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A PROGRAMME FOR  
CHILDREN AND WOMEN IN  
INDIA

PLAN OF OPERATIONS  
1991-1995

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

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**PLAN OF OPERATIONS**  
**1991 - 1995**

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

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# PLAN OF OPERATIONS 1991-1995

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**PART ONE**  
**FRAMEWORK**  
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**Government of India and UNICEF**  
**Programme of Cooperation for CHILDREN**  
**PLAN OF OPERATIONS 1991-95**

**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 in the perspective of the 1990's, for improving the situation of children, especially to ensure their survival, protection and development;

building upon the experience and progress gained during the period 1985-90 which clearly show that concerted action for children can significantly enhance their wellbeing through increased access to coordinated systems;

entering into a new period of cooperation, the details and mutual arrangements of which are elaborated in a Plan of Operations covering the period 1 January 1991 to 31 December 1995;

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 Plan of Operations comprises two parts. **Part One** contains Articles wherein the general policies, priorities, objectives, strategies, management responsibilities, and commitments of the Government as well as the components supported by UNICEF and the related resource allocations are described. **Part Two** outlines the planned activities. The two parts are designed as one country programme of cooperation with the provisions of this Framework applicable to the various components.

## Article Two

### 2. CONTEXT OF COOPERATION

- 2.1 The Government has provided its own financial, technical, institutional and human resources to implement massive programmes in various inter-related fields of socio-economic development, guided by the five-year plans, the most recent being the Eighth Plan started from April 1990. There is a strong overlap in the social sector between Government's stated objective to decentralize the planning and management of programmes to involve the community and its representatives and UNICEF's policies for the development of children and women. Accordingly, UNICEF plays a supportive role in India's development process.
- 2.2 The Government and UNICEF have been partners in development for over four 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 joint exercises by the Government and UNICEF carried out through analysis of the changing situation of children and women, the factors affecting it and the means of improving it, and successive steps like periodic programme reviews and mutual consultations
- 2.3 Over the years, the Government-UNICEF partnership has evolved into programme cooperation with different ministries and departments, in pursuance of India's and UNICEF's joint policies. The UNICEF role can be summarised under three headings: catalytic, capacity-building and critical support to relatively weak links in the development process. Examples include: the dissemination of technology adapted to the needs of the community (e.g. the India Mark II handpump); support to intersectoral programme strategies (e.g. ICDS and UBS); assisting in strengthening linkages between programmes for synergistic effect (e.g. health and nutrition services); and in bridging gaps (such as in information, communication, training and programme planning as in the case of the universal immunization programme).

- 2.4 Evaluations of programmes and projects have been used in preparing this plan of cooperation. These cover a variety of programmes and projects related to child development, immunization, women's development, water supply, childhood disability, pre-school learning, and early childhood stimulation. In particular, the significant experience gained during 1985-90 from the positive results of Government-UNICEF cooperation in immunization, drinking water supply and social communication have helped in shaping the contours and content of the present Plan.
- 2.5 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 adopted by the UN General Assembly on 20 November 1989.

### Article Three

## 3. SITUATION OF CHILDREN

- 3.1 The picture of basic indicators of Children in India over the past four decades indicates a positive trend. For example, the infant mortality rate has declined from 146 in 1960 to 94 in 1988; the primary school "enrolment" ratio has increased from 38 percent in 1951 to 97 percent in 1988. These improvements have occurred against the background of a reduction in the overall death rate, a steady if slow rise in the literacy rate and an impressive expansion of the economy and the service infrastructure particularly in education, communication and health care.
- 3.2 All the same, child survival continues to be a basic issue in social development, given the prevailing high rates of infant and child mortality. The reasons behind these rates are related not only to material poverty but also lack of basic education and organized community effort. As seen below, several social indicators are according to the latest available estimates significantly low or at avoidable levels.

Population	820 million
Population annual growth rate	2.1 percent
Child population under 15 years	295 million
Child Population under 5 years	105 million
Infant mortality rate	94
Under-5 mortality rate	146
Maternal mortality rate	400
Life expectancy	58.6
Percentage delivery by trained birth attendants	33
Percentage low birth weight	30

Percentage under-1 year children immunized (DPT)	82
Percentage malnutrition (1-5 years) (moderate/severe)	52/9
Primary school enrolment Ratio (male/female)	113/81
Percentage of grade-1 enrolment completing grade V/grade VIII	52/36
Literacy rate (all ages: male/female/combined)	55/34/44
Percentage population below poverty line (rural/urban/combined)	33/20/29

- 3.3 While the above statistics point to the situation of the 'average' child and context, the figures mask serious problems facing particular groups: children of the rural poor, children of tribal groups and children in urban slums, for example, confront major challenges to life and normal growth and development. Worst of all among these groups is the situation of girls.
- 3.4 The situation of children is organically linked to that of women, particularly mothers who bear the triple responsibility of rearing children, running the household and generating family resources. Trends of change in the sex ratio as well as in health, nutrition and education, have been generally adverse to women. These again are explained by the dual economic role expected of them in the home and outside, their depressed learning and earning capacity, near-total lack of rest, unequal access to health and nutrition, insufficient legal protection and negligible social or political participation. India's unfavourable sex ratio (933 females : 1000 males) reflects the glaring disparities that continue to exist between sexes.
- 3.5 There are several major problems faced by large numbers of children in villages and towns, mostly linked to poverty of one kind or another (material, knowledge-related or of human relationship) -- in the family and the immediate environment, including the community. The steady stream of rural migrants in search of work in the city, rapid spread of urban slums, increasing number of abandoned infants and street children, rising trend in exploitative and even illegal child labour and a heavy load of mostly preventable childhood disability are among the more visible consequences of the social causes underlying the overall situation of children. The rapid rise in population and adverse trends in the physical as well as social environment are prominent among the factors that impinge harshly on young lives. The challenge is therefore one of finding efficient means of converting the steady economic progress of the country into equivalent improvements in health, nutrition and education of the people and in particular **all** the children.



- 3.6 Despite significant advances in recent years in terms of food production, expansion of primary health care services, primary school network and in several allied fields, malnutrition, ill health and low levels of literacy remain a grave problem among disadvantaged groups in the country of whom women and children constitute the largest majority. Around a third of the population still lives below the poverty line and over 60 per cent of the population is illiterate; of the 25 million children born each year in the country, 25-30 per cent are of low birth weight; perinatal deaths account for about half the number of infant deaths which continue at avoidably high levels; energy-protein malnutrition affects 70 per cent of all children under five years while Vitamin-A deficiency remains a serious problem resulting in an estimated new 40,000 cases of nutritional blindness each year; at least half the women of child-bearing age suffer from chronic anaemia and maternal malnutrition is widespread.
- 3.7 In basic education serious problems remain in terms of lack of access and achievement, high drop out rates and severe disparities between socio-economic levels, geographic areas and between boys and girls. In primary education, for example, there are as many children of the age group 6-11 years who are out of school as attending; and, during the impressionable pre-school years, the vast majority of children are without any regular access to learning and playing opportunities so essential for their physical, social, emotional and cognitive development.
- 3.8 There is a strong link between the lack of basic education and the pattern of morbidity, mortality, and malnutrition. The extent of prevalence of diarrhoeal diseases, respiratory infections and other preventable diseases are a measure of the relative neglect of social factors of development such as nutrition, health and education.

#### **Article Four**

#### **4. OBJECTIVES AND PRIORITIES**

- 4.1 This Plan of Operations seeks to advance the aims of the Government to enhance the quality of life of children and women and in particular the following national objectives, which are consistent with the priority in the 8th Five Year Plan, 1990-95 for social and human development and the social development goals for the 1990's as emphasized by the United Nations.

- Reduce the infant mortality rate (IMR) from 94 in 1988 to 75 in 1995.

- Reduce the Under-5 mortality rate (U5MR) from around 146 in 1988 to 125 in 1995.
- Reduce by a third the rough estimate of current maternal mortality rate (MMR) of about 400.
- Reduce morbidity of infants and children.
- Promote universal access to drinking water.
- Increase social acceptance of sanitary practices.
- Enhance the nutritional wellbeing of children, adolescent girls and women.
- Improve opportunities for basic education for all children and women and increase attendance in primary schools.
- Improve social and economic opportunities of women, reduce proportion of early marriage of girls in the age group 10-19 years (37 per cent in age group 15-19 years and 4 per cent in age group 10-14 years).
- Reduce disparities in terms of social development indicators among geographic areas and socio-economic groups and between males and females.

**4.2** In the pursuit of these national objectives, Government and UNICEF will work together in a number of programmes as set out in Part II of this Plan, guided by the overall priority in the 8th Five Year Plan for supporting economic growth and productivity through employment generation and human capability. Further, the following principles and concerns will serve as guidelines, which are elaborated in the Chapters in Part II.

**4.2.2 Disparity reduction:** Major disparities exist, and at times tend to increase, between regions, males and females and socio-economic groups, reducing which is a concern across the programmes.

**4.2.3 The Girl Child and Women's development:** Consistent with the aims of the SAARC Decade of the Girl Child, girls' and women's development concerns will be integrated into all programmes in the Plan of Operations, assisted by the use of female-specific indicators through the stages of programme planning, implementation, review and evaluation. Special attention will be paid to the adolescent girl.

**4.2.4 Community Involvement:** A greater role and responsibility will be accorded for the community in the planning, implementation and sustenance of programmes, giving special attention to mobilizing and enabling local women's groups to be active partners across sectors.

- 4.2.5 **Voluntary action:** Voluntary and non-government organizations, professional bodies as well as women's groups will be encouraged to be involved in child-related social communication, advocacy, training, operational research, programme design and service delivery; and networking mechanisms will be promoted among them at different levels.
- 4.2.6 **Improved nutrition:** Improvement of nutritional status is both a goal and a measure of development, and will be pursued in a holistic perspective linked to correcting disorders like diarrhoea, acute respiratory infection, measles, and deficiencies in iron, iodine, vitamin-A and other micronutrients, gender disparities, low education of women, poor sanitation, decline in breastfeeding, late weaning, low income and inadequate public distribution system.
- 4.2.7 **Disease control:** Steps will be taken to control poliomyelitis, neonatal tetanus, measles, diarrhoea and pneumonia as well as area-specific diseases like guinea worm, malaria, leprosy, yaws, kala-azar, encephalitis, and filariasis.
- 4.2.8 **The environment:** Concerns related to hygiene, sanitation, drinking water and other aspects of preventive health care will be linked to the movement to protect the natural environment.
- 4.2.9 **Population growth:** Control of population growth will be related to a range of development concerns like mother-and-child health care, girls' education and training, postponement of early marriage, birth spacing and other basic services including access to purchasing power adequate to move beyond survival to development.
- 4.2.10 **Rights of the Child:** The Convention on the Rights of the Child and the standards set therein for the spectrum of basic needs of child survival, protection and development will be used as a framework for advocacy for child-related policy, planning and action through all the programmes in this Plan of Operations.

## Article Five

### 5. IMPLEMENTATION STRATEGY

- 5.1 Consistent with the Approach to the 8th Five Year Plan, the Government and UNICEF agree on two strategic principles in support of this Plan of Operations: **One**, stimulating a process to make various government supported social sector services increasingly accountable to the community through a team mode of work among the field functionaries at the local level. **Two**, progressive transfer of a substantial part of responsibility for planning and implementing socio-economic programmes to the community through participatory institutions, voluntary agencies and community organizations. Both these principles imply organizing, awakening and enabling the community up to the point that they can fulfil their responsibilities and realize their rights.

- 5.2 **National level:** Accordingly, the Plan of Operations has a two-pronged approach in support of its objectives. At one level, national programmes under the responsibility of functional ministries would increasingly move towards universal coverage, consistent with quality (immunization and literacy, for example). Increasingly they would come together at the level of service delivery, through conceptual coordination from the planning stage onwards and administrative arrangements down the line. Government and UNICEF will work together to enhance the reach and quality of the services as well as to strengthen linkages between them and with the community. The scope of such cooperation is outlined in Part Two of this Plan.
- 5.3 **District and State level:** In addition, in selected districts, Government and UNICEF will jointly endeavour to demonstrate the feasibility, effectiveness and value of a community-based approach to basic services, through phased, inter-related programming. The primary aim of this approach is to achieve the objectives set down in Article Four, universally and in the shortest time, for the population in the district. Towards this aim, the focus, linkage and synergy of programmes will be promoted in the manner outlined in Chapter 4 of Part II.
- 5.4 Criteria such as child mortality rate, female literacy, malnutrition, extreme poverty or location-specific health problems would be used to identify, through a consultative process, one or more districts in each major state where socio-economic and other deprivation is evident. These districts would be taken up for specific programming designed to address the worst aspects of disparity. According to need and resources, intensive cross-sectoral programming by the relevant Ministries and by non-government organizations supported by other development agencies including UNICEF would be taken up. The focus of such programmes will start with one component selected as of perceived priority for the community on the basis of a situation analysis prepared in consultation with them. In the course of implementation, linkages with other related sectors will be developed.
- 5.5 **Social Communication** will be a means to extend the horizon of basic education for children, youth and adults, to the point of acquiring and using knowledge to improve the human condition. The strategy should lead to better community awareness of their own problems and the causes of these problems, and to their ability to take effective action. There will be a shift from the supply of a centrally designed communication strategy and materials, with more emphasis on strengthening communication management capacity at state and district levels. The strategy will facilitate the articulation of the community's need and preference which should in turn help to shape the programme content and delivery mechanism to fit better with the community's perceptions and priorities. A programme communication strategy will be developed as part of the overall programme strategy in order to achieve message consistency and mutually reinforcing impact, within and between sectors.

Advocacy and communication efforts will reach out to backward and farflung areas and will be oriented in all programmes towards widening **women's access to Information and resources** for their active participatory role in the use and management of services.

One important function of a centrally designed communication programme is in support of nationwide programmes moving to universal scale, especially for the purpose of generating social demand. Here the need to have massive coverage and adequate frequency justifies the centrally planned mass-media-focussed communication programme complementing the community approach. However, the need to strengthen **inter-personal and group communication** at the community level would always remain the primary strategy which will be assisted by the mass media as well as by feedback from the community.

- 5.6 **Technology:** Simple, cost-effective, locally available technologies, useful in increasing self-reliance of families and communities will, as a rule, be preferred to those that make them dependent on external technical and financial sources.
- 5.7 **Operational Research:** Programming particularly at the district level, will have a built-in operational research component. Alternative ideas and strategies will be made operational and assessed, using the district as the planning and implementation unit, covering both the rural and urban areas.
- 5.8 **Technical Cooperation:** Government and UNICEF will jointly seek to promote technical and social development capabilities related to services for children and women through regular exchange of information, experience and knowledge between districts selected for community-based programming and between national resource centres and the districts. The aim is to develop technologies and strategies from the district experience for possible wider application.
- 5.9 **Indigenous Supplies:** The joint programme will support development for local production of selected equipment and supplies needed for services for children and women and of quality and price comparable to international standards, with a view to strengthen long-term self-reliance and sustainability of programmes.

- 5.10 **Release of Supplies:** Under the Basic Agreement, the Government is responsible for receipt and delivery of imported supplies provided by UNICEF. In recent years, UNICEF has taken on certain aspects of direct control over the receipt, storage, release and delivery of supplies. Assistance will be provided, in this Plan of Operations to Government departments in the field of logistics and materials management where appropriate. Government and UNICEF will work together to restore control and responsibility to the concerned departments as quickly as possible during the plan period.
- 5.11 **Support to Institutions :** Joint programmes under this Plan of Operations envisage support to the roles of selected institutions for implementing various activities. All such support will aim at programme outputs and not generalized support to institutions.
- 5.12 **Recurrent expenses :** In principle, the joint programme will support non-recurrent expenses such as cost of training and supplies. Salaries and other recurring expenditure will be supported only in exceptional circumstances, and only for limited periods.
- 5.13 **Maintenance and repair :** The responsibility for maintenance and repair of vehicles and other equipment supplied by UNICEF belongs to the Government, unless special arrangements are made under the terms of cooperation in particular programmes.
- 5.14 **Support by Community :** Wherever possible, communities will be encouraged to contribute towards meeting the costs of services. Such contributions, in cash or in kind, would be locally managed and would aim at giving the community a sense of ownership and responsibility for the services.

## 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 belongs to the Department or Ministry as indicated in the respective Chapter of Part Two of this Plan of Operations.
- 6.2 A system will be set up to prepare annual plans of action 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 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 with such reallocation.
- 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 subsidiary plans of action which shall form part of this Plan of Operations.

#### **Article Seven**

### **7. COORDINATION WITH OTHER UN AGENCIES**

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

#### **Article Eight**

### **8. UNICEF RESOURCE ALLOCATION**

- 8.1 The UNICEF Executive board has approved a total not exceeding the equivalent of US\$175 million to support the programme activities described in this Plan of Operations for the period beginning January 1991 to December 1995. 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\$290 million.

## 8.2 UNICEF FINANCIAL ALLOCATIONS, 1991-95

PROGRAMMES	(in 'million US\$)		TOTAL
	GENERAL RESOURCES	SUPPLEMENTARY RESOURCES	
1. Child Development	50.0	-	50.0
2. Women's Development	20.7	4.0	24.7
3. Urban Basic Services	9.0	10.0	19.0
4. Support for Community-based Convergent Services	2.5	10.0	12.5
5. Health	31.6	91.0	122.6
6. Education	20.0	100.0	120.0
7. Nutrition	4.0	11.0	15.0
8. Water & Sanitation	14.0	64.0	78.0
9. Childhood Disability	3.2	-	3.2
10. Children in Especially Difficult Circumstances	3.7	-	3.7
11. Information & Communication	2.8	-	2.8
12. Planning & Programme Support	13.5	-	13.5
<b>TOTAL</b>	<b>175.0</b>	<b>290.0</b>	<b>465.0</b>

## 8.3 UNICEF GENERAL RESOURCES, YEARLY

PROGRAMMES	(in 'million US\$)					TOTAL
	1991	1992	1993	1994	1995	
1. Child Development	8.0	10.0	10.5	10.5	11.0	50.0
2. Women's Development	3.5	3.5	4.0	5.0	4.7	20.7
3. Urban Basic Services	2.0	2.0	2.0	1.5	1.5	9.0
4. Support for Community-based Convergent Services	0.8	1.0	0.4	0.2	0.1	2.5
5. Health	5.5	6.0	6.4	6.7	7.0	31.6
6. Education	6.0	4.5	3.5	3.0	3.0	20.0
7. Nutrition	1.0	0.7	0.8	0.8	0.7	4.0
8. Water & Sanitation	3.5	2.85	2.77	2.72	2.16	14.0
9. Childhood Disability	0.6	0.6	0.68	0.68	0.64	3.2
10. Children in Especially Difficult Circumstances	0.5	0.7	0.8	0.9	0.8	3.7
11. Information and Communication	0.6	0.65	0.65	0.5	0.4	2.8
12. Planning and Programme Support	2.7	2.7	2.7	2.7	2.7	13.5
<b>TOTAL</b>	<b>34.7</b>	<b>35.2</b>	<b>35.2</b>	<b>35.2</b>	<b>34.7</b>	<b>175.0</b>



## 8.4 UNICEF SUPPLEMENTARY RESOURCES, YEARLY

PROGRAMMES	(in 'million US\$)					TOTAL
	1991	1992	1993	1994	1995	
Women's Development	-	0.5	1.0	1.5	1.0	4.0
Urban Basic Services	-	1.5	2.5	3.0	3.0	10.0
Support to Community-based Convergent Services	-	1.0	2.0	3.0	4.0	10.0
Health	20.0	20.0	22.0	15.0	14.0	91.0
Education	10.0	15.0	25.0	25.0	25.0	100.0
Nutrition	2.0	2.5	2.5	2.5	1.5	11.0
Water & Sanitation	10.0	12.0	15.0	15.0	12.0	64.0
<b>TOTAL</b>	<b>42.0</b>	<b>52.5</b>	<b>70.0</b>	<b>65.0</b>	<b>60.5</b>	<b>290.0</b>

## 8.5 TOTAL UNICEF RESOURCES, YEARLY

PROGRAMMES	(in 'million US\$)					TOTAL
	1991	1992	1993	1994	1995	
1. Child Development	8.0	10.0	10.5	10.5	11.0	50.0
2. Women's Development	3.5	4.0	5.0	6.5	5.7	24.7
3. Urban Basic Services	2.0	3.5	4.5	4.5	4.5	19.0
4. Support for Community- based Convergent Services	0.8	2.0	2.4	3.2	4.1	12.5
5. Health	25.5	26.0	28.4	21.7	21.0	122.6
6. Education	16.0	19.5	28.5	28.0	28.0	120.0
7. Nutrition	3.0	3.2	3.3	3.3	2.2	15.0
8. Water & Sanitation	13.5	14.85	17.77	17.72	14.16	78.0
9. Childhood Disability	0.6	0.6	0.68	0.68	0.64	3.2
10. Children in Especially Difficult Circumstances	0.5	0.7	0.8	0.9	0.8	3.7
11. Information and Communication	0.6	0.65	0.65	0.5	0.4	2.8
12. Planning and Programme Support	2.7	2.7	2.7	2.7	2.7	13.5
<b>TOTAL</b>	<b>76.7</b>	<b>87.7</b>	<b>105.2</b>	<b>100.2</b>	<b>95.2</b>	<b>465.0</b>

8.6 UNICEF's support to the development and implementation of this Plan of Operations may include appropriate supplies and equipment, transport, technical staff, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, information and support communication, orientation and training activities and staff support.

- 8.7 Subject to an Annual Review of progress in the implementation of the programmes, within the scope outlined in Chapter Twelve on Planning and Programme Support, the funds committed by UNICEF's Executive Board are distributed by calendar year and by category within the overall country ceiling shown in the Table at 8.2. The details of UNICEF cooperation are specified in each of the Chapters of this Plan of Operations.
- 8.8 The Government and UNICEF will jointly conduct an Annual Review of all components of this Plan of Operations each calendar year.
- 8.9 If the rate of implementation in one of the programmes is substantially below the annual estimate, funds may be applied to other programmes registering a faster rate of implementation.
- 8.10 UNICEF will engage project personnel for time-bound periods for programme development, assistance in specific areas of programme implementation, as well as monitoring and evaluation, as provided for in individual Chapters of this Plan of Operations, consistent with the provisions of Article 6.4.
- 8.11 UNICEF will consult with Ministries and agencies concerned on timely call-forward of supplies, equipment and cash grant advances. It will keep concerned officials informed on the movement of commodities, in order to facilitate efficient clearing, warehousing and timely distribution.
- 8.12 UNICEF retains the right to request the return of any equipment or supplies furnished by it that is not used for the purpose specified in this Plan of Operations.

#### **Article Nine**

### **9. COMMITMENTS OF THE GOVERNMENT**

- 9.1 The Government will be responsible for the implementation of the Programmes in this Plan of Operations and will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring, necessary for the programmes, except as provided by UNICEF and/or other United Nations or international agencies. Details of Government commitment within this Plan of Operations are indicated as far as possible in the relevant Chapters. This does not include the additional investment for replication and continuation which will be far greater, though it cannot be presently estimated. It does not include contributions by communities for whom the programmes are designed, and by non-governmental agencies.

- 9.2 In order to enhance convergence of services for children, the exact requirements for individual projects will be negotiated with the State Governments. Details of commitment to individual projects will be included in the subsidiary Plans of Action at the State and project levels.
- 9.3 **Monitoring and Reporting:** UNICEF supplies will be kept and accounted for separately. The accounting procedure for supplies, equipment and cash disbursements will conform to the general accounting procedure of the Government, and will provide the information required by UNICEF.
- 9.4 In order to have timely information on the movement and use of equipment, supplies and cash grants in implementing this Plan of Operations, a system of administrative reporting and monitoring will be instituted for each programme.
- 9.5 The Government will provide periodic status reports to UNICEF on each UNICEF-assisted programme activity. Key indicators of physical and financial progress will be developed for each activity showing the expected and achieved objectives. UNICEF and the Government will mutually agree on the proforma to be used and the frequency of the reporting.
- 9.6 The joint analysis of findings from this reporting process will provide a basis for improvements within each project. The information received will also provide a basis for the Annual Review and for rearranging the call-forward of funds, supplies and equipment on revised time schedules and areas of investment, where appropriate.
- 9.7 **Evaluation:** An evaluation of the results of the projects for the community, especially for children and women, will be undertaken by the Government or designated institutions at periodic intervals. The reports prepared after evaluation will be made available to UNICEF and will help guide further cooperation between the Government and UNICEF.
- 9.8 **Publication:** The Government 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 project vehicles.

#### Article Ten

### 10 FINAL PROVISIONS

- 10.1 This 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 and activities detailed in the Chapters of Part II.
- 10.2 This Plan of Operations becomes effective upon signature but will be understood to have covered the period through 1 January 1991 to 31 December 1995.
- 10.3 This 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 of 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

Mira Seth 30.5.91  
(Mira Seth)

Date: 30 May 1991

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

For the United Nations  
Children's Fund

Eimi Watanabe  
(Eimi Watanabe)

Date: 30 May 1991

Representative in India,  
United Nations Children's Fund

**PART TWO**  
**PROGRAMMES**  
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**Chapters**

1. Child Development
2. Women's Development
3. Urban Basic Services
4. Support for Community-based Convergent Services
5. Health
6. Education
7. Nutrition
8. Water and Environmental Sanitation
9. Prevention of Disability
10. Children in Especially Difficult Circumstances
11. Information and Communication
12. Planning and Programme Support

## Chapter 1

### CHILD DEVELOPMENT

#### 1.1 INTRODUCTION

This Chapter consists of two parts : Integrated Child Development Services (ICDS); and Early Childhood Care and Education (ECCE). Both the programmes relate to the young child below six years of age, and come within the purview of the Department of Women & Child Development. UNICEF has been a partner in the two programmes and will support both during 1991-95, in the context and manner outlined below.

1.1.1 The young child, 0-6 years, is a natural priority in national development. The National Policy for Children 1974 aims at equal opportunities for development of all children by providing basic services to them, both before and after birth and through the period of growth to ensure that their physical, intellectual and social potential is realized.

1.1.2 Available data show that during the 1980's, the under-5 mortality rate has registered a very gradual decline from 184 in 1981 to 146 in 1988. The decline in IMR has followed this trend closely decreasing from 110 in 1981 to 94 in 1988. Despite this positive trend in the survival rate of children, the extent of infant and child malnutrition in various degree in rural India and urban slums remains high at around 75 to 80 per cent. The gender disparity continues against girls and women through the entire span of their lives taking its toll through a wide range of self-perpetuating physical and social deprivations.

1.1.3 Children under six years of age belonging to around 40 per cent of families living in material poverty are physically and socially the most vulnerable. In view of their marginal participation in the development process and even lower access to its benefits, social and community support is central to a strategy of convergent, community-based services focussed on them.

#### INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)

#### 1.2 THE CONTEXT

1.2.1 India's answer to the challenge of infant and child mortality, morbidity, undernutrition, and lack of learning and other developmental opportunities was mainly the initiation of the ICDS programme by the Government of India at the beginning of the Fifth Five Year Plan (1975-80). Introduced on an experimental

basis in 33 of India's 5,000 and more administrative blocks, the programme expanded rapidly with 2,424 blocks/projects sanctioned, most of them operational, by March 1990.

1.2.2 During the period 1985-90, ICDS continued to receive high priority and the number of ICDS projects more than doubled in five years. This expansion includes 188 ICDS projects established by the State Governments through their own exclusive resources. As of March 1990, 1,97,621 Anganwadi Workers and a similar number of Helpers were engaged in delivering comprehensive child care support at the community level. The regular participation of around half a million women as community workers, reflects a spirit whose social value far exceeds its economic benefits.

1.2.3 The Government expects to cover the entire country progressively with the ICDS programme. International agencies like WFP and CARE continued to provide food aid in support of addressing the immediate nutritional needs and improving nutrition levels of young children, pregnant and nursing mothers. Bilateral agencies like NORAD, USAID and SIDA supported the ICDS programme in specific blocks/districts and also assisted in testing out innovative strategies.

### 1.3 OBJECTIVES OF ICDS

#### 1.3.1 The General Objectives:

- improve the nutritional and health status of children below 6 years of age;
- lay the foundation of proper psychological, physical and social development of the child;
- reduce the incidence of mortality, morbidity, malnutrition and the potential number of school dropouts;
- achieve co-ordination of policy and implementation among the various Ministries, Departments and agencies to promote child development; and
- enhance the capability of mothers to look after the basic health and nutritional needs of the child through proper nutrition and health education.

#### 1.3.2 Specific Objectives

In order to achieve these general objectives, the following specific objectives have been identified and provide the basis for UNICEF cooperation during 1991-95:

- Support the expansion of the programme by strengthening the implementation infrastructure training system and training of functionaries at various levels.



- Ensure a healthy pre-natal and post-natal environment for children by providing preventive health services and supplementary nutrition to pregnant and nursing women.
- Provide opportunities for early stimulation to all children and an early learning environment to children 3-6 years old, through the non-formal pre-school learning system.
- Maintain flexibility in the mix of services to meet specific local and regional needs like micronutrient deficiencies (e.g. iodine, iron, vitamins), proneness to epidemics and parasitic infestation.
- Promote convergence of socio-economic services in blocks where ICDS is located to optimise the benefit of these services to children.
- Use the ICDS infrastructure as a vehicle for promoting other services to the community.
- Promote community and public awareness of the needs of children and encourage their participation in the planning and delivery of services to children below 6 years.

#### 1.4 OVERVIEW OF COOPERATION - 1985-90

1.4.1 **Coverage** : With 2424 projects sanctioned by March 1990, the programme now reaches approximately 45 percent of the 5147 development blocks and 236 urban slums in the country, which together have around 38 million children below 6 years (about 31 percent of the national population in this age group). Not all of them are, however, covered by the programme. As of March 1990, 11.8 million children under six years and 2.3 million pregnant and nursing mothers were receiving supplementary feeding. The pre-school education component helped about 6.4 million children with early learning stimuli.

1.4.2 **Training** : Training of ICDS functionaries, with UNICEF assistance, received considerable attention because of the massive manpower needs generated by the expansion. Quantitative and qualitative changes included training of community level workers; development and reviews of standardised curricula; increment in training capacity for all levels of staff; introduction of in-service training programmes and refresher courses; and organization of workshops. The number of training institutions rose to 292 for training of Anganwadi Workers and to 19 for training of middle level functionaries, apart from training of CDPOs which is conducted by NIPCCD in New Delhi and at the regional centres.

As of March 1990, the programme has provided pre-service training to 172,371 AWWs, 7,687 Supervisors and 1,203 CDPOs, apart from trainers and helpers. Examples of innovative and special training include project level refresher training, mobile training and district level training. This decentralization released available basic training capacity and helped in clearing backlogs.

- 1.4.3 Efforts for enriching the ICDS training content continued. Sectoral services that should converge on the children and mothers for improving the quality of their lives were conceptually linked through the training. These included services related to safe drinking water, sanitation, Vitamin 'A' prophylaxis, anaemia control, diarrhoea management using oral rehydration therapy and non-conventional sources of energy.
- 1.4.4 The introduction of the integrated training for ICDS and health functionaries at different levels, like Medical officers/CDPOs, LHVs/Supervisors and ANMs/AWWs was formulated by the Central Technical Committee at the All India Institute of Medical Sciences (AIIMS), which is responsible for training and monitoring of the Health and Nutrition component of the programme. In a number of states, joint training of CDPOs and medical officers has been held for better understanding of each other's roles and to increase field co-operation.
- 1.4.5 **Communication** : The strength of ICDS lies in its in-built mechanism for interpersonal communication through household surveys, home visits and women's group meetings. The wide dissemination of information and continuing education were promoted through regional language newsletters (monthly/quarterly) focussed on AWWs, in nine states. A centrally published monthly newsletter published simultaneously in English and Hindi helps networking among the managerial/supervisory cadres of the programme. The media networking, jointly supported by the Ministry of Information and Broadcasting and UNICEF, consisting mainly of radio programmes, have communicated successfully with women's groups through 14,000 ICDS radio clubs. These have helped in enhancing awareness of women and families on basic health and nutrition, early learning and basic education.
- 1.4.6 **Early Childhood Care and Education** : Under the Education programme of the 1985-90 MPO, with which UNICEF has been associated, expansion and strengthening of ECCE has been a major goal as the foundation for universal basic education. A more detailed review of the ECE component in various programmes including ICDS has been taken up in Part II of this Chapter.
- 1.4.7 **Coordination with the Health System** : The Central Technical Committee (CTC) on Health & Nutrition at AIIMS has been coordinating the monitoring of health aspects at the state and district levels through a network of coordinators and advisers. This activity has been assisted by UNICEF. The CTC's main achievement has been to orient and train health functionaries and to monitor and evaluate the health and nutrition aspects of the programme.

- 1.4.8 **Growth Monitoring** : Recognizing that growth monitoring provides a reliable measure of a child's physical development, sustained efforts have been made to strengthen this field operation in a manner related to corrective action. Development of manuals, guidelines, communication materials and special training are part of a strategy to upgrade this activity and make it a practical tool for realigning household level action for promoting child growth. In the long term interest of promoting self-reliance, Government/non-Government linkages and women's participation have been encouraged. Local production of weighing pans have been started successfully in four states.
- 1.4.9 **Strengthening Infrastructure** : Essential supplies for project operation has been a critical element in ensuring the viability of the ICDS system and effective service delivery. The 1288 projects made operational during this period received from UNICEF a package of office equipments and transport for programme implementation and regular supervision. All AWCs were equipped with weighing scales and growth charts for growth monitoring and a set of standard toys to promote play-way activities. In districts with five or more blocks having the ICDS programme, UNICEF assisted with the equipping of District Monitoring Cells to strengthen the district-level management capacity. The training infrastructure comprising around 300 training centres was established through provision of basic training equipment and support to operation. UNICEF also supported training workshops on preventive maintenance of supplies and equipment in some states, generating a sense of self-reliance and capacity to retrain project level functionaries.
- 1.4.10 **Programme Monitoring** : The existing monitoring system provides the Department of Women & Child Development (DWCD) with a vast data base which can be put to greater use through decentralized actions at state and district levels. A noteworthy step has been to evolve a system of linking the health and non-health data for a comprehensive assessment of performance and remedial action. A supervision-intensive monitoring system of the social inputs in ICDS developed by NIPCCD, is slated for adaptation to enhance qualitative monitoring.
- 1.4.11 **Constraints** : Despite these achievements, several programme constraints emerged during 1985-90. These will continue to be problem areas during the next planning period and are taken into consideration in formulating UNICEF cooperation.
- Administrative bottlenecks delay the engagement of staff, the training and the delivery of equipment, food supplies and health services.
  - Training: At the end of the 1985-90 Plan there will be a spill over of untrained Anganwadi workers. The quality of training provided to this category of staff is crucial for the future of the programme.

- The co-ordination of health inputs into the ICDS system is still uneven.
- The supplementary food component needs attention on :
  - Appropriate foods for children 6 months to 3 years old and severely malnourished children;
  - A more efficient food distribution and monitoring system for ensuring uninterrupted feeding.
  - Improved management and handling of food is called for, including variations in recipes for better consumption.
  - Greater emphasis is needed on nutrition education and promotion of opportunities for household food security and improved infant feeding practices.
  - Greater participation of voluntary organisations, women's groups and the community is necessary through ways that promote release of untapped resources.
  - Out-reach to children under 3 years of age particularly those who are severely and moderately malnourished is presently limited.
  - The central role of health and nutrition education and household level practices in promoting nutritional betterment has to be strengthened. Apart from inter-personal relation of the Anganwadi Worker with children and mothers, there is the need for upgrading her skill and for using other traditional and non-traditional methods of dissemination of relevant messages.

**1.4.12** On balance, ICDS remains the most significant of India's attempts to improve the quality of life of disadvantaged children. During the 8th Plan (1990-95), ICDS is expected to expand further, the ultimate goal being to provide services to all the needy among India's child population below the age of six before the end of the century.

## **1.5 PRINCIPLES AND STRATEGIES**

The Government of India and UNICEF accept the following principles on which ICDS is based :

- The critical importance of early childhood in the physical, intellectual and social development of children and its significance in overall development of human resources.
- The need for a coordinated strategy to ensure convergence of inputs to the same group of beneficiaries for optimal impact.
- The need to develop a sound delivery system to provide the crucial link between the Government administrative structure and the community.

- The need to formulate programme objectives with full community participation for internalising higher accountability and responsibility on the part of the community for achieving a common goal.
- The programme designed both as a preventive and developmental effort covers wide variations in situations within the country. Greater flexibility in the form of decentralised planning, management and monitoring is therefore crucial to improving programme performance and achieving a need based impact.

- 1.5.1 Accordingly, UNICEF co-operation will be guided by a two-pronged approach: First, to advocate and promote priority actions for an integrated approach to child development as a fundamental principle. To this end, Early Childhood Development will represent the comprehensive perspective for programme development.
- Second, to expand coverage, outreach and quality of impact. To this end UNICEF will support the Government's effort to expand the ICDS system to universalisation in principle. Its major thrust will be through qualitative improvements.
- 1.5.2 UNICEF will support the Government's effort to strengthen the operational responsibility at the state and district levels, so that these may lead to result-oriented programme implementation. The spirit of co-operation and partnership will be strengthened by forging alliances with various development agencies towards enhancing community self-reliance in relation to child development.
- 1.5.3 Efforts will also be made to promote the recognition so that by far the major share of resources that affect children's and women's lives are present at individual, household and community levels. The mechanisms to mobilize these resources and to direct them towards resolving the historic and cultural confines that have resisted change is a long-drawn process. Support to this process of assessment, analysis and action at community level will be provided through the existing institutional structures.
- 1.5.4 Lessons learned from the past 15 years' experience will be applied to streamline the administrative machinery for efficient delivery of services. These include further decentralization of specific functions, such as planning and organisation of training; and action oriented monitoring systems.
- 1.5.5 Emphasis will be given to replicate creative approaches, successful experiences, and innovative strategies with proven benefits, depending on specific local situation. The plan will provide the flexibility necessary to meet the needs of intensive programming in selected districts. In the focal districts selected for focussed programming, innovative approaches to achieve more effective integration of all programme components will be developed through mobilizing the communities and enhancing the capabilities of local women.

- 1.5.6 The programme will re-align its focus to give adequate attention to children under 3 years of age, the high risk pregnant and nursing mothers and the underserved adolescent girls. Children below 3 years will receive particular attention, as a higher proportion of child deaths and severe malnutrition is accounted for by this age group.
- 1.5.7 Greater coordination between the health and ICDS functionaries to ensure convergence of all basic health, nutrition, sanitation and drinking water services at the anganwadi level will be attempted. This will increase the coverage in terms of the number of children and mothers for Vitamin A. supplementation, anaemia control, immunization, diarrhoeal disease control, and other health-related actions. A stronger linkage between the two sectors at the field level will be encouraged and supported.
- 1.5.8 The role of voluntary groups and communities in strengthening the ICDS system will be fully supported. The Government will also use and coordinate other sources of support, such as women's groups, urban basic services, and external resources to improve the reach and quality of ICDS.

## 1.6 PROGRAMME COMPONENTS

### National-level Activities

- 1.6.1 UNICEF support at the national level will focus on an enabling process, leading to strengthened capabilities for planning, co-ordination, management and monitoring. In particular, UNICEF support will be available for the following activities :

Advocacy : to elevate the priority of child development across national policies and development planning.

Programme Development : National Institutions like NIPCCD, NCERT will be supported to develop strategies, pioneering approaches and creative programmes that may be pathfinders for nationwide interventions.

### Capacity-building :

- Support to expansion and universalisation of ICDS through non-recurring expenditure in the establishment of ICDS projects, in rural and tribal areas and urban slums.
- Support to inter-state and inter-country exchanges to promote personnel development.

- 1.6.2 Training : Support will be extended to :

- Development of training content, methods, and materials especially to meet the needs of special groups like helpers, other care givers and adolescent girls.
- Development of trained human resources for the ICDS programme through pre-service training to several levels of functionaries. The actual requirement of personnel for the expansion planned during 1990-95 will be clear after the 8th Plan is finalised. UNICEF support for training will then be jointly agreed upon between the Department of Women and Child Development and UNICEF.
- Orientation/workshops/seminars for Managers of Training Centres, Trainers/Instructors/State and District level administrators and programme managers.
- Refresher courses for AWWs/Supervisors and CDPOs.
- Joint trainings/orientations for functionaries of ICDS and other sectors.

The recurring backlog in training is still an area of concern. Added to this will be the high turnover expected particularly amongst the AWWs who acquire mobility to regular jobs through training and experience gained from a tenure with ICDS. Three aspects that will require constant attention are :

- Under-utilization of training facilities : Training plans will be evolved jointly by the administration and training institutions with a view to ensure adequate utilization of the training facilities and clearing of backlogs.
- Inadequate training capability : The expansion of training centres without available professional staff, and the rapid turnover of staff are major constraints. Mechanisms to retain good trainers should be evolved, by improving their working conditions.
- Inadequate training capacity : The differential capacity of the training centres is caused partly by the linguistic and/or geographical limitations. Efforts will be made to maintain a balance.

UNICEF will assist Government's efforts to open up more training centres or expand existing ones after assessment of long term training needs. It will further strengthen NIPCCD and its regional offices, the Middle-level Training Centres (MLTCs), Anganwadi Training Centres (AWTCs) and various state-based institutions to bring about the requisite upgradation of quality in training. UNICEF will also support innovative training strategies.

### 1.6.3

**Communication and Awareness Building** : The integrated programme concept will continue to serve as a focus to promote public awareness of the rights and needs of children, adolescent girls and women. In view of the spread and reach of the ICDS programme, the role of mass communication, both conventional and non-conventional, assumes importance. UNICEF will support the Government

for various communication efforts for child development including development of prototypes for programmes, material development and dissemination.

- 1.6.4 **Early Childhood Care and Education** : Conceptually ICDS aims at the mental and psycho-social aspect of child development, in addition to physical development. In practice, however, the 2-3 hours a day, centre-based pre-school activities for children 3-6 years of age, is confined to an uneven quality of learning experience with little opportunity for back-up support from the upper layers of management.

This programme component is dealt with under the Section: Early Childhood Care and Education later in this Chapter. The ECCE programme will support ICDS through national level co-ordinating mechanisms supported by the Department of Women and Child Development. Apex bodies like NIPCCD and NCERT will provide technical, planning and implementation resource support. There will be a mutually benefitting two-way flow of programme elements between ICDS and ECCE. From ECCE, area-specific workable models, methods and materials will flow into the ICDS system. Technical resources focussing on ECCE will also be accessible to the larger system. From ICDS, ECCE will have feedback on operational constraints, effectiveness and impact, for analysis and action.

- 1.6.5 **Focus on 0-3 age Group** : The most critical period of child development, both physically and mentally, is known to be during the first three years. This is on account of rapid growth and development of the brain which depends not only on good nutrition, but also on external stimuli representing nurture. In light of this, the role of the family and home-based early childhood stimulation assumes importance.

(a) **Early Childhood Stimulation**

UNICEF will support the following activities:

- Assist in building up parental (caretaker's) capability through better communication, demonstration and identification of options that can be practised with ease.
- Promotion of home based early childhood stimulation activities in a concerted and organized manner will receive special emphasis.
- Support development of appropriate models for programmes for early stimulation for children under 3 years, through action research.
- Support planning, implementation, monitoring and evaluation of such programmes.



(b) Growth Monitoring and Promotion

- UNICEF will actively support growth monitoring promotion of children from birth. All new-born babies will be weighed by the AWWs during home visits.
- The "fixed day" approach for growth monitoring of the "under threes" will be made operational. It will be used as an entry point for primary health care and counselling for early childhood development.
- Recognition of growth monitoring will be promoted as a reliable measure of child development do-able at community level, with greater community involvement and higher participation of mothers and families.

(c) Improving Infant Feeding Practices

- UNICEF will support wide dissemination of knowledge and information on sound infant feeding practices.
- UNICEF will support strategies for better communication to bring about desirable behavioural changes leading to the understanding that growing infants need foods that are energy dense and therefore adequate to meet their energy requirement. This can be brought about through : increasing the frequency of feeding, regulating the consistency of food to make it energy dense, assuring palatability of food to improve intake, providing adequate quantity, improving utilization by minimising losses through prevention/better management of diarrhoea, fever and other illnesses.

1.6.6 **Nutrition** : Access to nutrition is a basic human right, especially of the young child. The immediate causes of malnutrition are inadequate dietary intake and disease. In addition to the areas stated above, the following actions will be supported:

- Village based production of weaning foods with locally available ingredients through active involvement of women's groups.
- Locally procured food, or imported food could be processed at the sub-block or village level, through women's groups using appropriate technology. This can be distributed to the ICDS system to add variety to the frequently monotonous menu. Additional training in storage and preservation techniques will enthuse and interest the village women and communities. Assistance will be given for creating additional storage facilities at the Anganwadi Centres.

- Health and Nutrition education. Empowerment of women with knowledge about maternal and child care. Immunization, prevention and management of diarrhoea, Acute Respiratory Infection, water and environmental sanitation, all of which combined have a profound impact on the nutritional status of the child.
- Promote community-based surveillance systems focussed on nutrition and health status of pre-school children. Establishment of experimental micro-projects will be encouraged where village committees/panchayats will be oriented to develop and operate surveillance systems leading to analysis and identification of actions for betterment of nutrition. (See Nutrition Chapter)
- Support to programmes which strengthen household food security through focussing on women as better managers with regard to food production, storage, marketing preparation and processing, to ensure a critical level of supply even during lean seasons.

### State/District Level Activities

- 1.6.7 A unified monitoring system will be supported incorporating both administrative and social/health aspects of the programme across a multi-tier management system. At the block level programme performance is monitored and guided by the supervisors and project manager. At the District and State levels, monitoring cells are responsible for co-ordination of services, and monitoring the quality of implementation, including training, recruitment and appointment of staff.

With the expansion of projects, every successive year brings incremental responsibility related to turnover of professional staff and AWWs (for whom it is the highest). Undertaking additional recruitment, pre-service training, refresher and in-service training, require a management structure that has matching capability. In order that the states and districts handle this responsibility, state level resource bases will be established and/or strengthened. The strengthened managerial and technical capacity at the implementation level administrative units will respond with greater sensitivity and speed to local, area and culture specific needs.

