



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

Distr.: General  
3 July 2017

Original: English

**Second regular session 2017**

5 to 11 September 2017, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for India**

Proposed indicative UNFPA assistance: \$ 43.0 million: \$ 23.0 million from regular resources and \$ 20.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Ninth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	9.0	9.5	18.5
Outcome 2	Adolescents and youth	10.0	9.5	19.5
Outcome 4	Population dynamics	2.5	1.0	3.5
Programme coordination and assistance		1.5	0.0	1.5
<b>Total</b>		<b>23.0</b>	<b>20.0</b>	<b>43.0</b>



## I. Programme rationale

1. India, a lower middle-income country with 1.32 billion people, will be the second largest economy by 2050. It is one of the fastest growing economies in the world and recent economic, social and policy initiatives are expected to boost growth further.
2. India's population is projected to become the largest in the world and by 2050 is estimated to reach 1.7 billion people. At 2.2 children per woman, the country is close to achieving the replacement level of fertility. However, the population will continue to grow due to the population momentum and is expected to overtake China by 2022.
3. Demographic change in India has been uneven. In most States and Union Territories, fertility has reached below replacement level. However, in high-burden states like Bihar, and in many districts of Madhya Pradesh and Rajasthan, the total fertility rate continues to be above three children per woman. Similarly, fertility and mortality rates vary between rural and urban areas, between rich and poor and for scheduled castes, scheduled tribes and Muslims – the more so for young women and girls.
4. Notwithstanding Government efforts and the overall reduction in total fertility rates, the contraceptive use of modern methods has fallen by 0.7 points in the last 10 years (currently it is 47.8 per cent). An unmet need for family planning is still high at 12.9 per cent. The unmet need is 21.1 per cent among 20-24 year olds, 18.2 per cent among the poor, 18.8 per cent among Muslims and 13.4 per cent and 13.9 per cent among scheduled castes and scheduled tribes, respectively.
5. Despite a steady decrease, the maternal mortality ratio is still high at 167 per 100,000 live births, with huge variations within and between states. Four out of ten maternal deaths occur among women aged 15-24 years, with schedule castes and tribes comprising a sizeable percentage.
6. India is home to 365 million 10-24 year-olds. Although this population is crucial for realizing the demographic dividend, young people, particularly girls from poor, tribal, rural and schedule castes/communities, lack access to sexual and reproductive health information and services. Only six per cent of married women aged 15-19 years use modern contraceptive methods, with unmet needs standing at 27 per cent.
7. India ranks 130 of 146 countries in the UNDP gender inequality index. Child marriage, early pregnancy, son preference and violence against women are widespread. In the last ten years, child marriage fell from 47 per cent to 26.8 per cent, but the practice still remains unacceptably high in states like Bihar (39.1 per cent), Rajasthan (35.4 per cent) and Madhya Pradesh (30 per cent). The child sex ratio (girls per 1000 boys, 0-6 years) dropped to 918 in 2011, from 927 in 2001. States with low fertility have the most skewed sex ratio. As fertility falls, imbalances in sex ratios are likely to spread.
8. India has around 104 million older persons aged 60 and over. By 2050 this figure will increase to 330 million. By 2030 urban India will have more than 600 million people, a drastic increase from the 377 million in 2011. These trends need attention in national and state sustainable development plans.
9. Implemented at the national level and in five states, the eighth UNFPA country programme (2013-2017) focused on policy advocacy, knowledge management and capacity development. UNFPA made crucial contributions to major national and state programmes: the Adolescence Education and Health Programmes, Youth Policy (Odisha) and Girl Child Policy (Rajasthan). The Government scaled up state-level pilot initiatives, such as the Logistics Management Information System and Life Skills Education in tribal schools (Odisha).
10. An independent evaluation of the country programme indicated the need to undertake the following: (a) better address unmet need for sexual and reproductive health services for marginalized groups and young people; (b) strengthen the role in family planning and maternal health with a focus on reproductive rights; (c) increase

the sexual and reproductive health focus in schools and community-based programmes; (d) strengthen holistic and cross-thematic strategies for empowering adolescent girls; (e) consolidate the work on gender-biased sex selection; (f) build capacity for use of sociodemographic and economic data for policy making and vulnerability mapping at state and district levels; (g) build capacity on data collection and analysis; (h) strengthen policy and knowledge generation on ageing and urban development; and (i) diversify partnerships to address emerging needs.

11. The evaluation recommends planning for sustainability through capacity-building, and to include evaluations for pilot initiatives. It highlights the need to maintain state-level interventions; develop long-term initiatives; invest in high-quality technical expertise; and establish learning hubs to build effectiveness, efficiency and sustainability in the next country programme.

