



United Nations Population Fund
India



ICPD25
International Conference on
Population and Development

UNFPA

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled ensuring rights and choices for all. Aligned with the post-2015 development agenda and the global framework of the Sustainable Development Goals, UNFPA expands the possibilities for women and young people to lead healthy and productive lives.

India Country Office at a Glance



UNFPA has been operating in India since 1974. The India CO collaborates extensively with a range of stakeholders such as the government, civil society, private sector, academia, medical community, media, judiciary, and most importantly, communities.

The India Country Programme 9 focuses on empowering young people with critical life skills and invests in adolescent health and well-being; ensuring universal access to high quality sexual and reproductive health and rights; addressing gender discrimination and harmful practices such as gender-biased sex selection and child marriage, and using population data to maximise the demographic dividend.

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

UNFPA will support large-scale flagship government programmes like Ayushman Bharat, particularly the health and wellness centres, the Mission Parivar Vikas, Rashtriya Kishor Swasthya Karyakram (national adolescent health programme) and Beti Bachao Beti Padhao towards ensuring sexual and reproductive health and reproductive rights

Programme Cycle:

CP9 (2018 – 2022)

Government Counterpart

Ministry of Health and Family Welfare

Staff

50

Field Offices

Bihar, Madhya Pradesh, Odisha and Rajasthan; Maharashtra Office scheduled to close on 31st December 2018

FINANCIAL DELIVERY

Delivery 2013-2017

US \$ 44.79 million

Planned Delivery 2018-2022

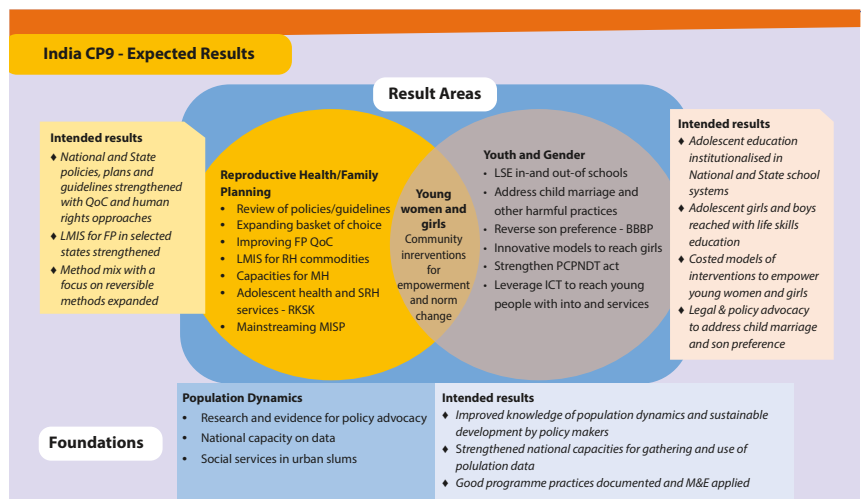
US \$ 43 million

Delivery in 2017

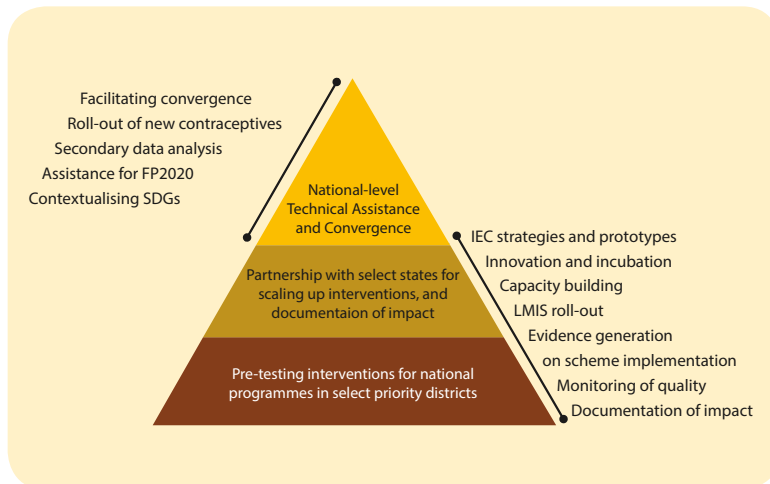
US \$ 6.28 million

Delivery Estimate for 2018

US \$ 7.6 million



and empowerment of women and girls. UNFPA will provide support to the Government to implement models and innovations within these national schemes that could be replicated and scaled up throughout the country for a nation-wide reach and impact. As illustrated in the programme pyramid, support provided by UNFPA will range from national level upstream policy advice and technical support to field level testing of innovations and schemes.



Highlights of the progress on high level priorities under CP9:

Sexual and Reproductive Health

- Technical assistance provided to the Ministry of Health and Family Welfare (MoHFW), in selected states, for roll-out of the health and wellness centre and school health programme focusing on adolescents, as an integral part of Ayushman Bharat
- UNFPA is recognised as the lead partner of the health ministry in strengthening the adolescent health component of the RMNCH+A strategy (Reproductive, Maternal, Newborn, Child and Adolescent Health)
- Quality Assurance guidelines for family planning (FP) services, developed and training provided for private practitioners
- Technical and operational support provided for the introduction of injectables into the public health system, including helping to procure the first batch of DMPA contraceptives

Adolescents and Young People

- Technical assistance provided to MoHFW for the formulation and roll-out of RKSK (national adolescent health programme), with good practices incubated in UNFPA states and documented for replication and scale up in other parts of the country
- Technical assistance provided to MoHFW and the Ministry of Human Resources Development, to develop curriculum on Health and Wellness of School-Going Children and Adolescents for Ayushman Bharat
- Life skills education implemented across 6000 schools with an outreach to 1.6 million adolescent girls and boys

Gender-Based Violence

- Through its work in states, UNFPA has been able to highlight the critical role of capacity-building in strengthened health sector response to violence.

- Checklists and tool-kits for service providers have helped to recognise violence as a public health issue and contributed to strengthening the one-stop crisis centres supported by the Ministry of Women and Child Development (MWCD) in several districts of India.
- The ministry looks towards UNFPA for continued support in this area, especially in the context of the recently launched Mission Women's Safety, wherein the health sector role has been squarely recognised in providing treatment, first-line support and a comprehensive medico-legal response to women facing violence.

Gender-Biased Sex Selection and Child Marriage

- Technical assistance provided to the Government for effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) - PCPNDT Act, and partnership with a range of stakeholders, including the judiciary, medical community, media and civil society, for a multi-sectoral response to gender-biased sex selection (GBSS)
- UNFPA recognised as the lead technical partner on GBSS by both, MWCD and MoHFW, and the multi-disciplinary research undertaken on different aspects of GBSS appreciated as key to providing policy guidance
- UNFPA is implementing the joint UNFPA-UNICEF global programme to end child marriage. Through its programme, UNFPA reaches out to over 500,000 adolescent girls. During CP9, UNFPA aims to contribute to 30% reduction in child marriage in three UNFPA states, from 35% to 24%
- The robust theory of change adopted to work on all aspects of gender discrimination and to enhance the inherent value of girls was appreciated as a part of the UNFPA Evaluation Office's first independent thematic evaluation on UNFPA support to prevention of, response to and elimination of gender-based violence and harmful practices – child marriage, FGM and son preference

Population Dynamics

- Technical assistance to the Government and other development partners for harnessing India's demographic dividend through state-specific approach focused on sustainable development
- Strategic support to India's Population Census
- South-South collaboration to help other nations conduct their censuses: Myanmar, Timor Leste, Bhutan, Ethiopia and Afghanistan
- Provide technical assistance to Smart City Missions in the states of Odisha and Bihar to transform slums into socially inclusive and violence-free areas that are safe for girls and women
- Generating evidence for advocacy and programming on ageing in India to ensure Dignity, Health and Security for India's elderly. India is home to over 104 million elderly, and by 2030 the number will increase to 190 million

Milestones

- Innovations for RKSK in Madhya Pradesh showcased at an inter-state workshop, and selected by the Government of India as the gold standard for implementing the national adolescent health programme.
- Development of the curriculum on Health and Wellness of School-Going Children and Adolescents for Ayushman Bharat.