- 1.6.8 UNICEF support will be available for:

- Strengthening management structures at state level and below.
- Establishment of state resource bases equipped with subject specialists who have the capacity to provide technical guidance for qualitative improvement in all aspects of monitoring, training and its co-ordination; service delivery and frontline guidance on programme performance. They will also do systematic reviews of training materials and support development and upgradation on the basis of field reports and assessments.

- UNICEF will focus assistance on strengthening the state and district monitoring cells. This will include support to District Training Units which will be responsible for conduct of project-level in-service training of ICDS functionaries.
- Personnel development through inter-state/inter-country sharing of experience and training/orientation/study tours to observe successful processes. It is expected that the insights into the development of creative implementation strategies and effective training methods will find application in local contexts.
- Support to participation in important international conferences/seminars/workshops will be provided to key functionaries at various levels in an attempt to widen their exposure to various development issues.
- The new projects to be established during the MPO period, the exact location of which would be determined by the Government later on will be assisted. Besides assistance to establish new projects, UNICEF's support to qualitative improvement will be reflected through the development of an annual plan of activities at various levels prepared jointly with the Government. Assistance will be provided by UNICEF staff to innovative approaches in programme development.

## 1.6.9

Building of human capabilities at various levels has been recognised as an important element of the Eighth Plan. The effective use of available socio-economic services can be enhanced through progressive community involvement in planning and management of these services. In terms of social actions that have the potential for demonstrable results, ICDS represents a force in its own right that brings together people and service sectors to work for a common goal - namely, improved quality of life of the young child.

ICDS offers a natural focus for participation of women for child development. Their energies can be effectively harnessed in the development process, benefiting themselves and their children through activities such as food processing at village, block and district levels.

In districts selected for intensive programming for convergent, community-based programmes, UNICEF will assist special efforts, around the Anganwadi environment, to :

- Achieve child-related national goals, as stated in the framework, for the entire population in the relevant area.
- Foster viable linkages between ICDS, other service sectors, community, women's groups and panchayat institutions.

- Promote spatial proximity and mutual support of existing and new service facilities for children of different age groups, adolescent girls and women.
- Support activities around the Anganwadi chosen through community processes as part of block/district level planning.
- Identify and assist adolescent girls in need of support in terms of nutrition, health care, basic education, vocational training and/or other basic needs.
- Assist in enriching early childhood stimulation and pre-school education by voluntary action - like replenishing simple easy-to-make toys, telling stories, engaging children in play activities.
- Assist in providing sanitation facilities and ensuring supply and storage of clean drinking water.
- Encourage women's groups to prepare age-appropriate supplementary foods.
- Support immunization sessions.
- Support field level functionaries to improve their performance.

## 1.7 PROGRAMME IMPLEMENTATION

Under the 1991-95 plan, the Government intends to universalise the ICDS Scheme. The expansion of ICDS projects during 1991-95 will be as per Eighth Five Year Plan directions.

1.7.1 UNICEF will provide the new projects to the extent possible with one-time supplies and equipment. These will be items to support efficient management and operation of the programme like office equipment, growth monitoring equipment, communication equipment and materials, jeeps/mopeds for supervision and mobility and basic utilities and preschool education material kits at the Anganwadi level. Supply support will also be extended to all new training centres. The list of items supplied will be reviewed annually to make additions and omissions on the basis of their utility. The Government will endeavour to replace supplies and equipment in a phased manner to sustain the performance of the older projects at the desired level.

As the ICDS programme expands, its expenditure level grows rapidly. In order to meet this financial requirement, innovative approaches to use and conserve all available resources is crucial.

Apart from supporting the expansion on a nationwide basis, UNICEF will also support intensive programming in selected districts, identified as specially dis-

advantaged most backward critical districts, implementing, strengthening additional programme components that will enrich the ICDS and through it other development programmes. UNICEF will support in these districts:

- Enrichment of ICDS with the following programme components will be encouraged:
- Early Childhood stimulation programme for the 0-3 years group.
- Strengthening of pre-school education through better training materials and methods.
- Programmes for adolescent girls - adolescent girls will be a special focus of UNICEF assistance in the 1990s. Using the village contact capacity of the AWC, participation of adolescent girls nutritional and allied activities will be a major goal.
- Safe motherhood programme through better home care and information on safe birth practices, ante and postnatal care through better linkages with the health system.
- Nutrition and health education, dissemination of nutrition information by demonstrating good nutrition practices.
- Block and district level networking for nutrition surveillance system to monitor all social sector services leading to improved nutrition status of children and women.
- Initiating income-generation activities with a view to improving her to better health and nutrition.

## 1.8 INTER-SECTORAL LINKAGES

- 1.8.1 As the name of the programme indicates, the essence of ICDS is the integration of various sectoral functions. In order to optimally implement this concept, a high level of coordination is required with all concerned sectors, especially with the health system, and education and women's sectors.
- 1.8.2 **Health** : Efforts will be made to bring about functional linkages at the field level between the two vertical structures, that is, Health and ICDS. Close monitoring of high risk cases (pregnant women and children) and key health interventions, such as immunization, diarrhoeal disease control, Vitamin A prophylaxis, anaemia control and to an extent ARI control, will be undertaken. Additionally, the referral system will be strengthened.
- 1.8.3 Special attention will be given to linking up with mother-and-child health services for strengthening maternal care (ante and postnatal) making the best use of the

virtual daily contact opportunity that the Anganwadi provides. Population education which is already a part of the ICDS training content will be promoted with a thrust on raising the age of marriage, and birth spacing.

- 1.8.4 **Convergent Services** : Convergent services like DW CRA and UBS will be helped to concentrate their activities in the blocks covered by ICDS to ensure a greater impact at the community level as a whole (see Chapter on Women's Development and Urban Basic Services).
- 1.8.5 **Water and Sanitation** : Areas covered by ICDS will receive priority for drinking water supply and environmental sanitation.
- 1.8.6 **Childhood Disability** : The health and nutrition services available through ICDS represent a major effort to prevent childhood disabilities. The 1985-90 Plan envisaged an active role for the anganwadi worker. On a pilot basis, AWWs in several projects in 10 districts were trained to detect common disabilities and assist parents in identifying a source of support in rehabilitation centres run by non-government agencies as well as government health institutions. During 1990-95 about 100 District Rehabilitation Centres are likely to be established where ICDS will play a mediatory role in prevention and early detection.

## 1.9 MONITORING AND EVALUATION

- 1.9.1 Supportive supervision plays a pivotal role in the programme implementation. Supervision will be more focussed and AWWs will be made more accountable by displaying summary performance indicators at the Anganwadis. Monthly sectoral meetings and supervisory visits will be used more productively to provide continuing education and support for AWWs in problem solving and in improving service delivery. The district monitoring cells will provide the needed support and supervision of the field level functionaries in the block.
- 1.9.2 Although ICDS has from the inception a well designed monitoring system of health and nutrition components of the programme, a more reliable data collection system and more timely use of its information are needed. UNICEF will assist the process of building up the capacity of the state and district cells to improve their programme monitoring functions.
- 1.9.3 The design of monitoring social inputs developed by NIPCCD will be reviewed and modified to be compatible with the country's infrastructural limitations. UNICEF support will be made available in focussed districts to make social monitoring strategies operational, affordable and sustainable.
- 1.9.4 District monitoring cells will be used more effectively to provide programme directions at lower levels. In some states the National Information Centre (NIC)

has introduced district level computerization on ICDS monitoring. UNICEF support will be available for developing software and qualitative inputs.

- 1.9.5 Evaluation studies and action research will be supported to understand processes and their impact on the ICDS programme. The findings of these evaluations will be used to bring about qualitative changes. Given the scale of the programme and the diversity and size of the country, it is difficult to evaluate the programme on a national scale. The focus of evaluations and action research must be to make the system more efficient and responsive to the needs of the community. UNICEF will support operations research that will help identify cost-effective operational policies and strategies.

## 1.10 PROGRAMME MANAGEMENT

- The Government of India, in the Department of Women & Child Development - bears the managerial and financial responsibility for ICDS. However, MOW/DWCD draws on the support of several Central Government Ministries like Health and Family Welfare, Education, Energy, Rural Development, Agriculture, Urban Development, Food and Civil Supplies, Information and Broadcasting as well as the Planning Commission, State Governments, Panchayats, research institutions, medical and academic faculties, and voluntary organisations in the management of ICDS.
- The Department of Women & Child Development is responsible for the budgetary control and administration of the scheme and coordinates with the Ministry of Health & Family Welfare in the provision of health inputs through the primary health care infrastructure. The expenditure for the supplementary nutrition component is borne by the State/Union Territory Governments from their own funds under the Minimum Needs Programmes, except where food assistance is received from external agencies, and under the centrally-sponsored Wheat Based Nutrition Programme.
- At the State level, the Departments of Social Welfare are usually responsible, although, in some States, other Departments (e.g. Tribal Welfare, Women & Child Welfare, Health or Rural Development) take primary responsibility for implementation.
- At the project level, the main ICDS functionary is the Child Development Project Officer (CDPO) who coordinates with Medical Officers and the Block Development Officer in the management and delivery of services. The CDPO, with the assistance of the Supervisors, controls the flow of supplementary nutrition, coordinates the implementation of health and education services and monitors progress at the anganwadi level.

- According to UNICEF policy, the responsibility of internal distribution of supplies and equipment procured overseas ceases with their arrival at port. In keeping with this principle, the Department of Women & Child Development in co-operation with the Ministry of Health will undertake the responsibility of releasing imported supplies kept in the custody of the Deputy Assistant Director General (Medical Stores), through a co-ordinated mechanism. UNICEF will assist this transition with support in developing a Management Information System and providing orientation to key functionaries responsible for movement and monitoring of supply and equipment.
- The responsibility of distribution of supplies and equipment to the intended beneficiaries also lies with the Government. UNICEF is responsible for delivery only up to the State level. The state warehouses in a few states have been functioning satisfactorily in terms of storage and distribution. The Government will endeavour to make further provision of warehousing facilities and for their management at all regional and sub-regional levels to facilitate smooth flow of all ICDS supplies and equipment.

## EARLY CHILDHOOD CARE AND EDUCATION (ECCE)

### 1.11 THE CONTEXT

- 1.11.1 In the spectrum of human development, early childhood represents one of the most critical periods during which the foundations for intellectual, cognitive, social, emotional, language and physical/motor development are laid. The National Policy on Education recognises the holistic development of child as a priority. The process of learning begins at birth and towards this end, early stimulation and early childhood care and education (ECCE) are considered an integral part of the overall programme strategy for young children.
- 1.11.2 ECCE is also seen as an important feeder and support programme for primary education. The significance of play and activity approach in the programmes of ECCE have been spelt out, and the dangers of using formal methods of teaching and early introduction of the 3 R's are recognised. The importance and feasibility of community involvement have also been demonstrated. The provision of relevant forms of learning and socialisation opportunities to children from socially and economically underprivileged groups can contribute significantly to the reduction of the effects of disadvantage and deprivation that lie at the heart of many problems enrolment, retention and achievement in primary education.



## 1.12 OBJECTIVES OF ECCE

Taking into account past experience in this area and within the overall Government policy and programme framework for Early Childhood Care and Education (ECCE), UNICEF support will focus on the following objectives :

- 1.12.1 Promote functional and technical linkages between the ECE/CML demonstration units under the NCERT/SCERT-SIEs and various programmes with ECCE as a component including ICDS, Creches / Day care centres run by various voluntary organisations with government assistance, women's programmes and urban basic services.
- 1.12.2 Strengthen ECCE programmes operating in both government and voluntary sector as well as community based activities with a focus on the educational and learning components and promote effective linkages with the primary education system.
- 1.12.3 Technical capacity building at national, state and district levels for effective planning, training, implementation and monitoring of ECCE activities in various programmes for young child development.
- 1.12.4 Development, application and dissemination of alternative community based approaches and action research through parents and care-givers for early childhood stimulation and learning especially for the underprivileged groups.
- 1.12.5 Expansion of the communication support to ECE activities in various programmes for functionaries, parents, caregivers and children.
- 1.12.6 Development, dissemination of specific print and non-print material for promoting child-centred learning and development.

## 1.13 OVERVIEW OF COOPERATION, 1985-90

- 1.13.1 The existing models providing ECCE as a programme component include :
  - (i) Integrated Child Development Services (ICDS) with its nearly 200,000 Anganwadis in over 2,400 projects is the major service outlet for ECCE programmes in the country. About 6.4 million children in the age group 3 to 6 years are receiving pre-school education in the Anganwadis. In addition, nearly 5.4 million children below 3 years have the potential to be benefited through a home-based stimulation programme through trained caregivers.
  - (ii) Balwadis, Creches/Day care centres are run by voluntary agencies with Government's assistance. There are 11,841 creches/day care centres providing day care services to nearly 296,000 children of the age group 0 to 5 years

belonging to the disadvantaged and deprived segments of the population in the rural areas and urban slums.

(iii) There are 4300 ECCE centres run by voluntary organisations with the government's assistance in the nine educationally backward states (Andhra Pradesh, Assam, Bihar, Jammu & Kashmir, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal).

(iv) 65 ECE centres have been established as field laboratories in each one of the 10 states through the technical bodies of National Council for Educational Research and Training (NCERT) and the State Councils for Educational Research and Training (SCERT)/State Institutes of Education (SIE).

(v) Pre-primary schools run by the State Governments, municipal corporations and other agencies. There is also a growing variety of privately run 'nursery schools'.

- 1.13.2 And yet, all these models put together have been able to meet the learning needs of only a small percentage of children in the 0-6 years age group. Each one of these models has its strengths and weaknesses. For example, in ICDS, the learning component has generally been weak while in others the 'care' and integration of health and nutrition elements are usually missing. The vital early stimulation component for the 0 - 3 years age group children is virtually non-existent.
- 1.13.3 In the Education 'sector', UNICEF has cooperated with the Department of Education in developing and implementing an ECE programme in the ECE centres established in 10 states through NCERT and the SCERTs/SIEs. The Children's Media Laboratory (CML) through which low cost, age-, area- and language-specific learning and play materials are developed and tested form an integral part of the approach.
- 1.13.4 In addition, through the Child Study unit of NCERT and the CML, various innovative approaches have been tried out in the area of Early Childhood Education in different states. These include pilot projects such as use of radio broadcasts for early childhood learning, child-to-child programmes, training of primary teachers in child centred play-way methods and early childhood stimulation through home-based programmes. Work has also been initiated on developing state level resource centres in states not covered by the ECE / CML projects.
- 1.13.5 The programme has served an important demonstration role in many states and has helped raising the awareness of the importance of early childhood learning. An evaluation of the programme is being undertaken and will provide more specific directions for future strategies and actions.

- 1.13.6 In recent years, the ECE/CML demonstration units in certain states have been able to respond to the needs of certain programmes on the ground e.g. upgradation of the ECE component of programmes like ICDS through training of its functionaries and development of learning and play materials specific for ICDS populations. Such functional and technical linkages between the ECE/CML centres and the ICDS and other delivery channels of ECE (including NGOs) have been initiated with mutual benefits.

#### 1.14 STRATEGY

- 1.14.1 While the government policy seeks to provide 'Comprehensive early childhood care and education facilities for the holistic development of the child - mentally, cognitively, socially and physically', the focus or main concern of joint Government-UNICEF activities to be undertaken will be to ensure that appropriate forms of early stimulation and learning are encouraged where they do not exist and strengthened where they are inadequate.

- 1.14.2 UNICEF will support programme initiatives focussed on the socio-economically weaker groups who have considerably more to gain from such interventions. This would mean strengthening the ECCE element of programmes such as ICDS, ECE, Creches/Day care centres, Women's programmes and Urban Basic services. Special attention and support will be provided for girls, and children from the scheduled castes and scheduled tribes.

- 1.14.3 Efforts will be made to strengthen institutional resources and capabilities. The institutional structure and the nodal agencies responsible for policy development and implementation of programmes require financial, material and human resources for programme development with a qualitative dimension. Appropriate support will be provided to improve their capacity for sensitive programming.

- 1.14.4 Efforts will be made to strengthen the management capacity of states and districts to implement ECCE programmes with greater collaboration of the technical institutions identified as resource centres for development of training and implementation strategies.

- 1.14.5 UNICEF will support strengthening of information, education and communication activities through various channels for upgrading the understanding of ECCE by functionaries of the centre-based programmes and caregivers in the case of home based programmes. The mass media would also be extensively used for beaming programmes directly for children to promote their cognitive, psycho-social, language and physical/motor development.

#### 1.15 PROGRAMME COMPONENTS

The basic strategy for supporting the development of ECCE will be the creation of technical resource capacity at national, state and district levels and their effective linkages with the implementation of programmes for children below six years, the major service outlet being ICDS. Support to development of suitable

strategies for early stimulation activities for the 0 - 3 years age group would be through operational research by technical institutions with effective linkages in the field.

- 1.15.1 Consolidation of ECE/CML programme in the participating states and the transformation of these into State Resource Centres for Early Childhood Education/Early learning (on the basis of the findings and recommendations of the evaluation studies being carried out in 1990).

In the non-ECE/CML states, state-level resource centres will be established through support to existing institutions and non-Government organizations. The emphasis will be to :

- ensure adequate linkage with ICDS and other programmes such as ECE, Creche/Day care centres, UBS and Women's programmes which are already on the ground,
- standardise and conduct training of trainers and key functionaries of various programmes delivering ECE as one of the components,
- undertake development and dissemination of age-, area- and language-specific methods and materials with appropriate adaptations to suit the needs of the programmes.
- promote relevant operations research in areas where programmes such as ICDS, ECCE centres are already on the ground, and
- network with other technical institutions and implementing agencies.

- 1.15.2 Support to creation of State level policy and programme coordination bodies for ensuring coordination between technical institutions, implementing agencies, departments and non-government organizations.

- 1.15.3 Support to upgradation of training in ECCE through development and dissemination of appropriate training and support material for various programmes such as ICDS, UBS, ECCE centres, and Creches/Day care centres.

- 1.15.4 Promote further development and dissemination of an eclectic ECCE package comprehensive in nature, covering the country with local adaptations.

- 1.15.5 Support to promotion of creative training methodologies, short-term refresher courses based on methodologies and curricula developed by the ECE/CML project or the State resource centres and integration of the relevant aspects in the regular training systems of various programmes for Child Development.

- 1.15.6 UNICEF will assist building up parental and care-giver's capability for early childhood stimulation activities particularly for the 0 - 3 age group children. An effort will be made to develop a systematic, culture-specific early stimulation and intervention programme to promote psycho-social, cognitive and language development of this age group. Support will be given to selected technical institutions in different states for developing suitable models for

programmes for early stimulation activities for children under three years. Parent and community education and mobilization programmes would be systematically introduced through modern as well as traditional media, initially in the focus districts selected for intensive programming.

- 1.15.7 Support will be given to activities and projects which aim at self-reliance through development, production and supply of minimum activity package of learning materials. Actions to support women's groups for producing pre-school learning materials through local community based and voluntary initiatives will be encouraged. UNICEF will assist development, production and dissemination of pre-school education activity and learning materials kit in the AWCs of the ICDS blocks.
- 1.15.8 The mass media would be extensively used for beaming programmes which are technically sound and age appropriate for children to promote their cognitive, psycho-social language and physical-motor development. This would involve inter-sectoral programming involving other departments/ministries including Information and Broadcasting, Education, National institutions such as NCERT and NIPCCD and communication expertise available in the country.
- 1.15.9 UNICEF will support upgrading the technical capacity of national and state level institutions through inter-state and inter-country exchanges, networking and workshops.
- 1.15.10 UNICEF will support monitoring, action research and evaluation of various programme elements to ensure regular feedback and appropriate mid-course corrections and successful programme delivery.
- 1.16 **PROGRAMME IMPLEMENTATION**
- 1.16.1 The Department of Women & Child Development is responsible for providing the managerial and financial responsibility for the ICDS, ECCE, Creches/Day care centre programmes in different states and union territories. The Department shall co-ordinate with Departments of Education, Rural Development, Labour, Information & Broadcasting as well as national institutions such as NCERT, NIPCCD and other national bodies for effective implementation of ECCE strategies and programmes.
- 1.16.2 At the state level, the nodal departments for ICDS, Departments of Education, Rural Development, SCERT/SIE, Public Instruction and Health will take primary responsibility for implementing the programmes.
- 1.16.3 The Government of India, Department of Women & Child Development in consultation with the Departments of Education, Rural Development, NCERT/SCERT will initiate steps to constitute technical, policy and programme coordination bodies at national and state levels to ensure coordination between various implementing departments and support institutions and agencies.

## 1.17 INTER-SECTORAL LINKAGES

- 1.17.1 **Education** : ECCE will form the foundation for Primary Education in the continuum of Basic Education. Linkage with the Primary schools is necessary for ensuring enrolment and retention in the primary school and decrease drop-outs particularly of the weaker sections and girls in the community. Special emphasis will be laid on extending the play-way methods and activity approach in the primary school to make the process of learning enjoyable and attain the goals of basic education.
- 1.17.2 **Women's Development** : ECCE at the operational level depends to a large extent on the perception of communities and status and empowerment of women. Women's groups in DW CRA and WDP programmes will be actively sensitised to the developmental needs of children in age 0-6 years and the benefits of the ECCE services disseminated systematically through the women's groups.
- 1.17.3 **Urban Basic Services** : Linkages will be made with the UBS programme for the underprivileged sections particularly the slum dwellers in urban areas to ensure appropriate ECCE for children through the Anganwadis/balwadis. Educational support to the women to practice Early Childhood Stimulation for children both at home and under institutional care will be promoted.
- 1.17.4 **Childhood Disability** : A comprehensive programme on ECCE would have to include educating mothers and community level care givers to identify impairment and disabilities at the earliest stage to ensure early intervention and arrest of greater damage. In support of this approach, early intervention and stimulation programmes will include aspects related to community involvement in prevention and identification of childhood disabilities in early life. Linkages between the childhood disability programme and the ECCE will be promoted to fulfil this objective.

## 1.18 MONITORING AND EVALUATION

- 1.18.1 The supervision of the ECE activities in different programmes will be done by the supervisory structure as provided in them. In addition the state level resource centres and the district level planning, monitoring and training group will play a major role in identifying the gaps and making appropriate plans for training and implementation through the supervisory and monitoring channels provided for in the programme.
- 1.18.2 Evaluation strategies will be guided by the national technical bodies such as NCERT and NIPCCD and conducted by a network of institutions on a regular basis. In programmes where evaluation strategies already exist, for other programme components, the evaluation of the ECCE component will be integrated into the Evaluation strategy.

## 1.19 UNICEF RESOURCE ALLOCATION

Subject to the availability of resources, UNICEF will support the implementation of activities described, with supplies and cash assistance up to a value of US\$ 50.0 million from General Resources for the period 1991-95.

	(US\$'000)		
	<u>ICDS</u>	<u>ECCE</u>	<u>TOTAL</u>
NATIONAL PROGRAMME			
<u>Capacity-building</u>			
(Pre-Service, In-Service Trainings/Workshops/Orientations)	16,000	2,000	18,000
<u>Project Support</u>			
Non-recurring supply and equipments and transport	18,600	4,250	22,850
Management systems, monitoring, Evaluation, Research/studies	1,300	350	1,650
SELECTED DISTRICTS	6,750	750	7,500
Total	42,650	7,350	50,000

The indicative annual breakdown of resource allocation will be as follows:

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
General						
Resources	8,000	10,000	10,500	10,500	11,000	50,000

## Chapter 2

WOMEN'S DEVELOPMENT

## 2.1 THE CONTEXT

- 2.1.1 Gender inequalities in relation to economic and social development become evident in the existing disparities in the demographic, economic and social indicators for men and women. The national sex ratio of 933 females for 1,000 males obscures differences within and between the states in the range of 750-1100. Age-specific death rates are higher for females up to the age of 35 years. The higher female child mortality at age five is between one per cent to 20 per cent or more in 224 of the 450 districts in India (Child Mortality Estimates: 1981 Census - Occasional Paper V/1988).
- 2.1.2 Social-cultural practices, value systems and privations of poverty determine the status of women and discrimination against girls. A large proportion of girls are married early - 37 per cent in the age-group 15-19 years (1987-88) - pushing them prematurely into motherhood at the expense of their own personal growth and development, perpetuating the cycle of poor infant survival and development, maternal malnutrition and mortality and the inequitable conditions and low status of their mothers.
- 2.1.3 The poorer the household, the greater its dependence on women's work for survival. Yet, 90 per cent of rural and 70 per cent urban women workers are forced into unskilled occupations with low pay, vulnerable to exploitation and adverse market forces, with little or no support services for child-care, fuel, water, fodder and other basic necessities. As a consequence, daughters drop out of school to shoulder the household chores, especially child-care functions, severely constraining the young girl's prospects of all-round healthy development.
- 2.1.4 Women form the majority of adult illiterates - of the 110 million, 77 million are women (Women in India - A Statistical Profile, Department of Women and Child Development, Government of India, 1988). Over the years, the disparity both in percentages and actual numbers between male and female literacy persists. Data from the National Sample Survey (43rd round) indicate that, 55 per cent males and 34 per cent females were literate in 1987-88 as against the Census figures of 47 per cent males and 25 per cent females in 1981. Some 133 of the 373 rural districts have female literacy rates below 10 per cent.
- 2.1.5 Economic inequalities and social divisions of caste, class and sect affect women more adversely than men, restricting women's access to basic services. Of the estimated 330 million women and girls, about 150 million live in material poverty, falling below the poverty line, defined mainly by "calorie-intake" and related



income norms. Benefits from national social-justice policies of land distribution, poverty reduction, agriculture, water resources and employment continue to bypass women and girls even more than the males in poor urban and rural households, because of their overall low status perpetuating in turn the cycle of malnutrition, illiteracy and inequity.

## 2.2 NATIONAL GOALS AND POLICIES

2.2.1 While the Constitution of India guarantees equality and justice to women, a strong political commitment to the integration of women in all sectors and the establishment of new programmes specific to the social and economic development of women emerged in the 1970's through the 6th and 7th Five Year Plans. Simultaneously, the growing women's movement (with a community base) in different regions of the country drew public attention to the situation and status of women calling for policy action at several levels.

2.2.2 The 8th Plan reiterates the Government's aim of ensuring the economic and social security of women for their active participation in development. It recognises that the low status of women and girls can be traced to problems of access to development services and resources and to social issues of position, power and decision-making autonomy within family, community and society. As such, the Plan lays emphasis on informed judgement and organised participation of women at community-level in tandem with provisions for their improved access to employment, productive resources and basic services in education, health and nutrition.

2.2.3 The girl child - her situation and development - emerges as a priority with the increasing understanding and recognition of the disparities between development indicators for boys and girls. Action Plans for 1990 in the SAARC Year of the Girl Child, place emphasis on public education to address the situation, which will be followed up with affirmative measures for the provision of development opportunities to girls in the 8th Plan .

## 2.3. OVERVIEW OF COOPERATION - 1985-90

2.3.1 Development activities for women in which UNICEF cooperated during 1985-90, focussed on the improvement of the status of women in poverty through women-centered programmes such as Development of Women and Children in Rural Areas (DWCRA) and Women's Development Project, Rajasthan (WDP) and through the various sectoral programmes of health, education, nutrition, water and sanitation, and child development. The strategy common to the women-centered programmes, is the organization of women for community-level actions to improve their collective and individual access to basic services like credit, education, skill training, health and child care. Specifically, support included the development of an infrastructure for programme-management at district

levels and for training and participation of women and the collaboration and active involvement of non-government organisations. The results of the Co-operation are reviewed in paragraphs 2.5.2 and 2.6.2.

2.3.2 Further, UNICEF's policy on an Implementation Strategy for Women in Development in 1987, strengthened its cooperation in national and sub-national initiatives to integrate women's concerns and to effect change in the situation, status and role of women, starting with the young and adolescent girls. On review of these dimensions, actions were initiated mainly in advocacy and information-search and analysis for policy and programme formulation in the 8th Plan.

## 2.4 GOALS AND OBJECTIVES OF UNICEF CO-OPERATION (1991-95)

2.4.1 The goals of this Programme of Cooperation are :

- improvement in the situation and status of women
- reduction in the proportion of early marriage among girls aged below 18 years.
- reduction of disparities in the health, nutritional and educational status between boys and girls.

2.4.2 In the achievement of these goals, the following major objectives, will guide the selection of activities and areas of cooperation :

- effective mobilisation and organisation of women leading to their increased participation in the planning, implementation and management of community-based services for women and children.
- greater access of women to basic services through the integration of women's issues and girls' concerns in all development sectors.
- improvement in women's opportunities of self-employment through their mobilization for enhanced access to credit, productive resources and supportive services.
- effective use of advocacy, information, education and communication to create awareness about the situation of girls and women and systematic monitoring of their participation in social development programmes.

2.4.3 The intersectoral and multidisciplinary nature of the above goals and objectives will demand the development of a range of indicators to support programme implementation in the different sectors of this Programme of Co-operation.

2.4.4 Throughout this Programme, across all sectors, the increased participation of women will be emphasised as undergirding strategy. Specifically, the development activities for women will include :

- Women's participation in development
- Rural Women's programmes
- Innovative projects for adolescent girls.

## WOMEN'S PARTICIPATION FOR DEVELOPMENT

### 2.5 INTRODUCTION

2.5.1 The primary thrust will be to promote the mobilisation of women in poverty groups, and to create opportunities for their full participation as equal partners in the economic, social and political processes of development. The main mechanism to widen women's access to information, education and communication for organised community action will be the formation of active women's groups in village and urban slum.

2.5.2 In the past co-operation, the Women's Development Project, Rajasthan, (WDP) exemplified such an approach for enabling women to participate for development at the community level. The programme was developed jointly by the Government of Rajasthan and UNICEF; it has been in operation since 1984-85 in 9 out of 27 districts in Rajasthan. It is estimated to have reached around 120,000-150,000 women in 1990. The demonstrated success of WDP in bringing into focus critical survival and status issues of women at village and higher levels, justifies its replication (with modifications as necessary) in other states and/or infusion of its philosophy and methods as an essential component of all women's activities in a nationwide programme.

### 2.6 OBJECTIVES

2.6.1 The objectives will be to :

- empower women in poverty groups with information and education pertaining to factors affecting their status and situation as also to government schemes and interventions.
- facilitate group formation and action to improve women's status.
- develop leadership and capacity among women to effectively participate in local bodies/organisations
- establish a network of resource agencies to provide technical inputs for initiating and sustaining the process.

- promote positive understanding of women's needs among policy makers, people's representatives and the public at large.

## 2.7 PROGRAMME ACTIVITIES

- 2.7.1 The process of communication and mobilisation will be initiated and sustained through a network of animators, selected from among the local women with interaction and requisite technical support from voluntary agencies and institutions. The main activity will be interpersonal communication and interaction with agencies, functionaries and peers in the community. The animators and other programme staff will be responsible for the organisation of women's groups and the establishment of linkages with other socio-economic programmes in the district/state. The technical support function of the voluntary agencies will include identification of local issues impinging on the lives of women, training and information, communication and education resources, monitoring and evaluation of the activities. Policy support and coordination of both the substantive and administrative issues at state/district level will be facilitated by the network of voluntary agencies.

## 2.8 PROGRAMME IMPLEMENTATION

- 2.8.1 The mobilisation of women's groups and their increased participation will be central to the community-based programming in selected districts. In Rajasthan, UNICEF support will be for activities critical to the continuity and aims of WDP. In the districts covered by the Mahila Samakhya and in those to be covered by the Bihar Education Project, assistance will supplement the ongoing efforts promoting linkages and coordination of services.
- 2.8.2 At national level, the emphasis of UNICEF co-operation will be to support policy and develop approaches for nationwide implementation of activities for community-based organisation of women. As such, activities will include exchange of experience, study tours and periodic consultations for policy reviews among the participating state governments and non-governmental agencies, operational research and advocacy.
- 2.8.3 At state level, UNICEF will support the provision of technical inputs for training, information, education and communication, monitoring and evaluation. This will include advocacy, planning and programme reviews, capacity-building in the government and non-government sectors and networking for the development and production of information, education and communication materials as well as the development and experimentation with training methods. In some instances; there could be a need for establishing a coordinating cell having the appropriate technical capacities. UNICEF will provide staffing and equipment support for programme management for a specified period. Recurring expenses will be borne by the state/central government.

2.8.4 At the district level, UNICEF will assist the technical and operational aspects for mobilization as below:

- Establishment of a resource centre for provision of technical support for community mobilization in the initial two years, in collaboration with local voluntary organisations.
- Training of programme staff, training of women panchayat members, orientation of personnel of other sectors and of urban local bodies. This will include development and production of training modules, information, education and communication materials and social mobilisation activities.
- Support to programme implementation - salary support for animators and supervisory staff, supplies and equipment, support to women's collectives and to their co-operative organization, establishment of coordination cell. This support will be reviewed mid-term and assistance towards recurring expenses will be phased out over the five-year period.

## 2.9 LINKAGE WITH OTHER PROGRAMMES

2.9.1 The programme will be mainly implemented in the rural and urban slums of the districts selected for community-based programming, giving priority to populations covered by programmes such as DW CRA, UBS and Adult Education (Women) and state-sponsored women's projects.. To the extent possible, functionaries of these ongoing programmes will be trained to undertake these activities as a means to strengthen community-mobilisation in their respective programmes. Further, the collaboration of other social development programmes -- ICDS, Health, Education, Water and Sanitation -- will be sought from the planning stage itself for coordination of service delivery and orientation of functionaries.

## 2.10 PROGRAMME MANAGEMENT

2.10.1 The Department of Women and Child Development, at the central level, will have the responsibilities for overall policy and programme implementation and draw upon the departments of Education, Rural Development and Ministry of Urban Development for coordination and incorporation of the elements of mobilisation in their programmes. At the state-level, the Directorates of Women and Child Development will bear the responsibilities for managerial and financial functions in coordination with urban local bodies and other sectoral departments and draw upon the technical inputs of the voluntary agencies and local institutions. Field Publicity Units and media agencies will share the responsibilities for communication activities, as and when required.

- 2.10.2 UNICEF will share the responsibility for programme co-ordination. Based on plans of action, the financial and other resources will be made available to concerned agencies to facilitate implementation.

## 2.11 IMPLEMENTATION SCHEDULE

- 2.11.1 The programme will be introduced in a phased manner at state-level. Nationwide, UNICEF will support an annual expansion of five or more districts, contingent upon the preparedness of the states and the progress in implementation of community-based programming in the selected focus districts. Universal coverage within a district will be attempted over a period of five years.

## 2.12 PLANNING, MONITORING AND EVALUATION

- 2.12.1 While the mechanism of annual review at the central level will guide the expansion of the programme, yearly plans of action at the district level will specify the implementation schedule for activities and resource allocations. These will be consolidated for monitoring and review purposes and for planning of activities at the state level.
- 2.12.2 The monitoring schedule will include quarterly reviews at district levels and half-yearly reviews at state levels. Documentation of progress and achievements will be basic to such reviews and be part of the responsibility of the participating voluntary and technical agencies.
- 2.12.3 Since the objectives are process-related and envisage durable outcomes of change at the community level, monitoring formats will be developed for assessing progress of implementation. The development of a set of common indicators will enable evaluation of impact over a period.

## 2.13 UNICEF RESOURCE ALLOCATION

	(US\$ 000's)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	TOTAL
General Resources	300	500	700	800	800	3,100

## **DEVELOPMENT OF WOMEN AND CHILDREN IN RURAL AREAS (DWCRA)**

### **2.14 INTRODUCTION**

2.14.1 The DWCRA programme was introduced in 1982-83 as a centrally sponsored scheme of the Department of Rural Development with UNICEF co-operation in 50 districts of the country to strengthen the women's component of the poverty-alleviation programmes. It is directed at raising the income levels of women living in poor households so as to enable their participation and organisation for social development and economic self-reliance. The primary thrust of the programme is the formation of groups of 15-20 women from poor households at the village level for the delivery of services of credit and skill training, cash and infrastructural support for self-employment. Through the strategy of group formation, the programme aims to improve women's access to basic services of health, education, child-care, nutrition, water and sanitation. The norms for coverage are the establishment of 30 groups per block (cluster of 100 villages).

2.14.2 The programme is supported by the District Rural Development Agency through a team of functionaries supervised by an Assistant Project Officer. State governments provide resources for management, training, and cash support to the revolving fund for the women's groups (equally shared among the central, state governments and UNICEF). The financial institutions (nationalised banks) provide credit as per the norms of poverty-alleviation programmes. Linkages with allied development sectors - Industries, Dairy, Social Forestry, Handloom, etc.- further strengthen women's access to productive resources, both on individual and collective basis.

### **2.15 ACHIEVEMENTS AND PAST UNICEF COOPERATION**

2.15.1 The programme covered 160 districts reaching out to 27,000 women's groups in March 1990. It has demonstrated its potential to combine area-specific and target-oriented programming for women with some success and enabled the acquisition of skills of leadership and entrepreneurship among poor women. However, the problems in implementation persist and factors identified for attention are planning and technical support for the organisation of women, selection of products, marketing, and coordination of credit, skills training, and health, nutrition and education services. UNICEF's co-operation was directed to the establishment of infrastructure, training and capacity building, provision of revolving fund, innovations for organisation and self-reliance of women's groups. Decentralized efforts for quality improvement with the active participation of local non-governmental agencies have shown success.

## 2.16 8TH PLAN EXPANSION

2.16.1 The programme is expected to expand to all districts in the country in the 8th Five Year Plan, to 50 new districts annually. Recent policy focus on the rural sector and women has led to increasing the mandated provision of benefits to women in the poverty-alleviation programmes from 30% to 40% (presently, the coverage is around 26%). Subsequently, to achieve this coverage the Department of Rural Development extended the DWCRA strategy of women's groups to all districts through resource-mobilisation from funds available at the district level. Initial efforts to mobilise women around thrift and savings have been successful and will be incorporated in DWCRA in the 8th Plan.

## 2.17 OBJECTIVES

2.17.1 The objectives of UNICEF's continuing support to the programme will be to :

- improve the economic and social situation of women in poor households and through them, the situation of their children.
- promote organisation of women, starting with the village level, and enable them to identify their needs and bring pressure on existing services for their benefit.
- establish mechanisms for the flow of resources and technical services of programmes relevant to productive activities of women.
- promote development of products, technologies and infrastructural support to increase the prospects of higher income gains for women.
- increase the active participation of women in the management and implementation of community-based services.

## 2.18 PROGRAMME ACTIVITIES

2.18.1 The findings of the national evaluation and those from the several state-level studies will guide the planning and implementation of the programme, its expansion and specific interventions for improvement. The emphasis of UNICEF's support will be on strategic areas of planning and technical support as determined by the demands of consolidation vis-a-vis those of expansion. In general, processes and interventions directed at qualitative improvements on large scale (state-level) as well as small-scale innovations and experimentation within these will receive support in the existing and new DWCRA districts. The focus will be on women as producers and entrepreneurs and on capacity-building of the existing infrastructure with the specific objective to raise the productivity of investment made by allied poverty-alleviation programmes as well as to reduce and virtually eliminate the constraints women face in availing of these services.



## 2.19 PROGRAMME IMPLEMENTATION

2.19.1 DWCRA will be implemented in the 160 districts covered by the programme and in the remaining 280 districts during 1991-95. The criteria for selection of districts will continue to be backwardness, high infant mortality and low female literacy, and extent of ICDS coverage. Expansion will be towards universal coverage of the districts, i.e. 30 groups in every block. Simultaneously, advocacy for the nation-wide adoption of the DWCRA approach will contribute to increasing the coverage of women in the poverty-alleviation programmes.

2.19.2 To support the nationwide implementation of DWCRA, UNICEF co-operation will include the following activities :

- Advocacy, policy and programme development for the achievement of the objectives above. This will include national and regional reviews, studies, study tours, workshops and seminars for the coordination of inputs of allied development sectors and agencies to strengthen the productive activities of women.
- Establishment of a management information system (MIS) to supplement existing district monitoring networks on poverty-alleviation programmes. To support overall coordination and monitoring of DWCRA implementation, inputs for establishment of a special cell in the Central Department of Rural Development, technical and technology support in the establishment and implementation of the MIS will be considered, as required. This will come into effect in 1991 and reviewed mid-term in 1993.
- Innovations in the delivery of credit and social services through the existing financial systems (such as NABARD) and allied development sectors, with focus on improved access, active participation and self-reliance of women.
- Development and production of prototype training modules, information, communication and education materials, training of trainers, and activities related to coordination of training at the National Institute of Rural Development and networking among the 130 and more training institutions.
- Support to the infrastructure will be on reimbursement basis and for specified periods, as will be agreed upon by the Government of India and UNICEF. Arrangements to take over these recurring expenses will be initiated by the central and/or state governments, as the case may be.

In continuation of the above, support to staff salaries will be withdrawn from districts which have received UNICEF assistance for a period of five years. This will come into effect in 1991.

- Support for the appointment of one assistant project officer at the district level and one additional gram sevika (village-level worker) for every block will complement the existing staffing structure of two or more gramsevikas and commensurate supervisory personnel.
- UNICEF will extend essential support for supervision and management of the programme at the district level. The details of the equipment will be worked out in consultation with the state and central governments.
- Cash support to the women's groups towards the revolving fund will now be on the basis of demonstrated successful organization and capability of the group. Mechanisms will be developed for the certifying eligibility of such groups and procedures will be established for the release of assistance. The quantum of support will be contingent on the productive and social activities of the group and its collective resources.
- Similarly, UNICEF supplies and equipment for the multipurpose centres will be provided to support training and group production, on a selective basis and up to Rs.50,000 per centre. Priority will be given to the multipurpose centres located in the districts selected for community-based programming.

2.19.3 At the state level, UNICEF will support the following activities:

- Advocacy and actions for the planning and implementation of DWCRA, capacity-building, co-ordination and convergence with the several technical and development agencies.
- Strengthen the capacities of state-level institutions and establish apex bodies at regional level, as necessary. UNICEF will support involvement of voluntary agencies, grassroot level organizations and also promote exchange of expertise and experience among them in the areas of participatory methods and organization of women.
- Pre-project activities, with emphasis on mobilization of women through conscientization and interventions such as thrift and savings will be undertaken.
- Provision of technical services for improvement in women's productive activities, for a specified period. The state government and UNICEF will jointly identify the gaps in implementation and formulate plans of action for specific interventions. For instance, preparatory actions and mechanisms for establishment of functional linkages with specialized agencies for marketing, technology support and supply of raw materials.
- State-wide initiatives for women's employment and training where credit and other inputs will be provided from DWCRA and related poverty alleviation programmes. Proposals will be considered for support on a case-by-case

basis. Emphasis will be given to activities outlined above and limited to selected inputs over a specified period. Such activities will receive support mainly to complement resources of the implementing agencies and as capacity building activities.

- Statewide innovative actions for cooperative and federated organization of the women's production groups moving towards empowerment and self-reliance, such as thrift and savings co-operatives in Andhra Pradesh. Mobilization of rural sector agencies, such as rural banks, cooperatives, industrial units will be essential and supported.

2.19.4 At the district level, starting with the districts selected for community-based programming, emphasis will be on increased participation of women in other ongoing sectoral interventions at the district-level, such as safe motherhood, maintenance of handpumps, and sanitation, with a view to transfer the responsibility of management of such services to the women's production groups. Activities for support will include : advocacy and action for networking of women's groups and formation of cooperatives at block and district levels will be promoted and receive support. UNICEF will assist community level initiatives with potential for such organization, such as thrift and savings clubs, rural development projects of banks, groups for fodder and fuel, and producers' cooperatives. The nature and level of assistance will be worked out jointly with the district and state agencies. Specifically, technical inputs and equipment and cash support will be provided in community-based initiatives which have direct implications on the well-being of women and children. For instance, the local production of food supplements for ICDS by women's groups will be supported to evolve as part of an integrated nutrition strategy to bring nutritious foods within easy access to the community.

## 2.20 **LINKAGE WITH OTHER PROGRAMMES**

2.20.1 The implementation of DWCRA presumes the co-ordination of inputs and services from social development programmes and economic development agencies. In particular, linkage with ICDS, Health, Adult Education (Women), Water and Sanitation, and Nutrition will be pursued for convergence of these services and participation of women in their management at the community level. The linkages with financial, commercial and other institutions have been outlined above.

## 2.21 **PROGRAMME MANAGEMENT**

2.21.1 The programme is administered by the Department of Rural Development in the Ministry of Agriculture at the centre, and in most states by the Department of Rural Development. In others, such as Rajasthan and Madhya Pradesh, the Directorate of Women and Child Development is responsible for its management.

The District Rural Development Agency (DRDA) co-ordinates implementation through the Assistant Project Officer (DWCRA), the Block Development Officer and development functionaries at the village level. To facilitate DWCRA implementation, additional gram sevikas (female village-level functionaries) are appointed at the block level. The credit inputs to the programme are provided by the local branches of the nationalized banks and other inputs of skill training, worksheds, assets (in the form of equipment) are coordinated by the DRDA. The training of programme staff is decentralized and coordinated at the state-level with the active involvement of voluntary agencies.

- 2.21.2 UNICEF will support programme co-ordination. Based on annual plans of action, financial and other resources will be made available to concerned agencies.

## 2.22 IMPLEMENTATION SCHEDULE

- 2.22.1 The programme will be expanded annually, at the rate of 50 new districts. Specific activities as outlined above will be introduced according to the preparedness (inclusive of resource mobilisation for sustaining activities), and progress of overall implementation of DWCRA. In the case of interventions in the selected districts, the pace will be determined by the level of mobilisation of the women's groups and working of other sectoral programmes.

## 2.23 PLANNING, MONITORING AND EVALUATION

- 2.23.1 While the annual review process at the central level will guide the expansion of the programme, yearly plans of action at the state level will determine the implementation schedule for activities and resource allocations. Wherever possible, feasibility studies and perspective plans will precede introduction of DWCRA in a district.
- 2.23.2 A feasible monitoring schedule will include quarterly reviews at the district level and half-yearly reviews at the state level. Documentation of progress and achievements will be basic to such reviews and be part of the responsibility of the state governments and participating voluntary and technical agencies.
- 2.23.3 The development of a management information system will be suggested for quantitative and qualitative monitoring of the programme. Periodic state level and national evaluations and studies will be promoted.

