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Country programme document

India

Summary

The country programme document (CPD) for India is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$212,800,000 from regular resources, subject to the availability of funds, and \$255,800,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

* [E/ICEF/2022/22](#).

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. The Government of India-UNICEF country programme of cooperation, 2023–2027 builds on the Government’s commitment to and strong progress towards the Sustainable Development Goals and contributes to the United Nations Sustainable Development Cooperation Framework (UNSDCF). The country programme is aimed at addressing the severe impacts of the coronavirus disease 2019 (COVID-19) pandemic while reinforcing partnerships to advance the Government’s Sustainable Development Goal focused long-term policies and programme frameworks.
2. India is the world’s sixth-largest economy, covering 18 per cent (1,393 million) of the world’s population, including 460 million children. Urbanization is projected to rise from 35 per cent (2021) to 44 per cent (2036).¹
3. The country has achieved a significant reduction in the multidimensional poverty rate, from 55 per cent (2005–2006) to 28 per cent (2015–2016), with 35 per cent among children. Sixty per cent of all multidimensional poor are found in households where no female member has completed six years of schooling. Over 40 per cent belong to Scheduled Castes or Scheduled Tribes. The highest poverty levels are found in the states of Bihar, Jharkhand, Uttar Pradesh and Madhya Pradesh.²
4. India spends 3.8 per cent of the gross domestic product (GDP) on education and 1 per cent on health, with corresponding high out-of-pocket health expenditures.³ Children’s share in the Union Budget at 4.5 per cent in 2014/15 had fallen to 2.4 per cent in 2022/23, short of the 5 per cent target set in the National Plan of Action for Children, 2016.
5. Gender inequality is multifaceted and complex, rooted in prevailing patriarchal social norms and power dynamics. Despite significant progress, the gender ranking has slid from 112th to 140th position between 2020 and 2021 according to the Global Gender Gap Report 2021, with gender-biased sex-selection, higher under-5 mortality rates for girls, child marriage, gender-based violence and poor economic opportunities for women.⁴
6. India has successfully reduced the under-5 mortality rate from 49.7 deaths per 1,000 live births in 2015–2016 to 41.9 in 2019–2020. Neonatal mortality makes up 60 per cent of these under-5 deaths.⁵ Sixteen per cent of global under-5 deaths occur in India, the only country with higher death rates for girls.⁶ About 76 per cent of children (12–23 months) are fully vaccinated. The maternal mortality ratio decreased from 130 per 100,000 live births in 2014–2016 to 103 in 2019. Thirty-eight per cent of maternal deaths occur among females (15–24 years).⁷ Mental health is a growing concern as suicide is the second leading cause of death among youth (15–29 years).⁸ Bottlenecks include harmful social and gender norms and inadequate knowledge, attitudes and practices combined with underfunding and insufficient availability of quality essential health services.

¹ United Nations Population Division, 2019 Revision of World Population Prospects, <https://population.un.org/wpp/>, accessed on 9 June 2022.

² Oxford Poverty & Human Development Initiative, Global Multidimensional Poverty Index, 2018 and 2021.

³ UNICEF, *The State of the World’s Children 2021*.

⁴ UNICEF India, Gender Programmatic Review, 2021.

⁵ Ministry of Health and Family Welfare (MoHFW), National Family Health Survey – 5 (NFHS-5), 2019–2021.

⁶ Inter-agency Group for Child Mortality Estimation, Levels, and Trends in Child Mortality, 2021.

⁷ Office of the Registrar General India, Special Bulletin on Maternal Mortality in India 2015–17 and 2017–19.

⁸ UNICEF India, Situation Analysis of Children in India, 2021.

7. Stunting among children (0–5 years) has decreased from 48 per cent (2005–2006) to 35.5 per cent (2019–2020). Stunting is significantly higher in the poorest households and among mothers with little education. Sixty-four per cent of children (0–6 months) are exclusively breastfed, while only 11.3 per cent of children (6–23 months) are fed an adequate diet. India has the highest anaemia levels globally, with 59.1 per cent of girls (15–19 years) affected.⁹ Efforts to fight malnutrition have been further strengthened through the Government’s National Nutrition Mission launched in 2018. Bottlenecks to proper nutrition include poor knowledge and feeding practices, harmful social and gender norms, an inadequately regulated food environment, inequitable access and utilization of nutrition services and delayed detection and treatment of malnutrition.