- Contraceptive services for young people strengthened, within the framework of expanded choice and reproductive rights, through a model Logistics Management Information System.
- Evidence generated for policy and programming to tackle son preference and gender-biased sex selection. UNFPA is the leader amongst the development community on this issue. Active engagement with the Judiciary to strengthen implementation of law against gender-biased sex selection.
- Response to Menstrual Health and Hygiene Management (MHM) strengthened in MP, Rajasthan and Odisha, to ensure access to safe and affordable commodities, influence government policies and schemes to address MHM and build MHM as an integral part of life skill education in school and community settings in Odisha.
- UNFPA has been able to develop a model of socially smart cities in the cities of Bhubaneswar and Patna, under the Government's Smart Cities Mission. The Bhubaneswar project which started earlier was adjudged as the best in the category of people-centric programming in urban cities at a national event of Smart Cities organised by the Ministry of Housing and Urban Affairs in September 2018.
- Dignity, Health and Security of India's elderly, firmly located in the development agenda. India Ageing Report 2017 published.

Challenges

- Need for improved human and physical infrastructure and adherence to national standards affects choice, quality and accountability in family planning services. India's population growth rates and fertility rates have seen significant declines in the last few decades. However, there are cases where quality is compromised, choice is violated, and rights are disregarded in the provision of services.
- Institutionalising and sustaining work with adolescents is challenging, particularly with conflicts between rights and culture.
- Deeply ingrained culture of son preference and structural discrimination against women and girls continue to impede practical measures to address harmful practices such as sex selection and child marriage.
- There are number of programmes for the elderly, but these need to be scaled up to ensure financial and health security for the elderly poor.

Country Offices

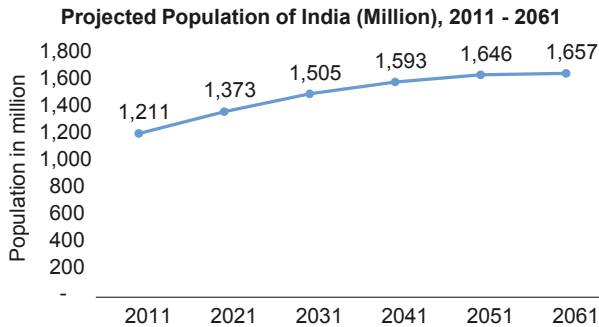
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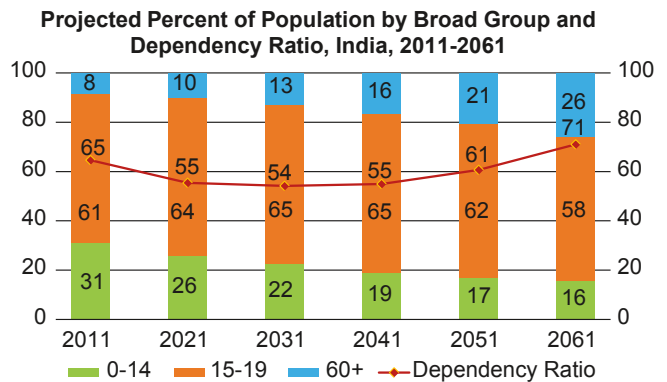
India Indicators Dashboard

Population Prospects



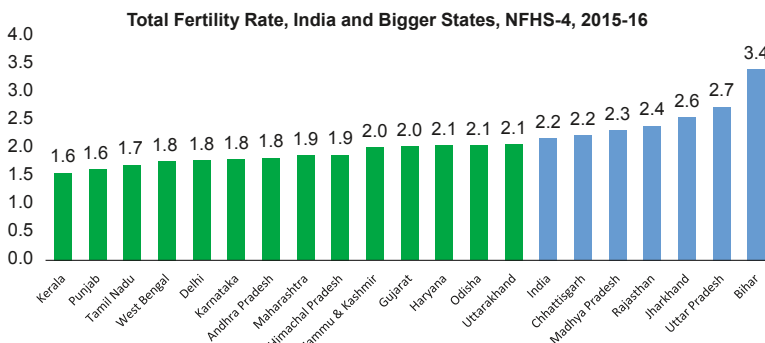
India's present population of around 1.3 billion is projected to reach 1.7 billion during the decade 2060-70

The falling dependency ratio will provide a 'window of opportunity', which will last for another 20 years



Source: 'An Assessment of Demographic Dividend in India and its Large States' by P. M. Kulkarni, 2017. A study commissioned by UNFPA

Fertility



Total fertility rate is near replacement levels. More than half of India's population (55%) lives in states that have already achieved the replacement level of fertility.

Source: SRS Statistical Reports, ORGI, New Delhi, India, 2018

Life Expectancy



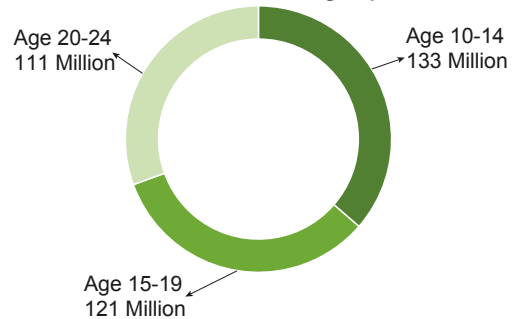
Source: SRS Based Abridged life Tables, ORGI, New Delhi, India, 2018

At 70.2 years, the life expectancy for women is 2.8 years higher than men

India's Demographic Advantage

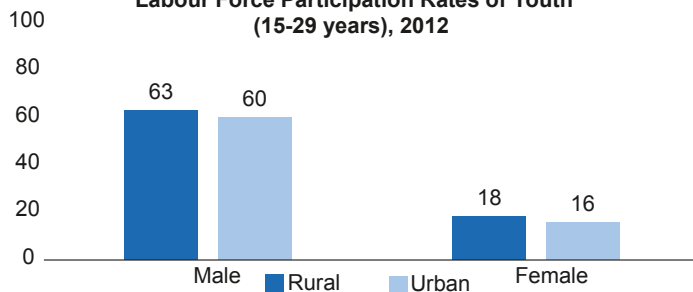
With 365 million young people, India is the youngest nation in the world. Youth comprise 30 per cent of the country's population.

365 Million of India's Young Population



Source: Census of India, 2011, ORGI, New Delhi

Labour Force Participation Rates of Youth (15-29 years), 2012



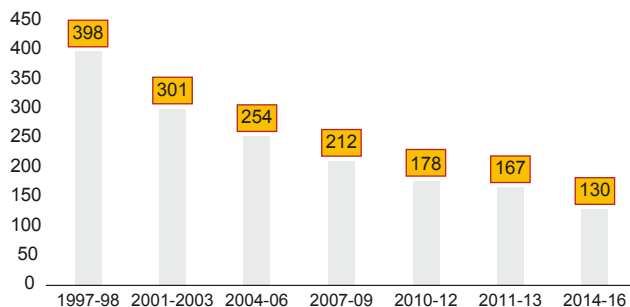
Harnessing the demographic dividend will require improved work participation, especially of young women.

