

PLAN OF OPERATIONS 1996-1997



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

**Government of India
in co-operation with
the United Nations Children's Fund**



TR. 23

Library
IRC International Water
and Sanitation Centre
Tel.: +31 70 30 689 80
Fax: +31 70 35 899 64

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

**PLAN OF OPERATIONS
1996-1997**



**Government of India
in co-operation with
The United Nations Children's Fund**



LIBRARY IRC
PO Box 93190, 2509 AD THE HAGUE
Tel.: +31 70 30 689 80
Fax: +31 70 35 899 64

BARCODE: 15117

LO: 822 1196

PLAN OF OPERATIONS 1996-97

PART ONE

FRAMEWORK

	<u>Pag</u>
- Preamble	
- Basis of Relationship	
- Context of Cooperation	
- Situation of Children	
- Objectives and Priorities	
- Country Programme Strategy	
- Management of Programme Cooperation	
- Coordination with other UN Agencies	x
- UNICEF Resource Allocation	xi
- Commitment of the Government	xii
- Final Provision	xv

PART TWO

PROGRAMMES

Chapters

1. Programme Strategy
2. Convergent Community Action
3. Child's Environment : Water, Sanitation & Hygiene
4. Child Survival and Safe Motherhood
5. Primary Education
6. Child Development and Nutrition
7. Child Rights through Advocacy
8. Planning, Monitoring and Programme Support

Government of India and UNICEF
Programme of Cooperation for CHILDREN
PLAN OF OPERATIONS 1996-97

Part One

THE FRAMEWORK

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

sharing the aim of:

furthering their mutual agreement and cooperation for achieving the **goals** of the decade set for children in the perspective of their **rights**;

building upon the experience and progress gained during the period 1991-95 which clearly show that concerted action for children can significantly enhance their wellbeing through improved knowledge and capacity of the family and the community, with goal-specific assistance from coordinated support systems;

following up on the commitments made by the Government for implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s and the Convention on the Rights of the Child (CRC), and for ratifying the Convention on the Elimination of all forms of Discrimination against Women (CEDAW);

supporting the commitments made by the Government at the International Conference on Population and Development (ICPD), at the World Summit on Social Development (WSSD), and at the Fourth World Conference on Women (FWCW);

entering into a two-year 'bridging' period of cooperation, the details and agreed arrangements of which are elaborated in a Plan of Operations covering the period 1 January 1996 to 31 December 1997;

do hereby jointly affirm that these responsibilities will be fulfilled in a spirit of cooperation; and

have agreed as follows:

Article One

1. BASIS OF RELATIONSHIP

- 1.1 The Basic Agreement concluded between the Government and UNICEF on 10 May 1949, as amended on 5 April 1978, provides the basis of the relationship between the Government and UNICEF. This Plan of Operations shall be governed by that agreement.
- 1.2 The primary purpose of this 'bridging' country programme is to synchronize UNICEF's cooperation with the Government of India's five year planning cycle (Ninth Five Year Plan, 1997-2002). By so doing, the UNICEF planning cycle will coincide with that of other agencies of the Joint Consultative Group on Policy (JCGP).
- 1.3 The 'bridging' country programme embarks upon a period of testing approaches and refining strategies and determine an appropriate mix for inter-sectoral convergent action at the community level in the context of a wide range of community formations including Panchayati Raj and Municipal bodies with a view to evolving directions for wide scale replication in the next country programme period (1998-2002).
- 1.4 The Plan of Operations comprises two parts. **Part One** contains Articles wherein the general policies, priorities, objectives, programme strategy, management responsibilities, and commitments of the Government as well as the programme dimensions supported by UNICEF and the related resource allocations are described. **Part Two** outlines the detailed programme strategy and planned activities. The two parts are designed as one country programme of cooperation with the provisions of this Framework applicable to all the components described in various chapters of Part two.

Article Two

2. CONTEXT OF COOPERATION

- 2.1 The Government has provided its own financial, technical, institutional and human resources to implement major, nation-wide programmes in various inter-related fields of socio-economic development, guided by a series of national Five Year Plans, the most recent being the Eighth Plan to be completed by March 1997. There is a strong overlap in the social sector between the UNICEF aims and strategies for children and the constitutional design of devolving political authority, responsibility and resources to local government, consistent with the strategy of decentralized planning, managing and monitoring of programmes. Thus the community and its elected representatives are central to the social vision

which UNICEF shares with the Government and to the development process of moving towards that vision.

2.2 The Government and UNICEF have been partners in development for nearly five decades. During that period many lessons have been learned and progressively applied in succeeding stages of cooperation. This Plan of Operations has been developed on the basis of consultations between the Government and UNICEF in the perspective of the latter half of the closing decade of the century, taking stock of the changing situation of children and women, the factors affecting it and the means of improving it.

2.3 Over the years, the Government-UNICEF partnership has evolved into systematic cooperation with different ministries and departments, in pursuance of India's and UNICEF's shared aims and policies. The UNICEF role can be summarized under three headings: (i) catalytic assistance where necessary in strengthening services in a selective manner, (ii) capacity-building and (iii) enabling support to relatively weak links towards developing a holistic approach to social development, starting with children.

Specific examples in recent years of productive development cooperation necessarily involving several partners include: increase in nationwide access to drinking water, decline in vaccine-preventable childhood diseases, near-universal iodization of salt and virtual eradication of guineaworm. There are also hopeful trends in the more complex dimensions like child nutrition, primary education, environmental sanitation and child labour. Among the cumulative and synergistic outcomes of sustained effort centered on the child in the family and community, is the decline in fertility to almost replacement level in some of the States.

2.4 Feedback from the field through monitoring of programmes, investigation of the changing situation of children and evaluation studies have contributed to the design and detail of this new plan of cooperation. To the extent possible, various dimensions of the 1996-97 Country Programme have been operationally linked, in order to strengthen and direct future programme co-operation to achieve the overall aim of acceleration and sustaining progress for realizing the rights of children and achieving the decadal goals. The strategic thrust of the programme process is *Convergent Community Action* in distinct rural and urban settings. In support, sectoral programmes have been clustered under the headings **Child's Environment - Water, Sanitation and Hygiene, Child Survival and Safe Motherhood and Primary Education**. The inter-sectoral programmes for **Child Development and Nutrition** will be moved steadily forward by enhancing capacity of the community, with informed women's groups at its core and institutions of local democracy providing the political momentum for achieving various goals related to child development and nutrition.

The task of mobilizing and applying the varied resources of society in support of today's children and tomorrow's India will be guided by the standards set by the Convention on the Rights of the Child, ratified by India in December 1992.

Article Three

3 SITUATION OF CHILDREN

- 3.1 The first four decades after Independence saw steady trends of improvement on several social development indicators. Further improvement and gains on basic indicators of children in India were noted in the past five years. For instance, the infant mortality rate declined from 94 in 1988 to 73 in 1994; the primary school enrolment is stated to be 'near 100' percent for boys and around 83 percent for girls. But drop out rates, especially among girls (nearly 50 percent by class V) continue to be a major concern; boys fare slightly better. Malnutrition among children below five years continues to be very high at 53.1 percent, with much of it happening during the period of pregnancy and the first year of life.
- 3.2 In spite of major changes on the economic front towards a greater role for market forces, services for children have continued to receive high priority. Immunization services reach on an average around 85 percent of infants in the country and there have been significant reduction in the incidence of both Neonatal Tetanus and Poliomyelitis. Child Survival and Primary Education have received policy priority in the past five years. Based on the success of the Immunization programme during 1985-90, an 'immunization plus' programme (Child Survival and Safe Motherhood) integrating child survival interventions related to Newborn care, Control of Diarrhoeal diseases, Control of Acute Respiratory infections and Vitamin A prophylaxis was launched in 1992 and extended to cover 255 out of the 466 districts in the country.
- 3.3 The Primary Education system is one of the largest education systems anywhere, providing accessibility within 1 km. of walking distance to 825,000 habitations covering 94 percent of the country's population. The 'E-9 summit' on Education for All in December 1993 and India's reaffirmation of its commitment to universal primary education with a promise to increase allocations to Education to 6 percent of GDP by the start of the Ninth plan are major milestones in educational policy and planning. This has led to several initiatives at state level for improving the teachers' motivation and teaching-learning process (in over 125 districts of 13 states). The District Primary Education Programme launched in forty-six districts of the country is one such major initiative. In spite of the very wide reach of the primary school system, there are as many children of the age group 6-11 years who are out of school (with many of them in child labour) as there are in school; further, around half of those who complete primary education do not achieve the minimum levels of learning.

- 3.4 Notwithstanding the significant policy and programme developments, disparities continue and tend to accentuate on account of the immediate consequences of economic liberalization. There are still many children in homes with hardly any access to basic services. Thus social indicators across the states show wide variations, between the States, between rural and urban areas, between males and females -- not to mention between different economic classes and socio-cultural groups.
- 3.5 For example, the infant mortality rate is 51 in urban areas, but higher at 73 in rural areas; 16 in Kerala yet 103 in Orissa (SRS, 1994). The Under-5 mortality rate similarly ranges between 32 in Kerala and 142 in Assam (NFHS, 1992-93). Likewise, the maternal mortality rate is 380 in urban areas and 431 in rural areas; the neo-natal mortality rate varies between 15.5 in Kerala and 64.7 in Orissa. Malnutrition in children below 5 years (- 2 standard deviation, weight for age) is 52.7 percent; 28.5 percent in Kerala and 62.6 percent in Bihar (NFHS, 1992-93).
- 3.6 Children exclusively breast-fed till 3 months of age are only 51 percent, the proportion varying from only 20 percent in Delhi to 70 percent in Andhra Pradesh; complementary feeding at 6-9 months is available countrywide to only 31.4 percent of the children -- from 69.3 percent in Kerala to just 9.4 percent in Rajasthan (NFHS, 1992-93).
- 3.7 Immunization rate for infants, sustained at high levels, varies between 100 percent in Tamil Nadu and 67 percent in Bihar (BCG), 100 percent in Tamil Nadu and 52 percent in Bihar (DPT), 100 percent in Tamil Nadu and 77 percent in West Bengal (measles) according to routine reports (MOHFW, 1994-95).
- 3.8 The primary school enrolment figures show significant differences between boys (61.8 million) and girls (46.4 million), with the enrolment ratio for girls at 54.4 percent in Bihar and 100 percent in Kerala. Primary school drop-out rates are higher for girls (38.6 percent) than for boys (35 percent). As between states 66.2 percent girls drop-out in Bihar against 6.8 percent in Haryana (1993-94, DOE).
- 3.9 Eighty-one percent of the rural population have access to drinking water supply with atleast one source available in the habitation; and just 14 percent of the people in the rural areas have sanitary facilities for human excreta disposal; only 49 percent of the villages have at least some households with latrines.
- 3.10 The incidence of 'poverty', according to the official definition, which was estimated at 29 percent of the population, as of 1987-88, was revised to 39.3 percent for the same year. This implies that around 229 million in rural areas and 83 million in urban areas were below the poverty line. The proportion below the poverty line is over 40 percent in Bihar, Madhya Pradesh, Maharashtra, Orissa, Uttar Pradesh, Tamil Nadu and West Bengal. It is less than 25 percent

in Haryana, Punjab, Himachal Pradesh, Goa, Jammu and Kashmir and Delhi. It has also been seen that in terms of absolute numbers, urban poverty is increasing faster than in rural areas.

- 3.11 In cumulative terms, the population continues to grow at a high rate (decadal growth rate for 1981-91 at 23.5 percent, with a low of 14.94 in Tamil Nadu). According to the 1991 census, the child population under 15 years was 305 million, that under 5 years 111 million. The literacy rate (7 years and above) remains low 39.3 percent females, 64.1 percent males -- the extremes being 93.6 percent males in Kerala and 20.4 percent females in Rajasthan.
- 3.12 Estimates of child labour range from a low of 17 million to figures significantly higher than this. During the last five years, the seriousness with which the problem is viewed has undergone a perceptible change. The National Commission for the Elimination of Child Labour was set up in 1994 and a programme for eliminating Child Labour from hazardous industries been launched.
- 3.13 The above statistics, in addition to providing information on 'averages', give an idea of disparities at many levels and between the genders. In each of these situations, children from families belonging to scheduled castes and tribes continue to face additional discriminatory challenges to survival, development and protection.
- 3.14 Trends of change in the sex ratio as well as in various indicators related to health, nutrition and education have been generally adverse to women. The fertility indicators, particularly in the large north Indian states do not suggest any significant improvement in the past five years. Women's status as a whole continues to be a disturbing phenomenon, with some states and communities being worse than others. The sex ratio has further declined from 933 to 924 females per 1000 males in the decade 1981-1991. Recent information on the reproductive health of women and the increasing trends of STDs and HIV among women further corroborates their lack of power in negotiating decisions at family and community levels.
- 3.15 India acceded to the Convention of Rights of the Child (CRC) on 2 December, 1992 within six months of developing a National Plan of Action for Children in July, 1992. Guidelines were also issued for preparing State Programmes of Action on Children (SPACs) and thirteen of the fifteen major states have these SPACs in place with many of them finalizing an appropriate mechanism for monitoring goals and indicators related to child survival, development and protection.

- 3.16 The Seventy-third and the Seventy-fourth Constitutional Amendment Acts (Panchayati Raj and Nagarpalika Acts) passed by Parliament are clearly the most important political changes that have taken place in the recent years paving way for democratic devolution of rights, responsibilities and resources. When implemented in all the states, this process will have far-reaching effects for all development efforts as well as the environment of children. The Acts provide for at least one-third of the elected representatives to be women in the three-tier system in rural areas, i.e. at the village (gram panchayat), block and district levels as well as in the municipalities in towns and cities.

Article Four

4. OBJECTIVES AND PRIORITIES

- 4.1 The Eighth Five Year Plan, 1992-97 explicitly recognizes that human development is *the* core of all development effort. Accordingly, the following priorities were set:
- Social and human security through improved health care and basic education throughout the country, complemented by employment generation.
 - Appropriate organization of service delivery systems to ensure that the benefits of social sector investment reach the intended groups.
- 4.2 The thrust of the 8th Plan, fully accords with the basic aim of the 1974 National Policy for Children which reaffirms the Constitutional directives in respect of children and declares that "it shall be the policy of the State to provide adequate services to children, both before and after birth and through the period of growth, to ensure their full physical, mental and social development". The National Plan of Action on Children (1992), with its specific time-bound *goals* for this decade in maternal and child health and nutrition, drinking water and sanitation, early childhood care and development and primary education, reflects India's active participation in, and commitment to the regional (SAARC) and global processes for children -- the UN Convention on Rights of the Child (1989), the World Conference on Education for All (1990), the Global Consultation on Water and Sanitation (1990), the World Summit Declaration and Plan of Action for Children (1990). These were preceded and reinforced by the SAARC Conferences on Children (1986 and 1992), the outcome of which were endorsed by the SAARC Summits, 1986 to 1994.
- 4.3 The National Plan of Action on Children (1992) was strengthened by the illustrative, intermediate, mid-decade goals which emerged from the SAARC Colombo Resolution on Children -- in respect of primary education, maternal and

child health and nutrition, child labour, drinking water and sanitation. The mid-decade review of progress has resulted in a renewed commitment to the national goals for children for the 1990's, as summarized below, as well as in a strengthened strategy for Government-UNICEF cooperation as outlined in Section 5 of the Framework and elaborated in chapter 1 : as Programme Strategy in Part II of the Plan of Operations.

Major Goals by the Year 2000

4.4

The 1996-97 Plan of Operations seeks to accelerate sustainable progress towards the following national goals of the decade, with special attention to reaching the unserved and under-served population groups in villages and urban slums, with priority to girls.

Health

- (1) Between 1990 and the year 2000, reduction of infant and under-5 mortality rate to 50 and 70 per thousand live births respectively.
- (2) Between 1990 and the year 2000, reduction of maternal mortality rate to 200 per hundred thousand live births.

(The supportive goals are stated in Part II, Chapter 4 on *Child Survival and Safe Motherhood*).

Nutrition

- (3) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half.

(This goal is elaborated in Part II; Chapter 6 on *Child Development and Nutrition*).

Water and Sanitation

- (4) Universal access to safe drinking water and sanitary means of excreta disposal.

(This goal is further elaborated in Part II, Chapter 3 on *Child's Environment : Water, Sanitation and Hygiene*).

Education

- (5) By the year 2000, universal access to basic education and completion of primary education by at least 80 percent of primary school-age children.

- (6) Reduction of the adult illiteracy rate to at least half its 1990 level with emphasis on female literacy.

(During 1996-97, the emphasis of UNICEF co-operation will be universal primary education as described under Part II, Chapter 5 on *Primary Education* and the support for supporting goals on Education related to Early Childhood Care and Development as described in Part II, Chapter 6 on *Child Development and Nutrition*).

Child Protection

- (7) Improved protection of children in especially difficult circumstances.

(During 1996-97, the emphasis of UNICEF co-operation will be on prevention through advocacy, training and networking on issues related to extreme forms of denial of child rights which manifest as child labour, child prostitution and child destitution; as well as mainstreaming of children with childhood disabilities as described in Part II, Chapter 7 on *Child Rights through Advocacy*.)

4.5 **Quality, Efficiency and Actual Use** - An overriding objective of the 1996-97 Plan of Operations is to generate the demand for services in health and education, by building the capacity of community-level workers as well as of the community, resulting in improved quality and efficiency and therefore in the actual use of the services.

4.6 **Goals defined as Rights** - The critical aim of disparity reduction (in relation to gender, the urban poor and disadvantaged communities such as those in tribal areas) will be supported by redefining the goals, in terms of the Convention on the Rights of the Child, so that they would be owned and pursued as a matter of right of each and every child, as an inter-related cluster by empowering the community, and supported by the sectoral functionaries.

4.7 **Child focus through the life cycle** - A paramount aim of the Plan of Operations is to promote an enabling environment to respond to the needs of the individual child in the family and community. The response, to be effective, must be calibrated to the basic requirements of the particular stage of the child-woman-child life cycle, in terms of age-group in given social context. For example, preventing malnutrition calls for a focus on the period of pregnancy and the first year of life; universal primary education must zero in on and keep track of the 6-year old. The programme strategy will be such that the specific focus is not diffused.

Article Five

5. COUNTRY PROGRAMME STRATEGY

5.1 Consistent with the Rights of the Child and the lessons of experience of co-operation, the following main strategic principles guide the Plan of Operation:

- Upgrading the quality of services to match the heightened knowledge and capacity of the community.
- Enabling the community, through technical and resource support, including information and knowledge, to assess their own situation, analyze its causes, and in mutual support to change the situation.
- Promoting a team-mode of work within a scheme of partnership between the community and the local government through annual participatory planning, managing and monitoring.

5.2 In this approach, full advantage will be taken of the current political process of devolution of responsibilities and resources on the local system of governance -- the *panchayat and nagarpalika*.

5.3 The strategy of *Convergent Community-Action* will be applied *intensively* in selected 'rural' and 'urban poor' areas in each of the 15 major states and *incrementally* in all areas of UNICEF Cooperation. The basic elements of the strategy are:

- Existence of organized community/women's groups;
- Achieving service convergence by sectoral functionaries; and
- Functional focus on informed decisions by the community through communication and training.

5.4 Based on clear definition of criteria to identify 'high risk' families, taking into account the varied dimensions and causes of poverty, community-level linkages will be established -- making full use of the voluntary and private sectors -- with all the available sources of support (e.g. employment schemes, literacy programmes, women's organizations, etc.) so that progress towards the rights and goals of children is assisted by an organized community on one hand and a household economic and knowledge base, on the other.

(For details, see Part II, Chapter 1 : *Programme Strategy*)

Article Six

6. MANAGEMENT OF PROGRAMME COOPERATION

- 6.1 The Department of Women and Child Development will be responsible for the policy coordination of this Plan of Operations. The specific functional responsibility for the administration of the programmes at the national level and the projects at the state level belong to the Department or Ministry in the Central Government and the relevant state departments, as indicated in the respective chapters of Part Two of this Plan of Operations.
- 6.2 Annual plans of action will be prepared under each programme, jointly by the concerned Ministry/Department and UNICEF and shared with the Department of Women and Child Development. On this basis programme performance and expenditure will be jointly reviewed at mutually agreed intervals according to arrangements which will be worked out between the concerned Ministry/Department in association with the Department of Women Child Development.
- 6.3 The overall levels of programme expenditure by programme, will be reviewed quarterly by the Department of Women and Child Development. In light of such reviews, the need for reallocation of resources between programmes will be determined by UNICEF and Department of Women and Child Development in consultation with the Ministries/Departments concerned.
- 6.4 Additional project staff, if and when required, will be sanctioned by UNICEF in consultation with the Ministries/Departments concerned and the Department of Women and Child Development, and in accordance with UNICEF policy.
- 6.5 Appropriate guidelines will be evolved jointly by each of the participating Ministries/Departments and UNICEF to regulate UNICEF assistance to non-government organizations.
- 6.6 A system will be established by which information on major activities and events under this Plan of Operations is shared between UNICEF and the concerned Ministry/Department as well as the Department of Women and Child Development on a regular basis.
- 6.7 The Planning Commission will guide the overall planning and coordination, as well as monitoring and evaluation in accordance with the principles and objectives as stated in this Plan.

6.8 The responsibilities of the States and Union Territories for the implementation of the various programmes will be as specified in the related Chapters of Part Two of this Plan of Operations, or documented, where appropriate, in detailed annual workplans prepared jointly by UNICEF and concerned departments at national and state levels.

6.9 An ongoing system of review of the situation of children and women will be institutionalized with a view to assess and analyze the environment and determine the extent to which the goals as set by the Government and UNICEF are being achieved. Such a situation analysis will be used to determine the strategies, the priorities and strategies for the next Country Programme of co-operation between the Government and UNICEF (1998-2002) that will be prepared to synchronize with the Ninth Five Year Plan (April, 1997 to March, 2002).

Article Seven

7. COORDINATION WITH THE UN SYSTEM AND OTHER AGENCIES

7.1 This Plan of Operations has been shared with the United Nations Agencies in India and is complementary to the FAO, ILO, UNDP, UNESCO, UNFPA and WHO country programmes of cooperation.

7.2 UNICEF collaboration will continue with World Bank, Asian Development Bank, Swedish International Development Co-operation Agency (SIDA), Australia Agency for International Development (AusAID), Norwegian Agency for Development (NORAD), Netherlands, Canadian International Development Agency, United States Agency for International Development (USAID), British Development Co-operation office and other donors in major projects and programmes covered in this Plan of Operations.

7.3 Government will together with UNICEF prepare specific proposals for raising donor funding under supplementary funding through UNICEF for the projects and programmes covered in this Plan of Operations.

7.4 UNICEF's participation in various multi-donor missions for specific programme appraisals will continue with a view to providing support for the objectives of the Government of India - UNICEF programme of co-operation.