## 2.24 UNICEF RESOURCE ALLOCATION

	(US\$ 000's)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	TOTAL
General Resources	3,100	2,850	2,950	3,800	3,500	16,200
Supplementary Funds		500	1,000	1,500	1,000	4,000
<b>TOTAL</b>	<b>3,100</b>	<b>3,350</b>	<b>3,950</b>	<b>5,300</b>	<b>4,500</b>	<b>20,200</b>

PROGRAMMES FOR ADOLESCENT GIRLS

## 2.25 INTRODUCTION

2.25.1 According to recent population projections female population in the age-group 10-19 years will increase to 93 million in 1991, constituting about 12 per cent of the total population. The situation of adolescent girls is broadly one of illiteracy, less than adequate nutrition, early marriage and early pregnancy with few opportunities for self-development and productive adulthood. Reaching this population group with the "traditional" development services has been difficult because they are bypassed by the existing national programmes, with the exception of non-formal education. In the context of the low status of women, the holistic development of adolescent girls becomes critical. Comprehensive approaches for programmes and services will need to be linked to social indicators as age at marriage, female literacy, maternal and infant mortality rates, and work participation.

2.25.2 National policies and programmes have consistently promoted universal coverage of children by basic services. Yet a combination of socio-cultural factors account for the wide-ranging disparities in health, nutrition and education status of boys and girls. In the recent past, there has been an active and systematic attempt to understand and analyse the situation of adolescent girls for policy support and action. While the goals of child development as well as equality and social justice will set the framework for action, specific emphasis will be given to the development of adolescent girls in the 8th Plan.

2.25.3 UNICEF collaboration with government and non-government agencies has been focussed on advocacy and information analysis of the situation of adolescent

girls to sensitize policy-makers and programme implementors, and awareness campaigns in the context of the SAARC Year of the Girl Child. The focus of cooperation in this chapter will be on advocacy and the development of area-based approaches to address the multidimensional needs and issues relating to adolescent girls.

## 2.26 OBJECTIVES

The objectives of UNICEF cooperation will be to :

- advocate for change in attitudes for parental and social investment in the care and development of adolescent girls.
- reduce existing gender disparities and ensure coverage of adolescent girls in the sectoral programmes of health, nutrition and education
- support policy development and formulation of comprehensive programme packages.
- develop area-based integrated programme packages for development of adolescent girls and their effective integration (mainstreaming) in social development processes.
- support development of innovative strategies to address the needs of special groups such as destitute girls and working girl children

## 2.27 PROGRAMME ACTIVITIES

2.27.1 The strategy for achievement of the above objectives is to instill a gender-sensitive focus in the planning and implementation of all ongoing child development programmes and to develop alternative approaches for addressing the needs of adolescent girls, both as additional components to existing services, as described in the Chapters on ICDS, Nutrition, Health and Education and/or as a separate package. Intersectoral activities will be strengthened and innovations tested for their wider application. Active involvement of voluntary organizations and local agencies is envisaged in planning and implementation.

## 2.28 PROGRAMME IMPLEMENTATION

2.28.1 As specified above, advocacy and action for reduction of disparities will be implemented nationwide. In the case of state-level interventions, priority will be accorded to the "gender-backward" states -- identified by a set of indicators such as illiteracy, low age of marriage, and low female work participation rates. District-level interventions will focus on areas identified for community-based programming. Wherever related programmes exist, such as Mahila Samakhya

and the proposed Bihar Education Project, assistance will supplement the ongoing efforts to promote linkages and coordination of services.

- 2.28.2 At the national level, UNICEF co-operation will be available for the development of approaches for nationwide programmes for adolescent girls, with particular emphasis on delaying the age of marriage. Activities will include situation studies, policy and programme analysis, establishment of monitoring system, development of standard training modules for gender sensitization, education and communication materials to support advocacy and public awareness. Workshops and seminars on specific themes will be sponsored -- to sustain the advocacy efforts of 1990 and to promote national consultations among experts, policy makers, media agencies, government departments and voluntary organisations.
- 2.28.3 At the state level, advocacy, sensitization and public education campaigns and the development of a monitoring system will be promoted. In selected states, UNICEF will support state-wide specific interventions in health, nutrition, non-formal education, vocational training, "empowerment" of adolescent girls as add-on components to ongoing schemes such as ICDS, DWCRA, UBS, and Non-formal Education. Also, the development and implementation of a package of development services for special groups, i.e. "devadasis", working girls, and at-risk families, by mobilizing service-benefits of ongoing programmes, will receive support for a specified period.
- 2.28.4 In the selected districts, UNICEF will support the development and implementation of area-based plans of action for the integrated delivery of a package of services - nonformal/formal education, health-care, nutrition, vocational training, health and nutrition education, activities for empowerment and participation, family life education, media-linked information and communication (radio and television). In urban slums particularly, this will necessitate the establishment of pre-project linkages with suitable voluntary organisations and industrial as well as commercial establishments in the public and private sectors to obtain benefits of incentives, apprenticeships, scholarships, stipends, and other sources of support.

## 2.29 LINKAGE WITH OTHER PROGRAMMES

- 2.29.1 Activities will be linked to existing social services. Programme benefits from ICDS, DWCRA, Adult Education (Women), Health, Nutrition and UBS will be integral to the proposed activities and will in turn strengthen their respective community education activities. Further, the collaboration of these programmes will be sought from the planning stage itself for coordination of service delivery. Other socio-economic programmes will also be linked to implementation, particularly vocational training.

## 2.30 PROGRAMME MANAGEMENT

2.30.1 The Department of Women and Child Development, at the central level, will have the responsibility for overall policy and programme implementation and draw upon the departments of Education, Rural Development and Ministry of Urban Development for coordination of their financial and technical inputs. At the state-level, the Directorates of Women and Child Development will bear the responsibility for managerial and financial functions in coordination with urban local bodies and sectoral departments and draw upon the technical inputs of the voluntary agencies and local institutions. Field Publicity Units and media agencies will be involved for communication activities, as and when necessary.

2.30.2 UNICEF will support programme coordination. Based on annual plans of action, the financial and other resources will be made available to concerned agencies to facilitate implementation.

## 2.31 IMPLEMENTATION SCHEDULE

2.31.1 While the advocacy and policy-development activities will be implemented on a continuing basis, the state and district level interventions will be introduced in phases. The annual expansion within the states and districts will be contingent upon the state of preparedness and level of collaboration among the sectors and agencies.

## 2.32 PLANNING, MONITORING AND EVALUATION

2.32.1 While annual reviews at the central level will guide the expansion of the programme, yearly plans of action at the state and district levels will determine the implementation schedule for activities and resource allocations.

2.32.2 The monitoring schedule will extend to the district level and state level. Interdepartmental reviews and planning will be basic to implementation. Monitoring formats will be developed to assess progress of implementation. A set of common indicators will be used for programme evaluation, lending support to advocacy and policy development.

## 2.33 UNICEF RESOURCE ALLOCATION

(US\$ 000's)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	TOTAL
General Resources	100	150	350	400	400	1,400



## 2.34 OVERALL COORDINATION OF WOMEN'S AND GIRLS' CONCERNS

- 2.34.1 To support the effective integration of women's issues and girls' concerns in the three programme components outlined in this chapter, the following activities will be jointly undertaken by the Department of Women and Child Development and UNICEF:
- 2.34.2 Promote policy reviews of the situation and status of women, support the analysis and integration of research and evaluation findings for translation into policy/programme recommendations at decentralised levels, and gender-sensitive training.
- 2.34.3 Establish mechanisms to monitor the integration of women's /girls' concerns across sectors, starting with sectors covered in this Programme, based on a common set of indicators and monitoring formats and evaluation methods.

## 2.35 SUMMARY RESOURCE ALLOCATIONS

	(US\$ 000's)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	TOTAL
Women's Participation	300	500	700	800	800	3,100
DWCRA	3,100	3,350*	3,950*	5,300*	4,500*	20,200*
Adolescent Girls	100	150	350	400	400	1,400
<b>TOTAL</b>	<b>3,500</b>	<b>4,000</b>	<b>5,000</b>	<b>6,500</b>	<b>5,700</b>	<b>24,700</b>

\* includes Supplementary funds.

## Chapter 3

### URBAN BASIC SERVICES

#### 3.1. INTRODUCTION

3.1.1. This Chapter outlines the application of the Urban Basic Services Strategy in response to the needs of children and women of the urban poor.

3.1.2. As of 1990, a little more than one fourth - an estimated 220 million, of India's population - lives in urban areas of India. A third of them live in substandard slums and shanties. In the next ten years, there will be a 44% increase adding approximately another 100 million to this number. For the first time, the urban population has begun to grow faster (4.6 percent) than the national average of 2.5 per cent. The growth rate of the urban poor is even faster. At the turn of the century, a half of the urban population is likely to live in under-serviced settlements. An estimated 68% of the urban poor are children and women. A consequence of this pace and pattern of urbanization has been the widespread deprivation of basic services for children of low income families, denial of their basic right to grow normally, neglect, abandonment, destitution and growing number of children compelled to work at a tender age.

#### 3.2. SITUATION OF THE URBAN CHILD

3.2.1. Approximately 34 million children and women (1983-84) live below the poverty line in urban areas. Around 85% of children suffer from varying degrees of malnutrition. About 50% of expectant women suffer from nutritional anaemia leading to low birth-weight babies. According to sample studies, the infant mortality rate is 123 per thousand live births in urban slums while the corresponding overall urban rate in India is 62 per thousand.

3.2.2. Twenty eight percent of infant deaths and 22% of child deaths in slums occur due to diarrhoea or acute respiratory infections. Sixty-eight percent of births are home-deliveries and 22% occur without trained medical attention. Despite the efforts of universal immunization and better health facilities, in many urban areas immunization in slums still requires special attention. Overall urban figures indicate that 69.8% of the urban population is covered by proper sanitation but micro-studies differ. A study in Delhi found that half the sample of 28,000 squatter households use open areas for defecation. Sixty two per cent of the urban population appear to have potable water, however inadequate the actual availability may be. In the slums of most major cities, gastroenteritis takes a heavy annual toll of child deaths during the monsoons due to lack of safe drinking water, sanitation, proper hygiene and health awareness.

- 3.2.3 Sixty six per cent of the poor households depend on the informal sector for their earnings. With the expansion of the informal sector, casual labour and persistent under-employment are increasing among the urban poor negating their attempts to care for their women and children.
- 3.2.4. The literacy rate among the urban poor is 28.1%, while the overall urban figure is 57.4%. Some 27% of urban children between 5-9 years do not attend school. This again is the overall urban average. The problem is much more acute in slums where school enrolment and retention rates are alarmingly low. Quality of instruction and facilities are often well below the average in those urban primary schools that cater to the poor. As a result, the number that moves from these schools to secondary education is negligible.
- 3.2.5. Under these conditions, a large number of urban poor families run the risk of adding to the growing number of children in especially difficult circumstances, particularly street children. There are about 1.5 million children working for a wage, constituting around 7% of all employed females and 8% of males in urban slums. Child neglect is a major problem in urban low income families. Different sources and studies estimate that the number of children living and/or working on streets and in public places is around 20 million.

### 3.3 GOVERNMENT RESPONSE

- 3.3.1. The Government's response to urban poverty has come of age since the 1970s. During the 5th and 6th Plans 1975 -85, slum clearance and slum improvement were the only direct response to urban poverty by the Government which was otherwise engaged in addressing poverty through expansion of the national economy and envisaging reduction of poverty, both rural and urban, through rapid and massive economic growth. Meanwhile, outside the mainstream of national planning, there were some successful attempts by a few cities such as Hyderabad and Baroda, to experiment with participatory community development in urban slums, with UNICEF assistance.
- 3.3.2. Encouraged by the early success of these experiments, there was an endeavour to directly address the needs of the urban poor in the 7th Plan. The urban poor became a focal group of urban planning for direct socio-economic interventions. These include some components of World Bank-financed urban development projects in Madras, Calcutta, Bombay and Indore; the slum improvement projects in Hyderabad, Vishakapatnam, Vijayawada and Indore financed by the British Overseas Development Administration (ODA); Self Employment Promotion for Urban Poor (SEPUP); fair-price shops distributing essential commodities among ration card-holding urban poor and UNICEF assisted Urban Basic Services (UBS) programme in over 168 towns in 37 Districts.

- 3.3.3. Almost all these programmes have undergone mid-term evaluations. While each one of them has shown its own strengths, they all are deficient in one aspect or another, ranging from inadequate financial outlays to insufficient community involvement and coverage and thus have not been able to make the expected impact on the lives of the urban poor. The EIU programme has the largest budget but has failed to involve the slum dweller in identifying projects and maintenance of improvements. The World Bank projects cover only a few cities and show a heavy engineering bias towards physical infrastructure and public works. Their commitment to social planning and community participation is low at present. Compared with them, ODA-supported projects show a clearer bias towards social infrastructure development but the services provided are still expensive and beyond the capacity of the poor to afford.
- 3.3.4. Integrated Child Development Services (ICDS) is presently a rural outreach effort. Its urban coverage is limited. SEPUP does not involve the communities in identifying the needy. Thus, the evaluations reveal that intended population groups are often missed.
- 3.3.5. UBS programme emphasizes needs of women and children, mostly in small and medium size towns. The pilot phase is over and has registered significant gains in areas of community organization, early childhood education, home based diarrhoea control and immunization. It appears to have captured the imagination of the slum dweller registering a significant level of people's participation and awareness. However, its monitoring is deficient at some levels. Also, the project staff in many towns lack authority to link other sectoral services such as housing and environmental improvement. Yet, the programme has provided sufficient experience to design participatory approaches so vital for sustainable development in relation to the urban poor.

#### 3.4 OVERVIEW OF UNICEF COOPERATION

- 3.4.1. UNICEF involvement in India's urban programmes dates back to 1977 when it began to support Urban Community Development (UCD), Small & Medium Town Development (SMTD) and Low Cost Sanitation (LCS) programmes. The cumulative lessons from these helped the Government to package some elements of the three programmes together under the UBS Scheme in 1985. With its introduction, UNICEF moved from supporting 16 UCD/SMTD/LCS towns to becoming a catalyst in a national programme covering over 5 million slum dwellers in 168 UBS towns. This is one of the largest and most complex urban programmes supported by UNICEF. As compared to the earlier town-focussed experiments which were funded 100% by UNICEF, the expenditure on UBS has been shared between UNICEF, the State Government and the Central Government on a 40: 20: 20 basis.

### 3.5 NATIONAL OBJECTIVES AND STRATEGY

- 3.5.1. The Action Plan announced by the Government of India on 1 January 1990 states: "Substantial expansion of the existing programme serving the urban poor will be undertaken from April 1990. These will include provision of basic services and facilities in slums, with particular attention to the needs of women and children."

This commitment of the Government is the basis for securing UNICEF's renewed cooperation on a continuing basis in urban areas as proposed in this document.

- 3.5.2. Beginning with the first year of the Eighth Five Year Plan, the Government of India proposes to make the UBS Scheme universal to cover at least 500 additional project areas. It has already committed a massive increase in budgetary allocations. To strengthen community level social infrastructure in these towns, the Government has increased the annual commitment from US\$ 2.5 million to approximately US\$ 15 million. In addition, it is hereafter committing substantial funds to merge social planning efforts with environmental, housing and employment needs of the urban poor through the Nehru Rozgar Yojana.

- 3.5.3. Under the revised programme of Urban Basic Services for the Poor, the Government is endeavouring to give urban poverty alleviation a 'shot in the arm' by introducing a four-pronged strategy comprising:

- social development planning with special focus on the development of Children and Women,
- environmental upgradation of slums; and
- employment creation for low income communities through promotion of micro-enterprises and public works; and
- housing and shelter upgradation.

- 3.5.4. This will be done by strengthening and expanding the UBS strategy of working with people. To achieve convergence and comprehensive coverage, the revised programme will link up with the Environmental Improvement of Urban Slums (EIUS) and Nehru Rozgar Yojana (NRY).

### 3.6 OBJECTIVES OF UNICEF COOPERATION

- 3.6.1. The UNICEF assisted component of the programme is designed to enhance the survival and development of approximately 8 million children and women of the urban low-income families in the next five years. It will ensure that the four-pronged strategy mentioned above will lead to better environmental, social and living conditions for them in order that they may better develop their full potential as human beings. Its broad aims are to:

- contribute towards reduction of morbidity and mortality among poor urban children and women in project towns through the extension of child care and health services, water and sanitation facilities and income earning opportunities;
- create conditions that will help develop the potential of children and women in the slums and realize their rights through improved access to basic and community education;
- help enhance the awareness and capacity of urban low-income communities to meet their own needs, with or without outside help through constant interaction among themselves; and
- help government and voluntary agencies improve their capacity to effectively reach the urban poor and jointly launch and manage urban poverty alleviation programmes on a participatory basis.

### 3.7 PROGRAMME APPROACH

- 3.7.1. The UBS Programme will approach urban poverty problems and related child and women development issues through a **coordinated and convergent provision of physical amenities and social amenities**. Under the former, the programme will seek to provide water supply, drainage, sanitation, environmental upgradation and community facilities for health centres, creches, recreation and space for socially productive group work and outlets for sale of home-based products.
- 3.7.2. Under the social amenities component, the programme emphasis will be on community organization, elementary education, child care, immunization, health care, family planning, supplementary nutrition, personal hygiene, environmental health, non-formal education, thrift community education to raise civic consciousness (on issues such as bias against the girl child, dowry, early marriage, and large family size), strategies for rehabilitation of street children, juvenile delinquents, alcoholics and drug addicts and assistance for prevention and care of the disabled..

### 3.8 PRIORITIES IN RELATION TO UNICEF ASSISTANCE

- 3.8.1 During the period 1991 -1995, UNICEF will support the UBS Programme by:
- financing some select key result areas that are vital to sustain the programme's focus on children and women and its quality and
  - supporting intensive programming in a few selected districts.

3.8.2 UNICEF support in the coming years will be mainly to **promote UBS more as a community mobilization strategy than as a programme**. In doing so, it will assist the Government in a series of activities that are deemed to be crucial for successful implementation of the reformed and expanded UBS programme.

### 3.9 UNICEF-ASSISTED PROGRAMME COMPONENTS

#### 3.9.1 Training-Capacity Building

3.9.1.1 With the proposed rapid expansion of UBS, a massive training investment will be made to constantly alert all those concerned with its implementation of the need to prevent the programme from losing its participatory character of planning from below. This characteristic is vital to sustainable development and substantial financial investments are needed to refine basic as well as advanced training packages not only for those who are directly involved in the implementation of the programme but also for others, both in public and voluntary sectors, whose decisions are strategic to programme success and to urban poverty alleviation efforts.

3.9.1.2 Under the auspices of the Programme and with UNICEF assistance, the Government will support and strengthen a network of sub-national level training institutions to undertake this task. Under the previous Plan of Operations, the Regional Centre for Urban and Environmental Studies of the Osmania University, Hyderabad, and All India Institute of Local Self Government, Ahmedabad, have developed some capacity in this regard. The Programme will identify a few other agencies, both public and private, that have the potential to train trainers and managers for UBS work.

3.9.1.3 The Programme envisages the training of an estimated 15-20 thousand Resident Community Volunteers (RCVs), Community Organisers (COs), Project Officers (POs), Community Educators, Public Health officials, Executive Officers, Municipal Commissioners, elected Counsellors, Presidents, MLAs and Mayors annually.

3.9.1.4 UNICEF will provide necessary supply and cash assistance to establish this training network without undertaking the liability of long term recurrent costs. It will help in the development of training curriculae, methods, manuals and aids and will assist the Government in orienting the policy planners and decision-makers to the Basic Services Strategy.

#### 3.9.2 Management-Capacity Building

3.9.2.1 Recognizing the importance of effective management and monitoring of making UBS universal, the programme shall undertake immediately the revamping of its field monitoring systems to improve the frequency, regularity and quality of progress reporting and review.

3.9.2.2 The immediate need will be to set up a self-propelling monitoring mechanism with the use of advanced management information systems. For this purpose, the programme will endeavour to strengthen town/district level capacity for data retrieval, progress surveillance and management. The programme will provide suitable training in this regard to officials in charge of monitoring at all levels.

3.9.2.3 UNICEF will share the costs of upgrading the monitoring and data retrieval systems and review mechanisms now employed by the UBS programme. It will help the Government get in motion the Management Information System (MIS) and develop a suitable software package for process monitoring including measurable indicators of community participation. It will actively participate in programme review and evaluations and help in disseminating knowledge and lessons gained learned.

### 3.9.3 Urban Information and Communication

3.9.3.1 Success of the UBS Programme will depend on how soon the communities could be mobilised to improve their own conditions through better access to information, education and services. This requires a massive effort at awareness creation. Voluntary agencies, mass media, political workers, teachers, bureaucrats and community leaders need to be mobilised in support. Therefore, the Programme will mount a strong Information, Education and Communication Strategy that could not only help reach the functionaries and the participating community with information but also train them in their different fields of participation.

3.9.3.2 UNICEF will assist the Government in developing a suitable series of communication activities within the framework of an urban social mobilization strategy that can help strengthen programme implementation and enhance its impact on the urban poor and on national policy development. It will also support documentation of successful field experiences and innovations using audio-visual and print media.

### 3.9.4 Urban Poverty Studies and Policy Research

3.9.4.1 The Programme will continue to broaden its knowledge-base on matters such as urban poverty, national policy, programme initiatives, urbanization and its adverse consequences on low income urban families, particularly their children and women. Such research is to help the Government with new insights to analyse and revise its programmes and policies to keep pace with new and growing demands of the poor. Findings of such research will also be useful for regular updating of training curriculae, programme strategy and concepts and advocacy at legislative and executive levels.



3.9.4.2 UNICEF will support a series of studies into relevant areas to be determined jointly with the Government. It will also assist in presenting the findings of such research for wider circulation among those concerned with urban poverty and urban programme planning.

### 3.9.5 Non-Government Organizations

3.9.5.1 Recognizing the resource and capacity constraints of the public sector to effectively carry out participatory community development activities without adequate field level personnel and experience, the Programme will encourage the involvement of non-government organisations and private sector establishments in innovative experimental areas of UBS implementation. Undertaking overall project management on behalf of the urban local body, networking urban primary health care, assisting children in especially difficult circumstances - particularly, street and working children - and mobilizing community participation are some such areas for their action.

3.9.5.2 In consultation with the Ministry of Urban Development, UNICEF will support Non Government Organizations that are capable of undertaking time-bound, child-related, participatory development actions in UBS towns.

### 3.9.6 Intensive Programming Districts

3.9.6.1 While a major part of UNICEF assistance will go to help the programme in its overall quality control, for purposes of demonstration, experimentation and research, it will be extended to a limited number of individual towns in districts selected for community based Programming (see Chapter 4). It will help urban local bodies in developing a package of Child Survival and Development interventions merged with other essential non-CSD activities.

3.9.6.2 In the selected districts, UNICEF will support only those towns where, other UNICEF-assisted and government programmes are in satisfactory progress; the state and municipal authorities agree to share the costs on a pre-determined basis and guarantee continuity after the period of UNICEF assistance; and where the urban local body is ready to provide supervisory and other infrastructural facilities to implement the project.

3.9.6.3 UNICEF will augment the local efforts and resources of these towns to ensure efficient implementation of the UBS development process.

### 3.9.7 Direct Programme Responses

3.9.7.1 In the participatory community development strategy and process that UBS employs, there will be situations which will require immediate interventions and assistance to neighbourhood development Committees/voluntary agencies in order to sustain their initiative, interest and above all, the programme's credibility

as a flexible, responsive delivery mechanism at the community level. To respond to urgent and unforeseen community requests, UNICEF will in consultation with the Ministry of Urban Development allocate funds for the purpose out of the resources committed to the said Ministry. It will help the Government reach communities in such emergent situations without having to face procedural delays that can hamper and dampen peoples' effort and enthusiasm. Further, it is proposed to set up a CAPART type body at the national level with UNICEF assistance for marketing consultancy for micro-enterprises, assistance to voluntary agencies in the sphere of urban poverty alleviation, research studies, evaluative projects, preparation of communication materials and strengthening of community structures, as recommended by the National Commission on Urbanization.

### **3.10 IMPLEMENTATION STRATEGY**

3.10.1. Alleviation of urban poverty calls for imaginative new approaches and a range of responses that makes community involvement in decision making the fulcrum on which the programme will turn. Crucial elements of the strategy are education and awareness-creation to motivate the individual and community to organize themselves as cooperating units and promote group action for their own well-being. This will be advanced through two major operational fronts, namely community participation and women leaders.

#### **3.10.2 Community Participation**

3.10.2.1 The Programme will employ a community development approach that makes organization and participation of communities a pre-requisite for development action. It will help organize communities into Neighbourhood Development Committees (NDCs or BVMs = Basti Vikas Mandals) which will be nurtured and energized by municipal level project staff, particularly the community organizers to ensure wider and equitable participation of residents in decision-making. Small neighbourhoods consisting of around 25-30 families each will select a female Resident Community Volunteer (RCV) to represent them on NDC. The full time UBS functionaries will train and link the RCVs with programmes of the government and other participating agencies.

3.10.2.2 Through RCVs, NDCs will survey and prioritise the needs of their neighbourhoods. Based on the needs thus identified, each NDC will prepare a mini-plan for development of its community and will then mobilize local leaders, voluntary organizations and well-wishers to support its implementation. Through such collective action, the programme will enable the urban poor households to have access to basic services such as water supply and sanitation, elementary education, health care and nutrition. Also, it will encourage and support community management of services as a rule.

3.10.2.3 Mini-plans of all NDCs coming under the jurisdiction of an urban local body will form the Town Plan of Action. At the District level, these town plans together will constitute the District Urban Basic Services Programme of Action.

3.10.2.4 At the level of the community (comprising about 12000 urban poor families) efforts would be made to converge services through a community development centre (CDC).

### 3.10.3 Women In Leadership

3.10.3.1 The Resident Community Volunteer (RCV) will be the mainstay of people's action in the project communities. She will be providing guidance and leadership primarily to her neighbourhood of 25-30 households and then to the total community through her participation in the NDC decision-making process.

3.10.7.2 The RCV will be a trained catalyst guiding her neighbourhood's social development and awareness building activities. She is expected to lobby for and sustain programming focus on goals and inputs that are related to concerns of children and women, such as immunization, infant feeding practices, birth spacing, women's rights and earning opportunities for them.

3.10.7.3 As experienced in Andhra Pradesh, Delhi and many other areas during the previous Plan of Operation period, the RCVs will involve their communities fully in identifying their problems and needs, planning and establishing their priorities and promoting self-help actions. Through the NDCs, they will then seek Government's participation in their own programmes. They will promote implementation of project activities by serving as a liaison between the government agencies and the community.

3.10.7.4 The services that the participating communities will plan and provide will be based on technologies that the poor can afford and maintain. If they seek access to specialised high-tech services, the municipal level UBS staff will help them establish linkages with existing formal service systems.

## 3.11 PROGRAMME MANAGEMENT

3.11.1. The UBS programme will be coordinated and managed through a series of review mechanisms set up at different operational levels.

3.11.2. At the community level, each area coming under a Community Development Centre will be supervised by a full time Community Organiser (CO) who will guide the RCVs and NDCs in participatory direction. A CO will cover several CDCs.

- 3.11.3. **At the town level**, the work of several COs will be supervised by a Project Officer (PO). In larger towns, there will be a Project Administrator who, under the overall guidance of the Chief Executive of the municipality, will coordinate and supervise the POs. The Urban Local body in each participating town will be appropriately helped to establish a Poverty Alleviation Programme Cell to administer the project.
- 3.11.4. **At the district level**, a District Urban Development Agency (DUDA) may be set up under the leadership of the Collector/Development Commissioner to implement the Programme. It will ensure that the project in each town is linked to other available programmes from which the urban poor can benefit. Particularly, it will seek convergence with Urban Integrated Child Development Services, Women's Development, Elementary Education and Water and Environmental Sanitation programmes of the Government and non-government sectors.
- 3.11.5. The District Urban Development Agency (DUDA) may provide technical and managerial support to urban local bodies that implement the programme and will ensure that the two main elements of the programme - namely child and women focus and community participation in decision making and programme maintenance - are maintained throughout all operations of the programme. It will be responsible for monitoring and reviewing the progress of implementation, making course-corrections where necessary and reporting regularly to State and Central governments.
- 3.11.6. **At the state level**, there may be a Programme Monitoring Committee headed by a Secretary level officer nominated by the Chief Secretary of the State. The senior secretaries and Heads of Departments related to the areas of concern and attention of the UBS Programme will be its members. It will have discretionary powers to co-opt others from social work, urban planning and allied fields. The Committee will be assisted by a state level Urban Poverty Alleviation Cell.
- 3.11.7. **At the national level**, there may be a Programme Steering Committee under the aegis of the Ministry of Urban Development. It will consist of representatives of ministries, departments and agencies associating with the Programme. Chairmen of four of the State level Monitoring Committees will also be members of this committee, on rotation, along with some eminent persons co-opted from the fields of social work, urban planning and allied areas.

### 3.12 **LINKAGES WITH OTHER PROGRAMMES**

#### 3.12.1 **Water & Sanitation concerns in urban areas**

- 3.12.1.1 UNICEF's participation in water and sanitation has hitherto been limited to rural water supply and sanitation through the Ministry of Rural Development. Under this Plan of Operations, UNICEF will consider the possibility of making a small beginning to support the Ministry of Urban Development to plan and implement

a low-cost water and sanitation programme in a few selected urban areas. On experimental basis, a total of 10-15 urban areas with population upto 250,000 will be taken up during 1991-95 for the purpose. Urban areas facing difficult problems in water supply and sanitation in the districts selected for community based Programming (see Chapter 4) will receive priority in the choice of project sites.

- 3.12.1.2 Planning of such facilities will be carried out by the UBS Neighbourhood Committees and the concerned municipalities. Technical support to determine appropriate choice of technology, equipment and installation will be provided by the Water and Sanitation Programme Section of UNICEF, which will endeavour to provide in its programme limited additional funds for the purpose.. The emphasis will generally be on low-cost technologies like handpumps, community latrines and simple garbage disposal facilities. As in the rural Water and Sanitation component, communication and social mobilisation activities will form an integral part of the implementation process.

### 3.12.2 Women's Initiatives

- 3.12.2.1 The UNICEF-assisted Programme for Women's Development implemented by the Department of Women and Child Development, will provide technical and entrepreneurial assistance to strengthen the women's empowerment process in the UBS programme areas in selected districts. The objective is to help enhance level and quality of women's participation and genuine representation in the UBS neighbourhood Committees through a process of education, information and awareness building that will increase the sensitivity among urban planners, municipal officials, community leaders and the women themselves to the needs and aspirations of women of the urban poor and ways of fulfilling them.

### 3.12.3 Education for the Marginalised Child

- 3.12.3.1 To try out appropriate low-cost strategies to meet the development needs of the marginalised child in urban slums, the UNICEF assisted Education Programme will allocate funds and support a few operational projects in selected towns/cities where the urbanization rate is higher than the average and State Governments are taking interest and initiative.

### 3.12.4 Primary Health Care

- 3.12.4.1 The efforts of the UBS Programme in communicating mother and child care, hygiene and sanitation to the populations that come under its purview will be revamped with the help of UNICEF-assisted Maternal and Child Health Programme. Through the Ministry of Health and Family Welfare, it will allocate

required funds and provide technical assistance to the UBS Programme in the following areas:

- development of curricula, communication material and networks for training of traditional birth attendants, community-level health educators and female health communicators (RCVs).
- community and preventive health orientation for medical and para-medical workers in the UBS Programme locations.
- Orientation on Child Survival and Development imperatives for municipal health workers in UBS areas and
- setting in motion an appropriate management and monitoring mechanisms for UBS inputs related to health.

### 3.13 MONITORING AND EVALUATION

- 3.13.1. The Ministry of Urban Development and UNICEF will hold regular review meetings to assess the impact of UNICEF-supported inputs on the quality of overall programme implementation. Both parties will circulate in advance a review document that will give in detail the major issues that require decisive attention at the Review.

### 3.14 UNICEF RESOURCE ALLOCATION

- 3.14.1 Subject to the annual review of progress in implementation, an amount of US\$ 19 million will be allocated annually as follows:

	(US\$ '000)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	Total
General Resource	2,000	2,000	2,000	1,500	1,500	9,000
Supplementary Funds		1,500	2,500	3,000	3,000	10,000
<b>Total</b>	<b>2,000</b>	<b>3,500</b>	<b>4,500</b>	<b>4,500</b>	<b>4,500</b>	<b>19,000</b>

### 3.15 PARTNERS IN UBS

- 3.15.1. Upto this Plan of Operations, UNICEF had been the only external agency providing financial support to the UBS programme. In the reformed programme, due to the comprehensiveness of the interventions and coverage proposed, more partners such as USAID, World Bank and ODA will be encouraged to support it. The programme will invite and encourage other funding and development agencies to assist it.
- 3.14.2. The Ministry of Urban Development considers that US \$ 19.0 million will be barely sufficient for the stated objectives in the ongoing projects in 168 towns and an amount of US \$ 25 million will be required for the expansion of the programme during the 8th Five Year Plan. The Ministry has already committed Rs 25 crores (US\$ 14.7 million) for the programme of Urban Basic Services for the Poor during 1990-91 alone, as part of its Action Plan to universalise the programme in the course of 1990-1995.

## Chapter 4

### SUPPORT FOR COMMUNITY-BASED CONVERGENT SERVICES

#### 4.1 INTRODUCTION

4.1.1 Consistent with the Approach of the 8th Five Year Plan, emphasis is placed on decentralization of the development process and progressive devolution of resources and responsibilities to local communities and institutions. This strategy is particularly relevant to programmes for women and children who constitute the largest and the weakest segment of population in need of support.

4.1.2 This Chapter provides a framework to enable Government-UNICEF cooperation to support a process by which existing programmes for children and women will be enhanced, leading to accelerated progress towards time bound national socio-economic goals and specifically to the objectives related to children and women, as stated in article 4 of the Framework of this Plan of Operations.

#### 4.2 NATIONAL POLICY

The social development strategy of the 8th Five Year Plan has two interrelated elements :

a) Integrated implementation of programmes such as child development, girls' education and women's employment, in a holistic approach at the village/block levels, centered on the ICDS structure and built around women's groups in rural and urban areas.

b) Community awareness, mobilization and participation through women's groups, with the support of local institutions like gram panchayat or municipal ward committee.

#### 4.3 CONTEXT

4.3.1 **Convergent Services** : An analysis of the implementation of various development programmes for children and women reveals that there is scope to converge these programmes on the community and to accelerate the development process to their advantage. If inter-programme linkages are clearly perceived, services for children can become the basis for planning as well as the focal point for activities both by voluntary organizations and by government departments. In this context, there is a need to assist administrative mechanisms



in working together at each level, resulting in better supervision, time management and programme outcome.

4.3.2 **Community Action** : The possibility and value of creating awareness among people and mobilizing them for collective action have been accepted as pre-requisites for successful social development programmes. Accordingly government has decided to take up in a major way the task of organizing the poor in rural and urban areas and extending to them financial, social and political support. Community participation in planning, managing and supervising programmes for children and women is seen as a reliable method for achieving functional linkages between departmental programmes. This process is helped through elected panchayat bodies, village or urban neighbourhood committees and voluntary organizations.

4.3.3 During the 8th Plan, a firm beginning will be made in a large number of villages to channel delivery of services to children, adolescent girls and women, through a common conduit for all the major programmes for them. The resources available through various composite programmes like ICDS, DWCRA, and UBS, as well as sectoral programmes like Mother & Child Health, Prevention and Control of Childhood Disability, Drinking Water Supply, Environmental Sanitation, Nutrition education and support, Education and Communication, will be linked, so that the convergence of these services will have a synergistic impact on the project population.

4.3.4 As part of the development process outlined above, Government and UNICEF will cooperate in a few districts selected according to criteria such as poverty, female illiteracy and child mortality.

#### 4.4 OBJECTIVES OF COOPERATION

4.4.1 In a selected district, the following aims will be promoted using one or two ongoing "lead programmes" of priority for the community, as the vehicle for action. ICDS will preferably be the "lead programme" wherever it is in existence for the purpose, with the anganwadi centre as the focal point for convergence of services at the village level. Multipurpose workers wherever available will also be involved for planning, implementation and monitoring of the mother and child health services to be provided at the village and sub-centre level.

- Generate awareness in the community about the nature of its problems, the development programmes already going on for its benefit, the manner in which it could derive maximum possible benefit from them and other things it could do to help itself.
- Organize, inform, train and activate community level organizations and, in particular, women's groups, to enable them to be involved in planning, managing, evaluating and sustaining development activities.

- Orient and assist government functionaries of various socio-economic services to plan and co-ordinate in a team mode of work, with the support of the community, towards common goals and related targets.
- Orient and involve women and other members of Panchayat institutions, cooperatives and other community organizations upwards from the village, to be able to participate in the process and guide the course of development as representatives of the people.
- Stimulate a process of making social and economic development relevant to the community, going beyond operational efficiency of service delivery systems, to achieve synergistic effect, social accountability and community self-reliance.

4.5.1 In operational terms, the strategy as outlined in 4.2, has the following implications:

- At the district and lower levels there already exists a state-specific administrative infrastructure for socio-economic development activities -- both in rural and urban areas. In a selected district, **DWCRA**, reinforced where possible by WDP, provides an appropriate programming base for intensive community-based convergent services in rural areas, in a manner similar to that **UBS** offers in the urban slums of the same district. Further, the aims of ICDS, in respect of much the same population groups for community participation as well as intersectoral linkages, pull in the same direction. (Chapters 1, 2 and 3 of this Plan of Operations refer).
- A key element of the Strategy will be the development of a local level participatory mechanism, as close to the community as possible, which would permit and promote creative interaction between the administrative and community structures (i.e. between an intersectoral team of functionaries and organized groups from the community).
- The nature of the mechanism will necessarily be area-specific and population-specific and will be developed district by district. In working out the details, the experience of programmes in the government sector (like UBS) and of successful examples in the voluntary sector will be drawn upon. Where

feasible, voluntary and non-government organizations with a local presence will be associated.

Once the needs of the community are analysed and articulated, it should be possible for the administrative system and the organized community together to meet them without delay by deploying in a flexible manner additional resources of catalytic value, over and above regular programme funds. A small discretionary fund will be placed at the disposal of local communities for meeting their most essential felt needs in accordance with their own priorities and wisdom, on the UBS pattern. In this manner, it would be possible to bridge gaps in existing arrangements and to make ongoing programmes -- such as water supply, basic education, primary health care, nutritional support, and social welfare -- increasingly productive and sustainable.

#### 4.6 COURSE OF ACTION

4.6.1 The number, names and phasing of districts for focused attention will be determined in consultation with state governments keeping in view:

- situation of the district in terms of social indicators including infant/child mortality rate, female literacy, and poverty.
- availability of a rural development programme infrastructure in the district, relevant to the provision of basic "minimum needs", which would provide a base for community-based, convergent services.
- active presence of voluntary organizations.
- possibility of ongoing programmes such as ICDS, drinking water supply and basic education, lending momentum to the process of community participation and intersectoral team work.

4.6.2 The Department of Rural Development in rural areas and the Ministry of Urban Development in urban areas will interact, in consultation with the Department of Women and Child Development and in mutual co-ordination, with the state, district and block-level agencies concerned, to develop district-specific annual plans of action in a process which would include :

- identifying needs and resources through a participatory analysis of the community-level situation.
- organizing, awareness-raising, training and activation of groups, specially of women.
- orientation and coordination of service functionaries towards common time-bound goals.

- orientation to members of community level organizations like panchayat and cooperatives.
- participation of voluntary and non-government organizations and professional bodies.
- arrangements for regular interchange between and joint action by the administrative and community structures, leading to improved service delivery and results.

4.6.3 The district plan of action will focus on compact areas and poor population groups in the district and dovetail with the UBS programme in the same district.

4.6.4 The district planning process will be strengthened by technical and financial support from the state and central levels in a coordinated manner and will have a monitoring mechanism integral to it and operative from the start.

#### 4.7 ACTIVITIES FOR UNICEF SUPPORT

4.7.1 The activities for UNICEF assistance will be spelt out in the district Plan of Action and will specifically include support for:

- a brief district-specific structural and situation analysis involving the community;
- selection and training of community volunteers;
- organizing, training and activating women's groups;
- orientation of members of community organizations like panchayats and cooperatives;
- orientation of government functionaries;
- assisting communication support through traditional and modern media;
- improving social planning competence at community, block, district and state levels;
- support for meeting critical gaps through a small discretionary fund placed at the community's disposal;

- **monitoring of process/impact**, based on a set of basic indicators of 'human development', involving the community as much as possible;
- **Interchange of programme experience** and mutual support between districts/states.

#### 4.8 PROGRAMME MANAGEMENT

- 4.8.1 At the Central level, the overall direction, support and evaluation of the programme will be coordinated by the Department of Rural Development in consultation with the Ministry of Urban Development so far as the urban areas of the district are concerned and with the Department of Women and Child Development.
- 4.8.2 For this purpose, the Secretary, Rural Development, will form a central co-ordinating group, preferably at the level of joint secretary, representing the Department of Rural Development, Ministry of Urban Development and Department of Women and Child Development to guide the course of action and to monitor progress on a regular basis. Other concerned departments, such as Health, Family Welfare, Welfare, Education, Food, etc. may be included in the Co-ordinating Group, depending on programme needs and potentials of the district. Each member of the group will adopt a district which he/she will visit periodically and evaluate progress, evolve common strategies and resolve issues.
- 4.8.3 For example, the Food and Nutrition Board of the Department of Food is engaged in nutrition education and organising orientation training for village level workers of the concerned sectors like Women and Child Development, Health, Education, Rural Development, etc. The Department of Food, therefore, is expected to be involved in the programme.
- 4.8.4 In the States, implementation and management will be the responsibility of a state-level inter-ministerial coordinating group on the pattern as in paragraph 4.8.2.
- 4.8.5 At the District level, the role of intersectoral co-ordination will devolve on the district development administration and, in turn, on the block development office. In the urban areas, the programme would be monitored by the District Nehru Rozgar Yojna Committee headed by the Collector/District Urban Development Agency and Municipal Corporations/Councils will be progressively involved in the programme at the city/town level.
- 4.8.6 It is expected that Panchayat institutions will be progressively involved in the programme and, in course of time, assume the responsibility for it -- with continued planning and technical support from the State and Central levels, without detracting from the primary role of the community and, in particular, organized groups of women.

#### 4.9 IMPLEMENTATION SCHEDULE

4.9.1 The districts that are selected for community-based convergent services will be taken up in a phased manner through 1991-95 at the rate of six districts in each of the five years. The choice would depend on the state of preparedness at the state/district levels to begin the process and of the sectoral programmes to work together within the framework of a district plan.

4.9.2 In a selected district, implementation will be phased, starting with one or more ongoing programmes of perceived priority for the community.

4.9.3 The implementation schedule will be detailed in the annual district plan of action.

#### 4.10 GOVERNMENT COMMITMENT

4.10.1 Assisted by the Central/State coordinating groups, the participating Departments/Ministries will coordinate the resources flowing to the district through various Central and State programmes and provide technical support for the district Plan of Action.

4.10.2 The Central/State coordinating group will also enable the district development administration to make arrangements necessary to ensure effective coordination of service systems at block and district levels.

#### 4.11 UNICEF RESOURCE ALLOCATION

	(in US\$'000)					Total 1991-1995
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	
General Resources	800	1,000	400	200	100	2,500
Supplementary Resources		1,000	2,000	3,000	4,000	10,000
<b>Total</b>	<b>800</b>	<b>2,000</b>	<b>2,400</b>	<b>3,200</b>	<b>4,100</b>	<b>12,500</b>

#### 4.12 MONITORING AND EVALUATION

4.12.1 Over and above the monitoring procedures integral to each of the programmes contributing to the process of community-based convergent services, a monitoring system will be developed and introduced at the community level in a

district-specific manner. As stated in paragraph 4.7.1 (i), this will include an essential set of indicators of 'human development' for monitoring which community organizations and government agencies will mutually support. Panchayat and other community organizations will be assisted to develop capability in monitoring, interpreting and actually using the indicators for planning, course correction and evaluation of development activities at the community level.

- 4.12.2 These indicators will relate to availability and coverage of services, giving attention also to considerations of quality, effect and equity.

**Chapter 5****HEALTH****5.1 HEALTH SITUATION AND NATIONAL POLICIES**

- 5.1.1 Health is both a contributor to, and a goal of development. It is not just a social service but an investment in human resource development. UNICEF with its concern for the child in its total environment aims at the promotion of an integrated approach which crosses sectoral boundaries and strives to advocate health promotion within the primary health care strategy. In spite of considerable expansion of the health infrastructure, minimum and essential health care has not been available for the majority of young children and mothers, particularly for those socially and economically deprived. The pressing problems referred to as the "population - environment - poverty triad" form the back-drop against which development initiatives must necessarily emerge; health action will therefore concentrate on deprived population groups and address health problems as well as population issues among the vulnerable.
- 5.1.2 The infant mortality rate (IMR) in India is 94 per 1000 live births (1988). While there is discernible decline over the last decade, it is still unacceptably high, with significant differences between states, the lowest being in Kerala (28 per 1000 live births) and the highest in Uttar Pradesh (127 per 1000 live births). Within states even larger differences exist between districts. Peri-natal mortality rates are above 50 per 1000 live births in the most populous states, reflecting not only the poor health status and care of women during pregnancy, but also the poor quality of services at birth. The age specific death rate among those below five years of age is estimated at 38.4 per 1000 children, and is much higher in the states of Uttar Pradesh, Bihar, Madhya Pradesh and Orissa - between 60-70 per 1000 children.
- 5.1.3 Though the infant mortality rate does not vary much with the gender, the mortality rates among those below 5 years of age have been consistently higher for females than males, in both urban and rural areas. In 1985, the age specific death rate for children below five years was estimated at 45.3 for girls and 41.4 for boys in rural areas and 21.1 for girls and 19.4 for boys in urban areas. This reflects the slower response of both the community and the health care system towards the health and medical needs of the girl child.
- 5.1.4 There are several contributory factors for high mortality rates among young children - to begin with, pre-maturity and low birth-weight (at least 30% of all births) and causes related to birth such as birth injuries and asphyxia. Exposure to unfavourable environmental conditions and infections such as tetanus (250,000 deaths a year), measles (500,000 deaths a year), respiratory infections



(600,000 deaths a year), diarrhoea (1,500,000 deaths a year) are the major causes of death and illness in young children. India accounts for more than a quarter of the deaths due to acute respiratory diseases and over a third of deaths from dehydration due to diarrhoeal diseases, in the world. Malnutrition is the major underlying cause for death in 30-50 percent.