Source: Youth in India, SSD, Ministry of Statistics and Programme Implementation, 2017, New Delhi

UNFPA Transformative Results

Ending Preventable Maternal Death

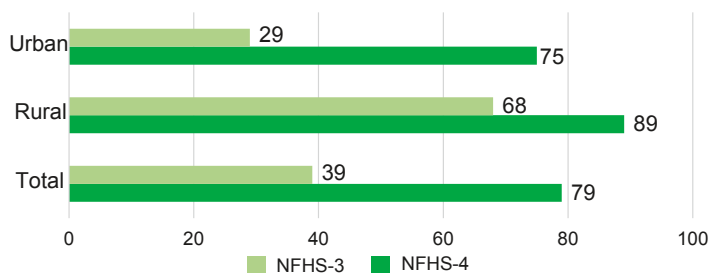
Trends in Maternal Mortality Ratio (MMR), India



Although maternal mortality ratio has declined, its current level of 130 is still high.

Source: SRS Statistical Reports, ORGI, New Delhi, India, 2018

Trends in Institutional Delivery, India, 2005-06 and 2015-16 (% of births in the five year before the survey)

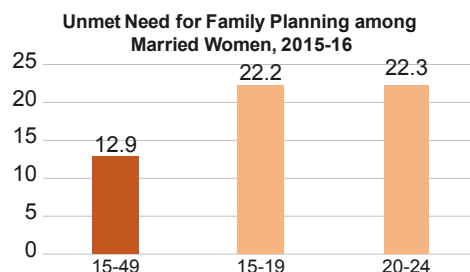


Regardless of the location, more women are delivering in institutions today as compared to the last decade.

Source: National Family Health Surveys (3 & 4), IIPS, Mumbai

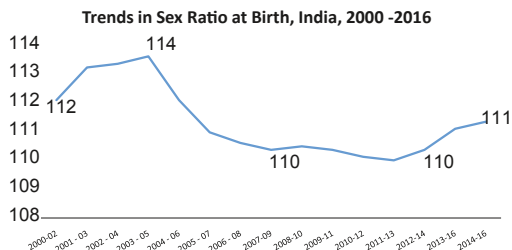
Ending Unmet Need for Family Planning

Unmet need for contraception among currently married young women (15–24 years) is 22 per cent, almost double of women in all reproductive ages.



Source: National Family Health Surveys (3 & 4), IIPS, Mumbai

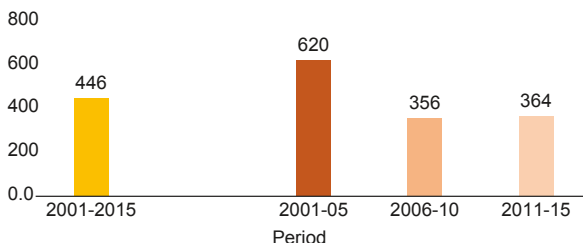
Ending Gender-Based Violence and Harmful Practices



The sex ratio at birth in India is skewed in favour of boys. 111 boys are born for every 100 girls.

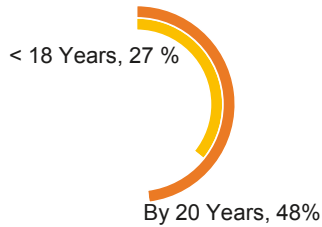
Annually, 450 thousand girls were missing at birth owing to the practice of gender-biased sex selection and son preference during the period of 2001-2015.

Trends in Estimated Number of Girls Missing at Birth in India (in Lakh), for the Period 2001-2015, 2001-05, 2006-10 and 2011-15



Source: SRS Statistical Reports, ORGI, New Delhi, India, 2018 and Missing number estimated by UNFPA

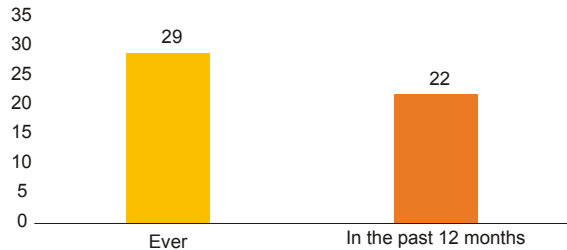
Percentage of Women Married by Exact Age, India, 2015-16



27 per cent of women aged 20-24 years were married before 18 years and this increased to 48 per cent by age 20.

One in three women have faced spousal violence during their lifetime. One in five have experienced it during the past 12 months (preceding the survey).

Percentage of ever-married women age 15-49 who have experienced spousal physical or sexual violence, India, 2015-16



Source: National Family Health Survey - 4, IIPS, Mumbai

Country Offices

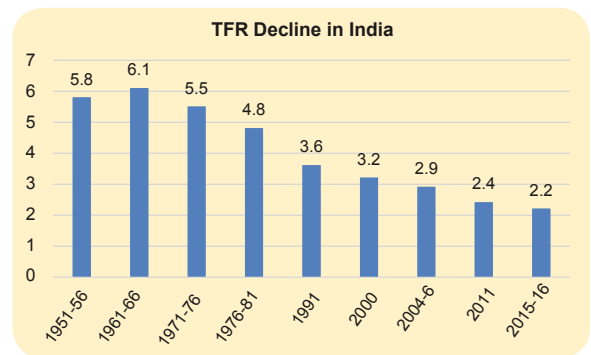
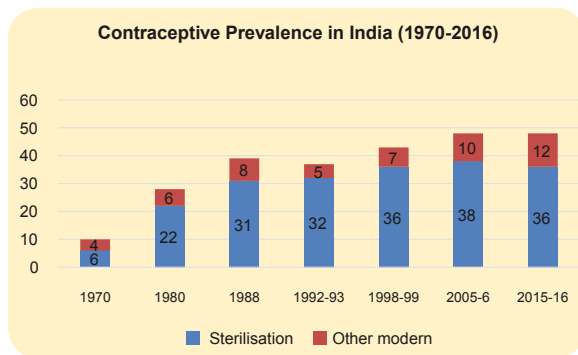
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Sexual and Reproductive Health

India has made substantial progress in expanding contraceptive choices and access to family planning. In the last five decades, modern contraceptive usage has increased nearly five fold and the total fertility rate (TFR) has declined from 5.7 in 1966 to 2.2 in 2015-16.



There has been significant expansion of the public health system, along with expansion of contraceptive choices. Other factors, such as increase in age of marriage, have also contributed to the steep decline in TFR.

This represents tremendous progress, yet challenges remain. There are huge variations between different regions and states of the country, and millions of women, men and young people still lack access to modern contraceptives.

Key Facts

- Contraceptive prevalence rate is 48% (NFHS-4, 2015-16).
- 48 per cent of women are married by the age of 20 years.
- Only 10 per cent of married women aged 15-19 years were using contraception.
- Amongst adolescent girls aged 15-19 years, 8 per cent are already pregnant or have had their first child. However, among the currently married adolescent girls in age group 15-19 years, more than half (52 per cent) have already begun childbearing.
- The unmet need for contraception among currently married young women (15-24 years) is 22 per cent, almost double as compared to women of all reproductive ages, which is 12.9 per cent.