Article Eight

8. UNICEF RESOURCE ALLOCATION

- 8.1 The Government will support UNICEF's efforts to raise supplementary funds to meet the financial needs of the agreed programme and will co-operate with UNICEF by encouraging potential donor governments to make available to UNICEF the funds needed to implement the supplementary funded components of the country programme approved by the UNICEF Executive Board;
- 8.2 The UNICEF Executive board has approved a total not exceeding the equivalent of US \$ 71.6 million to support the programme activities described in this Plan of Operations for the period beginning January 1996 to December 1997. The Executive Board has also authorized the Executive Director to seek special purpose contributions for this Plan of Operations to an amount equivalent to US \$ 149.4 million. **Both these amounts are subject to availability of funds through contributions for General Resources globally and through specific contributions for supplementary funds jointly raised by Government and UNICEF from bilateral donors, UNICEF National Committees and such other individuals, corporations and foundations within the country.**

8.3

UNICEF FINANCIAL ALLOCATIONS, 1996-97

(in million US \$)

PROGRAMMES	GENERAL RESOURCES	SUPPLEMENTARY RESOURCES	TOTAL
Convergent Community Action	11.0	2.0	13.0
Child's Environment - Water Sanitation & Hygiene	11.6	33.0	44.6
Child Survival and Safe Motherhood	8.5	73.1	81.6
Primary Education	12.0	21.5	33.5
Child Development and Nutrition	17.0	12.3	29.3
Child Rights through Advocacy	3.1	7.5	10.6
Planning, Monitoring and Programme Support	8.4	0.0	8.4
TOTAL	71.6	149.4	221.0

8.4

UNICEF GENERAL RESOURCES, YEARLY

(in million US \$)

PROGRAMMES	1996	1997	TOTAL
Convergent Community Action	5.4	5.6	11.0
Child's Environment - Water Sanitation & Hygiene	5.6	6.0	11.6
Child Survival and Safe Motherhood	4.0	4.5	8.5
Primary Education	5.5	6.5	12.0
Child Development and Nutrition	8.0	9.0	17.0
Child Rights through Advocacy	1.5	1.6	3.1
Planning, Monitoring and Programme Support	4.0	4.4	8.4
TOTAL	34.0	37.6	71.6

- 9.7 **Evaluation:** An evaluation of the results of the different programme dimensions will be undertaken by the Government or designated institutions at periodic intervals. The reports prepared after evaluation will be made available to UNICEF to help guide corrective action by the Government and implementing agencies as well as further cooperation between the Government and UNICEF.
- 9.8 **Publication:** The Government and UNICEF will authorize the publication through various national and international media, of the results of the Country Programme and the experience derived therefrom.
- 9.9 **Third Party Liability:** The Government shall be responsible for dealing with any claims which may be brought by third parties against UNICEF, its advisers, agents and employees, and shall hold harmless UNICEF, its advisers, agents and employees in case of any claims or liabilities resulting from operations under this agreement, except where it is agreed by the Government and UNICEF that such claims or liabilities arise from the gross negligence or wilful misconduct of such advisers, agents or employees.
- 9.10 **Indemnity:** Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF for civil liability under the laws of the country in respect of vehicles used in programme activities.

Article Ten

10. FINAL PROVISIONS

- 10.1 The Plan of Operations comprising Part I and Part II is construed to be one unified Country Programme. The general provisions of the Framework are applicable to each of the programmes, projects and activities detailed in the Chapters of Part II.
- 10.2 The Plan of Operations becomes effective upon signature but will be understood to have covered the period through 1 January 1996 to 31 December 1997.
- 10.3 The Plan of Operations may be modified by mutual consent of the Government and UNICEF.
- 10.4 Upon expiration of this Plan of Operations, any supplies and equipment furnished under Article Eight of this Plan of Operations and to which the Government holds title will be disposed of as mutually agreed between the Government and UNICEF. Any transport, supplies or equipment to which UNICEF has retained title will be disposed off by UNICEF in accordance with its established procedures in consultation with the Government.

10.5

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

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Plan of Operations.

Done in three copies in English, at New Delhi.

For the Government of India

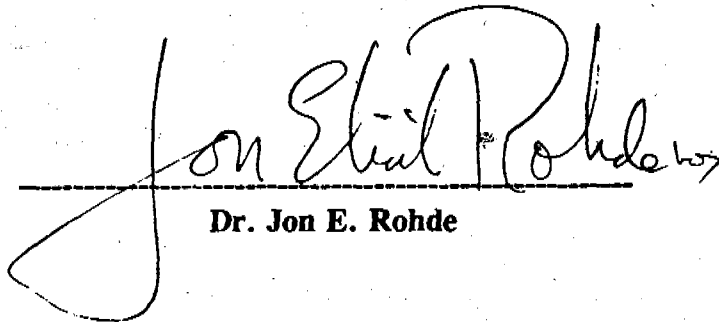


Dr. Sarala Gopalan

Date: 1 May, 1996

Secretary to the Government of India,
Department of Women & Child Development
Ministry of Human Resource Development

For the United Nations
Children's Fund



Dr. Jon E. Rohde

Date: 1 May, 1996

Representative in India,
United Nations Children's Fund

CHAPTER 1

PROGRAMME STRATEGY

Chapter 1

PROGRAMME STRATEGY

Overview

MAJOR DEVELOPMENTS

1. This note outlines a strategy that aims to strengthen UNICEF-Government of India cooperation by taking advantage of, and responding to three major developments that have taken place over the last five years : (a) the impetus provided to the social sectors by the economic reforms introduced in 1991; (b) the demands generated by the progressive implementation of the new constitutional legislation creating and empowering local self governments (*panchayati raj/nagarपालikas*) and (c) most significantly, the emergence of diverse, vibrant and strong community organizations, especially women's groups in both rural and urban areas.

CONTINUITY AND INNOVATION

2. The strategic choices for the 1996-97 Country Programme will be guided by the lessons of cooperation during 1991-95 and the conclusions of the 1993 mid-term review, as well as by the urgent need to accelerate social development in a period of rapid economic change. The approach combines continuity of past commitments with a new flexibility and innovation towards future opportunities especially as the programme phases out of some areas and moves into other emerging and jointly-identified priority areas. The two year period becomes the 'bridge' between the current programme and a future longer term programme of co-operation that will match the Government's IX Five Year Plan.

The 1996-97 Bridge programme will be shaped by the following three strategic considerations:

CHILD RIGHTS AS A GOAL AND MEASURE OF DEVELOPMENT

3. **Child Rights as a goal and measure of development:** The Convention on the Rights of the Child, ratified by India in December 1992, gives additional impetus to the idea that rights of children need not only to be *respected* before the law, but also actively *protected* and *fulfilled*.

The programme addresses the right to 'protection' largely through a strategy of advocacy focussing on the most extreme instances of denial of such rights: on child labour; child prostitution, the disabled and destitute child.

A large part of the programme is also directed to fulfill the needs of children in a more classical sense, in terms of survival, health,

education and provision of safe environment ensuring that critical programmes are provided universally to all children paying special attention to persistent discrimination against girls and children living in difficult-to-reach communities. The sectoral programmes aim to assist Government fulfill these rights by focussing on the achievement of a range of specific goals for children as spelled out in the World Summit for Children (WSC) and India's National Plan of Action for Children (NPA).

A concerted attempt is made in this bridge programme to place recognition of these rights of children in the hands of the community - setting in motion processes in the community by which not only are these rights met but in becoming recognized as rights of *all* children are sustained and enlarged by the actions of the community and government working together.

**DISPARITY
REDUCTION**

4. **Disparity-reduction and focus on the most vulnerable:** Consistent with on-going efforts of the Government of India to address the needs of the poorest and most vulnerable sections of society, the proposed programme will pay special attention to communities and children in rural and urban areas, particularly those confronted with severe disadvantages. A rights focus on reaching the 'unreached' and reducing gender disparities calls for re-thinking existing strategies and designing new approaches to better reach groups identified as the poorest - such as families of child labourers, ensuring convergence of social services, and support to groups amongst the poorest, especially women. It also implies that all sectoral programmes make specific efforts to reduce gender imbalances: in the use of existing services (health, education, nutrition); in control exercised by women over roles and skills traditionally monopolized by men (hand-pump caretakers, sanitary masons etc.); and aiming consciously within their programmes to improve the position of women in society.

CONVERGENCE

5. **Convergent community action:** Defining goals for children as child rights and focussing on the most disadvantaged calls for strengthening a process of bringing government service providers into a closer and more responsive working relationship with an informed and actively participating community. Frontline workers need to strengthen their links with each other and with the community, supported by a process of social communication between (and within) the community and service providers.

The detailed Plan of Operations outlined in the Bridge Plan for 1996-97 has been developed on the basis of a careful assessment of the situation of children in India, the lessons learnt from past experiences, and the urgent need to address key priorities.

Situation of Children

ACHIEVEMENTS

6. In specific terms, national achievements with respect to children are remarkable : decline in vaccine-preventable diseases to 10% or less, of levels prevailing in 1985; population access to safe drinking water over 82%; almost replacement levels in fertility in some major States; universal salt iodisation well within reach; guineaworm practically eradicated - to name the more obvious results. There are equally hopeful signs of change in the more difficult dimensions such as basic education, sanitation, nutrition and freedom from child labour.

CHALLENGES

7. Despite a positive overall trend in most indicators of social development, India still accounts for approximately two-fifths of deaths and malnutrition among young children, and over a quarter of maternal deaths in the world. More children die of diarrhoea and acute respiratory infections in India than anywhere else. Three-fourths of households do not have sanitary facilities. The largest national aggregate of illiterate persons and children out of school are in India. The magnitude and persistence of these problems call for radical shifts in programme design and implementation.

LEARNING FROM WITHIN

8. At the same time, India continues to be a country of great diversity with respect to achievements for children. That the life expectancy of a girl born in Uttar Pradesh today is some 20 years less than that of a girl born in Kerala reflects not only the shortfall in one region but also the potential that exists within the country itself for fulfilling the rights of children. Learning lessons from positive experiences within the country and adapting them to other settings becomes an important thread running through all programme areas.

ENDING DISPARITIES

9. Gender disparities are amongst the greatest obstacles to achievement of many of the goals for children. Girl children continue to be systematically discriminated against in several parts of the country. Similarly children belonging to socially and economically disadvantaged communities (including Scheduled Castes and Scheduled Tribes) face a serious shortage of

opportunities (in terms of access to schools, access to health care, access to safe drinking water etc). Progress on these crucial cross-cutting issues requires that the community itself takes cognisance of such disparities and their impact on those excluded. New impetus has been given by the constitutional amendment that reserves seats on elected bodies for disadvantaged groups (STs/SCs) in proportion to their numbers in the community. At the same time, disparities can be effectively reduced by 'convergence' as one of the few strategies equipping intersectoral teams of front-line workers to deal with and reach out to the needs of the poorest and integrating a gender perspective into the programmes - from the planning stage itself.

ENCOURAGING INNOVATION

10. Addressing the challenges effectively in a country of India's size and diversity calls for approaches that take into account the local context in which the programmes are formulated and implemented. There is a need for flexibility and innovation at every stage and mechanisms to address specific issues of a given region into the design of programmes and projects. Several such initiatives are underway across the country: such as in primary schools by improving classroom environment in an incremental way, starting with enrolment in class I and advancing a year at a time; in the move to constructing latrines through motivation and a menu of low-cost technologies rather than reliance on subsidy; in the focus on caring/feeding patterns of the very young child at 6 months of age to pre-empt and prevent the onset of malnutrition. These initiatives when nurtured and given political support can provide new insights into solving old and previously intractable problems.

Lessons from the Past

The strategies proposed during the 1996-97 UNICEF-GOI co-operation are derived from principal lessons learned over the past four decades of co-operation. These include:

FEMALE LIFE-CYCLE APPROACH

11. **The life-cycle approach to the child-girl-woman** outlined and developed in the previous programmes has provided a useful basis for developing programmes within the country: a vision facilitated by concentrating essentially on children below 18 years and women in their reproductive ages, and requiring UNICEF inputs to be directed at improving gender balance at all ages.

IMPORTANCE OF PREVENTIVE APPROACHES

12. **The need for preventive approaches.** In sectors as diverse as health, nutrition, education and disabled, preventive approaches emerge as consistently superior to those of welfare, rehabilitation

and cure. A stronger focus on prevention rather than remedial measures pervades in the case of preventing malnutrition by focussing on pregnancy and the first 2 years of life rather than more classic approaches to feeding the malnourished. Similarly, achieving universal basic education is made possible by focusing initially on primary schooling (not adult literacy or special remedial schools) and enrolling each year *all* 6 year olds in the community in Class I and ensuring that schools retain all those enrolled by making the teaching-learning process relevant and joyful. The whole approach to child labour, where primary education is seen as the only sustainable strategy to prevent children entering into the workforce under exploitative conditions, falls under this rubric. So too the emphasis on behavioural change in hygiene (handwashing and improved feeding practices). Polio eradication becomes a high priority not only as a feasible national strategy but also as one of the most effective means of preventing disability.

**GOALS AS
THE DEVELOPMENT
AGENDA**

13. **Goals for children as the development agenda.** Goals, centered on the very young, provide a focus for action on a *feasible* agenda, which can and should be adjusted to the social, economic and cultural uniqueness of each community. Experience shows that durable results follow when people rally around commonly held and clearly articulated social goals rising above traditional reasons that keep them apart and fragment their efforts. The WSC goals for 2000 reinforced by India's NPA offer a working guideline for implementing the processes of promoting child rights in each community. By measuring progress towards these goals, each community will have yardsticks to trace their own steps towards realizing significant improvement in their children's lives.

**TRIPLE-A BY
THE COMMUNITY**

14. **The critical role of assessment, analysis and action by the community.** The greater the community's involvement in assessing, analyzing, planning, managing, monitoring and acting on a continuing basis, the greater will be the relevance, transparency, efficiency and *accountability* of the process and results of development. The local leadership of the community will be assisted by local level government functionaries, representatives of non-governmental organizations as facilitators as well as mobilizers such as women and youth groups from within the community.

Fragmented delivery of even essential services loses impact in the absence of *concurrent support* for each of the other unmet basic

needs. Such a situation calls for a common platform where an *organized* community and a *decentralized* government can join forces. Thus, the expanding partnerships through all government social sectors will train community functionaries to work together as a team integrally linked with and guided by representative community bodies bringing the supply of public services into alignment with heightened community awareness and demand.

The prospect that representative local governments will progressively become *the* community organization in a village or an urban neighbourhood is the ultimate guarantee that the year 2000 goals for children and, indeed, all child rights will become universal and will be sustained.

URBAN CHALLENGE

15. **Renewed focus on urban areas :** The need for convergent community action by the urban poor calls for a re-tooling of UNICEF assistance, even more in urban than in the rural areas. Not only are urban communities less well defined and organised, but also urban service providers rarely see their clients as comprising an entire defined population, but rather only the individuals who may come to seek service. Thus, the 1996-97 programme, drawing on India's long experience in Urban Basic Services and the growing dimensions of urban poverty will attempt to facilitate more responsive provision of services to organised communities of urban poor.

NATURAL COURSE OF PROGRAMME EVOLUTION

16. **Evolution of programmes, each with its own 'life-stages'** UNICEF-assisted programmes in India have followed a consistent pattern (see figure 1) extending in both dimensions of *time* and *intensity of efforts/inputs*. From the early stage of problem identification, through trial of technical alternatives, programmes first demonstrate their feasibility and then with increasing government resources, go to scale. In this later stage, UNICEF assists in refinement of management including monitoring systems, turns over logistics to indigenous capacity, focuses on the remaining "unreached" groups eventually phasing out as evaluation demonstrates sustainability and success. In each of the major sectors of assistance, (health, nutrition, education, drinking water and environment) various components are at different stages in this time-intensity continuum, an assessment that is diagrammed in each sectoral chapter. This captures the constantly evolving state of ongoing programmes and helps strategize on the type and appropriateness of interventions supported. Improving the 'core' skills implied by a particular stage in the cycle and extracting and

drawing on lessons common to many sectors offers the opportunity to strengthen the quality and focus of UNICEF support.

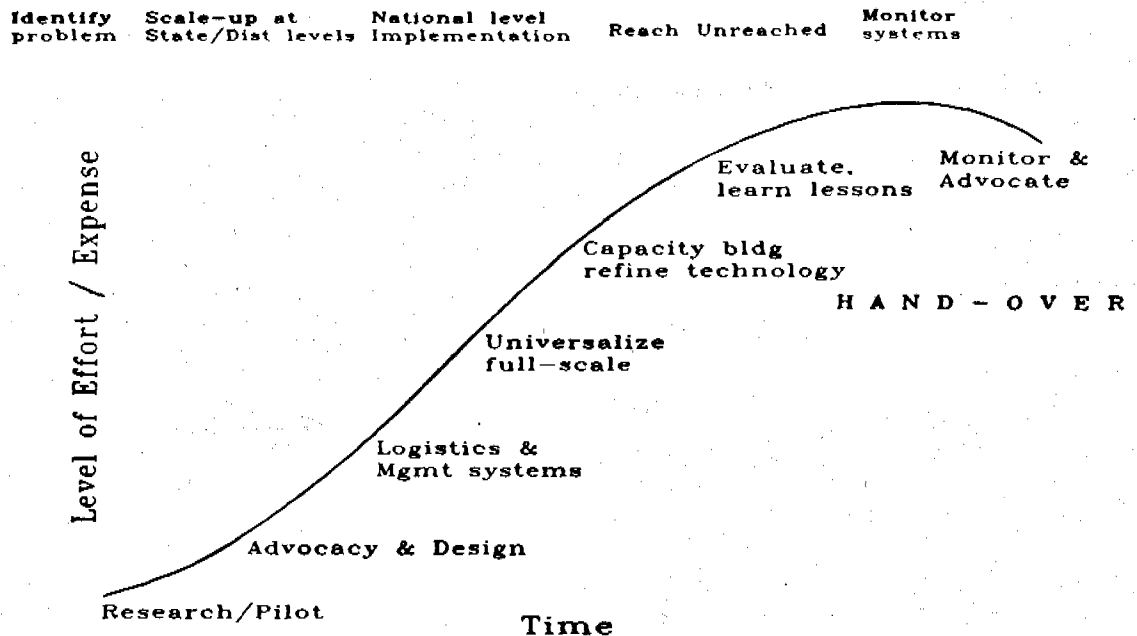


Fig. 1 : Life Stages of a Programme

**DECENTRALISED
APPROACH TO
DIVERSITY**

17. **Responding to India's diversity.** The heterogeneity of India's states (see figure 2) dictates a location-specific, people-centered, community-based approach as the only way to tackle the prominent and persistent diversity, range of contrasts and uneven progress in terms of class, caste, gender, and ethnicity and geographic location, rural and urban. UNICEF's programme of assistance through its ten state offices and the country office in Delhi is guided by national policies best implemented in the reality of each state, recognizing the capacity of people and institutions to progressively take over these functions in a sustainable manner. Thus, guided by the State Programmes of Action for Children (SPACs), UNICEF work in Kerala, Tamil Nadu or Haryana towards achieving WSC 2000 goals, will appear dramatically different than in Orissa or Bihar.

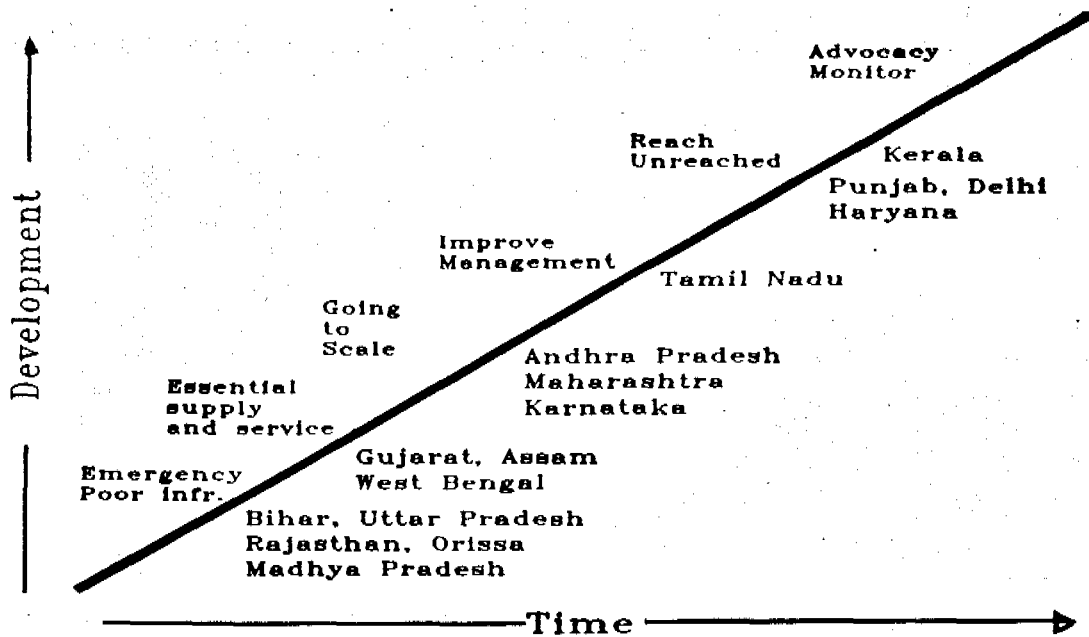


Fig. 2 : India - Progress of States

NATIONAL ENVIRONMENT

18. Several features of the national environment for child development make the prospects of success encouraging. First, political and policy support for human development and explicitly children are stronger than ever before. Second, gender equity, including for girls, has become a central concern amongst the women's movement, gaining momentum through organized groups in village and urban neighbourhood for ensuring women's involvement in mainstream development. Third, participatory structures and community processes are increasingly in place. Most noteworthy are the numerous women's groups that have become active during the past five years in many parts of the country. Fourth, a related development is the coming into position of elected local governments now mandated to have a minimum of one-third women members and officers. While the speed and degree of implementation will vary across the country, this process of democratic devolution of development functions and funds to popularly elected local government (Panchayati Raj and Nagarpalikas) has irreversibly shifted the nature of government/community partnerships. Facilitating and encouraging the potential of panchayati raj and nagarpalika institutions to play their role in directing and overseeing local development efforts becomes a key process, not only for this plan of action but more largely for the very viability of grassroots democracy in the country. The challenges that need to be addressed include : (i)

clearly demarcated areas of jurisdiction, (ii) adequate power and authority commensurate with responsibilities, (iii) necessary human and financial resources to manage their affairs, and (iv) functional autonomy within the federal structure. Fifth, India's national goals, which contributed to the formulation of global goals set by the World Summit in 1990, have been translated to the State level, with corresponding detailed State Programmes of Action for Children (SPACs). This process of disaggregation, carried through in logical sequence to the district, further encourages communities to identify specific needs, especially those captured in the WSC goals, as starting points for specific community action in concert with the relevant government functionaries. Goals thus bring demands and services together in a pragmatic working partnership.