- 5.1.5 Over 25 million births take place annually - more than half of these are high-risk pregnancies, dangerous both to the mother and child. In this process, over 125,000 women are estimated to die each year, while over 1.6 million women suffer morbidity of varying degrees. Early marriage, early and frequent child-bearing with short-spaced pregnancies in the context of over-work, malnutrition, low levels of female literacy; limited work force participation as well as low wages, compounded by the lack of maternity benefits are recognised to significantly aggravate the risk. The major immediate causes of maternal deaths are bleeding, anaemia, puerperal sepsis, toxemia, abortions and obstructed labour. The maternal mortality rate in India is unacceptably high, estimated to be well over 400 per 100,000 live births a year, with wide inter-state variations. India accounts for 25 percent of the total maternal deaths in the world.
- 5.1.6 Public health problems depress the already poor health status of young children and women. These include tuberculosis, with an annual incidence rate of 1%; leprosy, which is endemic in 40% of districts; malaria which is endemic across the country, but has an increased virulent presence in tribal areas of Orissa, Madhya Pradesh and north-eastern India; sexually transmitted diseases with an overall prevalence rate of 5%, increasing to over 30% in Jammu and Kashmir, Himachal Pradesh, Andhra Pradesh and Tamil Nadu; and Kala Azar which is endemic in 29 districts, mostly in Bihar and West Bengal. In the absence of immunization, 170,000 children would be lame each year due to poliomyelitis. Over 40,000 children become blind annually due to Vitamin A deficiency. Anaemia in 70% of the women and over 50% of young children, as well as parasitic infestations, add to the problem.
- 5.1.7 The country has seen a significant expansion particularly in the last two decades in the health infrastructure, in terms of health service units as well as personnel and training facilities. From 725 primary health centres and no sub-centres in the early 1950s, there are over 19,000 primary health centres and 122,000 sub-centres in India today. Some 120,000 female multi-purpose health workers are in position; the annual training capacity is 22,000. The annual out-turn of medical doctors in the allopathic system is 13,000; and an additional 13,000 doctors graduate from the indigenous medical system every year. The challenge now is to improve the quality of services, functioning and effectiveness of health units, as well as skills and capability of health personnel.

- 5.1.8 The Government's commitment to the primary health care strategy has been articulated in the National Health Policy adopted by Parliament in 1983. The reduction of maternal, infant and child death rates, and morbidity was planned over a timeframe; as also the phased increase in coverage for mothers and young children with specific services for immunization, control of vitamin A deficiency and anaemia, deaths due to diarrhoeal diseases, ante-natal care as well as birth spacing and timing. The Task Force Report on Minimum Perinatal Care (1982) as well as the Task Force Report on Maternal Mortality and Morbidity (1987) reflect the need to provide minimum services at village, first level referral and tertiary levels. A package of services at village level was outlined for the care for mothers and young children with necessary support and referral for those at risk. The recent policies for management of diarrhoeal diseases and acute respiratory infections provide detailed guidelines which now need to be implemented nationwide.

The vital link between child survival and fertility regulation has been recognized by Government leading to the articulation of India's Family Welfare strategy for the 7th Five-Year Plan. This strategy views maternal and child health - child survival in particular - as an integral component of family welfare and an essential prerequisite for population control. The policy stated that measures will be taken to control the negative synergistic effect of malnutrition, infection and uncontrolled fertility, reflected in high birth and death rates, by a package of feasible interventions for mothers and young children. The National Development Council in 1990, and the country's 8th Five-Year Plan also emphasise these aims. They underline the need to implement a 'package' of services for bringing about a qualitative improvement in child survival, health and development.

## 5.2 OVERVIEW OF COOPERATION - 1985-90

- 5.2.1 During the period, Government and UNICEF worked together in activities related to child survival and development. The immunization programme, which was implemented in a phased manner in districts, has proved to be a successful approach for effective interventions to improve the survival of young children. The programme was jointly developed by the Ministry of Health and Family Welfare and UNICEF. UNICEF supported critical programme components. This included training, communication support, supply of essential equipment and vaccines, programme planning and social mobilization. Considerable support was also provided for developing strategies for the control of diarrhoeal diseases as well as acute respiratory infections. Training and communication materials were developed. Plans of action were designed to facilitate implementation, using the district as a unit for service delivery. Bilateral donor agencies channelled funds through UNICEF to make this possible. This provided a standard mode of support for critical child survival interventions. Specific strategies were designed in select districts for improving home-level care at birth through traditional birth attendants.

5.2.2 This pattern of collaboration needs to be sustained, continued and enlarged to include the critical and feasible health interventions which will result in a decline of mortality and morbidity in both mothers and young children. A joint programme is being developed, where UNICEF will support Government initiatives for safer motherhood and child survival and health.

### 5.3 GOALS

5.3.1 Goals for mortality reduction in children (IMR of less than 60 per 1,000 live births; under-five mortality rate of less than 70 per 1,000 live births) and halving the maternal mortality rate are to be achieved by the end of the century.

<u>National Goals</u>		<u>1991-95</u>	<u>1996-2000</u>
<b>1.</b>	<b>REDUCTION IN MORTALITY</b>		
1.1	Reduction of Infant Mortality Rate from 94/1000 live births in 1988 to below :	75	50
1.2	Reduction of Under-5 Mortality from 146 per cent per 1,000 live births in 1990 to below :	125	70
1.3	Reduction of Maternal Mortality from 400 per 100,000 live births in 1990 to below :	300	200
<b>2.</b>	<b>CONTROL OF CHILDHOOD DISEASES</b>		
2.1	Eradication of Polio	40% districts 60% urban areas	all districts all urban areas
2.2	Elimination of Neonatal Tetanus by 1995	100%	
2.3	Reduction from existing levels in Measles - Deaths : - Cases :	by 95% by 90%	
2.4	Reduction in Diarrhoeal - Deaths : - Cases :	by 30% by 10%	by 70% by 25%

<b>National Goals</b>		<b><u>1991-95</u></b>	<b><u>1996-2000</u></b>
2.5	Reduction in deaths due to Acute Respiratory Infections	by 20%	by 40%
2.6	Virtual elimination of Blindness and other consequences of Vitamin A deficiency (2%)	1%	
3.	<b>IMPROVED COVERAGE WITH SELECT SERVICES</b>		
3.1	Access by all couples to information and services for child spacing from 35% in 1990 to :	70%	100%
3.2	Access to services and information for pregnant women for control and management of Anaemia from existing level of 30% in 1990 to :	60%	100%
3.3	% of pregnant mothers receiving antenatal care from 30% in 1990 to :	75%	100%
3.4	% of deliveries by trained birth attendants from 15% in 1990 to :	80%	100%
3.5	% coverage by Vitamin A prophylaxis in children 6 months to 3 years from 20% in 1990 to :	80%	100%
3.6	Immunization status :		
	TT for pregnant women from 80% in 1990 to	100%	100%
	5 doses of TT to women in reproductive age group from nil to :	80%	100%
	TT for school-going children		
	- 10 years from 30% in 1990 to :	100%	100%
	- 16 years from 20% in 1990 to :	100%	100%
	DPT (infants) from 80% to :	100%	100%
	DPT Booster from 50% to :	80%	100%
	OPV (infants) from 80% to :	100%	100%
	BCG (infants) from 80% to :	100%	100%
	DT (new entrants of school 5-6 years) from 30% in 1990 to :	80%	100%
	Measles vaccine from 80% in 1990 to:	100%	100%

5.3.2 Another goal will be to promote an optimum child bearing pattern, by reducing the absolute number of pregnancies, in particular those improvident to mother and child. The quality of services will be improved to ensure risk-free, healthy outcome for mother and child. Every effort will be made to effectively raise age of marriage and eliminate the present 15% teenage pregnancies; and reduce incidence of marriage of girls below 18 years of age.

5.3.3 Disparity reduction is a shared development goal of the Government and UNICEF. Strategies to reduce disparity would be the guiding principle of specific programme interventions. These interventions will address, and narrow the gap between gender, geographic, economic and social differences in health. Goals for this period are defined for progressively smaller units; the national goals of mortality reduction are to be achieved by all states; and then by all districts - by each state by 1995 and each district by 2000.

#### 5.4 PRINCIPLES AND STRATEGIES

5.4.1 A two-pronged approach will be adopted for health interventions. A package of services for reducing deaths among young children and mothers will be implemented on a nationwide basis. In addition, district-based approaches will be instituted to improve the quality of health services, health care for women and children and try out innovative ideas.

5.4.2 Given the vastness and regional variations in the country, a differential, area-specific approach will be adopted within states giving greater emphasis to problems and geographic areas which require more assistance.

5.4.3 While concerns for reducing morbidity and mortality among infants, young children and women permeate the policy and programme objectives of all sectors, these apply even more to intersectoral programmes such as ICDS, UBS and DWCRA. These key implementation channels will be activated for reaching women and young children with a set of complementary interventions for improved mother and child survival and health.

5.4.4 Emphasis will be given to decentralized planning and implementation using the district as a unit. Specifically, the panchayats (local self-government) will be involved. A holistic approach aimed at better health of women and children through affordable means, by adopting "high risk" criteria, will be the strategy. Technical and management resource institutions will be strengthened so that district level organizations may draw upon these for their health planning, monitoring and evaluation needs. These institutions will be created around existing units, depending upon the choice of the panchayats and health administration at district level. For example, training schools for the female multi-purpose health workers can be effectively developed for this purpose.

5.4.5 The major expansion of personnel and physical infrastructure over the past two decades in the health system now needs to be strengthened for a functionally effective health care system. The experience from the universal immunization programme in India over the past five years demonstrates the effectiveness of focused health interventions in strengthening the primary health system. Greater frequency of community contacts have now become feasible. This clearly defined programme with strengthened management, training and logistics has made a difference. A similar approach will now be used for other interventions in child survival and health.

5.4.6 With a view to addressing the "cause" rather than only the symptom, emphasis will be given to integrating preventive approaches including inputs from the Water and Sanitation programmes being implemented nationally. These have also been given increased priority in the current decade.

5.4.7 Using universal coverage achieved through the Universal Immunization Programme (UIP), a "UIP Plus" package of services combining immunization with other basic maternal and child health (MCH) interventions will be implemented progressively towards universal coverage, through the improved systems facilitated by the immunization programme.

The "UIP Plus" package will consist of:

**For young children:** Immunization, control of diarrhoeal diseases (CDD), pneumonia diagnosis and therapy, vitamin A and newborn care.

**For mothers:** Tetanus toxoid immunization, anaemia control, ante-natal care, screening for high-risk, referral, care at birth and birth spacing as well as timing.

Considering that diarrhoea and pneumonia are two major causes for deaths in infants and young children, comprehensive programmes for the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) will be implemented nationally in a phased manner.

5.4.8 This defined set of interventions for mother and child health care will be developed and implemented in each district in a phased manner. Clearly, with the massive difference between districts in the health and development infrastructure, the level of technology used will also differ. The package of services for mothers and children would be expanded over the years, beginning with "doing the possible now". The infrastructure and resources of the states will also be taken into account while defining the level of service delivery. More support will be required for less developed areas.

- 5.4.9 Birth spacing will be promoted as a health measure for improving the survival of both mothers and young children. Communication and training activities will be integral parts of the package of MCH interventions.
- 5.4.10 The health and growth of girls throughout adolescence is a key determinant of eventual maternal health and adult well-being. Attention will be given to appropriate health education and to activities to promote optimal nutrition.
- 5.4.11 In order to energize the vast network of health services in rural areas and effectively coordinate private and public sector resources in urban areas, several support systems (training, communication, logistics and supply, programme planning and management) will be specifically strengthened.
- 5.4.12 Initiatives will be taken to ensure that essential supplies and drugs are made available regularly and on time at health units. Drug procurement will be rationalized reflecting regional requirements and their subsequent distribution, management and use by community-level health workers and community members.
- Efforts will be made to improve the quality of essential equipment, supplies, drugs and vaccines which are already produced in India. Additionally, steps will be taken to support indigenous production of items not available.
- 5.4.13 Steps will be taken to create demand for the package of services for mothers and children. Multi-media communication campaigns will complement the initiatives made by face-to-face communication by field workers of various departments.
- 5.4.14 Interventions for urban health will focus on disadvantaged groups in urban slums and will include the coordination of the public and private sectors and resources; promoting preventive health measures; involving private practitioners; mobilizing philanthropic and other groups for promotional activities; highlighting environmental issues for urban health and the inclusion of small and medium-sized towns as part of capacity development of district health care delivery systems.
- 5.4.15 Dissemination of information to policy makers, as well as to families in villages and urban slums on key aspects of maternal and child survival and health will be a priority.
- 5.4.16 Voluntary and other non-governmental organizations (NGOs) will be partners in achieving the common goals. Special efforts will be made to involve women's organisations. When possible, NGOs will be supported to provide the package of services for mothers and children (listed in paras 5.4.7 to 5.4.11 of this chapter), and for taking location-specific responsibilities. They will be supported to develop a network of organisations at national and regional levels for:

- Advocacy
- Information spread
- Communication
- Resource centres for networking
- Integration of services.

5.4.17 It is essential that life-saving technologies become part of village level services. Wherever possible, health guides will be involved. In select places, a "link" worker, preferably a woman, will be trained from the village to facilitate service utilization and self-help efforts. This community-based strategy would help demystify medicines and enable appropriate technologies to become household habits.

5.4.18 Private practitioners will be involved in the major activities related to child survival and health as well as safe motherhood, as partners for improved health care delivery. Professional associations will be systematically involved for improved health care practice. Doctors from indigenous systems of medicine will also be similarly involved.

5.4.19 Operational research will form an integral part of programme implementation and would provide scientific bases for confirming hypotheses as also lending insights into epidemiological, clinical, social and cost-related variables for subsequent application on a wider scale. For example, interventions for safe-motherhood (like establishing first level referral services) would be made operational. Alternatives in financing systems, service delivery (mobile/static/outreach services, group/community organisations for health care) require innovative approaches to be tried.

5.4.20 Mutual technical cooperation between states, districts and villages will be encouraged through sharing of programme experience. Women's organisations and panchayats will be supported for this purpose.

5.4.21 Progressively, every district will have a lead professional organization (voluntary or government) which will be supported in establishing a primary health care resource and training programme to enable individuals and organizations to inform and equip themselves to undertake various primary health care activities like CDD, ARI, UIP and safe motherhood; and receive adequate orientation and training.

## 5.5 INTERSECTORAL LINKAGES

Pivotal to the planning process is the underlying strategic objective of integration which, it is felt, would maximise programme impact by optimally improving the



quality of life of the population. Thus health interventions would aim at establishing viable linkages with other key sectors, at national state and district levels. Sectoral linkages will be a major strategic objective of district programming and will include the following.

- 5.5.1 Integrated training for child survival and health as well as safe motherhood will be a key input for all development functionaries, such as UBS volunteers, DWCRA coordinators, ICDS anganwadi workers, school teachers, block development officers and health workers. This team training would foster linkages at field level.
- 5.5.2 The ICDS infrastructure would be used for promoting home level health care and referral, specially for Acute Respiratory Infections (ARI), Control of Diarrhoeal Diseases (CDD), care of the newborn and safe motherhood. Immunization sessions will be held at Anganwadi centres wherever possible, to bring about closer collaboration between Health and ICDS. Other important issues are control of population growth, reduction of the number of early marriages and support for the adolescent girl, which could also be addressed through the well-developed and far-reaching ICDS infrastructure.
- 5.5.3 An integration with water and sanitation interventions would be pursued, specially in relation to diarrhoea management, guineaworm eradication and helminthiasis resulting in anaemia. Education for households and community sanitation would have a direct bearing on disease prevention and could integrate with key health messages that would be disseminated widely.
- 5.5.4 There are immense possibilities of establishing vital links between the health and education programmes in both the formal and non-formal components of the latter. The approach of the joint programme for complete immunization and eradication of illiteracy in Ernakulam district of Kerala would be applied where possible. Teachers, National Service Scheme (NSS) volunteers and school children themselves can become communicators and agents of change for promoting Primary Health Care.
- 5.5.5 It would be through community based programmes with a lead role for women in the village or urban slums, that the concept of "health for development" could be actively promoted; safe motherhood, occupational and environmental health issues could be addressed.
- 5.5.6 Childhood disability interventions would need to be designed to prevent and detect early deformation in children suffering from leprosy, poliomyelitis, xerophthalmia and disabilities resulting from birth injuries.
- 5.5.7 Mechanisms to establish health care facilities for children in especially difficult circumstances will be promoted. Health education for sexually transmitted diseases (STD) and Acquired Immune - Deficiency Syndrome (AIDS) addressing

"vulnerable" and exploited groups of street children would be instituted; innovative strategies of peer group counselling and action would be strengthened.

- 5.5.8 Advocacy for the survival and development of children would centre on comprehensive health care. Advocacy would also seek to mobilize pressure groups for implementing of relevant legislation on the one hand; to be complemented on the other by wide knowledge empowerment of people to strengthen efforts and movements for an informed demand for basic health services. This has been highlighted in "Facts for Life".

## 5.6 PROGRAMME ACTIVITIES AND IMPLEMENTATION

### SECTION A : MATERNAL AND CHILD HEALTH

- 5.6.1 Primary health care is accepted as the guiding approach for providing essential health services, by both Government and UNICEF. Life-saving interventions will be supported close to the homes of people, and with their involvement. Major emphasis will be placed on:

- the point (interface) of first contact between people and health services, and
- first level of referral.

Sub-centres will be strengthened, considering this service unit is closest to people.

#### 5.6.2 Interventions

Interventions are clustered into four major programme areas:

- The synergistic effect of a complementary set of primary health care interventions, simultaneously provided, is known. Therefore, a minimum package of services will be made available for pregnant/nursing mothers and infants and young children.

This "UIP Plus" package is as follows:

Child-                      Immunisation, CDD, ARI, vitamin A, newborn care.

Mother-                    Immunisation, anaemia control, antenatal care, birthing care, birth spacing and timing.

- Safe Motherhood Services, with emphasis at village level and some support for first level of referral.
- Major public health problems endemic in the entire country: tuberculosis, leprosy, vector-borne diseases.

- Major public health problems endemic in select states: yaws, kalaazar, guineaworm.

## 5.6.3

Phasing

- Universal services will be implemented in a phased manner, introducing them progressively in an increasing number of districts, as was done for UIP. A tentative timeframe is given below for the activity clusters, with the district as the planning and implementation unit.

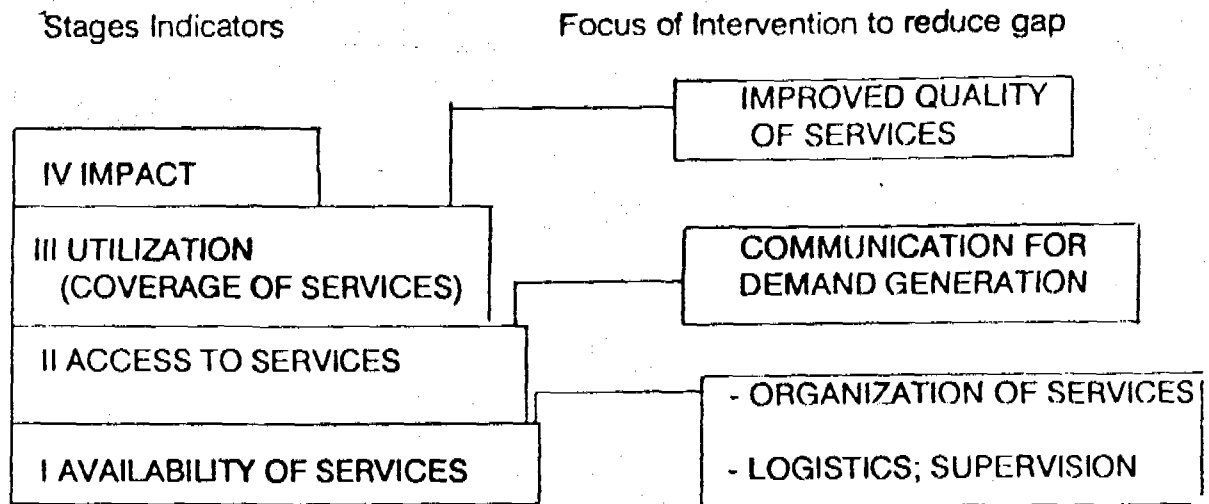
Intervention	1991	1992	1993	1994	1995
<b>a) Immunization :</b>					
- sustaining services	450	450	450	450	450
- disease reduction : Polio	+ 30	+ 60	+ 90	+ 120	+ 150
NNT *	+ 100	+ 180	+ 170	450	450
<b>b) UIP Plus package of services (integrating programmes with UIP/ORT)</b>					
- Training, communication, supplies, logistics, MIS **	+ 100	+ 180	+ 170	450	450
- ORT training units at district	+ 100	+ 180	+ 170	450	450
<b>c) Safe Motherhood</b>					
- Strengthening CHCs ) GOI***		+ 30	+ 50	+ 60	+ 60
- TBA Training ) UNICEF		+ 10	+ 10	+ 10	

\* NNT = Neo-natal Tetanus

\*\* MIS = Management Information System

\*\*\* GOI = Government of India

- The phased implementation would not only be geographic (as indicated above) but also in terms of the level of technology used. The package of services for mothers and children would be expanded over the years, beginning with what is immediately possible. The infrastructure and resources of the states will also be taken into account while defining the level of service delivery.
- A third dimension of phased expansion relates to the implementation process itself, and will be built up in four progressive stages as follows :



- At each stage, additional resources will be required.

## 5.7 SPECIFIC INTERVENTIONS

An outline of the specific interventions which will be implemented in all districts in a phased manner, is given below.

### 5.7.1 Immunization

#### a) Sustaining the Programme

By March 1989 impressive improvement in immunization coverage levels was recorded although these remained below the targetted goals. However, since majority of the districts were brought under the programme in the past two years, the coverage levels are expected to reach 85% or above by the beginning of the Eighth Plan. Coverage levels of 80% and above are being recorded in more and more districts. Specific measures will be supported to consolidate and maintain high levels of immunization coverage, and to stepup immunization where coverage is low. The immunization services will now be reprogrammed towards polio eradication, elimination of neonatal tetanus and decrease in cases as well as deaths due to measles.

High coverage levels must be sustained or large-scale outbreaks could result. Also, it would be the aim to eliminate the remaining pockets of low or moderate coverage. UNICEF will contribute towards the provision of essential items in adequate quantities such as vaccines, syringes and needles and immunization cards so that coverage levels and quality of services do not drop. Field supervision will be improved.

Financial support would be available for vaccines, training, communication, replenishable supplies such as syringes, immunization cards, cold chain maintenance, surveillance activities, indigenous production of vaccines and supplies, mobility, involvement of medical colleges, as well as some support for additional personnel.

b) Reduction of vaccine-preventable diseases : Eradication of poliomyelitis and elimination of neonatal tetanus

The goal of the Seventh Plan was to achieve and sustain immunization coverage levels of 85% or above in districts by phases. During the Eighth Plan the thrust would be control of vaccine preventable diseases and documentation of 'zero' levels of neonatal tetanus, measles and poliomyelitis in districts in a phased manner. The elimination of neonatal tetanus implies immunization combined with better birthing practices, with safe motherhood.

The low incidence of these diseases would reflect the quality of the immunization services for pregnant women and infants. This emphasis on disease reduction will ensure that the urgency and efficiency are not slackened once the incidence of vaccine preventable diseases is reduced.

### 5.7.2 Diarrhoea Management and Disease Control

The training, communication, supply and logistic support for village level care for diarrhoeal diseases will be made operational universally in districts in a phased manner, as part of the package of services for the young child.

Case management will be improved at hospitals and referral centres, more specifically, district hospitals and primary health centres. The Government is establishing Diarrhoea Training Units (DTU) at Medical College Hospitals with WHO assistance. UNICEF will help in setting up diarrhoea treatment and training units at the district level in these states. In the first year, 100 district hospitals will be strengthened to have both out-patient and in-patient facilities. Once these treatment facilities are operational, training of primary health centre (PHC) and other paramedical staff will commence with the establishment of ORT corners at the sub-district level. All district hospitals will be covered in a phased manner. At present there are 15 DTUs to which six more will be added. Each DTU will take up training and supervision of five District Training Units.

In urban areas, techniques of case management will be strengthened in all health facilities including dispensaries. Inputs will include the establishment of out-patient ORT facilities once staff has been trained in clinical case management at DTUs located in medical colleges. The willingness of the administration to reorganise their facilities for Diarrhoea Management will be another important factor while selecting urban centres for support. Private practitioners will be actively involved for improved case management. Intensive efforts will be made to network with non-governmental organizations and educate the public.

Promoting the use of ORS and demand generation for packaged ORS will be a focused activity. The Government policy clearly states that ORS will be available free through all health facilities and at minimal price through commercial outlets as an over-the-counter product. Social marketing has also been accepted as a policy measure. Therefore, standardization, production, distribution and sale of ORS packets will require organized attention. UNICEF will assist in the social marketing of a subsidized brand of ORS together with production aspects such as standard formula, name, logo, packaging, instructions for use and health education messages.

Popularising correct home management of diarrhoea will be taken up on a large scale through educational activities for and by mothers. Special emphasis will be given to home management of diarrhoea. The widespread infrastructure of other programmes like rural development, urban development and ICDS, will be used to extend the outreach for education of mothers on appropriate home care.

### 5.7.3 Control of Acute Respiratory Infections

The objective of reducing the infant mortality to 60 (from the 1988 estimate of 94) and under five mortality by half by the year 2000 is not attainable without a concerted effort towards a universal programme for control of acute respiratory infections. The objective of the programme is to reduce mortality due to pneumonia in infants and children and at the same time to ensure a rational use of antibiotics for the treatment. This will become operational in a phased manner in all districts through the package of services for mothers and children. Programme development, monitoring, review and assessment will take place at medical colleges identified in conjunction with State Health Director. Activities include an initial orientation on ARI, supply of first line antibiotics to the sub-centre level; and communication support to generate awareness as well as create informed demand within the community. The activities as part of the MCH package include monitoring, logistics and supply support and on-the-job continuing education/training.

The activities to be supported by UNICEF will include:

- Training of the PHC doctors and female paramedical health workers.
- Supply of first-line antibiotic (cotrimoxazole) at the sub-centre level.
- Communication support to the programme from within and outside the health sector to enhance use of services.
- Monitoring of the programme.

The programme envisages :

- Action for promoting home management of mild infections and timely referral to a health worker or an appropriate facility.
- Proper case management by health workers, involving correct assessment and treatment (including referral).
- First referral point, namely the primary health centre, which will have facilities of a trained doctor, admission, second line drugs and oxygen.

The ARI control programme envisages a phased expansion on the pattern of UIP. For example, the first year covers 100 districts which will be increased incrementally to cover the entire country by end 1995. The inclusion of districts in the programme will, to the extent possible, coincide with other related programmes such as intensive training of traditional birth attendants, ICDS, women's development and urban programmes. It is recognized that the universal immunization programme strengthens the functional health infrastructure in a district through which ARI and other key interventions could be channelled for delivery at the community level.

#### 5.7.4

#### **Prevention and Treatment of Vitamin A Deficiency**

It is estimated that 40,000 young children become blind every year due to Vitamin A deficiency. The national programme against blindness due to Vitamin A deficiency was introduced in 1970, but reaches less than 20% of the relevant population. The objective of this programme will be to eliminate blindness caused by Vitamin A deficiency. UNICEF will support the Government to strengthen the Vitamin A programme so as to ensure that at least 80% of children aged 6 months to 3 years are covered. These periodic doses of high potency Vitamin A provided in infancy and early childhood will be coupled with efforts to improve dietary sources of Vitamin A for young children as a definitive long-term solution to the deficiency.

The WHO guidelines for prophylaxis and treatment of Vitamin A deficiency will be followed. The earliest symptoms of the deficiency will be treated. The public

will be informed of the early signs of Vitamin A deficiency as well as the preventive measures.

The strategy for training, communication, logistics and supply as well as management information system for MCH services will include Vitamin A as an integral component.

National capacity to produce Vitamin A at a competitive price will be supported. The supply and logistics system which carries vaccines today will include Vitamin A.

#### 5.7.5 Newborn Care

Support will be provided to improve care for newborns at the home level with particular reference to appropriate feeding and warmth. Traditional birth attendants and other community health workers will be trained to identify low birth weight babies and give them priority attention. A project was implemented in the 7th plan with UNICEF assistance for this. Traditional birth attendants were provided with low cost color-coded portable scales for identifying low birth weight babies. Suitable advice for the home level and/or referral was given. 10 districts were involved in this intensive effort for this during the 7th five year plan. Similar activities will be supported in the next five years.

#### 5.7.6 Breast-Feeding

Early establishment of exclusive breast-feeding for all infants for the first four to six months of life will be promoted. Greater awareness amongst health workers, doctors, families and mothers will be created for the unique properties of breast milk and the dangers of anything less than exclusive breast-feeding. Steps will be taken to promote change in hospital practices to facilitate rooming-in and maternal counselling. Health workers will be trained. The communication strategy for young child survival and health will include breast-feeding as an integral component.

#### 5.7.7 Safe Motherhood

"Safe Motherhood" is an accepted goal. Policy guidelines will be defined, and programme as well as operational guidelines formulated and implemented. Safe motherhood interventions will be developed in selected districts. The key for reduction of maternal mortality is to provide support for high-risk women at the village as well as at the first level of referral. Only then will the investment in village level workers be effectively supported. Women's groups will be actively involved in Safe Motherhood initiatives. Women's groups, gynaecologists and nurses will be mobilised in solid support of a safe motherhood initiative. Village-level interventions such as training of birth attendants will not result in significant reduction of maternal mortality without strengthening services at first level



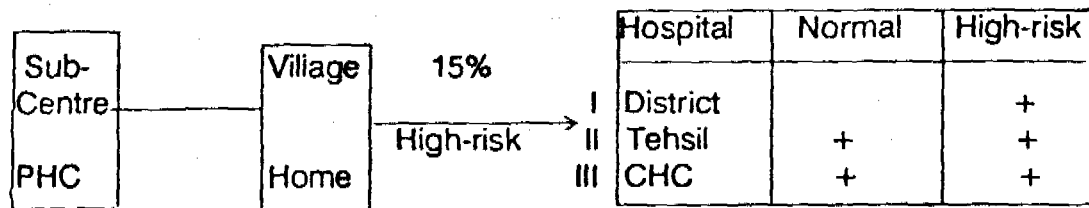
referral. Several experiences around the world have now definitively shown that the key to safe motherhood is adequate support for essential services at first level referral along with a mechanism for screening women and babies for high-risk at village-level.

Strategies to support birth care include interventions at:

- (a) Home-level (supported by subcentres and primary health centres)
- (b) Institutions

Home level

Institutions  
1st level referral



#### (a) Home-Level Care

For home-level care at birth, TBAs will be trained as a medium-term strategy. Another approach will be to provide basic information on safe birth practices to women and assist them to become a community resource. This latter strategy will be highly relevant for areas in which delivery is helped primarily by family members. Additional resources will be sought at the community level through volunteers to assure improved access and use of maternal care services. These village based volunteers - preferably women - would serve as community resources for information. Sub-centres would be strengthened to support village-level maternity care. UNICEF will support activities at this level.

#### (b) Institutions

Planning will focus on increasing the proportion of normal deliveries in institutions over the next decade. Specific support will be given to women's hospitals at district level, as well as maternity homes. Community Health Centres will be progressively developed primarily as MCH hospitals to cater to high-risk women and babies, and provide the essential services required at the first level of referral.

In recognition of the critical role played by first referral institution in the management of high-risk and emergency maternal care, experimental pilot activities will be initiated.

These will better define the essential and affordable obstetric services to be instituted at the Community Health Centre, taluka, and district hospitals, including ancillary services of laboratory, anaesthesia, transfusion, transport and pre and post-delivery accommodation required to substantially reduce maternal mortality. UNICEF will support the Government in planning institutional level care in select districts and help mobilize resources from development agencies for this purpose. As part of operations research, safe motherhood interventions will be supported in selected districts.

#### 5.7.8 Management of Anaemia

Anaemia affects around 70% of women and as much as 85% of pregnant women. The National Nutritional Anaemia Prophylaxis Programme was launched in 1970 but now reaches around 30%. The objective of this programme will be to reduce the level of anaemia among pregnant women and young children. 85% of pregnant women and 50% of young anaemic children will be covered with iron and folic acid. Increased consumption of iron-rich foods will be promoted. Improved quality, packaging and distribution of iron and folic acid tablets will be supported.

The strategy for training, communication, logistics and supply as well as the management information system for MCH services, will include anaemia prophylaxis as an integral component.

#### 5.7.9 Birth Spacing and Timing

The importance of delaying marriage and first pregnancy until adulthood for the health of women cannot be over-emphasized. In coordination with all other development sectors, health will endeavour to enhance the public awareness of the need for women to postpone marriage till after the age of 18 years. The spacing of births, by any of a variety of methods, will be widely promoted as a key element of health and well-being for women, their children, their families, and the entire society. Community level health workers will be trained to impart education on reproduction, sex education, mother's self-analysis of risk factors related to spacing and timing of births. Particular attention will be given to training health workers in public and private sectors on the specific techniques of reversible contraceptive methods. Family life education, featuring the voluntary control of fertility will be supported not only through health, but also through a variety of non-health channels: ICDS, DW CRA, UBS, schools, literacy classes, farmers cooperatives, and various community organizations. Improvement in delivery of contraceptive supplies through related MCH supply routes will be developed, the commodities themselves to be provided by the Government.

#### 5.7.10 Support to Adolescent Girls

Attention will be given to appropriate health education, with particular concern for reproductive health and family health, using sources like "Facts for Life". Girls between the age group of 13 and 20 shall be reached through an exposure programme which covers the basics of safe motherhood and timing of births. Tetanus toxoid will be promoted during the pre-pregnancy period for adolescents, and this event will be used to identify adolescent anaemia and to appraise their health status. Activities to promote healthy growth of adolescent girls will be implemented, such as supplementary iron. UNICEF will assist the Government in planning various ways of holding learning and teaching sessions and provide the materials that are required.

### **SECTION B : PUBLIC HEALTH**

#### 5.8 Public Health

Public health problems like Leprosy, Malaria, Tuberculosis, Kala azar Japanese Encephalitis, Yaws and Meningitis will be addressed in the select districts with the objective of achieving a reduction of morbidity while striving to meet the national targets of disease control/eradication. UNICEF will support Government efforts in mass communication and health education for prevention and control of Sexually Transmitted Diseases (STD) and Acquired Immune Deficiency Syndrome (AIDS), as well as communication for leprosy on a national level. UNICEF, if required, will also support Government for other public health problems of major consequence to women and young children.

#### 5.8.1 Leprosy Control

There are an estimated 4 million leprosy patients in India. The majority of these are distributed in the hyper endemic areas of Tamil Nadu, Andhra Pradesh and Orissa (prevalence rate 10/1000) and the endemic regions of West Bengal, Bihar, Uttar Pradesh and Madhya Pradesh (prevalence rate 5-9/1000). Nearly a million of these patients or 25% of them are children. Next to poliomyelitis, leprosy is the greatestcrippler of children. Nearly 15-20% of leprosy patients have deformities of grade II and above. Of the total, 15-20 percent are infectious.

The objective of the National Leprosy Eradication Programme (NLEP) is to reduce the prevalence rate to less than one case per 1000 population with the ultimate goal of total eradication. In keeping with the perception that leprosy is as much a social disability as a clinical syndrome, the programme strategy supported by UNICEF in selected districts will focus on:

- Systematic community level screening, particularly of women and children for ensuring early case detection.
- Prevention of childhood disability by early detection and referral for treatment of deformities.
- Support for training of health workers at different levels together with personnel responsible for programme management and monitoring.
- Building a base of awareness and knowledge through health education and communication for:
  - demystifying prevalent beliefs regarding leprosy;
  - promoting human public attitudes towards affected persons;
  - motivating patients to seek timely advice and complete the full treatment.
- Facilitating rehabilitation by providing vocational guidance and opportunities for public or self employment in suitable occupations.

UNICEF support to the programme will be at two levels:

- implementation of a national communication plan with the objective of meeting the requirements of the strategy detailed above.
- interventions in selected hyper-endemic or endemic districts.

Emphasis will be laid on focussing on children and women for early detection and prevention of childhood disability as also socio-economic rehabilitation through existing development schemes. The containment of leprosy in urban areas will, through early detection and treatment, also be given priority in the selected districts.

At the district level, indicators for monitoring would include the following:

- assessment of prevalence rates;
- percentage of cases cured by multi-drug therapy;
- deformity rates;
- voluntary reporting;
- case holding; and
- patient compliance.

#### 5.8.2 **Diarrhoea Management**

UNICEF will cooperate in the implementation of the Government Policy on Diarrhoea Management. In addition to strengthening case management through ORT which will be part of the MCH package, UNICEF will support preventive efforts aimed at long term solutions of disease control. These will include interventions for improved water supply, sanitation, health and education. Coor-

dination with the Ministry of Rural Development and Ministry of Urban Affairs would be established to ensure mutual support and reinforcement. Details related to these activities can be found in the related sectoral chapters. Preventive health education activities will be coordinated through the infrastructure of several programmes like ICDS, DWCRA, UBS as well as through mass communication channels and NGOs.

In addition, UNICEF will assist the Government, when required, with special support in the event of epidemics.

### 5.8.3 Vector Borne Diseases

#### a) Malaria

Malaria continues to be a major health problem in the country with the National Malaria Eradication Programme receiving high priority. Currently, an innovative pilot project is being tested out in a hyperendemic tribal district in Orissa. The project aims at reducing malaria-related morbidity and mortality in pregnant women and pre-school children. During the plan period this project will continue and its impact will be assessed. Similar interventions will be replicated in other selected hyperendemic districts in Orissa. The project has a substantial input of communication support for generating community participation and uses the ICDS channel for service delivery.

#### b) Kala Azar

Kala Azar or visceral leishmaniasis is showing an alarming increase in 28 districts of Bihar, eight districts of West Bengal. The districts of Uttar Pradesh bordering Bihar are also reporting the disease. UNICEF support will be extended for:

##### i) Surveillance

##### ii) Health education for:

- interrupting disease transmission by vectors through effective spraying
- early case detection and complete treatment

##### iii) Training of doctors and health workers.

These efforts are expected to substantially strengthen the Government's efforts which are being geared up to address this problem of cyclical epidemics. The current phase of the disease resurgence could be a pre-epidemic phenomenon.

#### 5.8.4 Sexually Transmitted Diseases and AIDS

The Government has developed a medium term plan of action for the control of AIDS. While the problem of STD will require to be addressed in a focussed manner, advocacy for the integration of the STD and AIDS control programmes will continue. A communication strategy with appropriate messages for disease prevention and correct care seeking behaviour addressing high-risk groups, such as prostitutes, migrant labour, wives programmes will continue. A communication strategy with appropriate messages for disease prevention and correct care seeking behaviour addressing high-risk groups, such as prostitutes, migrant labour, wives of males exposed to high risk, youth, street children, drug addicts, professional and voluntary blood donors, will be supported and tried out mainly in the four metropolitan cities of Delhi, Bombay, Calcutta and Madras. Besides the Government infrastructure, active voluntary organizations, youth groups, womens' associations and professional organizations will be identified and mobilized for supporting the health education/communication activities together with other specific support measures.

#### 5.8.5 Tuberculosis

A short term multi-drug-therapy for the control of Tuberculosis is being expanded rapidly in the country. The programme needs support for community education and management of drug supplies/utilization/compliance. Support will be extended for developing an appropriate communication strategy and programme management in selected districts.

#### 5.8.6 Guineaworm Eradication

The Government is committed to eradicate the guineaworm disease by the year 1995. In the previous plan period UNICEF has been supporting efforts to eradicate guineaworm in three tribal districts of Rajasthan under the SWACH project which has evolved an innovative and effective approach by mobilizing village contact teams. This approach will be replicated in other endemic districts of Madhya Pradesh. Present activities include health education conversion of step wells into bore wells, application of temephos and training of doctors in the management of guineaworm infections.

#### 5.8.7 Yaws

Yaws, a crippling disease prevalent amongst tribal populations in some districts of Madhya Pradesh, Orissa and Andhra Pradesh is technologically eradicable in India by the administration of a single injection of penicillin. Four districts which have a prevalence of Yaws will be identified for eradication by the adoption of a "camp approach". While this will facilitate disease eradication, it will also ensure the community's acceptance of other programmes in tribal areas. Treatment of Yaws in this sense will be an entry point for other problems since its alleviation is a strong felt need of several tribal communities.

**SECTION C : SYSTEMS SUPPORT FOR MCH AND PUBLIC HEALTH****5.9 Training**

- 5.9.1 The training network will be improved with reference to training technologies, within a framework of well-defined set of primary health care interventions. Integrated training activities will be undertaken for MCH policy and programme formulation and implementation. Such a course will be designed for a duration of 6 to 8 weeks for national, state and district level programme managers. The course will include immunization, management of diarrhoeal diseases, control of acute respiratory infections, safe motherhood, control of vitamin A deficiency and anaemia, new-born care, ante-natal care, care at birth, birth spacing and timing. Integrated courses for the package of MCH services will be supported for all levels of health personnel. An integrated set of training materials on MCH will be developed for senior and mid-level managers, paramedical workers and traditional birth attendants.
- 5.9.2 Specific courses will be supported to provide a clinical training for handling high-risk cases in both mothers and children at the first level of referral.
- 5.9.3 Recognizing the extensive presence of various types of medical practitioners found in rural areas, and their wide use by the population, training and orientation programmes will be designed to better assure that practices conform to the best norms and procedures identified for the major programmes in MCH, including CDD, ARI, birth spacing and timing, promotion of breast-feeding, and appropriate weaning. Also, the detection, care and referral of ante-natal cases, as well as important diseases such as tuberculosis, leprosy, kala-azar will be promoted.
- 5.9.4 Training and orientation programmes for voluntary, autonomous and other non-governmental organizations will be supported with the objective of extending the outreach of the programme. Though the major emphasis will be on in-service training of both para-medical and medical personnel, the MCH training package suitably adapted, will be part of their training. Training schools for female health workers will be supported.
- 5.9.5 In selected districts, methods for self-learning and orientation in primary health care will be supported on an experimental basis. Each centre will be equipped with self-learning modules both hardware and software as well as samples of supplies related to the programme. For example, each self learning centre will have UIP video modules, training manuals, samples of vaccine, facilities required for sterilizing of needles and syringes, appropriate cold chain hardware in operation and communication materials.

All those involved in the programme should be able to choose their own timing, attend the self-learning centre, go through the modules and actually practice the activities under minimum guidance. The self-learning and orientation centre will be open to those who want to be involved in the programme from the non-government sector. It will be used as a place of orientation for the lay public. Pre-and-post assessment of the individual would help in perfecting such self-learning approaches.

- 5.9.6 UNICEF and the Ministry of Health and Family Welfare will evolve distance-teaching programmes through the open universities on various aspects of primary health care that are required in the field. This course will take into consideration the potential that already exists within the system for training one another. Credits will be given to those who train and those who attend group sessions. The television will be used as a means for learning.
- 5.9.7 Study tours and visits to successful CDD and MCH programmes within the country and elsewhere will be organized for facilitating knowledge exchange and experiential learning.

## 5.10 COMMUNICATION AND INFORMATION

- 5.10.1 UNICEF will assist the Government in developing a national communication strategy for all components for mother and child health, including the UIP Plus package. This includes safe motherhood and child survival, birth-spacing and timing; immunization; control of diarrhoeal diseases; pneumonia diagnosis and therapy; prevention, early detection and case management of Vitamin A deficiency and anaemia; newborn care; identification of high-risk women and children. A communication strategy will be made operational specifically for birth spacing. A standard national technical content will be adapted to the culture-specific nature of each state and area.
- 5.10.2 Communication activities would focus on creating and increasing awareness that a significant portion of health problems can be prevented by proper home management by people themselves. This is particularly true of deaths due to diarrhoeal diseases. Breast-feeding, infant nutrition, appropriate weaning, continued feeding during illness, will be addressed in the communication and health education strategy. Women will be taught to identify high-risk pregnancies themselves; be informed about reproduction; and to respond to birth-spacing and timing. All inter-personnel and media channels, such as radio, television, cinema, newspapers, magazines, folk media, field publicity, and other modern and traditional media will be used. Preparation of communication materials for all major channels will be an area for assistance.



5.10.3 As the communication strategy draws people to the service-delivery units, these units (sub-centres, primary health centres, hospitals, clinics), will be used as "information posts" for a range of MCH and other development interventions. Existing institutions/organizations will be supported to function as a network of "primary health care resource centres" which will be developed (with emphasis on MCH) to disseminate/provide information on health care for people, as well as health technologies which could be used by individuals and organisations.

5.10.4 Inter-related communication and training strategies will be developed, which would be mutually reinforcing and consistent.

Massive advocacy efforts will be launched to:

- make safe motherhood a societal priority;
- put the child - the health of the child - first;
- sustain, mobilise and expand efforts of Government and non-governmental organizations for the package of MCH services including sustained immunization.

#### 5.11 MANAGEMENT INFORMATION SYSTEM

5.11.1 Epidemiologic stations will be supported at district level to collect information on critical programme elements which deal with service coverage, reduction in diseases and community practices as well as investigate disease outbreaks and take remedial action. This would require strengthening the existing information unit at the district health office. The data generated would facilitate decision-making and help a reliable feedback system. The district management information system presently operating for the immunization programme will be further strengthened to include information on all major interventions. The necessary link with block and village levels will be strengthened effectively so that implementing units are able to make decisions.

5.11.2 Special emphasis will be given to develop a management information system for materials and supplies. A beginning has been made for the immunization programme at the National Industrial Development Corporation where a district-based materials management system now monitors aspects like availability of equipment, distribution, replacement needs and down-time of equipment. This will be extended to all items in the MCH package. Training for this important area will be supported.

