation Analysis –**

- During the first year: elaborate upon the Rights framework and identify key themes for conducting thematic analysis in different state settings;
- During the second year: complete the Mid-Term Review;
- During the third year: consolidate the thematic analysis along with the launch of state level situation analysis; launch a document on the Child in India in the new millenium; complete the Situation analysis at both national and state levels for use in the next programme development and the Tenth Five-Year Plan.

### **9.9.2. Monitoring of Goals and Rights –**

- During the first year: develop a framework for monitoring major impact goals and develop a suitable model for monitoring goals at the district level; update and institutionalize Childinfo version 2: release DevInfo a common UN database on World and UN Conferences.
- During the second year: implement the monitoring process in one district per state.
- During the third year: expand the monitoring process to at least 10% of the districts in the major states; and ensure that the monitoring of goals is carried out in at least one-third of the districts by the end of the programme period.

- 9.9.3. Evaluations – carry out select programme evaluations with a focus on WES in 1999, Health in 1999-2000 and Education in 2001; create a programme knowledge network with gradual expansion to a wide range of partners; complete the Mid-Term Review in the first quarter of the third year and plan and initiate programme evaluations at state level in at least two specific settings.

## **9.10. Programme Management**

- 9.10.1. The activities of the programme Planning, Monitoring and Evaluation will be carried out in close collaboration with DWCD, various Central and state level government departments and the Planning Commission.

## **9.11. Partnerships**

- 9.11.1. The programme will work in close partnership with the Department of Women and Child Development, and the various departments and ministries of the Government and the state governments. Efforts will be made to establish linkages for monitoring and evaluation with district and local governments. UNICEF will also work closely with the national Planning Commission, State Planning Commissions and the various Missions set up at both the central and state levels to monitor progress.
- 9.11.2. Research and academic institutions, and training centres will constitute important partners for carrying out periodic evaluations and analysis of progress.
- 9.11.3. UNICEF will collaborate with other donor agencies; with UN agencies, the Bretton Woods institutions, Asian Development Bank and other development partners.

## **9.12. Risks**

- 9.12.1. The strategic influence of monitoring and evaluation will depend heavily upon the quality of output. There is a risk that if rigorous standards are not demanded, the poor quality of assessments would limit their use in influencing programme interventions. This factor has often been overlooked in the past and care needs to be taken to ensure that high quality outputs make a strategic contribution. The effectiveness of monitoring and evaluation will depend critically upon the development of a coherent plan, with a well-designed evaluation framework.
- 9.12.2. The timing of research studies and evaluations is also important. Periodic assessments must be planned so that they effectively feed into the regular review mechanisms set up for monitoring progress of the MPO. They should provide useful inputs for making the joint review with the Government meaningful and relevant for making strategic shifts in programming where necessary.
- 9.12.3. It is important to establish linkages between research studies and evaluations and the programme planning process so that the inputs contribute directly to reformulation of programmes and approaches. Effective mechanisms are needed to incorporate research findings into redesign of programmes. Failure to do so is likely to limit the usefulness of evaluation and monitoring efforts.
- 9.12.4. It is important to establish effective networks with institutions, within government and among NGOs so that the programme benefits from the latest innovations in the field. Close collaboration with other UN agencies will be equally important

## **9.13. Budget**

The resources for Planning, Monitoring and Evaluation programme over the four-year period 1999-2002 is US \$ 3.9 million from General Resources and US \$ 0.5 million from Supplementary Funds subject to availability of funds.

PLANNING, MONITORING & EVALUATION	1999	2000	2001	2002	TOTAL (US\$ IN MILLIONS)
General Resources	0.90	0.80	0.90	1.30	3.90
Supplementary Funds	0.00	0.10	0.20	0.20	0.50

