



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
5 July 2022

Original: English

**Second regular session 2022**

29 August to 1 September 2022, New York

Item 5 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for India**

Proposed indicative UNFPA assistance:	\$60.0 million: \$30.0 million from regular resources and \$30.0 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027



## I. Programme rationale

1. With over 1.36 billion people, India is one of the world's fastest growing economies and by 2027 will become the most populous nation with the largest number of youths. As noted in the United Nations Common Country Analysis (CCA), transforming the future of young people, especially women and girls, over the next five to seven years will determine the success of the 2030 Agenda for Sustainable Development, not only in India but globally.

2. The country's remarkable economic growth has taken gross domestic product (GDP) per capita income from \$714 to \$2,099 between 2005 and 2019. Yet the levels of inequality and social exclusion remain significant, as marked by country's ranking of 131 out of 189 countries in the human development index, according to the *Human Development Report 2020*, and 123 on the gender inequality index. The Government has embarked on an agenda of faster, sustainable, inclusive growth to lift the massive number of people living in poverty, working informally, vulnerable to climate change, and prone to large-scale migration towards urban areas.

3. The COVID-19 pandemic has eroded development gains and widened inequalities, with incomes in the lowest three quintiles of the population falling on average 32 per cent while incomes of the top two quintiles have risen. In a country with fewer women in formal employment and lower school enrolment rates for girls, the pandemic has strained health services and further exacerbated gender inequality; it has also led to rising levels of gender-based violence.

4. The annual population growth rate of India peaked (at 2.4 per cent) in the 1980s and had dropped to 1 per cent by 2020. The total fertility rate has also declined, from 3.6 children per woman in 1981 to 2 per woman in 2019-2021 (National Family Health Survey 2019-2021). In 31 of 36 States and Union territories, fertility has come down to replacement level or below, with only five States marked by total fertility rates above replacement level. Fertility rates vary widely based on geography, socio-economic class and women's education, and among specific marginalized groups – with fertility rates being more pronounced among young women and girls.

5. With close to 50 per cent of its population below the age of 25, India has a time-bound opportunity to benefit from the demographic dividend, provided it factors in variations of demographic transition across States to convert the potential demographic dividend into economic benefits through investments in health, education and quality jobs for young people.

6. India has strong national, legal and policy frameworks in place that address the needs and rights of specific vulnerable and marginalized groups, including scheduled tribes (8.6 per cent) and scheduled castes (16.6 per cent). These frameworks – as well as the country's international human rights commitments – are critical for promoting and protecting the rights of all Indians. But more can be done to strengthen the implementation of these engagements to ensure that vulnerable groups – such as the scheduled tribes and scheduled castes, slum communities, and persons with disabilities – can realize their rights and contribute more fully to socioeconomic growth.

7. India has a well laid out statistical system to collect data, including for many vulnerable groups. The census, which was postponed due to the pandemic, is likely to take place in 2023. The country's roadmap to ensure that no one is left behind includes expanding the scope of surveys to make disaggregated data available locally, including data on excluded population groups. However, there are still significant gaps in data collection, particularly by geographical units and social groups and its analysis for decision-making.

8. India is committed to universal health coverage for all its citizens but budget allocations for health as a proportion of GDP is around 2.1 per cent, below the national health policy target of 2.5 per cent by 2025. Financing for these and the three transformative results will need to be derived from a range of sources. India will need to contribute an additional 6.2 per cent of GDP until 2030 to achieve the Sustainable Development Goals (SDGs).

9. Inadequate human resources and suboptimal infrastructure to deliver comprehensive sexual and reproductive health services, coupled with the COVID19 pandemic's effect, have further limited health progress. India has made significant progress in reducing the maternal mortality

ratio from 570 per 100,000 live births to 103 between 1990 and 2019, though the inter-State variation is extreme, ranging from 205 in Assam to 30 in Kerala (Sample Registration System report of the Registrar General of India 2019). The reduction in maternal deaths results largely from an increase in institutional deliveries (88.6 per cent, 2020). However, maternal mortality remains above the country's SDG target, with a need to focus on timely access to high-quality maternal health services for those furthest left behind.