Major Components of the 'Bridge Plan'

The 'BRIDGE'

19. The 'Bridge' Plan offers an opportunity to respond creatively to the changing economic and development environment, and build on and translate these strategic emphases into action. The programme proposals emphasise four broad thrusts:

CHILD RIGHTS

20. **Strengthen child rights through advocacy** In addition to special efforts to focus on the needs of the most disadvantaged and exploited child, strategies for assuring child rights will include:

- ▶ research and information gathering
- ▶ support to policy level advocacy on child rights
- ▶ public awareness generation and public education
- ▶ networking with NGOs and alliance building

Through advocacy the GOI-UNICEF co-operation will seek partnership with a greatly expanded network of NGOs as well as institutions of civil society, political figures, legal groups, youth and, most intensely, with government at all levels, translating these rights into community consciousness as well as action. Monitoring progress towards realisation of goals at all levels will become an objective measure of achievement of child rights.

FULFILLING YEAR 2000 GOALS

21. **Intensified efforts to fulfill the Year 2000 goals.** National goals for children are spelled out in each of the main sectoral programmes of Child Survival and Safe Motherhood (CSSM),

Primary Education, Child Environment and Child Development and Nutrition emphasising:

- ▶ 'scaling up' of key interventions to promote universal service
- ▶ disparity-reduction
- ▶ capacity building
- ▶ accelerating innovation
- ▶ handover and phasing out of successful (or failed) activities
- ▶ monitoring of processes as well as goals

The focus of UNICEF technical and resource support for *building capacity*, through training and social communication will shift from institutional and professional capacity at central levels to para-professional and community level competence. Greater attention than hitherto will be given to principles and processes of change so that the basic approach is replicable in differing contexts of India's social landscape.

COMMUNITY CONVERGENT ACTION

22. **Experimentation and definition of strategies for convergent community action.** The third component, requiring intensive inputs from all sectors during the 'bridge' period will be experimentation and definition of successful approaches to community convergent action. This will include:

- ▶ working with empowered women's groups and elected local bodies
- ▶ training for teamwork and community capacity building
- ▶ social communication to focus on action to reach goals
- ▶ community monitoring and analysis

Focus will be on promotion of a *team-mode* of work, based on regular and participatory planning, managing and monitoring -- in compact political-administrative units -- *first*, among government functionaries from different departments serving as facilitators at the community level; *next* by the community's own volunteers as mobilizers, the most critical among them being existing and emerging local women's groups; and *finally* between the two, forging a community - government partnership.

COMMUNITY MONITORING

23. **Assessing performance at the community level.** The fourth component of the proposed plan will be to help develop a community based system of information collection that enables

monitoring of processes as well as outcomes relating to child rights. Such a system will be made as public and transparent as possible with the intention of increasing the accountability of the local government functionaries to the community.

Partnerships

GOVERNMENT

24. Government remains the principal partner and prime actor in almost all the areas outlined above. Such a partnership extends to state and local governments as well, and to elected bodies in both rural and urban areas responsible for local governance. The reach and resources available to government exceed, by a huge margin, inputs provided by external agencies. Government, and in particular the Department of Women and Child Development in the Ministry of Human Resource Development, has a key co-ordinating role for all aspects of the child including child rights. UNICEF-GOI collaboration is designed to support capacity building as well as be guided by this special relationship. The two years in the run up to the IX Five Year Plan become an important period for learning lessons and putting in place programmes that will be taken over in the next five-year plan period.

JCGP AGENCIES/ BRETTON WOOD INSTITUTIONS

25. Partnerships with the UN family of agencies, with lending institutions and donor agencies are already firmly in place around common concerns such as primary education (UNESCO, IBRD, UNDP); child and reproductive health (WHO, IBRD, UNFPA); nutrition (IBRD, IFAD, WFP, FAO, ADB), and child labour (UNESCO, ILO). Close cooperation with the larger UN group is also emerging on issues requiring intersectoral approaches such as HIV/AIDS (UNAIDS) and gender (UNIFEM). There is also a shared purpose in seeking to realise the broader objectives enumerated at Rio, Vienna, Cairo, Copenhagen and Beijing.

BILATERAL AND MULTILATERAL DONORS

26. Bilateral partnerships have been central to achieving many of the goals of the last programme period. Resources have been channelled to special programme of common concern by a number of countries and development agencies. Special support was received from Sweden, Netherlands, Norway, Denmark, Australia, Canada, USA, UK, Japan and European Union. Bilateral donors have been able to use UNICEF's comparative strengths in its collaboration with Government of India, through critical field level presence and the ability to reach the least well-off children and their families throughout the country. UNICEF National Committees have also contributed in important ways.

**NON-
GOVERNMENTAL
ORGANISATIONS**

27. NGOs are important not only as collaborators in the field but as active partners in the design and implementation of strategies, especially in innovation and experimentation. Developing strong networks with NGOs will be built into all sectors of the programme during the period. At the same time, special efforts will be made to build alliances and coalitions with several other civic institutions, including commerce and industry, media, journalists, lawyers, students, doctors, school teachers in order to mobilize collective action for promoting the rights of children.

Perspectives for the Future

**ENTERING A PERIOD
OF RAPID CHANGE**

28. While the period covered by this plan co-operation is relatively short, it takes development programmes into a new and changing period. This is seen most clearly in the economic and development context where a vibrant market economy is emerging in the presence of a continuing commitment to social equity. There are also other changes afoot that are less visible, but no less important, in attitudes towards children. Notable is the growing recognition that the most prevailing needs of children ought to be regarded as legitimate and inalienable rights and that the possibility exists to give every child what has previously been reserved only for the more privileged few. With resources generated by the tempo of economic growth, India's constitutional commitment of being a 'child friendly' society can in fact be met, by truly giving a 'first call' for children.

**TOWARDS A CHILD
FRIENDLY SOCIETY**

CHAPTER 2

CONVERGENT COMMUNITY ACTION: Operationalizing the Programme Strategy

The proposed strategy of Community Convergent Action in both rural and urban poor areas, developed in response to the increasing demands for improved decision-making by local communities and greater responsiveness of the social development sectors to community needs, seeks to:

1. foster a team approach for assessing, analyzing, and initiating action to meet the rights of children at the community level;
2. promote effective social communications between team members; and
3. develop a system of information collection and monitoring at the community level by the community that will track progress being made to achieve the goals of children.

*Chapter 2***CONVERGENT COMMUNITY ACTION:
Operationalizing the Programme Strategy***The Context*

- 2.1 Of the several significant changes that have occurred in India during the past five years, the most important development is the emergence of diverse, vibrant community organizations, most notably of women. These include elected Panchayats, rural and urban women's groups, Total Literacy Campaign groups, Village Education Committees, savings and thrift societies, and other non-governmental organizations. Experience shows that such organized groups of people are capable, given critical support, of changing their life situations. The two elements of such support include : (a) improved ability of the community to perceive and articulate needs and to actively participate as partners in meeting them; and, b) improved responsiveness of government and other functionaries to the awakened demands by people for better quality of social services.
- 2.2 The proposed strategy of convergent community action is a response to the emerging demands from these community groups for strengthening decision-making processes relating to their immediate environment. The idea of community convergent action is not new to UNICEF-GOI co-operation. It has in the past been recognized that different government agencies and functionaries need to channel their technical, financial and institutional support more specifically to meet the needs of people in poverty. A wide range of schemes exist in both rural and urban areas for poverty alleviation, employment generation, and provision of social services. Despite this array of potential support, there are very few effective and sustainable systems that ensure access to meet the needs of poor communities and the special needs of girl children and women in particular. The immediate requirement therefore is to develop processes that will generate informed demand for child rights at the local level, and enable community-specific convergence of public services.
- 2.3 Consequently, over the next two years of the Bridge plan, working in close co-operation with GOI departments and state governments, UNICEF will attempt to delineate new approaches that foster team work, mutual learning and effective community monitoring of child rights and goals, as well as strengthen systems to promote sustainability. In doing so, the strategy will draw upon India's vast community development experience of the past four decades, integrate the lessons of delivering essential services within the new structures of local governance, and build upon the many insights gained during the past five years from innovative approaches for strengthening community-government partnership in both rural and urban areas. In essence, community convergent action is an exploratory approach which will test the ground in selected rural and urban poor areas, in order to gain experience wider replication during the next country programme

(1998-2002). The strategy will be incrementally promoted in all districts where UNICEF currently participates and intensively implemented in selected rural and urban areas of selected states.

Objectives

- 2.4 *Convergent Community Action (CCA)* focuses on the community's goals for children. Such action will be pursued in consonance with the State's responsibility to protect children and in-so-far as it is set in the realities of the local context, it will address the challenges posed by the traditional, cultural and attitudinal diversity within the country.
- 2.5 The main objectives of community convergent action will be to:
- ▶ strengthen processes for community ownership and actions towards achieving the rights and goals for the poorest and most deprived children, particularly girls in selected communities;
 - ▶ catalyze and accelerate convergence and responsiveness of social services in meeting the rights of the poorest children, especially girls through the promotion of teamwork for effective assessment, analysis and action and not just convergence of inputs, the development of community-government partnerships, and improved communications skills of grassroots functionaries and the communities themselves; and
 - ▶ sustain the rights and goals for the poorest children and women through more effective monitoring systems, understood and conducted by the community.

Overall Strategy in Rural and Urban Poor Areas

- 2.6 The basic strategy will explore options and identify effective community processes for achieving and sustaining the rights and goals for the poorest children and women, especially those largely unreached by current sectoral strategies. This experience shall serve as a basis for planning and implementing the 1998-2002 Master Plan of Operations for UNICEF-GOI co-operation.
- 2.7 CCA seeks to catalyze, strengthen and accelerate the processes initiated and undertaken by newly elected members of the Panchayati Raj and Nagarpalika, and organized groups of women in "poverty" in both rural and urban areas. The elected local bodies and women's groups will be specifically supported to take the lead, plan, manage and monitor child survival, development and protection in the community -- as a priority among the community's goals.
- 2.8 Experience has shown that pre-determined packages do not fulfil all of the community's needs and child rights. Intersectoral responses by local level functionaries to community demands will generate more sustainable successes. Once immediate, perceived needs of

the community are articulated, team work would aim primarily at behavior change at the household and community levels. This will be pursued in a planned manner, through joint interaction between the facilitators representing the sectoral departments and mobilizers at the community level.

- 2.9 There will therefore be three critical elements of the CCA strategy. The first will be to foster a *team approach* between elected representatives and community groups, development administrators, and functionaries of various departments at the village, block, district, ward and municipal levels in order to jointly assess the situation of children, analyze problems and constraints and plan and initiate action to address them. The second element will be to *promote effective social communications* between the team members so as to encourage a dialogue between the community and those organizing and providing services with the intention of better meeting local needs. The third element will be to develop and have in place an effective system of information collection and monitoring by the community that will help track the progress being made to achieve the goals of children. Children's well-being will be monitored by the community at the community level using well-defined and agreed upon process, quality, and outcome indicators.
- 2.10 Front line functionaries will play a pivotal role in the CCA as mobilizers and facilitators for delivering services and supporting elected representatives at various levels of the *panchayat-nagarpalika* system. A major component of CCA will include re-orientation of the attitudes, knowledge and skills, including communications of these functionaries. Efforts will also be intensified to build upon and consolidate ongoing training activities for Panchayati Raj and elected urban council members, much supported by UNICEF, and the technical training in all sectors bringing these into a combined "team training" at the community level.
- 2.11 At the same time, community groups will be supported through various participatory processes to assess, analyze and articulate their demands -- with priority to the rights of children. This will entail increased involvement and networking of community groups and elected bodies with NGOs having the expertise and experience. The end objective is to enable all government workers in the social sectors to assist communities to organize themselves around existing or new core groups of women, particularly those in poverty. The focus on families and children who are denied their rights will be maintained. A key focus of CCA will be families with child labour, who are normally deprived of essential social services and family support programmes. This is in keeping with Government of India's strategy and programme for the elimination of child labour announced by the Prime Minister.
- 2.12 With support from the *inter-sectoral team* consisting of community level functionaries, and the assistance of the community's internal group of mobilizers represented by the elected bodies, village and city-level committees, and non-government organizations with a local presence, the community will prepare its own plan of action. These local plans

will be aggregated in successive steps into the *district plan*, including the urban pockets of poverty and, in the case of cities, into the *city plan*.

- 2.13 Each of the sectoral programmes addressing child rights, as indicated in Chapters 3 to 6 of this Plan of Operations - will adopt the strategy outlined in paras 2.6 to 2.12 and provide intensive support for accelerated universal achievement of the goals in the selected areas.
- 2.14 The CCA strategy will be explored during 1996-97 in selected rural and urban areas to be identified in consultation with government counterparts in selected states, taking into account the existing participatory structures and mechanisms, community processes, already in place, interest of service providers, and above all the immediate needs of children.

Rural sector

- 2.15 The 73rd Constitutional Amendment Act (1993) has strengthened the *panchayati raj* institutions (with reservations for women and marginalised groups), as well as identified their responsibility for development activities. These are listed in Schedule 11 of the Act, and cover, among other areas, virtually the entire social sector functions. In several states, elections have been held and orientation programmes for elected representatives, especially women, are in progress. The rural scene is being transformed by the emergence of several community organizations. Development of Women and Children in Rural Areas (DWCRA), has been implemented in 462 districts and is estimated to benefit close to 1.9 million women through income-generation activities. Although the results of DWCRA have been somewhat mixed, wherever successful, women's groups have been very effective in generating collective action to meet the goals for children. Similarly, the idea of community participation and convergence promoted by Community Based Convergent Services (CBCS), now operating in 86 districts, has generated sufficient interest and strengthened the ability of communities to assess problems. Greater responsiveness from government workers at all levels is now required. Informed demand needs to be met by improved provision of quality services.
- 2.16 Given the spread of both CBCS and DWCRA throughout the country, with the exception of outstanding commitments for 1995, UNICEF will phase out of both these programmes in 1996 and move into supporting new processes aimed at strengthening community and government action.
- 2.17 Focused support, appropriate to the community's stage of development and socio-cultural context, will be extended through joint training and facilitated interaction of: (a) the village community, with women in poverty and families with child labour as those most in need forming the core of each group; (b) elected representatives of the *panchayat* system at the village, block and district levels -- with particular attention to the women representatives; (c) a *community mobilizing team* comprising nominees of the village

community, community volunteers and group organizers with skills to communicate and organize, local voluntary organizations, youth clubs, mahila mandals, cooperatives and other community organizations, and representatives of village committees for health, education and water-sanitation; and (d) an *intersectoral team* of functionaries as facilitators at the community level including primary school teachers, the ICDS anganwadi worker, health workers, the handpump caretaker, and representatives of other functional departments at the community level. These will in turn be supported by inter-sectoral teams at the block and district levels.

Urban sector

- 2.18 The 74th Constitutional Amendment Act (1993) has given additional strength to the *nagarpalika* institutions with reservations for women and marginalised groups as well as an enhanced developmental role. Under the Urban Poverty Alleviation Programme (UPA), the Urban Basic Services for the Poor (UBSP), which focuses on women's organization and social sector goals for children, evolved into a national programme, linked under a common umbrella to support, *inter alia*, skill training, micro-enterprise support, shelter upgradation, and low-cost sanitation. Notable efforts in urban areas are found in over 100 cities, or about one-third of the cities currently covered under UBSP. In 1995, the Prime Minister's Integrated Poverty Alleviation Programme was launched targeting all 345 Class II towns (of population between 50,000 and 99,999) adopting a whole town approach, with UBSP as an integral component.
- 2.19 The concept of *Convergent Community Action* applies to urban as well though the process has to adapt to the differences in the social context and service systems between rural and urban settings, as well as to the variations in urban areas. For instance, the urban population is growing faster than the rural population, straining further the already stretched basic services. There are an estimated 80 million people classified as 'urban poor' who have limited or no access to services of any kind. A large proportion of them live in "unauthorized" slums. The functioning of people's organizations (such as mahila mandals, women's groups, savings and thrift societies, etc.) is not as well developed in urban areas as it is in rural areas. Nagarpalikas are yet to become as active as many panchayats. In fact, the community groups established under UBSP and by NGOs represent the main experiences in urban areas that the proposed strategy can build upon. Under UBSP, there are over 100,000 women volunteers and over 6000 urban neighborhood groups in 296 cities.
- 2.20 Whereas, in rural areas, government functionaries have assigned responsibilities for well-defined populations, this is much less so in urban areas where most services are available only at fixed sites, with a limited outreach program. A redefining of responsibility of social sector functionaries for defined population groups, emphasizing active efforts to reach all, is a critical challenge in urban settings. However, urban areas have a more well developed infrastructure and an active private sector which can be harnessed more creatively and effectively to meet the needs of the urban poor.

- 2.21 UNICEF's involvement in UBSP with emphasis on converging sectoral services from the early stage of planning services for the urban poor will continue through 1996-97. A framework is now available for universalizing the strategy, with a focus on larger cities where urban poverty is more intense, to reach all the urban poor within these cities through a participatory process of women's mobilization and partnership with urban local bodies, other government programmes and schemes through convergence, and the voluntary and private sector. In this process, the rights of all children, irrespective of where they reside, will be promoted. State and district systems will be strengthened, and city systems will be developed, with a focus on large Class I cities to consolidate the community structures and participatory processes such as ongoing through UBSP. Linkages to other urban poverty alleviation programmes, including the Prime Minister's Integrated Urban Poverty Eradication Programme, will likewise be enhanced.
- 2.22 Building on the positive experiences of UBSP, the 1996-97 strategy will simultaneously seek to promote new initiatives for developing alternate mechanisms to address the growing needs of the urban poor. These will include promoting efforts to: (1) move the facilitators, i.e. sectoral functionaries and authorities, out of their institutional base and into closer relationship with the community by redefining responsibilities and identifying outreach programs in identified communities and urban wards; (2) work with government authorities, elected bodies and non-governmental organizations to bring functionaries into logical, cross-sectoral groupings to better meet the demands of local communities; and (3) enhance capacities for developing local targets and goals for children by different communities themselves. This will develop and sustain much stronger linkages between UBSP, as the base for organized communities, and the social sectors, as the providers of essential services to the urban poor. In keeping with the rights perspective of the entire country programme, convergence will focus on strategies to reach the most deprived and under-served.

UNICEF Cooperation

- 2.23 The thrust of UNICEF Cooperation during 1996-97 will be to build on community structures and participatory processes that are already legitimized as described above and in existence so that they become a universal feature of both rural and urban areas. Accordingly, in addition to specific activities described for UNICEF support in the foregoing paragraphs the following initiatives will be supported, with the aim of accelerating and sustaining the goals for children in *selected* rural and urban areas.

Social communications and effectiveness training

- 2.24 Social communications for team building will be developed such that it promotes *participation* in, and *control* and *ownership* of, development by the poorest communities. The community's capacity to assess and analyze its situation and articulate the needs especially of girls and other more deprived children has to be stimulated from within the community itself. Strengthening of the *participatory training capacities* at state and

community levels through not only the systems already established for rural and urban sectors but also among the "convergent" service delivery agencies, to effectively interface and respond to community needs, is an integral component of social communications.

- 2.25 For frontline workers, appropriate training would include not only the development of the specific skills needed for their sectoral responsibilities, but also the skills necessary to enable them to be facilitators, resource linkers and catalysts for action. Appropriate training will include: decision making and problem solving; creative and critical thinking; communications and interpersonal skills; team building skills; coping with emotions and stress; and, self awareness and empathy.
- 2.26 As team training goes beyond traditional training programmes, there will be a need to identify and engage a wider support group, for example from the non-governmental sector, with experience in the areas of rural and urban community development, *participatory processes for assessment, analysis and training*. *Core groups of women* have already become effective communicators in some cases. Such groups will enable the poor to draw up their own agenda of action, determine the priorities, devise the solutions and logically follow through, without over-dependence on the existing system.

Community monitoring

- 2.27 On the basis of the participatory processes, monitoring of both processes and outcomes will be led by the community and technically guided by service functionaries and professional supervisors with an intersectoral perspective. This will ensure tracking of locally relevant indicators (disaggregated by gender) towards children's goals, and objectively measuring progress. These will include answers to questions such as : (a) does every household in the community have access to safe drinking water and sanitary means of disposal of wastes? (b) are regular monthly immunization/mother-child protection sessions organized in the community? (c) is every child fully immunized? (d) does every child under three years receive regular dose of Vitamin A? (e) is there a depot-holder for ORS, condoms and pills (within the community)? (f) does every pregnant woman in the community receive regular ante-natal care, iron and folic acid supplements and TT immunizations? (g) is every child above six months of age on complementary feeding? (h) is every child five years and above enrolled and attending a primary school? (i) does the AWW/Primary school teacher attend the AW/Primary School every working day? (j) is there a functioning mother's/women's group in the community? and (k) was there any birth or death among children or pregnant women and the reasons thereof? (l) does the community have access to speedy transport at all times if a pregnant women has complications? The community will seek answers to these and other such questions from the functionaries at various levels with a view to strengthening the processes and improve service delivery.

- 2.28 Support for this would include an improved database at each level which more clearly identifies the needs of the poor; better management information systems for sectoral services and their convergence; and use of appropriate poverty indicators; and collation and analysis of community generated data at higher levels of the participating government sectors and use of these data for management decisions to improve both processes and outcomes. Special efforts will be made to develop gender disaggregated data, so that monitoring does not ignore special needs that vary by gender and more importantly, in order to ensure that the well-being of girls is tracked independently.
- 2.29 Action research will be supported on critical issues, especially those related to urban poverty, with a focus on improving sustained coverage for achieving the national goals for children and women.

Partners

- 2.30 At the national level, the programme process in the rural sector will be coordinated for policy direction, support and evaluation, by both the Ministry of Rural Areas and Employment (MRAE) and the Department of Women and Child Development (DWCD). Similarly, the programme process in the urban sector will be coordinated by the Ministry of Urban Affairs and Employment (MUAE) and the DWCD. The counterpart state ministries will be responsible for related functions at the state level.
- 2.31 The process requires inter-sectoral nurturing both at the national and state levels by the departments of Education, Health and Family Welfare, Welfare, Labour, Rural Areas and Employment and Urban Affairs and Employment, coordinated by DWCD. Other sectoral departments may also be involved. Their sectoral contribution is as outlined under the heading *Convergent Community Action* in each of the Chapters 3 to 6. The involvement of key NGOs experienced in participatory development will be important in the coordination process.
- 2.32 In rural, as well as urban areas, the potential of anganwadis to become nodal centres will be harnessed in collaboration with DWCD. These centres have the advantage of working with a catchment area concept; the functionaries are often closer to the community; and the anganwadi workers who are invariably drawn from the community often live within the community. In urban areas, which are generally underserved, closer linkages between UBSP and other systems including ICDS where they exist will be actively promoted.
- 2.33 The programme process in the rural areas will be promoted directly by the district development administration/zilla parishad, as an integral part of the district plan. In the urban areas, the same function will be performed by the city /town administration, with much of the resources and responsibilities devolved to the neighborhood communities, functioning through their own formations and elected representatives, supported by the intersectoral team of service functionaries.

much of the resources and responsibilities devolved to the neighborhood communities, functioning through their own formations and elected representatives, supported by the intersectoral team of service functionaries.