## **II. Programme priorities and partnerships**

12. The proposed ninth country programme (2018-2022) responds to the national priorities articulated by the National Institution for Transforming India. It will contribute to achieving the Sustainable Development Goals (SDGs), and the unfinished agenda of the International Conference on Population and Development, and is aligned with the priorities of the United Nations Sustainable Development Framework 2018-2022.

13. The programme, informed by the recommendations of the country programme evaluation, was formulated after extensive consultations with national and state governments, implementing partners, United Nations agencies and other stakeholders, including young people.

14. The main focus of the programme is to support national efforts in achieving universal access to sexual and reproductive health and reproductive rights, including family planning, and to promote gender equality and rights. UNFPA will prioritize its attention on the most vulnerable and marginalized young women and girls by concentrating in four states identified by the Government as a priority for United Nations assistance: Bihar, Madhya Pradesh, Odisha and Rajasthan. Within these states, two to three high-priority districts will be selected based on a vulnerability mapping exercise for concerted action.

15. A state-level presence will support the engagement of state governments in rolling out and implementing policies and plans at local levels with the aim of testing and scaling up interventions. UNFPA will provide technical support to national schemes to implement innovative models for young women and adolescent girls, especially from scheduled castes, tribes, and slums in the high-priority district and communities. The results and evidence from these interventions will be leveraged to influence positive shifts in national policies, plans and programmes.

16. At the national level, UNFPA will provide upstream policy advice and technical support to flagship Government programmes on health, young people and girls' empowerment, including identifying and addressing bottlenecks in their implementation.

17. UNFPA will play a convening role at national and state levels, on issues related to adolescent girls, family planning and population dynamics. UNFPA will leverage India's emerging global leadership and share evidence-based experiences and best practices from other countries to promote South-South cooperation from India to countries in the Asia-Pacific region and beyond.

18. The Ministry of Health and Family Welfare, as the nodal institution for UNFPA, will coordinate and facilitate the implementation of the programme at national and state levels. In addition, partnerships with other sectoral ministries will be sought for specific programme areas.

19. To better influence the development process, UNFPA will strengthen relationships with key national- and state-level decision-makers with the aim of leveraging their support and resources for the International Conference on Population

Development (ICPD) and reaching marginalized populations with integrated sexual and reproductive health services. UNFPA will implement a partnership plan and will build strategic partnerships with civil society, academia, commissions, parastatal bodies and the private sector for the purpose of diversifying and leveraging development funding, advocating for rights-based programming and promoting South-South cooperation.

20. UNFPA will make efforts to mobilize private-sector resources to support key areas of the programme and UNFPA mandate, especially those related to empowering young women and girls.

21. UNFPA will build on previous media engagements to strengthen the relationship with influential media partners at national and state level to promote the programme priorities in a sustained manner.

22. The programme will work closely with other United Nations agencies, and will take part in the United Nations system initiatives for improved coordination and harmonization.

### **A. Outcome 1: Sexual and reproductive health**

23. Output 1: Increased national and subnational capacity to provide accessible, high-quality, rights-based and integrated sexual and reproductive health services. In response to the national priority of addressing the high unmet need for family planning, and as a contribution to reducing maternal mortality and advancing gender equality, the programme will enhance the capacities of the health system at the national level and in selected states to provide high-quality reproductive health and family planning services, with a focus on young women and adolescent girls, by: (a) providing technical assistance for the formulation, review, implementation and monitoring of rights-based family planning and maternal health, policies, advisories, guidelines and protocols at the national and subnational levels; (b) supporting the introduction of new contraceptives to expand the basket of spacing methods for young people; (c) strengthening quality-assurance mechanisms for rights-based family planning services; and (d) providing technical support for the logistic management information systems in selected states;

24. The programme will address the social determinants of sexual and reproductive health and contribute to an enabling environment for reproductive rights by: (a) advocating for the fulfilment of sexual and reproductive health and reproductive rights, including of young people, particularly within the context of Family Planning 2020 and the Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy; (b) advocating for a strengthened health-sector response to gender-based violence within the context of a multi-sectoral response; and (c) advocating for integration of sexual and reproductive health, including the minimum initial service package, within humanitarian response and disaster risk reduction policies and programmes at national level and in selected states.

25. UNFPA will advocate for improved access of young people to sexual and reproductive health services and information by: (a) generating and synthesizing evidence for improved access of adolescent girls and boys to health services and information; (b) building capacities of health-care providers to deliver and manage adolescent-friendly services; (c) establishing linkages and demonstrating synergies among different adolescent health programmes; and (d) promoting innovations and information technologies to reach out to adolescents with life skills and reproductive health information.

### **B. Outcome 2: Adolescents and youth**

25. Output 2: Strengthened capacities of Government and civil society to empower adolescents, especially young women and girls, with knowledge, life skills and assets so as to exercise agency. UNFPA will undertake the following: (a) provide technical assistance to institutionalize and integrate rights-based, gender-transformative, competency-based life skills education in formal and non-formal school systems; and

(b) advocate to integrate gender-transformative life-skills education in vocational training programmes for young men and women.

