



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for India**

Proposed UNFPA assistance: \$65 million: \$60 million from regular resources and \$5 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Seventh

Category per decision 2005/13: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	46	3	49
Gender	10	2	12
Population and development	3	-	3
Programme coordination and assistance	1	-	1
<b>Total</b>	<b>60</b>	<b>5</b>	<b>65</b>

## I. Situation analysis

1. Despite impressive economic gains in recent years, India continues to face challenges in achieving key social indicators, particularly among disadvantaged groups. The economy of India is growing rapidly, and overall poverty rates are falling at about 1 per cent per year. Nevertheless, unemployment, inequalities between rural and urban areas and between regions, and class and gender divides hinder the ability of the Government to achieve social development goals.

2. Gender disparities persist. Many parts of India have seen an increasingly skewed child sex ratio that favours males. The high prevalence of violence against women underlines the need for government action. Low literacy levels among poor women put them at a disadvantage and contribute to their low participation in the organized employment sector.

3. Although literacy rates have risen dramatically, from 18 per cent in 1951 to 65 per cent in 2001, there are nearly 300 million people who are illiterate. Gender gaps in education are narrowing, with 73 per cent of girls attending primary schools, compared to 86 per cent of boys. Nevertheless, regional disparities persist, as do caste and class disparities. Studies point to the poor quality of education, especially in rural areas. There are high drop-out rates for primary and secondary schools, and strategies are needed to reach out-of-school adolescents.

4. India is undergoing a demographic transition to low fertility, low mortality and a stable population. Population growth in India peaked at 2.4 per cent during the 1980s, and was 1.6 per cent in 2005. The total fertility rate declined from 3.6 children per woman in 1981 to 2.5 in 2001. There are marked regional differences in fertility. While 9 out of 35 states and union territories have already reached or are about to reach replacement levels, others,

especially in the north, may take over a decade to reach such levels. The population is projected to exceed 1.3 billion in 2020.

5. Adolescents between the age of 10 and 19 account for 23 per cent of the population. As India witnesses an increase in the working-age population, there is growing recognition that development efforts should invest in the health and development of adolescents.

6. Maternal mortality remains high, at 301 deaths per 100,000 live births in 2003. Nearly 50 per cent of deliveries take place in homes; the majority of them are supervised by unskilled attendants. Factors contributing to poor reproductive and sexual health include the high adolescent fertility rate and the high maternal mortality; low contraceptive use; young age at marriage for girls; and the increasing number of sexually transmitted infections and HIV infections among adolescents. The quality and reach of reproductive health services must be improved.

7. India has an estimated 5.2 million people infected with HIV. More than 86 per cent of the infections are sexually transmitted. Data indicate an increasing feminization of the epidemic, with nearly 40 per cent of new infections occurring among women. The third phase of the national AIDS control programme builds capacity and scales up prevention efforts in the general population and among vulnerable groups.

## II. Past cooperation and lessons learned

8. UNFPA has supported the Government through a series of five-year programme cycles. The first and second country programmes (1974-1979 and 1980-1985) focused on providing family planning services. The third and fourth country programmes (1986-1990 and 1991-1996) supported: (a) the strengthening of maternal and child health and family planning service delivery; (b) the procurement and national production of contraceptive

commodities; and (c) the strengthening of management information systems, training, and information, education and communication programmes.

9. The fifth country programme (1997-2003) was based on the Programme of Action of the International Conference on Population and Development. It supported decentralized programme management; increased access to a comprehensive package of high-quality reproductive health services; community outreach; and gender mainstreaming.

10. The sixth country programme (2003-2007) consolidated previous gains and added programmes on adolescent reproductive and sexual health and gender-based violence. After the 2001 census showed an increasingly skewed sex ratio in favour of males, the programme supported efforts to arrest this trend.

11. In response to a government request, UNFPA agreed to pool resources with other agencies midway through the current country programme. Joining the World Bank and the Department for International Development (DFID) of the United Kingdom, UNFPA supported the second phase of a sector-wide reproductive and child health programme. This decision enabled UNFPA to leverage its resources to mainstream issues integral to the UNFPA mandate into the larger sector-wide programme.

12. Pooled resources in the second phase of the reproductive and child health programme repositioned UNFPA support to the Government. The focus shifted from project implementation, to policy and technical assistance, to planning and upscaling programme innovations.

13. In 2005, the reproductive and child health programme was merged into the national rural health mission. The programme encouraged related ministries to coordinate their efforts to respond to local needs, especially the needs of

poor women and children, and to address issues related to gender, equity, human rights and building capacity for decentralized planning.