- 2.34 The process and the outcome will be reviewed in 1997 to draw inferences and insights, especially for the implementation of the IX plan period, as well as for inter-district and inter-city sharing of experiences.

Implementation Schedule

- 2.35 The process of CCA will be implemented in selected rural and urban areas of the major states having UNICEF participation during 1996-97. In addition, the process will influence programmes of UNICEF cooperation, as outlined in Chapters 3-6 of the Plan of Operations, in other parts of the country. The experience gained will feed into the planning and implementation of the 1998-2002 Country Programme.

Government Commitment

- 2.36 With the assistance of the Central and State levels, and within the scheme as outlined in this chapter, the development administrations at the district, block and village levels, and the city administrations at the municipal and ward levels, will provide organizational, institutional, technical and resource support for services to converge on the community, with attention paid to their reach and relevance. Of particular importance will be the commitment of financial resources to infrastructure and needs identified by the targeted communities. In essence, this assistance will be characterised by *facilitation* rather than control over the planning and the development process envisaged. The emphasis is on *community-owned* actions and *community-controlled* development, thereby resulting in more sustainable achievement of rights and goals for children.

2.37 UNICEF Resource Allocation

US \$ '000s

Convergent Community Action		1996	1997
Urban CCA	GR	2,000	2,000
	SF	500	500
	Total	2,500	2,500
Rural CCA	GR	3,400	3,600
	SF	500	500
	Total	3,900	4,100
Total		6,400	6,600

CHAPTER 3

CHILD'S ENVIRONMENT : WATER, SANITATION & HYGIENE

Given the critical importance of safe drinking water and clean surroundings for the survival and healthy growth of a child, the Programme of Action during the Bridge plan seeks to :

- 1. improve people's knowledge about hygiene through strong advocacy and intensive education;*
- 2. support households and communities to develop appropriate systems of water supply and waste disposal keeping in mind the ecological specificities of the regions;*
- 3. enable communities to develop alternate systems of water conservation and regeneration and*
- 4. strengthen the capacity of communities and especially women to manage, maintain and monitor their local water and sanitation environments more effectively to meet the rights of children.*

CHILD'S ENVIRONMENT : WATER, SANITATION & HYGIENE

Context

- 3.1 Safe water and clean surroundings combine to create a healthy environment for children, in both rural and urban settings. Environmental decline impacts adversely on the child such that growth is retarded and health impaired. The child's environment is influenced by factors both within as well as beyond her control and that of her family. Thus, hygiene education occupies the central part of behaviour change in the individual - leading to safe practices such as hand washing; safe handling of food and water; sanitary means of garbage disposal, drainage of waste water and overall cleanliness resulting in a healthy environment for everyone in the community. Beyond the settlement, the management of natural resources such as land, forests and river basins has a direct bearing upon the living conditions of local people. Over-exploitation of natural resources, neglect of the micro-watershed and of simple environmental protection measures, cause a decline in ground water levels and contamination of the aquifer. This results in reduced water availability and quality and unsafe sanitary condition for the child.
- 3.2 Beyond the micro-watershed, lie watersheds at the macro-level. Mismanagement of these vast resources influences water availability further afield and interferes with the quality of life of people who are ignorant of the cause of their deteriorating habitat and their right to natural resources. Therefore, a healthy environment for the child is dependent upon the proper management of a series of 'zones' within the water environment, each of which influences the other. Centered on the child, these zones extend to the household, to the community, to the micro-watershed and thence to the macro-watershed.
- 3.3 India's Rural Water Supply and Environmental Sanitation Programme has seen a continuum of activity from 1969 to date. Successful experiences gained over time have been consolidated in line with the key UNICEF tenets of affordability (low cost and appropriate); replicability (the potential to go to scale); sustainability (achieving lasting results); capacity building (thorough community participation, ownership and empowerment); and assessment, analysis and action (responding to communities' changing needs). The life stages of the Water Supply and Environmental Sanitation Programme and its components is depicted in Fig. 3 on **P 24**

Progress, 1991-95

- 3.4 By 1994, some 82 per cent of the rural population was estimated to have access to a safe drinking water supply. A major feature has also been the active participation of women in several parts of the country - who being most affected have also been most effective in supporting the programme. This is best illustrated by the widespread success of community-based management of handpumps and maintenance by groups of women. The programme has also moved beyond simple monitoring systems for drilling and handpump installation to those that aim to assess water use. Over and above, the unserved 18 per cent of the population, there are serious disparities between and within States in sustainability and quality of supply. Groundwater depletion and degradation by competing consumers, bacteriological contamination through imperfect well design, water that is high in salinity, iron, fluoride, arsenic and other substances, all present challenges that need to be urgently addressed.

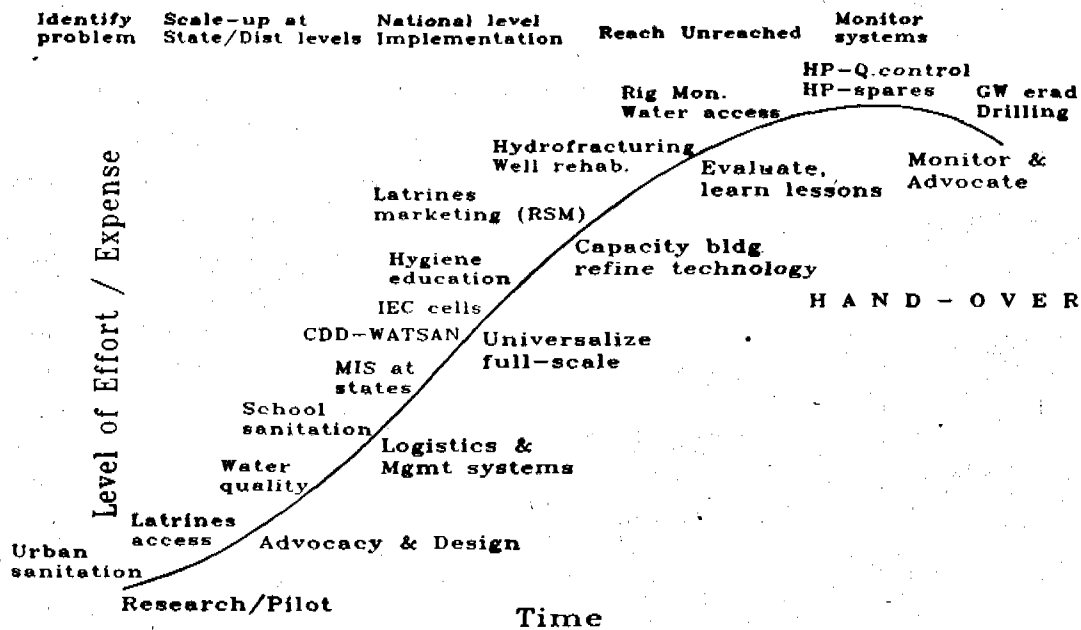


Fig. 3 : Life Stages of Water & Environmental Sanitation Programme

- 3.5 With respect to sanitary means of excreta disposal, coverage is estimated to have increased from 11 to 19 per cent of rural population during 1990-94. The concept of sanitation has in practice broadened in its inherent dimensions, such as safe handling of food and drinking water, personal hygiene, disposal of waste water, human excreta and garbage, home and village sanitation as the first step towards *primary environmental care*. UNICEF is a partner in this conceptual evolution as well as its translation and communication on the ground through non-government organizations and community

groups. Promising models have emerged in : Alwar (Rajasthan), Periyar (Tamil Nadu), Allahabad (Uttar Pradesh), Medinipur (West Bengal) and Mysore (Karnataka).

- 3.6 In addition to bringing water supply and sanitation operationally together to serve common aims, the 1991-95 experience of relating the programme to diarrhoea control in the same community has improved the feasibility of forging linkages with health and education, contributing to the child's nutrition and growth. At the same time, the success achieved in the near-eradication of guineaworm disease is an example of technical and social inputs combining through community-based processes, particularly case management and the village contact drive as demonstrated by the SWACH Project.

Objectives

- 3.7 UNICEF's programme in this sector seeks to promote the rights of children by ensuring progress towards the WSC goals of :
- ▶ Universal access to safe water by 2000;
 - ▶ Universal access to sanitary means of excreta disposal by 2000; and
 - ▶ Eradication of guineaworm disease.
- 3.8 The specific objectives of the programme will be to :
- (a) advocate and ensure community management of the 'Water Environment';
 - (b) enhance household water security;
 - (c) rapid expansion of sanitation and hygiene education; and
 - (d) completion of guineaworm eradication.
- 3.9 The programme will pursue a five-pronged strategy to meet these objectives :
- Consolidation of the progress made towards community involvement and convergent services through (a) integration of sanitation and water supply and inter-linkages with health, nutrition and education; (b) greater involvement of women at the local levels for planning, implementation and management of water resources.
 - Capacity building of women's groups, community-level functionaries, and elected representatives of village, block, district and city/ward levels through communication, orientation and training, in order to bring about behaviour change in the community.

- Development of innovative approaches and sustainable technologies for reducing disparities and reaching underserved areas and communities.
- Continued monitoring of quality control of hardware and a diminishing UNICEF role in its supply, especially handpumps.
- Exploration of new directions of cooperation, such as sanitation in urban poor communities and management of the "Water Environment" at the local level, focused on problems such as ground water depletion.

Areas of Intervention

- 3.10 During the Bridging Programme, UNICEF will continue to focus primarily on rural areas. However, in recognition of the increasing poor and disadvantaged populations living in a deteriorating urban environment, substantial effort will be made to assess the nature and magnitude of the problem and try out alternative approaches in order to identify ways of working that will be scaled up in subsequent country programmes.

Activities for Rural Communities

- 3.11 *Sustainable drinking water supply:* The sustainability of drinking water sources already created will be a high priority area to consolidate the gains achieved so far. This will call for peoples' participation, especially women, and community management of water sources. The success of handpump maintenance and repair by women demonstrates the significance of making the community acquainted with the technology appropriate to the local conditions and motivating them for sharing at least the operation and maintenance cost. Establishment of community-based maintenance systems using the approach successfully demonstrated in Banda, Ranchi and Medinipur districts will be advocated. Expected outcome: *Maintenance and repair of handpumps with community participation (especially women) extended to fifteen major states.*
- 3.12 *Protection of Drinking Water:* A safe drinking water source is subject to contamination if the environment around is not kept clean. Also, lack of proper water collection, transport, storage and handling practices at the household level can contaminate water from a safe source. While the protection of drinking water at the source can be ensured through correct well construction techniques, by providing adequate drainage around water points with construction of platform etc., at the household level, contamination can be prevented through effective communication and motivation for adopting safe and hygienic practices. Expected outcome: *Advocacy of proper well construction techniques and introduction of safe water handling practices as part of IEC in fifteen major states.*

- 3.13 ***Environmental Protection and Management:*** Depletion of ground water due to over exploitation of the source mainly for irrigation and industrial purposes (but also due to pressures of urbanization), and lack of adequate aquifer recharge caused by extensive deforestation are major concerns. A balanced development of ground water will therefore be advocated to prevent further deterioration of drinking water sources. Studies on ground water use and assistance in establishing monitoring facilities to prevent environmental degradation of ground water sources in terms of quality and quantity will be carried out to promote micro watershed management and sustain fresh water sources. Lessons learnt from the on-going fresh water studies supported by UNICEF in different regions of the country will be capitalized upon. Expected outcome: *Environmental protection and management studies in eight states.*
- 3.14 ***Alternate Delivery (marketing) System for Sanitation:*** In response to Government's decision to withdraw direct subsidy to provide sanitary facilities to people above poverty level, alternative delivery systems for commercial and social marketing of several low cost designs of sanitary-ware in Rural Sanitary Marts (RSM), production and credit centres for enabling availability of low cost latrines and other components of the sanitation package etc. will be encouraged. This will call for looking at sanitation beyond the government subsidized programme so as to make clean environment and adoption of sanitary means of wastes disposal a "Way of Life". Expected output: *RSM or production centres established in atleast 20% of blocks in fifteen major states.*
- 3.15 ***Hygiene Education:*** The need for promoting hygiene education to bring about a behavioral change among the people both in terms of water use and adoption of improved sanitary practices has been well recognized. The recently developed IEC strategy by the government for the WATSAN sector earmarks funds for communication and social mobilization. In order to further promote effective participation of women, special support will be provided to develop appropriate communication material for use as part of a multi-media approach. Support will be extended for the establishment of IEC cells and strengthening the sanitation cells with appropriate linkages to Health, Nutrition and Education sectors inputs for similar purposes. Expected output: *IEC cells at national and state levels established and expanded sanitation concept introduced among women's groups and community organizations in all major states.*
- 3.16 ***Involvement of Schools and Anganwadis:*** Schools and anganwadis can be the appropriate platform to create hygiene awareness and motivation among children in the younger age group. Besides advocating to include these institutions in the programme at the national level, UNICEF will support area-specific projects to gain experience and replicate these on a wider scale. All these will call for enrichment of the school curricula and training module of anganwadi workers, involvement of teachers and anganwadi workers, active participation of Bharat Scouts & Guides and NGOs. Expected outcome: *Demonstration projects in five major states; School sanitation as part of a National Sanitation Policy.*

- 3.17 **Working with Panchayats:** The 73rd Constitution Amendment provides an excellent opportunity to advocate for community participation in the Water & Sanitation sector which not only includes, awareness generation, women's participation, community mobilization and motivation but also cost sharing and infrastructure support to promote various interventions proposed. Development of training and advocacy materials will be an important component of UNICEF support and will be dovetailed with actions as part of Chapter 2 (Convergent Community Action). Expected outcome: *WATSAN committees formed at Panchayat levels in fifteen major states; WATSAN training and communication materials developed for panchayat members.*
- 3.18 **Guineaworm Surveillance:** While support to case surveillance will continue in the currently endemic states, an inter-agency evaluation will be carried out in the states where zero cases have been reported for the past three or more years. UNICEF will closely monitor the case containment strategy so as to secure zero transmission. Expected output: *Zero guineaworm cases by 1997.*

Activities for Urban Communities

- 3.19 Several of the interventions proposed under the foregoing paras 3.11 to 3.18 have relevance in urban areas also - particularly for the urban poor communities. These include activities pertaining to (i) sustainable drinking water supply, (ii) protection of drinking water, (iii) alternate delivery (marketing) system for sanitation, (iv) hygiene education and (v) involvement of schools and anganwadis. During the 'bridge' programme, strategies will be evolved for systematically introducing these elements of the programme for urban poor communities as a part of the Convergent Community Action in selected urban communities. These initiatives will be documented and the lessons learned will form the basis for advocacy and future programme initiatives in urban poor communities.
- 3.20 Interventions in urban poor communities will include area-specific water and sanitation projects for the poor, with close inter-sectoral linkages on hygiene, water borne diseases prevention (including CDD-WATSAN) through effective involvement in planning, implementation and maintenance of facilities through UBSP, Urban ICDS and other community structures and formations. Replicable and sustainable strategies based on lessons learned will be identified for implementation in the next country programme. Expected output : *Approaches identified for water, sanitation and hygiene interventions in urban poor communities.*

Technology

- 3.21 The overall aim in technology choice for Water and Sanitation during the period 1996-97 is to accelerate coverage and sustain the existing facilities through community participation and management. The following will be supported :-

3.22 Water Supply:

- *Research and development:* Support to R&D activities will continue, such as further development of village level operation and maintenance (VLOM) handpumps, to facilitate repair and maintenance by the users themselves. Efforts will concentrate on reducing cost by using alternative materials and optimizing designs. Expected outcome: *Development and standardization of improved low cost India Mark III and TARA handpumps.*
- *Quality assurance and standardization:* UNICEF support to Bureau of Indian Standards (BIS) in developing national standards and capacity building have shown encouraging results. UNICEF has now handed over the responsibility for handpump quality assurance to BIS, whereas, this will be progressively achieved for spare parts over the next two years. However, UNICEF support to handpump standardization and quality checks at the consignee-end will continue. Expected outcome: *National handpump standards and sustainable quality assurance mechanism.*
- *Water quality improvement:* Defluoridation of drinking water through low-cost domestic units will be promoted, researched and developed. Similarly, improved low-cost iron removal plants will be promoted for community-use linked to handpumps. Water quality surveillance will be promoted and institutionalized through capacity building in affected districts. Expected outcome: *Refinement of appropriate technologies for water treatment at community level.*
- *Rejuvenation of borewells:* Borewells used for water supply normally reduce in yield over time. Rejuvenation of wells, using tractor-mounted compressors and hydrofracturing, are proven cost-effective technologies to re-claim low yield wells in hard-rock formations. These will be promoted through demonstration and replicated through advocacy as cost-saving and environment-friendly technologies. Expected outcome: *Capacity developed to apply new technologies for rejuvenating borewells.*
- *Indigenisation of equipment:* UNICEF will advocate import substitution through local manufacture of spare parts and phase out maintenance support to previously supplied drilling rigs older than 10 years. UNICEF will discontinue the procurement of locally available drilling rigs. However, the purchase of special application drilling rigs not available in India for use in geographically disadvantaged places will be considered. Expected outcome: *Progressive reduction in UNICEF hardware support.*
- *Scientific source finding:* To reduce the failure rate of drilled wells, support to promote scientific water source finding as a cost-saving intervention will continue. UNICEF will advocate greater use of remote earth sensing techniques together with improved geophysical equipment, as an integrated approach to reduce the failure rate

of drilled wells in hydrogeologically difficult areas. Expected output: *Increase success rate of drilled wells.*

3.23 **Environmental Sanitation:**

- **Research and development:** R & D will be supported for designing improved facilities under the sanitation upgrading approach. UNICEF will assist in identifying cost-effective technology options. Expected outcome: *Guidelines developed on cost-effective, environment-friendly and child-women friendly technology.*
- **Range of technological options:** A range of technological options for sanitation will be developed and promoted to suit different geo-hydrological and living conditions. It will include demonstrating location-specific designs in selected areas. Expected outcome: *A range of technology options for sanitation identified.*

Monitoring and Evaluation

3.24 **Monitoring the Goals:** The internal monitoring system developed to track progress made towards achieving the goals will be strengthened. Data gaps will be filled through surveys supplemented by National Sample Surveys and Census records. In addition, use of the inter-sectoral, multi-indicator cluster surveys initiated jointly by DWCD and UNICEF will be used at district, state and national levels for measuring population covered for safe drinking water and sanitation and discussed at local levels for multi-sectoral action. Expected outcome: *Improved data for monitoring programme impact at various levels.*

3.25 **State-specific Management Information System (MIS):** To enable timely decision-making on programme issues, the Ministry of Rural Areas and Employment, in collaboration with National Informatics Centre (NIC) has developed a computerized monitoring system using the state and district based computer network. This facilitates data retrieval for the WATSAN sector. In addition, some states have embarked upon MIS development for their own specific requirements. Sharing of state experiences and development of computerized MIS for the national programme will be an important component of UNICEF support during 1996-97. Expected outcome: *Computerized MIS operation extended to selected states.*

The Rig Monitoring System (RIMS), previously a centralized system, will now be adopted at the state level, not only to reduce the time needed for collecting and analyzing the data originating from the respective states, but also to provide quick feedback to the state governments on rig performance to enhance their efficiency. Attempts will also be made to extend the system to include government rigs and if possible, those operated by private parties. Expected outcome: *RIMS decentralized and extended.*

The decentralized Spare Parts Management System (SPMS) introduced during 1991-95 has become operational in 14 states. Attempts will be made by GOI with UNICEF assistance to further strengthen the capacity of the state governments in this regard. A similar exercise for the spare parts of government rigs will be explored. The newly developed Hydrofracturing Monitoring System (HMS) will be established in states having hydrofracturing units. Expected outcome: *SPMS and HMS decentralized to all concerned states.*

- 3.26 **Community Monitoring:** In order to track progress at the village and community level both in rural and urban populations, a simple monitoring system including questions such as (i) does every household have access to safe drinking water within a reasonable distance, does it reduce women's workload associated with fetching water? (ii) does every household have access to safe and sanitary means of disposal of water? (iii) are the available means of water and sanitation being maintained regularly? (iv) are the community groups receiving regular education on hygiene, safe water and environmental sanitation practices? (v) does the school and anganwadi centre in the community have safe source of drinking water and a sanitary latrine, are they used, and maintained? (vi) do women have a say in planning, implementation and management of water resources? Answers to these questions will be sought with a view to generating local action for planning, implementation and decision-making on key WATSAN interventions. In addition, support will be extended to strengthening the capacity of community organizations including Panchayats, Nagarpalikas, and women's groups to (a) understand the local water environment; (b) undertake simple testing of water quality; (c) monitor the functioning of their local water systems; and (d) find ways of assessing the impact of behavioural changes. At the same time, support will be extended for effectively monitoring the safe disposal of garbage at the community level.

- 3.27 **Water, Sanitation and Hygiene in Community Convergent Action:**

All of the foregoing activities will be carried out in an intensive manner, conjointly with each of the other programmes in this Plan of Operation, as part of the community based process outlined in Chapter 2. The aim is to achieve the goals, universally and sustainably in the focussed areas, well ahead of the decade through adequately supported local planning. The demonstrated process will be a basis for planning and implementing the next cycle of cooperation in 1998-2002.

- 3.28 **Collaboration with other Agencies**

During the bridge period, UNICEF will work closely with UNDP, WHO, World Bank and such other UN agencies which are working in the Water, Sanitation and hygiene related issues to evolve a common understanding of the developmental challenges in the achievement of the sectoral goals particularly with reference to the way they impact on the rights of children and women. UNICEF will also work closely with bilateral

agencies including the Netherlands, the ODA (UK), SIDA, Switzerland, DANIDA and European Union which have a role in the sector in the country.

Government Commitment

3.29 The Ministry of Rural Areas and Employment will continue as UNICEF's main counterpart in the WATSAN Sector, while the Ministry of Women and Child Development, Ministry of Environment and Forests, Ministry of Urban Affairs and Employment, Ministry of Human Resources Development, Ministry of Health and Family Welfare and Ministry of Water Resources will be involved on specific interventions and in matters related to inter-sectoral convergence. The counterpart departments at the state level and the district administration will provide the necessary technical, institutional and other resource support.

3.30 UNICEF Resource Allocation

US \$ '000s

Child's Environment : Water, Sanitation & Hygiene	1996	1997
General resources	5,600	6,000
Supplementary resources	16,600	16,400
Total	22,200	22,400

CHAPTER 4

CHILD SURVIVAL AND SAFE MOTHERHOOD

The Bridge Plan seeks to strengthen the capacity of communities to better articulate and demand various services related to Child Survival and Safe Motherhood (CSSM) and of governments at all levels to improve the responsiveness of public services to these demands. This will be achieved by improving training and communications at the community level, stepping up the quality and efficiency of service delivery, promoting consolidation of CSSM, and strengthening cooperation with other community level programmes.