- There are huge geographical disparities in contraceptive use and total fertility rates in India. For example, the total fertility rate ranges from 1.6 in states such as Kerala to 3.4 in Bihar.
- There were nearly 24 million unintended pregnancies in India in 2015.
- The contraceptive use in India shows a skewed bias towards female sterilisation, which contributes to 76 per cent of all contraceptive use in 2015-16. Hence, advocacy is essential to promote reversible methods for women in all stages of the reproductive cycle, especially for younger ages.
- In 2015, three new reversible contraceptives were added to the public health system - injectable contraceptives, progesterone-only pills and Centchroman.
- To address the contraceptive needs in a focused manner and to reduce geographic disparities, the Ministry of Health and Family Welfare (MoHFW) has recently launched a programme called Mission Parivar Vikas, for 146 priority districts with high TFR in the country. The programme uses multiple strategies to increase the access to contraceptives in these districts, such as condom boxes in all facilities, family planning kits for newly married couples, community-level meetings with young married women and their mothers-in-law, etc. The Government of India has also launched a Logistics and Management Information System (FP-LMIS) for family planning commodities all over the country.

How UNFPA is making a difference

UNFPA works with the Government of India and stakeholders to ensure rights-based family planning and to improve informed choices in the country. UNFPA focuses on:

- **Evidence-based advocacy on quality and rights-based SRH care**
UNFPA generates high-quality evidence on reproductive rights and quality of SRH care, and other areas such as assessment of social marketing programme. It works with stakeholders and convenes FP 2020 in-country mechanisms to advocate for rights-based and youth-centric contraceptive services.
- **Technical assistance for large government initiatives**
Specialised support is provided to the national and state governments for effective planning and monitoring of reproductive health interventions, such as Mission Parivar Vikas, Health and Wellness Centres and RMNCH+A strategy.
- **Strengthening of systems and services**
To provide accessible, high-quality, evidence and rights-based, and integrated sexual and reproductive health services, UNFPA supports development of programmes and guidelines, institutionalising rights within monitoring mechanisms, and builds capacities of providers and managers to enable them to provide informed choices and rights-based SRH services. UNFPA also enables strengthening of supply-chain systems, and supports decentralised approaches for delivery of SRH services to reach the most vulnerable, married and unmarried adolescents and youth.

■ Innovations for improved service delivery

New approaches, including engaging pharmacists for enhancing the reach of RH products and information and working with medical schools to institutionalise evidence, rights and gender issues in medical education are some of the interventions led by UNFPA. Along with this, UNFPA also supports dialogue and advocacy on emerging issues, such as rising rates of hysterectomies in India.

Forging Ahead

In the ninth country programme of assistance, 2018-2022, UNFPA India focuses on increasing national and sub-national capacity to provide accessible, high-quality, rights-based, and integrated sexual and reproductive health (SRH) services, especially for young people.

1. Enhance capacities of health system states for providing high quality family planning services

- Supports the introduction and roll-out of new contraceptives in the public sector: UNFPA supported the government of India in procurement of the first batch of injectables. It designed and implemented a quality assurance system for injectables in four states, which covers nearly 300 facilities, across 60 districts in a year. It has developed guidance materials and supported capacity building of providers and managers.
- Provides technical support for supply chain management of contraceptives in selected states.
- Promotes use of innovations to improve access to family planning services. For example, UNFPA is supporting an intervention to train 3500 pharmacy staff in five states to provide non-judgemental and accurate information on RH products.



2. Contribute to an enabling environment by promoting reproductive rights and quality of FP/RH services

- Strengthens programme design and formulation of rights-based RH/FP plans and guidelines, and training of managers and providers, on rights-based family planning.



- Generates evidence on quality of contraceptive services (e.g., quality of postpartum intrauterine contraceptive device services, sterilisation services, youth friendliness of facilities), and support in taking corrective actions.
 - Advocates with Medical Council of India and implements intervention on strengthening evidence and rights-based SRH care in medical education.
 - Technical support for integrating SRH and HIV services at facility and community level in the state of Gujarat, which address the needs of key populations.
- 3. Advocate for improved access of young people to sexual and reproductive health services and information**
- Advocates for inclusion of SRHR issues of young people within the context of FP 2020 plans and Ayushman Bharat (health and wellness centres and national health protection scheme).
 - Intervention on mainstreaming youth friendly services within public health facilities.

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Adolescents, Youth and Gender



India is home to 365 million young people in the age group 10-24, and will be the world's youngest country by 2020 with an average age of 29 years. The development and well-being of this population holds the key to realising India's demographic dividend. However, young people especially girls from poor, rural and marginalised communities do not have adequate access to sexual and reproductive health information and services.

Child marriage, early pregnancy and violence against women and girls are widely prevalent. India's sex ratio at birth, at 898 girls born for every 1,000 boys born, is far below the international norm of 952. The sex ratio imbalance has long-term implications for the country's demographic landscape and for gender equality.

Concerted investments in girls' empowerment, youth participation and leadership can change the development narrative for the country, to one that is rights-based, starting with the elimination of inequality and harmful practices.

Key Facts

- Young people, aged 10-24 years, constitute almost one-third of India's population; girls aged 10-24 account for one-fifth of the total populationⁱ.
- Gender-biased sex selection has resulted in an estimated 450 thousand girls missing annually during the period 2001-15ⁱⁱ.
- 27 per cent girls are married before age 18 years. A decade ago, nearly one in two girls (47 per cent) was married as a childⁱⁱⁱ.
- Only twelve per cent currently married women aged 15-19 years, use any modern contraceptive methods while the unmet need for contraceptives in this age group was 22 per cent^{iv}.
- Eight per cent girls aged 15-19 years had begun child bearing in 2015-16. A decade ago, nearly 16 per cent girls in this age group had begun child bearing^v.
- Thirty per cent women aged 15-49 had experienced physical or sexual violence, and 33 per cent married women aged 15-49 had ever experienced spousal sexual, physical or emotional violence^{vi}.

i Census of India, 2011

ii UNFPA estimates based on sex ratio at birth data from Sample Registration System 2014-16

iii NFHS-4, 2015-16

iv *ibid*

v *ibid*

vi *ibid*

How UNFPA is Making a Difference

UNFPA works with the government and partners to:

- **Reach vulnerable adolescent girls and boys and invest in youth leadership**
With targeted interventions based on gender transformative life-skills, to build their social, health and economic assets. UNFPA supports the creation of safe spaces to enhance youth participation and to integrate youth engagement in decision making.
- **Mobilise families and communities against harmful practices**
Through co-ordinated civil society action to bring together women's groups, local village councils (panchayats) and young people to question discriminatory practices such as child marriage and gender-biased sex selection and challenge gender stereotypes.
- **Strengthen systems and services that empower young girls and boys with access to life skills and sexual and reproductive health (SRH) information and services**
Through a system strengthening approach to institutionalise and integrate rights-based, gender transformative and life skills focused education in educational institutions to create an enabling ecosystem for young people to access scientifically accurate and age appropriate information, imbibe positive attitudes and make informed and responsible choices related to their health and well-being. UNFPA also supports delivery of integrated package of SRH information and services including contraceptives for adolescents and services to reach the most vulnerable, married and unmarried adolescents and youth.
UNFPA supports innovations and models, including technology solutions for enhancing the efficacy and reach of youth-centric initiatives.
- **Strengthen effective implementation of laws against harmful practices**
UNFPA is the lead UN agency supporting the government for effective implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act that is meant to regulate the misuse of technologies for illegal sex selection. The Ministry of Health and Family Welfare (MoHFW) recently approved resources for UNFPA to support trainings on implementation of the PCPNDT Act in select states.
- **Evidence-based advocacy to reverse son preference, address child marriage and empower young people**
UNFPA engages in cutting edge research and data analysis on addressing son preference and other harmful practices and on matters relevant to young people.