10. The range and reach of family planning services have improved significantly over the past decade. Nonetheless, modern contraceptive prevalence rates vary widely among States from 44.4 per cent in Bihar to 71 per cent in Andhra Pradesh. While the unmet need for family planning dropped to 9.4 per cent in 2019-2021, an estimated 47 million women still experience unmet need for contraception. Despite shifts in the family planning programme, challenges linked to a skewed method mix, strong bias towards female sterilization, and low contraceptive use among young people whose needs differ, remain. Informed choice, quality of services, combined with women's agency and empowerment are needed to tackle these challenges.

11. India has more than 369 million youth people aged 10-24 years, most of whom lack access to sexual and reproductive health information and services. Nearly 7 per cent of girls aged 15-19 were pregnant or have given birth to a child. Unmet need reaches 17.8 per cent in this age group, with only 3.4 per cent having used a modern contraceptive method before their first child. Delay in age at marriage and increasing levels of education are also leading to substantial increases in numbers of unmarried young people who desire contraceptives and other sexual and reproductive health services.

12. Some of the biggest stumbling blocks for female empowerment and the country's achievement of sustainable development are linked to social norms. While India's commitments to international conventions have positioned gender equality and the empowerment of women and girls within policies and programme documents, harmful social beliefs, patriarchal values and biases, and discrimination against girls endure. One in three women have faced intimate partner violence, and data from the sample registration survey indicate that the sex ratio at birth slightly declined between 2014 and 2019. COVID-19 has further exacerbated gender inequalities and reversed progress made in recent decades.

13. Despite its relatively young population, India is also witnessing a rapid demographic transition where aging is emerging as an area of concern. The country's population above 60 years old will increase to 20 per cent by 2050 from 10.1 per cent in 2021, with a greater proportion of women, widowed and in need of financial security. About 50 per cent of India will be urbanized by 2050, up from 34 per cent in 2020. As migration and urban populations increase, there is the twin challenge of providing municipal services to meet the needs of large numbers of migrant workers and their families and addressing inequalities in rural areas, which may have only older and poorer people left behind. Hence, there is a need to make urbanization policies more responsive to the needs of the urban poor, slum dwellers, young people, women and the elderly.

14. India is one of the most disaster-prone countries in the world, with an estimated 60 per cent of the country prone to earthquakes and 70 per cent to floods. In addition to disruption or breakdown in social protection mechanisms, girls, especially those from poorer communities, are at heightened risk of being married off during disasters. Therefore, emphasis on social protection mechanisms and integrating sexual and reproductive health and gender-based violence services into disaster risk reduction and climate adaptation preparedness and response plans is imperative to protect the health and well-being of girls and women.

15. The evaluation of the country programme, 2018-2022, confirmed that UNFPA has made important contributions in the discourse on gender-biased sex selection, redefining the family planning programme to promote choices and rights for women, and in institutionalizing life skills education for adolescents. The evaluation also noted the key UNFPA role in generating evidence and informing policy discourse on population dynamics and aging. Also highlighted was the UNFPA comparative advantage in advocacy and technical assistance to strengthen implementation of national flagship programmes in the States in which it operated, focused on the furthest left behind groups and on ensuring access to rights-based quality sexual and

reproductive health services. The evaluation recommended that moving forward UNFPA should: (a) retain its niche in institutionalizing large-scale programmes for young people; (b) build on the nascent low cost, high impact midwifery initiative; (c) deepen work on enhancing access to sexual and reproductive health services for young people; (d) consolidate support in addressing gender-based violence, gender-biased sex selection and child marriage; (e) intensify policy advocacy on critical gender issues; and (f) draw on the experience of ensuring continuity of services during COVID-19, including in relation to the use of digital technology to reach those furthest left behind.

## II. Programme priorities and partnerships

16. The country programme envisions an India where every woman and young person, including those from the most vulnerable groups, enjoys gender equality, fully realizes sexual and reproductive health and reproductive rights, and fully contributes to sustainable development. Guided by the new UNFPA Strategic Plan, 2022-2025, the Programme of Action of the International Conference on Population and Development (ICPD) and the 2030 Agenda for Sustainable Development, the new country programme will galvanize efforts to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices, including in humanitarian situations.