8. Most children (3–10 years) are enrolled in early childhood and primary education. Net enrolment rates drop to 52.5 per cent at the secondary level and 34.7 per cent at the higher secondary level, with higher retention rates among girls.¹⁰ Almost one third of children with disabilities are not in school.¹¹ In 2021, 34 per cent of students in grades 3, 5 and 8 achieved targeted performance levels (45 per cent in 2017). Girls and boys had similar performance while children from Scheduled Castes and Tribes and minority communities had the lowest levels of performance.¹² Learning outcomes decline in higher grades and many children leave education without appropriate achievement levels and skills. Thirty per cent of youth aged 15 to 24 years (47 per cent of females) are not in employment, education or training.¹³ The pandemic has created an even greater learning crisis, with one of the world’s longest school closures affecting 286 million children (3–18 years).

9. India has built a robust child protection legal and policy framework and set up statutory structures at the district level. It has successfully halved child marriage over the past decade to 23.3 per cent, although the pace has slowed down in recent years. Significant progress has been made in setting up alternative care arrangements but India still has a large number of children living in institutions.¹⁴ Eighteen per cent of women (18–19 years) have ever experienced physical or sexual violence.¹⁵ About 7 per cent of adolescents (13–17 years) are affected by mental health issues, with less than half of them seeking help.¹⁶ Child labour estimates are high, especially among migrant children. Of the 74,124 children in conflict with the law in 2020, only 46 per cent received a final verdict.¹⁷ Bottlenecks include supply-side challenges (attention to preventive interventions, capacities of the social and allied workforce, subdistrict structures, accountability and resource allocation/execution), and demand-side challenges (harmful social and gender norms).

10. India is making great progress in providing drinking water and sanitation, with exemplary government investments made through the Jal Jeevan Mission (water) and the Swachh Bharat Mission (sanitation). Still, only 56.1 per cent of the rural population has access to safely managed drinking water and only 50.5 per cent has a safely managed sanitation facility, putting at risk the country’s open-defecation-free

⁹ NFHS-3, NFHS-5.

¹⁰ Ministry of Education (MoE), Unified District Information System for Education Plus 2020-21.

¹¹ United Nations Educational, Scientific and Cultural Organization, *N for Nose State of Education Report 2019*.

¹² MoE, *National Achievement Survey 2017 and 2021*.

¹³ International Labour Organization, *Young persons not in employment and education in India: 2000–2019, 2021*.

¹⁴ *Situation Analysis 2021*.

¹⁵ NFHS-5.

¹⁶ MoHFW, *National Mental Health Survey 201516*.

¹⁷ Ministry of Home Affairs, *Crime in India 2020*.

status.¹⁸ In 2018, 56 per cent of the urban population and 25 per cent of the rural population washed their hands with water and soap before meals.¹⁹ While self-reported adherence skyrocketed in 2020, there is now slippage. Only 52.9 per cent of schools have hand-washing units with soap.²⁰ In 2021, 77.3 per cent of females (15–24 years) used hygienic menstrual absorbents (57.6 per cent in 2016)²¹ with major geographical differences. Bottlenecks include supply-side silos, underfunding of specific areas and limited institutional capacity, with persistent harmful social and gender norms and weak community participation.

11. India expanded social protection programmes substantially in 2020–2021, including the Maternity Benefit Programme. The pandemic has highlighted the need for strengthened consolidation, coordination and funding of social protection programmes while increasing access to migrant families.

12. The country's strong commitment to disaster risk reduction is acknowledged globally. However, children are particularly affected by extreme weather events, water stress and air pollution⁵, which may lead to disease outbreaks and malnutrition and affect access to education.

13. The gender programmatic review underscores the need to challenge harmful gender norms through social and behavioural change interventions; evidence-generation, strategies, partnerships and inter-agency convergence; and the engagement of men and boys. The country programme evaluation underscores the need to better integrate the most vulnerable children when supporting government flagship programmes. Building partnerships with international, national, private and professional organizations is critical.

Programme priorities and partnerships

14. The country programme is aimed at supporting the Government to reach all children, including adolescents – especially the most vulnerable – to have their rights realized, with an opportunity to develop to their full potential in an inclusive and protective society. Considering the challenges of the pandemic and the subsequent opportunities, the country programme will further support a stronger equity focus in Government flagship programmes, sectoral policies and schemes. Supply-side challenges to reach the most vulnerable children with quality services will be addressed together with a strong demand-side focus on changing harmful social and gender norms. An increasing focus on policy advocacy, systems-strengthening, evidence-generation, platforms for scale up of critical services, and financing options for children will be combined with a strengthened focus on front-line service providers and the catalytic role of the private sector.