Forging Ahead

UNFPA India's ninth country programme of assistance (2018-2022) to the Government of India focuses on investing in young people's sexual and reproductive health, addressing harmful practices like child marriage and gender-biased sex selection, and empowering young women and girls.

- **Support government flagship initiatives to improve young people's access to information and services related to their health and well-being**

UNFPA supported MoHFW in the design of the first and largest ever national adolescent health programme, popularly known as RKSK. The programme marks a paradigm shift from curative approaches to a 'continuum of care' approach in partnership with adolescents in their own spaces in communities and schools. UNFPA remains a trusted partner to support the roll-out of RKSK through its pathbreaking innovations and system strengthening approach to enhance programme efficacy. These have been recognised by the Government, specifically the interventions in Madhya Pradesh, as the best replicable and sustainable models in the country.

The launch of the school health component of Ayushman Bharat^{vii} proposed as a joint programme between the ministries of Education and Health is a likely game-changer to provide school-going adolescents (ages 11 and above) a comprehensive package of information, psychological support, commodities and services. The programme is scheduled to roll out in 114 aspirational districts out of a total of 709 districts, with potential for further scale up.^{viii} Taking advantage of this opportunity, UNFPA has actively co-led development of curriculum framework, teaching-learning materials, roll-out plan and convergence mechanisms in partnership with the ministries of Education and Health.

UNFPA is also advocating with the Skills Ministry (National Skills Development Corporation and Sector Specific Skills Council) to influence integration of life skills into the vocational training programmes, to enable young people to have more productive and fulfilling careers.

- **Strengthening multi-stakeholder action against harmful practices - son preference and child marriage**

UNFPA has been actively engaging on the issues of son preference, child marriage and gender-based violence, with the ministries of Health, and Women and Child Development, NITI Aayog (formerly the Planning Commission), the Census office, with state governments, and with local and regional

vii Ayushman Bharat is a National Health Protection Scheme that will cover over approximately 50 million poor and vulnerable families providing coverage upto Rs. 5 lakh (USD 6,849) per family per year for secondary and tertiary care hospitalisation. Scheme has the provision for upgrading the existing Sub-centers and Primary Health Centers to 150,000 Health and Wellness Centers across the country to ensure delivery of comprehensive primary health care. It also includes a distinct school Health Component

viii Aspirational Districts were selected on the basis of composite index including data on deprivation enumerated under Socio-Economic Caste Census, Health & Nutrition, Education and Basic Infrastructure.

experts. UNFPA supported training of the judiciary, administration, medical community, media, and civil society. UNFPA's efforts have also focused on building evidence for effective policy action. UNFPA in India has supported global, regional and south-south initiatives to address the issue of gender-biased sex selection in other countries having adverse sex ratios.

- **Supporting multi-sectoral interventions to empower young people especially young women and girls in marginalised settings**

As part of its programme outreach, UNFPA has identified diverse markers of vulnerability and marginalisation. UNFPA leverages large-scale government programmes such as Beti Bachao Beti Padhao (Save and Educate Daughters), Scheme for Adolescent Girls, Adolescent Health Programme, and school-based programmes to reach girls and boys at scale. UNFPA aims to advance girls' and young people's rights through interventions that delay marriage and child bearing, prevent unintended pregnancy, prevent and address gender-based violence and promote the social, health and economic assets of the most vulnerable. UNFPA is collaborating with UNICEF for implementing the Joint Global Programme on Ending Child Marriage in India.

- **People-centric policy advocacy and youth leadership**

UNFPA has promoted civil society alliances that use a rights-based, people-centric approach to policy advocacy on a range of issues including gender equality and sexual and reproductive rights. UNFPA has contributed towards development of youth policies, engaged with youth led organisations to create a space for young people at the policy table. UNFPA's efforts have enabled a range of actors including women's groups, and young people to play a role in championing the sustainable development agenda. UNFPA partnered with YP Foundation (a youth-led organisation) and a consortium of development partners to support a youth conclave in August 2018. The forum engaged 200 young people from different parts of the country to foreground youth issues in policies and programmes.

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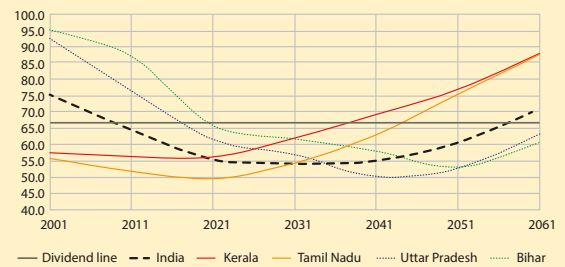
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Population Dynamics

Population dynamics and sustainable development have strong interlinkages. The twentieth century has witnessed remarkable changes in India's demographic arena. India's population has increased four times; from 238 million at the beginning of the century, to one billion at the end of it, and currently it is around 1.3 billion, projected to achieve its peak of around 1.7 billion during the decade 2060-70.

Projected Trends in Dependency Ratio (ages 15-59 as working ages),
India and Selected States, up to 2061



Key Facts

- From a high fertility-mortality scenario to one of low fertility-mortality, India has witnessed significant changes in the age structure of populations. With 30 per cent of country's population in the age group 10–24 years, India is the youngest nation in the world. With so many young people entering the workforce, the window of opportunity has already begun to open, and will remain open for around 20 years. The country's future development planning needs to leverage this advantage.
- Demographic divergence is yet another feature of India's population dynamics. States in the southern part of the country and a few from other regions are further ahead in terms of the demographic transition. These states will have the window of opportunity narrowing in less than five years, followed by another group of states where the window will close within a decade (Figure 1).
- Rapid urbanisation and increased migration are emerging population issues in India. By 2030, the urban population will double, to over 600 million people. Within 20-25 years, another 300 million people will be added to urban areas, causing congestion, growth of peri-urban settlements and slums in larger towns and cities. Migrants moving to seek employment are likely to be without their regular support network and living in conditions with significant bearing on both mental and physical health. Substantive proportions of the labour force (83 per cent) work in the unorganised sector. Migration and rapid urbanisation will result in significant challenges in meeting their education, health and well-being needs.
- The number and proportion of the elderly (60 years and above) is increasing. The number of elderly persons has increased from 76 million in 2001 to 103 million in 2011. By 2030, this number will be 192 million, constituting 12.8 per cent of the total population of the country.

How UNFPA is Making a Difference

UNFPA is the lead agency on population data and its use and advocates that everyone everywhere is counted and accounted for, in the pursuit of sustainable development. It promotes a better understanding of linkages between population dynamics and the achievement of the sustainable development goals on young people, ageing, urbanisation and gender-based violence to inform national and state policies and programmes. UNFPA works with the government and stakeholders on:

- **Evidence generation on key current and emerging population issues**

UNFPA has undertaken advanced analysis of demographic trends and derived stages of demographic dividend at national and states levels. Based on this, UNFPA is advocating for differential planning approaches to harness the dividend with diverse stakeholders including UN system in India, NITI Aayog – apex thinktank of the government, Ministry of Health and Family Welfare and Ministry of Statistics and Programme Implementation (MoSPI) and experts.