17. The country programme was developed in consultation with national and State governments, civil society, United Nations organizations and other stakeholders, including women and youth-led organizations, based on the principles of inclusion, human rights and gender equality. The programme responds to the national priorities articulated by the National Institution for Transforming India (NITI Aayog), with special targeting of subnational-level aspirational districts within four high-burden States at the heart of lagging statistics. Focus will be placed on working in the Bihar, Madhya Pradesh, Odisha and Rajasthan States that together account for approximately 25 per cent of the country's population (332 million people) and 22 per cent of young people and include 31 per cent of the country's poorest districts (36 districts out of 117 aspirational districts as categorized by Government). It is estimated these four States together account for 40 per cent of the total maternal deaths in the country, 25 per cent of unmet need, and 27 per cent of spousal violence faced by women.

18. The country programme will scale up efforts and drive accelerated progress towards the three transformative results through the following accelerators: (a) promoting human rights-based, gender-transformative and evidence-informed approaches to improve access to quality sexual and reproductive health services and shape policies and programmes to reach the furthest left behind women and youth; (b) mapping and multiplying partnerships with influential and wide-reaching youth and women-led civil society movements, initiatives and organizations and building the capacity of select partners to become frontline responders, promoting their access to influencing and decision-making space and pioneering new ways to address discriminatory social norms, including through digital means; (c) strengthening data systems and promoting greater use of data and evidence to design and advocate for policies and programmes that impact the furthest left behind and hasten the pace of change required to achieve the three transformative results; (d) developing and building ownership of investment cases for the three transformative results to strategically shift the focus from funding to financing; (e) taking advantage of the country's thriving and dynamic digital ecosystem to design, implement, assess and scale up innovative solutions; and (f) informing South-South and triangular cooperation, in line with the ICPD Programme of Action.

19. States and local governance bodies (*panchayats*) – with minimum 30 per cent elected women representatives – will be supported in implementing policies, plans and innovative models of reaching women, adolescent girls and young people, especially those from scheduled castes, tribes and slum communities and persons with disabilities, including during emergencies. UNFPA will use learning and successful interventions from the four States to advocate for and catalyse change at the national level and apply them in other States. UNFPA support will include technical assistance on financing and budget allocation, human resource management, innovative approaches and monitoring.

20. UNFPA will reinvigorate, expand and forge strategic partnerships with the country's diverse stakeholders, particularly with parliamentarians and key policymakers and government officials, vibrant civil society and media, dynamic private sector and innovative technology firms to address difficult barriers to rights and choices, social norms and better delivery of services to complement technical interventions, including through collaboration with United Nations organizations. UNFPA will extend partnerships with youth and women-led civil society organizations and organizations working with and for persons with disabilities, and it will invest in capacity building to enable these organizations to become frontline responders, build innovative approaches and promote their access to decision-making spaces. UNFPA, in collaboration with civil society organizations, will develop innovative, sustainable solutions at the subnational and national levels.

21. Advocacy for increased investments in women, adolescents and youth will be undertaken in support of intensified efforts to leverage financing from national and State governments and the private sector, through investment cases and partnerships, including with the international financial institutions. UNFPA will incorporate lessons learned and amplify successfully deployed innovations from the COVID-19 response, particularly related to digital delivery modalities, to expand the reach of sexual and reproductive health and gender-based violence response information and services and improve access to such services.

22. The new country programme will directly contribute to five of the six outcome areas outlined by the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027. Fostering integrated approaches across UNFPA outputs and UNSDCF outcomes, UNFPA will reinforce its collaboration with other United Nations organizations to accelerate and scale up interventions to achieve the 2030 Agenda, with particular attention to gender equality and human rights-based approaches. UNFPA will partner more closely with the United Nations Children's Fund (UNICEF) on ending child marriage and on developing 21st century skills for youth through global programmes and large public-private platforms, such as Generation Unlimited. UNFPA will join forces with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and others to scale up efforts to tackle social norms. UNFPA will continue to collaborate with UNICEF and the World Health Organization (WHO) to strengthen health systems and deliver high quality reproductive and maternal health services, and it align with other United Nations organizations to bolster data and evidence and build institutional capacities to strengthen resilience and mitigate the impact of disasters on the achievement of the three transformative results.