15. The country programme has six sectoral components: health; nutrition; education; child protection; water, sanitation and hygiene (WASH), climate change and environmental sustainability; and social policy and social protection. Two overarching principles permeate the programme:

(a) Gender-responsive programming to address the root causes of gender inequality by promoting the well-being and empowerment of adolescent girls and young women through equitable schooling and skills development; positive gender

¹⁸ Joint Monitoring Programme (JMP)
<https://washdata.org/data/household#!/table?geo0=country&geo1=IND> accessed on 09 June 2022.

¹⁹ National Statistics Office, NSS Report 584, 2019.

²⁰ JMP, <https://washdata.org/data/school#!/table?geo0=country&geo1=IND>, accessed on 09 June 2022.

²¹ NFHS-5.

norms, including in early childhood; enhanced protection and prevention of harmful practices, especially child marriage and gender-based violence; and through gender-disaggregated data and analysis.²²

(b) Equity-focused programming particularly focused on girls, children with disabilities, Scheduled Castes and Scheduled Tribes, minorities and underserved communities, including those in areas affected by civic strife. An equity-based differentiated approach using state-level data will be applied. An optimal mix of interventions and strategies in priority states and selected districts will be pursued and will benefit from 13 UNICEF field offices working in 23 states and two union territories.

16. The following strategies will support these overarching priorities:

(a) Convergent and multisectoral programming to achieve catalytic results for children, especially around early childhood and adolescence.

(b) Social and behavioural change to promote positive social and gender norms and key behaviours and practices.

(c) Child rights advocacy to engage children and influencers to advocate with decision-makers and mobilize the public for action, accountability and support.

(d) Public-private partnerships to drive results for children by leveraging family-friendly policies in business value chains; individual and corporate partners' resources, practices and services; and the power and voice of businesses.

(e) Evidence, data and knowledge management to fill knowledge gaps on children to inform policy, financing and implementation options.

(f) Digital transformation benefiting from the country's advanced information technology to deliver innovative responses to achieving results for children.

(g) Climate change action and environmental sustainability to scale up child-centric climate adaptation models in national flagship programmes and empower children and youth as environmental agents of change.

(h) Risk-informed programming to strengthen preparedness for and response to climate shocks and emergencies, including supporting disaster management authorities to coordinate child risk impact analyses and linking up with corresponding social protection schemes.

17. The country programme is aligned with the UNICEF Strategic Plan, 2022–2025, Gender Policy, 2021–2030 and Gender Action Plan, 2022–2025 and the UNSDCF, where UNICEF plays an outcome group lead role. The programme has been developed in tandem with the UNSDCF, informed through ongoing consultations with the Ministry of Women and Child Development, other relevant ministries and state governments, and deliberated over with development partners, private sector partners, civil society and academia. UNICEF will reinforce its collaboration with other United Nations agencies under the coordination leadership of the United Nations Resident Coordinator for system-wide engagement, to accelerate and scale up interventions to achieve the 2030 Agenda for Sustainable Development.

Health

18. This component is aimed at ensuring that pregnant women, newborns and children, including adolescents, especially the most vulnerable, have equitable access to and utilize gender-responsive quality health services and adopt healthy

²² Gender Programmatic Review 2021.

behaviours. It will support the National Health Policy, 2017 guided by the Ministry of Health and Family Welfare, while continuing to support COVID-19 responses.

19. UNICEF will support the Government to strengthen health policies and systems. The Policy's health-expenditure target of 2.5 per cent of GDP will be promoted to support the implementation of reproductive, maternal, newborn, child and adolescent health programmes. Evidence-based decision-making benefiting from private sector research will leverage innovative interventions, digital health and big data, including for climate-related and emerging non-communicable diseases. The skills, competencies, safety and well-being of front-line health-care workers will be sustained.

20. A holistic, multisectoral and climate-resilient primary-health-care approach will address childhood illnesses and promote community-based services to reach the most vulnerable children. Flagship reproductive, maternal, newborn, child and adolescent health programmes will be supported for effective implementation at scale with quality and equity. Aligned to the zero-dose vaccine strategy, immunization of children missed out by immunization programmes and children who dropped out of school will be supported while promoting clean and green cold-chain equipment.