- **Socially Smart Cities**

UNFPA used the opportunity provided by the government's Smart City Mission as an entry point to address the concerns of adolescent and young people, gender and sexual and reproductive health and rights. UNFPA is providing technical assistance in Bhubaneswar and Patna to transform slums into socially inclusive and violence-free areas that are safe for girls and women and have strengthened health and social service mechanisms at the community level. One of the achievement of UNFPA support is that the socially smart city initiative is being scaled up by the government from 20 to 100 slums, with a coverage of 100,000 people across Bhubaneswar city.

- **Capacity building at national and local levels in data use**

UNFPA builds the capacity on use of data for improved planning, implementation and monitoring of government programmes and schemes within the larger context of the SDGs, both within and beyond government institutions. UNFPA has supported training programmes of government health officials in Bihar and Rajasthan, officials of the statistical services at the national level and members of the associations of demographers and social scientists.

- **Ageing**

UNFPA developed a knowledge base on ageing in India by undertaking research based on secondary and primary data and produced several reports and policy briefs to inform policy and programmes for the wellbeing of the elderly. India Ageing Report was launched by UNFPA, which brought out the current as well as future scenario of population ageing, government and NGO interventions for the elderly, and the way forward for government and other stakeholders to respond to emerging challenges.

■ Census

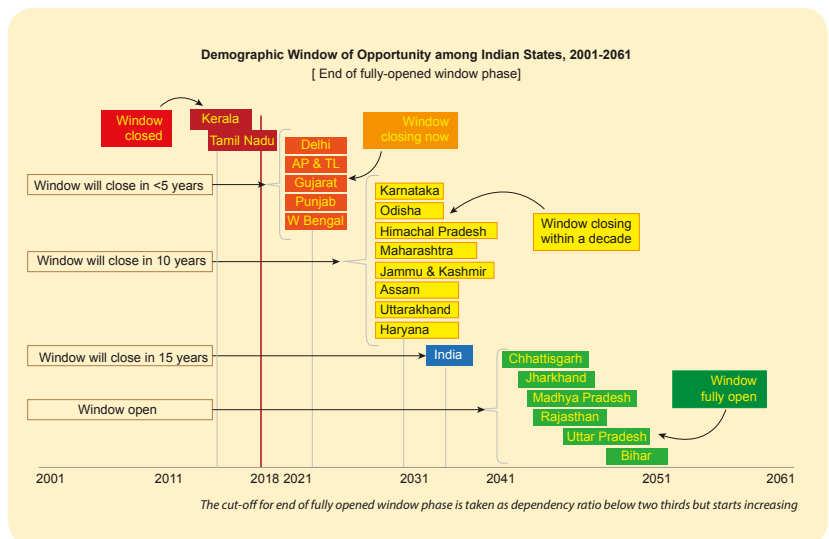
UNFPA-led UN support for The 2011 Census and played a significant role in mainstreaming gender in data gathering, by supporting training of the census enumerators. UNFPA also supported the census office in digitisation of historical census reports since 1872, development of a gender atlas organising data dissemination workshops, and joint publication of the adolescent and youth profile. The expertise of the census office was used for training officials of statistical agencies of developing countries under South-South Collaboration. A similar collaboration is anticipated for the upcoming Census 2021.

Forging Ahead

In the ninth country programme of assistance, 2018-2022, UNFPA India focuses on the following areas of population and sustainable development:

1. Advocacy in key current and emerging population issues

- Strengthen the evidence on the differential demographic transition and its implications for different groups of states to guide policies and programmes (Refer graphic below)
- Thematic assessment in the field of young people, gender, ageing, migration, urbanisation for policy advocacy on the implications and setting the agenda to harness the demographic dividend
- Promoting knowledge exchange and international cooperation in the area of population dynamics such as organising special lecture series, strategic publications in key newspapers and journals and consultative meetings



2. Urbanisation and migration

- Strengthening ongoing interventions in the socially smart cities of Bhubaneswar and Patna and advocacy for scale up to other cities
- Supporting data use in selected cities to strengthen planning for social services for marginalised populations
- Partnering with UNHABITAT for mainstreaming the issues of young people, women and girls, and the elderly in national urban planning by organising urban café consultative meetings with the government and other stakeholders

3. Data and evidence generation on UNFPA thematic areas

- Provide high-quality evidence and data support for UNFPA thematic areas of sexual and reproductive health, young people, gender and sex selection for evidence-based policy and programmatic advocacy.
- Undertake implementation research and assessment studies to inform mid-course correction for improving programme implementation.
- Strengthen evidence base on ageing in India, especially research on economic aspects of ageing
- Advocate with the Ministry of Social Justice and Empowerment for evolving minimum quality standards and strengthening government programmes and schemes for the well-being of the elderly.

4. Capacity building on gathering and use of socio-economic and population data

- Strengthened national capacities (MoSPI, Statistical Services and Census) for data collection and analysis to address gaps in age and sex-disaggregated data to facilitate monitoring of SGDs
- Strengthen the capacities of health officials at the state and district level in Rajasthan, Bihar, MP and Odisha for use of data in decision making
- Technical assistance to the Office of the Registrar General and Census Commissioner, India, towards planning and execution of Population Census of 2021
- Facilitate methodological advancements such as small area estimates, use of geo-spatial technologies to generate disaggregated data on SDGs for programme monitoring, and assess effectiveness of government programmes and schemes at the national and local levels
- Strengthen the capacities of associations of demographers and social scientists in data analysis for development planning
- Support South-South cooperation on planning and implementation of censuses and surveys

5. Support planning, monitoring and evaluation for UNFPA interventions

- Building capacity of the programme personnel on results based management
- Strengthening intervention planning and establishing monitoring and feedback mechanisms with quality assurance
- Measuring the effectiveness of the programmes including research on new prototypes for informing scalability.

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Bihar

With a population of nearly 120 million, Bihar is the third-highest populated state in India with an average decadal growth rate of 25 per cent.

Currently, it is one of India's poorest states where 90 per cent of the population is rural. To make the situation worse, Bihar is also one of India's most disaster-prone states, with 28 out of the 38 districts falling under the most disaster prone areas.

The state recorded the highest decadal growth rate of population at nearly 25 per cent. This is primarily because of the poor implementation of the Family Planning programme between 1995-2005. Also, 40 per cent of girls in Bihar marry under the legal age of 18. The Muslims and Dalits (the most marginalised class, as per the traditional Indian caste system) in Bihar have recorded a total fertility rate higher than the state's overall rate of 3.4.

The more Bihar invests on its adolescent and young population, especially in the marginalised Muslim and Dalit communities, and the more steps it takes to empower them, the chances for Bihar to attain equitable economic development and prosperity will be enhanced.



UNFPA's Presence and Support

The state office in Bihar undertook significant analysis of data and information in 2016 to leverage the possibilities offered, not only by the demographic positioning of the state, but also by understanding challenges faced by adolescents and young boys and girls in exercising their SRH rights. This important intervention, in the last year of CP8 was, in fact, the foundation for CP9 activities in the state. With a strategic focus on issues around child marriage, communities marginalised due to caste and religion, UNFPA in Bihar has been advocating for innovative ways to address gaps that prevent adolescents in vulnerable communities in realising their full potential.