### III. Proposed programme

14. The proposed programme builds on the priorities articulated in the eleventh five-year plan of the Government and the Millennium Development Goals. These priorities also guided the formulation of the United Nations Development Assistance Framework (UNDAF), which was developed through consultations with the Government and civil society. UNFPA country programme outcomes are drawn from the UNDAF. The country programme will, in turn, contribute to the achievement of UNDAF outcomes.

15. The goal of the UNDAF and the goal of the UNFPA country programme are to contribute to the achievement of the eleventh five-year plan, with regard to selected Millennium Development Goals. The UNDAF and the UNFPA country programme seek to reduce disparities and will focus on disadvantaged population groups, especially women and girls. The seventh country programme cycle will be harmonized with the programme cycles of the United Nations Development Group Executive Committee agencies.

16. The country programme will be results oriented and will build capacity for informed policy action in the area of social development. It seeks to accelerate programme delivery and to improve the quality of interventions. Government priorities will guide the UNFPA programme, which will work within the various national frameworks.

#### *Reproductive health component*

17. This component supports the objectives of the second phase of the sector-wide national reproductive and child health programme, which is integrated into the national rural health

mission. This component also supports interventions related to adolescents and HIV. The outcome of this component is: improved reproductive health of the population.

18. The seventh country programme will provide financial, technical and policy support to achieve the following outputs.

19. Output 1: Enhanced access to and utilization of high-quality reproductive health services by vulnerable communities. UNFPA will provide support to the second phase of the national reproductive and child health programme, which uses a sector-wide approach. The programme will provide technical assistance and will support the implementation of pilot projects. Major strategies include: (a) providing emergency obstetric care services and skilled attendance at birth to reduce maternal mortality; (b) improving access to high-quality contraceptive services; and (c) improving management and monitoring systems. The programme will address gender-based violence as a health issue. With regard to adolescent reproductive and sexual health, the programme will provide assistance to the public system and to non-governmental organizations (NGOs) in order to reach in-school and out-of-school youth with life-skills education.

20. Within the framework of the national rural health mission, the programme will support community-wide work with *panchayats* (village councils), women's groups and community-based organizations. The programme will emphasize gender mainstreaming and the responsiveness of health programmes to client needs. Strategies will include community monitoring and support to grass-roots health volunteers.

21. Output 2: Safe sexual behaviour is promoted among vulnerable population groups, including commercial sex workers, men and women. This output will be achieved by: (a) supporting interventions to prevent HIV among commercial sex workers; (b) integrating sexual and reproductive health services with HIV

prevention services for the general population as well as for commercial sex workers and their clients; and (c) condom programming, including male and female condoms. The programme will explore the possibility of establishing resource and documentation centres focusing on HIV and commercial sex workers.

22. Output 3: Adolescents and youth, both in and out of school, are empowered with the knowledge and life skills to achieve better reproductive and sexual health. The programme will work with school systems and youth groups to reach adolescents. It will focus on providing sexuality education, developing life skills for better reproductive health, and preventing HIV, and will complement public health system efforts for adolescents. The programme will support national policy-related interventions as well as programmes at the state level.

23. Output 4: Reproductive health and gender issues are mainstreamed in recovery and rehabilitation responses to natural disasters and environmental challenges. As per the UNDAF priorities, the United Nations system will provide support to developing a post-disaster response. UNFPA will be a part of the United Nations system-wide collaborative mechanisms in this area. The programme will provide technical support to ensure that reproductive health and gender perspectives are reflected in recovery and response plans.

#### *Gender component*

24. This component, which complements government and United Nations efforts to improve the status of women in India, has one outcome: to prevent gender-based violence and empower women. It has one output.

25. Output 1: Skewed sex ratio at birth is addressed through advocacy and action. Strategies include working with the central Government and state governments to build the capacity of implementing organizations and to sensitize the judiciary and the medical

community to the problem. The programme will support advocacy with media, young people, opinion leaders and members of civil society.

#### *Population and development component*

26. The outcome of this component is to build capacity to integrate population dynamics into national policies and programmes.

27. Output 1: Social development planning is supported, with special attention to emerging demographic transition perspectives. Because the demographic transition and economic growth are posing new development challenges, the programme will support studies on population dynamics, policy research and action that address issues such as ageing, urbanization, and domestic and international migration. UNFPA will also support efforts to track progress on population and reproductive health indicators.

28. Advocacy and communication efforts will be an integral part of the UNFPA programme. The programme will focus on sex ratios, adolescent reproductive and sexual health, maternal mortality, gender-based violence, gender and rights, and emerging population issues. In addition, UNFPA will support programme formulation, monitoring and evaluation.

#### **IV. Programme management, monitoring and evaluation**

29. Programme-wide monitoring will be undertaken through existing national systems. Monitoring will include the joint review missions under the reproductive and child health programme/national rural health mission and the national AIDS control programmes. The programme will use information from census analyses, the sample registration system, the national family health survey and assessments of the eleventh five-year plan by the Planning Commission. Where necessary, UNFPA and the Government will commission specific evaluations, some of which may be carried out

as United Nations system-wide evaluations. The programme also calls for regular annual reviews and annual work plan monitoring.