21. Maternal, newborn and adolescent health issues will be addressed through supporting the capacity for universal quality maternal and newborn health programmes; ensuring access to maternal and newborn health services; a multisectoral primary-health-care approach contributing to the India Newborn Action Plan; and through strengthening gender-responsive adolescent health-care services, including mental health.

22. The capacity of community health workers and community-based platforms to promote positive health practices among vulnerable groups will be strengthened. Adolescent and gender-responsive community participation in health planning will be promoted through non-traditional partnerships.

Nutrition

23. This component is aimed at ensuring that young children, adolescents and pregnant and breastfeeding women, especially the most vulnerable, have access to and utilize gender-responsive, quality, high-nutrition-impact interventions and adopt healthy diets and nutritional care practices. It will support the flagship National Nutrition Mission (POSHAN Abhiyaan) and the Anaemia Programme, guided by the Ministry of Women and Child Development and the Ministry of Health and Family Welfare.

24. UNICEF will convene partners to support government nutrition policies and responses. Research, including through centres of excellence, will be strengthened and will leverage resources from the Government and the private sector for high-nutrition-impact interventions while upholding national and international standards on nutrition products.

25. Stunting and wasting in young children will be addressed through front-line facility- and community-based prevention and care, especially covering underserved areas. Enhanced counselling, optimal breastfeeding, and complementary feeding through gender-responsive caregiving and parenting will be promoted. A multisectoral continuum of care and services will be supported.

26. Maternal and adolescent malnutrition, including anaemia, will be addressed through front-line facility and community-based interventions, including the provision of iron and folic acid supplements, and will benefit from evidence-based traditional knowledge. The community-based adolescent and maternal nutrition

programme covering underserved areas will be supported jointly with the National Rural Livelihoods Mission.

27. Behavioural change for ensuring healthy diets and young child feeding and care practices will be promoted, including through culturally appropriate and equity-focused community and adolescent empowerment. Key gender-sensitive nutrition practices will be prioritized at scale and supported by mobilizing the private sector, civil society and development partners.

Education

28. This component is aimed at ensuring that children, including adolescents, especially the most vulnerable, have equitable access to and participate in quality learning and skills development opportunities within a safe and inclusive learning environment. This will contribute to the National Education Policy 2020 and to national programmes, including the Foundational Literacy and Numeracy Mission, guided by the Ministry of Education.

29. UNICEF will support the Government to use evidence for gender-responsive and equity-based budgeting, planning and monitoring to address school retention and learning bottlenecks. Partnerships and multisectoral collaboration, including with Generation Unlimited India (YuWaah!), will be pursued to enhance learning outcomes and skills development; prevent violence and discrimination; improve mental well-being; and address climate change and the impacts of COVID-19, thus making the education system more resilient.

30. Foundational learning among children (3–10 years) will be more inclusive by transforming pedagogies to accommodate diversity and disability, using effective blended physical and online approaches, supporting skill-based curriculum revisions while integrating gender and climate change. School readiness and learning recovery programmes will address learning losses.

31. Quality future-ready skills for adolescents (11–18 years) will be enhanced by integrating twenty-first century skills, gender equality and climate change; bridging the digital divide; and ensuring adolescent girls' participation. Successful transition through education will include learning, skills development and career guidance; innovative technology solutions; mechanisms to prevent dropout; and referral pathways to guide out-of-school children back to education and future opportunities.

32. The involvement of children, parents, caregivers and communities in learning will be strengthened by rolling out the guidelines on parents' engagement and capacity-building for home-learning support. Gender and social norms and behavioural insights will be explored.

Child protection

33. This component is aimed at ensuring that children, including adolescents, especially the most vulnerable, are empowered and protected from violence, abuse, exploitation, neglect and harmful practices. Based on a comprehensive policy and legal framework, the component supports the Mission Vatsalya for child protection and the Mission Shakti for empowering women and is guided by the Ministry of Women and Child Development.

34. Preventive approaches and evidence generation will be promoted to address violence and other child protection risks. Policy, regulatory and capacity-building frameworks will support professionalization of the social services and allied workforces across child protection and justice systems. Costing models and budget analyses will inform public financing for children. Community-based mental health services will be mainstreamed through child protection, education and health

structures. Diversion and restorative approaches will be promoted to enhance justice for children.