**A. Output 1: Strengthened health systems to deliver comprehensive rights-based and high-quality sexual and reproductive health services at the national and subnational levels, with a focus on the scheduled castes, tribes and other vulnerable groups**

23. This output will directly contribute to UNSDCF outcome 1 on quality health services and outcome 5 on environment, climate; water, sanitation and hygiene (WASH); and resilience by providing technical support to national and State governments to accelerate implementation of the comprehensive package of sexual and reproductive health interventions and position universal access to sexual and reproductive health in the development agenda; reinforce national policies and programmes; and develop and implement guidelines and protocols based on global standards. UNFPA will promote the replication of successful models from its experience integrating sexual and reproductive health and HIV services and enhancing access to sexual and reproductive health and other services for women and young people in slums through the Smart Cities Mission. Special attention will be placed on expanding and strengthening maternal health, midwifery and family planning services and on introducing cutting-edge innovations in service delivery to reach vulnerable groups.

24. UNFPA will strengthen health systems by: (a) providing technical support to operationalize and scale up basic and comprehensive emergency obstetric and neonatal care facilities that offer high quality services through the capacity-building of quality assurance committees, assessments of facility readiness, and certification of national quality standards; (b) supporting the establishment of a new cadre of midwifery nurse practitioners, the capacity-building of national

and State training institutions in midwifery, and the development of a roadmap for the deployment and retention of midwives; (c) improving the availability and quality of information and services for contraception, with a focus on expanded choices, especially for young people; (d) enhancing the capacity of health-care practitioners in providing comprehensive sexual and reproductive health services (maternal health, family planning, treatment of sexually transmitted infections, HIV, post-abortion care, and gender-based violence response services); (e) providing technical advice and continued advocacy for the integration of comprehensive sexual and reproductive health services in universal health coverage and ensuring financial protection and reduced out-of-pocket expenses for maternal health services; (f) undertaking evidence-based advocacy for increased financial allocations for sexual and reproductive health services; and (g) building the capacities of the health sector to prioritize and provide sexual and reproductive health and gender-based violence services during disasters and health emergencies.

**B. Output 2: Increased skills and opportunities for adolescents and youth, particularly adolescent girls from the populations furthest left behind, to ensure their right to bodily autonomy, leadership and participation**

25. This output contributes to UNSDCF outcome 3 on quality education, outcome 4 on economic growth and decent work and outcome 6 on empowering people, institutions and communities by focusing on creating an enabling environment to support comprehensive youth empowerment and participation. The programme will prioritize partnerships with youth networks and leverage volunteerism to remain cutting-edge and adopt innovative strategies to ensure the meaningful participation of adolescents and youth in advancing gender-transformative, age-appropriate life-skills education that promotes positive masculinity and gender-equal norms, building youth leadership, and enhancing access to youth-friendly sexual and reproductive health services.

26. UNFPA will promote bodily autonomy, leadership and increased participation by: (a) providing technical assistance to integrate, institutionalize and deliver age-appropriate and gender-transformative life-skills education in educational institutions and community settings that is aligned to international technical guidelines, including assessment of best practices and progress to date; (b) strengthening government capacities to provide adolescent-friendly sexual and reproductive health services in line with international standards, especially for those most vulnerable, including persons with disabilities; (c) strengthening capacities of and partnering with youth networks to support young people's leadership and participation in design, implementation and monitoring of policies and programmes, including to advocate for the inclusion of sexual and reproductive health in youth-related policies; (d) working with youth networks to facilitate innovation in reaching young people with accurate information on sexual and reproductive health services, including by leveraging digital technologies; and (e) partnering with youth networks, including networks of young women, to promote empowerment programmes that challenge discriminatory social norms, including through the use of safe digital platforms.

**C. Output 3: Strengthened national and subnational systems and capacities of institutions and communities to address discriminatory norms and harmful practices and promote gender-responsive and rights-based laws, policies and programmes that enhance gender equality and women's empowerment**

27. This output will contribute to achieving UNSDCF outcome 6 on empowering people, institutions and communities by strengthening national and subnational policies, systems and institutional capacities to advance gender equality and the empowerment of women and girls. UNFPA will work at national and subnational levels with diverse stakeholders, including women, youth and civil society organizations, government institutions, donors, the media and organizations working with and for persons with disabilities, to transform discriminatory social norms that underpin gender inequalities, gender-based violence, harmful practices, gender-based discrimination and undermine women's and girls' bodily autonomy, drawing on international best practice.