5.11.3 UNICEF will assist the Government in monitoring and evaluation by supporting studies to assess coverage by specific services in the UIP plus package, for example immunization, ORS access and use rates. Sentinel centres at district level will be strengthened to provide information on case-load and deaths in major diseases. Information will be supported by community-based surveys

where necessary. The coverage evaluation survey which now provides information only on immunization will be suitably modified to include select services.

- 5.11.4 UNICEF will assist the Government in bringing together leaders of the health system together with experts in computer software technology.

## 5.12 MATERIALS AND SUPPLIES MANAGEMENT

- 5.12.1 UNICEF will support the Government in the provision of essential supplies, drugs and equipment, and in mobilising its own resources. Steps will be taken to ensure national level availability, supplemented by a well designed and tested logistics system to ensure availability at the implementing level. The system of storage, distribution and logistic support developed under UIP will be used to the extent possible. States will be assisted for improved systems of planning, ordering, monitoring stock levels and usage.

- 5.12.2 Special efforts will be made to support supplies (selectively) at the village, subcentre, primary health centre and first level of referral, for interventions for safer motherhood and child survival and health. Facilities for conducting deliveries for at-risk mothers will be strengthened by standardising simple instruments and drug sets for birth support at sub-centre and primary health centre levels. A standard basic list of drugs and PHC/MCH equipment/supplies will also be developed. The concept of standard "set-packing" and fixed price per set will be introduced. Self-explanatory wall posters which go into each standard set will show what each drug or supply is, what are the indicators and precautions for its use. These will be developed so that they may be correctly used by health workers. A "visual formulary" for each state on basic drugs/supplies showing use, indicators, precautions and related aspects will be developed.

- 5.12.3 Advocacy for a rational drug policy at national level will be promoted. Drug use at various levels of the primary health care system will be rationalised based on morbidity and mortality profiles of population groups. The administration and management of drugs will be refined, by sensitizing administrators for taking appropriate steps.

- 5.12.4 Support will be provided to voluntary and non-governmental organizations for innovative, community based initiatives for the treatment of common ailments on a cost sharing basis. The strategy will be to promote self-reliance in the community for the management of common ailments based on a well-informed and rational use of drugs for promoting primary health care.

- 5.12.5 The role of private pharmacies will be examined and awareness generated to provided to them to avoid misuse. Key functionaries will be trained for strengthening the system for procurement, storage and distribution of essential drugs. Specialized logistics management training will be imparted to the

managers of medical stores depots and to district level officers for proper warehouse management.

### 5.13 **HEALTH EQUIPMENT MAINTENANCE**

5.13.1 A beginning has been made in the immunization programme where states have taken timely action to establish a system for the equipment that has been provided. This system needs now to address the problem of maintaining a range of equipment for MCH. The training now being given at district level will be expanded to include other components.

5.13.2 During 1985-90, 26,000 ice lined refrigerators and freezers, 125 walk-in-freezers and coolers plus other non-electrical cold chain equipment were provided. UNICEF will support the state governments in shouldering the task of maintaining and repairing this large quantity of costly equipment to ensure potent vaccine for the immunization programme.

5.13.3 During 1991-95, UNICEF will assist the Government to:

- strengthen and further develop present State Health Transport Organizations (SHTOs), and Health Equipment Repair Organizations (HEROs);
- improve the efficiency of maintenance, personnel, managers; supervisors and technicians through training and proper guidance;
- improve the efficiency of spare parts management;
- cooperate with the state governments in expanding the network of Mobile Maintenance Units (MMUs) and Static Maintenance Units (SMUs), auxiliary workshops and central workshops for motor vehicles as well as for health equipment repair;
- assist states in formulating their plans of action for improvement of existing maintenance facilities; and
- ensure proper maintenance and speedy repair of health equipment and cold chain components; and organise HER services for the maintenance and repair of cold chain components such as walk-in-coolers, deep freezers, refrigerators and cold boxes.

### 5.14 **INDIGENOUS PRODUCT DEVELOPMENT**

5.14.1 Indigenous development of products relevant for sustaining MCH services will be promoted. Emphasis will be given for all supply items related to immunization, oral rehydration therapy, Vitamin A, and other items for the MCH package. Social marketing of essential products will be supported as necessary.

5.14.2 UNICEF will support the Government in the improvement of the quality and competitiveness of essential supplies and equipment for the MCH package, and to develop as well as test, products for the same.

## 5.15 REFERRAL SYSTEM

- 5.15.1 A referral system will be functionally and effectively established to support primary health care at village level. The level of services to be used at each level will be defined. It is imperative that each unit is supported with a essential minimum set of components to make the unit "viable" and functionally effective.
- 5.15.2 The role of village level functionaries as well as the female multi-purpose workers will be defined to address the priority concerns of maternal and child health survival. A rational analysis of their workload, and support needed would be made and necessary action promoted.

## 5.16 CAPACITY BUILDING

- 5.16.1 National level institutions such as National Institute for Health and Family Welfare, Indian Council for Medical Research (and all institutions under its umbrella), National Institute for Urban Affairs, National Industrial Development Corporation, National Institute of Communicable Diseases, Indian Institute of Public Administration, All India Institute of Public Health and Hygiene, Central Bureau of Health Education, All India Institute of Medical Sciences, Post Graduate Institute of Medical Education and Research Chandigarh and the Central Training Institutes (seven in number) will be involved appropriately in various areas of programme design, evaluation, operations research and training. So also regional and state level institutions, such as the Regional Health and Family Welfare Training Centres, District-level Training Schools for Para-medical workers, Management Institutions in Health, Resource Centres for information, education and communication, and other institutions will be involved. Non-governmental organizations with proven capacity for health will be involved in various activities for mother and child health.
- 5.16.2 A network of resource centres to support MCH policy analysis, programming, training, information dissemination and programme analysis will be supported so that these resource centres facilitate MCH at national, state and district levels.

## 5.17 DISTRICT LEVEL ACTIVITIES

- 5.17.1 In select districts, UNICEF will support operations research; help establish effective referral systems; develop mechanisms to strengthen community participation in health; improve the quality of care; strengthen intersectoral linkages and coordination with other development programmes and sectors; improve training; and encourage alternative systems for improved service delivery.

5.18 **MONITORING, REVIEW AND EVALUATION**

5.18.1 The programme for cooperation will be reviewed annually. The data generated by various agencies and schemes (Sample Registration Scheme, Model Registration Scheme, Sentinel Surveillance Units, Central Bureau of Health Intelligence/State Bureau of Health Intelligence, Evaluation and Information cells of the Health Ministry) will be used to assess programme performance. Additional information, if required, will be generated and used for periodic reviews.

5.19 **UNICEF RESOURCE ALLOCATION****SECTION A : MATERNAL AND CHILD HEALTH**

(in US\$ '000)

5.19.1

<u>General Resources</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Supplies for the UIP Plus package & safe motherhood	2850	1510	1715	4300	4500	14875
Training and training materials	550	990	935	100	100	2675
Communication, cards and communication materials	1100	2250	2400	700	600	7050
Operational support, human resource and maintenance	150	200	200	200	200	950
Management information, evaluation & surveillance	200	250	225	275	350	1300
Product development	50	50	100	100	100	400
Operations research	100	200	175	225	250	950
<b>TOTAL</b>	<b>5000</b>	<b>5450</b>	<b>5750</b>	<b>5900</b>	<b>6100</b>	<b>28200</b>

(in US\$ '000)

5.19.2

<u>Supplementary Funds</u> (as available)	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Supplies for the UIP Plus package & safe motherhood	10000	9510	11315	9550	9000	49325
Training and training materials	550	990	935	100	100	2675
Communication, cards and communication materials	1700	2750	2750	450	300	7950
Operational support, human resource and maintenance	2000	1800	2000	1500	1500	8800
Management information, evaluation & surveillance	2000	2000	1800	1250	1250	8300
Product development	500	550	800	500	500	2850
Operations research	400	200	200	100	150	1050
<b>TOTAL</b>	<b>17150</b>	<b>17800</b>	<b>19800</b>	<b>13400</b>	<b>12800</b>	<b>80950</b>

## 5.19.3

<u>Total Resources</u> (General + Supplementary Funds)	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Supplies for the UIP Plus package & safe motherhood	12850	11020	13030	13850	13500	64250
Training and training materials	1100	1980	1870	200	200	5350
Communication, cards and communication materials	2800	5000	5150	1150	900	15000
Operational support, human resource and maintenance	2150	2000	2200	1700	1700	9750
Management information, evaluation & surveillance	2200	2250	2025	1525	1600	9600
Product development	550	600	900	600	600	3250
Operations research	500	400	375	325	400	2000
<b>TOTAL</b>	<b>22150</b>	<b>23250</b>	<b>25550</b>	<b>19350</b>	<b>18900</b>	<b>109200</b>

Notes :1. Supplies

Vaccines, cold chain equipment, vehicles, two-wheelers for paramedical workers, iron-folic acid, vitamin A, ORS, weighing scales, cotrimoxazole, disposable delivery kits, standard sets of drugs/supplies for sub-centres and primary health centres.

2. Operational Support

Cold chain maintenance, subsidy for mobility, strengthening health equipment maintenance repair units, salaries.

**SECTION B : PUBLIC HEALTH**

5.19.4

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
General Resources	500	550	650	800	900	3400
Supplementary Funds (as available)	2850	2200	2200	1600	1200	10050
<b>TOTAL</b>	<b>3350</b>	<b>2750</b>	<b>2850</b>	<b>2400</b>	<b>2100</b>	<b>13450</b>

5.19.5

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
<b>GRAND TOTAL</b>	<b>25500</b>	<b>26000</b>	<b>28400</b>	<b>21750</b>	<b>21000</b>	<b>122650</b>



## Chapter 6

EDUCATION

## 6.1. THE SITUATION

- 6.1.1 Free and compulsory education of all children up to the age of 14 is a Constitutional commitment in India. Despite this commitment and related policies and plans, achievement of this goal remains elusive.
- 6.1.2 Large numbers of children continue to be deprived of opportunities for basic education. The system as a whole continues to suffer from major problems of access, retention and achievement. While an impressively large proportion of children do enroll in primary schools, the high dropout rates, estimated to be over 50 percent by the end of Class V, constitute one of the most serious concerns in primary education, as do the rather low levels of achievement among those who remain in the system.
- 6.1.3 The relative failure of the primary education system is reflected in the country's overall literacy rates. Although the 1991 census is expected to show considerable improvement in the literacy rates over the previous ten years, the actual number of illiterates has continued to rise over the past four decades. Thus, India may enter the 21st century with one of the largest adult illiterate populations unless major steps are initiated to tackle the problems on an urgent basis.
- 6.1.4 Across the range of educational opportunities, a striking factor that emerges is the wide disparities that exist. Of the various disparities, the most pervasive is that which exists between boys and girls, men and women. It cuts across all the others -- between rural and urban, scheduled caste and others, between States and areas within them, and between socio-economic groups. In each case, girls and women find themselves in a far worse situation than boys and men. To a great extent, universalising primary education in India is a question of reduction of disparities and within this it is largely one of education of the girl child.
- 6.1.5 Disparities between different regions/States of the country and within States constitute another reality which any programme designed to tackle issues in basic education must address. For example, while the district of Ernakulam in the State of Kerala achieved 100 percent literacy at the beginning of 1990, there are many districts in other States where literacy levels in rural areas are below even 10 percent. In some of these districts, literacy levels for rural women were as low as 2 to 3 percent at the time of the 1981 Census.
- 6.1.6 Ten States -- Bihar, Uttar Pradesh, Madhya Pradesh, Orissa, West Bengal, Jammu & Kashmir, Arunachal Pradesh, Andhra Pradesh, Rajasthan and Assam

-- with literacy and primary enrolment rates below the national average have been designated as "educationally backward" and constitute the first level at which educational disparities must be tackled.

- 6.1.7 Clearly the achievements of the past forty years, while significant, have not been adequate. If the goal of Education for All is to be achieved by the year 2000, an exceptional effort will be required during the 1990's.

## 6.2. NATIONAL GOALS AND POLICIES

- 6.2.1 A renewed but realistic commitment to 'Education for All', with a major focus on the primary/elementary level is one of the key elements of Government development plans for the next decade. Taking into account the actual performance in relation to the targets of the 1980's, more realistic aims have been set which, it is believed, can be achieved by the year 2000. Also, within the national goals, the importance of and need for setting differential targets at decentralised levels through local planning, has been recognised.

- 6.2.2 In "Education for All by 2000 : Indian Perspective" a document issued by the National Institute for Educational Planning and Administration in March 1990 for the World Conference on Education for All an attempt was made to define national targets as follows :

### Early Childhood Education

- 6.2.3 The expansion of early childhood development activities, including appropriate forms of pre-school or early learning, is accepted both as an important goal in its own right and also as an essential pre-condition if the goals and targets of primary education are to be achieved. Emphasis will be placed on reaching the unreached through appropriate early learning inputs and on using a broad range of service delivery channels and systems with a special focus on the 'Integrated Child Development Services'.

### Primary Education

- 6.2.4 Access : By the year 1995, primary schooling or its alternative will be provided to every child in rural areas within a distance of 1 km. from her/his place of residence. By the year 2000, upper primary schools or alternatives will be available to every child in rural areas within a distance of 3 km.

- 6.2.5 Participation : Efforts will be made to ensure that primary education through schools or alternatives will be provided to:

- 80 percent of children up to the age of 11 years by the year 1995 which will necessarily include at least 70 percent belonging to every identified disadvantaged group, and

- 95 percent of all children up to the age of 11 years by the year 2000 which will necessarily include 85 percent girls belonging to every identified disadvantaged group.

6.2.6 Achievement : A new and important element in setting goals and targets in basic education is the need to ensure actual learning achievement by those who pass through the system. Efforts will be made to ensure that by 1995, 70 percent of children including at least 60 percent of girls and by the year 2000, 80 percent of children including at least 70 percent girls of every disadvantaged group receiving elementary education will achieve the minimum levels of learning.

### Adult Education

6.2.7 While the major focus for basic education will be the school age child, basic and post literacy for those who have been deprived of education earlier is accepted as an important goal in itself as well as a key element in achievement of Education for All. Therefore, in the age group 15 to 35, 80 percent of persons of each gender of every identified disadvantaged group will be enabled to become functionally literate by the year 1995 and the remaining percentage by the year 2000.

### Continuing Education:

6.2.8 Greater attention will be given to this critical aspect of Education for All. Increased acquisition of the knowledge, skills and values required for improved living will be made available to individuals and families through a broad range of education and information channels with a view to developing a wider system of public and continuing education.

6.2.9 The Approach Paper to the 8th Plan as approved by the National Development Council reiterated the Government's strong commitment to basic education by giving greatest priority to mass literacy and elementary education. Achievement of a literacy rate of 50% by 1995, total elimination of adult illiteracy by the turn of the century are its stated goals. The implications of these goals as well as other policy and programme issues in basic education continue to be examined by the Committee for Review of the NPE which was set up in May 1990 and is due to complete its work before the end of the year.

## 6.3. **GOVERNMENT PRIORITIES AND STRATEGIES**

### Early Childhood Education

6.3.1 There is a range of services catering to the 0-6 age group, with wide variations in quantitative and qualitative terms. Of these, the 'Integrated Child Development Services'(ICDS) is the single largest outreach programme, with a package of services for meeting the major developmental needs of children in the 0-6 age group. Despite its impressive scale of implementation, a vast majority of young

children from the poorer strata still do not have access to any form of organised care, learning or overall development opportunities.

- 6.3.2 The Government policy recognizes that for the development of children in an integrated and holistic manner and, for the reduction of disparities between different socio-economic and cultural groups, particularly the first generation learners, opportunities for appropriate early learning need to be considerably expanded and enriched. This aim is also expected to promote participation of girls in primary schooling by releasing them from child/sibling care responsibilities, and to provide a much needed support service for working women from the lower socio-economic groups. Thus, provision of appropriate and relevant forms of early stimulation and learning is recognized as an essential element of the strategy for the attainment of Education for All.

### **Primary Education (Formal and Non-formal)**

- 6.3.3 Over the past 40 years, both the Centre and the States made considerable investments in providing primary education for the age group 6 to 11. The number of schools has risen from 210,000 in 1950-51 to over 529,000 in 1986-87 while the number of pupils has increased from 19 million to over 94 million during the same period. Despite this expansion, the Constitutional goal of Universal Elementary Education remains some way off.
- 6.3.4 In addition to the striking disparities in access to primary education, low retention and high wastage rates are a matter of serious concern. Thus, in 1986-87 drop-out rates\* were almost 51 percent between Classes I to V and 69 percent by the end of Class VIII. The poor quality of teaching-learning reflects inadequate relevance of the curriculum/content of education. Problems of teacher motivation and absenteeism, lack of appropriate teaching/learning materials, and lack of basic facilities such as classrooms, play-grounds, drinking water, and sanitation facilities have been identified as among the key factors contributing to the current unsatisfactory state of primary education in the country. (\* Source : Report of the Working Group on ECE & EE set up for formulating the Eighth Five Year Plan.)
- 6.3.5 In the above context, the priority areas for action in primary/ elementary education have been identified as:
- adoption of child-centred and activity based processes of learning.
  - supplementary remedial learning and special attention to the needs of first generation learners;
  - provision of suitable incentives and facilities for children of disadvantaged groups;
  - micro-level planning for universal enrolment and retention through the involvement of the community;

- laying down of 'minimum levels of learning', introducing new modalities for assessment and working towards universal attainment;
- continuous and comprehensive learner evaluation;
- making operational a meaningful system for monitoring progress towards Universal Primary Education;
- revision of curricula, text books, and other learning materials;
- use of educational technology for qualitative improvement and improved access and outreach.

6.3.6 In operational terms a series of measures launched under the Programme of Action that emerged out of the National Policy on Education 1986 to improve the situation included centrally-sponsored schemes such as :

- Operation Blackboard, designed to ensure minimum provisions in terms of teachers, classrooms, materials and other facilities.
- Extending outreach and enrichment of the non-formal education programme particularly in the 10 "educationally backward" states.
- Restructuring and reorganisation of teacher education, both pre-service and in-service, entailing the establishment of District Institutes of Education and Training (DIETs) and regular mass orientation of teachers through training camps.
- Promoting 'integrated education of disabled children' through a special scheme.

6.3.7 Considerable progress was made in these basic programmes of the NPE but much remains to be done in terms of improving real access, ensuring retention and especially ensuring achievement of minimum levels of learning. Improvement of the primary school infrastructure and provision of a non-formal stream of education and improving the quality of the teachers will by themselves not be adequate for universalising elementary education. There is a need to motivate the community at the grass roots to participate in and support education but a participation that gives them an effective say in its management. The use of micro planning and programming is one of the strategic new elements for the attainment of Universal Primary Education in the next decade, in which involvement of the community through creation of Village Education Committees and Local Bodies is expected to play a key role. In addition to the mobilisation of community support, involvement of voluntary agencies and social activist groups, and the support of institutions outside the 'education' sector are also being sought to attain the goal of Education for All.

6.3.8 Since 1986, a major effort was made to improve the quality and expand the coverage of non-formal approaches to basic learning needs. Despite this, it continues to suffer from a number of operational and qualitative problems. Given that problems of dropout and retention are expected to continue to prevail in the

formal system, and keeping in view the incidence of child labour and other constraints that prevent children from availing full-time educational opportunities, non-formal approaches will continue to receive major attention during the next decade. The most recent thinking, however, also envisages the formal school system making a much more concerted effort to "non-formalise" itself, to become more flexible so that it can reach all target groups deprived of primary education.

- 6.3.9 The ongoing review of the National Policy on Education is looking into various operational and policy aspects of primary education and its findings will impact significantly on programmes to be taken up during the 8th Plan.

### Literacy and Functional Education for Youth and Adults

- 6.3.10 Given the magnitude of the problem of illiteracy, adult education programmes have received special attention in the past ten years. In 1988 the eradication of illiteracy was identified as one of the five national "Missions", along with immunisation and water supply, calling for much greater attention to the actual delivery systems as well as the improvement of techno-pedagogic inputs with a strong role for social mobilisation and use of mass communication.

- 6.3.11 A total of 30 million adults were to be made literate between 1988 and 1990 and a further 50 million by 1995, literacy being measured in terms of prescribed levels similar to the concept of "minimum levels of learning" that will be used to measure achievement in primary education. Though the initial targets up to 1990 have fallen short of expectation, enough momentum has been generated by the Mission to sustain it as a high priority programme of the government, aimed at creating a national movement for achieving Education for All. While the first priority for eradication of illiteracy will continue to be the provision of education for the 6-14 age group, a national programme focusing on provision of literacy for the 15-35 age group with priority attention to women's literacy will be integral to Government's programme of Education for All so that by the year 2000 India can be a predominantly literate country.

- 6.3.12 The main operational strategies to be followed under the literacy programme will be the following :

Centre-based approach : The traditional "project" structure and centre-based programmes (Rural Functional Literacy Projects, State Adult Education and non-government Projects) will be continued after a major overhaul. The main features will be:

- Area approach, with "projects" (including those run by Non Government Organisations) being given responsibility for eradication of illiteracy in a specific area within a time frame;
- priority to literacy for women;

- reorganisation of management and introduction of more systematic monitoring and evaluation
- introduction of variable methods of field activity
- introduction of innovative techniques focusing on improved content, materials, enhanced motivation and reduced timeframe.

Volunteer-based approach : This will involve the "each one teach one" and "each one teach a few" approaches using students, teachers, housewives, retired persons, and others. It is felt that the volunteer approach has the potential for covering around 25 percent of the overall annual target.

Campaign Approach : The main characteristic involves the large-scale mobilisation of the community and the creation of an atmosphere in which people, particularly youth, come forward to take responsibility for the eradication of illiteracy. It will involve traditional mobilisation teams on foot, extensive use of traditional and mass media, involvement of artists and creative groups. An area specific approach will be adopted in planning such campaigns. An additional and equally important objective of such campaigns will be to enthuse adults to send their children to school and to encourage active community involvement in school education.

### Continuing Education

6.3.13 With much wider access, participation and achievement in primary and adult education, continuing education acquires greater importance. It not only helps in the retention and upgradation of levels of literacy and numeracy, but also influences the extent to which these skills are applied by individuals for the improvement of the living conditions for themselves, their families and the community as a whole.

6.3.14 The strategy for continuing education will comprise a number of measures designed to reach out to as wide an audience as possible, both literate and neo-literate. This "Third Channel" of basic education will involve:

- strengthening and opening up of existing institutional structures such as community libraries, reading rooms and school libraries in "Jan Shiksha Nilayams" under the Adult Education programme;
- extension and vocational training programmes particularly through women's and youth groups;
- expanded use of mass media and distance learning by tapping the potential of radio, television and video;
- support to traditional and folk media and other traditional modes of learning.

#### 6.4. REVIEW OF UNICEF COOPERATION

Over the past ten years, UNICEF cooperation in the field of education has focussed on experimental and pilot projects related to qualitative improvements in formal and non-formal, primary and adult education activities. The following major projects were implemented in selected States during this period:

- 6.4.1 Primary Education Curriculum Renewal (PECR) : involved the laying down of minimum levels of learning in primary education cycle and, systematic development of relevant curriculum and its transaction modalities in classrooms.
- 6.4.2 Comprehensive Access to Primary Education (CAPE) : promoted the development, printing and tryout of learning modules and modalities for their transaction under the non-formal education system.
- 6.4.3 Nutrition, Health Education and Environmental Sanitation (NHEES) : focussed on the development, tryout and dissemination of language and state-specific curricula, teaching/learning materials, training and transaction methodologies for strengthening the nutrition, health and environmental sanitation components of the primary curriculum and on promoting community level action and outreach in these areas.
- 6.4.4 Early Childhood Education (ECE) and Children's Media Laboratory (CML) : focussed on the development, tryout and dissemination of age, language and state-specific teaching/learning materials, training and transaction methodologies for promoting early learning in the 3-6 year age group.
- 6.4.5 Developmental Activities in Community Education and Participation (DACEP) : This micro level project in selected States, involving mobilization and participation of the communities through a micro programming approach, was aimed at meeting the varied educational needs of the community.
- 6.4.6 Area Intensive Education Project for Human Resource Development (AIEP) : Based essentially on a micro planning and programming approach, it involved the communities and aimed at attaining UPE in target areas. DACEP experiences were incorporated in this project.
- 6.4.7 Project Integrated Education for the Disabled (PIED) : This effort aimed at developing methods and materials for integrating disabled children in mainstream primary education.
- 6.4.8 Support to Adult Literacy Programmes : Selected elements of the Adult Education Programme and National Literacy Mission (NLM) were supported. This included material development, enrichment of training inputs, information education and communication activities, mobilization efforts and intensive inputs in selected geographic areas.



- 6.4.9 With the exception of the Adult Literacy component, these projects have been implemented mainly through the National Council of Educational Research and Training (NCERT) and its State level counterparts. These projects have yielded many useful results and some of them have found their way into the wider educational system. Yet many remained isolated and confined to the implementing agencies essentially as research and development efforts and were not perceived as high priority programmes by the State Governments despite their valuable outcomes.

## 6.5. PRIORITIES AND STRATEGIC CONCERNS FOR COOPERATION 1991-95

- 6.5.1 Keeping in mind the above experience of cooperation in the 1980's and taking into account the new and increased challenges posed by the Education for All initiative as well as emerging Government priorities and programmes, UNICEF cooperation will undergo a fundamental change in the 1990's. While UNICEF's role must continue to be essentially catalytic, much greater involvement and support to operational activities (albeit on a selective basis) and the actual dissemination of lessons learned is envisaged. Changes in the modality of implementation will also be introduced for those experimental projects which will be continued in this Plan of Operations.
- 6.5.2 UNICEF cooperation and support will be guided by the following concerns and priorities considered to be key in efforts to achieve the goal of Education for All:
- 6.5.3 Moving to scale : Support will be provided to the education system in going to scale, replicating on a significant scale the lessons learned from the many pilot projects and programmes undertaken in the country. Support will be provided on a selected basis to encourage planning and implementation processes in key areas. In the State of Bihar, however, a greater involvement is envisaged.
- 6.5.4 Education for women's development : Investment in female education is regarded as among the more productive investments in social and economic development not only of women but of society as a whole. The situation of women and the girl child makes this an imperative concern for which reason provision of educational opportunities for them becomes one of the most important factors guiding UNICEF support to the education sector.
- 6.5.5 Reaching the unreached and hard to reach : As progress towards Education for All is attained, it becomes increasingly difficult to reach the last 15 to 20 percent of the population. These are usually the poorest of the poor. Support will be provided through activities and processes that consciously attempt to reach these groups. Moreover, the application of the micro-planning approach will help in ensuring that the educational requirements of all groups are identified and met.

- 6.5.6 Disparity reduction : The reduction of disparities in educational opportunities and achievement between, for example, boys and girls, scheduled castes and others, rural and urban, urban rich and urban poor will ultimately determine the extent to which Education for All can be achieved. The reduction of disparities between these groups is therefore recognised and processes and efforts will be supported that try to develop activities specifically designed to reduce them.
- 6.5.7 Area-based programme approaches : While supporting the overall national goals of Education for All, strategies related to disparity reduction and reaching the unreached make it essential that a more area-specific approach is followed. UNICEF support to educational activities will thus have a strong area-specific focus. In this regard the concentration of effort on the state of Bihar epitomises this approach at the national level. In addition, the various other strategies being proposed will be supported in selected areas, coinciding, wherever possible and on a priority basis, with the districts selected for community-based programming.
- 6.5.8 Community involvement : Active, willing and informed community participation in the planning, development and implementation of educational activities is increasingly seen as vital if targets of Education for All are to be achieved. The lack of such participation has in the past been a major reason for the failure of the system to meet the needs of the population. The encouragement of such effective community participation, enabling them to exercise control over the course and outcome of basic education, is an important element of Government-UNICEF cooperation.
- 6.5.9 Advocacy and social mobilization : Advocacy and social mobilization campaigns similar to those developed around immunization will be launched not only to promote the involvement of communities and parents in basic education but also to mobilize the additional resources that will be required.
- 6.5.10 Making the system work : the failure of primary education can in large part be attributed to the fact that in many cases primary schools have simply not been able to perform their basic functions. Programmes and projects must therefore address themselves to ensuring that at least minimum learning and teaching actually takes place.
- 6.5.11 Child centred education : the National Policy on Education 1986 had underlined the centrality of the child in the teaching-learning process. That centrality must be re-emphasised and pedagogy at the primary level in particular must be made child centred.
- 6.5.12 Teacher first : essential for making the system work is the effective role of the teacher. The empowerment of teachers, in techno-pedagogic as well as social terms, must feature significantly in all activities.

## 6.6. OBJECTIVES OF COOPERATION

6.6.1 UNICEF cooperation will support the national goals of:

- Improving opportunities for basic education for all children and women
- Improving social and economic opportunities for women
- Reducing disparities in education among geographic and socio-economic groups, and between genders.

6.6.2 Specifically, UNICEF cooperation has the following objectives:

- Advocate for and create awareness about the importance of Education for All and promote viable strategies and approaches for its attainment particularly in "educationally backward" areas of the country.
- Support dissemination and application of proven approaches and strategies in early childhood education, primary and non-formal education, adult education and literacy that can contribute to the achievement of Education for All.
- Help to operationalise approaches to planning, implementation, monitoring and evaluation of education programmes for specific areas and target groups as well as of specific components such as teacher education and non-formal education.
- Contribute to the educational development of selected districts in key states through a process of convergent, community-based programming.
- Support a process of educational reconstruction in the State of Bihar through an intensive and long term programme of basic education.

## 6.7. AGREED STRATEGIES

6.7.1 Taking into account the overall goals and government policies and programmes, as well as UNICEF's own priorities for the 1990s, UNICEF will continue to support a range of activities aimed at achieving Education for All by the year 2000. This support will be provided at three operational levels in line with the overall country programme strategy:

National : through central level departments and institutions responsible for development and implementation of national policies and schemes, and innovative and experimental activities related to strategic issues.

State : through state level structures and institutions responsible for state specific programmes and activities as well as implementation of national schemes.

District : through district and block level education structures as part of a district level approach to convergent community-based programming.

- 6.7.2 In line with the overall strategic concerns, UNICEF collaboration in education will focus on a number of strategic goals, mainly the reduction of disparities among various population groups. In this regard, the focus on the State of Bihar represents an attempt to translate the concept of Education for All into action on a significant scale in an educationally backward state.
- 6.7.3 Taking a holistic approach to education, UNICEF cooperation will include three broad areas of action within Government plans and programmes for education:
- Early childhood care and education for the 0-3 and 3-6 year age groups as an integral part of a child development package.
  - Primary Education for the 6-11 year age group, with focus on 5 years of primary education or its equivalent alternative.
  - Literacy, functional and continuing education for youth and adults especially women in the 15-35 year age group.
- 6.7.4 In keeping with the overall Government policy and programme framework, the focus of early childhood learning activities will be on strengthening the ICDS as the major delivery system. UNICEF support is being taken up as part of the "Child Development" component of the country programme (See Chapter 1). Within the education component itself, support to early learning will be focussed on advocacy and promotional activities as part of the overall goal of "Education for All" and all its related aspects.
- 6.7.5 Within the area-based and target-specific projects and programmes, primary education will receive priority attention. Concerted efforts will be made to make the system more flexible and responsive, and goals related to access, participation and achievement will be supported. Teacher training, active community participation, promotion of local planning, and support to achievement of minimum learning levels will be the main focus.
- 6.7.6 While the centrality of primary schooling is accepted, the need to develop and provide alternative channels through non-formal approaches in tandem with formal schooling and not as a separate system will be pursued.
- 6.7.7 In adult education, both basic and post literacy will receive priority attention. While the main focus will be on the National Literacy Mission (NLM), activities related to empowerment of women are seen as essential elements of the overall effort to achieve Education for All. These will also be supported under various other components of the Country Programme. Increased promotion of public and mass education through channels outside the education sector will also be actively supported.

## 6.8. COURSES OF ACTION

### NATIONAL LEVEL ACTIVITIES

6.8.1 National level activities, as distinct from nationwide activities, will be limited in terms of the scale of operation, but are nevertheless catalytic inputs with potential for nationwide replication or impact. They will be implemented through the Central Government and national institutions. UNICEF support for national level activities will focus mainly on advocacy and policy development for basic education and for strengthening capacity for programme planning and implementation within specific sub-sectors. In addition, UNICEF will provide support for some key operational projects in the field of primary and adult education.

#### Education for All

6.8.2 To promote the concept of Education for All and encourage action at all levels for its attainment the following activities will be supported:

- Public awareness campaigns through the media, focussing on the priority of basic education and encouraging political, community and individual commitment to participation in basic education activities;
- Production of promotional materials for awareness building and raising additional resources both internal and external for education; as also for use by teachers, administrators, social activists and voluntary groups;
- Advocacy and promotional campaigns focusing on key issues such as girls' education, education for working children, other unreached groups and issues and problems of social concern;
- Situation studies of general as well as specific aspects of educational programmes;
- Documentation and dissemination of experiences and innovations with potential for wider application;
- Intra-country and inter-country exchange of experience between key professionals in and outside government engaged in planning and implementation of Education for All;
- Inter and intra-country workshops, seminars, to review experiences and create alliances especially with voluntary organizations, professional bodies, business houses and other development agencies for the promotion of Education for All.

#### Learning achievement:

6.8.3 UNICEF will support the ongoing government efforts in developing, defining and testing the 'Minimum levels of Learning' at various levels of the primary education cycle. This intervention will provide simple measurement tools for

assessing the effectiveness of learning within formal and non-formal systems and facilitate the attainment of the goal of universal achievement with the goal of Education for All.

### Educational Media

6.8.4 The educational potential of a rapidly expanding communication and mass media network has barely been tapped either for directly meeting basic learning needs or supporting various elements of the formal and non-formal systems. Despite some notable efforts in the provision of audio-visual hardware within the education system, the development and dissemination of software have lagged behind in both qualitative and quantitative terms. In the majority of schools however there is neither access to media nor are other types of materials easily available. The government recognises that there is an urgent need to create conditions under which a major impetus can be given to the use of media for educational purposes, particularly for children, while enhancement of the learning environment through relevant, attractive and creative materials is seen as a crucial factor in making the education system function more effectively. This is seen as an important element of the "third channel" of Education for All and as a key instrument for improving the quality and relevance of basic education.

6.8.5 Apart from strengthening existing educational media and technology infrastructure, the Government aims to establish under the VIIIth Plan an 'Educational Media Foundation' at the national level. The basic purpose of the Foundation will be to:

- produce (or get produced) high quality programmes for various media and other educational materials for children, and to set up systems for their wide dissemination and use particularly among groups normally deprived of access to such materials.
- consolidate and further develop the knowledge base on issues connected with the use of media for children's learning; to promote relevant research/studies to augment this knowledge base.
- disseminate such 'know-how' on a wide scale, and enhance the country's capacity for harnessing various media for the benefit of children's education and overall development.
- develop an interactive networking relationship with other concerned organisations (government, non-government, private) and creative individuals so as to promote co-operative, symbiotic actions to enhance children's learning through media.
- act as a clearing house for educational software in the country.

6.8.6 The Foundation will supplement the efforts of the Central Institute of Educational Technology (CIET) and its state counterparts and will cater mainly to children in the pre-school and primary school age groups with special attention to reaching

the most disadvantaged. It will strive for excellence in the quality and effectiveness of products while ensuring their appropriateness and relevance in terms of age, language, learning needs and culture of different groups of children. A major target of the Foundation's action will be the promotion of child-centred and activity-based approaches to learning at the pre-primary and primary level.

6.8.7 **UNICEF Cooperation :** The exact nature and functioning of the Media Foundation and its relationship with existing structures and institutions have yet to be determined. It is anticipated that it will function on an autonomous basis with corpus and project funding from Government, institutional, private and external sources. The scope and nature of UNICEF support and involvement will be determined taking into account the basic objectives of the Foundation as well as other components of the education programme. Support to the Foundation's activities is seen not just as an end in itself but as an important support to other projects and programmes where development, production and dissemination of materials form important elements.

6.8.8 Other activities related to production and dissemination of educational software and materials outside the framework of the Media Foundation itself will be encouraged and supported as part of this component.

#### **Integrated Education for the Disabled Child**

6.8.9 As efforts intensify towards 'reaching the unreached' within the context of universal primary education, the question of providing basic education to the almost six million disabled children assumes increasing importance. The recent initiatives of the Government in integrating disabled children with mainstream primary education system as against their segregation in special schools is both a cost-effective and humane approach. It is now established that a majority of borderline, mild and moderately disabled children, who would have normally never enrolled or dropped out, can complete the primary education cycle with appropriate support at the school and home.

6.8.10 Over the past 3 years through the Project 'Integrated Education for the Disabled' (PIED), UNICEF has essentially supplemented the government programme on Integrated Education for the Disabled Children (IEDC) for carrying out the following activities:-

- sensitizing the teacher and parents on the needs of disabled children and the potential for their integration in mainstream education.
- Upgrading the knowledge and skills of teachers in effectively integrating disabled children in primary schools.
- Developing simple assessment and teaching/learning materials.
- Selective supply of materials for demonstration purposes.

- Strengthening technical support, supervision and evaluation inputs.
- Action research and development activities.
- Strengthened linkages with other governmental departments (Welfare, Health, ICDS etc.) and technical resource support to institutions for promoting early detection and rehabilitation of disabled children.

6.8.11 UNICEF support will be continued during 1991-95 in the specific areas/activities identified above to consolidate the operational strategies which are currently being tried out in the rural and urban areas for eventual incorporation in the IEDC programme on a wider scale.

6.8.12 This project will be implemented by the relevant state government department (education/municipal body) with technical support from the Special Education department of NCERT which will also act as the implementing and coordinating agency at the national level.

#### **Micro-planning -- Area Intensive Education Project (AIEP)**

6.8.13 This project has been under implementation since 1987 in selected blocks of six States. It represents an attempt to integrate and coordinate the various educational activities implemented by different departments/agencies and envisages a comprehensive educational approach to cater to the socio-economic and developmental needs of the total population in a specified area. It also aims at promoting the integration of pre-school, primary, non-formal and adult learning activities in the community and as such represents an attempt to put into practice the concept of micro-planning and programming for attaining Education for All.

6.8.14 Given the importance of the area intensive approach and micro planning strategies reaffirmed in the VIIIth Plan, this project will be continued with suitable modifications so as to develop and refine strategies and methods for incorporation into long term education programmes.

6.8.15 The following activities will be supported:

- Local level planning and programming inputs and upgrading of management capacities.
- Community mobilization for community ownership and control and involvement in the educational process.
- Teacher/instructor education and motivation inputs.
- Improved monitoring, supervision and evaluation including development and use of an effective Management Information System.
- Improving quality and relevance of learning.
- Establishment/strengthening of linkages - both inter and intra- sectoral.



- Documentation and wider dissemination of experiences and mutual learning and sharing.

6.8.16 The project will continue during 1991-95 in the six States and will be expanded to cover contiguous blocks in a phased manner in the district.

6.8.17 While NCERT and its state level counterparts will continue to provide technical support for the project, the responsibility for its implementation will rest with the State Departments of Education in order to ensure better possibilities for eventual integration of the AIEP approach into mainstream educational planning and implementation activities.

### Literacy, adult and continuing education

6.8.18 During the period 1985-90 the primary objective of UNICEF cooperation in the field of literacy and adult education was to incorporate issues relating to mother and child care in the national Adult Education programme with a view to increasing the demand for literacy among women and girls and making it more relevant. The launching of the National Literacy Mission in 1988 led to a broadening of UNICEF's involvement with a stronger focus on strengthening planning and implementation mechanisms and training and mass mobilization elements.

6.8.19 UNICEF will continue to support national efforts aimed at eradication of illiteracy among the target age group of 15-35 years with special focus on women through interventions in basic and post literacy programmes under the Literacy Mission. In this regard, UNICEF will support the following types of activities:

- Awareness creation, mobilisation and advocacy for involvement in and support to literacy activities through mass media and other social communication channels.
- Experimentation with alternative approaches to imparting literacy and functional education including use of radio and television in selected States/districts.
- Development of materials and methods aimed at improving the quality and relevance of learning content and processes and delivery systems including support to activities aimed at bringing about an improvement in the quality of training of functionaries and other literacy workers.
- Operational research projects aimed at hard-to-reach and disadvantaged target groups and application of the findings of scientific, technological and pedagogical research for improvement in teaching learning processes.
- Development and dissemination of prototype motivational and learning materials -- audio-visual and printed.
- Evaluations, studies and documentation of successful experiences particularly those related to mass campaigns for eradication of illiteracy in specific areas.

- Development of comprehensive projects in 3 to 4 selected districts aimed at full literacy.

6.8.20 These activities will be implemented or coordinated by the Directorate of Adult Education/National Literacy Mission authority at the national level, with actual implementation at state or field level through the relevant state government departments.

6.8.21 As regards continuing, informal and public education, activities will be supported through the Department of Education as well as various sectoral programmes. Recognising the importance of the "Third Channel" for meeting basic learning needs as part of the "Education for All" effort, UNICEF will also support activities aimed at the gradual development of a more comprehensive and coordinated programme of mass education. Activities to be supported will thus include:

- analysis and determination of learning and information needs of groups deprived of regular educational opportunities;
- situation studies and evaluation of delivery channels;
- development, pre-testing and dissemination of prototype materials especially on issues of public concern and related to development of women and children, including "Facts for Life" type materials;
- software support to public and continuing education programmes in selected districts under the focus district component of the country programme.

6.8.22 Implementation of continuing and public education activities will involve, apart from the Department of Education, other sectors with extension and communication activities.

#### **STATE/DISTRICT LEVEL ACTIVITIES**

6.8.23 Action at State and District level responds to the need for a more area intensive and locally specific approach to UNICEF cooperation and the priority concerns of disparity reduction and capacity building at decentralised levels.

6.8.24 In the state of Bihar UNICEF will support a major statewide operational programme in basic education (See Part 6.9 in this Chapter). However, UNICEF will also support activities in a few other educationally backward states and in districts selected for integrated community based programming (See Chapter 4). The basic purpose of the activities will be: to strengthen planning and implementation of key elements of national policy; and to develop approaches that address the worst elements of disparity in basic education within a cross-sectoral district planning approach. The activities to be supported will relate to priority action areas such as teacher education, strengthening of non-formal approaches, and provision of basic education for specific target groups and

children with special needs but within an area-specific approach to Education for All. Specifically, the following activities will be supported by UNICEF:

### Teacher Education

- 6.8.25 Given the pivotal role of teachers in improving the quality of education and attainment of UPE, and the recent major national initiatives in tackling the large scale problems in the area of pre- and in-service teacher education, UNICEF will support this component on a limited scale in selected areas. Specifically, UNICEF will support the development of in-service teacher education in:
- Blocks/districts covered by one or another of the UNICEF assisted education projects, such as, AIEP, PIED and other intensive programme districts with a major education component; and
  - One or two educationally backward states to be covered in a phased manner over 1991-95 with a view to developing a functional system of teacher support and training, as a key element in efforts to achieve "Education for All".
- 6.8.26 While the modalities and contents of teacher training inputs will be drawn up in consultation with the Central Department of Education, Teacher Training Department of NCERT, and the National Council for Teacher Education, the areas of action will be guided by the VIII Plan and the experiences gained over the past three years under the NPE Programme of Action. The content of the training will focus on upgrading the knowledge and skills of teachers in pedagogical terms in imparting child-centred and activity-based education at the primary level, as also the effective use of Operation Blackboard materials. Elements of social/community/parent mobilization, local planning through community involvement, and reaching unreached children specially girls for the achievement of Universal Primary Education would also form important contents of the training programmes.
- 6.8.27 In the above context, the following areas of action have been identified for support:
- In-service training inputs in selected areas through a combination of such approaches as contact mode of training, regular professional meetings at the school complex levels, use of the mass media/distance education channels, professional support through print media and other relevant and cost effective modalities.
  - Selective software/hardware support to teacher education institutions (DIETs) in selected districts for enhancing their capacities. These districts would be co-terminous with those selected for teacher training support.
  - Technical support at state/district levels for planning and implementation of this input.

- Support to establishment and effective implementation of school complexes in selected areas.
- Effective use of print and audio/video media, through both broadcast and non-broadcast modes to provide continuous education opportunities to the teachers.

6.8.28 The State Departments of Education will be responsible for implementing and coordinating these activities through the relevant state/district level institutions and with the support of central level technical resource agencies.

**Support to Non-Formal Education :**

6.8.29 The goal of UNICEF support to the national programme of UPE for the 6-11 years age group is 100 percent coverage of eligible children in the selected geographic areas with focus on activities related to increased access, retention and achievement through primary formal schools or their alternative in the form of non-formal education activities. UNICEF will thus support the non-formal education programme in selected districts and will facilitate forward and backward linkages with other educational systems, the attempt being to establish non formal education as complementary to the formal system.

6.8.30 Specifically UNICEF will support the following activities:

- Establishment/upgrading of state resource centres for non formal education in 2 to 3 selected states for improving technical and outreach capacities.
- Upgrading the quality and coverage of training of functionaries in selected districts.
- Development and dissemination of relevant curricula, teaching/learning materials and aids and effective transaction modalities.
- Capacity building for programme planning, management, supervision, monitoring and evaluation through the state resource centres.
- Development and dissemination of effective communication, mass mobilization and environment building efforts.
- Community mobilization and involvement efforts.
- Development of a management information system.

6.8.31 The above programme will be implemented by the relevant State government departments and district level bodies, with technical support from the NCERT and the Central Government.

## DISTRICT LEVEL INTERVENTIONS

6.8.32 In keeping with the approach outlined in Chapter 4 of the MPO on Community-based Programming, intensive inputs will be provided in selected districts in response to problems like low female literacy, large population of working children and sizeable urban poor population. While UNICEF will support multi sectoral programming in these districts, the education effort will focus on approaches that address the worst elements of disparity in basic education within a comprehensive approach to Education for All and with specific focus on the attainment of five years of primary education or its equivalent. Depending on the success, the outcomes of such interventions will feed in to the statewide/nation-wide educational planning process.