35. Community-based and local governance structures will be supported to prevent family separation, unsafe migration, child labour and other forms of exploitation. Evidence-based models for family strengthening/counselling and family-based alternative care will be expanded, aligned with the Mission Vatsalya principle of institutionalization as measure of last resort. Government-led multisectoral action plans linking child and social protection schemes will be supported.

36. Social and behavioural change and gender-responsive interventions will address child marriage, gender-based violence and other harmful practices through parenting programmes, meaningful adolescent empowerment and civic engagement. Partnerships with grass-roots organizations, civil society platforms, the media, the private sector and YuWaah! will galvanize demand for action to address the normative root causes of child protection challenges.

Water, sanitation and hygiene, climate change and environmental sustainability

37. This component is aimed at ensuring that children, especially the most vulnerable, and caregivers have access to and use gender-sensitive, climate-resilient, safe and affordable WASH services at home and in institutions, and adopt improved hygiene practices. The component will also coordinate the country programme's child-related climate change and environmental sustainability pillars across all programme components focusing on: child-specific climate-related risks in climate adaptation models; child-centred evidence generation supporting climate-related advocacy and policy; and risk-informed, child-specific programming regarding climate change across vertical sectors. It will support the Jal Jeevan Mission and the Swachh Bharat Mission on water and sanitation, guided by the Ministry of Jal Shakti. The component will strengthen public and private front-line worker capacity, governance and professionalization with a gender-equality lens at grass-roots levels, enabling cross-sectoral convergence.

38. Poor sanitation and hygiene will be addressed by strengthening government capacities under the Swachh Bharat Mission from national to local levels, focusing on empowering communities; fostering partnerships; strengthening cross-sectoral coordination and monitoring; and policy engagement, particularly for hand hygiene.

39. Poor access to safely managed drinking water will be addressed under the Jal Jeevan Mission, focusing on water scarcity resilience through community management; innovations; climate-resilient village-based action plans; strengthening water quality monitoring; and synergetic public, private and academic partnerships.

40. Poor access to WASH and menstrual hygiene management (MHM) programmes in schools, early childhood education centres and health-care facilities will be addressed through strengthening systems for facility-based sanitary workers; rolling out facility-based, climate-resilient action plans encompassing climate change adaptation; capacity development reaching school-based stakeholders; and policy engagement for MHM.

41. Harmful social and gender norms regarding WASH, climate adaptation and MHM will be addressed through evidence-based social and behavioural change strategies within the WASH flagship programmes. Research will inform participatory approaches for community engagement and large-scale communication campaigns.

Social policy and social protection

42. This component is aimed at ensuring that children, including adolescents, and women, especially the most vulnerable, benefit from gender-responsive, climate-

adaptive and shock-responsive social and economic policies and programmes for social protection. It will support achieving a child-centred social protection framework under the National Plan of Action for Children, together with the Ministry of Women and Child Development, NITI Aayog and other concerned ministries.

43. Child deprivation analyses for evidence-based policy formulation will be strengthened. Support will be provided to improve quality coverage of civil registration and vital statistics, and data interoperability for enhanced use in planning and policy-making processes.

44. The capacity to equitably finance social services for children will be strengthened jointly with state finance departments and other United Nations agencies through child- and gender-responsive budgets, spending efficiency analyses; outcome-based budgets; and promoting innovative financing options.

45. Support for integrated, climate-sensitive and shock-responsive universal social protection systems targeting children and women will be provided to the Government in coordination with international financial institutions. Unified social registries will be promoted to improve targeting, coverage and portability, especially for migrant children and their families. UNICEF will support gender-responsive cash plus programmes in relevant areas in support of Mission Shakti.

46. Local governments will be strengthened in planning, budgeting, delivering and monitoring social services for vulnerable children in underserved areas. Innovative child-friendly participatory models will be scaled up. Collaboration between local governments and community structures will be promoted to expand coverage of social protection services to the most vulnerable children and women.

Programme effectiveness

47. This component is aimed at ensuring that the country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children. This includes through programme planning and monitoring and efficient operational support and coordination among different programme sections and between the fourteen UNICEF offices in India. It will support systematic coordination for cross-sectoral issues, including risk-informed programming; social and behavioural change and gender; public-private partnerships and their catalytic role; YuWaah!; evidence, data, and knowledge management; and communication and advocacy.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	34 100	68 100	102 200
Nutrition	29 200	37 100	66 300
Education	20 200	34 800	55 000
Child protection	21 300	45 700	67 000
Water, sanitation and hygiene, climate change and environmental sustainability	25 100	31 900	57 000
Social policy and social protection	17 000	5 400	22 400
Programme effectiveness	65 900	32 800	98 700
Total	212 800	255 800	468 600

* Other resources-emergency may be mobilized, as required, through humanitarian appeals processes.