CHILD SURVIVAL AND SAFE MOTHERHOOD

Context

4.1 Child Survival and Safe Motherhood (CSSM) is central to the achievement of the many health related rights for children. Nine out of the 17 goals of the National Health Policy (1983) focus on maternal and child health. Of the seven major goals and 26 supportive or sectoral goals of this decade endorsed by the World Summit for Children (1990), two major goals and 14 supportive goals relate *directly* to CSSM. In addition, practically all of the remaining Summit goals lend preventive and promotive support to the goals of CSSM. The achievement of this cluster of goals depends crucially on:

- the quality and reach of services acceptable to the community; and
- the demand from the community for their full and proper use.

The cluster of goals related to the health and nutrition of children adds emphasis to the idea that it is a child's right to grow up in a healthy and nurturing environment.

4.2 UNICEF cooperation with Government has focused on key health problems specific to the stages of the child-woman-child life cycle -- pregnancy, child birth and perinatal period, neonatal period, infancy, childhood and (female) adolescence. UNICEF has worked closely with Government from the start of the CSSM programme, which is now at the midpoint of its first five-year phase. It is being implemented in 255 out of the 466 districts. In addition, enhanced support for safe motherhood, in the form of equipment and specialized training is being provided in 104 out of the 219 districts identified for priority attention. Expansion of these services to all districts in the country is a distinct possibility in the IX Five year plan.

Goals, directly linked to CSSM

4.3 The following are the major goals to be achieved with the help of the CSSM programme by the year 2000:

- Reduce *Infant Mortality Rate (IMR)* from 91 per 1000 live births in 1989 to 50; and reduce *Under-5 MR* from 142 per 1000 live births in 1990 to 70.
- Reduce *Maternal Mortality Rate (MMR)* from 430 per 100,000 live births in 1992 to 200.

- 4.4 To address the main causes of infant/child/maternal mortality, the following supportive goals of the decade (expressed as process/impact indicator), will be promoted by the CSSM programme:

For Children

- (1) *Immunization* of 85 percent of infants leading to:
 - Eradication of *poliomyelitis*
 - Reduction of *measles* morbidity and mortality
 - Elimination of *Neonatal Tetanus*
- (2) Management of childhood *diarrhoea*, reducing morbidity and mortality by 25 percent and 70 percent respectively;
- (3) Management of *acute respiratory infections* (ARI), reducing ARI mortality by 40 percent;
- (4) *Vitamin A* prophylaxis, eliminating childhood blindness and other consequences of Vitamin A deficiency.
- (5) *Newborn care* (in continuation of ante-natal care), including proper *breastfeeding*, timely complementary feeding and *caring practices*, resulting in reduction of 1990 levels of severe and moderate malnutrition by half or more.

For Women

- (6) *Immunization* (TT) for 100 percent pregnant women,
- (7) Prevention and treatment of *anaemia* (as well as *iodine* deficiency and other *nutritionally adverse factors*)
- (8) *Ante-natal care* and early identification of maternal complications
- (9) *Trained assistance* at child birth
- (10) Promotion of *institutional delivery* (including community support for transportation)
- (11) Provision of *emergency obstetric care*
- (12) Promotion of *birth spacing* as a health measure

Progress, 1991-95

- 4.5 Significant progress has been achieved in promoting the survival rights of children. Infant mortality rates have declined from 80 in 1990 to 73 in 1994 (provisional). Under-5 mortality rates have declined from 170 in 1980 to 109 in 1993. Maternal mortality rates, however, have been difficult to measure. A recent survey puts the present level at 437 per 100,000 live births (NFHS 1992), an improvement over the previous estimates at 600. While each indicator has shown improvement, all of them are considered unacceptably high when viewed against the country's capabilities to protect and promote the survival and development rights of children.
- 4.6 Deaths from diarrhoea, as well as from vaccine preventable diseases, have decreased by more than half from the levels in 1985.
- 4.7 In Safe Motherhood, at least 58 districts report that Caesarian section is being performed in 40 percent of the identified first level referral units (FRU), the focal point for community-based obstetric care. In addition, awareness about Safe Motherhood has risen among health workers at all levels and in concerned segments of the communities. There is an emerging consensus on early identification of maternal complications and emergency obstetric care as the primary means to reduce MMR. Complications arising from abortions have also been identified as contributing significantly to maternal mortality. There has been an increase in early registration of pregnancy, more institutional deliveries, improved supply of iron and folic acid (IFA) for preventing and treating anaemia, and wider TT coverage of pregnant women.
- 4.8 Among the more important achievements of the programme is the increased access it affords to the community, through a cost-effective outreach programme, centered on the Auxillary Nurse Midwife and the fixed-day strategy developed during the national immunization programme. It builds on an extensive logistics system that is capable of delivering immunization to millions of children on a monthly basis.

Areas of concern

- 4.9 Less progress has been made in relatively newer interventions like ARI management and essential newborn care, the latter being critical as neonatal deaths are estimated to make up 63% of infant deaths. An additional aim is to enhance the potential impact of the programme on urban health care (particularly focusing on increased support to hospital-based urban health workers), the health of adolescents (especially girls), and improved nutrition of women and children of both macro and micronutrients. Aspects of training for special skills development in the delivery of emergency obstetric care also need to be strengthened.

- 4.10 The major focus during 1996-97 will be on increasing the community's educated and active demand for the services available. At present, even in areas where services are provided, use rates are generally low (10-15% deliveries taking place with professional care, etc.). Use of existing facilities can be made more effective with increased demand from the community: e.g., it will lead to ORS use rates being improved, immunization rates more readily sustained and quality of services and supplies upgraded. For example, evidence from ten districts shows that only 16 percent of women who were expected to have complications in pregnancy requiring emergency services actually used them. This evidence is backed by community studies of maternal mortality in both north and south India, which have found 40-60 percent of all maternal deaths occurring at home.
- 4.11 The reasons for low demand and low use of available public services are many and complex. It has been found that community knowledge is limited about the need for such services, and of their right to receive them. Considerations of caste, class and gender also severely restrict use. In several instances, socio-cultural factors and considerations of gender severely restrict women's access to health services. Members of the community often do not perceive public services as superior to other services available. Community members turn to the private sector often because the doctor is available and accessible, continuity of care is provided, and prescribed drugs are supplied. Many find the cost of the private sector to be only marginally greater than in the "free" public sector, especially when transportation, work time missed, and the need to buy drugs at an outside pharmacy are taken into account. In working with the private sector, it will be important to build on these strengths while improving the quality of care through continuous training.
- 4.12 When the balance between service and demand is missing, neither is sustained. Even where services have been provided, a reduced demand leads inevitably to slippage in quality; and where demand exists without good quality services being provided, the community turns elsewhere for help.

Overall Strategy

- 4.13 The major focus during 1996-97 will be on re-establishing the balance between services delivery and educated community demand for them, as well as on exploring new approaches to strengthen CSSM. In addition, attention will be given to inter-relating activities at the community level, both within CSSM and with other goal-oriented programme activities. The concept of *Convergent Community Action* will be applied in selected areas of major states, where, in recognition of the impact all workers in a community have on health, diverse sectoral activities will be brought together to achieve the cluster of goals for children. (paragraph 4.34)

Life Cycle of Health Programme and its components

Figure 4 below represents the simplified and approximate representation of progress of various key components of the Health programme. It may be noted that the figure would however, vary in different states and this represents a national picture only.

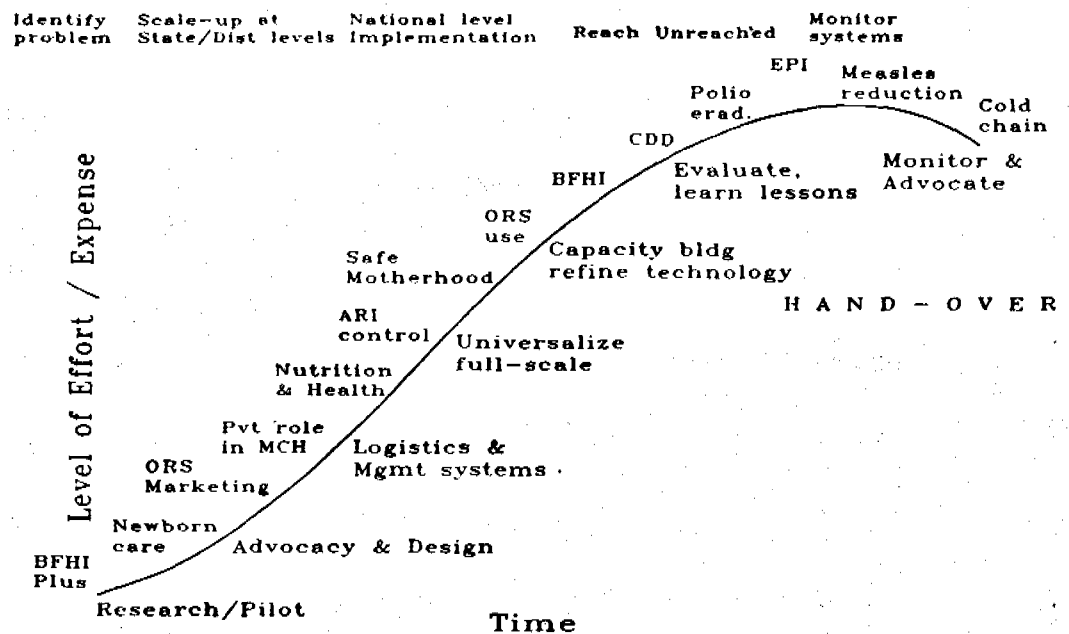


Fig. 4 : Life Stages of Health Programme

Demand Generation

- 4.14 Demand generation is primarily intended to lead to community and, in particular, women's empowerment, and at the same time, improve quality and quantity of services offered.
- 4.15 *Training and Communication at the Community level.* An important factor influencing demand generation is community education. Therefore, emphasis during 1996-97 will be on establishing a system of continuing education (non-formal) that will lead to better on-going access to health information and its use by the community. To this end, communication materials will be focussed on community members as mobilizers : mothers, adolescent girls, elected representatives of the *panchayat-nagarpalika* system, and the sectoral functionaries acting as facilitators and communicators within the community.
- 4.16 The training programme for government health workers in the field (Lady Health Visitors, Auxillary Nurse Midwives) will be reviewed, and revised where necessary, for both content and method. Efforts will be made to coordinate all training of these

workers into one annual curriculum as directed by the government and implemented at the *district level*. Emphasis will be given to interpersonal communication skills, and to methods of problem identification and problem solving by groups. The end-user focus of this education will move from the ANM where it is presently, to the mother in the village or urban slums, active in her own peer-group, assisted by the ANM and the ICDS functionaries in ICDS blocks.

- 4.17 Further emphasis will be placed on convergence in the field between the CSSM programme and the ICDS programme, particularly on the partnership for health-and-nutrition between ANM and Anganwadi Worker (AWW), and progressively beyond them to workers in education, community development, sanitation and other relevant sectors. Operational mechanisms will be devised for this purpose. Integration of training and improvement of back-up and support, as well as effective community-level monitoring skills will be priorities.

Expected Output : Skills of health workers improved in correct case management of ARI in rural and urban settings through training and re-training. Referral systems established for correct case management of ARI by training and equipping workers in PHC/FRU/Public sector hospitals and monitor treatment practices. Communication skills of Community Health Workers improved to enable them to educate community members regarding the early signs of pneumonia. Teams of health and ICDS workers established for improved impact on health-and nutrition.

- 4.18 *Effective demand for on-going services (ORT)*. While service delivery and accessibility to ORS packets will continue as a priority, the focus during 1996-97 will be on increasing the demand for ORT through community education. Emphasis will be on usefulness of ORS and ORT, and on rational drug use for treatment of diarrhoea. This will be matched by educational programmes directed to the variety of influential private practitioners at the local level.

Expected Output: Reduction in the absolute number of estimated diarrhoeal deaths.

Service Quality and Efficiency

- 4.19 Service delivery is a function of supplies as well as professional quality of services offered to the community. Just as the EPI programme and the extension of its operational strengths into other aspects of child survival led to improved capacity of the Primary Health Care system to serve the community, the CSSM programme, firmly established at the primary level, will lead to a similar change in secondary health care, linking the hospitals more closely to the PHC system and, through referrals, to the community itself. A goal of the 1996-97 programme is to extend and improve this linkage by increasing the responsibility of the secondary hospital to the PHC system as a back-up and resource, and by so doing increase the utility, as well as accountability of the health system, to the community.

- 4.20 **Women's Health:** Enhanced efforts will be made to increase women's survival through reduction of maternal mortality, largely through community education, and by intensifying district level systems of Emergency Obstetric Care that combine service availability with transport and referral linkages. Focussed efforts will be made to increase contraceptive use for birth spacing.

Expected Output: Increase in percentage of FRUs identified under CSSM providing Caesarian-section and blood transfusion. Improved pregnancy registration rate. Increase in TT/IFA coverage rates, ANC coverage rate, more ANC participants reporting quality service: e.g. TT/IFA, advice on nutrition, maternal complications and referral. Increase in proportion of complicated pregnancies/labour receiving Emergency Obstetric Care. Increase in basic knowledge of HIV/STDs, including prevention, among youth. Improved basic knowledge of STD/HIV, prevention, care and compassion (willingness to treat/discuss) among health workers through support to national AIDS control programme.

- 4.21 **Acute Respiratory Infections:** Improved training and redesign of the practical aspects of learning this service will be emphasized with health workers. In addition, new training aids (suitable for neo- or non-literate groups) will be developed and used. Referral systems for children with severe pneumonia similar to those for obstetric emergencies, need further attention and will be developed during this period.

Expected Output: Improved pneumonia management services available at community health facilities. Reduction in ARI case fatality rate.

- 4.22 **Nutrition and Health:** Building on the important interdependence of these two sectors, additional efforts will be made to use the existing contacts during the first year to child care practice needed to prevent malnutrition, i.e., support to exclusive breastfeeding upto 4 months and timely introduction of convenient, adequate complementary feeding no later than six months. Training for both ANM and AWW will be standardized to help them identify this problem and counsel mothers and adolescent girls accordingly.

Expected Outputs: Reduction in prevalence of night blindness and severe malnutrition.

- 4.23 **Polio Eradication:** As the decade goal approaches, renewed efforts and alternative strategies will be used to eradicate the disease. National Immunization Days planned at the rate of two per year for the next 3-4 years, have started from 1995. These will replace the sub-national days being implemented presently at the state and municipal levels. In addition, attention will be given to strengthening facilities and systems for surveillance of the disease.

Expected Outputs: Reduction in number of polio cases. National Immunization Days in 1996, 1997.

- 4.24 *Newborn Care*: Further emphasis will be placed on training *all* health care providers in the essentials of newborn care in all FRUs and other health facilities where maternal care is offered. All hospitals certified as "Baby Friendly" will be encouraged to extend the expanded cluster of services for essential newborn care in their facilities.

Expected Outputs: Improved access of high risk newborns to newborn care. Reduction in perinatal mortality rate and neonatal mortality rate.

- 4.25 *Urban Health*: It is evident that state and national goals of CSSM will not be achieved without dealing with sizeable pockets of poor health in the cities. Emphasis will therefore be placed on convergence of health inputs for urban poor through the ongoing urban programme (Chapter 2), urban ICDS blocks and on working with municipalities in slums. As a goal, health functionaries would be encouraged to take responsibility for the health of specified lower socio-economic communities within each urban center. Available resources and services will be identified along with ways to increase community use of these. Further experimentation will be done to extend CSSM training and supplies to ANMs in urban centres, and to enhance the outreach of these ANMs from their present hospital-based practice to communities in the surrounding slums. In addition, efforts will be made to develop the health knowledge and skills in both preventive and curative health care in those community groups in better functioning neighbourhoods under UBSP and ICDS programmes.

Expected Outputs: A clear strategy for implementation of CSSM in urban areas identified.

- 4.26 *Sustaining immunization coverage*: The focus during 1996-97 will be on identifying those areas where immunization coverage is low, clarifying the causes of low coverage, and stepping up coverage in these areas. Improved service delivery (for example, increased coverage through fixed days by the ANM through better planning and monitoring) will be emphasized, in addition to monitoring and data use.

Expected Output: Reduce gaps in immunization coverage (as reported by CES/MICS) particularly with greater stress on reaching the unreached.

- 4.27 *Operations research*: In order to test new approaches to existing or emerging problems, and to open up fresh possibilities for intervention through the CSSM programme, community-based investigations, and participatory studies will be conducted. These will focus particularly on testing approaches to women's health presently not part of CSSM, and to examine concerns in reproductive health that could feasibly be added to this national programme. In addition, approaches for reaching health care to underserved populations in rural as well as urban areas will be tested. Ways to increase purposeful involvement of the private sector will be pursued. Additional 'operations research' will be explored to investigate approaches to emerging and re-emerging diseases like HIV/AIDS, malaria and tuberculosis affecting children.

Complementary Strategies

- 4.28 *Consolidation through CSSM:* Interventions on a smaller scale that were previously implemented through the Community Health Project are either being closed, or incorporated in the operations research component of the CSSM programme. An example of the former is the leprosy project (funded by SIDA) which will close by August 1995. Financial input to this project has been for information, education and communication (IEC materials). The input for drugs and supplies was phased over to the Government as World Bank funds became available to cover these costs. Further, for HIV/AIDS, inputs will continue to be directed at supporting NACO for education of youth.
- 4.29 *Shift to BFHI Plus:* The Baby Friendly Hospital initiative, started to improve breastfeeding practices in major hospitals needs to continue until all hospitals are baby friendly. Certification is being largely carried out by the IMA and other professional bodies in collaboration with GOI. During 1996-97, baby-friendly hospitals will be encouraged to adopt practices that make them fully safe for newborns. Activities would include urging safe delivery practices, proper care of the umbilical cord, warming and temperature regulation in the first hours, immediate breastfeeding, early diagnosis and treatment of dangerous conditions such as aspiration, sepsis, hypoglycemia, etc.
- 4.30 *Cold chain equipment and maintenance phase-over:* In recognition of the Government's growing capability to both supply and maintain cold chain equipment and supplies, material support to the cold chain and maintenance presently being carried out by UNICEF will be transferred to the government in a phased manner over 1996-1997. UNICEF funds will support monitoring of the cold chain and disease surveillance systems and, to the extent possible, CSSM supplies in urban areas.
- During this period, special assistance in the form of technical support will be given to assist transition from CFC to non-CFC coolants and to explore, together with GOI, indigenous production of non-CFC refrigeration equipment.
- 4.31 *Involvement of private practitioners:* Recognizing that most of the curative care in India is provided through the private sector, focussed attention through training programmes will be directed at upgrading the quality of care offered by these practitioners to local communities.
- 4.32 *Working with non-governmental organizations:* Voluntary action by motivated local groups is essential for increasing and sustaining informed demand by the community. UNICEF will explore ways to work in partnership with such organizations.

Monitoring and Evaluation

- 4.33 During 1996-97, efforts will be made to strengthen the monitoring process linked to district-level management information system. The aim is to collect information on process indicators from routine sources for use at and by the community as well as by the health centres. A common format (multi-indicator cluster survey - MICS) based on 'cluster-evaluation-survey' method and including information on other sectors, has been evolved. MICS format will be used to conduct surveys at the different levels, for intersectoral monitoring. The results of both routine reports and surveys such as MICS will be fed back to community workers and elected representatives of the panchayat and municipal bodies for use, review and action. An evaluation of the CSSM programme will be arranged in 1997.

Convergent Community Action

- 4.34 It is acknowledged that maternal and child health cannot be promoted exclusively by or through the conventional health sector. By definition, the CSSM programme lends itself to convergence with intersectoral programmes like ICDS as well as with programmes that have traditionally remained "sectoral", such as education, sanitation and safe water. In this perspective, and where possible, activities mentioned in this chapter will be implemented in collaboration with other programmes in this Plan of Operation, in the areas identified for activities under Convergent Community Action (chapter 2). In consultation with the district development and city municipal administrations, and making full use of the current *panchayat-nagarpalika* process of devolution of development functions to the community level, the aim would be to have the survival rights pursued with full participation of the communities themselves in planning and monitoring of the services. Local planning will include participatory monitoring and concurrent evaluation by the community. The results of monitoring will thus be available to the community and its representatives on a continuing basis. This will enable them to quantify and articulate their expectations from the public services system in achievable terms and also, to work further towards their own goals.

Collaboration with other agencies

- 4.35 Programme linkages within the UN system, will be progressively strengthened to include, for example, UNDP and UNAIDS for HIV/AIDS, WHO and UNFPA for follow-up to Cairo Conference and other areas relevant to women's health.

Government Commitment

- 4.36 The Department of Family Welfare, the counterpart departments at the state level and the development administration at the district level will provide the necessary technical, institutional and other resource support to fulfil this programme of cooperation. The Department of Health, National AIDS Control Organization as well as the Department

of Women and Child Development at the national level and the relevant counterpart departments at the state level will play an active role in ensuring inter-sectoral convergence on specific activities.

4.37 UNICEF Resource Allocation

US \$ '000s

Child Survival and Safe Motherhood	1996	1997
General resources	4,000	4,500
Supplementary resources	37,100	36,000
Total	41,100	40,500

CHAPTER 5

PRIMARY EDUCATION

UNICEF shall support GOI in its efforts to achieve universal primary education by pursuing a strategy that emphasizes :

- 1. incremental enrolment and retention starting with six year old children in Class I until the entire cohort completes five years of schooling;*
- 2. improvements in the quality of education and learning achievements through the empowerment of teachers and active participation of parents and the community in making learning more relevant, efficient and enjoyable; and*
- 3. decentralization and participation of the local communities in assuring the basic right of education to every child.*

Special efforts will be made to address the low enrolment and retention problems of girl children, and children belonging to Scheduled Castes, Scheduled Tribes and other deprived communities. Universal primary education for all children, backed by effective advocacy and community mobilization, will also be promoted as a preventive strategy for ending child labour in the country.

PRIMARY EDUCATION

The Context

- 5.1 The challenge of child rights and social development in India can be summed up in a pair of inter-related statistics: half or more of the children under 5 years are malnourished and around half the children between the ages of 6 -11 years are out of school at any time. Despite decades of planning during which education of school age children has had Constitutional, policy and resource support, progress in ensuring children of their right to basic education has been limited. The reasons for the high level of under-enrolment and drop-out in schooling must be examined in order to plan strategic departures from conventional approaches to schooling. With the implementation of the District Primary Education Programme (DPEP), these have at last begun to happen at the national level and in different states on a more than experimental scale. Government-UNICEF cooperation during 1996-97 will concentrate in states and districts with low educational indicators and specifically support changes in influencing and rigorously monitoring the key determinants of educational quality - efficiency, relevance, and enjoyment in the learning process.
- 5.2 India is committed, and increasingly geared to achieving the global education goals for the year 2000 namely: (i) expansion of early childhood care and development activities, including appropriate low-cost family- and community-based interventions; (ii) universal access to and achievement of primary education by at least 80 percent of primary school age children, with emphasis on eliminating the current disparities between boys and girls; and (iii) reduction of adult illiteracy rate to at least half its 1990 level, with emphasis on female literacy.