30. To meet both the policy and technical support needs of the new programme, UNFPA will maintain a multi-disciplinary team at the national level and in five states. The Ministry of Health and Family Welfare will serve as the key government agency for the programme. UNFPA will work with other central ministries and state governments, as well as with parastatal organizations, autonomous commissions, research agencies, civil society and development partners. UNFPA will coordinate programme planning and implementation with United Nations system partners. The UNFPA country office in India consists of a representative, a deputy representative, two assistant representatives, and a number of programme and support staff. In addition, UNFPA has five sub-offices throughout the country.

## RESULTS AND RESOURCES FRAMEWORK FOR INDIA

<b>National priorities:</b> (a) reducing the maternal mortality ratio; (b) reducing the total fertility rate; (c) preventing HIV infections in high-risk groups as well as in the general population; (d) balancing sex ratios; and (e) reducing gender-based violence <b>UNDAF goal:</b> promoting social, economic and political inclusion for the most disadvantaged groups, especially women and children				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Improved reproductive health of the population</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Reduced maternal mortality ratio</li> <li>• Reduced unmet need for contraceptives</li> <li>• Reduced adolescent fertility rate</li> <li>• Reduced HIV prevalence in 15- to 24-year-olds, as per targets in national development plans</li> </ul>	<p><b>Output 1:</b> Enhanced access to and utilization of high-quality reproductive health services by vulnerable communities</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Increased contraceptive prevalence rate</li> <li>• Percentage of deliveries by skilled birth attendants</li> <li>• Percentage of clients with sexually transmitted infections treated in health facilities, as per national guidelines</li> <li>• Percentage of functional first referral units, as per national guidelines</li> <li>• Gender equity and women’s empowerment policy in place at national and state levels; existing policy directives integrate responses to issues of domestic violence and female infanticide in selected states</li> <li>• Number of high-risk states where monitoring systems are strengthened and equipped to analyse data trends and facilitate action on gender-based violence, including female infanticide</li> <li>• Gender and community perspectives mainstreamed in training in reproductive and child health programme/national rural health mission training</li> <li>• Involvement of <i>panchayats</i> and self-help groups in district health planning and implementation efforts under the reproductive and child health programme/national rural health mission</li> <li>• Effective functioning of programme management units at district, state and national levels</li> <li>• Improved management of identified health subsystems (monitoring and evaluation, logistics and training)</li> </ul> <p><b>Output 2:</b> Safe sexual behaviour is promoted among vulnerable population groups, including commercial sex workers, men and women</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Improved integration of the health and family welfare programme and the national AIDS control programme</li> <li>• Establishment of information centres for commercial sex worker programmes</li> </ul>	<p>Sector-wide approach development partners</p> <p>United Nations organizations</p> <p>National and state governments</p> <p>Civil society</p>	<p>\$49 million (\$46 million from regular resources and \$3 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health		<p><u>Output 3:</u> Adolescents and youth, both in and out of school, are empowered with the knowledge and life skills to achieve better reproductive and sexual health</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Increased number of young people aged 15-24 who correctly identify ways to prevent sexual transmission of HIV/AIDS and who reject major misconceptions about HIV/AIDS</li> <li>Integration of life-skills education programmes into school curricula and extracurricular activities</li> </ul> <p><u>Output 4:</u> Reproductive health and gender issues are mainstreamed in recovery and rehabilitation responses to natural disasters and environmental challenges</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Reproductive health and gender perspectives are fully reflected in recovery and response plans</li> </ul>		
Gender	<p><u>Outcome:</u> Prevent gender-based violence and empower women</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Child sex ratio</li> </ul>	<p><u>Output 1:</u> Skewed sex ratio at birth is addressed through advocacy and action</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Large-scale databases such as annual district surveys, national family health surveys and district-level household surveys document sex ratios at birth and trends in gender-based violence</li> </ul>	<p>National and state governments; Census Office</p> <p>NGOs; Researchers</p>	\$12 million (\$10 million from regular resources and \$2 million from other resources)
Population and development	<p><u>Outcome:</u> Build capacity to integrate population dynamics into national policies and programmes</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Policy action initiated in one or two emerging areas</li> </ul>	<p><u>Output 1:</u> Social development planning is supported, with special attention to emerging demographic transition perspectives</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Commissioned studies, surveys and research</li> <li>Utilization of available data for evidence-based policy advocacy</li> </ul>	<p>Selected ministries dealing with migration, ageing and urbanization</p> <p>Civil society; academic institutions</p>	<p>\$3 million from regular resources</p> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>