Programme and risk management

48. This country programme document outlines UNICEF contributions to national results. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the organization's programme and operations policies and procedures.

49. The Ministry of Women and Child Development is responsible for overall coordination of the country programme, while programme components will be managed by relevant ministries, state governments and intersectoral coordinating bodies, in collaboration with civil society organizations, the private sector and academia. The programme will contribute to UNSDCF achievement through its coordination mechanism where UNICEF plays an outcome group lead role.

50. The risks of further shocks due to COVID-19 or new emergencies or climate-related shocks will be mitigated by continuously supporting disaster management authorities. The risk of reduction of programme funds will be mitigated by prioritizing high-impact, cost-effective programme interventions; advocating for increased government investments in children; and further exploring fundraising options, including private sector resource mobilization.

Monitoring, learning and evaluation

51. Country programme progress will be informed by the evidence strategy and measured through the five-year Integrated Monitoring and Evaluation Plan (IMEP) and the costed evaluation plan, jointly guiding priority monitoring, evaluation and research interventions and contributing to the UNSDCF monitoring framework. Based on the IMEP, the results and resources framework will be used for qualitative and quantitative progress monitoring, triangulating national, state and other information systems. Rights- and results-based cultures will be promoted,

increasingly moving towards monitoring outcomes, identifying lessons learned, using early warnings through community feedback mechanisms, and adapting programme interventions for improved outcomes. Annual programme effectiveness reviews jointly undertaken with the Ministry of Women and Child Development, line ministries, other partners and rights holders will assess progress and inform programme adjustments.

52. The country programme will contribute to ongoing monitoring of the situation of children, with a particular focus on disaggregated data on equity and gender disparities to inform policies and flagship programmes. UNICEF, jointly with other United Nations agencies and the coordination leadership of the United Nations Resident Coordinator for system-wide engagement, will support central and line ministries to monitor progress toward the Sustainable Development Goals. Strong links with Executive Branch ministries and the Parliament will be further augmented for improved knowledge generation to strengthen national and state-level capacities.

Annex

Results and resources framework

India – UNICEF country programme of cooperation, 2023–2027

<p>Convention on the Rights of the Child: Articles 2–9, 11–15, 17–21, 23–32, 34–37, 39–40</p> <p>National priorities: National Health Policy, National Nutrition Mission and the Anaemia Programme, Mission Vatsalya, Mission Shakti, Swachh Bharat Abhiyan Mission, Jal Jeevan Mission, National Education Policy, National Plan of Action for Children.</p> <p>Sustainable Development Goals: 1–6, 8, 10–13 and 15–17</p>
<p>United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF: 1–4, 6</p>
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
1. By 2027, communities, especially the most disadvantaged, demand for and benefit from inclusive, universal, affordable, accessible, accountable, and quality health care services, while adopting positive health practices	1. Pregnant women, newborns and children, including adolescents, especially the most vulnerable, have equitable access to and utilize gender-responsive, quality health services at all levels and adopt healthy behaviours	Percentage of women (aged 15–49) attended antenatal care at least four times B: 58.1% T: 70.0%	National Family Health Survey (NFHS)	1.1 Increased capacities of Government and partners for risk-informed and climate-resilient policy, planning, budgeting, innovation, monitoring, evaluation, research and learning actions to scale up essential reproductive, maternal,	Ministries of: Health and Family Welfare (MoHFW), Women and Child Development (MoWCD) World Health Organization (WHO), United Nations Population Fund (UNFPA) Development partners (DPs), civil society organizations	34 100	68 100	102 200
		Percentage of children under the age of 3years breastfed within one hour of birth* B: 41.8% T: 70.0%	NHFS					