Universal Primary Education (UPE)

- 5.3 Without detracting from the importance of early childhood development as the critical years which lay the foundations for future learning (Chapter 6) and the spread effect of adult and particularly female literacy (founded in girls' education), the thrust of Government-UNICEF cooperation during 1996-97 will be on achieving Universal Primary Education (UPE) -- as elaborated in this Chapter.

Progress, 1991-95

- 5.4 During this period, primary education as a political priority, moved to centre stage of the national development agenda. The National Policy on Education (1986) and its detailed Plan of Action was reinforced by India's participation in the World Conference

on Education for All (Jomtien, 1990). The revised 1992 National Plan of Action went well beyond 'enrolment' to address the obstacles to learning achievement. At the E9 Summit on Education (Delhi, 1993), the Prime Minister announced that by the first year of the IX Five Year Plan (1997-98), six percent of the country's gross national product would be spent on education. The special conference of Chief Ministers, which followed, emphasized decentralized management of education. The District Primary Education Programme, launched in 1993-94, took a holistic view of development of primary education. The need for a "grand alliance" of allies and partners across society - such as elected leaders, industry, NGOs media, teachers/educationists, donors, and other programme sectors - in support of universal primary education was nationally affirmed the following year. Internal resources allocated to elementary education tripled from the VII Plan (1995-90) to the VIII Plan (1992-97) accompanied by a substantial and hitherto unprecedented increase in external funding for primary education. More recently, the Department of Education has established a National Elementary Education Mission (NEEM), emphasizing teacher education and development, school effectiveness, learner achievement and community involvement. This set of positive factors reflects a renewed national commitment to achieving the UPE goal in this decade.

Continuing concerns:

- 5.5 Despite progress over the past four decades in terms of the increase in the absolute numbers of primary schools, teachers and literate persons, several major concerns persist.

Access: The average size of population served by a school within walking distance of one kilometer (covering 95 percent of the population), conceals serious regional imbalances. Large geographic areas, girl children and socio-economically deprived groups still remain unreached by the schooling system.

Enrolment: Substantial increase in enrolment has been achieved and yet some 19 to 24 million children in the age group 6 to 14, 60% of whom are girls, do not enroll in schools. These include some of the most deprived and vulnerable children in India.

Retention and drop-out: Although drop-out rates have declined, still nearly half the children who enter class I drop out before completing class V. Drop-out rates for girls are higher than for boys. Although the number of drop-outs among the Scheduled Castes and Scheduled Tribes has declined over the years, it is still substantially higher than the national averages.

Regional disparities: There are marked regional disparities within the country. There are states such as Kerala, Goa, and to a lesser extent, Himachal Pradesh which have achieved near-universal literacy as well as UPE. Large areas of states such as Uttar Pradesh, Bihar, Rajasthan, Orissa and Madhya Pradesh have fewer than 15-20 percent of young girls completing five years of primary schooling.

Quality of learning: The quality of learning, measured in terms of 'learning achievement' in most states (including the educationally advanced states) continues to be very low. The poor quality of learning, the lack of relevance of the curriculum, low level of teacher competence, and the lack of enjoyment in the teaching - learning process, inadequate facilities at the school are some of the major reasons cited for the high under-enrolment and drop-out rates. Education in India has focussed mainly on provision of facilities (buildings, teachers, etc.) to the neglect of the serious issues of quality and achievement. With the publication of the 1986 National Policy on Education, there was a strong statement of the intention to urgently shift the focus to issues of 'quality'. In support of the NPE and its revision, the National Plan of Action in 1992, programmes -including UNICEF support - started to reflect the urgent need to address quality issues.

Educational quality is taken to imply i) *efficiency* in reaching and improving standards, ii) *relevance* to the context and diverse needs of the child, and iii) *enjoyment*, stimulation and inventiveness in learning activities in the classroom. This extends the definition of learning quality beyond efficiency and relevance to include the stimulation of a child's curiosity and desire to learn through appropriate teaching methodology involving problem-solving tasks, practical activities such as the use of manipulatives and other learning aids, and use of song, drama and other "joyful learning" techniques.

Teachers' empowerment: Despite the increase in the number of teachers, by and large, teachers have inadequate training, low levels of motivation and self-esteem. They receive little respect from the community. There are still many schools without a teacher for every class, compelling teachers to deal with unreasonably large number of pupils, often several classes at a time, without adequate training and professional support in the specific skills required for 'multigrade' teaching.

Resources: While domestic and external funding has increased, efficient and cost effective ways of utilizing the existing as well as the additional resources, along with appropriate strategies for the management of change, become all the more crucial.

Community support: Traditionally, education particularly at the primary stage, was established, maintained and controlled by the local community. But as the state assumed responsibility for education, the school became in most places more isolated from the community. The content and methodology of instruction became detached from the needs and wants of the community. Teachers became less respected and less accountable to the parents and community.

Completing the task of UPE requires a dramatic change in attitude and capacity of all concerned. There is no better way to ensure accountability, or to make primary education an unquestioned societal norm, than an empowered, well-trained, motivated teacher and an awakened and demanding community.

Life Cycle of Education Projects and Programme Components

5.6 UNICEF support for the Project for Integrated Education for the Disabled (PIED) has been discontinued at the end of 1995 and lessons learned are being incorporated into the activities enumerated under the Support for Primary Education Renewal (SUPER), see para 5.9 and 5.10 below. UNICEF will also phase out support provided under the Area Intensive Education Project (AIEP) by the end of the first quarter of 1996, ensuring - in negotiation with GOI - that selected on-going activities are either subsumed under DPEP : (in the district(s) covered by both DPEP and AIEP) or under activities supported by UNICEF in SUPER. The Bihar Education Project (BEP) will continue to receive UNICEF support for activities related to those included under the SUPER programme.

UNICEF will continue to support in coordination with GOI many of the state level initiatives on Universal Primary Education that began during 1991-95 and which are at different stages of development and implementation. UNICEF during the 1991-95 period, supported a number of critical activities as part of its UPE programme with the teacher being the key person. These included:

- ▶ Incremental approach to enrolment, retention and achievement;
- ▶ Teacher motivation and development: with an emphasis on "Joyful Teaching/Learning" (making the teaching/learning process child-centered, activity-based and joyful);
- ▶ Essential/Minimum Levels of Learning;
- ▶ Programme planning and development for Universal Primary Education (assistance at National and State level);
- ▶ Decentralized planning and management through community participation and support including micro-planning / micro-programming;
- ▶ Integrating disabled children into the formal school system; and
- ▶ Education Management Information Systems (EMIS)

5.7 A national average/overview giving a simplified and approximate representation of progress in these various key activities is given on a time-intensity continuum in Fig. 5 below. However, it should be noted that each component would have a different time/intensity status in different states/districts.

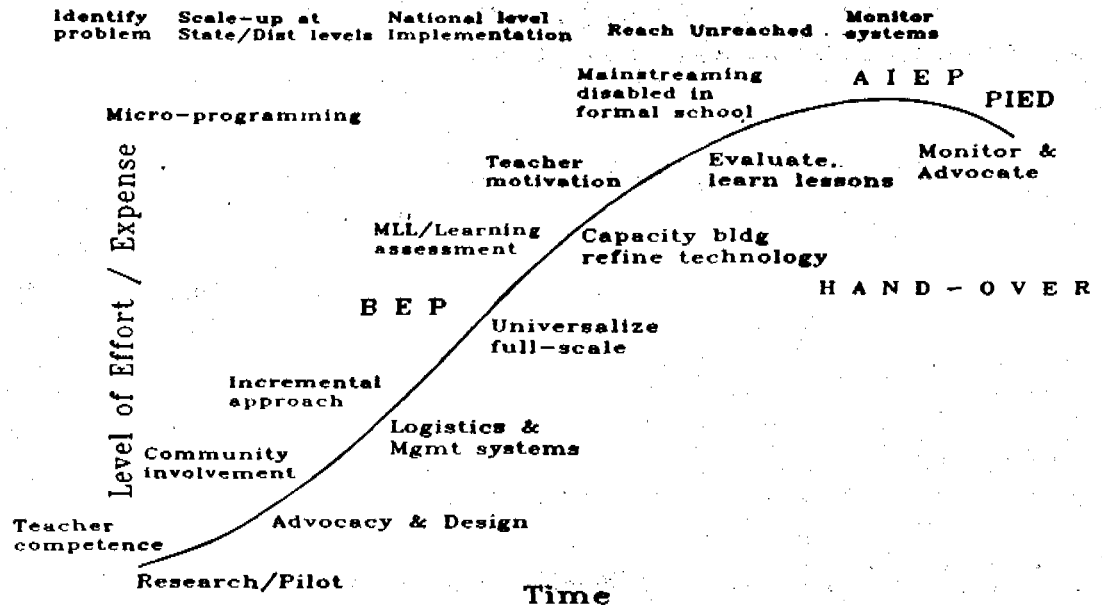


Fig. 5 Life-Stages of Education Programme

Some activities such as MLL, EMIS, community participation, teacher motivation and micro-planning/micro-programming, have been developed and implemented in select districts/states whereas others such as the incremental approach, teacher competency, learner assessment are relatively recent, and/or still require further development. Activities such as those involving training for enhancing teacher motivation and those to increase teacher competency - both components of "Joyful Teaching/Learning" have been separated in the figure to indicate the difference in progress. While a major breakthrough has been achieved in addressing the problems of teacher motivation, efforts now need to be made to further develop and strengthen pedagogic and interpersonal skills for enhancing teacher competency. All these activities will continue under the SUPER programme. However, components, such as teacher competency, community involvement and the incremental approach will constitute the main focus of UNICEF support during the bridge period.

Overall Strategy

5.8 During the period 1996-97, UNICEF's programme of support for the Government of India in coordination with the Department of Education, Ministry of Human Resource Development, will broadly have the following main components:

1. Support for Primary Education Renewal (SUPER)
2. The Bihar Education Project (BEP)
3. Advocacy and Communication for EFA/UPE.
4. Operations Research in Primary Education
5. Primary education in selected areas under Convergent Community Action (Chapter 2)

Support for Primary Education Renewal (SUPER)

- 5.9 UNICEF's support for achieving the UPE goals during 1996-97 and beyond will focus on activities covered under the Support for Primary Education Renewal (SUPER) in the states/districts already receiving UNICEF support under its education programme, and on technical collaboration in DPEP districts. In the current DPEP districts, UNICEF will collaborate with the relevant state and district project offices to share successful innovative practices; in proposed new DPEP districts, UNICEF supported initiatives may serve as precursor activities for starting participatory planning at grass root level and mobilizing primary teachers and communities, preparing the ground for eventual DPEP collaboration.

The Support for Primary Education Renewal will be based on three main elements of strategy:

- a) *Enrollment and Attendance*: With the ratification of the *Convention of the Rights of the Child* by India in 1992 the importance of making primary education compulsory and free to all was once again reinforced. The societal norm for sending all children to school will be established through an "incremental approach" to increasing enrollment, attendance and retention. This implies enumeration and enrollment in Class I of all 6-year old children in the community; assisting and ensuring their attendance, learning and transition to higher grades over the following five years (Classes I to V) with special emphasis on enrolling and retaining girls and other marginalised groups. This process - begun in a number of districts for the 1995 cohort -- will ensure the process of entry into Class 1 of new cohorts each year.

UNICEF recognizes that moving towards 80 per cent enrolment and above will be more difficult than the efforts with earlier stages of expansion in the primary system since the children who are last to be enrolled are likely to be poorer, living in urban poor communities or the more dispersed habitations in rural areas, and members of socio-economically marginalized minorities all of whom may perceive education as dysfunctional to their ways of life. The continued under-enrolment may therefore be as much caused by the low demand for schooling as its supply. UNICEF will target such "unreached" groups which include girls, children belonging to scheduled castes and scheduled tribes, and the urban poor.

According to the Article 32 of the *Convention on the Rights of the Child* all forms of child labour should be eliminated; support to the education sector will be based on advocacy for the implementation of free and compulsory universal primary education while establishing a societal norm for sending children to formal primary schools as a preventive measure and thus against sending children to the workplace for wage-labour. The incremental approach as applied to the formal primary school starting with 6 year olds, provides the best opportunity to keep children in school since parents would be more prepared to sacrifice losing the relatively small contribution of children of this

young age to family income if they could be assured of a good quality education. As part of the step-wise preventive approach for the elimination of child labour, UNICEF has adopted a strategy for improving enrolment, retention and achievement in primary education through the empowerment of teachers and active participation of parents and communities in the school and by making learning more relevant, efficient and enjoyable.

UNICEF will seek to eliminate discrimination against girls and the children of the scheduled castes or tribal families who form the bulk of the child labourers in India. To this end, in the 1996-97 period, UNICEF will support operations research and trials for developing and implementing successful strategies for providing primary education for these unreached children.

(b) *Quality of learning*: Successful enrolment, completion and achievement require that the learning environment is made stimulating for children, the learning content is related by them to the surrounding reality and the learning process itself is a joyful experience. This is, as has been repeatedly shown, the function of a trained, motivated and empowered teacher, using his/her own abilities and talents and making the most of traditional communication and local skills and resources. Only in this way will learning take place and the expected level of achievement be attained or surpassed. The teacher's competence and motivation are the keys to initiatives on quality improvement and the creativity of the teaching-learning process would ensure that "minimum/essential learning levels" (i.e the expected level of competence specified by grade or age to be reached by every child) will be attained, through the use of joyful, child-centered and activity-based approaches to primary education.

(c) *Decentralization and Participation*: Sharing of responsibility and authority among different levels of government and its devolution to the local level (district and sub-district levels) has proved crucial in solving key problems in basic education. The aims of better enrolment, retention and achievement require strong and continuous support by local level functionaries/leaders and a community that is awakened to the potentials of its children. Once 'education' is demystified, village and urban poor communities and parents do play a positive role in managing education through parent-teacher associations, village education committees and other village-level groups, with the support of the *panchayat-nagarpalika* system. The creation of the Panchayat Raj Institutions is a necessary first step for enlisting community participation although training, support and encouragement will need to be given to develop local ownership of the school and accountability in its true sense.

Proposed activities

- 5.10 During 1996-97, the following activities will be supported under the Support for Primary Education Renewal strategy, consistent with the strategies mentioned in paragraph 5.6.

A. *Enrolment and attendance*

- ▶ Support the enrolment and retention of all 6-year old children, ensuring that the "unreached" groups such as girls, working children, rural and urban poor including street children, children from the Scheduled Castes, Scheduled Tribes and other marginalised groups and disabled children are enrolled in formal primary schools.
- ▶ Assist in forming and activating a community network of teachers, education functionaries, community formations including women's groups and non-governmental agencies to ensure enrolment and retention of all eligible children in Class I and their regular attendance using existing or improvised school facilities.
- ▶ Assist in developing and operating a community-level monitoring and reporting system providing feedback to the community for joint teacher-community action.
- ▶ Support actual classroom monitoring of enrolment and attendance of the 1995 cohort in Class I and its annual transition to subsequent classes; and to repeat the process of entry into Class I of new cohorts each year.
- ▶ Support institutional capacity for decentralized educational planning and management at district, sub-district and community levels.

Expected Output: Increased net enrolment/attendance rates especially for girls in selected districts. Reduction of child labour in the community.

Expected Outcome: Increased availability of learning opportunities through formal and non-formal approaches to primary education. Effective system for monitoring enrolment, retention and attendance of all children of primary school age. Enhanced community awareness and responsibility for achieving universal primary education.

B. *Quality of learning*

- ▶ Support policy and planning for improved quality of primary education.
- ▶ Assist in developing teacher competence by:
 - developing a "teacher competency instrument" (in collaboration with NCERT, SCERTs and teacher associations) to facilitate classroom observation and the identification of teacher training needs;
 - planning and implementing teacher development programmes to enhance teachers' knowledge, skills and professional commitment, particularly for using joyful, child-centered, activity-based approaches -- as part of pre-service and recurrent in-service training;

- recurrent training of Core Trainers for conducting in-service teacher training at the block/ cluster level and in developing training manuals for these courses;
- increasing the efficiency, relevance, and enjoyment of learning; through innovative teacher training approaches and teaching methods (e.g., Teacher-teach-Teacher, distance education, cluster school-community partnership, multigrade teaching and linking school instruction with community needs);
- analyzing institutional capacity of SCERTs, DIETs, Block Resource Centres (BRC) and Cluster Resource Centres (CRC) and provide recurrent training of staff of these institutions in primary teacher training and basic action research for the primary classroom.
- developing a training strategy and its trial in pilot areas to provide support for training of head teachers, supervisors, heads of BRCs and CRCs, and other educational functionaries for administration, management, supervision, school-based teacher training and effective community participation;
- supporting the development of Minimum/Essential Levels of Learning and their application to teaching/learning materials.
- providing technical assistance for the improvement of the quality of teaching/learning materials such as textbooks, worksheets, practical teacher handbooks, etc.
- supporting development and implementation of simple Learning Milestones for use in monitoring learning achievement at classroom level by teachers, head-teachers, parents and village education committees.

Expected Output: Improved participation and retention rates of girls and boys. Improved levels of learning achievement as measured by mastery of MLLs for target cohorts.

Expected Outcome: Enhanced quality and quantity of classroom teacher-pupil interaction. Improved child-centered, activity-based and joyful teaching methods as evaluated by observations based on a teacher competency instrument. Effective system of supportive supervision by head teachers and supervisors.

C. Decentralization and participation:

- ▶ support development and implementation of a decentralized monitoring and reporting system, with key indicators on teacher-learner performance, school effectiveness and learning achievement of disadvantaged groups such as girls, Scheduled Castes/Tribes and the urban poor.

- ▶ build institutional capacity through training of core staff responsible for monitoring and evaluation at national, state, district, block and cluster levels
- ▶ orient district and sub-district education functionaries as well as elected members of the *panchayat-nagarpalika* system, the village education committee and other concerned bodies on improving primary education, including levels of learning achievement.
- ▶ support advocacy and social mobilization of local communities in rural and urban areas for an increased demand for quality education.

Expected Outcome: Improved level of learning achievement for specified cohorts. Simple decentralized data collection and monitoring system in operation at all levels. Enhanced community awareness of the value of primary education and support and ownership of primary school/centres by local communities.

Bihar Education Project

- 5.11 The Bihar Education Project (BEP) was launched with UNICEF support in 1989-90 in one of the least developed Indian states with the ambitious goal of bringing about an educational transformation in the State. UNICEF is committed to supporting this important initiative in Bihar during the period 1996-97. UNICEF level of support beyond 1997 will be re-negotiated.

The recently concluded external appraisal of BEP has identified a number of achievements as also areas for strengthening and course correction in planning and implementation, especially to reinforce its primary education component.

Specifically, UNICEF support will focus on the strategic lines elaborated under the *Support for Primary Education Renewal* strategy in this Chapter (para 5.10). BEP will thus have the following programme components as per annual action plans jointly approved by the three major partners viz., Government of Bihar, Government of India and UNICEF:

- i) Programme Planning, Management and Monitoring.
- ii) Advocacy, Social Mobilization and Environment creation.
- iii) Capacity building of State/district/sub-district level institutions and individuals.
- iv) Primary education through formal schools, and alternative channels.
- v) Early childhood care and development.
- vi) Women's development and empowerment.
- vii) Educational innovations.
- viii) Research/studies/evaluation/documentation and dissemination.

UNICEF will continue to provide financial assistance for identified components to BEP in a 3:2:1 cost-sharing ratio between UNICEF, Government of India and Government of Bihar subject to availability of funds. UNICEF will not contribute costs to such activities as civil works, recurrent salaries of government functionaries and supplies procured without prior UNICEF approval and authorization. Part of the UNICEF allocation will be from supplementary funds, in the raising of which UNICEF will make all possible efforts with support from GOI and GOB.

Advocacy and Communication for EFA/UPE

- 5.12 Communication processes are crucial for the success of any programme. Communication activities will be promoted (on the lines indicated in Chapter 7) in terms of:

Information and advocacy, to consolidate the gains of the positive developments in the first half of the decade, through documentation and dissemination of innovative strategies and to assist in translating the message and renewed strategy for EFA/UPE at all decision-making levels - national, state, district and the village/urban poor communities. The concept of a 'grand alliance' for UPE will be promoted at each level involving industries, NGOs, media, elected leadership, teachers and educationists, donors, other programme sectors, etc.

Programme communication in support of UPE will essentially be an integral part of the decentralized and participatory process for accelerating the UPE goals both in the selected districts for SUPER and in the areas selected for *Convergent Community Action* (para 5.14 below).

Communication by the community: Access to and quality of primary education and learning achievement ought to be a continuing concern of parents, voluntary activists, opinion leaders and elected representatives at the community level. This will be ensured only by enabling communication processes, based on relevant information, to be maintained by mobilizers drawn from community formations - leading to assessment, analysis and action by them for UPE/EFA.

Operations research

- 5.13 UNICEF will support operations research initiatives for attaining the UPE goals, with special focus on mainstreaming marginalised child population groups into primary education. Operations research will critically examine UNICEF strategies for improving the quality of learning, in particular establish links between teaching methodology and increased participation (especially of girls) and the enhanced performance of pupils. Operations research will also attempt to evaluate and understand those conditions that lead to better teacher performance and school effectiveness.

Education in Convergent Community Action

- 5.14 The community based programme process outlined in Chapter 2 is particularly relevant to the primary education goals since quality primary education with relevant, meaningful and enjoyable content and methodology is synonymous with strong school-community linkages. Primary teachers will participate actively as part of a core team which would serve to integrate social sector concerns with those of the primary school. The inter-linked activities for convergent community action in the selected areas and districts of major states will cover communication, training, community mobilization, technical and resource support, community level monitoring and evaluation; with the objective of endorsing school enrolment, encouraging full and regular attendance, developing an awareness of and demand for learning achievement, and making UPE a reality.

In the urban areas, through linkages with inter-sectoral mechanisms for reaching the urban poor, the education activities will support the development of appropriate systems to better target and reach the urban poor. Primary teachers as part of the core teams, will be trained to adopt an inter-sectoral approach in which education concerns of enrolment, participation and learning quality are integrated with the concerns more traditionally associated with other sectors such as the health and nutrition of the child, early childhood education, water and sanitation. In this way trainers will build a community level team of functionaries who will include other primary school teachers, health workers and anganwadi workers, etc. in order to take a holistic view of the complex factors which affect the active learning capacity of the child in the community.

The primary school teachers in the core training team will also explore ways the school curriculum can be made more responsive to the needs of the local community. This will result in an increasing emphasis in UNICEF supported education programmes during the 1996-97 period on developing teaching/learning activities in Environmental Studies, particularly the life skills component, in order to introduce to the primary classroom themes/topic webs cutting across the subjects of mathematics and language and linking the classroom learning to the specific needs of the community. CCA will therefore have direct links with the teaching content and methodology as, for example, in the incorporation of *Facts for Life* messages and specific needs of the community in such areas as nutrition, health, and environment.