Key Achievements

▪ Setting the agenda on Child Marriage in the development discourse

UNFPA conceptualised and facilitated the setting up of Gender Alliance - a coalition of 270 civil society organisations – to effectively engage with the legislators, policy makers, elected representatives, senior

bureaucrats and international organisations, on issues around the high prevalence of child marriage in the state. The Bandhan Tod (Break your shackles) strategy for addressing child marriage ensured a strong policy response and enabled on-ground efforts to end the practice.

■ Investing in the most marginalised populations

In 2017, UNFPA undertook a study on the Status of Young Muslims in Bihar, that helped re-define the development discourse and highlight the need for investment in them. This resulted in the increase of budgetary allocations for Muslims by 300 per cent in the state government's budget the same year.

The Mahadalit community (the lowest rung in the orthodox caste system), comprising 16 per cent of Bihar's population, has faced severe neglect and violation of not only their reproductive rights, but also basic human rights. UNFPA advocated for the protection and advancement of the SRH rights of the Mahadalit community throughout 2016–2017, and scientifically showed how focused attention on this community can reduce their unmet need, thereby benefiting the overall Family Planning programme of the state. This resulted in the government allocating large funds for training of frontline workers of Mahadalit community (Vikas Mitras) and requested UNFPA for technical assistance. This has opened opportunities to address and promote SRH of most disadvantaged communities in collaboration with the government.

CP9 Opportunities and Forging Ahead

UNFPA and Patna Municipal Corporation have recently signed an MoU to make the state capital 'socially smart and sensitive'. This is a part of the government's Smart City initiative. Building on UNFPA's past experience and expertise of working with marginalised communities, a unique component of this MoU is the empowerment of sanitation workers (manual scavengers, septic tank cleaners).

With increased budgetary allocations by the government, UNFPA has been requested to provide technical assistance for various new development initiatives, including focused attention on SRH, initiation of the Adolescence Education Program (AEP) in Madrassas, and convergent action with line departments.

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Madhya Pradesh

Madhya Pradesh literally means ‘central province’, and is located in the geographic heart of India. The second-largest state in India in terms of geographical coverage. Madhya Pradesh has a population of 72.6 million (Census 2011). The annual population growth rate of the state is 2.03 per cent, which is higher than the national average. The Total Fertility Rate is at 2.3, however 25 districts of the state have TFR more than 3. In 2011, adolescents in the age group of 10-19 years constituted about 22 per cent of the total population of the state.

More than one-third of the population of the state belongs to schedule caste and schedule tribe communities.

Although, the total literacy level in the state has risen to 70.6 per cent, there is large gender disparity on this front. Only about one fourth of the women in ages 15-49 years have completed 10 years of education.



UNFPA's Presence and Support

The state office provides technical assistance to the Department of Health and Family Welfare for strengthening of reproductive health systems in the state, and effective implementation of RKSK (national adolescent health programme). Over the last three years, active technical support has been extended to the Women and Child Department, Rashtriya Madhyamik Shiksha Abhiyan and Skill Development Mission in the state. The new areas of work include Life Skill Education in government secondary schools and vocational training courses to reach out to school dropouts, and the Beti Bachao Beti Padhao programme to reduce the gender inequalities and address harmful social practices.

Key Achievements

▪ Innovating a comprehensive implementation model for adolescent health

The state office innovated effective approaches to engage with and support adolescent peer educators and improve access to SRH services. Solutions pioneered for establishing a strong mentoring mechanism, providing simple but interesting job aids peer-led meetings in villages, introducing non-financial incentives in form of additional grades in schools and priority in vocational trainings through linkages with education and skills development mission, training counsellors with a professional e-certification programme, are all working well in the field. The Government of India has acknowledged the ‘MP Model’ as the best replicable and sustainable model in the country under the Rashtriya Kishor Swasthya Karyakram (RKSK).

■ Life Skills Education Programme in Government Secondary Schools

UNFPA supported Rashtriya Madhyamik Shiksha Abhiyan to roll out the Life Skill Education programme across Madhya Pradesh. Technical assistance was provided to develop modules that have been integrated into the curriculum for each level, beginning with the 9th grade and going up to the 12th grade. UNFPA also supported the training of master trainers and development of a robust real-time monitoring system. Already, over 1875 schools are being covered under the programme, benefiting over 375,000 adolescents in the state. Acknowledging the outcome of the life skills programme, the government has invested huge resources in training and mentoring of nodal teachers.

■ Manufacturing and Social Marketing of Sanitary Pads

The state office has pioneered an innovative approach that promotes safe menstrual hygiene management practices among adolescent girls and young women, economic empowerment for adolescent girls and engagement of men and boys in breaking myths associated with menstruation. A sanitary pad manufacturing unit has been set up to test the model, and the unit is now become fully operational. The sanitary pads produced by the unit are 80 per cent biodegradable. The production capacity of units is 50 pads per minute and 65,000 packets per month. The unit will start making profit of about \$4000 per month which will be shared among those working at the manufacturing unit, and adolescent girls distributing the product.

CP9 Opportunities and Forging Ahead

Based on the effective implementation of the MP Model innovations, the RKSK programme in the state will be scaled up from 11 districts, to 21. The state office will continue improving and monitoring the innovations, and introduce new ones on the anvil.

The Life Skill Education Programme in government secondary schools, will be scaled up to cover another 6,625 in 2019, along with 233 government vocational training institutes – thus, increasing the coverage from over 400,000 adolescents in 2018-19 and to over 2.5 million in 2019-20.

UNFPA, in Madhya Pradesh, will continue supporting the state family planning programme – especially in terms of quality of training provided to FP service providers, roll-out of new contraceptives (Progesterone only pills, injectable contraceptives and Centchroman) and operationalising the Logistics Management Information System for contraceptives to reduce stock outs at the village level.

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Odisha



United Nations Population Fund – India



Situated along the east coast of India, Odisha has a population of 42 million. One-third of the State's population is poor and about 40 per cent belongs to the marginalised communities (23 per cent Scheduled Tribes and 17 per cent Scheduled Castes). Odisha is home to 62 tribes of which 13 are primitive, categorised as “particularly vulnerable tribal groups”. Thirteen of the state's thirty districts, mostly those with a high concentration of tribal population, are under the influence of Maoism and affected by armed conflict.

Child marriage is common among tribal communities, where 30 to 40 per cent of girls are married before the age of 18 years, with an average of 22 per cent for the state. The unmet need for contraception is high (22 per cent), particularly for young women between 15 and 19 years. While the state has reached the replacement level fertility, maternal mortality and infant mortality continue to be one of the highest in the country. The maternal mortality ratio is 180 per 100,000 live births and infant mortality rate is 44 per 1000 live births, which is the fourth and the third highest, amongst all states of the country.



In the recent years, the state government has adopted progressive policies and programmes for young people. Strategic investments should help the state in reaping the demographic dividend and for improving the social and development indicators.

UNFPA's Presence and Support

UNFPA is working in the state of Odisha since 1999 and there has been a shift in nature of the support from area based district intensive support to system strengthening and upstream policy advocacy. Key areas of intervention in the state covers support to the family planning programme with focus on rights and choices for young women, comprehensive sexuality education for adolescents from the marginalised communities and promoting health and well-being of adolescent girls in tribal communities and in urban poor settings.

In order to advance the ICPD PoA, UNFPA in the state collaborates with the state government, civil society organisations, academic institutions and other UN agencies.