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
		<p>Percentage of children (ages 12–23 months) fully immunized (total; girls; boys)*</p> <p>B: 76.4%; 76.2%%; 77.1%</p> <p>T: 90.0%; 90.0%; 90.0%</p>	NFHS	<p>newborn, child, and adolescent health interventions.</p> <p>1.2 Increased capacity of Government and partners for equitable immunization services, prevention, and treatment of other childhood illnesses</p> <p>1.3 Increased capacity of Government and partners for equitable, quality and gender-responsive maternal, newborn and adolescent health-care services</p> <p>1.4 Increased knowledge and skills of caregivers and communities to transform social norms, and demand for preventive and</p>	(CSOs), private sector			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				responsive health services.				
2. By 2027, all people, including children, women, and marginalised populations, have increased access to and consumption of adequate, affordable, and diverse nutritious food and quality services year-round	2. Young children, adolescents, and pregnant and breastfeeding women, especially the most vulnerable, have access to and utilize gender-responsive and quality high-nutrition-impact interventions and adopt healthy diets and nutritional care practices	Number of pregnant women who received iron and folic acid supplements (180 IFA tablets) B: 26.5 million T: 28 million	Health Management Information System (HMIS)	2.1 Increased capacity of Government and partners for equitable, gender-responsive, evidence-based, and risk-informed policies and programmes, financing, and leadership 2.2 Increased capacity of Government and partners for equitable access to nutritious foods and high-nutrition impact services to prevent all forms of malnutrition and manage wasting among young children 2.3 Increased capacity of Government and partners for equitable	MoWCD, MoHFW, Other government partners World Food Programme DPs, CSOs, private sector	29 200	37 100	66 300
		Number of children/adolescents aged 10–19 provided four weekly IFA tablets (total; girls; boys)* B: 30.3 million; 16.6 million; 13.7 million T: 118 million; 79 million; 39 million	HMIS					
		Number of children under 5 years of age with severe wasting and other forms of severe acute malnutrition who are admitted for treatment* B: 477 000 T: 1 200 000	State reporting tools					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				<p>access to nutritious foods and gender-responsive high-nutrition-impact services to prevent all forms of malnutrition among adolescents and pregnant women</p> <p>2.4 Increased knowledge of families on nutritious foods, healthy diets and optimal young child feeding and care practices</p>				
3. By 2027, all children and young people, especially the most vulnerable, have equitable access to quality learning and skills development within safe	3. Children, including adolescents, especially the most vulnerable, have equitable access to and participate in quality, gender-responsive learning and skills development opportunities	<p>Percentage of new admissions of students in class 1 who have pre-school experience (total; girls; boys)*</p> <p>B: 51%; 51.1%; 50.9%</p> <p>T: 57.0%; 57.1%; 56.9%</p>	Unified District Information System for Education	3.1 Increased capacity of Government and partners to plan, implement and monitor evidence-based plans and policies for quality, inclusive gender-	Ministries of: Education (MoE); Minority Affairs; Tribal Affairs; and MoWCD World Bank, DPs, CSOs, private sector	20 200	34 800	55 000
		Percentage of students in grade 3, 5, 8 achieving at least a	National Achievements Surveys					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
and inclusive education environments	within a safe, inclusive learning environment	<p>minimum proficiency level (total; girls; boys, scheduled tribes (ST), scheduled castes (SC))*</p> <p>Language B: 37%; 39%; 35%; 30%; 33% T: 47%; 49%; 45%; 42%; 45%</p> <p>Mathematics B: 30%; 30%; 30%; 26%; 29% T: 40%; 40%; 40%; 38%; 41%</p>		<p>responsive education</p> <p>3.2 Increased capacity of Government and partners for equitable access to quality gender-responsive learning and skills for children aged 3–10 years within a safe, inclusive environment</p>				
		<p>Age-specific attendance rate*</p> <p>Secondary (14–17 years) (total; girls; boys; ST; SC, Muslim) B: 73.8%; 72%; 75.6%; 62.3%; 69.8%; 63.9% T: 78.8%; 77%; 80.6%; 66.3%; 73.8%; 67.9%</p>	NFHS, National Sample Survey Organisation (NSSO)	<p>3.3 Increased capacity of Government and partners for equitable access to quality gender-responsive skills development and learning opportunities for adolescents aged 11 to 18 years within a safe, inclusive learning environment</p> <p>3.4 Increased knowledge and skills of parents and</p>				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				communities to demand quality, inclusive learning in schools and support learning at home				
6. By 2027, a strengthened and more coordinated, inclusive, and accountable governance system is in place at the national and local levels enabling all people, especially [the] most marginalised and vulnerable, to be protected, empowered, engaged, and enjoy human rights and social justice, and lead their lives with respect and dignity.	4. Children, including adolescents, especially the most vulnerable, are empowered and protected from all forms of violence, abuse, exploitation, neglect, and harmful practices	Percentage of women aged 20–24 years married before age 18* B: 23.3% T: 18.8%	NFHS	4.1 Increased capacity of Government and partners to implement laws, policies and plans to deliver inclusive, gender-responsive, preventive, and responsive child protection, justice, and psychosocial support services for children 4.2 Children at risk have increased equitable access to interventions that prevent family separation and promote family-based alternative care	MoWCD UNFPA DPs, CSOs, private sector	21 300	45 700	67 000
		Percentage of ever-married women aged 18–19 years who have ever experienced physical or sexual violence* B: 18.3% T: 16.9%	NFHS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				4.3 Children, including adolescents, families, and their communities, have increased awareness and opportunities for meaningful participation to transform social norms and prevent violence, child marriage and other harmful practices				
5. By 2027, the Government of India, state governments, communities, private sector, and other actors will take informed actions to address climate change, pollution, biodiversity loss and restore ecological integrity through	5. Children, especially the most vulnerable, and caregivers have access to and use climate-resilient, safe, and affordable WASH services at home and in institutions, and adopt improved hygiene practices	Proportion of population using safely managed sanitation services* B: 46% T: 56%	Joint Monitoring Programme, NFHS, household surveys. Management Information Systems (MIS)	5.1 Increased capacity of Government and partners to plan, implement and monitor equitable, safely managed gender-responsive sanitation and hygiene services	Ministries of: Jal Shakti; Panchayati Raj; Housing and Urban Affairs; and MoE United Nations Environment Programme, WHO DPs, CSOs, private sector	25 100	31 900	57 000
		Proportion of the population using a safely managed drinking water service at community level (rural)* B: 50% T: 88%	NFHS, household surveys, MIS					
		Percentage of rural women and girls using	NFHS	5.2 Increased capacity of Government and partners to ensure universal				