### 6.8.33 Objectives

- To promote the concept of Education for All in selected priority districts and develop a viable model for its implementation.
- To strengthen the process of planning and delivery of basic education services, particularly with a view to reducing disparities among various target groups.
- To encourage an integrated and synergistic approach to the planning and delivery of basic services.

6.8.34 While there are several major disparities that need to be tackled, UNICEF cooperation will address the following ones representing target groups requiring special attention :

Girls : Statistics support the inference that girls, particularly from rural areas, are the single largest group of children without access to or retention in the educational system. Thus, intensive and specific attention to this group of children will be given to meet their educational needs.

Working Children : This category represents one of the largest groups of deprived children who, because of their socio-economic circumstances, either do not enroll or drop out before completing the primary education cycle.

Marginalised Urban Populations : Although the overall urban enrolment and literacy rates are better than that of rural/tribal areas, this does not imply higher literacy rates among the urban poor who continue to be deprived of educational opportunities on account of a complex set of socio-economic and locational problems. Besides, the current rapid urbanization rates are expected to further escalate. The municipal bodies are facing a serious problem vis-a-vis enrolment, retention and achievement levels of marginalised urban populations. Street children constitute a special group among the urban poor whose educational

needs have to be tackled in innovative ways if Education for All is to be achieved in urban areas.

Tribal children : The educational needs of tribal populations require special approaches because of cultural, social, economic, linguistic and geographic factors.

### Implementation Strategies and Activities

6.8.35 For each district selected, detailed action plans will be developed taking into account the reality of the situation and the needs of the defined population in terms of pre-primary, primary and adult education. Resources and inputs available for various educational development efforts from national and state levels will be taken into account. Priorities and strategies entailed in the overall educational programme will guide UNICEF support in the selected districts. Empowerment of communities and creation of local level capacity in educational planning and implementation will be the key areas of concern and action. The overriding concern will be, however, to ensure locally specific and relevant interventions for achieving Education for All.

6.8.36 The following activities would be supported in the selected districts:

- Situation studies to identify problem areas, unreached groups, strengths and resources.
- District and block level planning and programming exercises to attain universal primary education and development of alternative strategies for meeting special needs of deprived groups.
- Advocacy and awareness generation, including development and dissemination of relevant information, education and communication materials aimed at sensitizing parents/community/teachers on the importance/value of education for all and specific problems related to priority target groups.
- Community mobilization for involvement in planning and implementation of basic education including through establishment of village education committees.
- Development of effective management information, monitoring, supervision and evaluation mechanisms at community, block and district/municipal levels.
- Efforts by voluntary organizations.
- Interventions aimed at making existing systems, especially primary schools, more flexible and responsive to the needs of priority target groups.
- Teacher/instructor motivation and education.
- Development and application of minimum levels of learning and their measurement.

- Support to analysis of teaching/learning materials for identification and elimination of gender bias.
- Support to non-formal approaches for providing viable alternative to formal schools.
- Innovative activities such as child to child programmes, linkage with school social work scheme (specific to urban populations), expansion of the role of schools as 'community schools', etc.
- Documentation and dissemination of successful experiences for mutual learning and wider application.

6.8.37 Efforts will also be made to ensure that services being delivered through other UNICEF-supported programmes in selected districts support education services (and vice-versa) whenever necessary. This will include:

- Provision of water supply and sanitation facilities to all primary schools and community education centres;
- Improved access to drinking water and sanitation facilities within the community as a whole so as to lessen the burden of household chores among girls and women;
- Support to child care services to release girls from sibling care responsibilities for participating in educational activities.
- Provision of relevant health and nutrition interventions.

Inter-sectoral linkages will be strengthened to provide these inputs (see Chapter 4 on Support for Community-based Convergent Services). The resources will be drawn from the different sectors.

6.8.38 For making the girls' education projects operational, a few districts in the educationally backward states with low female literacy will be selected from among those selected for intensive inputs. Activities will be closely coordinated with efforts taken up for women and girls by the Departments of Rural Development and Women & Child Development.

6.8.39 For working children interventions will be initiated in 2 to 3 districts having significant incidence of child labour and selected for convergent community based programming. Cooperation with the Ministries of Labour and Welfare will be sought.

6.8.40 In relation to urban marginalised populations, UNICEF will support a process of planning and project implementation in selected metropolitan cities or towns in one or two States which have higher than average urbanization rates and where the State Governments have already shown interest and willingness in dealing with such problems. The operational areas will preferably coincide with those covered by the Urban Basic Services programme (See Chapter 3).

- 6.8.41 For tribal children, one or two districts selected for the intensive community-based programme and which have significant tribal populations will be supported in developing a comprehensive approach to "Education for All".
- 6.8.42 The programmes at District level will be coordinated and implemented by the district level administration or municipal bodies with the support of State education departments and other technical resource institutions. The Department of Education will provide overall coordination and policy guidance.

## 6.9. THE BIHAR EDUCATION PROJECT

### 6.9.1 Context

The state of Bihar is one of India's largest and most populous. Almost all educational indicators in Bihar are well below the national average. The State has one of the lowest enrolment ratios particularly among girls with the country's highest dropout rates at the primary level. While social and economic conditions are among the poorest in India, the position of women and girls is particularly low with high maternal and infant mortality rates, very low levels of literacy and near exclusion from public affairs. The State is also close to a serious environmental crisis. At the same time, Bihar is potentially one of the richest States of India with tremendous human, mineral and agricultural resources. It also has a long tradition of learning. Besides, there are many active and dedicated groups working for socio-economic change. Bihar represents the major challenge in education in India and the Government of India together with the Government of Bihar have decided to respond by launching a long-term initiative to achieve Education for All. The Bihar Education Project (BEP) represents one of the most ambitious educational development efforts undertaken in India.

### 6.9.2 Goals

Essentially the goal of BEP is to generate a driving force in the State through educational reconstruction. A change in the educational situation is expected to bring about improvement in other spheres. The focus group in BEP will principally comprise educationally and economically deprived people. Consequently, women and girls, and the "lower castes", and ethnic and tribal communities will be the major target groups. Within this framework, the specific goals of the Project are as follows:

- **Universalisation of Primary Education**, viewed as a composite programme of access to primary education for all children up to 14 years of age; universal participation till they complete the primary stage through formal or non-formal education programmes; and universal achievement of not less than the minimum levels of learning.



- **Drastic reduction in illiteracy**, particularly in the 15-35 age group, bringing the literacy level in this age group to at least 80%, ensuring that the levels of the 3-Rs are functionally relevant.
- **Modification in the educational system** to serve the objectives of equality for women and their empowerment.
- **Making necessary intervention** to provide equal educational opportunity to adults and children belonging to the "lower castes", ethnic communities, and the poorest strata of society.
- **Relating education to the working and living conditions** of the people, improving thereby their ability to cope with problems of livelihood, environment, and mother and child health.
- **Laying special emphasis in all educational activities** on science and environment and inculcation of a sense of social equity.

### 6.9.3 Approach and strategies

Under BEP, certain broad approaches have been outlined, allowing experience to give them more concrete shape. Many experiences that have been tried and which have been shown to succeed in various parts of India will be systematically pursued through existing programmes and structures as well as through new forms of educational organization and planning. The main principles of the new strategy, are as below :

- Holistic view of education- In order to make education an instrument of social change its content as well as process will be shaped, with significant implications for teacher training, planning and management.
- Involvement of people and groups who can make BEP successful.
- Teacher first - Recognition of the centrality of the teachers' role and improvement of their performance and participation in planning and management.
- Women's empowerment - Opportunities to women to articulate their demands and problems, and enabling them to exercise collective pressure in the family and society.
- Equity - Creation of conditions for equal opportunities for workers and learners, in an egalitarian ethos.
- Institutions of quality - The large number of excellent educational and research institutions will be actively involved.
- Enlarging the quality circle - Clear roles will be assigned to a variety of voluntary agencies, teachers, artists, writers, media persons, ex-servicemen and housewives and particularly youth.

- Non-educational initiatives such as ICDS, DWCRA, public library system, programmes for environmental conservation and social work will contribute to the reconstruction of the educational process.
- Cadre preparation - A cadre of committed workers will be developed from among teachers, adult education supervisors and instructors, non-formal instructors, village women, youth groups and similar sources.
- Participatory planning and implementation - Active participation of adult learners, parents, teachers, the community, trained cadres, and voluntary agencies will be encouraged in programme management and implementation.
- A Mission Mode - While management usually relies on controls, pressures, and monitoring, the driving force in a mission is the personal, even emotional, commitment of the people involved; this ethos will be consciously inculcated in the project.
- Beginning with demonstration - The programme must be able to demonstrate some success in a relatively short time; yet, the start cannot be too small. A beginning will be made with :
  - creating a conducive environment for project initiation;
  - all programmes will begin in a few blocks of three districts;
  - some 100 voluntary agencies will be enabled to plan and implement their programmes in compact areas;
  - about 500 "persons" will network mutually or with agencies/programmes, in support of BEP;
  - NFE and AE projects will be progressively taken up for an overhaul;
  - effective management and resource management systems will be evolved
- An open project - The project will be open and will call for subsidiary projects, critical appraisal, course corrections, incorporation of new visions and possibilities as implementation proceeds.

#### 6.9.4 Programme Elements

The Bihar Education project attempts to tackle simultaneously all aspects of a process required to achieve Education for All. As such, **the BEP is itself a new model for educational development** which will undertake interventions in a broad range of educational activity.

##### Primary Education

The principal objective of BEP is to create conditions for universal primary education. This will involve appropriate measures to ensure universal access, participation and achievement.

- Universal access entails provision of primary education facilities in unserved or under-served areas, alternative models of education such as Shiksha Karmi (use of village women), Ashram Shalas (low-cost hostel facilities), pre-primary and lower-primary units, widening primary education opportunities for girls, increasing the number of women teachers, providing residential accommodation for women teachers and girls and provision of educational opportunities for working children and scheduled castes/tribes through innovative approaches especially non-formal methods.
- Universal participation implies active and inter-active processes involving learners and teachers, and presupposes :
  - enrolment of all children and young adults;
  - regular and punctual attendance in school or NFE programme;
  - retention till completion of the course;
  - participatory learning process.
- To ensure this, the main strategies are re-orientation and training of teachers, involvement of parents, local level planning; and a large scale programme of school improvement which will involve:
  - provision of minimum physical facilities;
  - appointment of additional teachers and redeployment of existing teachers;
  - provision of contingency funds for teachers for use in schools; and
  - a comprehensive school health programme.
- Universal Achievement : A proper system of evaluation and measurement will be introduced in formal primary and NFE programmes, along with other measures and inputs.

### Non-formal Channels

The Non-Formal approach is an inseparable part of UPE. The existing NFE system in Bihar comprises some 41,500 NFE centres with an enrolment of 705,000 children. Given the high dropout rate in the formal system, and the incidence of child labour and allied factors, it is estimated that up to 40% of the children in the 6 to 11 age group will have to be initially provided primary education through non-formal modes. On the other hand the existing non-formal system suffers from a number of major deficiencies which make its utility somewhat questionable. Under the Bihar Education Project a complete reorganisation of the non-formal education structure is envisaged. Recognising that there is no single model of non-formal education, innovative interventions will be introduced, like :

- Night schools for primary education particularly in urban areas.
- Condensed primary education through non-formal centres based on the prevailing model.
- Pre-primary and lower primary centres getting children ready for primary education and allowing them to learn up to Class 2 or 3 before proceeding to a regular primary school.
- Introduction of the Shiksha Karmi pattern whereby a primary school is entrusted to two or three selected local persons (usually girls), as successfully practised in some other states.

In order that these various non-formal modes be used effectively, the following activities will be taken up:

- Introduction of minimum levels of learning similar to the formal system.
- Improvement in quality, relevance and availability of teaching/learning materials.
- Making NFE programmes learner-centred.
- Improving the learning environment.
- Introducing new modalities for the selection and training of instructors. As far as possible this will be confined to women and persons belonging to Scheduled Castes/Tribes.
- Introduction of various incentives and motivational awards including continuous training opportunities for instructors and supervisors.
- Setting up of alternative management framework and structure and an effective monitoring and evaluation system.

The NFE programme will be implemented through projects taken up in compact and contiguous areas. They will be run by Government or voluntary agencies but the objective will be to ensure, in coordination with people responsible for formal education, the achievement of universal primary education in that particular area.

#### Adult Literacy

Adult literacy is an integral component of BEP. Literacy, particularly of young women, is a pre-requisite for achievement of developmental goals such as reduction in fertility rate, lowering of IMR, raising the mean age of marriage, improvement of health status and children's' participation in primary education. BEP aims at a literacy rate of 80 to 85% and eradicating illiteracy in the 15-35 age group.

The current adult education programme in Bihar suffers from problems similar to that of the non-formal system. Again a radical overhaul of the system is envisaged, including the following:

- Targets and strategies : BEP aims at reaching some 10 million adult illiterates in the age group 15 to 35 by 1995. Strategies for achieving the targets include:
  - Continued emphasis on primary education for a reduction in the illiterate population in the 15-35 age group.
  - Expansion of adult literacy programme.
  - Shift of emphasis from quantity to the quality of the programme, on the number of persons completing their courses, and achievement of the levels of learning laid down by the National Literacy Mission.
  - Emphasis on area approach, viz., each implementation agency being asked to take up a well-defined geographical area, and to ensure eradication of illiteracy in that area within a specified time.
  - Introduction of the Improved Pace and Content of Learning (IPCL) techniques, which envisage shortening of the duration of the course, introduction of three primers corresponding to Grades I, II and III in NLM, continuous evaluation and overall improvement in facilities and pedagogy.
  - Improved system of monitoring and evaluation.
- Reorganisation of centre-based programmes : The existing programme under the Rural Functional Literacy Project (RFLP) and the State Adult Education Programme (SAEP) will be reorganised to be significantly in line with the strategies mentioned above.
- Expansion of centre-based programmes through alternatives : The existing RFLP and SAEP structures in a State will focus on their improvement rather than their expansion. A substantial expansion however will be taken up through voluntary agencies, youth organisations and the Nehru Yuvak Kendras. An effort will also be made to revive the "Functional Literacy of Adult Women" programme implemented through the Integrated Child Development Services. Efforts will also be made to involve other agencies and Government and non-government institutions to participate in programmes for adult education and literacy.
- Mass campaigns and social mobilization : Under the National Literacy Mission measures have been taken to create a mass-mobilisation for involving educational institutions, employers, trade unions, voluntary organisations, and social activists. BEP will play an effective role in supporting this mobilization which will include :
  - Organizing teams on foot in the tradition of Gandhian and Sarvodaya activists;
  - Mobilising through people's science movement agencies as in the case of Kerala;
  - Use of mass media for generating a positive environment;

- Youth training and deployment; and
- involvement of village education committees and women's groups.

Through the above measures approximately 2 million persons will be made functionally literate every year.

### Early Childhood Care and Education

BEP will provide comprehensive early childhood care and education facilities as a measure of paramount importance in a situation of deprivation. This would include promotion of healthy home-based early stimulation practices through various channels and activities and early childhood education facilities for the 3 to 6 years age group which will also facilitate preparation of young children for primary schooling. Availability of ECCE facilities is expected to promote the participation of girls in the primary school by releasing them from sibling care responsibilities and provide the much needed support services for the working women from the lowest socio-economic groups.

- Integrated Child Development Services : A major effort will be made to strengthen the ICDS system which has already reached all the districts of Bihar and is expected to further expand in the coming years. The target groups of ICDS, focusing on the least privileged and vulnerable sections of rural, tribal and urban populations, are also the focus groups of BEP. The project strategy will involve fostering of linkages and coordination mechanisms with the ICDS system at the Community, Block, District and State levels. As of now, the pre-school education component of ICDS is weak and early stimulation inputs are almost non-existent. Under BEP, efforts will be made to strengthen key components of early childhood learning in ICDS through:
  - Strengthening of pre-service and in-service training of functionaries at all levels.
  - Identification and establishment of additional training institutions, to act as district level nodal training-cum-resource centres.
  - Upgrading existing ICDS training centres in selected districts.
  - Building a strong component of practical training into overall package of training at all levels and revision of duration and content of training packages to suit requirements.
  - Improved availability of appropriate teaching, learning and play materials for anganwadis. Emphasis however will be laid on learning from the environment and using locally available low-cost materials.
  - Establishment of a State level resource centre on early childhood care and learning.
- Alternatives for non-ICDS blocks : For coverage of areas which are not yet reached by the ICDS system, municipality run balwadis (in the urban areas), ECE centres run by voluntary agencies and special ECE centres attached to primary schools in rural and tribal areas, would be established with the provision that these programmes would be absorbed by the larger ICDS

system as it gradually expands to cover these areas. The orientation and training requirements of workers in this system will also be met by the overall training infrastructure available for the ICDS system.

- Early Stimulation for the 0-3 age group : An effort will be made to develop a systematic and culture-specific early stimulation and intervention programme to promote early psycho-social, emotional, cognitive and language development of this age group. Various channels and approaches will be tried out including through the ICDS system, women's activities, literacy programmes and health programmes.

### Women

If education is to play a positive role towards initiating a change in the current status and situation of women, it will have to address itself to the constraints under which women live. The provision of additional infrastructure alone will not help unless a systematic effort is made to mobilise women and enthuse them to participate in the education process, thereby enabling them to make informed choices in their lives. Accordingly, BEP will endeavour to:

- enhance the self-image and self-confidence of women;
- enable them to recognise their contribution to the economy as producers and workers;
- respect women's pace and rhythm of learning, given the nature of their work and the multiple occupations which vary with seasons (agricultural work, animal husbandry, collection of minor forest produce, casual labour, and above all, household work related to food, fuel, fodder, child rearing, child care, and so on);
- provide women with the necessary support structures and an informal learning environment to create time for education;
- devise a structure where young girls and adolescent girls working in their homes, in agriculture, and in the formal and informal sector get an opportunity for formal education.
- create an environment where women can fearlessly seek knowledge and information; thus empowering them to play a positive role in their own development and the development of society;
- create a mechanism where women monitor their own education as well as the education of their children; and
- create a pool of talented and trained women in every village through Mahila Shikshan Kendra.

Mahila Samakhya approach : This will involve the establishment of Mahila Samooh (women's group) which provides space where women can meet together and begin the process of reflecting, asking questions, speaking fearlessly, analyzing and above all feeling confident to articulate their needs through the group.

Mahila Samooh will be established and supported by trained village women called Shiksha Sathin. The Mahila Samooh will mobilize the village community for educational activities putting moral pressure on the educational workers to respond to and be sensitive to their needs. Clusters of 10 villages with Mahila Samoohs will be supported by a Sahayogini who will act as a motivator, supporter, guide and information feedback for 10 villages.

At the district level, support for the structure will be provided by the District Unit of Mahila Samakhya. Mahila Samooh will also try and harness resources available at the block and district levels through various development programmes. The Mahila Samakhya approach will be initiated in three districts of the State and gradually expanded.

Mahila Shikshan Kendras : The second major strategy for supporting women's activities will be the establishment of Mahila Shikshan Kendras. These will be residential vocational training centres in rural areas and will provide one of the main sources of the large number of female workers that will be required under BEP.

#### Culture, Communication and Continuing Education

BEP recognises the importance of promoting cultural activities, using mass communication and continuing education programmes to maintain the educational momentum of the project. Activities in this field will consist of:

- Encouragement of culture-related activities through regular school or learning centre based programmes particularly at the pre-primary level.
- Use of mass-media including the development of existing structures within the State such as the State Institute for Educational Technology.
- The tradition of public libraries in Bihar which will be encouraged and further promoted. In addition, the Jana Shikshan Nilayams, established under the Adult Education Programme, will be further strengthened. A cluster of about 10 JSNs will be provided with a cluster library.

#### Training

The critical role of training in BEP is derived from an awareness that:

- educational reconstruction will be brought about in the existing social milieu and through most of the existing teachers and instructors of AE/NFE;
- practically everyone can be made to realise their capabilities, as well as skills and competence for better performance of their role; and
- that it is possible to infuse into the present system some catalytic persons who, although belonging to the same milieu, can introduce a new and positive dynamic into the system.



Training under BEP would be the orientation of all persons involved about the goals and strategies of BEP: to upgrade their skills and competence to enable them to discharge their responsibilities, and to motivate them to function as active participants in the planning and implementation of the project. Some of the important categories, and their approximate numbers (per district on an average) are given below:

- Teachers in service	5000
- Shiksha Karmi	300
- Adult education instructors	1200
- Non-formal education instructors	1000
- Supervisor/Prerak in AE/NFE	200
- Shiksha Sathin and Sahayogini	200 + 20
- Village-level committee members	2000

In addition, training of new candidates for the job of teachers will also be provided.

A range of institutional and non-institutional arrangements for training will be strengthened and new ones established. This would include:

- District Institutes of Education and Training (DIET)- which will act as resource centres at the district level.
- DIET Sub-Centres - established at the sub-division level for providing in-service training to teachers and instructors (AE/NFE) and, serve as resource and reference centres for them.
- District Resource Units will be set up as distinct entities under BEP. The functions would relate mainly to adult education and non-formal education, training of village level animators, activists and Mahila Samakhya.
- In addition, various non-institutional resource groups will be encouraged to provide training including voluntary agencies, trainers' groups, individual resource persons, creative individuals and school complexes.

#### 6.9.5 Project Management

Because of its special nature and complexity, a separate and unique structure for project planning and management will be established for BEP. It will have elements at national, state and district levels.

#### General Principles

- The implementation machinery in BEP will be of the nature of management for change. The administrative system will be restructured to serve the goals of educational reconstruction in support of social change.

- The most important characteristic of management will be its mission mode, perceived as a societal mission for bringing about basic changes in the entire scene of social development with a sense of urgency in which responsibility is attached to institutions, agencies, or individuals, and they are accountable for the same.
- Participatory styles of management will be evolved. One of the most important groups will be teachers themselves. They must become involved in and take responsibility for decisions that affect the teaching or learning processes.
- Selection and placement of staff will be based on proven commitment to social development. Special orientation programmes will be arranged. Women will be given priority.
- Voluntary agencies and creative individuals will play a key role in implementing activities and in developing participatory management.
- Community Involvement: A critical aspect of the BEP strategy is active involvement of the community, parents and adult learners. The BEP proposes to effectively decentralise basic education at the village level, with the institutions (schools, centres, etc) being made accountable to the village community and the latter taking responsibility for achievement of Education for All.
- Local-level planning: For the success of the programme, a micro-planning approach will be adopted with the village education committee taking responsibility for "school mapping", house-to-house surveys and follow-up to ensure regular participation of all school age children and young adults in educational activities.

### Planning and Management Structures

District Task Force : The basic unit of implementation of the project will be the District. The District Task Force will be a composite body of the various district level administrative or academic bodies having responsibility for implementation of specific components or activities. These will include :

- the basic education administrative apparatus (district officers responsible for primary, non-formal and adult education)
- District Implementation Unit of Mahila Samakhya
- District Institute of Education and Training (DIET) and District Resource Unit (see 6.9.4 (g) -- Training)
- Voluntary Agencies

The main function of DTFs would be coordination of district planning, deployment of funds, monitoring and evaluation. The powers of all Directors within the normal structure will be delegated to DTF. In essence DTF represents a new modality for planning and implementation of Education for All at the district level.

Other district level departments whose activities are directly or indirectly related to those of BEP such as Public Health Engineering, Women and Child Develop-

ment and Tribal Development will be associated with the District Task Force to ensure effective coordination and collaboration.

#### State Mission Task Force

Overall responsibility for implementation of the Project will rest with a State Mission Task Force. The SMTF will be an autonomous organisation created as a Registered Society. It will have two bodies:

- A Council, with the Chief Minister as Chairman and composed of representatives of the Central Government, nominees of (external) funding agencies, concerned state officials and representatives of the voluntary sector. Its function will be to periodically review implementation of BEP and lay down broad policy guidelines.
- A Mission Task Force whose responsibility will be the overall planning and implementation of the project for the State as a whole. The Task Force will be chaired by the State Education Secretary but for day-to-day management a senior level Project Director will be appointed. The Task Force will consist of concerned officials of the state government (in essence the major implementing bodies), nominees of funding agencies and representatives of voluntary agencies.

#### National Monitoring Group

A National Monitoring Group (NMG) under the chairmanship of the Union Secretary of Education will be set up by the Department of Education. The Chairman of the Mission Task Force and the head of each DTF will be members of the NMG. The NMG will be responsible for:

- maintenance of contact with funding agencies and securing adequate resources;
- securing the services of individuals, groups, organisations at national (and international) level who can contribute to planning and implementation of BEP;
- periodic review and evaluation of BEP;
- providing support to the MTF and DTFs.

A small National Monitoring Unit will be established in the Department of Education to act as a secretariat for NMG.

#### 6.9.6

#### Coverage

BEP is more than a project : it is a continuous movement. New modalities and procedures are therefore being developed which may change as the project evolves, as may the various strategies and components identified so far. Activities will proceed with whatever funding is available through Central and State Government schemes and UNICEF. However, it is the availability of additional

funding, be it internal or external, which will determine the pace and coverage of specific projects and programmes in the future.

In general terms, planning and implementation of the programme will proceed as follows:

- A beginning will be made in 1990-91 in respect of practically all components in 3 districts. District level plans will be developed by the respective Task Forces.
- At the same time micro-level projects, implemented by voluntary agencies and creative individuals, will be initiated in all parts of the state from the beginning of the project.
- In 1991-92 an attempt will be made to spread out to 7 districts, and in the following year to 10; in the fourth year, a total of 20 districts will be covered.

#### 6.9.7 Monitoring, Assessment and Evaluation

Monitoring, evaluation and assessment will be carried out with reference to the overall goals as well as the annual targets. The key indicators will be access, participation and achievement in primary education. The management structures at national, state and district levels will carry out periodic assessments and appraisals. At community level, teachers and members of village education committees or other structures charged with micro-planning will undertake assessments. Formal assessments and evaluations will be carried out by specialised institutions.

Given the evolving nature of the project, a continuous process of appraisal, analysis and action will be the hallmark of the project.

The project will be formally reviewed on an annual basis at national level through the National Task Force comprising all concerned parties including UNICEF. The annual review will assist development of subsequent years' Plans of Action.

#### 6.9.8 Project Funding

UNICEF will support the project management structure at central, state and district levels through its in-country programme support functions. It will work with the Government of India to secure the additional funds required whether these are eventually channelled through UNICEF (as Supplementary Funds) or otherwise.

Financial Contributions and Funding Strategies : It is anticipated that of the overall costs of the Project approximately 50% will be funded from external resources, with the remainder being covered by Government of India and Government of Bihar in the ratio of 33% and 17% of the total cost respectively. Based on the initial cost estimates that have been developed, it is recognised that the externally

financed components of BEP must essentially depend on resources through UNICEF Supplementary Funds and on other bilateral or multi-lateral funds. It is, however, the Department of Education's desire that to the extent possible, UNICEF should play the role of coordinator of external assistance to BEP.

In respect of UNICEF General Resources, a total of US\$8 million will be allocated to ensure essential activities, particularly during the first two to three years of the Project. These will be used to support the following key components and preparatory actions :

- planning and management costs at State and District level
- social mobilisation and communication activities
- key training activities within various components
- strategic/innovative activities particularly through voluntary groups and individuals
- assessment and evaluation costs

In addition UNICEF will seek Supplementary Funds in the amount of US\$100 million for the period 1991 - 95 for the various components outlined in Part 6.9.4 above.

The actual items and activities for which funding will be allocated will be determined on the basis of Project Plans of Action drawn up by the relevant implementation and management structures in collaboration with the Government of India and UNICEF. Funding of activities will take into account the relevant UNICEF programme policies and priorities. Indicative resource requirements will be drawn up for the purpose of seeking specific supplementary funding contributions.

#### 6.10. **OVERALL PROGRAMME MANAGEMENT**

The modalities of programme management, including those for the Bihar Education Project have been discussed under the respective component. The inter and intra sectoral linkages are also indicated against each.

The overall responsibility for coordinating UNICEF cooperation will remain with the Central Department of Education. Arrangements for planning and management of specific projects will be made at the national, state and/or district levels as appropriate.

Detailed Plans of Action will be developed on an annual basis jointly, between the implementing government structures and UNICEF. The programme as a whole will be reviewed half-yearly by the Department of Education of the Government of India and UNICEF, the second review coinciding with the annual review of the country programme.

## 6.11 UNICEF RESOURCE ALLOCATION

The allocation of UNICEF General Resources for the activities described in the foregoing sections and the indicative requirements of Supplementary Funds for the Bihar Education Project are given below:

	Allocations in US \$ 000s					Total
	1991	1992	1993	1994	1995	
<b>GENERAL RESOURCES</b>						
<b>(a) National Level</b>						
Education for All	75	50	50	50	50	275
Learning Achievement	40	40	40	40	40	200
Educational Media	0	500	500	500	500	2,000
Integrated Education (PIED)	250	200	150	100	100	800
Area Intensive Education	250	250	250	200	200	1,150
Literacy & Adult Education	450	450	450	500	500	2,350
<b>Sub-total</b>	<b>1,065</b>	<b>1,490</b>	<b>1,440</b>	<b>1,390</b>	<b>1,390</b>	<b>6,775</b>
<b>(b) State/District Level</b>						
Teacher Education	425	430	450	450	450	2,205
Non-Formal Education	160	230	250	250	250	1,140
District Interventions	350	350	360	410	410	1,880
<b>Sub Total</b>	<b>935</b>	<b>1,010</b>	<b>1,060</b>	<b>1,110</b>	<b>1,110</b>	<b>5,225</b>
<b>Total (a + b)</b>	<b>2,000</b>	<b>2,500</b>	<b>2,500</b>	<b>2,500</b>	<b>2,500</b>	<b>12,000</b>
<b>(c) Bihar Education Project</b>	<b>4,000</b>	<b>2,000</b>	<b>1,000</b>	<b>500</b>	<b>500</b>	<b>8,000</b>
<b>TOTAL GENERAL RESOURCES :</b>	<b>6,000</b>	<b>4,500</b>	<b>3,500</b>	<b>3,000</b>	<b>3,000</b>	<b>20,000</b>
<b>SUPPLEMENTARY FUNDS</b>						
<b>Bihar Education Project</b>	<b>10,000</b>	<b>15,000</b>	<b>25,000</b>	<b>25,000</b>	<b>25,000</b>	<b>100,000</b>

## Chapter 7

### NUTRITION

#### 7.1 THE SITUATION

7.1.1 India has a long outstanding and proud record of achievement in agricultural research leading to increased food production. It also has an outstanding record of nutrition research. And yet India's problem of chronic, endemic malnutrition and ill-health remains a matter of continuing concern. This has led to awakening about nutrition and the need for diversified nutrition programming. Malnutrition is no longer considered just a result of food deficiency or a health problem, but is recognized as a multi-faceted problem which hinders all efforts for development of human resources. Nutrition has, therefore, been recognized as the most important social indicator of development of the nation.

7.1.2 The malnutrition situation in the country today may be categorized as follows:

7.1.2.1 Malnutrition of infants and young children under six years of age caused by inadequate diet and commonly associated with various types of infections and infestations. This type of malnutrition is often taken as an overall indicator of the nutritional status of the country and is usually expressed on the basis of anthropometric indicators. Nearly nine per cent of pre-school children (0-5 years) suffer from grade III malnutrition (body weight for which is less than 60 per cent of the standard weight) and a further 52 per cent of children suffer from moderate malnutrition (Grade II). Though there has been a consistent reduction in the prevalence of severe grade III of malnutrition, the majority of pre-school children still suffer from mild to moderate malnutrition. This type of malnutrition is generally hidden, not being apparent to the untrained observer. This could be termed as "The Era of Surviving Children" in which large numbers do not succumb to severe malnutrition but are left vulnerable to infectious diseases and are unable to achieve optimal benefit from subsequent schooling.

7.1.2.2 A number of specific nutritional deficiency diseases exist of which the following are of major importance:

- Vitamin A deficiency, causing various eye problems ranging from night blindness to Keratomalacia in severe cases often leading to blindness. Studies conducted by the National Institute of Nutrition show that five per cent of pre-school children and ten per cent of school going children, mostly those belonging to poor socio-economic groups, show signs of Vitamin A deficiency.

- Nutritional anaemia, caused by inadequate iron and folic acid intake, specially affects women of child bearing age and young children below six years of age. It is estimated that 40-60 percent of pre-school children are anaemic, 25-30 per cent of women of child bearing age and half of all pregnant women in their third trimester of pregnancy suffer from anaemia. Amongst the poorest communities, 80-90 per cent of pregnant women may be anaemic. Recent studies indicate that even the adult male population can be affected by nutritional anaemia, resulting in reduced work output.
- Iodine Deficiency Disorders resulting in endemic goitre, cretinism and various forms of neurological manifestations are also a major problem. The mean prevalence of goitre in the endemic areas of the country is 30 per cent, ranging between three and 60 per cent. Children born to iodine deficient mothers are prone to deafness, mutism, cretinism and mental retardation, making this as a major social and mental health problem.

7.1.2.3 Malnutrition amongst the adult population is most commonly seen in women of child bearing age, particularly during pregnancy and lactation. This results in high prevalence of low birth weight babies (estimated at 30 per cent), with high infant mortality rates amongst these infants and increased maternal mortality rates. Nutritional anaemia is one of the major causes of maternal mortality.

Inadequate dietary intake during the adolescent growth spurt is associated with an individual's failure to achieve full growth potential. This stunting is more pronounced in the case of adolescent girls. Almost a quarter of young adult women in certain states in India are less than 145 cms in height and weigh less than 38 kgs. Women at or below this height and weight are "at risk" and are far more likely to give birth to low birth weight babies. Malnutrition in women is, therefore, a serious problem.

Malnutrition in one form or the other is a wide-spread health problem. The under-lying causes of malnutrition are varied. They include inadequate availability of food at household level related to poverty, unemployment and landlessness; inadequate distribution machinery, ignorance, superstitions, traditional and cultural barriers; lack of accessible health services both preventive and curative, and the wide-spread prevalence of infections and infestations. Malnutrition and infection create a vicious cycle, thus making the problem more complex.



## 7.2 UNICEF COOPERATION IN THE PAST

7.2.1 Nutrition has always been a priority in UNICEF's programme of cooperation with the Government of India. In early years, this included assistance of Milk Feeding Programmes through the health infrastructure, Applied Nutrition Programmes and the production of processed nutritious foods for Supplementary Feeding Programmes. In recent years, with a shift in policy, UNICEF has been supporting various National Nutrition Programmes in the country like the Prophylaxis Programmes against blindness and anaemia, the National Goitre Control Programme, the Expanded Programme of Immunization, the Control of Diarrhoeal Diseases, the Integrated Child Development Services Scheme, the Production of Low Cost Nutritious Foods for Supplementary Feeding Programmes and on an experimental basis, the Fortification of Salt with Iron.

## 7.3 OBJECTIVES OF CURRENT COOPERATION

7.3.1 UNICEF has adopted a number of goals for children and development in the 1990s. The goals include reducing infant, child and maternal mortality rates; improving nutrition; ensuring access to safe drinking water and sanitary means of excreta disposal; and promoting basic education and literacy. A number of nutrition goals have also been identified which are necessary, not just for the achievement of major goal of reducing the incidence of malnutrition in children and women, but also for a reduction in infant and child mortality rates. The overall goal of programme of cooperation between the Government of India and the UNICEF in the field of nutrition is to implement a set of measures which will ensure a significant improvement in the nutritional status of the most vulnerable members of the population. The specific goals for nutrition include:

7.3.2 The control of Protein-Energy Malnutrition in children under five years of age by:

- a substantial reduction in both severe and moderate protein-energy malnutrition in children;
- a substantial reduction in the incidence of low birth weight babies;
- promoting breast-feeding and decreasing the use of artificial milk formulae for infants;
- increasing availability of low cost nutritious supplementary/complementary foods for infants and young children; and
- promoting growth monitoring in the ICDS and health services.

### 7.3.3 Control of Nutritional Deficiency Diseases, including the:

- Elimination of Vitamin A deficiency and its consequences including blindness.
- Reduction in the incidence of iron deficiency anaemia among women and children.
- Elimination of iodine deficiency disorders.

## 7.4 PROPOSED STRATEGY

7.4.1 The improvement of the nutritional status of the population is one of the prime responsibilities of the Government in the context of national development. Nutrition will, therefore, be of importance in the overall programme of cooperation between UNICEF and the Government of India. The health of the people represents the wealth of the country. Among various factors affecting the health of the people, nutrition has been found to be the most important pre-requisite. Nutrition and health are complementary and also inseparable. These two factors very strongly control the quality of life of both women and children in the developing countries. While nutrition is regarded as a vital component of health, an improvement in the latter is an ultimate objective of nutrition. Nutrition programmes are being implemented by departments/ministries such as Women and Child Development, Health, MCH and Food. Programmes to reduce Protein-Energy Malnutrition among children, alleviate specific nutritional deficiencies and to promote optimum nutritional status of the people, particularly young children and women, will adopt the following approaches:

- Existing coordination mechanisms used by departments implementing nutrition, health, rural and urban development programmes like Departments of Women and Child Development, Food, Health, Rural Development and Urban Development will be strengthened with a view to achieving a synergistic impact of various services at the community level.
- Nutrition communication strategies will be developed and supported aimed at the creation of greater awareness of nutritional problems and their solutions amongst the general public, utilizing mass media communication and information, backed up by person-to-person contact by village level workers.
- Nutrition education will be closely linked to activities like promoting immunization, oral rehydration therapy, breast feeding, birth spacing, supplementary nutrition, antenatal care and female education.

- Training at different levels, in particular of village level personnel deployed for various nutrition, health and development programmes including health workers, community leaders and agricultural extension workers in order to increase their effectiveness as change agents for improved nutrition.
- Alleviating specific nutritional deficiencies like Vitamin A deficiency, iron deficiency anaemia and iodine deficiency disorders by strengthening the existing prophylaxis programmes for control of nutritional blindness and anaemia and National Goitre control programme. The fortification of foods with nutrients like Vitamin A, iron and iodine will be supported in an experimental basis, together with sponsoring research studies on feasibility of double fortification of salt. As a long term solution to the problem of Vitamin A and iron deficiency dietary improvement through behavioural change will be promoted.
- Development and production of appropriate low cost nutritious foods for Supplementary Feeding Programmes at ICDS Project areas.
- Women's development welfare programmes will be expanded so as to give economic power to women, which in turn will have a positive impact on their health and nutritional status as well as that of their children. The education and training of women to enable them to improve their nutritional status and that of their children in backward rural, urban and tribal areas will receive special attention.
- Nutrition surveillance - establishing Community Nutrition Surveillance Systems in selected areas with a high prevalence of nutritional deficiencies for priority targeting and monitoring the implementation and impact of all development programmes; and strengthening the monitoring and evaluation component of various National Programmes of the concerned sectors.

To implement this strategy UNICEF will support capacity building, communication programmes and monitoring and evaluation.

- Capacity building at the national, state and district levels will be achieved through training and support for prototype projects on an experimental basis.
- Systematic Communication Programmes will be developed to increase mothers' and families' knowledge about issues linked to nutrition and to help them make the changes in their practice necessary for better nutrition. This includes nutrition education as well as education in other areas that can improve nutrition.
- The monitoring and Evaluation component of various programmes will be strengthened to assess the impact of various interventions, including those which are experimental and innovative in nature.

## 7.5 PROPOSED ACTIVITIES

### 7.5.1 A Coordinated and Integrated Approach

Improving nutrition of the community will form an important objective of development Programmes. Realizing the importance of a multi-sectoral approach for the control and prevention of malnutrition the Government of India has been implementing a number of nutrition and nutrition-related programmes through different sectors which have a direct and indirect impact on the nutritional status of the people. While Women and Child Development programmes including ICDS aim at improving the nutrition of the vulnerable segments of the population through dietary improvement and supplementary feeding, facilitating the availability of the health care facilities and providing non-formal education; the MCH and Health sectors implement programmes for alleviating specific nutritional deficiencies, providing ante-natal and post-natal care to women for preventing low birth weight babies and reducing infant and maternal mortalities. The programmes of Department of Food are directed towards improving the nutritional status of people through a combination of measures like Nutrition Education and Food Processing Projects. In addition, Rural and Urban Development Programmes will focus on improving the nutritional status of both rural and urban populations.

It is not possible for any developing country to create a separate infrastructure exclusively for providing various nutrition services to the community for the development of its human resources. It is, therefore, important to strengthen existing coordination mechanisms to maximize the benefits of various services offered to the community. An integrated approach for educational and training activities of the concerned sectors will be adopted with a view to equip the field level functionaries with basic messages for nutrition promotion.

### 7.5.2 Communication and Information

Malnutrition is partly due to lack of awareness among women and their families of the food needs of them and their children. This is of special significance in case of infant and child malnutrition in India where proper feeding practices are more important than just food adequacy. The sheer extent of under-nutrition and malnutrition in the country calls for nutrition advocacy at all levels, from the public at large, to the administrators, agricultural and other scientists, food industrialists, and policy makers. Greater nutrition awareness will be created among the people through the development of comprehensive public information programme. The focus of such programme will be on improving feeding practices of women and children which is the long-term solution for prevention of various forms of malnutrition. Information on existing health, nutrition and

welfare services and facilities extended by the state and the benefits people could derive by utilizing these services will form an important component of the information programme. Practical information on improving the well-being of vulnerable groups will be highlighted through these programmes.

Support will be provided for developing a national communication strategy for the prevention, early detection and treatment of Protein-Energy Malnutrition, Vitamin A deficiency, nutritional anaemia and iodine deficiency disorders. Communication package will be developed ensuring appropriate technical content. Support will also be provided to communication and information activities of the Department of Food. All media channels, namely Television, Cinema, Radio, Field Publicity, Folk Media, Newspapers and Magazines will be used. In addition, programme-specific channels such as mother-child health cards, growth monitoring cards, iodine testing kits, iron tablets and iodized salt packaging will also be used as communication tools.

### 7.5.3 Training for Improved Nutrition

Training as part of capacity building will include training of various categories of personnel deployed for existing nutrition and nutrition related programmes of the concerned sectors like Women and Child Development, Food and Health. Village level workers including agricultural extension workers, primary school teachers and community leaders will also be covered. Training of traditional birth attendants, and other health workers or community workers in contact with, or influencing the mother and new born will include for example training on the identification of high risk pregnancies. All grassroot level workers of the concerned sectors like anganwadi workers, community health workers, gram sevikas, adult education instructors, nutrition demonstrators would be exposed to simple and basic knowledge on how to improve the nutrition status of the population, particularly the mother and the child.

The supervisors and trainers of these functionaries would be provided refresher training at block and district level in collaboration with the state level training institutes and Department of Food. Support will be given to strengthening the training capabilities of the Departments of Health, Family Welfare, Women and Child Development and Food. Training of extension personnel of these agencies as well as middle level managers will be supported at appropriate national and international institutes.

UNICEF will support the orientation and training of grassroot level workers and their supervisors of the concerned sectors like Health, Women and Child Development, Agriculture, Rural Development and Education. The development of literature including mass communication for nutrition education and training purposes will also be supported. Nutrition communication programmes will be primarily aimed at disadvantaged rural, urban and tribal communities and will include:

- The impact of malnutrition on women and children.
- Improving utilization of existing nutrition, health and welfare services;
- Promotion of breast feeding;
- Better infant feeding practices;
- Modification of food from the family pot for infants, preparation of appropriate, low cost supplementary foods for infants and feeding during and after illness;
- The nutritional needs of pregnant and lactating women, pre-schoolers, school children and adolescents;
- Recognition, treatment and prevention of common nutritional deficiency diseases;
- Information on management of diarrhoea, immunization, hygiene and environmental sanitation.

Orientation training of grassroot level workers and their supervisors will be supported in collaboration with state governments and voluntary organizations, in the form of short-term orientation training courses. The production of appropriate educational/training material will be supported as well as training of village level workers on Integrated Nutrition Education.

Support will be provided to nutrition education and training activities through the existing infrastructure of the Ministries of Health and Women and Child Development and Food. This will include integrating nutrition education with other developmental programmes and community based nutrition activities which can reach deprived communities in backward and tribal areas.

#### 7.5.4 Reducing the Prevalence of Nutritional Deficiency Diseases

UNICEF will support the implementation of National Prophylaxis Programmes for control of Vitamin A deficiency, nutritional anaemia and iodine deficiency disorders, including early detection and management of these deficiencies. Intervention for control of Vitamin A deficiency and nutritional anaemia by improving the consumption of Vitamin A and iron rich foods, will also be supported.

As a short term intervention, support will be given for the administration of Vitamin A to all children between six months to three years, as well as treatment doses to infants and young children following each attack of diarrhoea, measles and acute respiratory infection. These are diseases known to precipitate severe Vitamin A deficiency, resulting in irreversible blindness and sometimes death. For ensuring adequate supplies of Vitamin A, support will also be given to build national capacity to produce vitamin A at a competitive price.

In the long term emphasis will be placed on efforts to improve diets rich in these nutrients.

For effective implementation of anaemia control and vitamin A programmes, UNICEF support will be provided for district level studies such as the cost-effectiveness of packaging iron tablets and the usage of dispensers for administering vitamin A.

For the elimination of iodine deficiency disorders, support will be given to ensure the universal availability of iodized salt. The consumption of iodized salt will be promoted through various channels. Research and development studies will be sponsored to assess the feasibility of double fortification of salt with iron and iodine. Trial production packaging and marketing of salt fortified with iron and/or iodine will also be supported.

The strategy for communication and training as well as management information systems for MCH services and ICDS will include components of control of Vitamin A deficiency, nutritional anaemia and iodine deficiency disorders. Linkages with contact points such as the immunization programme and ICDS will be developed for ensuring maximum coverage of both Vitamin A and anaemia prophylaxis programme to include the integration of supply and logistic support.

Support will be provided to national institutes such as the National Institute of Nutrition (NIN), NIPCCD, All India Institute of Hygiene and Public Health and various Medical and Home Science institutions, as well as selected NGOs for undertaking research in the areas of vitamin A, anaemia and iodine deficiency disorders. In addition, UNICEF will support the participation of Government representatives in technical national and international fora on micronutrient deficiencies.