26. UNFPA will leverage national programmes to support the Government in addressing harmful practices by: (a) strengthening access to essential services, including sexual and reproductive health, education, and skills building; (b) supporting changing social norms through advocacy, communication and by engaging men and boys, families and communities; (c) developing models for targeted interventions at community level to empower adolescent girls with knowledge, assets and skills to claim their rights; (d) building evidence and knowledge to inform policy and programme responses to address the root causes of child marriage and other harmful practices; and (e) providing technical assistance to developing evidence-based state-specific strategic plans and models to change social norms.

27. The programme will strengthen the capacities of State and non-State actors to reverse son preference by: (a) providing technical assistance to the national “Save and Educate Girls” programme, especially at state and district levels; (b) strengthening capacities and providing technical assistance for the strengthened implementation of laws that prevent gender-biased sex selection; and (c) promoting partnerships and contributing to South-South initiatives on girls empowerment and gender equality, especially on gender-biased sex selection.

### **C. Outcome 3: Population dynamics**

28. Output 3: Strengthened national capacities to include population dynamics in sustainable development planning efforts and in rights-based policies and programmes at national and state levels. UNFPA will generate evidence, provide policy briefs and build networks to promote a better understanding of linkages between population dynamics and the achievement of the Sustainable Development Goals on ageing, urbanization, young people and gender-based violence to inform national and state policies and programmes.

29. UNFPA will strengthen institutional and civil society capacities to gather and use socio-demographic and population data by: (a) strengthening national capacities for use of data for development planning and for monitoring the implementation of the national Sustainable Development Goals; (b) strengthening national capacities for data collection and analysis to address gaps in age- and sex-disaggregated data to facilitate the response to address poverty and inequality; (c) supporting the use of data in selected cities to strengthen planning for social services that are provided to marginalized populations; and (d) supporting South-South cooperation on planning and implementing population censuses and surveys.

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

30. National execution, through a harmonized approach to cash transfers, will be the preferred implementation modality, following appropriate risk and capacity analysis of potential implementing partners. In the event of unforeseen circumstances, UNFPA may, in consultation with Government, reprogramme activities to respond to emerging needs.

31. UNFPA staff will provide technical, operational and programme expertise to implement the programme. Human resources assessment recommendations will be implemented in consultation with the regional office and headquarters to ensure an appropriate skill mix for effective and efficient implementation of the programme.

32. A major risk for the country programme is the decline in core resource allocations. As a mitigation strategy, UNFPA will implement a resource mobilization strategy to engage national and state governments, the private sector and donors to generate and leverage resources towards achieving the intended results. Resource mobilization efforts will be supported by a communications strategy to advocate for donor support towards meeting the International Conference on Population and Development targets and the national Sustainable Development Goals.

33. This country programme document 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**

34. The Ministry of Health and Family Welfare will coordinate the overall programme and review of its progress. The Government and UNFPA will ensure continuous monitoring and evaluation of the programme for tracking results, efficient utilization of resources and accountability.

35. UNFPA and the Ministry of Health and Family Welfare will hold annual programme review meetings to assess progress and contribution to outcome results and national development priorities, based on nationally owned sources of data, analysis and evidence. UNFPA will provide the required information on its contributions to the United Nations Multi-Country Sustainable Development Framework to the national institution monitoring the implementation of the framework.

36. An end of programme evaluation will be conducted in the penultimate year of the country programme with operations research, innovation and the sharing of good practices as cornerstones of the programme implementation.

37. A results-based management approach will be applied to monitoring and evaluation of the programme. The programme will be monitored using a clearly defined results framework. A costed monitoring plan will be put in place to systematically obtain data on the programme indicators.

38. The monitoring of results will be pursued at national, state and district levels. UNFPA will conduct evaluations, including undertaking research for new pilots, so that smaller-scale pilot programmes are tested adequately to determine whether they merit being scaled-up.