28. UNFPA will build institutional capacity by: (a) strengthening the capacities of communities, civil society organizations and other stakeholders to address discriminatory gender norms that perpetuate gender-based violence and harmful practices; (b) generating evidence on effective community-based strategies to transform discriminatory gender norms; (c) partnering with women's networks and women-led organizations, including those representing vulnerable and marginalized groups, to promote women's and girls' agency to exercise their rights, ensure their participation in designing policies and programmes, and strengthening their capacity to monitor implementation; (d) building the capacity of community-based mechanisms and faith-based organizations to promote gender-equitable norms and practices; (e) strengthening the capacities of national stakeholders to provide evidence-informed, multi-sectoral, gender-based violence response services and operate coordination mechanisms in line with international guidelines; (f) conducting evidence-informed advocacy to facilitate the enactment and implementation of laws, policies and programmes related to gender-based violence, harmful practices and reproductive rights; and (g) providing support to implement and monitor universal periodic review recommendations.

**D. Output 4: Strengthened use of demographic intelligence and disaggregated population data for national and subnational policies, plans and programmes to enable India to harness the demographic dividend, advance the ICPD Programme of Action and achieve the 2030 Agenda**

29. This output contributes to UNSDCF outcome 4 on economic growth and decent work and outcome 6 on empowering people, institutions and communities that use data to make inclusive policies. This will focus on the generation of and capacity to use data and analysis, including on population dynamics, the demographic dividend, sexual and reproductive health and gender equality to inform the development and monitoring of policies, plans and programmes at the national and subnational levels.

30. UNFPA will improve the use of data and analysis by: (a) building the capacities of government institutions to generate, analyse and disseminate disaggregated population data, by geography and social groups, for use in the planning and monitoring of programmes to address inequalities and reach vulnerable populations; (b) providing technical inputs into the upcoming population census and national surveys on health, population and gender, including for the collection of disaggregated data on gender-based violence and harmful practices; (c) strengthening policy research and demographic intelligence for the integration of population dynamics and megatrends into sustainable development planning efforts (including to make policies and programmes responsive to the needs of the urban poor and older persons at the national and State levels) and convening policy dialogues; (d) influencing domestic financing for the three transformative results through investment cases and national transfer account analyses at the national and subnational levels; (e) supporting operations research and evidence-generation on tackling social norms and harmful practices; and (f) raising awareness, improving knowledge of policymakers and advocating for appropriate policies at both the national and State levels on population and its interlinkages with sustainable development, including in relation to the demographic dividend, population ageing, urbanization, migration and climate change, including the life-cycle approach to such population changes.

### **III. Programme and risk management**

31. Under the overall coordination of the Ministry of Health and Family Welfare, the country programme will be implemented with national partners. Partnerships with key line ministries and State governments will be established or strengthened to implement the programme and ensure government ownership and sustainability of interventions. UNFPA will continue to implement the harmonized approach to cash transfers jointly with other United Nations organizations. Partners will be selected based on their strategic relevance and ability to produce high-quality results.

32. Risks to programme implementation include: (a) changes in national regulatory, policy and institutional frameworks that limit the advancement of universal access to sexual and

reproductive health and reproductive rights; (b) climate change, natural disasters and health-related pandemics threatening programme delivery; (c) reduction in domestic financing for the social sector in the post-COVID-19 setting; and (d) increasingly prevalent regressive gender and social norms affecting gender equality and women's and girls' empowerment.

33. To mitigate these risks, UNFPA will develop an advocacy strategy to generate and provide the Government and stakeholders with evidence-based information on sexual and reproductive health and reproductive rights and it will mobilize support to inform decision-making at the highest levels. UNFPA will also expand partnerships with civil society organizations, the media and parliamentary committees to enhance advocacy and policy dialogue. UNFPA will pursue new multi-stakeholder partnerships to influence social norm change. A business continuity plan will be developed to support programme and operational continuity in the event of an emergency. In the case of climate-induced disasters or pandemics, UNFPA will reprogramme funds, in consultation with the Government, toward activities to lessen crisis impact and enhance resilience.

34. Country office staffing will be aligned to the requirements of the programme and will benefit from the deployment of United Nations volunteers to ensure diversity and inclusion and to bridge any identified capacity gaps. The country office will solicit technical support from the regional office and UNFPA headquarters, and it will draw on national and multidisciplinary expertise from across the United Nations development system. UNFPA will implement an integrated communication, resource mobilization and partnership plan that includes identifying innovative financing solutions.