#### 7.5.5

#### Improved Infant Feeding

The most important problem facing infant nutrition today is the introduction of supplementary food (complementary food or weaning food as it is commonly called) at the age of about six months, while continuing breast feeding. Supplementary foods for infants and young children can be prepared in three different ways:

- semi-solid supplementary foods prepared from locally available foods especially for children for example dalia, suji-kheer, khicheri, etc.
- Modifying the foods from the family pot to make them suitable for young child, for example adding dal and or vegetables and oil to rice and chapati to obtain a semi-solid energy dense food for infants.
- Low cost infant foods prepared at village level from roasted cereals, pulses and/or oilseeds which could be stored for a month or two and fed conveniently by re-constituting it with boiled water or milk with addition of sugar, jaggery or oil.

UNICEF will support the setting up of small scale units at community level in ICDS project area for the development and production of low cost nutritious supplementary/complementary foods for infants, young children and expectant and nursing mothers in collaboration with ICDS and Department of Food and other concerned departments.

The 33 Food and Nutrition Extension Centres of the Department of Food could serve as possible sites for helping to develop such foods as these centres are already engaged in production of weaning foods from roasted cereals and pulses.

#### 7.5.6 Nutrition Promotion through Women's Development

As prime movers in every home, women represent a powerful force for inducing nutritional or other social changes. They are highly motivated to improve the feeding and care of their children. The extremely high workload of women, in both farm and household work, has deleterious effects on their health and nutritional status and that of their children. Measures for reducing workload by energy-saving devices will go a long way in improving their health and nutrition status.

Special attention will be directed towards imparting simple food technology and food and nutrition education to women engaged in farm work, especially in rural and backward areas as well as urban slums in the country through the existing infrastructure of the concerned sectors such as DWCRAs, ICDS, UBS etc. UNICEF will extend support to government efforts in this direction.

Improving nutrition of adolescent girls will be made an integral component of development programmes. Support will be provided for development of training and communication materials and experimental and research projects for improving the nutrition and health status of adolescent girls.



### 7.5.7 Nutrition Surveillance

Nutrition surveillance is an essential instrument for the detection of nutrition problems, for the formulation of policies and for the planning and evaluation of action programmes for both development and emergency situations. Without an adequate surveillance system at the national and local levels, a progressive deterioration of nutritional status may proceed undetected or with inadequate prior warning. Various organizations such as ICDS are collecting data on indicators of nutritional status through their existing interventions. Organizations which have been particularly involved in collection of such information in the country include the National Nutrition Monitoring Bureau, the Food and Nutrition Board of Department of Food, the Integrated Child Development Services Scheme and the National Sample Survey Organization. The Food and Nutrition Board had conducted diet and nutrition surveys in 19 states and Union Territories during the period 1973-1985. A system will be developed utilizing the vast infrastructure of ICDS scheme and technical expertise available within the country. UNICEF will support the strengthening of existing surveillance activities in certain areas and the creation of a community level nutrition surveillance system in the country in collaboration with the Department of Women and Child Development. Training support will be provided at all levels, from community to national level, to improve the capacity of frontline workers, their supervisors and district level decision makers to use existing information for assessing, analysing and designing actions for improving nutritional status.

### 7.6 **UNICEF RESOURCE ALLOCATION**

The resource allocation proposed by UNICEF is US \$4.0 million (General Resources) and US \$11.0 million (Supplementary Funds).



## Chapter 8

### WATER AND SANITATION

#### 8.1 INTRODUCTION

- 8.1.1 India implements possibly the largest rural drinking water supply programme in the world. Provision of drinking water supply is in the core of its development plan and a major item in the "minimum needs programme". Central Government as well as State Governments are committed to provide safe drinking water to the people as a part of the national programme.
- 8.1.2 There has been a major thrust towards the improvement of rural drinking water supply in the country during the decade (1981-90). A strong political will supported by adequate resource inputs in an integrated manner resulted in a significant improvement in the availability of safe water in the villages. The strategy adopted was to cover all identified (1985 survey) "problem villages" with one safe water source, a target which is expected to be nearly achieved by 1991.
- 8.1.3 In environmental sanitation, despite increasing policy priority, the situation continues to be unsatisfactory and only about 3 percent of the rural households are estimated to have access to sanitary disposal of excreta as of 1990.
- 8.1.4 While there have been major increases in the provision of safe water sources in the villages of India during the present decade, actual availability of "safe water", however, remains too low to result in any significant improvement in the cleanliness and personal hygiene practices and thereby in the health status. According to a recent Knowledge, Attitude and Practices (KAP) survey in the country, an average of only about 27 litres of water per person is available in the households against the norm of 40 lpcd (compared to about 500 - 600 litres in the developed countries). Another study on "Evaluative Assessment of Handpumps" showed that 300 to 380 persons depend on a single handpump against the norm set by the Government of one handpump for 250 people.
- 8.1.5 Primarily due to non-availability of adequate number of pumps in the villages, the people continue to use unprotected sources. The KAP survey indicated that open dugwells are still the primary source of water for all purposes, including drinking (for 40 percent of the people) in 7 out of 8 states surveyed. Nearly 10

percent households get drinking water from exposed surface sources like lakes, ponds, canals or rivers which are open to pollution. Besides the problem of non-availability of sufficient quantity of safe water, the other existing problems related to rural water include:

- unserved villages due to difficult terrain or other hydrogeological reasons.
- contamination of water due to fluoride, iron and bacteriological presence.
- failure of sources due to lowering of water
- tables as a result of repeated failure of monsoon.

8.1.6 The problems of environmental sanitation are far more complex. Lack of "felt need" in the community, inadequate motivation, inadequate implementation infrastructure and other related factors caused major shortfalls in the programme with inevitable consequences.

8.1.7 Unsatisfactory level of availability of safe water and lack of clean environment continue to affect the health status of the people. Nearly 80 per cent of the reported diseases in India are stated to be faecal/water borne. Based on surveys in different parts of the country, under 5 have as many as 3 episodes of diarrhoea a year. There is also a very high rate of occurrence of intestinal worms, particularly in West Bengal, Bihar, Orissa, Andhra Pradesh, Tamil Nadu, Kerala and Maharashtra, where prevalence rates are reported to be 60 per cent or higher.

8.1.8 Dracunculiasis (commonly known as guineaworm disease) an extremely painful and debilitating disease continues to affect the rural poor in the remote areas of 7 states in India. It happens to be the only human infection which is exclusively transmitted through drinking water. In India, there were 3500 villages having guineaworm infestations in 1989. With coordinated effort, eradication of guineaworm is not a distant dream in India, though a major challenge for the coming years.

8.1.9 Lack of adequate public awareness of relationship between water and health, has somewhat neutralized the potential health benefits of available safe water. The KAP survey revealed widespread misconceptions about definitions of safe water, relationships between drinking water and health, hygienic practices of handling and storing water. These misconceptions often prompt people to use unsafe sources of water without knowing the consequences. While the inconvenient location of some handpumps is partly responsible for this, the larger reason is that the popular definition of 'good drinking water' covers both safe and unsafe sources. The criteria people presently use to distinguish 'good' drinking water from 'bad' at times causes classification of even the safe water from deepwell handpumps as 'unfit for drinking'.

8.1.10 While the majority believe that bad drinking water causes health problems, they are unaware or unclear as to how this happens. Less than one-fifth are aware of links between bad drinking water and diarrhoeal diseases, whereas more than half link it erroneously to respiratory infections. Even in guineaworm- endemic districts, only 22 per cent are aware of the connection. The sanitation-health link is also weak in people's minds. While personal and household hygiene are perceived somewhat to influence health, environmental hygiene is not seen as a matter of public health concern. 'Cleanliness' is considered a luxury not affordable by most and low on the family list of priorities. Over 95 per cent defecate out of doors but less than one per cent cover the excreta with soil. Quantitative studies of the KAP survey reveal that 37 per cent do not know/do not believe that exposed excreta can harm health. Outdoor defecation is not generally seen as a problem except in terms of inconvenience during rain, night or winter, and by women.

8.1.11 Besides health implications, lack of adequate safe water and sanitation facilities also affect the life of women on account of the drudgery of bringing water to the home, and causing inconvenience and lack of privacy. Women constitute about 86 per cent of water collectors in India. Already weakened from insufficient food, repeated infection or too frequent child bearing, they are further taxed by the tedious chore of carrying water and have to spend upto two and a half hours a day to bring water in several parts of the country, as revealed by the KAP survey.

## 8.2 OVERVIEW OF PAST COOPERATION

8.2.1 Government - UNICEF cooperation in the Water Supply and Environmental Sanitation Programme in India is based on several considerations including, in particular:

- vulnerability of young children to diarrhoea and diseases related to unsanitary conditions and
- possible reduction of drudgery of women and young girls in carrying water over long distances.

8.2.2 UNICEF cooperation in this sector started in the mid-1950s through provision of water supply in primary schools and rural health centres. In the 1960s and 1970s, this cooperation focused mainly on exploitation of ground water resources in the hard rock and drought-prone areas. There has been a close working relationship between Government and UNICEF in the introduction and propagation of suitable technology in hard rock drilling. The India Mark II Handpump was developed as a part of this cooperative effort and has now been accepted as the standard deep well handpump all over India. During 1981-85, rural environmental sanitation through community participation was introduced in the programme. During this period, initiatives were taken to link the Water and Environmental Sanitation Programme at the planning and implementation levels with other

programmes, such as, Integrated Child Development Services (ICDS), Health and Education Services.

8.2.3 The Water and Environmental Sanitation Programme formed a significant part of the Government-UNICEF Plan of Operations during 1985-90. The major objectives of this programme have been the reduction of water-related diseases, improvement of environmental sanitation, reduction of drudgery for women and enhancement of community involvement and participation. There have been significant achievements of this cooperation during the past plan period which include introduction and propagation of new and appropriate technologies in water well drilling and handpump development.

8.2.4 The major focus of this cooperation, however, was on expanding and intensifying efforts in Environmental Sanitation and Communication and Social Mobilization activities, in order to optimize the health benefits of the programme. Eradication of guineaworm in the most seriously affected areas of the country also formed an important aspect of the cooperation. The scope of the cooperation was further enhanced during the unprecedented drought in the country in 1987. The cooperation, during this period, evolved from a "hardware" oriented approach into a strategic mix of "hardware" and "software" interventions. Another significant aspect of this cooperation was a very close working relationship between the Central Government team and UNICEF professional staff members in support of the overall policy development and advocacy efforts of the national programme.

### 8.3 NATIONAL OBJECTIVES

In the 8th Five Year Plan, the major policy directions in water supply and environmental sanitation programmes point to the following objectives:

#### 8.3.1 Drinking Water Supply

- Increased level of coverage, with one handpump for 150 people (in place of present norm of one for 250 people) and at a maximum distance of One Km from village dwellings in plains and 50 meters elevation difference in hills.
- Peri-urban centres (upto 20,000 people) will be covered by the Rural Development Department Programmes by extension of the same to these areas.
- Gram Panchayats and Zila Parishads would play a major role in operation and maintenance of all drinking water systems. Village water and sanitation committees with participation of women will be actively promoted. All water and environmental sanitation project agencies will be required to obtain "completion certificates" from village committees particularly women members to certify completion and community acceptance of the facility.

### 8.3.2 Environmental Sanitation

- Subject to availability of plan allocation it is expected that 15 percent of rural population will have low cost pour-flush latrines. Some 80 percent of the Central sector budget will be allocated to need-based systems. The Central Rural Sanitation Programme's (CRSP) delivery system will be decentralized and strengthened with the help of non-government organizations.
- To sustain a change of unhealthy traditional habits in respect of personal hygiene and environmental sanitation, a minimum of 15 per cent of the Central Sector budget will be allocated to Information, Education and Communication Activities. This would generate demands for improving environmental sanitation in rural India.
- The CRSP will follow an integrated but selective district approach with intensive focus on education, motivation and delivery systems, in at least two districts of each state. Preference would be given to areas where water is available, population is congested and demand exists. Much higher percentage of the rural population will be covered in such selected districts.
- Sanitation cells will be created in each state within Public Health Engineering Department (PHED) or Rural Development Department (RDD) or Panchayat Raj Department (PRD).

### 8.4 **OBJECTIVES OF UNICEF CO-OPERATION**

UNICEF cooperation will be aimed towards assisting the National Programme in the following areas:

- 8.4.1 Increased awareness and behavioral change among the people particularly among children and women on improved environmental sanitation and better personal hygiene.
- 8.4.2 Elimination of guineaworm disease by the end of this plan period of co-operation, or earlier, in the endemic areas of the country through extensive health education and provision of safe water and better environmental sanitation.
- 8.4.3 Effective community management of all water and sanitation interventions to ensure sustainability. Enhanced role of community members, particularly women, in the planning, implementation, operation and maintenance of facilities. Partial or complete cost-recovery for operation and maintenance of drinking water systems and for the construction of environmental sanitation facilities.

- 8.4.4 Increased availability of safe drinking water upto level of national target of one point-source for every 150 rural people in the selected districts.
- 8.4.5 Increase the coverage of sanitation facilities upto the level of national target for providing facilities for safe disposal of human excreta for 15 per cent of households in the selected districts.
- 8.4.6 Support operational and effective programme linkages between water, environmental sanitation and health interventions, especially, control of diarrhoeal diseases (CDD).
- 8.4.7 Effectively use water and sanitation interventions as entry points for introducing other social interventions for children, particularly CDD, nutrition and women's development.
- 8.4.8 Further development and propagation of low cost and appropriate technologies in water supply and environmental sanitation and continued hardware support as necessary, in specific areas to achieve the same.
- 8.4.9 Increased attention to human resources development as an integral component of institutional development.
- 8.4.10 Increased role of monitoring and evaluation in the management of the programme through effective management information system to improve cost effectiveness and efficiency of the delivery system.
- 8.4.11 Coordination and cooperation with other UN agencies and bilateral funding agencies to attain better complementarity and to mutually reinforce each other's efforts.
- 8.4.12 Increased attention to minimize/prevent adverse environmental impact of water and sanitation interventions. Two major areas of concern are appropriate watershed management and possible pollution of ground water by improper design and siting of sanitation facilities.

## 8.5 STRATEGY

- 8.5.1 The overall goal of securing the health and well-being of children and women will be promoted by providing safe, sufficient and accessible services for drinking water, environmental sanitation facilities and promotion of their use. As drinking water is a priority for the community, it can serve as an entry point around which communities can organize other social and developmental activities. In this context, UNICEF inputs for information, education and communication will link



up safe water, sanitation, nutrition and health of the community, with focus on children.

8.5.2 UNICEF support for the supply of equipment and installation of facilities, however will not only be in the districts - selected through a consultative process -to achieve maximum synergy through convergence with other sectoral inputs, but also to promote the national programme as a whole. However, priority and concentrated attention will be given to selected areas in special problems related to water including guineaworm prevalence, and excess fluoride, iron and other harmful chemical and bacterial content.

Such support will:

- increase the role of the community in the planning, installation and maintenance of facilities, with special focus on women whose involvement will be the main element of community participation.
- use cost-effective technologies sustainable and replicable at community level.
- develop and establish effective maintenance systems for water facilities with maximum participation of community members, particularly, women. Explore possible cost-sharing with the community within the framework of the government policy.
- develop local production capacity and delivery system for sanitation facilities and test various approaches of demand creation and credit schemes to facilitate popular adoption of sanitation facilities.
- strengthen information and communication capacities at state and district levels to enable them to provide an effective and relevant communication support to the programme.
- expand the use of non-government organizations in the planning and implementation of programme activities particularly for environmental sanitation, communication and social mobilization.
- develop common approaches and unified technical support and guidance for activities in urban as well as rural areas
- develop close programming and operational linkages with diarrhoea control and women's programmes.

8.5.3 Assistance to activities on a nationwide scale will consist of:

- support for development and implementation of Management Information Systems (MIS), particularly at state and district levels.
- selective support for capacity-building particularly in logistics operation to enable gradual transfer of the related responsibilities to the government.

- support for national efforts in guineaworm eradication.
- support for improving the quality, design and technical range of drinking water supply and sanitation facilities in ways consonant with the increased role of women and with greater cost-effectiveness.
- support for the supply, operation and maintenance of selected specialized equipment limited to areas of specific need, with a view to balance 'hardware' and 'software' inputs, and with definite plans for gradual handing over of responsibilities to the government within the programme period, 1991-95.
- promotion of indigenous capacity for manufacturing of tools, equipment and spares related to water supply and components for environmental sanitation.

## 8.6 PRIORITIES

Some of the major priorities of government - UNICEF cooperation in the water - sanitation sector are as follows:

### 8.6.1 Improvement in Accessibility

In addition to improvement of the distance norms, improved accessibility to water supply sources for the poorer sections of the society will be given high priority.

### 8.6.2 Human Resource Development and Training

Improved availability of adequately trained professional manpower, strengthening of the training network, continuing education and orientation training programmes for engineers and other functionaries. Emphasis on training of grass root level workers of non-government organizations and village panchayats. UNICEF will also continue to promote interaction between other developing country models and India will facilitate interregional as well international training network.

### 8.6.3 R&D and Adaption of New Technologies

Conventional approaches, systems and design criteria will be reviewed in the context of community participation and acceptance, and low cost technological options.

### 8.6.4 Management Information Systems

Improved Management Information Systems will be developed and implemented at central, state and district levels for better monitoring and evaluation of the water supply and sanitation programme.

#### 8.6.5 Improved Operations and Maintenance Systems

Village Panchayats and Zila Parishads would play a major role in operation and maintenance of drinking water and sanitation systems. Village water and sanitation committees with participation of women will be actively promoted.

#### 8.6.6 Community Participation and Involvement of Voluntary Agencies

Community awareness and participation (particularly women's participation) would be a standard programme element.

### 8.7 **LINKAGES WITH OTHER PROGRAMMES**

8.7.1 The Water and Sanitation sector places a clear emphasis on preventing diarrhoeal-related morbidity and mortality. Preventive measures are in fact crucial to the long-term success of the CDD programme. The government policy on management of diarrhoeal disease amongst children under five years, stipulates that "the case management strategy will be complemented by preventive efforts aimed at long-term solutions to the diarrhoeal problem". This includes such important areas as improved water supply, sanitation, hygiene and higher standard of environmental health.

8.7.2 The following are the broad areas for action linking water and sanitation to diarrhoea control:

- Identification of districts/urban areas for initiating joint activities.
- **Advocacy for the national CDD programme to coordinate more closely with Water and Environmental Sanitation activities. Decision makers in the Water and Sanitation sector to be included in the national coordination committee for CDD.**
- **Training: Integrating selected Water and Sanitation messages into ongoing CDD/ORT focused training and educational activities directed to mothers and health personnel. Similarly, including selected ORT and other CDD related aspects with the Water and Sanitation training curriculae.**
- **Communication : Development of relevant IEC materials/messages that promote specific behaviour changes in relation to the use of clean water and improved hygienic practices for control of diarrhoeal diseases; and using the IEC materials in health centres and in the community.**
- **Promoting the formation of common water / environmental sanitation health committees at the village-level in project areas.**

- 8.7.3 It is expected that the Water and Sanitation sector will have close linkages with the Ministry of Health in respect of guineaworm eradication activities, particularly, in the areas of epidemiological surveillance and communication and social mobilization activities. Close working relationships with National Institute of Communicable Diseases are expected to be further strengthened.
- 8.7.4 An integrated demonstration project on control of intestinal parasites, health education and environmental sanitation will be initiated through joint efforts of Department of Rural Development and Ministry of Health with support from UNICEF and UNFPA.
- 8.7.5 The Water and Sanitation sector would further strengthen the ICDS Programme through installation of water sources and environmental sanitation facilities in anganwadi centres in the selected districts. The anganwadi workers are expected to continue to function as environmental sanitation "motivators" of the community.
- 8.7.6 It is also proposed that primary schools, particularly those for girls, would have priority in respect of installation of drinking water supply and environmental sanitation facilities wherever such facilities do not exist. These facilities, besides serving the school children, will also be a means of health education for improved cleanliness and personal hygiene practices.
- 8.7.7 Over 30 per cent of the present 230 million urban population (of which 70 per cent are women and children) are living in slums and a further 100 million population increase is expected in the next 10 years. The prevailing devastated environment of these urban slums calls for interlinkages between the Water and Sanitation sector and UBS programmes to improve this environment.
- 8.7.8 The Water and Sanitation programme places emphasis on low-cost technologies like handpumps, community latrines, storm water allowances and simple garbage disposal facilities. Communication and social mobilization activities will be integral in the implementation process. It is expected that a total of 10 to 15 urban areas with population upto 250,000 will be assisted during the plan period. The proposed plan will give priority to those urban areas located in the "selected districts" having problems of safe drinking water and environmental sanitation.

## 8.8 PROGRAMME COMPONENTS

### Nationwide Scale

#### 8.8.1 Communication and Social Mobilization

Support for development of policy guidelines for community involvement and participation and enhanced role of women in water and sanitation programmes.

- Development and production of communication and social mobilization (CSM) materials and use of mass media for CSM activities.
- Capacity-building at the state levels for CSM management, monitoring and impact evaluation.

#### 8.8.2 Water Supply

- Support for the national drilling programme for performance improvement of government drilling capacities through supply of drilling rigs, accessories, survey equipment, effective materials management, and training of personnel for capacity building.
- Support for monitoring of groundwater fluctuations.
- Technology transfer, research and development in drilling and geophysical investigations including technologies for areas with difficult drilling, hydrofracturing and remote sensing techniques.
- Research and development of India Mark II/III handpumps, direct action and suction type (shallow) handpumps.
- Support for standardization and quality control for production of handpumps.
- Development of appropriate technologies for difficult areas including rainwater harvesting and household level treatment of drinking water.
- Area specific projects on micro watershed approach for assessment of ground water resource and recharge potential and formulation of comprehensive water management strategies.

#### 8.8.3 Environmental Sanitation

- Advocacy and support for development of policy guidelines on environmental sanitation.
- Strengthening of state and district level infrastructure/cells on sanitation. Capacity building for training of personnel.
- Promotion, research and development of cost-effective technologies on environmental sanitation.
- Development of local production capacities delivery systems and marketing of sanitation facilities.
- Expanded use of non-government organizations in overall planning and implementation of environmental sanitation activities.

- Establishment of a reference centre for collection and dissemination of information on environmental sanitation activities.
- Studies in selected areas on pollution of ground water from pit latrines under critical conditions.

#### 8.8.4 Integrated Project for Guineaworm Control

- Advocacy and technology transfer on eradication of guineaworm.
- Support for epidemiological surveillance for guineaworm infestations.

#### 8.8.5 Management Information System

- Strengthening of Management Information System (MIS) Training Network and support for Regional Centres.
- Support for development and implementation of Management Information System (MIS) at the State level for specific programme interventions including handpumps, piped systems, environmental sanitation and materials management and KAP surveys.
- Technical monitoring for functioning of water supply systems.
- Post-implementation monitoring and evaluation data base for functioning and use of water supply and environmental sanitation facilities.

#### 8.8.6 Human Resource Development

- Organization of Training Network workshop, seminars, campaigns, communication materials preparation, and strengthening training network programmes.

#### Selected Districts

#### 8.8.7 Communication and Social Mobilization

- Development of communication and social mobilization (CSM) capacity at the district level and building of area-specific communication resources network.

- Planning and implementation of CSM activities through identification of resource groups (state/districts level NGOs) to work with the government infrastructure, development of district plan of action indicating mutual roles and responsibilities for the community and the government.
- Training of community organizers, awareness promoting and baseline surveys, formation of Village Water and Sanitation Committees (VWSC's) as a recognized organ of the village panchayat.
- Training of VWSC functionaries, handpump mechanics/ caretakers and masons. Their involvement in the installation of Water and Sanitation facilities.
- Mobilizing existing interpersonal communication channels through training and orientation of block/village level functionaries (e.g. primary school-teachers, anganwadi workers, functionaries of women's development programmes, adult educators, masons, sanitation motivators, handpump caretakers, community health guides, etc.).
- Development and production of local communication materials on water and sanitation activities.
- Awareness promoting activities and events planned and implemented in conjunction with drilling and installation phases of water and sanitation facilities.
- Conscious operationalizing of community ownership of facilities at every stage starting from the request for installation of facilities, agreements about maintenance, participation in the installation process and formal handing over of facilities to the users' group.
- Follow-up of the communication model prepared for NDWM (National Drinking Water Mission) by NID (National Institute of Design) through the 8th Plan.

## 8.8.8

**Water Supply**

- Support provision of additional safe water sources through drilling of approximately 0.16 million borewells to achieve a target of one point source for 150 rural people. In selecting locations, priority shall be given to provide safe water sources at all primary schools and anganwadi centres in the selected districts.
- Geophysical investigations to locate water sources particularly in areas with high fluoride and iron content.
- Support for installation of handpumps to achieve a target of one source per 150 people, in convergence with other related activities.
- Developing and operationalizing community based handpumps maintenance systems through a viable operation and maintenance structure with user responsibility and contribution.

- Improvement of traditional sources of drinking water particularly open dug wells.
- Support for development and demonstration of appropriate cost effective technologies for providing safe water in areas with high fluoride content.
- Support for surveys, designs, technology selection, implementation and maintenance of gravity feed piped water systems.

#### 8.8.9 Environmental Sanitation

- Establishment/strengthening of district/block infrastructure for planning and implementation of environmental sanitation activities.
- Support for a holistic approach in environmental sanitation with awareness building and promotion of a total package of environmental sanitation activities including personal, home/food hygiene, excreta disposal, and solid/waste water disposal.
- Training and orientation of personnel including government functionaries, community motivators, anganwadi workers and women groups.
- Support for construction of environmental sanitation facilities including sanitary household and community latrines, soakage pits, garbage pits, smokeless chulhas, and washing platforms, all on a community cost sharing basis. Approximately 0.3 million units to be built to achieve the target of 25% coverage with sanitation facilities in the selected districts.
- Linkage between Water and Sanitation activities and other social/health inputs, particularly CDD activities, especially in respect of communication and social mobilization activities. In selecting locations, priority shall be given to provide environmental sanitation facilities for all primary schools and anganwadi centres in selected districts.
- Expanded use of non-government organizations in the planning and implementation of environmental sanitation activities on a turn-key basis.
- Field trials of pilot projects for development of ecologically balanced approaches for water supply and sanitation for the improvement of health, hygiene and environment of the community mainly in the selected districts but other areas may be considered depending upon strong geological reasons.



#### 8.8.10 Integrated project on Guinea worm Control

- Develop Plan of Action and support implementation for integrated project on water supply, environmental sanitation, health education and guinea worm eradication in the guinea worm affected districts of the country. The activities will include:
  - a) Intensive awareness campaign on the causes and cures of guinea worm and other water-related diseases.
  - b) Innovative methods of detection, treatment and eradication of guinea worm.
  - c) Conversion of step-wells into draw-wells.
  - d) Provision of safe water and environmental sanitation facilities.
  - e) Monitoring and evaluation of all interventions.
  - f) Motivation for identifying cases and creating awareness for the same.

#### 8.8.11 Management Information System

- Support for development and operationalizing Management Information System (MIS) for well construction and handpump installation, environmental sanitation activities, rig performance, materials management, water quality surveillance and KAP studies on water use and hygiene.
- Support for development and implementation of district-based planning and decision-support system, based in suitable models as, for example, in Mysore.

#### Activities In Transition

Support for on-going activities will continue as necessary as a transitional measure in respect of the following:

- 8.8.12 Support for on-going environmental sanitation activities in selected "intensive" districts.
- 8.8.13 Support for SWACH project in the three districts of Rajasthan.
- 8.8.14 Support for on-going activities for developing and operationalizing Management Information System in selected areas.

## 8.9 PROGRAMME IMPLEMENTATION AND MANAGEMENT

### National Activities

- 8.9.1 National level activities will focus mainly on policy development for national WATSAN programme, infrastructure and capacity building for sanitation, communication and social mobilization activities, development of Management Information System (MIS), evolution of low-cost R&D inputs for technology transfer and capacity building for national drilling programme and selected research and development activities.
- 8.9.2 The activities proposed to be carried out, as listed earlier, may be grouped into five broad categories or "projects":
- Communication and Social Mobilization
  - Water Supply
  - Environmental Sanitation
  - Development of a community-based water quality surveillance programme and community-based treatment, eradication and control of water pollutants
  - Integrated Project for Guinea worm Control
  - Management Information System (MIS)
- 8.9.3 The major emphasis of these activities will be to bring about the desired policy changes to optimize health and social benefits of water and sanitation programme. These changes will include use of communication and social mobilization, as part of the implementation of water and sanitation activities, enhanced role of women and community management of facilities.
- 8.9.4 For these projects, Government and UNICEF will jointly prepare a "Plan of Action" which will include:
- General description and objectives of each of the "project"
  - Output and Outcome (where applicable) Objectives
  - Administrative structure of the project indicating roles and responsibilities of the Central Government, respective state governments and UNICEF
  - Activity plans and detailed courses of actions

- Monitoring and evaluation arrangements
- Schedule of Implementation showing targets, quantifications and time frames for each activity
- Budget showing UNICEF and Government inputs.

8.9.5 As some of the activities will be implemented by the state governments, the relevant state governments will be consulted before finalizing the "Plan of Action".

8.9.6 The National Drinking Water Mission (NDWM) in the Department of Rural Development (DRD), Government of India, will coordinate planning and implementation of these activities in consultation with UNICEF. Annual "workplans" will be prepared based on the Plan of Action, as jointly agreed between DRD and UNICEF. Department of Rural Development will also ensure availability of counterpart funds and necessary infrastructural support to plan and implement these activities.

#### Selected Districts

8.9.7 Government-UNICEF cooperation in the selected districts will primarily aim at increasing the level of service coverage of water supply and sanitation facilities to that of national targets. These include provision of one point source for 150 people and sanitation facilities for 25 per cent of the households. In addition, district plans of action will have measurably defined targets in terms of population coverage, and KAP on water use and hygiene over the plan period measured through sample baseline and periodic tracking studies. These activities are to be achieved in convergence with other women and child related interventions, leading to overall improvements of quality of life, particularly for women and children.

8.9.8 Water and sanitation activities will be planned and implemented in a "community-based programming" approach. Emphasis will, thus, be on the empowerment of the community members, particularly women, to act as agents of their own development.

8.9.9 In the context of water supply and sanitation, this would mean that community members, particularly women, would play a major role in the selection of location for handpumps, choice of technology and location of sanitation facilities and in the maintenance of handpumps and sanitation facilities.

8.9.10 Involvement of the communities may come in the form of participation in assessing the need for water and sanitation services, decisions regarding type of interventions, location of assets, operation and maintenance responsibilities and cost-sharing as well as voluntary labour and local materials for construction. Once the communities are organized for water supply activities which is usually a "felt-need" in most of the Indian villages, the process can act as catalyst for

further developmental efforts, particularly those affecting the life of women and children. These may include activities like control of diarrhoeal diseases, income generation for women, improvement of nutrition, safe motherhood and adult education.

- 8.9.11 One approach to initiate community organization would be the setting up and operationalizing of the "village water committees". The Government has issued necessary policy directives on the "village water committees" and is keen to see these committees become operational with women playing a major role in the functioning of the committees. It is also expected that the communities will be responsive to the formation of these committees, particularly in the areas where water is a priority need.
- 8.9.12 While the existing government infrastructure should take initiatives and eventually be responsible for the functioning of the village committees, it may be necessary to use the services of non-government organizations (NGOs) at the initial stages to promote the formation and initial functioning of the committees. Under such circumstances, the NGOs would function as an extension of the implementing district level authority, according to a mutually agreed plan of operation.
- 8.9.13 The NGOs can play the role of what has been conceived as "Communication and Training Cell" of the implementing agencies (PHED or Rural Development Department) and are expected to be set up for each state/selected district. Once the "communication and training cells" are operational as part of the PHED or Rural Development organizations at the district and state level; they will take over from the NGOs. The NGOs, in addition to promoting establishment of the committees, will also be responsible for creating awareness about services available and for training committee members on the procedures for obtaining, maintaining and managing the services through interaction with the project implementors (i.e. PHED or Rural Development functionaries).
- 8.9.14 There may not, however, be a uniform approach for all the districts. There are good examples of existing community level organizations which can be further strengthened to promote the formation of village water committees and then to carry out other community development activities.
- 8.9.15 Planning of all activities will be done through a "from-the-village-upwards" approach with maximum possible participation from peoples' groups, possibly village water and sanitation committees. A detailed "Plan of Action" will be prepared for each district or for a group of districts in each state, in line with the national level activities. The district level activities will also be grouped into 5 broad categories or "Projects":

- Communication and Social Mobilization

- Water Supply
- Environmental Sanitation
- Guinea worm control activities (relevant for guinea worm endemic districts only)
- Management Information System (MIS)

8.9.16 The Plans of Actions will be finalized through consultations between state/district level government agencies (possibly PHEDs or Rural Development Department) and UNICEF with policy and technical guidance from the Central Government. The Plans of Actions are expected to include the following elements:

- General description and objectives of each of the "Project"
- Output, outcome and service coverage of the "Project"
- Administrative arrangements indicating rules and responsibilities of implementing government departments at district and state levels
- Activity plans and detailed courses of actions
- Monitoring and evaluation arrangements
- Schedule of implementation showing targets and quantifications and time frames for each activity
- Budget showing UNICEF and Government inputs.

8.9.17 The "Plans of Action" will be agreed by the government and UNICEF at the beginning of the plan period. Annual "workplans" will be prepared by the district/state level implementing agencies in consultation with local people's organisations within the framework of the "Plans of Actions".

8.9.18 The district/state level authorities will have the total responsibility and accountability on the implementation of project activities and will provide necessary feedback to the government and UNICEF as outlined in the monitoring and evaluation arrangements.

## 8.10 COOPERATION WITH OTHER UN AGENCIES

8.10.1 UNICEF and the UNDP/World Bank team worked closely to support the Government in the development, field testing and standardization of handpumps during the previous plan period. It is expected that cooperation and coordination between UNDP/WORLD BANK team and UNICEF will be further strengthened and expanded in this plan period. The major areas of cooperation as identified through joint discussions will include:

- Development, standardization and performance evaluation of deep as well as shallow well handpumps;
- New technologies, strengthening industrial capacities and unified approach for promotion and marketing of sanitation components;
- Sharing of information and mutual support in the development of communication strategies and materials;
- Close linkages in a combined forum on issues related to women's development.

8.10.2 It is also expected that UNICEF and UNDP/WORLD BANK team together can act as resource groups for dissemination of information, support other country programmes and to organize regional workshops.

8.10.3 UNICEF and UNDP/WHO are planning to support the Government to implement Country External Support Information (CESI) for information exchange on the water and sanitation infrastructure in India. This effort will enhance capacities of national/state governments of India towards collecting, organizing and monitoring information on water and environmental sanitation activities. The country and state-wise data produced by CESI will assist in planning and development activities.

8.10.4 An integrated demonstration project on control of intestinal worms, health education and environmental sanitation will be implemented in the north-east region of India through joint efforts of the Department of Rural Development and Ministry of Health with support from UNFPA and UNICEF. Costs will be shared by these two UN agencies with technical supervision to be provided by UNICEF professionals.

## 8.11 MONITORING, REVIEW AND EVALUATION

### Objectives

8.11.1 Monitoring and evaluation of interventions under Government-UNICEF cooperation in this programme shall assist in:

- improving performance of the interventions
- providing guidance for timely course correction
- assuring effectiveness and impact of the programme
- deciding on future Government-UNICEF cooperation in this sector.

### Indicators and Schedules

- 8.11.2 For national level activities, government will carry out periodic (possibly on a quarterly basis) monitoring of progress of implementation. The relevant state governments will provide information on the progress of activities implemented by the state government agencies. The Department of Rural Development will receive and consolidate all such information into Periodic Progress Reports. These periodic progress report will include information on critical indicators like performance of drill rigs, development and transfer of technologies, human resource development, progress on guineaworm eradication, capacity development in social mobilization, use of mass media and other.
- 8.11.3 For district level activities, district/state level implementing agencies will carry out periodic monitoring of activities against targets set in the Annual workplans with the help of village level people's organization. Periodic progress reports will be prepared to include information on:
- Formation and functioning of community level organizations
  - Progress of implementation of water and sanitation facilities and training of personnel
  - Community management of facilities
  - Availability of supplies, equipment and funds for installation
  - Problems and constraints in project implementation.
- 8.11.4 These periodic progress reports shall be reviewed and follow-up actions taken as necessary.
- 8.11.5 Routine inspection of facilities will be carried out by the implementing agencies to assess:
- quality of construction/installation
  - functioning of facilities
  - use of facilities
- 8.11.6 In addition, the implementing agency and UNICEF will jointly organize annual as well as random "evaluation" through independent agencies to get feedback on the utilization of UNICEF inputs for the programme.
- 8.11.7 UNICEF would also support collection of baseline status data in sample areas of selected districts on service coverage levels with water and sanitation facilities and selected KAP indicators. Subsequent tracking surveys will be carried out

on annual basis to assess the outcome and impact of the programme and communication interventions.

### Reviews

- 8.11.8 Reviews will be carried out between the Central Department of Rural Development, the relevant state governments and UNICEF from time to time as well as annually to review the progress of implementation and to identify problems/constraints for corrective actions to be taken. Annual reviews shall also be used as forums to decide on the annual "workplan" for the following year and to broadly review and guide the State/Zonal office programmes.

### Evaluation Studies

- 8.11.9 Two evaluation studies should be planned during 1991-95 programme cycle. A mid-term evaluation study shall be carried out during early 1993. The results of this evaluation study shall be used for course correction.
- 8.11.10 Another evaluation study depicting outcome/impact of water and sanitation interventions and sector situation shall be carried out during early 1995. The results of this evaluation study shall assist preparation of Government-UNICEF cooperation for the next plan of operations.
- 8.11.11 The above evaluation studies shall lay emphasis on:
- The improvement in the availability of water supply and sanitation facilities.
  - the improvement in KAP in respects of water use, cleanliness and personal hygiene practices.
  - the development of community management of facilities and role of women.
  - feed back on appropriateness of water and sanitation strategies in terms of resources, technologies, etc.
  - the impact of other complementary inputs.

### Participatory Monitoring

- 8.11.12 Communities will be provided assistance in developing and implementing simple tools/techniques to undertake monitoring task in relation to functioning, access and use of water and sanitation facilities.



## 8.12 UNICEF RESOURCE ALLOCATION

	(in US\$ '000)					<u>Total</u>
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	
1. Communication and Social Mobilization	1,222	1,341	1,604	1,600	1,280	7,047
2. Water Supply						
- Support for national drilling programme	3,011	3,313	3,965	3,953	3,160	17,402
- Support for handpump and piped system related activities	2,290	2,520	3,016	3,008	2,402	13,236
3. Environmental Sanitation (including transition for on-going activities)	2,927	3,220	3,854	3,842	3,070	16,913
4. Integrated Project for Guinea worm Control (including transition for on-going activities)	1,825	2,006	2,401	2,395	1,913	10,540
5. Management Information System	615	677	810	808	645	3,555
6. Monitoring, evaluation studies and database	260	288	343	342	274	1,507
7. Project support (including staff salaries and transportation)	1,350	1,485	1,777	1,772	1,416	7,800
<b>TOTAL</b>	<b>13,500</b>	<b>14,850</b>	<b>17,770</b>	<b>17,720</b>	<b>14,160</b>	<b>78,000</b>

## Chapter 9

### PREVENTION OF DISABILITY

#### 9.1 OVERVIEW

- 9.1.1 About ten per cent of the population in India has some degree of disability whether locomotor, visual, hearing, speech or intellectual, that is over 80 million individuals. Based on the Government of India's strict definition, the extent of disability is estimated to be approximately five per cent of the total population. Rehabilitation started early means that a person with a disability does not need to become handicapped.
- 9.1.2 It is estimated that 75% of disabilities are preventable. Programmes for primary level prevention are taken up mainly by the Ministry of Health through the programmes for immunization, primary health care, control of leprosy and blindness and through the provision of iodized salt. The Ministry of Health will expand these programmes during 1991-95. Nevertheless efforts towards secondary level prevention as well as for the rehabilitation of disabled children will continue to be the specific responsibility of the Ministry of Welfare.
- 9.1.3 Since Independence, during the first two Plans, efforts to prevent childhood disability did not receive much attention because of the competing claims of other sectors. Initially programmes to deal with disability were initiated in an ad hoc manner wherein some non-governmental organizations took initiative to set up service centres in different parts of the country. Since 1980, however, the Government has taken up the problem of disability with renewed concern. The Government has initiated a large number of schemes including the setting up of four national institutes to serve as apex level centres for research and planning in four areas of concern to the handicapped: visual, orthopaedic, hearing and mental.
- 9.1.4 Rural rehabilitation schemes were set up originally on a pilot basis in 11 districts and a Rehabilitation Council was set up to ensure quality of services provided through the rural rehabilitation centres. A national information and documentation centre and a media cell have been established. In addition, the Government provides free aids and appliances as well as supporting schemes to give scholarships to all handicapped students. There is artificial limbs manufacturing capacity at Kanpur.
- 9.1.5 Many Indian children who are affected by one or more disabilities currently have no access to proper rehabilitative services. This large group of children is doubly

disadvantaged: the same socio-economic factors that affect all children in their age group affect them, yet they stand far less able to make full use of whatever minimal opportunities there may be for social and economic advancement.

9.1.6 **Advocacy for disabled children is a critical part of a child development strategy. This should have two main phases. One phase is to help people understand that disabilities are a commonly occurring phenomenon with specific causes and that their own behaviour can help reduce both the incidence of disability and its severity. The second aspect would be to ensure that people recognise that rehabilitation is possible and to help inform them how to receive those services.**

9.1.7 **The Government has recently increased significantly financial allocation for the field of Disability. UNICEF's contribution represents but a very small fraction of this money and will be primarily catalytic in nature.**

## 9.2 **PAST COOPERATION**

In the past, UNICEF assistance has helped to establish innovative centres working for early detection and rehabilitation at the district level. In addition, UNICEF assistance has supported projects at each of the National Institutes for the handicapped. Prototype and innovative projects being undertaken by voluntary organizations have also been supported.

## 9.3 **STRATEGY**

9.3.1 **The programme of action to prevent childhood disability will be based on four main principles :**

- **Disability in children can and should largely be prevented. This will ultimately only be possible to the fullest extent when all the sectors providing services to pregnant women and to very young children come under the protective umbrella of Government health services and ICDS which together will provide nutritional information and knowledge of healthy behavioural practices that promotes the child's capacity to stay healthy and to avoid or resist becoming disabled.**
- **Early detection of disabilities when they occur is essential. Mothers, families and frontline workers can be trained to identify a disability at the earliest stage so that the difficulties it causes are minimal.**
- **Early intervention for people affected by disabilities likewise can make a big difference in the final impact of that disability upon the child's life. Disabilities in hearing or seeing, for example, will cause a person far less trouble if they are identified when the child is very young. In this way a child can make best use of all other skills and resources.**

- The community and the family must serve as the basis for all the above interventions. They best understand the needs of the disabled and are best placed to provide appropriate rehabilitation.

9.3.2 Accurate and sensitively presented information about disability, its prevention and its consequences must be available to all people and focused in particular on all those who work in the social sector at whatever level they are working.

9.3.3 Based on these principles there are four main priority areas for work:

- To enable and to mobilize all key areas in social services beginning at the community level to assist in the processes of prevention, primary detection and rehabilitation.
- To create a cadre of well-trained workers who range in expertise from early detection and rehabilitation at the community level, to those who have up-to-date skills, to make sure that the best quality care is made available at the most appropriate level.
- Communications efforts are needed at all levels: to alert people to the fact that a disability need not become a handicap, that it can be prevented, that when it occurs it need not prevent an individual from being a full member of the community. Good communication can deeply change people's attitudes towards disablement and towards people who are affected by a disability or handicap. Finally, communication strategies can ensure that all of those who can affect and improve the quality of services available to the disabled people see this as an appropriate priority and take suitable action.
- To support and encourage various institutions, both in and outside government, which are putting new ideas into practice in the field of disability. Support would be given to these institutions to help plan new strategies, implement them and measure their impact.

#### 9.4 PROGRAMME COMPONENTS

##### 9.4.1 Strengthening and Integrating Disability Prevention and Rehabilitation in existing Government Services at the Community Level

UNICEF will support the Government in mobilising various service delivery structures to help prevent disability and to detect disabilities and provide rehabilitative services. This will be done in several ways :

- Continued support for the Universal Immunization Programme and through the use of that programme for other interventions which are directly linked to the prevention of disability, for example, through the provision of Vitamin A.
- Through integrated nutrition and health behaviour programmes which inform people about the outcome of their behaviour and how it is linked to their health and well-being. This will be done especially through community-based programming in selected districts.

Additionally, UNICEF will take on special efforts to support the Government of India in mobilizing the health system, ICDS and other social service structures in the following ways :

- Support for community-based rehabilitation schemes especially through training, public awareness programmes, counselling schemes and through programme assistance to innovative models for CBR.
- Preparing approach papers and based on this, strategies for the involvement of frontline workers in UBS, ICDS and the Health system for disability prevention and early identification and to determine what level of support specifically dedicated to disability prevention would be needed to backstop these frontline workers.
- Particular emphasis will be placed on developing models that can be used in UBS.
- Suitable training packages will be developed and tried out for frontline workers to enable them to take on these new tasks, within the delivery structures already available in the Health and ICDS systems.
- Information and training materials will be provided as required by these frontline workers.
- Assistance will be given for training the workers specifically for prevention and early detection of disability, ensuring standards of excellence appropriate to the level for intervention expected of each worker.
- Assistance will be given to encourage better educational opportunities for children with disabilities. Priority will be given to programmes aimed at integrating disabled children into the mainstream educational system including through the Programme for Integrated Education for the Disabled (see Chapter 6 : Education)

The above efforts would be implemented especially through National Institutes for the Handicapped, through the existing district rehabilitation schemes, but especially through voluntary organizations who have already achieved relatively high degrees of expertise in many of these areas. Rural rehabilitation training institutes would be supported and strengthened so that they are able to provide the high quality training needed in the fields of early detection of disability and community-based rehabilitation and so that they would be able to maintain this independently when this phase of UNICEF support is over. UNICEF will also cooperate with training institutions already in place, especially for ICDS, to develop training programmes for anganwadi workers and CDPOs so that they have the expertise needed for early detection and basic rehabilitation as well as the knowledge necessary in order to refer children with disability.