## RESULTS AND RESOURCES FRAMEWORK FOR INDIA (2018-2022)

<p><b>National priority:</b> Ensure good health and well-being for all  <b>UNSDF outcome:</b> By 2022, there is improved and more equitable access to, and utilization of, quality, affordable health, nutrition and water and sanitation services  <b>Indicators:</b> Maternal mortality ratio. <i>Baseline:</i> 167 per 100,000 live births; <i>Target:</i> 115 per 100,000 live births. Percentage of women of reproductive age (15-49 years) having unmet need for family planning. <i>Baseline:</i> 13%; <i>Target:</i> 10%</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio <i>Baseline:</i> 167 per 100,000 live births; <i>Target:</i> 115 per 100,000 live births</li> <li>Modern contraceptive prevalence rate <i>Baseline:</i> 47.8% <i>Target:</i> 55%</li> </ul>	<p><u>Output 1:</u> Increased national and subnational capacity to provide accessible, high-quality, rights-based and integrated sexual and reproductive health services</p>	<ul style="list-style-type: none"> <li>Proportion of districts in selected states that implement advisories and guidelines to ensure universal access to rights-based reproductive health information and services <i>Baseline:</i> 0%; <i>Target:</i> 75% of UNFPA-focused districts</li> <li>Percentage of women in age group 15-29 years using modern spacing methods in UNFPA supported states <i>Baseline:</i> 11.5%; <i>Target:</i> 19%</li> <li>Percentage of health-care facilities that deliver integrated sexual reproductive health services in UNFPA-focused districts <i>Baseline:</i> 10%; <i>Target:</i> 25%</li> <li>Number of adolescents receiving reproductive health information and/or services enabled by the health system in UNFPA-supported states <i>Baseline:</i> 460,000; <i>Target:</i> 700,000</li> </ul>	<p>Ministry of Health and Family Welfare; state governments; civil society organizations; professional associations and autonomous bodies; academic institutions; private-sector entities; United Nations organizations</p>	<p>\$18.5 million (\$9.0 million from regular resources and \$9.5 million from other resources)</p>
<p><b>National priority:</b> Empowerment of women and young people  <b>UNSDF outcome:</b> By 2022, women, children, and young people have greater opportunities and enjoy an environment that advances their social, economic, and political rights  <b>Indicators:</b> Child (0-6) Sex Ratio. <i>Baseline:</i> 918; <i>Target:</i> 930. Percentage of women aged 20-24 years married/in union before age 18. <i>Baseline:</i> 26.8%; <i>Target:</i> 17%</p>				
<p><b>Outcome 2: Adolescents and youth</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Child (0-6) Sex Ratio <i>Baseline:</i> 918 <i>Target:</i> 930</li> <li>Gender inequality index <i>Baseline:</i> 0.53 <i>Target:</i> 0.41</li> <li>Proportion of women aged 20-24 years who were married or in a union before age 18 <i>Baseline:</i> 26.8% <i>Target:</i> 17%</li> </ul>	<p><u>Output 2:</u> Strengthened capacities of Government and civil society to empower adolescents, especially young women and girls with knowledge, life skills and assets so as to exercise agency</p>	<ul style="list-style-type: none"> <li>Proportion of UNFPA-supported states implementing policies and programmes for empowerment of girls and women <i>Baseline:</i> N/A; <i>Target:</i> 100%</li> <li>Number of school systems institutionalizing rights-based, gender-transformative life-skills education <i>Baseline:</i> 4; <i>Target:</i> 7</li> <li>Number of adolescent girls and boys reached with life skills-based adolescent education in selected states <i>Baseline:</i> 1.3 million; <i>Target:</i> 6.1 million</li> <li>Proportion of priority districts in UNFPA supported states implementing multi sectoral interventions to empower girls and address harmful practices <i>Baseline:</i> 0; <i>Target:</i> 75%</li> </ul>	<p>Ministries of: Health and Family Welfare; Human Resource Development; Youth Affairs and Sports; Tribal Affairs; Minorities Affairs; Women and Child Development; state governments; National Council of Educational Research and Training; State Council of Educational Research and Training; National Institute of Open Schooling; industrial training institutes; civil society organizations; private sector entities; United Nations organizations; media; regional partners</p>	<p>\$19.5 million (\$10.0 million from regular resources and \$9.5 million from other resources)</p>

<p><b>National priority:</b> Free from poverty, full of prosperity; free from discrimination, filled with equality  <b>UNSDF outcome:</b> By 2022, institutions are strengthened to progressively deliver universal access to basic services, employment, and sustainable livelihoods to the poor and excluded in rural and urban areas  <b>Indicator:</b> Percentage of poor households facing deprivations in select states.</p>				
<p><b>Outcome 4: Population dynamics</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Number of new national demographic surveys conducted that allow for reporting on localized SDG indicators related to sexual and reproductive health and gender equality  <i>Baseline: 0 Target: 1</i></li> </ul>	<p><u>Output 1:</u> Strengthened national capacities to include population dynamics in sustainable development planning efforts and in rights-based policies and programmes at national and state levels</p>	<ul style="list-style-type: none"> <li>Proportion of Sustainable Development Goal indicators in the areas of UNFPA mandate that have disaggregated data available for monitoring  <i>Baseline: 75%; Target: 90%</i></li> <li>Number of technical papers and policy briefs developed on emerging population issues  <i>Baseline: 0; Target: 6</i></li> </ul>	<p>Ministry of Health and Family Welfare and 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; private sector entities; regional partners</p>	<p>\$3.5 million (\$2.5 million from regular resources and \$1.0 million from other resources)</p>
				<p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>