Monitoring and Evaluation

- 5.15 During the bridge period, UNICEF in close cooperation with the Department of Education will: (a) continue to support the development of appropriate tools for monitoring and evaluating effectiveness of the MLL training component of teachers; and (b) extend the analytical use of indicators relating to primary education for measuring the progress towards goals derived from the DWCD-UNICEF initiated Multi-Indicator Cluster Survey.

UNICEF has already participated in the development of the Education Management Information System at the project and district levels as part of the support to the District

Information Systems in Education. Further support for this will be forthcoming under DPEP with inputs from DOE and the World Bank. UNICEF will concentrate on supporting community level monitoring at the level of the Village Education Committees, panchayats and nagarpalikas on whether (i) every child (especially girls) is enrolled in the primary school, (ii) every child completes primary education and (iii) every child is able to reach the minimum levels of competency for the age and grade.

Collaboration with other agencies

5.16 The Department of Education, the counterpart departments at the State level and the development administration at the district level will provide the necessary organizational, technical, institutional and other resource support to fulfil this programme of cooperation. UNICEF will actively seek donor coordination and collaboration towards the attainment of UPE goals, in particular, support from other UN and multi/bilateral agencies including UNESCO, UNDP, World Bank, ODA, Australia and European Union in developing an integrated approach to assisting in UPE related activities, particularly the professional development of teachers.

5.17 UNICEF Resource allocation

US \$ '000s

Primary Education	1996	1997
General resources	5,500	6,500
Supplementary resources	10,000	11,500
Total	15,500	18,000

CHAPTER 6

CHILD DEVELOPMENT AND NUTRITION

The Bridge Plan seeks to accelerate the process of operationalizing GOI's National Plan of Action for Nutrition (1995) and for advancing action to meet goals for child development. It attempts to :

- 1. bring about qualitative improvements in ICDS including a focus on the training system through decentralized processes to meet the state and local needs for attaining goals related to child and maternal nutrition as well as those for child development;*
- 2. strengthen ICDS and other programmes for preventing malnutrition through a focus on the first year of life and for providing opportunities for a comprehensive child development;*
- 3. improve programmes addressing reducing micronutrient malnutrition by (i) accelerating and sustaining action for Universal Salt iodization, and (ii) support operational research for reducing Vitamin A and Iron deficiency states and help development of suitable strategies for improving the effectiveness of relevant national programmes; and*
- 4. strengthen the capacity of local communities especially women's groups and panchayats to manage prevention of malnutrition and track progress being made in ensuring the nutritional rights of children.*

Chapter 6

CHILD DEVELOPMENT AND NUTRITION*Context*

- 6.1 The status and well-being of women play a crucial role in promoting child rights, especially the rights to nutrition. The dimensions of women's well being and the significance of women's empowerment for children have been discussed in the earlier chapters. This chapter focusses on the nutritional well-being of mothers and children as well as on the empowerment of women to take key decisions within the family and the community for improving the nutritional status of women and children. It addresses opportunities for healthy child development, the problem of malnutrition in women and children, micronutrient malnutrition and the importance of women's empowerment for advancing nutritional rights of children.

Malnutrition is more effectively prevented than treated. Given the technical knowledge, institutional capacity and relevant resources existing in the country, malnutrition can be prevented by concurrently tackling both its *immediate* and *underlying* causes. A focus on caring practices including those related to feeding, hygiene, psycho-social care and health-seeking behavior forms the central theme of an affordable approach to nutrition and child development.

Objectives

- 6.2 Against this background, UNICEF-Government cooperation during 1996-97 seeks,
- ▶ *First*, to prevent malnutrition, using available resources, during *pregnancy and the first two years of life* when growth is fastest and vulnerability is greatest;
 - ▶ *Second*, to prepare the ground for a comprehensive nationwide approach to promoting multi-sectoral action for ensuring nutrition as an outcome, thus operationalising the National Plan of Action for Nutrition during the Ninth Five Year Plan, 1998-2002.
 - ▶ *Third*, to strengthen the pre-school component of ICDS as a **unique developmental opportunity** for early stimulation and development in a playful environment providing not only opportunities for healthy, nutritional well-being and psycho-social development but also leading to full enrolment into the primary school years.
 - ▶ *Fourth*, to further strengthen the community for guiding the development of women and children through interventions and activities specified in all chapters of this plan through appropriate inputs.

The cooperation will be guided particularly by the National Plan of Action for children (1992), the National Nutrition Policy (1993) and the National Plan of Action for Nutrition (1995). The Nutrition strategy places emphasis primarily on the role of households and communities in solving their own nutrition problems through a process of assessment, analysis and action, and secondly the role of external support in facilitating and strengthening this process.

Current Situation

6.3 ***Child Growth:*** There has been a declining trend in malnutrition over the years. The results of the National Family Health Survey 1992-93, however, confirm the poor performance of child growth. Nationally, more than half the children are underweight and a similar proportion are stunted. The process of becoming malnourished occurs at a very early age, with the prevalence of underweight quadrupling between the age groups of 0-6 months and 12-23 months before levelling off. Attention will focus, through communication, training and support, on the period of pregnancy and the first two years of life. The key activities described in the next section will be undertaken, making full use of the ICDS and CSSM functionaries as facilitators.

- ▶ Simultaneously, steps will be taken to tackle the *underlying and basic causes* of malnutrition in a sustainable manner through the motivational dynamics of mobilizers such as core groups of women, increasingly supported by the local government system and voluntary organizations. This would entail converging community-focussed support from all nutrition-relevant sectors, and advocating community-specific measures to strengthen household food security, linked to a variety of existing public sector sources of employment and credit. The human right to adequate nutrition will provide the rationale and context for this approach.
- ▶ Towards ensuring that the urban poor are better targeted and reached, the strategy will evolve specific mechanisms for collaboration in all areas of support with the existing community based systems including UBSP in cities. The strategy will be tailored to the urban slum context, drawing on documented experiences of smaller projects and ongoing action-research initiatives.
- ▶ Further, during 1996-97, research and pilot projects in the area of *micronutrients* will be supported to overcome the existing information gaps in development of a more comprehensive programme for micronutrients.

6.4 ***Early Childhood Care and Development***

Beyond survival and early healthy growth and good nutrition, child development is addressed through the community level pre-schools in the settings of the Anganwadi of the ICDS programme. During the programme period, efforts will be made to bring the Anganwadi closer to the Primary school to assure the continuum of developmental activities in a pleasant and joyful environment and leading to the young child enrolling in the primary school and completing primary education. Where child care is frequently

in the primary school and completing primary education. Where child care is frequently the responsibility of older siblings (often girls), this closer (at times physical) link between the anganwadi and primary schools can become an important strategy in helping girls avoid drop-out and stay on to complete their primary schooling.

During the bridge period, the early childhood care and development will therefore:

- ▶ explore and define approaches to make the anganwadi, a centre of active, playful and enjoyable learning and stimulation, linking up with similar efforts taking place in nearby primary schools;
- ▶ continue support to training of anganwadi workers, strengthening communication skills and abilities to motivate behavior change in the household especially related to the care of the young child for improving nutritional outcome; and
- ▶ assist in the development of innovative approaches for the stimulation and care of the very young child, drawing out lessons from ongoing work in such fields.

Life Cycle of Child Nutrition and Development Programmes

6.5 Fig. 6 is an approximate representation of the different phases of programme components in child nutrition and development guiding the choice of activities for the bridge period. The ICDS programme has gone to scale and will soon become universal. In view of the high service coverage levels already achieved, UNICEF will conclude its support for supplies and equipment for new projects within the bridge period.

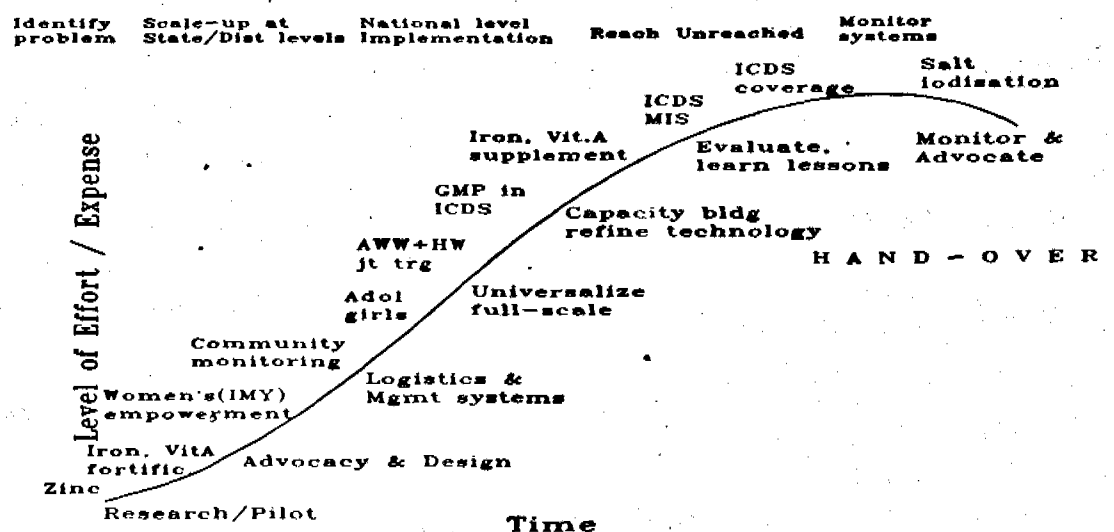


Fig. 6 : Life Stages of Child Development and Nutrition Programme

*Activities***MATERNAL AND CHILD NUTRITION****6.6 Strengthening Linkages between ICDS and CSSM.**

This will be done progressively through operational integration, starting with selected states/districts at the community level, of existing service potential for mother-and-child health care and *mother-and-child nutrition care*. The local paraprofessional team -- comprising the auxiliary nurse midwife (ANM), the traditional birth attendant (TBA) and the anganwadi worker (AWW) -- will be trained and supported as a team, so as to foster a nutritional interface between CSSM and ICDS on one hand and between these services and community groups like women's groups and *panchayat/nagarpalika* members on the other. In this process, the following specific elements of maternal-and-child nutrition care (or MCN) will be promoted nationally:

- ▶ Universal early registration of pregnancy for antenatal care, tetanus toxoid immunization, iron and folic acid supplementation, improved food intake and care;
- ▶ Exclusive breastfeeding of children from birth to around six months of age, timely immunization and support for appropriate care of low birth weight babies;
- ▶ Appropriate and timely complementary feeding, using household resources, starting at around six months, with continued breastfeeding well into the second year;
- ▶ Universal coverage of 9 month-old children, with measles immunization and vitamin A supplementation and ensuring that every nine month-old receives at least four complementary feeds a day;
- ▶ Proper management of diarrhoeal diseases (with ORT and continued feeding) and ARI at home, supported by health facilities and anganwadi centres;
- ▶ Consumption of only iodized salt, with community level monitoring;
- ▶ Growth monitoring and promotion (GMP) of young children (especially under 2 years) with the active participation of mothers and communities.

Expected Outcome: improved focus of existing national-level programmes on key actions for addressing the immediate and underlying causes of malnutrition, and the regular measurement of these processes at each level.

6.7 *District-level Maternal and Child Nutrition (MCN) Care.*

In addition an intensified focus in selected areas in a number of states will be undertaken to draw lessons for operational linkages for addressing maternal nutrition and low birth weight, incorporating: i) monitoring of pregnancy and child growth; ii) "mother-and-child day" approach (fixed day, fixed site); iii) joint mother-child growth records (initially developed through action-research), and iv) training support and selective supplies (like scales and record cards).

The areas/blocks will be identified, in consultation with the relevant sectors and will serve as the location for converging training, communication, community mobilisation and monitoring and evaluation. To provide back up technical support in these areas to district teams, "Nutrition Resource Centres" at state level will be identified and supported in selected states.

Expected Outcome: Accelerated progress of selected districts in terms of the nutrition goals (as measured through a nutrition monitoring system), resulting in a district-based model for moving to scale during the ninth plan period.

6.8 *Training*

Training will strengthen skills for promoting child growth and development thus preventing all forms of malnutrition, through national programme implementation as well as in MCN and Community Convergent Action areas. It will focus on strengthening: (i) the knowledge, skills and capabilities of the main facilitators at the community level drawn from ICDS, extension units of the Food and Nutrition Board and Health departments for preventing malnutrition, (ii) interpersonal communication and counselling skills at service delivery contacts for supporting behavior change; (iii) community involvement in promoting child growth and development by combining the catalytic role of community resource person with that of service provider; (iv) team work of field functionaries of sectoral departments; (v) programme management, convergence and monitoring.

In addition, the institutions including NIPCCD and Middle-level Training Centres which support the training of functionaries at various levels will be reoriented to the nutrition strategy and the focus outlined above. An increasing emphasis will be placed on establishing decentralised multisectoral training mechanisms, geared to strengthening the operational linkages between the ANM, TBA, AWW, RCV and the supervisors of ICDS, Health and UBSP systems. The orientation of the mobilizers at the community level including members of women's groups, *bal vikas mahila samitis*, *panchayat-nagarpalika* and other local formations will be organized in the same multisectoral perspective, involving voluntary organizations of proven worth, with a local presence. Support will be extended for decentralised refresher and field based training of ICDS functionaries

by encouraging greater co-ordination between the systems overseeing training (NIPCCD, CTC etc.) at local and state levels.

MICRONUTRIENTS

6.9 For vitamin A, Iron and Iodine, support will be provided in two areas: (i) integration of micronutrients prevention and control programmes with the above programmes on prevention of malnutrition and (ii) research and pilot projects to overcome the existing lacunae in technical and programmatic issues. Following successful lessons from salt iodisation, linkages with food industry will be established. Support will also be provided for research in other additional micronutrient malnutrition i.e. zinc, selenium and vitamin B deficiencies. The major areas of support for the three major micronutrients are described below.

6.10 Control of Vitamin A Deficiency (VAD)

In collaboration with Ministry of Health and Family Welfare and Department of Horticulture, state/district wise database on vitamin A deficiency, consumption/availability of vitamin A rich food will be established by using secondary data. An information kit on vitamin A will be developed highlighting the serious implications of subclinical deficiency on child survival and development. Operations research will be carried out in selected areas for improving the delivery and coverage of children below 2 years with high doses of Vitamin A through the joint roles of health and ICDS functionaries. Research in the areas of rapid survey methodology for identification of "high risk" areas, Vitamin A dosage to mothers in the post-partum period, fortification of suitable food items, impact of regular consumption of vitamin A rich foods on vitamin A status will also be supported. These will be done in selected areas of the country (both rural and urban) with national and other research institutions in consultation with Dept of Health and Family Welfare, Dept of Women and Child Development and Dept of Food processing at central or state levels.

Expected Outcome: *"High risk" Vitamin A deficiency areas identified. A policy for Vitamin A fortification and administration of Vitamin A to women post-partum period well defined.*

6.11 Control of Iron Deficiency Anaemia (IDA)

Towards reaching the goal of reducing nutritional anaemia in women by one-third by the year 2000, support will be provided for facilitating programme development through documentation, operation research and pilot projects activities. In collaboration with the Ministry of Health, support will be given to development of national database on prevalence of iron deficiency anaemia (IDA) and production of an information kit on IDA. In addition, support will be provided for action research on how to involve field level functionaries of health and ICDS departments in increasing compliance of iron folic

acid (IFA) tablets by pregnant women and women including adolescent girls, development of field level tool for assessing and monitoring IDA, as well as completion of field trials on double fortified salt, etc.

Expected Outcome: Programme for controlling nutritional anaemia in adolescent girls developed. Strategy for social/commercial marketing of iron tablets developed. Double fortified salt technology tested and adequate information made available for a initiating technology shift from iodized salt.

6.12 *Control of Iodine Deficiency Disorders (IDD)*

Building on the substantial nation-wide progress made towards control of iodine deficiency disorders, through iodizing edible salt, steps will be taken during 1996-97, in collaboration with the Department of Health and the Ministry of Industry: (i) establishing and strengthening monitoring system at production and consumption level, (ii) increasing availability and maintaining quality of iodized salt.

The support extended to all states and UTs, will comprise continued advocacy, creating awareness and demand for iodised salt using a multisectoral strategy, establishment of a state/district system for monitoring quantity and quality of supply of iodised salt (using salt testing kits at the community level and iodometric methods by the PFA inspectors), develop guidelines for establishment of selected regional reference laboratories, training to technicians and establishment of a system to monitor progress towards reaching the goal of elimination of IDD.

Towards improving the production, supply and availability of iodized salt, support will be provided to ensure that the goal of universal salt iodisation (USI) is achieved and sustained. The major activities will focus on continued advocacy on the enforcement of the ban, strengthening the programme management and monitoring capacity of communities and Salt Department at various level, establishment of a system for monitoring production of quantity and quality of iodised salt, support to small producers, improved movement by rail/road. These activities will be pursued by ensuring at state level the capacity for organising and coordinating activities involving all the concerned departments, production agencies and consumer groups.

Expected Outcome: Universal iodisation of salt with the establishment of a self-sustainable system for production, distribution and monitoring. State/district level system established for monitoring availability and quality of iodized salt. System developed for monitoring progress towards the decade goal.

EARLY CHILDHOOD CARE AND DEVELOPMENT

6.13 *Exploring innovative approaches to early childhood learning and stimulation*

At the centre of all efforts to improve the quality of activity in the anganwadi is the self-esteem and motivation of the anganwadi worker herself. Approaches that put the anganwadi worker at the centre of attention - emphasising playway methods of learning and what can be done using resources from the local environs - will be documented with successful models taken up for adaptation and replication in the wider ICDS network.

Focus in early childhood development has so far concentrated on early childhood education. With increasing awareness of the importance of stimulation in the very young child, (both for nutritional and developmental outcomes), new ideas and approaches which can be integrated into training and service delivery will be explored.

Expected Outcome: New approach defined; a well defined strategy for early childhood stimulation; a significant proportion of AWCs adopting 'innovative' methods; stronger linkages between the anganwadi and primary schools.

6.14 *Ongoing support to training of anganwadi workers*

Continued support to pre-service and refresher training of anganwadi workers, introducing elements of innovative learning, and strengthening programme linkages with education. Support will be given to development of decentralized training approaches. The collaboration of key training institutions including NIPCCD, NCERT and SCERTs in support of decentralised training will be strengthened.

Expected Outcome: Models of continuous training for ICDS functionaries developed.

6.15 *Support to ICDS in Urban areas*

With expansion of ICDS in urban areas, and the potential of the urban anganwadi to become the centre of convergence of community action in disadvantaged areas, strategies that are based around local structures (including UBSP and nagarpalikas) and draw in municipal and city services more effectively need to be elaborated. Increased adaptation of ICDS to the urban setting and links with active women's groups will be promoted.

Expected Outcome : Stronger linkages between ICDS and existing urban/city service delivery structures

EMPOWERING WOMEN AND THEIR COMMUNITIES

6.16 *Convergent Community Action for Nutrition (CCA).*

Implementation of the Child Development and Nutrition Programme will link up with CCA approaches described in Chapter 2.

6.17 *Processes for empowerment of communities/womens' groups*

Major community support structures that are emerging include the panchayati raj institutions (PRIs) and nagarpalikas (including the neighbourhood committees in UBSP towns), Indira Mahila Kendras with the anganwadi workers as the link person, the Indira Mahila Yojana (IMY), mahila mandals and other women's trooping in various social sector programmes, baal vikas mahila samitis, NGOs, and youth clubs (including Nehru Yuvak Kendras etc). While the experience with mahila mandals has been uneven, IMY is based on the collective strength of disadvantaged women's groups direct access to resources and involvement in decision making. Inputs will be made into the content of training and orientation of PRI and nagarpalikas women representatives.

6.18 *Training and orientation of PRIs/Nagarpalika and IMY*

The training content related to maternal and child nutrition, micronutrients and ECCD will be defined and approaches for effective decentralization of ICDS (and devolution of resources) through processes for women's empowerment (PRIs, Nagarpalikas, IMY etc.) will be strengthened with increasing involvement of communities in rural and urban areas as well as NGOs. Implementation will be done through the process of Convergent Community Action.

Expected Outcome: Defined training content, at least 25% of AWCs with active support of empowered womens' groups

6.19 *Development of adolescent girls*

Support will be extended for documenting experiences in implementation of alternative models of group activity for adolescent girls using the ICDS structure. Successful approaches will be promoted in selected districts/projects.

6.20 *Communication*

All three functional aspects of social communication i.e. advocacy, communication and social mobilization will receive prioritised support at central, state and district levels in 1996-97. Support will focus on strengthening (i) skills and capacity for planning, implementation and monitoring of advocacy, communication and community mobilization

activities at all levels, (ii) communication skills and capacity of frontline ICDS, Health and workers for urban poor (including UBSP), (iii) monitoring and documentation of behavioural outcomes of communication efforts, (iv) formative research for guiding advocacy, communication and mobilization at all levels, (v) coordination of communication inputs channelled through the ICDS and Health programmes as well as programmes for urban poor, and (vi) review and operational coordination of communication efforts of additional sectors.

6.21 *Information Systems and Monitoring*

A system of accessing and compiling nutrition-relevant information, and communicating it to decision makers in their relevant sectors will be supported from the community to national level. System support will be provided at the national level to institutionalise monitoring of both process and outcome indicators, including the strengthening of the ICDS MIS and its linkage to other related sectors. Support will be extended to the Central Technical Committee (CTC) at state level, to link monitoring efforts to allied community monitoring systems. This support will be on the basis of mutually agreed annual workplans. The scope of utilising NNMB field units for developing effective information systems will also be explored.

At the community level, the capacity to monitor nutrition-related indicators is one essential output of the training and communication activities. A community-based information system that generates and uses appropriate information for action will be developed and tested in selected districts. Regular monitoring of growth by involved mothers with actions taken to improve nutrition will form the core of this system. The facilitators of child development and nutrition at the community level-including the AWWs, ANM and other village level functionaries will be encouraged to monitor growth of children under two years, appropriate child feeding and health care, in a way that can be understood, analysed and acted upon by community level leadership including the PRI-Nagarपालिका systems. A brief description of this community level monitoring has been given under 2.27

6.22 *Collaboration with Other Agencies*

During the Bridge period UNICEF will collaborate with the World Bank to assist the Government, in development of the new Women and Child Nutrition Development Project; and collaborate with the Asian Development Bank, FAO, WFP and WHO and Bilateral agencies in the area of child nutrition and development. In the area of micronutrients, UNICEF will collaborate with the Micronutrient Initiative in strategy development.

6.23 *Government Commitment*

The Department of Women and Child Development, the Ministry of Health and Family Welfare, the Ministry of Rural Areas and Employment, the Ministry of Urban Affairs & Employment, the Ministry of Industries and other concerned central departments, their counterparts at State level and various national institutions such as NIN; NIPCCD; AIIMS; NCERT as well as the development administration at the district level will provide the necessary organizational, technical, institutional and other resource support for the cooperation on child development and nutrition.