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## List of Acronyms

ADB	Asian Development Bank
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immuno Deficiency Syndrome
AIEP	Area Intensive Education Programme
ANM	Auxiliary Nurse Midwife
AusAID	Australian Agency for International Development
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCG	Bacillus of Calmette and Guerin
BDO	Block Development Officer
BEP	Bihar Education Project
BFHI	Baby Friendly Hospital Initiative
BRC	Block Resource Centre
CBCS	Community Based Convergent Services
CBO	Community Based Organization
CCA	Convergent Community Action
CDD	Control of Diarrhoeal Diseases
CDPO	Child Development Project Officer
CDS	Community Development Society
CEDAW	Convention for Elimination of All forms of Discrimination Against Women
CEPC	Carpet Export Promotion Council
CFC	Chloro Fluorocarbons
CIDA	Canadian International Development Agency
CMT	Community Mobilization Team
CRC	Convention on the Rights of the Child
CRSP	Centrally Sponsored Rural Sanitation Programme
CSO	Civil Society Organization
CSSM	Child Survival and Safe Motherhood
DACEP	Developmental Activities in Community Education and Participation
Danida	Danish International Development Assistance
DIET	District Institute for Education and Training
DISE	District Information System on Primary Education
DPEP	District Primary Education Programme
DWCD	Department of Women and Child Development
DWCRA	Development of Women and Children in Rural Areas
ECD	Early Childhood Development
EFA	Education for All
FLRU	First Level Referral Unit
FRU	First Referral Unit
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GOI	Government of India
HFU	Hydro Fracturing Unit
HIV	Human Immuno-deficiency Virus
HRD	Human Resource Development
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IFT	Intersectoral Facilitating Team
IIT	Indian Institute of Technology
ILO	International Labour Organization



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IMA	Indian Medical Association
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPEC	International Programme on Elimination of Child Labour
JJA	Juvenile Justice Act
JLI	Joyful Learning Index
MI	Micronutrient Initiative
MIC	Measles Immunization Campaign
MICS	Multi Indicators Cluster Survey
MIS	Management Information System
MLL	Minimum Levels of Learning
MMPHW	Male Multi Purpose Health Worker
MMR	Maternal Mortality Rate ; Monthly Monitoring Report
MOHFW	Ministry of Health and Family Welfare
MOHRD	Ministry of Human Resources Development
MORD	Ministry of Rural Development
MOUD	Ministry of Urban Development
MPO	Master Plan of Operations
MPR	Monthly Progress Report
MPW	MultiPurpose Worker
NACO	National AIDS Control Organization
NCLP	National Child Labour Project
NCW	National Commission for Women
NDDB	National Dairy Development Board
NEEM	National Elementary Education Mission
NGO	Non Government Organization
NHC	Neighbourhood Committee
NHEES	Nutrition Health Education and Environmental Sanitation
NHRC	National Human Rights Commission
NIC	National Informatics Centre
NID	National Immunization Day
NIEPA	National Institute of Educational Planning and Administration
NIPCCD	National Institute for Public Co-operation and Child Development
NNP	National Nutrition Policy
NNT	Neonatal Tetanus
NORAD	Norwegian Agency for Development
NPA	National Plan of Action
NPAN	National Plan of Action for Nutrition
NPECL	National Programme for Elimination of Child Labour
NRCCCL	National Resource Centre for Child Labour
NSDP	National Slum Development Programme
NSS	National Service Scheme
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PHC	Primary Health Centre
PIED	Project on Integrated Education for the Disabled
PLA	Participatory Learning and Action
ProMS	Programme Manager System
RBM	Results Based Monitoring
RCH	Reproductive and Child Health
RGNDWM	Rajiv Gandhi National Drinking Water Mission
RTI	Reproductive Tract Infection
SC	Scheduled Caste
SCERT	State Council for Educational Research and Training
SCOPE	Support for Community-based Primary Education

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<b>SHG</b>	Self-help Group
<b>SIDA</b>	Swedish International Development Agency
<b>SIRD</b>	State Institute of Rural Development
<b>SJSRY</b>	Swarna Jayanti Shahar Rozgar Yojana
<b>SPAC</b>	State Plan of Action for Children
<b>ST</b>	Scheduled Tribe
<b>STD</b>	Sexually Transmitted Disease
<b>SUDA</b>	State Urban Development Agencies
<b>SUPER</b>	Support for Primary Education Renewal
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>TMC</b>	Tractor Mounted Compressor
<b>TT</b>	Tetanus Toxoid
<b>TTTI</b>	Technical Teachers Training Institute
<b>UBSP</b>	Urban Basic Services for the Poor
<b>UEE</b>	Universal Elementary Education
<b>UIP</b>	Universal Immunization Programme
<b>UN</b>	United Nations
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNDCP</b>	United Nations Drug Control Programme
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNIFEM</b>	United Nations Development fund for Women
<b>UPE</b>	Universal Primary Education
<b>USAID</b>	United States Agency for International Development
<b>VEC</b>	Village Education Committee
<b>WATSAN</b>	Water and Sanitation
<b>WCD</b>	Women and Child Development
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>WSC</b>	World Summit for Children
<b>WWF</b>	World Wide Fund for Nature