35. The country programme outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

#### **IV. Monitoring and evaluation**

36. UNFPA will adopt a comprehensive monitoring and evaluation plan based on adaptive results-based management principles, building on the programme's theory of change and recommendations of the country programme evaluation. UNFPA and the Ministry of Health and Family Welfare will oversee the implementation of the programme and will hold periodic programme reviews to track progress and contributions to national development priorities and inform decision-making on midcourse modifications and efficient utilization of resources.

37. The monitoring and evaluation of the country programme will be closely aligned with the UNSDCF results and resources framework, which in turn is anchored in the principles of results-based management and the nationalized SDG indicators. To track UNSDCF results, UN-Info will be used as the main monitoring platform to guide discussions of the UNSDCF Joint Steering Committee, co-chaired by the National Institution for Transforming India and the Resident Coordinator and comprised of the United Nations country team and senior members of line ministries, including the Ministry of Health and Family Welfare. UNFPA will provide data on its contributions to UNSDCF outcomes and will work with national stakeholders and the country team through a consultative process, actively participating in joint planning, monitoring, reporting and in the UNSDCF evaluation through results and monitoring and evaluation groups.

38. The costed monitoring and evaluation plan will be implemented and reviewed periodically. As part of the plan, programme assessments and reviews will be conducted to provide evidence of the effectiveness of approaches, inform decisions on scaling up, and reorient programme strategies. The country programme will be evaluated in its penultimate year to identify lessons learned and priorities for the next cooperation cycle. UNFPA will support and strengthen the use of national data collection systems, which will help to monitor and track the programme's contribution to the attainment of national targets and the SDGs.

39. Results will be monitored at the national, State and district levels and the monitoring and evaluation plan will include field visits and quarterly and annual reviews with partners and government counterparts. Quality assurance, including data-quality assessments and capacity-



building of implementing partners, will be undertaken to promote an adaptive results-based programme management culture. Digital technology will be harnessed to facilitate real-time and remote monitoring and reviews of projects. Additionally, operational research will be used to elicit lessons and adapt approaches.

40. UNFPA will contribute to strengthening national capacities on monitoring and reporting on the ICPD Programme of Action, Agenda 2030 (including voluntary national review reports), the universal periodic review and Family Planning 2030.

## RESULTS AND RESOURCES FRAMEWORK FOR INDIA (2023-2027)

<b>NATIONAL PRIORITY:</b> Attainment of the highest possible level of health and well-being for all at all ages and universal access to good quality health-care services without anyone having to face financial hardship as a consequence.				
<b>UNSDCF OUTCOME(S):</b> By 2027, communities, especially the most disadvantaged, demand for and benefit from an inclusive, universal, affordable, accessible, accountable and quality health-care services, while adopting positive health practices. By 2027, Government of India, state governments, communities, private sector and other actors take informed actions to address climate change, pollution, biodiversity loss and restore ecological integrity through improved knowledge, capacity and mainstreaming of relevant actions across sectoral programmes, policies and plans.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women in the reproductive age group (15-49 years) using modern methods of contraceptives <i>Baseline: 56.4 (2021); Target: 66 (2027)</i></li> <li>Proportion of births attended by skilled health personnel <i>Baseline: 89.4 (2021); Target: 95 (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15-49 years) who have their needs for family planning satisfied with modern methods <i>Baseline: 74.2 (2021); Target: 78 (2027)</i></li> </ul>	<p>Output 1. Strengthened health systems to deliver comprehensive rights-based sexual and reproductive health services at the national and subnational levels, with a focus on scheduled castes, tribes and other vulnerable groups.</p>	<ul style="list-style-type: none"> <li>Number of UNFPA focus-States that increased budgetary allocation by at least 25 per cent for sexual and reproductive health, including family planning and maternal and newborn health during the programme cycle. <i>Baseline: 0 (2021); Target: 4 (2027)</i></li> <li>Number of national and State midwifery training institutes providing preservice and in-service curricula in line with International Confederation of Midwives standards, with UNFPA support. <i>Baseline: 0 (2021); Target: 6 (2027)</i></li> <li>Number of UNFPA focus-States developing and implementing Family Planning 2030 road maps and action plans to increase the uptake of modern contraceptives, especially reversible methods. <i>Baseline: 0 (2021); Target: 4 (2027)</i></li> <li>Proportion of facilities in priority districts providing comprehensive package of high quality sexual and reproductive health services (at least five components) as part of universal health coverage. <i>Baseline: 22.4% (2021); Target: 40% (2027)</i></li> </ul>	<p>Ministry of Health and Family Welfare; State governments; women and youth led organizations; organizations of persons with disabilities, professional associations and autonomous bodies; academic institutions; private sector entities; United Nations organizations; civil society organizations</p>	<p>\$21 million (\$15 million from regular resources and \$6 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Empowerment of women and young people.				
<b>UNSDCF OUTCOME(S):</b> By 2027, all children and young people, especially the most vulnerable have equitable access to quality learning and skills-development within safe and inclusive education environments. By 2027, people will benefit from and contribute to sustainable and inclusive growth through higher productivity, competitiveness and diversification in economic activities that create decent work, livelihoods and income, particularly for youth and women. By 2027, a strengthened and more coordinated, inclusive, and accountable governance system is in place at the national and local levels enabling all people, especially most marginalized and vulnerable, to be protected, empowered, engaged, and enjoy human rights and social justice, and lead their lives with respect and dignity.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Outcome 1: By 2025, the reduction in unmet need for family planning has accelerated; Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated; Outcome 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators,</b>	<b>Country programme</b>	<b>Output indicators, baselines and targets</b>	<b>Partner</b>	<b>Indicative</b>