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
improved knowledge, capacity and mainstreaming of relevant actions across sectoral programmes, policies, and plans		hygienic methods of protection during their menstrual period B: 72.3% T: 87%		access to climate-resilient, gender-responsive and safely managed drinking water services 5.3 Increased capacity of Government and partners to plan, implement and monitor equitable, climate-resilient and gender-responsive WASH and menstrual hygiene programmes in schools, early childhood education centres and health-care facilities 5.4 Children and communities have increased knowledge on safe, gender-responsive water,				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				sanitation and hygiene and climate change and environmental sustainability practices.				
Outcome 6	6. Children, including adolescents, and women, especially the most vulnerable, benefit from gender-responsive, climate-adaptive, and shock-responsive social and economic policies, instruments, and programmes for social protection	Share of public spending on select priority social sectors, including social protection for children B: 7.1% T: 13.0%	Budget documents	6.1 Increased capacity of the Government and partners to use data and evidence to routinely monitor child deprivations to inform tailored, inclusive policies, legislation, and budgetary allocations 6.2 Increased capacity of Government and partners to equitably and efficiently finance child-centric, gender-responsive and climate/shock responsive social services 6.3 Increased capacity of Government	MoWCD, MoPR, MoHUA, Niti Aayog, Ministry of Finance United Nations Development Programme, World Bank, CSOs, academia, think tanks, private sector	17 000	5 400	22 400
		Number of households and children covered by social protection systems supported by UNICEF B: 16 million T: 28 million	Programme MIS					
		Number of local governments with functioning mechanisms for child/adolescents and/or community participation in local decision-making processes B: 552 T: 2 750	Programme documents and corporate reports					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				and partners to design, implement and monitor inclusive, child-focused, gender- and shock-responsive social protection programmes 6.4 Increased capacity of local governments and communities to plan and implement child-friendly social service delivery.				
	7. Programme effectiveness. The country programme is efficiently designed, coordinated, managed, and supported to meet quality programming standards in achieving results for children	Percentage of performance indicators meeting the global performance scorecard benchmarks B: 80% T: 100%	Performance scorecard	7.1 UNICEF staff and partners are provided guidance, tools, and resources for effective: planning and monitoring; communication, advocacy, and partnerships; social policy advocacy; and addressing	MoWCD	65 900	32 800	98 700

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
				cross-cutting issues.				
	Total resources					212 800	255 800	468 600

*Outcome indicator aligned with the United Nations Sustainable Development Cooperation Framework indicator.