Key Achievements

■ Favourable Policies and Programmes for Young People

UNFPA's advocacy and support resulted in the formulation of two important policies in the state, one for the Youth and the other for Girls and Women. The state government has also committed substantive resources for implementation of the policy directives for young people, girls and women. For example, the state has allocated about USD 25 million in 2018 for a state wide youth engagement programme where UNFPA is extending technical assistance.

■ Resource Mobilisation

At the state level, about USD 1.7 million was raised for UNFPA for a project aimed at improving health, nutrition and well-being of tribal adolescent girls from a philanthropic initiative of a high net-worth individual. This helped UNFPA scale-up comprehensive sexuality education which now covers over 250,000 adolescents studying in tribal residential schools.

■ Innovative Contraceptive Supply Chain Management System Model for the Country

One of the key challenges for the Family Planning programme across the country was the contraceptive supply chain management. UNFPA supported Reproductive Health Commodities Logistic Management Information System (RHCLMIS) in the state, emerged as a model for the country and is being replicated nationwide by the Ministry of Health and Family Welfare, Government of India.

■ Promoting Socially Smart Cities

UNFPA's support for people centric planning and implementing programmes under the Smart City Mission places young people at the core of transforming Bhubaneswar city into a socially smart place and aims to address safety concerns of girls and women in slums. The project was recognised as the best at a national level competition organised by the Ministry of Housing and Urban Affairs, Government of India in 2018. Many other cities in the country have also evinced interest in the model.

CP9 Opportunities and Forging Ahead

The CP-9 in Odisha, builds on the achievements of CP-8 and has a focus on sexual and reproductive health and rights of young people including prevention of child marriage. Advocacy efforts will continue so that the family planning programme promotes choices and meets the unmet need for contraception among young women. This will be organised by promoting quality reproductive health services in public health facilities and by extending technical assistance to expand basket of choices.

Considering the favourable environment in the state, promoting health and well-being of young people from indigenous communities will be a focus in collaboration with the tribal welfare and the health sectors. Comprehensive sexuality education will be strengthened and expanded to upper primary classes to reach out to young adolescents.

Creating change makers among young people in some of the worst conflict affected regions of the state is aligned to the UN Security Council Resolution 2250 on Youth, Peace and Security. The project aims at building 1,000 young people (boys and girls) as change makers in at least 600 habitations of the state that are remote, hilly and forested.

Smart Cities Mission in India, aims to transform 100 cities of the country through improved infrastructure, technology, economic drive and quality of life for people and will contribute to achieving the SDG 11 (Sustainable cities and communities). Harnessing the unique opportunity, UNFPA partners with the Municipal Corporation to build a model of socially smart city that takes cognizance of the needs of young people and is in line with the new urbanism principles of prosperity, safety and equity.

Technical assistance will be extended for large-scale national and state programmes that have significant funding for young people such as the RKSK and Yuva Sashaktikaran Yojana (Youth Empowerment Programme).

UNFPA's unique position and partnership with multiple government departments will help in leveraging government resources for promoting rights-based programmes that empower young people, particularly girls and young women, and will help in contributing to achieving the SDGs 3 and 5. Finally, in an environment of challenging resources, efforts will continue for raising funds from the government and the private sector.

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Rajasthan

Rajasthan is the largest state of the country covering 10.4 per cent of India's total area. As per The Census 2011, the population of Rajasthan is 68.6 million, with wide variation from a high of 6.6 million in the state capital of Jaipur, to a low of 0.67 million in the tribal district of Jaisalmer.

Despite a reduction in recent years, maternal mortality is still quite high. The MMR in Rajasthan has declined from 508 in 1998 to 199 in 2015 (Maternal Mortality Bulletin, 2014-16). The practice of child marriage exists across the state, with a large number of girls marrying below the legal age of 18 years. According to the Census 2011, in Rajasthan 32 per cent girls marry below 18 years in comparison to the national average of 17 per cent.



UNFPA's Presence and Support

The state office provides technical assistance to several key government departments – with special focus on addressing child marriage, integration of life skills in the school curriculum, capacity building of health service providers in the areas of maternal and adolescent health. UNFPA also facilitates capacity building of government officials in using data for planning, strengthening quality of health services, development of a pool of trained service providers on different FP methods, and empowerment of out-of-school adolescents.

Key Achievements

■ **Envisaging a Child-Marriage-Free Rajasthan**

The practice of child marriage is widely prevalent across the state. UNFPA initiated discussions with the Government of Rajasthan and through consultations with different stakeholders, a state-wide joint-action campaign called Saajha Abhiyan (Joint Initiative) was launched in 2016 to eradicate child marriage in the state. The joint partnership of UNFPA and UNICEF with the Government of Rajasthan, led to the development of a State Strategic Action Plan to build convergence between multiple government departments, UN agencies and civil society to realise the dream of a Child Marriage Free Rajasthan in 10 years.

A unique mobile-telephony-based radio channel has been pioneered by UNFPA, and will be launched soon. This will be a giant step forward in overcoming last-mile challenges for building community-wide awareness and engagement.

■ **Empowering Vulnerable Adolescent Girls with Social, Health and Economic Assets**

Funded by CIDA and the UN Foundation, this initiative focuses on protecting girls' human rights through a combination of targeted interventions that delay marriage and child bearing, prevent unintended pregnancy and build the health, social and economic assets among the most vulnerable girls. Around 17,000 girls were reached with a girl-centric curriculum in the last two years through the platform of adolescent clubs in tribal villages.

■ **Leveraging Government Funds for Providing Menstrual Hygiene Services and Addressing Gender-Based Discrimination**

UNFPA, along with UNICEF and UN Women, has provided technical support to the Government of Rajasthan to launch a Menstrual Hygiene Scheme for girls and women. This joint UN support has resulted in the development of a comprehensive training module and communication kit to build capacities of resource persons to dispel myths and misconceptions around menstruation, promote menstrual health and hygiene management and help break the culture of silence around menstruation.

■ **System Strengthening to Achieve Reproductive Health Outcomes through Partnerships**

UNFPA as the lead development partner in Rajasthan coordinates with other development partners to provide technical support for the roll out of RMNCH+A initiative in 10 high priority districts. The focus of the intervention is on identifying service gaps, facilitating capacity building of service providers, and bridging the gaps with National Health Mission resources. UNFPA is also supporting RMNCH+A roll-out in the aspirational district of Jaisalmer.

■ Enhancing the Use of Data for Decision Making by Health Officials

Although Rajasthan had a well-designed Health Management Information System, officials lacked the capacity to analyse the data. A collaboration with the Indian Institute of Health Management and Research is helping roll out a training programme for health and data managers from all districts of Rajasthan to improve data analysis and use and providing handholding and mentoring support so that on-job skill building can be sustained. The hands-on training on data quality assessment, analysis and deriving trends on key indicators is expected to contribute to improvement of programme implementation and will enhance the RMNCH+A outcomes.

CP9 Opportunities and Forging Ahead

Child Marriage being a major issue in the state, UNFPA, along with the State Government and UNICEF, will play a catalytic role in implementation of the state strategic action plan for addressing the harmful practice.

UNFPA will continue strengthening flagship government programmes linked to reproductive health services, enhancing the value of girls, and improving the health and well-being of adolescents.

System strengthening through use of data for evidence-based planning in the health sector will be a priority and to realise this, capacity building of the programme managers and mentoring will be supported.

A big initiative will be the mobile-based radio channel, which will help create awareness and promote relevant government programmes and schemes in almost every city, town and village of the state, by using an infotainment platform.

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