baselines, targets	outputs		contributions	resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women aged 15-19 years who have begun childbearing <i>Baseline: 6.8 (2021); Target: 4.6 (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Youth empowerment index developed <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Output 2. Increased skills and opportunities for adolescents and youth, particularly adolescent girls from the furthest left behind populations, to ensure their right to bodily autonomy, leadership and participation.</p>	<ul style="list-style-type: none"> <li>Number of districts in UNFPA focus-States that offer age-appropriate, gender-transformative life-skills education programmes through schools in line with international guidelines. <i>Baseline: 36 (2021); Target: 153 (2027)</i></li> <li>Number of priority districts in UNFPA focus-States where at least 75 per cent of adolescent-friendly health clinics provide adolescent-responsive health and well-being services, as per national guidelines. <i>Baseline: 0 (2021); Target: 12 (2027)</i></li> <li>Number of new national and subnational policies, plans and commitments designed with the participation of young people, including from the furthest left behind groups supported by UNFPA. <i>Baseline: 0 (2020); Target: 8 (2027)</i></li> <li>Number of UNFPA focus-States that have implemented and scaled up new adaptations (including digital innovations) to improve the availability, accessibility, acceptability and quality of services for young people towards achieving the three transformative results. <i>Baseline: 0 (2020); Target: 4 (2027)</i></li> </ul>	<p>Ministry of Health and Family Welfare, Ministry of Education, Ministry of Youth Affairs and Sports, Ministry of Tribal Affairs, Ministry of Minority Affairs; State governments; national and State councils of educational research and training; industrial training institutes; civil society organizations; organizations of persons with disabilities, private sector entities; United Nations organizations; regional partners</p>	<p>\$16 million (\$4 million from regular resources and \$12 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> A society in which women attain their full potential and are able to participate as equal partners in all spheres of life and influence the process of social change.</p>				
<p><b>UNSDCF OUTCOME:</b> By 2027, a strengthened and more coordinated, inclusive and accountable governance system is in place at the national and local levels, enabling all people, especially most marginalized and vulnerable, to be protected, empowered, engaged, and enjoy human rights and social justice, and lead their lives with respect and dignity.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2025, the reduction in unmet need for family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women aged 20-24 years married or in a union before age 18, including Scheduled Castes (SC); Scheduled Tribes (ST); Other Backward Classes (OBS) <i>Baseline: 23.3% (2021); Target: 19.8% (2027)</i></li> <li>Sex ratio at birth <i>Baseline: 904 (2021); Target: 909 (2027)</i></li> </ul> <p><u>Related UNFPA Strategic Plan</u></p>	<p>Output 3. Strengthened national and subnational systems and capacities of institutions and communities to address discriminatory norms and harmful practices and promote gender-responsive and rights-based laws, policies and programmes that enhance gender equality and women's empowerment.</p>	<ul style="list-style-type: none"> <li>Number of new State policies and strategic action plans that address gender-based violence, harmful practices and discriminatory gender and social norms developed and implemented in UNFPA focus-States. <i>Baseline: 0 (2021); Target: 4 (2027)</i></li> <li>Number of UNFPA focus-States where multi-sectoral coordination mechanisms to address gender-based violence are strengthened to function, including in disasters and health emergencies, with UNFPA support. <i>Baseline: 0 (2021); Target: 4 (2027)</i></li> <li>Number of community-based organizations, civil society organizations, women-led organizations, faith-based organizations and other change agents (including those catering to the most vulnerable populations) whose capacities are strengthened to promote gender-equal social norms to respond to gender-based</li> </ul>	<p>Ministry of Health and Family Welfare, Ministry of Women and Child Development, Panchayati Raj; institutes of rural development, national and State human rights commissions and judicial academies, civil society organizations, organizations working with persons with disabilities, youth and women's organizations, United Nations</p>	<p>\$18 million (\$6.5 million from regular resources and \$11.5 million from other resources)</p>