UNICEF resource allocation for this integrated approach to disability will be :

(in US\$ '000)					
<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
180	200	240	250	250	1,120

#### 9.4.2

#### Support for Communications

There are two main roles in which communications work will be supported by UNICEF :

##### Communications linked to advocacy

- This includes preparation of films on disability-linked issues, audio-visuals and printed materials which will be used to help people understand the ways of preventing and dealing with disabilities which affect children most. This will be targeted to a wide spectrum of people ranging from people in villages and in urban slums to policy makers in areas where UNICEF is assisting other programmes like UBS and DWCRA. This kind of advocacy would best be done through a communications scheme, using expertise in social communication for preparing strategies and top quality materials for community level workers. Follow-up activities would take place later during the Plan of Operations. In connection with this, UNICEF will provide support to the Government of India for the National Media Cell established by the Government.
- Under this programme component a range of training materials will be prepared. These will include films, audio-visuals and printed materials to help in the training of frontline workers, supervisors and others.

Finally, this component will also include the translation and adaptation of some of the relevant materials available worldwide into Indian languages and with suitable Indian illustrations.

Implementing agencies for these media activities will include the National Institutes for the Handicapped, training centres, communications agencies, research agencies or universities with a capability to do large-scale surveys, and non-government organizations. Suitable materials will be prepared for use at the community level and the Ministry of Welfare to its media cell.

UNICEF resource allocation for this sector will be :

(in US\$ '000)					
1991	1992	1993	1994	1995	Total
120	110	140	140	90	600

#### 9.4.3 Research and Planning

- UNICEF will continue to support the National Institutes for the Handicapped in their effort to be in the forefront of research and thinking in terms of disability prevention and interventions. These presently include the National Institutes for the hearing handicapped, visually handicapped, orthopaedically handicapped and mentally handicapped as well as the institutes for the physically handicapped. The UNICEF contribution will be mainly used to support specific studies, especially those which promote interventions that can be taken on by the community whether in the urban slum areas or in the rural areas.
- UNICEF will also support research that determines the number and extent of disability in various priority areas. This work will be done through a series of disability profiles to be carried out by consultants linked to national institutions.
- These activities will be implemented by the Ministry of Welfare and the National Institutes.
- UNICEF resources will be available for this component of child disability programme as follows:

(in US\$ '000)					
1991	1992	1993	1994	1995	Total
135	110	110	100	100	555

9.4.4 **Support for Innovative Projects at the Community Level especially those being done by NGOs**

Non-governmental organizations, being close to the community and being smaller than many governmental institutions, have been in the forefront of work on the prevention and rehabilitation of people with disabilities in India. UNICEF support will continue for these NGOs but will largely be directed to innovative activities, especially those which move in the direction of integration of disability work with other sectors and social service programmes including ICDS, UBS and Health. Different strategies and methods for integrating disability work in the communities will be tried out by these non-government organizations as part of community-based programming in selected districts. The implementing agency for this work would be the Government of India on whose recommendation UNICEF could provide funding to these NGOs. Specific emphasis will of course be placed on NGOs who have already gained considerable expertise and on those within the districts in which UNICEF will be working. UNICEF will also support the exchange of information and experience between NGOs to help build their capacity.

- Emphasis will be placed on supporting NGOs and in building their capacity in designated areas of the country, notably in the North-east, Bihar, Jammu and Kashmir, and districts in other states with particular or especially severe need.
- In addition, UNICEF will continue to provide support selective to the rural rehabilitation training centres in their training efforts for NGOs to ensure that they have the management skills necessary to carry out these innovative activities.
- UNICEF will also make efforts towards the beginning of this planning period to build up the management capability of NGOs including their ability to plan their own budgets, raise their own resources so that they can be self-sustaining and to ensure that they can continue their work even after project funding ends for them. This will be done through institutes of management in India and/or consultants.

UNICEF resources to support non-government organizations for disability are allocated as follows :

(in US\$ '000)					
<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
135	150	150	150	160	745



## 9.5 MONITORING AND EVALUATION

9.5.1 In order to ensure the efficacy of the programmes outlined above, UNICEF will support efforts to monitor the projects and to measure their impact. These will include, for example, support to assessing non-government organizations' efforts in this field towards making the programme universal. In addition, UNICEF will continue to support evaluations of the innovative district rehabilitation centres some of which were set up with UNICEF support during the last programme period.

9.5.2 UNICEF will provide support to monitor and evaluate the success of the communications campaign. This would be implemented largely through research agencies who have the expertise to measure audience response to such efforts.

9.5.3 UNICEF financial support for this activity will be as follows:

(in US\$ '000)

<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
30	30	40	40	40	180

## 9.6 UNICEF RESOURCE ALLOCATION

9.6.1 The overall UNICEF allocation for the programme of prevention of childhood disability will be as follows :

(in US\$ '000)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Strengthening existing services	180	200	240	250	250	1,120
Communications	120	110	140	140	90	600
Research & Planning	135	110	110	100	100	555
Innovative NGO Projects	135	150	150	150	160	745
Monitoring & Evaluation	30	30	40	40	40	180
<b>TOTAL</b>	<b>600</b>	<b>600</b>	<b>680</b>	<b>680</b>	<b>640</b>	<b>3,200</b>

## 9.7 MANAGEMENT OF COOPERATION

- 9.7.1 The specific roles and responsibilities of the various agencies -- government and voluntary -- have been indicated in each component of cooperation. As a general strategy, UNICEF cooperation in areas of support to voluntary agencies, integration with area-based programmes and district level centres will be of a decentralized nature. Within UNICEF, the primary responsibility for programme advocacy, initiation and development will rest with the Field Offices.
- 9.7.2 Emphasis will be placed on managing the programme element in the districts selected for community-based programming. In these districts efforts will be made to integrate the functions of the Health, UBS, ICDS and other service-providing agencies or a sharing of information, expertise and results with one another.
- 9.7.3 The components related to awareness, capacity-building, evaluation and monitoring will be coordinated at the national level, to ensure consistency and uniform approaches and standards. UNICEF Offices and local counterparts, however, will be actively associated in implementation and in adapting national norms and framework to suit local needs.

## Chapter 10

**CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES**10.1 **INTRODUCTION**

10.1.1 The process of modernisation and industrialisation in the country has set in motion various forces which have affected the traditional social structures and support systems. As a result child neglect, abuse, exploitation, abandonment and destitution appear to be on the increase in India as in several other countries. This trend and its consequences deprive children of their basic right to personal and social identity, protection, care and preparation for a productive life.

10.1.2 Reliable estimates of the extent of the problem are scarce but the trend is clear and causes are known like pressures of demographic growth and shifts, unemployment and underemployment, migration, urbanisation and the disruption of traditional social structures of the joint family and close-knit neighbourhoods. Migration to urban areas and the consequent dislocation and disruption of the families and traditional support systems makes the child vulnerable. Poverty worsens this situation.

10.1.3 India's child population comprises almost 42% of the total population. 1981 Census estimated the orphaned children below 14 years of age as 37.59 million.

Review of situation of Child Care Institutions has shown that there are limited facilities for proper care and development of orphaned, abandoned and destitute children; lack of appropriateness of vocational training programmes in institutions; inadequate follow-up of children who are discharged from the institutions; and lack of preparation for their rehabilitation and integration in the community and society.

10.1.4 Apart from the abandoned and destitute, there are many categories of neglected children placed in a situation of want and thus exposed to abuse and exploitation. Among these are children who leave home in rural areas to find vocation and employment in cities and urban centres, children of families facing neglect and deprivation on account of poverty, family disputes, armed conflicts, children living in economically depressed slums and congested areas, children forced to live on their own and therefore, live on streets, special groups like children of prostitutes; children of prisoners and a large category of children who are

working under exploitative conditions in the shadow of the dispersed unorganised sector.

- 10.1.5 There is no clear indication as to how many children are there in each of the categories who are placed in difficult circumstances in major towns, cities and rural areas in India. However, ad hoc estimates have been suggested by organizations in case of some of them.

Analysis of studies on situations of Street Children indicate, major causes of this phenomenon are poverty in rural areas, family disintegration, school drop-outs and vagrancy. Families who struggle for livelihood in slums and the deteriorating social environment in urban poor neighbourhoods also contribute to growing numbers of street children and increasing trend of delinquent children in the cities. These children loose out on access to all the basic services that are available to other children living with their families in settled and protected homes.

- 10.1.6 With regard to **working children**, the statistics are divergent. The Planning Commission's estimates are around 18 million. An estimate by the Operations Research Group puts it at 40 million. A voluntary agency involved in child labour issues estimates the number at around 100 million.

Studies on working children indicate that children are forced to work to supplement the meagre income of their families or because of long standing indebtedness are committed to bonded labour. Other children are engaged in household work or family entrepreneurial activities and particularly girls who are kept back for domestic chores especially for looking after younger siblings.

Providing employment to unemployed adults is not a sufficiently effective strategy for weaning children away from employment. Even children's earning contribute to making poor families viable be it at subsistence level.

- 10.1.7 It is commonly believed that almost 90 per cent of the working children are in rural areas. However, studies show the urban informal sector presents extreme examples of exploitation.

## 10.2 GOVERNMENT POLICIES AND PROGRAMMES

- 10.2.1 Institutional safeguards for the protection of orphans and working children are provided under Article 30 of the Directive Principles of State Policies. It stipulates that children of a tender age are to be protected and children in general are not forced by economic necessity to enter vocations unsuited to their age and strength. It further states that childhood and youth should be protected against exploitation and moral and material abandonment.

- 10.2.2 The National policy for children of 1974 identifies the care of socially handicapped children and welfare of the working children as two of the priority areas for its

intervention. It lays down that children who are socially handicapped or have become delinquents or are forced to beg or are otherwise in distress shall be provided facilities for education, training and rehabilitation and will be helped to become useful citizens. The National Policy also states that children shall be protected against neglect, cruelty and exploitation and that no child under 14 years shall be permitted to be employed in any hazardous occupation. It further emphasizes that in organising services for children, efforts shall be directed to strengthen family ties so that the full potential for growth and development of children are realised within the family, neighbourhood and community environment. A number of laws exist to assist in this task.

10.2.3 The most significant of these is the Juvenile Justice Act, 1986, (JJ Act) which replaced the old Children Act of 1960 with more progressive and developmental norms and processes for identifying and mainstreaming deviant children and juvenile delinquents. Other major legislations related to the issue are, the Guardians and Wards Act, 1890, the Hindu Adoptions and Maintenance Act of 1956 and the Women and Children's Institute Licensing Act, 1956. Protection of working children is built into almost all major legislations related to labour and employment like the Factories Act, 1948, Plantation Labour Act, 1951, the Children's (Pledging of Labour) Act, 1953. Further, the Child Labour (Prohibition and Regulation) Act, 1986 focuses specifically on working children.

10.2.4 On the programming front, the traditional answer to the problem of child destitution has been institutional care provided mostly by non-governmental organizations, generally with Government grant-in-aid. The institutional care substitutes family care in a residential setting, in the form of adoption, foster care, sponsorship, family support, counselling and institutional rehabilitation in orphanages and children's homes. The Government of India along with the State Governments provides support for over 900 children's homes and foster-care services. The total number of children covered under the Central Scheme of Children in need of care and protection in 1989-90 was only about 46,000. It is presumed that approximately 100,000 children are provided care through State Governments and voluntary organizations. Besides these, children who are delinquent are placed in special institutions. The number covered is approximately 50,000. Thus under the programme sponsored by the State Governments and or the Central Government, approximately 200,000 of children are being provided with institutional care. The annual Government expenditure on institutional care is around Rs.500-700 per child per month.

10.2.5 Situation studies and evaluations of existing services have revealed that institutional services are costly; reach only a small proportion of those needing attention; the lower the family income, the greater is the need for non-institutional services; children in nuclear families are far more vulnerable to stress and disintegration; careful and planned return of institutionalised children to their families and communities has had a positive impact on their lives; families generally preferred to help or adopt children belonging to their own family circle,

religious, linguistic and ethnic group; and that the child benefits more when the family becomes the unit that receives external support.

10.2.6 Though some successful innovative efforts do exist, non-institutional forms of care are extremely limited in number and coverage. Many of the foster care, sponsorship and adoption programmes currently operating are implemented by voluntary organizations and often receive financial support from international counterparts.

10.2.7 The Government recognises that problems of destitution while needing specialised rehabilitative and protective institutionalised attention, also require early detection, prevention and correction within the primary unit of family and community. Such preventive measures and family/community-based correctives require focus of governmental and non-governmental action. Studies reveal that the problem of destitution and delinquency, in most cases, can be traced to deteriorated intra-family functioning and relationships. Therefore, services and facilities required at this level are those that can alleviate poverty, reduce family stress and disintegration and enhance the capacity of the community to take better care of their children, particularly those of families that run the risk of pushing their children out either for work or into the street, knowingly and willingly or otherwise.

### 10.3 UNICEF COOPERATION, 1985-90

10.3.1 During 1985-90, UNICEF cooperation with the Government of India was for strengthening existing child-care and training institutions. Also, it supported an unprecedented social mobilization and advocacy effort that made Children in Especially Difficult Circumstances (CEDC), particularly working and destitute children, the focus of growing concern and dialogue across the country.

10.3.2 During this period, the UNICEF Executive Board adopted its first ever policy on Children in Especially Difficult Circumstances and defined general parameters for UNICEF assistance, emphasizing preventive measures over the rehabilitative ones and community/family based interventions over the other institutional care.

### 10.4 OBJECTIVES OF COOPERATION, 1991-95

10.4.1 During 1991-95, UNICEF cooperation with the Government of India will aim at:

- elevating the dialogue on CEDC to a national level agenda for policy development,

- translating such dialogue into productive actions that can help ameliorate the physical, emotional and social well-being of CEDC, particularly through community/family based interventions,
- advocating for CEDC, bringing them to the core of social consciousness and making them a common concern of all social sector services, in and outside government,
- Capacity-building and networking among concerned agencies, government and non-government, to support CEDC, particularly through training, education and communications,
- provide assistance and support programmes for children in difficult circumstances in the context of the overall policy formulated for the Eighth Five Year Plan including children of the economically and socially discriminated sections and special groups like children of fishermen, construction labour, industrial labour, nomadic tribes, prostitutes, prisoners.
- promote and encourage voluntary action by assisting innovative programmes for CEDC,
- strengthen the non-institutional approaches like foster care and in-country adoption aimed at both prevention of child destitution as well as rehabilitation of affected children.
- mobilise community involvement and participation in programmes for CEDC through increased awareness, dissemination of successful experiences and other ways of awareness building through formal and informal channels.

## 10.5 STRATEGY OF COOPERATION AND PRIORITIES

- 10.5.1 In pursuance of the above goals, the Government will use UNICEF assistance to complement its programme by energizing existing delivery systems to work in close consultation and collaboration with voluntary organizations and with the participation of at-risk families.
- 10.5.2 The strategy will ensure that some of the activities such as model juvenile justice institutions and state monitoring cells will receive continued assistance for a few more years to help consolidate the work so far done and apply its results.
- 10.5.3 Efforts will be made to build linkages between existing Child Care institutions and communities and society at large for greater community participation for CEDC. Emphasis, however, will be on strengthening and expanding non-institutional services.

10.5.4 The programme strategy will include an earnest endeavour to make CEDC a major concern of other ministries and sectors, thus placing CEDC as a central concern of social planning at national and state levels.

10.5.5 The strategy will attempt to re-orient existing child care delivery systems in the country to experiment with community outreach programmes, not only for protection and rehabilitation of CEDC but also for timely prevention.

## 10.6 PROGRAMME COMPONENTS

In consonance with the above objectives, the CEDC Programme will employ a multi-pronged agenda for action in specific areas like destitution, delinquency, child labour and street children. Major components of this agenda are :

### 10.6.1 Advocacy for Policy and Programme Development

This component of the Programme contains three key elements.

- **Advocacy for inter-sectoral and voluntary organisations participation in policy and programme development,**
- **Advocacy-by-doing: experimental demonstration on pilot basis to support the above,**
- **Research and studies in support of both the above components.**

#### Inter-Sectoral and Voluntary Participation

Children in especially difficult circumstances require the attention and support of different sectoral interventions for their social, emotional and physical well-being. While the Ministry of Welfare will provide some services and infrastructure to reach them, the other sectors too would use these structures to channel their services to these vulnerable groups.

The Ministry of Welfare will step up its advocacy role to bring all concerned sectors, agencies and voluntary groups together to support the cause of CEDC. It will initiate a series of national level consultations with other ministries to jointly develop modalities to use the CEDC Programme as a channel for integrated services. The comprehensive inter-sectoral programme package detailed in item 2(a) below is a step in this direction.



The programme will mobilize the assistance of mass communication networks to create a media blitz from time to time as a part of the awareness-creation and advocacy strategy to draw the attention of policy-makers, law enforcement officers, city-planners, panchayats, opinion leader and decision makers of both public and private sectors, to support CEDC as a group needing immediate attention and assistance.

#### Demonstration Activities

The advocacy efforts will aim at supporting inter-sectoral, community based and family-centred experimental interventions to prevent disintegration of families and to strengthen their economic and community base to meet own needs and provide better care for their children. The experimental interventions are the following:

##### - Community-based CEDC pilot projects

Through a select number of existing child care institutions, the Programme will launch innovative approaches to care, protection, development and rehabilitation of destitute and working children. These will emphasize preventive, community-based and family-focused interventions.

Identifying and working with risk-prone communities, both rural and urban, that have a history of producing large numbers of CEDC, the selected institutions will help 'at-risk' children with a comprehensive multi-sectoral action package consisting of services such as non-formal education, health-care, elementary learning, family counselling, and income skills training to families.

This comprehensive CEDC action package will be initially experimented in selected risk-prone districts and in a few metropolitan cities based on the intensity of family disintegration trends identified through studies.

It will strengthen and use the existing systems and infrastructure such as child care institutions, voluntary organisations, urban local bodies and panchayats in addition to the numerous development programmes like ICDS, UBS and DWCRA that are conceptually in tune with community-based interventions.

Drawing upon the resources of the existing Government schemes such as ICDS, DWCRA and UBS, the action package will also include day-care centres where necessary, in order to address the needs of special groups and families particularly of single-parent and households particularly those headed by women, whose children require day-care facilities. Day care centres will be set-up with co-operation from Panchayats, Urban local bodies or selected voluntary groups. Initially, these centres will be developed in

select rural areas and metropolitan cities and will release the mothers for productive economic activity and older girls from the responsibility of looking after their siblings at the expense of their own education. UNICEF support will be in the form of gap-filling assistance for training and educational aids.

The services such as these will be channelled to CEDC project areas through community-level action committees, UBS Neighbourhood Committees or selected voluntary agencies. Schemes like the Jawahar and Nehru Rozgar Yojanas for rural and urban poor will be an effective support for the Programme in aid of "at risk" families for prevention of destitution.

Though not easy to put in place, well-coordinated, multi-sectoral support systems such as the one proposed above will help galvanise at-risk families to be on a firmer footing. It will also help train and strengthen community level institutions to under take some basic responsibility for child care at their level.

The Programme will identify and build up the implementation capacity of a select number of child-care institutions with proven managerial efficiency to make the community-outreach effort fostering inter-sectoral linkages. Working with community level change-agents of DW CRA, UBS, ICDS and proven voluntary groups, these institutions will develop an appropriate and flexible set of programme responses based on the needs of each beneficiary family.

The assigned institutions will be responsible to : (a) identify voluntary and community groups that can assist them in implementing the scheme, (b) provide technical guidance and counselling direction for implementation, (c) monitor and document the process of implementation, and (d) ensure inter-sectoral convergence in the project communities coming under the proposed community-based programming. The latter will be done through constant interaction and collaboration with the local authorities and district administration and voluntary groups.

The staff of these institutions and allied implementing bodies will receive pre and in-service training and also exposure to useful programme experiences elsewhere in the country.

The Ministry and State Social Welfare Departments will conduct six monthly reviews of this experimental action for two years, making course corrections where necessary, and will refine the methodology for wider coverage, in a phased manner.

UNICEF will help upgrade the capacity of the institutions for this work by providing assistance for required training, community surveys to establish benchmarks for projects, seed money for family-based activities, appropriate activity-related supplies such as equipment for cottage-based vocational

training and non-formal education and non-recurrent operational costs for community-level groups and committees.

- Carry-forward support for model child care

In view of the commitment made by the Ministry of Welfare to State Governments, UNICEF support to child care institutions initiated in the previous plan period will continue up to December 1992. Assistance, as per joint Government-UNICEF guidelines will be provided only to those proposals accepted by UNICEF and the Ministry of Welfare prior to October 1990.

In order to facilitate transfer of innovative approaches followed by some child care institutions, efforts will be made for networking among child care institutions to ensure learning from one another for mutual enrichment. Advocacy efforts and programme support will also be to establish linkages between child care institutions and society especially the immediate community.

- Promotion of foster-care sponsorship and in-country adoption

The Ministry will conduct a series of consultations with all agencies concerned with CEDC to help revise the guidelines for Foster-care and Sponsorship Schemes to facilitate easy foster-care assistance to problem families and to make relatives of CEDC eligible to undertake foster care. Support will be provided to enhance in-country adoptions through Voluntary Coordinating Agencies (VCAs) mentioned in (f).

It will mount an appropriate public awareness campaign to seek wider participation of the concerned public in the sponsorship and foster-care programme and will ensure that the programme is incorporated in community-based programming in the CEDC project areas.

- Prevention through social work interventions

A cluster of villages or a slum is the right place to identify and track down 'at-risk' children who run the risk of being pushed to destitution, delinquency or child labour. It provides the bridge to reach the family too. Therefore, the programme will identify about 100 under-serviced areas and slum neighbourhoods, child welfare institutions or voluntary organizations and experiment with a cadre of Trained Social Workers (TSW) selected from among the staff where possible on the payment of a special services allowance. Where stipended services are not possible, the programme will endeavour to provide a trained worker for the purpose.

The TSW will give the teaching staff or the agency personnel a helping hand in addressing the immediate needs of the potential CEDC.

The TSW will guide and help slow learners and others who are scholastically backward at school or socially deviant reached by other agencies in order to sustain them in the mainstream. On a systematic basis, TSW will visit 'at-risk' families identified by the staff, consult family members, provide guidance & counselling, arrange sponsorships where necessary and help them with information on and linkages with services needed to retain the child in family and at school.

The TSW will also provide counselling to children, parents and peers referred to him/her by voluntary agencies and community organisations of the area and will organise periodic orientation programmes and regular information-sharing and training sessions for the teaching community of the schools around.

Studies will be undertaken of the TSW programme which has been operational in some cities and states for the past decade and help develop suitable implementation guidelines for expansion of the scheme.

UNICEF assistance to this scheme will be determined once the operational guidelines are prepared.

#### Recreation and guidance centres

To address the needs of clustered CEDC groups in a select number of metropolitan cities, the Programme will set up Recreation and Guidance Centres, on an experimental basis. These centres will basically be centres providing facilities for education, vocational training, career guidance and recreation to children who are working to earn their livelihood.

On a pilot basis, some such centres will be established.

#### Assistance to networks of voluntary groups

To streamline and assist non-government work in areas of in-country adoption, foster-care, sponsorship, as well as in the comprehensive community action scheme, the Programme will support voluntary agencies to network themselves and strengthen their action through the Voluntary Coordinating Agencies (VCA) and the Central Adoption Resource Agency.

In the case of street/working children, the Programme will continue to assist the State Governments and voluntary organizations to mobilize support and coordinate activities to undertake advocacy, training, awareness creation and innovative interventions to support those children. Such agencies and NGOs will collaborate with the State Departments of Social Welfare and receive support for CEDC work including service delivery programmes for street children along with support from urban local bodies through the modality of city level plans of actions.

City level projects for street children will be initially launched in select metropolitan cities. Programme linkages will be established with UBS Programme particularly for availing of 'night shelter' facilities envisaged in the urban development action plan of the Government of India.

Interventions for street children and other CEDC will be with active support of the Municipal Bodies especially with participation of Health Department, Education Department, Vocational Training programmes, etc.

UNICEF assistance will be activity-related and mainly to develop awareness creation material and provide training to voluntary organisations and Government and non-Government functionaries in adoption laws and procedures, foster-care modalities and in methods of reaching and helping street and working children. The voluntary organisations may also receive assistance to undertake community-based interventions aimed at control and prevention of destitution and child labour, provided such proposals satisfy the guidelines for NGO assistance already issued by the Ministry of Welfare.

#### Protecting child workers

To address the needs of working Children, the Programme will collaborate with the Ministry of Labour, helping the Ministry in its endeavour to improve the efficiency of implementation of the Child Labour (Prohibition & Regulation) Act, 1986 and the child labour projects of the Ministry.

The Child Labour (Prohibition & Regulation) Act, 1986, and the child labour projects concern only those children who are in the organised sector. Studies estimate that 90% of child workers are in the rural areas and in the unorganised sector.

Interventions for working children in the unorganised sector and the rural areas will be developed through the Ministry of Welfare with cooperation from Ministry of Labour.

To strengthen prevention of Child Labour, emphasis will be on strengthening anti-poverty and development programmes and focusing them on at-risk families. Further, interventions for service delivery for working children will require the cooperation of other sectors such as Rural Development, Education, Health, Labour, Urban Development etc. Modality for facilitating this will be through inter-sectoral strategy through an inter-ministerial mechanism convened by the Ministry of Welfare. It is understood that this task cannot be the responsibility of the Ministry of Labour and Welfare alone.

Support will also be provided to NGOs for advocacy and for developing innovative approaches for service delivery for working children. Efforts will be made to involve Trade Unions for implementation of the Child Labour Act and for ensuring better treatment, services, protection of children working in the organised sector.

The Ministry of Labour will initiate a series of communication interventions to create greater public awareness on child labour and related issues and will also create necessary conditions to bring child labour to the centre-stage of public discussion in order to create strong national consciousness against employing children in exploitative conditions.

The Programme will help establish a mechanism within the National Labour Institute to:

- review and monitor the implementation of the Child Labour Act, 1986 and submit periodic progress reports to the Ministry, identifying areas needing Ministry attention;
- undertake research and evaluation studies to improve the knowledge base on the subject and enhance national capacity for policy and programme formulation;
- experiment with innovative actions to assist the well-being of the working child; and
- create national level awareness on the subject.

#### Research and Studies

Advocacy will be supported by research and studies into causes and manifestations of the CEDC phenomenon and also the impact and efficacy of the said experimental demonstrations. These studies will be used for further advocacy and to periodically refine the national policy and programme interventions.

National and state level research institutions and NGOs will be identified as and when required to undertake these studies. UNICEF will provide assistance to the Ministry of Welfare to undertake these studies after mutually discussing the need for such study and determining case by case the capacity of the concerned agencies to carry out the same.

Research activities so supported will have a pre-determined action schedule detailing how the findings are going to be used for programme and policy development for CEDC.

## 10.6.2 Training for Capacity and Commitment-building

### Inter-sectoral Training

Training and Education will form an important integral part of the Programme. Training needs will vary and range from addressing the psycho-social needs of CEDC to managing community-based child care services and incorporating CEDC concerns in existing community development schemes of the government such as UBS, DW CRA and ICDS. This would be mainly by training/orientation of functionaries of child welfare/development programmes to sensitise them to include CEDC concerns.

### Training of Functionaries

- In pursuance of decentralising training activity, the Ministry will identify and commission a select number of state level training institutions to conduct CEDC training. Training in tackling issues related to CEDC will be imparted to:
  - all functionaries involved in the implementation of the Juvenile Justice Act, child care institutions, community based outreach programmes aimed at working with risk-prone communities and 'at-risk' families,
  - district and town/village level functionaries directly involved in implementing sectoral programmes that can converge in the focus districts and 12 metropolitan cities.
  - senior decision-makers, officials of social welfare departments, representatives of NGOs, Panchayats, urban local bodies and community groups concerned with CEDC.
  - officials of judiciary, police and other agencies who have a role to play in the welfare of street, working and destitute children. Support will be provided by UNICEF generally for training of officials and functionaries up to district level.

Through a task-force set up for the purpose, the Ministry of Welfare will develop appropriate curriculum and audio-visual support material for training the above groups.

### Programme Communication

The Programme will support a number of child care institutions and NGOs, selected on the basis of language, to develop and disseminate communication material for awareness creation among CEDC, their communities, law-enforcement agencies and other public agencies directly dealing with them.

On a pre-selected basis, it will support seminars, workshops and consultations to facilitate the coming together of the above mentioned partners in action concerned with CEDC to **share experience** and enhance programme implementation quality. Study visits to relevant and select countries and participation in International conferences, seminars and workshops will be supported for policy formulation and programme development for special groups within CEDC. Participation of Central Government officials, State Government officials and representatives of NGOs' will be supported for such exposure.

### 10.6.3 PROGRAMME MONITORING

There will be regular reviews at district, state and central levels to which progress will be reported regularly. Those in charge of these reviews will ensure that a written feedback on the reports is sent to reporting parties without delay in order that the implementing groups could make timely course corrections. In addition to the above three tiers, there will always be community level action groups and neighbourhood committees to monitor the implementation on the spot.

At the community level, in the areas coming under the intensive CEDC programme, the State Welfare Department will arrange to provide the services of a Trained CEDC Social Worker to guide community workers who will be located at the child care institution identified to manage the programme. This team will develop appropriate interventions, monitor their implementation and report regularly to the State Social Welfare Department.

At the district level, the District Welfare Officer will implement the programme and regularly report to the State Social Welfare Board. Where intensive community outreach programmes are launched, the institutions implementing them will be supported with a trained social worker and guided by the District level Officer.

At the state level, the Social Welfare Department through the mechanism of state level programme development and monitoring cells will assist programme development and undertake monitoring of programmes for destitute children. Feedback will be sent to the Ministry of Welfare for information and action. Initially a few select states will be supported to set-up these state cells, on the basis of proposals received by UNICEF/Ministry of Welfare prior to 1st October 1990.

At the Ministry level, regular meetings will be held with UNICEF and other sectoral partners to review the progress, make course-correction and provide programme directions with support from the National Institute of Social Defence. Based on the experience of the cells suitable arrangements will be supported for programme development and monitoring at the NISD, Ministry & state levels.



10.7 **UNICEF RESOURCE ALLOCATION**

10.7.1 Subject to annual review of progress and Government assessing the responsibility for supporting and managing the programme, UNICEF funding allocation for 1991-95 will be as follows:

	(in US\$'000)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Support for programme and policy development	200	300	350	350	300	1,500
Training for capacity-building	75	75	100	150	100	500
Programme monitoring	200	200	300	300	200	1,200
Child labour programmes and policy development (including programmes of Ministry of Labour)	100	100	100	100	100	500
Total	575	675	850	900	700	3,700

## Chapter 11

### INFORMATION AND COMMUNICATION

#### 11.1 INTRODUCTION

- 11.1.1 This chapter provides a framework for support to the programmes outlined in this Plan of Operations to assist in relating resources of information and communication to the development needs of children and women, and in particular, to the objectives stated in Article Four of Part I.
- 11.1.2 Social communication is integral to each of the programmes in this Plan and has been built into the respective chapter. For full effect, however, these elements have to fit into a cohesive communication strategy of common relevance to various groups, media and levels, consistent with the approach of the national development plan.
- 11.1.3 Experience shows that the persistent gap between availability of information that can save and change lives -- and actual ability to use it -- can be reduced by generating, adapting and disseminating information, through an interactive process of communication.

#### 11.2 NATIONAL POLICIES AND CONCERNS

- 11.2.1 The Constitution of India and the National Policy on the Child contain guiding principles on the rights of children. Many of these are reflected in the 1989 UN Convention on the Rights of the Child. Besides, the 8th Five Year Plan underlines the need for correcting the imbalance in social and economic development, and in opportunities for different socio-economic groups and between the genders. The 8th Plan also envisages decentralisation of planning and management of socio-economic programmes. This implies the build-up of the community's inherent capacity to develop and points to the need for groups to be organized and informed to be able to analyse their situation and act together to change it.
- 11.2.2 Against this background, the concerns about using communication for development appear in sharper relief. While massive public investments have been made in expanding the government infrastructure for information and community education services, as well as in field deployment of a large workforce of social development and extension workers, these could converge more systematically to achieve national goals of social development. The momentum generated by

information programmes has not always been sustained or carried forward at the community base. For various reasons, the capacity of communication efforts to genuinely educate has remained limited, particularly in reaching out across social, economic and cultural barriers.

- 11.2.3 While national policy recognizes the dynamic link between socio-economic development of women and the future of children, there is a considerable denial of opportunities to women and children, poignantly reflected in the condition of vulnerable groups, including the socially and economically backward and the girl child. Communication has the capacity either to undo this bias, depending on the skills and perspective with which it is applied.
- 11.2.4 Printed information still reaches only a small segment of those in need. The Press gives only random attention to the situation of children and women, more as passive carriers of news than as advocates of their needs and rights. Low rates of literacy persist in particular areas and groups. This calls for innovative ways of providing basic learning opportunities and access to information (such as cultural activity, discussion at community level and non-formal education).
- 11.2.5 The impressive expansion of the electronic media has to be matched by a corresponding development of field - based services providing public education and information which can contribute to dynamic interaction at the community level to support development.
- 11.2.6 Within communities, socially "remote areas" exist, isolating sizeable groups, whose opportunities are crucially dependent on inter-personal contact and non-formal learning. This implies increased attention to innovative and non-formal measures to improve their knowledge and skills and to build their confidence and self-reliance. Special measures are envisaged for informing and motivating girls and women. Inter-personal contact and open learning will be crucial to these endeavours and extension activity must consciously invest in generating healthy debate among the people.
- 11.2.7 The capacity to communicate effectively deserves to be strengthened at all levels by providing orientation, software, essential equipment, audience research etc.
- 11.2.8 The development of communication skills of functionaries, including field staff, and the linkage of this with their regular training deserves to be strengthened and supported.
- 11.2.9 For communication to trigger a process of development, there is need for convergence in information plans and community education efforts, with consonance of Government and non-government measures. Improved inter-service communication could be a means for different services to converge on the same community and through synergy yield better results.

11.2.10 Consistent with the decentralized approach to socio-economic development, the planning of information and communication activities has to be made specific to the language, culture and needs of the local community.

11.2.11 The 'concerns' outlined above are broadly reflected in the following challenges:

- there is a need to enhance the flow of 'development information' specific to children and women for use at the policy - making level.
- large segments of the public are without access to information which can assist to improve their situation.
- the full potential of public functionaries is not achieved for lack of relevant information and communication skills; this is often traceable to gaps in training.
- the needs of particular programmes in terms of public information and social communication support necessary for their success are not adequately met.
- the communication network offered by a variety of voluntary, professional, social and cultural bodies needs to be dovetailed with the government systems.
- the information media needs to pay more attention to the situation and development of children and women.

### 11.3 OVERVIEW OF COOPERATION 1985-90

11.3.1 Among the more significant results of Government UNICEF cooperation during the period 1985-90 are the following:

- A series of action projects linked the use of information and extension resources for frontline ICDS functionaries and through them rural women participants. This effort demonstrated the efficacy of building feedback and field research into information planning for national media services, opening up new possibilities in the coming years to relate broadcasting capacity to local needs.
- Field publicity personnel, drama troupes and folk art performers were increasingly oriented in support of child development programmes.
- The Division of Social and Health Awareness (DISHA) of the Department of Women and Child Development has developed into a resource unit for producing information and with potential for communication planning, on the needs of children and women.
- Public response to mass events involving children and public personalities proved the potential of people to mobilize for a worthy cause.
- Creative artistes, communicators and intellectuals have lent their professional support to propagate and support the rights of the child.

- The use of field-based programming by mass media, coupled with community debate, local development and use of information methods and materials, and activation of feedback, has been fruitful. This provided an approach for planned linkage of media service, field worker and target communities.

#### 11.4 OBJECTIVES OF COOPERATION 1991-95

##### 11.4.1 The basic objectives are :

- to improve people's access to appropriate information for child survival and development action, mobilise both political and popular energies to achieve these goals of child development and women's upliftment, and sustain children's rights as a major concern in public life.
- to reduce the disparities in the availability, access and use of information currently impeding development of children and women in different socio-economic groups and geographic areas, with due attention to varied rural and urban needs.

#### 11.5 STRATEGY

##### 11.5.1 The objectives will be pursued through the following approaches:

- Advocate and support policy and action to uphold the rights of the children and women and eliminate all forms of discrimination against them.
- Strengthen the perception, at all levels, of the legal and social rights of children and women, especially of disadvantaged and vulnerable groups, and the services to which they are entitled.
- Decentralized approach to information planning in relation to needs of identified groups and areas and in support of community-based programming in selected districts. These would involve local resources and would focus on youth, women and under-served groups.
- Information and communication support to focus on special concerns like the discrimination against disadvantaged children, including the girl child, and their development; education, child marriage, safe motherhood, healthy environment and social injustice. These efforts will complement and enhance programme communication provided for in the respective Chapters of Part II of this Plan of Operations.
- Strengthening information-communication networks as strategic alliances to support for development of children and women.

## 11.6. AREAS OF ACTION

- 11.6.1 During 1991-95, UNICEF will support activities under the broad categories below, through detailed annual plans of action which will be formulated jointly with the Ministry of Information and Broadcasting and the Department of Women and Child Development (DISHA), and in consultation with other ministries participating in the Plan of Operations.

### Policy Support

- 11.6.2 Assistance will be given to generate, analyse and disseminate information necessary for according priority status to children and women in national planning. The flow of information to the legislative, judicial and executive branches of government at all levels, as well as the relevant professional groups and educational and media channels will be enhanced. The effort will centre on selected themes agreed upon with the concerned Ministries.
- 11.6.3 Information and Communication plans will be developed and implemented to influence policy measures in support of the rights of the child and of women, through all available channels.
- 11.6.4 Attention will be given to providing information support specific to children and women, to decision-makers at the local level, like Panchayat members, especially the women.

### Public Awareness

- 11.6.5 Information on the situation of children and women, the factors affecting it and the means for changing it, will be disseminated at two levels (a) the general public and (b) population groups in need. This effort will make use of all available channels -- educational, cultural, entertainment, social action and the modern and folk media. For this purpose, information will be adapted to the local context and disseminated widely.
- 11.6.6 Information outreach and generation of communication networking will be strengthened by reaching out through many channels like the press, government media and extension services, voluntary and other non-government organizations, creative and folk groups, cultural opinion leaders, large-scale employers, and service infrastructures. In this task, the appropriate government and other agencies will be used for dissemination of information. Support will be given to enhancing provision of information through the variety of communication channels available at the local level, and to convergence and linkage of these with a common focus. These measures will encourage information outreach to, and through, Panchayat institutions, women's groups, youth clubs, workers' and farmers' forums, non-formal learning channels, as well as formal service sys-

tems. Subjects will include child care, girls' education and prevention of child marriage.

- 11.6.7 Special events and media "supplements" focused on selected themes will be supported.

### **Capacity Building**

- 11.6.8 Support will be provided to subject orientation for government media functionaries to enhance their access to, and use of, information on children and women. Special efforts will be made to reach those under-served groups not reached by mass media channels, and to communicate better with them.
- 11.6.9 Cooperation will be continued in support of producer-orientation in government media as well as to joint development of appropriate materials. Assistance to government information and extension services will be given to achieve this. This would imply greater use of inter-personal communication and field media, impact studies and feedback for information programming. In continuation and expansion of the Media Orientation Programme, UNICEF cooperation will be extended to the central media services under the Information and Broadcasting Ministry (Field Publicity, Films, Photo, Publications, Song and Drama, Research and Reference, Press Information, and Advertising and Visual Publicity divisions).
- 11.6.10 Cooperation with DISHA will include selective staff support, assistance to production, subject support to media services and use of local and folk media, to support its development as a resource unit for information on children and women.
- 11.6.11 Support will be given to improving the information base in areas related to women and children, and communication skills of various field functionaries, especially front-line workers in social services, like AWWs, UBS workers, forest workers, health workers, through appropriate inputs in orientation and refresher training programmes. This will include selective support to development and provision of training materials and other related resources.
- 11.6.12 Universities and other academic bodies will be encouraged to study women and child development subjects to enrich the knowledge base on these, especially regarding area-specific variations, and to compile and circulate information from new and existing studies. UNICEF would selectively support publication of such information.
- 11.6.13 Initiatives will be taken to enlist support of journalists for promoting issues and programmes relating to children and women at national, state and district levels.

- 11.6.14 Support will be extended through institutions such as the Indian Institute of Mass Communication (IIMC), for field studies and orientation/training for media professionals on development issues related to children and women.
- 11.6.15 Steps will be taken to increase participation of the creative community in activities to promote child survival priorities.

**Programme Support:**

- 11.6.16 Public information services will be extended in support of the programmes outlined in the Chapters of Part II of this Plan of Operations, to complement the sectoral communication components built into the programmes. This effort will focus on creating a positive climate for programme success, towards the objectives stated in Article 4 of the Framework (Part I of the Plan of Operations). Cooperation will include selective support to essential supplies and equipment.
- 11.6.17 Regular monitoring and evaluation will be supported, using field research, user feedback and impact studies.

**11.7 GOVERNMENT COMMITMENT**

- 11.7.1 Activities under this Chapter will be implemented within the framework of annual plans of action, jointly determined by the Department of Women and Child Development, the Ministry of Information and Broadcasting, other concerned government agencies and UNICEF. Corresponding agencies at the state and other levels will be involved as and when required.
- 11.7.2 The Ministry of Information and Broadcasting together with the Department of Women and Child Development will be responsible for development and operation of activities under the programme of information and communication. The implementation will be through the various government and other designated agencies at the central, state and localised levels, which will periodically review the progress of activities and inform the Department of Women and Child Development.
- 11.7.3 Cooperation for integrated planning will be promoted and facilitated by a joint information programming group of agencies and sectors involved.

**11.8 UNICEF RESOURCE ALLOCATION**

- 11.8.1 UNICEF support to implement the provisions of this Chapter will be provided in accordance with the guidelines as in 8.6 of the Framework. It would consist of professional services, and technical support as agreed upon mutually for development and implementation of activities under this programme.



11.8.2 Sectoral communication support for individual programmes in Part II of this Plan of Operations is provided under the respective Chapters. The resources available as given below (11.8.3), will be used for support to meeting the requirements of activities listed in 11.6 above, with emphasis on inter-sectoral and inter-disciplinary linkages for the country programme as a whole and also serve to support innovations and qualitative improvement.

11.8.3 Subject to annual review of progress, the funding allocations will be as under:

(in US\$ '000)

<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
600	650	650	500	400	2,800

## Chapter 12

### PLANNING AND PROGRAMME SUPPORT

#### 12.1 INTRODUCTION

12.1.1 In the context of this Plan of Operations, 'planning and programme support' is understood to include:

- preparatory steps leading to future programme development, such as gathering statistical and other information necessary for a continuing analysis of the situation of children and women, as well as for understanding existing policies, service systems, social structures and other factors that affect them.
- development of programme strategies and operational plans involving the community as much as possible, for achieving national goals, objectives and targets.
- systematic monitoring of programme implementation, against plan expectations in terms of cost, time, physical output and quality of achievement, in order to assist in bridging gaps, correcting course and strengthening programme management.
- Complementary to and building on the outcome of regular monitoring, periodic evaluations of programmes in terms of output, outcome, efficiency, effectiveness and relevance -- with the findings of evaluations feeding into the programming process.
- strengthening administration and management of supply and cash inputs to project activities, including development and delivery of supplies.

12.1.2 The dimensions of planning, as mentioned above, are integral to each of the programmes outlined in Chapters 1 to 11 in Part II of this Plan of Operations, and the necessary technical and financial support is built into the respective programme. However, those elements of planning common to the Country Programme as a whole -- including support for personnel engaged for work related to more than one project -- are presented in outline in this Chapter.

#### 12.2 OVERVIEW, 1985-90

12.2.1 Two aims were pursued during the previous programme cycle: **one** assisting government efforts to strengthen programme monitoring and evaluation systems; and **two** strengthening UNICEF's own programme monitoring process.

12.2.2 During the period, Government and UNICEF have jointly supported the following, among other activities: development of a monitoring system for drilling rig

operations in rural water supply; analysis of coverage data in rural and urban areas, as well as national evaluation surveys, in immunization; information system on materials management for immunization; development and user-trial of 'kits' for testing iodine content of salt used for controlling iodine deficiency disorders; study on knowledge, attitudes and practices in childhood diarrhoea and its management across the country; field study on knowledge, attitudes and practices related to sanitation; monitoring coverage in women-oriented programmes in various sectors through a mechanism specially established in government for the purpose; work preparatory to the formulation of the "National Perspective Plan for Women"; review of childcare facilities across the country for women workers; monitoring of health and nutrition status of ICDS children; monitoring social inputs in ICDS and development of a decentralized system correlating the social and health and nutrition aspects; evaluation studies of rural women's development, urban basic services and urban poverty alleviation programmes; strengthening capacity for UBS programme monitoring at the Centre and in some states.

- 12.2.3 In addition, situation studies and programme evaluations in the various fields related to women and children were supported, and the results used in the preparation of this Plan of Operations.
- 12.2.4 In particular, preparatory to the 1991-95 programme of cooperation, analyses of the situation of children and women were done by independent professional groups, in nearly all the states and union territories, with the active cooperation of the respective governments. Taking these and other studies into account, a national level interdisciplinary situation analysis has been prepared, as a basic reference for the present Plan of Operations and as a tool for advocacy at policy and action levels.
- 12.2.5 In relation to monitoring of inputs, a beginning has been made to establish a system by which the programme budget and programme workplan are linked; and progress in expenditure and performance can be monitored together in quantitative and qualitative terms, with computer support.
- 12.2.6 While the measures mentioned above have had a positive effect on programme management, existing mechanisms for monitoring and evaluation leave scope for improvement: for example, through systematic measurement of input, output and results would lead to scientific understanding and evaluation of programme performance. Effective programming is undermined by delays in getting information, lack of reliability of data, imperfect design and maintenance of basic records, absence of standardization and insufficient use of available reports.



12.5.2 In addition, for salary and related operating costs of UNICEF personnel engaged in work related to more than one programme, the following allocation is made:

	(in US\$ '000)					
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>Total</u>
Programme Support	2,500	2,500	2,500	2,500	2,500	12,500

## 12.6 MANAGEMENT

12.6.1 The activities mentioned above will be pursued in consultation with the Department of Women and Child Development and other ministries and departments concerned with particular programmes.