6.24 *UNICEF Resource Allocation*

US \$ '000s

Child Development and Nutrition	1996	1997
General resources	8,000	9,000
Supplementary resources	6,000	6,300
Total	14,000	15,300

CHAPTER 7

CHILD RIGHTS THROUGH ADVOCACY.

By promoting child rights through advocacy, the programme will seek to:

- 1. establish a good system of data collection and strengthen analysis in order to bring about social and policy changes;*
- 2. intensify efforts at promoting networks and partnerships in order to advance child rights; and*
- 3. continue active dissemination of information and ideas for promoting child rights with the intention of changing attitudes at the societal level.*

CHILD RIGHTS THROUGH ADVOCACY

The Context

- 7.1 The programme of cooperation 1996-97 between the Government of India (GOI) and UNICEF is geared to achieving a set of distinct but inter-related goals for children in this decade. These goals arise from the public concern for human rights and the corresponding obligation of the society to fulfill these rights. The evolution of the concept of child rights at the international level, and the ratification of the CRC by India in December, 1992 have greatly strengthened the link between rights and goals.
- 7.2 Programmes that address the survival and development concerns of children have been dealt with sectorally and programmatically in each of the preceding chapters 3 to 6. This chapter supports the intent and substance of Article X of the NPA and deals specifically with advocacy strategies relating more specifically to the rights of protection and participation of children.

Recent developments

- 7.3 UNICEF's cooperation with GOI in the area of child rights through advocacy has generated an increasing awareness of child rights throughout the country, especially with the widespread dissemination of the National Plan of Action, and the state Programmes of Action for Children. A more conducive climate of collaboration for child rights has been created, marked by joint national and state level consultations, substantial inputs from non-governmental organizations to India's report to the UN Committee on the Rights of the Child, and public affirmations on child rights issues by the President, Prime Minister, Chief Justice of the Supreme Court, leaders of industry, non-governmental organizations, legal activists, government officials and the media. There has also been a greater involvement especially of the legal community and media following the International Conference on Shaping the Future by Law (1994) which helped to elevate the profile of child rights.
- 7.4 Advocacy efforts by GOI and UNICEF have had major impacts on both programming and policy within the country.
- ▶ Effective advocacy has led to new policy initiatives for *ensuring universal primary education for all children* and a pledge by the Prime Minister to allocate 6 percent of GDP on education by the first year of the IX Five Year Plan. Members of the media, academics, corporate sector, and Parliament were mobilized around the importance of "education for all."

- ▶ India remained a strong advocate for the girl child during the SAARC Decade of the Girl Child and at the Fourth UN Conference on Women (1995) held in Beijing.
- ▶ The Fifth Conference of Labour ministers of non-aligned and other developing countries (January 1995) made decisive commitments to child rights in the resultant Declaration and Programme of Action. The Ministers, led by the Minister of Labour of India, declared child labour to be "a moral outrage and an affront to human dignity"
- ▶ A growing number of non-governmental organizations are involving parents, the public and children themselves in promoting child rights and monitoring violations. Child rights as a subject is being introduced in the training curricula for the police, judiciary, media, administrators and development activists.
- ▶ The National Human Rights Commission (NHRC) is devoting increasing attention to child rights, particularly to child labour in hazardous industries. The National Commission for Women is a potential force for gender justice and the rights of the girl child.

Lessons learned

- 7.5 UNICEF-GOI's cooperation during the past five years has established that effective promotion of child rights through advocacy requires: (a) sound analyses based on a good system of data collection and monitoring; (b) active networks and alliances of like-minded people and institutions to build a societal consensus; and (c) constructive dissemination through media and other agencies to initiate public action.
- 7.6 The programme of cooperation has also established that prevention is much more effective as a long term strategy than curative or rehabilitative approaches. Consequently, UNICEF's advocacy strategy will concentrate on preventive rather than on rehabilitative measures. Such an approach will not only shape the contents of the advocacy messages but will more importantly define the nature of UNICEF's support.

Objectives

- 7.7 Consequently, the main objectives of promoting child rights through advocacy during the Bridge Plan will be to:
- ▶ establish an effective system of data collection and strengthen analysis that will provide necessary inputs for advocacy and policy changes;
 - ▶ intensify efforts at promoting networks and partnerships including the media, non-governmental organizations, professional bodies representing industry, law, health,

education as well as the administrators, academics, politicians, social science research institutions, social activists and the performing arts; and,

- ▶ continue active dissemination of information and ideas for promoting child rights intended to change mind-sets and attitudes at the societal level.

Priority areas

7.8 Advocacy experience has established that while it is important to draw attention to the full spectrum of essential needs as rights, it is most useful to concentrate on a few key areas and issues. Consequently, advocacy efforts during the Bridge Plan will focus on measures needed to address problems of children whose needs and rights are blatantly violated or persistently denied or ignored. These will specifically include concerns of child labour, child prostitution, child disability and childhood disability, as well as the rights of girl child.

7.9 ***Child labour:*** The goal of abolishing child labor has recently been, re-affirmed several times by the President, Prime Minister and Labour Minister. UNICEF's advocacy efforts in collaboration with the Ministry of Labour, the Department of Education, The National Labour Institute and state governments will focus on:

- ▶ *mobilizing further support for basic education* on the grounds that ensuring universal primary education is the key long term approach for preventing children from entering the labour force. Strategies complementary to education, including income enhancement programmes, enforcement of minimum wages for adults, empowerment of women, enforcement of legislation and convergence of social services on identified families of child labourers will also be supported through advocacy.
- ▶ *dispelling misconceptions regarding child labour* which tend to severely constrain public action. Child labour is an expression of exploitation of the weak rather than a reflection of poverty. Poverty characterizes these victims of exploitation; and to that extent, child labour is not only an outcome but more significantly becomes a major cause of inter-generational poverty. The gender dimension of child labour will be explicitly incorporated into advocacy action including an emphasis on the importance of women's roles for eliminating child labour. Support will be provided for collection of information, its analysis and dissemination amongst the various constituents, including NGOs, through networking and fostering convergence of various sectoral inputs on the families of child labourers.

7.10 ***Child prostitution,*** by far the most abhorrent form of child labour reflecting extreme exploitation of girls in society, is known to be taking place on an organized scale in India, as well as in isolated instances. Along with trafficking of children, this problem requires immediate advocacy, in collaboration with the Department of Women and Child

Development at central and state levels, to promote effective action. This will include better information collection and comprehensive analysis to raise public awareness and consciousness among communities including in urban areas promotion of legal action, policy support and programme development, and mobilization of public opinion against child prostitution. Advocacy efforts will also include promoting appropriate messages for prevention of HIV/AIDS. As with child labour in general, advocating women's empowerment and activism will be crucial in strategies to end child prostitution.

- 7.11 **Child Destitution:** In keeping with the emphasis on prevention of all forms of denial of protection rights, UNICEF support in collaboration with Ministry of Welfare for destitute children during the bridge period will be addressed through concerted public advocacy and networking between NGOs and organized communities, in rural as well as in urban areas. UNICEF will continue to support awareness building and advocacy to prevent destitution, and advocate provision of adequate support for those who are already been denied their protection rights through non-institutional and family care. Operational research for harnessing community resources will be supported and their findings will serve as inputs into state and central government programmes.
- 7.12 **Childhood Disability:** Prevention of childhood disability will be pursued through a number of interventions including support for polio eradication, prevention of blinding malnutrition due to Vitamin A deficiency and prevention of disabilities related to iodine deficiency disorders. Advocacy efforts will focus on promoting improved caring practices, greater nutrition during pregnancy and early childhood and greater attention to enabling children with disabilities to have full participation in mainstream activities with a view to developing their full potential. UNICEF will also collaborate with the Ministry of Welfare to influence the contents of training programmes of various sectors in order to ensure prevention of childhood disabilities. Special efforts will be made to mainstream children with disability into regular programmes.
- 7.13 **Girl child:** Neglect, devaluation and systematic discrimination continue to inflict suffering and injustice on the girl child in India. Chronic "son preference" has led to foeticide that threatens un-born daughters. Negative traditions like child marriage persist in parts of the country. Mis-representation of girls and women in commercialized communication media have adversely affected the self-image of women and girls. Systematic deprivation of girl children persists in nutrition, health and overall family care, and primary education. Many of the problems of girl children are rooted not in economic poverty, but in cultural values. If universal child rights are to be realized, commitment of the society as a whole to gender equality must be more actively promoted and pursued. Advocacy on gender by UNICEF together with DWCD, Ministry of Information and Broadcasting and various sectoral ministries and departments will give the highest priority to the needs and rights of the girl child from infancy to adolescence including protection against child abuse, child prostitution (see 7-10), early marriage manifesting as child marriage etc. The positive potential for adolescents and youth to

take greater responsibility as informed communicators and change agents for child rights in society will be emphasized.

UNICEF cooperation

7.14 In order to fulfill the objectives of promoting child rights through advocacy, UNICEF-GOI cooperation during the Bridge Plan will focus on three sets of activities.

7.15 *Information collection and analysis:* An essential pre-requisite for building a strong advocacy programme is the need for a credible and accepted source of data on child rights. UNICEF will assist GOI in developing such an information base. This will include development of monitoring mechanisms for child rights by the Department of Women and Child Development at central and state levels with intersectoral participation. Analyses will be strengthened by focussing on the poorest and most disadvantaged, girls and women. Research and special studies on children will be supported in jointly identified priority areas; use will be made of participatory research, as well as quantitative and qualitative data, to strengthen policy formulation.

Promoting and strengthening networks and partnerships: Advocacy efforts will be strengthened by promoting coalitions in support of child rights. Partnerships of broad NGO networks will be promoted especially among youth organizations such as NYKS, Scouts and Guides and NSS for community mobilization around children's rights. Selective support will be extended to NGOs and the various departments of government in order to improve training, orientation and evaluation especially those that promote community level activities for fostering child rights. In order to promote policy level alliances for child rights among opinion leaders, and to encourage greater allocation of resources for actions to benefit children, dialogue and public information initiatives addressing priority areas, and related issues of socio-economic equity, will be supported. Activities will also aim at strengthening alliances with agencies such as the NHRC and lawyers' fora for revision of legislation, more effective enforcement and child rights monitoring from a legal perspective.

Information dissemination: Information outreach and other services promoting child rights will be carried out in collaboration with the Ministry of Information and Broadcasting, DWCD and various sectoral departments and ministries. The focus will be on decision-makers and opinion leaders, population groups in need, and more generally, at civil society. In particular, information, development and dissemination will be actively undertaken in close collaboration with the relevant sectors and the media services of various sectoral departments, including the I & B Ministry, DISHA of DWCD and similar institutions of the central and state directorates of information and publicity. The potential role of children themselves to know their rights, to express their needs, and to take constructive action will be encouraged. Activities to promote children's participation in expressing and addressing their rights will include expanding

the use of the MEENA series of animated films (subject to availability of supplementary funds) and related materials in Indian languages to promote the rights of the girl child.

Collaboration with other agencies

- 7.16 During the bridge period, UNICEF will collaborate with other UN agencies including ILO, UNESCO, UNDP, UNIFEM, WHO and UNAIDS on various strategic interventions related to child labour, childhood disability, child prostitution and child destitution as well as on issues related to gender and inter-sectoral interventions with a bearing on assuring children's rights.

Government commitment

- 7.17 Activities envisaged under child rights through advocacy will be implemented within the framework of annual plans of action, jointly determined by the Department of Women & Child Development, the Ministry of Information and Broadcasting, the Ministry of Labour, the Ministry of Welfare, the Department of Youth Affairs, Ministry of Rural Areas and Employment, Ministry of Urban Affairs & Employment and other concerned government agencies. Corresponding agencies at the state and other levels will be involved as and when required.
- 7.18 In co-operation with DWCD, various implementing agencies will regularly monitor and periodically review the progress of activities. Cooperation for integrated planning will be promoted and facilitated by an intersectoral advocacy planning group including UNICEF, Government and non-governmental organizations. The Department of Women and Child Development will assume responsibility for periodic review of the progress of the programme with UNICEF.

7.19 ***UNICEF resource allocations***

US \$ '000s

Child Rights through Advocacy	1996	1997
General resources	1,500	1,600
Supplementary resources	3,300	4,200
Total	4,800	5,800

CHAPTER 8

**PLANNING, MONITORING
AND PROGRAMME SUPPORT**

PLANNING, MONITORING AND PROGRAMME SUPPORT

Context

- 8.1 In keeping with the principles of the planning cycle, which UNICEF is recommending for its field programmes : Assessment-Analysis-Action cycle, the Planning section itself will assure similar triple-A processes, guide the planning, oversight and accountability of the work of UNICEF in the present programme of co-operation. These include:
- ▶ Systematic monitoring of programme implementation through the development of detailed quantifiable workplans for each staff member, section/state office and programme area;
 - ▶ Regular monitoring of progress in planned activities through a Workplanning and Monitoring System (WPMS) and appropriate revision on a quarterly basis;
 - ▶ Monitoring of progress indicators of inputs, processes and outcomes on individual workplans and aggregated at appropriately higher levels;
 - ▶ Administration and management of supply and cash inputs to programme activities following approved workplan budgets and schedules; and
 - ▶ Plan for the next country programme, 1998-2002, in terms of situation analysis, strategy development and co-ordinating with government for the preparation of the Plan of Operation; relating the National and State Programme of Action for Children to the district and community levels.

Progress, 1991-95

- 8.2 The National Plan of Action for Children (August 1992) was adapted and enlarged in 13 major States with the release of State Programmes of Action for Children (SPAC) District and city plans were also prepared in some states. Monitoring mechanisms for the goals were established in each state and extended to the district/community levels.

The UNICEF Workplanning and Monitoring System (WPMS) has been developed, linking programme budget and programme workplan. Progress of expenditure and the implementation of activities are monitored together in quantitative and qualitative terms on a computerized system.

Government efforts were assisted in developing management information systems for:

- ▶ for Child Survival and Safe Motherhood (CSSM) programme with the help of National Industrial Development Corporation;
- ▶ District Information System on (primary) Education (DISE) with the help of National Institute of Educational Planning and Administration;
- ▶ prototypes for Nutritional Information Systems;
- ▶ state-level management information system in some states for water supply & sanitation
- ▶ management information system for ICDS in cooperation with NICNET, and
- ▶ for the Urban Basic Services for the poor.

However, these initiatives are not yet linked to each other. Given the central role of the District Administration (Collector) and the Zila Parishad of the Panchayati Raj System in monitoring progress of all development programmes. There is an urgent need to link all these initiatives at the district level providing objective management measures of progress, in addition to promoting convergence of the sectors help effective utilization of resources.

An international review of the immunization programme was conducted in 1992 with the participation of Government, UNICEF, WHO and major bilateral donors.

During the past five years over 300 Cluster Evaluation Surveys (CES) have been conducted throughout the country providing verification of routine data and offering a powerful management tool to health system managers concerned, not only about programme coverage, but also other health activities - objectively measured using this proven methodology. From this we have developed a multi-sector, multi-indicator cluster survey which has now been tested in every major state and provides up-to-date objective data on goals in health, education, water, sanitation, nutrition, micronutrients and other identified goals for children.

Major studies which are in progress or are completed include a study on the Human Development Profile carried out by the National Council of Applied Economic Research (NCAER) with UNDP and UNICEF support, review of SIDA cooperation and base line studies in primary education, diarrhoea control in Water Sanitation programme and urban basic services for the poor.

A mid-term review of the 1991-95 country programme was conducted and also a joint mid term review for the UN (JCGP) system carried out in 1993.

Strategy

- 8.3 During the bridge period, the strategy for support to planning, monitoring and evaluation of the country programme would include :
- further development of community level monitoring and display systems including use of the multi-indicator (inter-sectoral) cluster survey methodology;
 - commissioning jointly with government partners, selected studies that will draw the attention to the situation and needs of children and women;
 - networking with social science and technical institutions, management centres, NGOs and other research organizations;
 - develop in collaboration with the nodal department and various units of the Planning Commission a situation analysis of children, as an input into the next planning cycle of the GOI-UNICEF programme cycle, as well as that of the IX Five year plan.

Objectives and Activities 1996-97

- 8.4 (a) Jointly with Government of India, prepare Situation Analysis, Country Programme Strategy Note and the Country Programme of UNICEF-GOI cooperation for 1998 - 2002 with the participation of Unicef, Government parties at central, state and district levels; network with research institutions and government bodies to relate the next country programme with the 9th National Five Year Plan;
- (b) Assist the implementation of the Bridge programme 1996-97 particularly through improved workplanning and its regular monitoring in terms of inputs, processes and outputs by effective use of the Workplanning and Monitoring System;
- (c) **Multi-indicator cluster surveys** - strengthen monitoring and evaluation of the country programme in all its dimensions, with emphasis on simple, rapid, low-cost techniques such as the Multi-indicator Cluster Surveys. Prepare and implement a decentralized plan for monitoring of goals at district and community level (in urban and rural areas) and ensure effective use of the information obtained for planning, implementation and programme reviews.
- (d) **Support to improved information systems** - initiate steps jointly with State and district level administrations and development bodies to integrate sectoral Management Information Systems to enable comprehensive monitoring of child related goals at district and sub-district levels;

- (e) **Assist and strengthen social planning and monitoring at state/district/city level** towards the goals of the decade and the relevant processes to enable achievement of goals, with appropriate interface with the community level in each sector as well as under *Convergent Community Action* (Chapter 2).
- (f) **Plans of Action** - assist preparation of detailed Plans of Action in the context of the Bridging programme of co-operation and the State Programmes of Action on Children (SPACs) jointly with state governments and district level functionaries, monitor progress on implementation of activities and financial utilization to ensure timely reallocation of resources across states and sectors.
- (g) **Conduct jointly with the Government of India and state governments annual review** of the programme implementation with a view to identifying gaps and undertake mid-course corrections in the programme implementation as well appropriate revisions in the plans. The process will also enable preparation of joint annual reports and mid-term review reports which will form useful inputs for the next Country programme.
- (h) **Fund raising** - Co-ordinate within Unicef jointly with Government of India and state government counterparts the preparation of proposals for funding by donors various parts of the present Bridge programme and monitor the fund utilization as well as preparation of progress reports on programme implementation to donors for programmes receiving supplementary funding.
- (i) **Support to evaluations** - Quality in evaluations and research carried out in various programmes and projects will be ensured by instituting a mechanism for peer review of both design and outcome of each study with emphasis on ensuring sound scientific methodology.
- (j) **Economic analysis** - Support economic analysis in key programme areas for reaching the goals with emphasis on disparity reductions and ensure efficient use of resources. During the bridging programme in addition to preparation of economic analysis of identified sectoral programmes, support for training of key functionaries in identified sectors on this important skill will be provided.

Programme Support

- 8.5 Salary and related operating costs of UNICEF personnel engaged in work related to more than one programme will be provided, as well as the costs of upgrading the work environment through computer facilities.

8.6 Management

The activities mentioned above will be carried out in consultation with the Department of Women and Child Development and other Ministries and Departments concerned with the particular programmes.

8.7 UNICEF Resource Allocation

US \$ '000s

Planning, Monitoring and Programme support	1996	1997
General Resources	4,000	4,400

**MATRIX ON MAJOR AREAS OF COOPERATION FOR 1996-97
PLAN OF OPERATIONS**

Description of Major Support Areas	YH 901 HEALTH	YE 902 EDUCATION	YN 903 CH. DEV. & NUTRITION	YW 904 W. SAN & HYGIENE	YC 905 CCA		YA 906 CRC		YT 907 P.G. Man & Res.
					URBAN	RURAL	Inf. Adv. CRC-Med. etc.	CRC-Info NGO, Policy	
PARTICIPATING MINISTRIES AND DEPARTMENTS	Min of Health & FW Dept of Women & Ch. Dev ICMR NCERT NYK/NSS/B. Scouts	Dept. of Education NCERT NIEPA	Dept of Women & Ch. Dev Min of Industries (Salt) Min. of Health & FW Dept of Food Processing NIN, NIPCCD CTC	Dept. of Rural Areas & Employment (Water Mission) Min. of Urban Affairs & Employment Min. of Health & FW Dept of Women & Ch. Dev	Min of Urban Affairs & Empl. NIUA Municipal Corps and Municipalities RCUES	Min. of Rural Areas & Employment Dept of Local Self-Govt & Panchayats at State level	Dept of Women & Ch. Dev Min. of Inf. & Broadcasting	Min. of Labour Min. of Welfare Dept of Women & Ch. Dev.	Dept of Planning (P.D. P.G. Comd) Dept of Women & Ch. Dev.
ADVOCACY	Safe Motherhood Reproductive Health Care Project BFHI plus through professional bodies Pvt sector for Pvt sector Diseases like Diarrhoea, Pneumonia etc.	Universal Primary Education - National - State level	Advocacy along with DWCD on under-2 focus for PEM reduction USI along with Salt Commissioner to ensure iodised salt production	Urban Sanitation Sanitation Mission	Urban poor focus in the sectoral programmes	Panchayati Raj and use of all Women's programmes for empowerment	CRC Girl Child workshop	Child labour prevention Mainstream disability Child Prostitution Advocacy Workshop	
CAPACITY BUILDING TRAINING - 1	Training-CSSM for all interventions Training of Trainers for Joint ICDS-Health Training Training for Specialists Skills	Training of Teachers Trainers in DPEP and other Districts for UPE	Training for ICDS - CDPOs - Supervisors - AWW/AWH Greater co-ordination with Health for Joint Training Training on ECE with NCERT/SCERT	Training of Hygiene Communication & Soc. Mobilization for WATSAN Training of Village level Functionaries under CDD-WATSAN Training on Handpump Maintenance, Masons etc.	Training of UBSP Functionaries Joint Training of Sectoral Functionaries on Reaching Urban Poor	Training of Panchayat & Women's Group Leaders Joint Training of Sectoral Functionaries on Team Work for Convergence	Training of Media Functionaries on Sectoral Priorities Orientation on CRC	Training of NGOs and other Key Functionaries on the Protection Rights	
TRAINING 2 Development & Production Training Material for - CSSM Training - Joint Training	Development and Production of training material for - CSSM training - Joint training	State level finalization of orientation material in local languages	Training aids and related supplies. Dev of training materials on prevention of malnutrition.		Development & Production of Training material for UBSP and for other sectors for reaching urban poor	Training material on convergence for Panchayati Raj and other groups	Orientation material on CRC	Support adaptation of existing training material for protection rights and related programmes	Relevant material on research/program evaluation and surveys shared
ORIENTATION 3	Orient other sectoral functionaries on key health actions/goals	Orient other key functionaries for enrollment and retention of children in primary schools	Orient other key functionaries on ICDS services. Orient training institution and other sectors on preventive strategies for nutrition.	Orientation on water, sanitation & hygiene for ICDS, Prim. school, Health & other functionaries.	Orientation on community processes for urban poor child rights.	Orientation on various govt. programmes including poverty alleviation schemes for community groups.		Orientation on UPS, Child Labour, Mainstreaming of disabled and CEDC for relevant groups.	on Multi indicator cluster surveys, their conduct and use.