<p><u>outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of ever-married women aged 18-49 years who have ever experienced spousal physical or sexual violence, including SC/ST/OBC and adolescents</li> </ul> <p><i>Baseline: 29.3 (2021); Target: 25 (2027)</i></p>		<p>violence and harmful practices, with UNFPA support.</p> <p><i>Baseline: 0 (2021); Target: 100 (2027)</i></p>	<p>organizations; the media, academic institutions</p>	
<p><b>NATIONAL PRIORITY:</b> Improved effectiveness, efficiency, equity, sustainability and impact of government programmes through evidence-based policymaking, strengthening data systems and architecture and the monitoring and evaluation ecosystem.</p>				
<p><b>UNSDCF OUTCOME:</b> By 2027, people will benefit from and contribute to sustainable and inclusive growth through higher productivity, competitiveness and diversification in economic activities that create decent work, livelihoods, and income particularly for youth and women. By 2027, a strengthened and more coordinated, inclusive and accountable governance system is in place at the national and local levels, enabling all people, especially most marginalized and vulnerable, to be protected, empowered, engaged, and enjoy human rights and social justice, and lead their lives with respect and dignity.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in unmet need for family planning has accelerated; By 2025, the reduction of preventable maternal deaths has accelerated; By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>National Reforms Action Plan on SDGs developed and implemented:</li> </ul> <p><i>Baseline: 0 (2021); Target: 1 (2027)</i></p> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Country has conducted at least one population and housing census during the last 10 years</li> </ul> <p><i>Baseline: No (2022); Target: Yes (2025)</i></p>	<p>Output 4. Strengthened use of demographic intelligence and disaggregated population data for national and subnational policies, plans and programmes to enable India to harness the demographic dividend, advance the ICPD Programme of Action and achieve the 2030 Agenda.</p>	<ul style="list-style-type: none"> <li>Number of national and subnational plans, policies and programmes that cite UNFPA-supported research, analytics and evidence for integration of population dynamics and megatrends.</li> </ul> <p><i>Baseline: 0 (2021); Target: 15 (2027)</i></p> <ul style="list-style-type: none"> <li>Number of training institutions at the national and State levels that integrate demographic intelligence and emerging population issues into their training programmes for government officials.</li> </ul> <p><i>Baseline: 0 (2021); Target: 6 (2027)</i></p> <ul style="list-style-type: none"> <li>Number of partnerships established between States in India and with other countries through mutually beneficial South-South cooperation initiatives to implement the ICPD Programme of Action.</li> </ul> <p>Between States: <i>Baseline: 0 (2021); Target: 4 (2027)</i> South-South cooperation: <i>Baseline: 0 (2021); Target: 2 (2027)</i></p> <ul style="list-style-type: none"> <li>Number of national and state-level strategies developed and implemented on the demographic dividend, with UNFPA support.</li> </ul> <p>National: <i>Baseline: 0 (2021); Target: 1 (2027)</i> State: <i>Baseline: 0 (2021); Target: 4 (2027)</i></p>	<p>Ministry of Health and Family Welfare, Ministry of Statistics and Programme Implementation; National Institution for Transforming India; Office of the Registrar General and Census Commissioner; State governments; United Nations organizations; academic institutions; regional partners</p>	<p>\$3.5 million (\$3.0 million from regular resources and \$0.5 million from other resources)</p> <p>Programme coordination and assistance: \$1.5 million from regular resources</p>