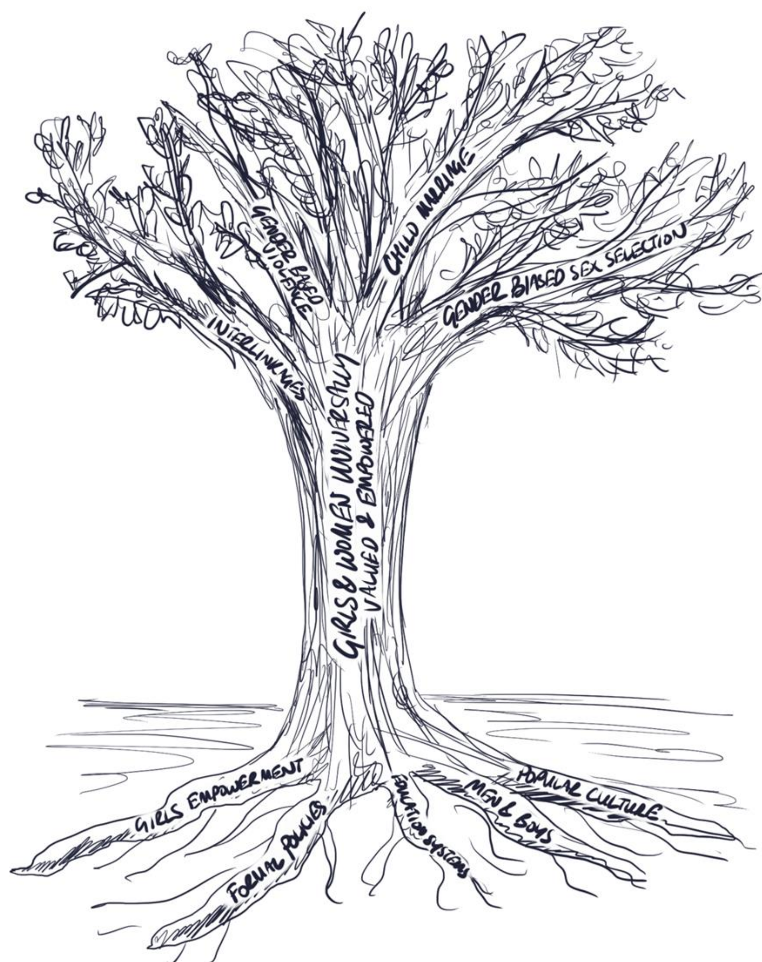
EVALUATION OF UNFPA SUPPORT TO THE PREVENTION, RESPONSE TO AND ELIMINATION OF GENDER-BASED VIOLENCE, AND HARMFUL PRACTICES

2012-2017

India Case Study



Evaluation Office, UNFPA

April 2017

UNFPA

Evaluation of UNFPA support to the prevention, response to and elimination of gender-based violence, and harmful practices (2012-2017)

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http://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence

Submitted by Itad in association with:

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Acronyms and Abbreviations

AoR	Areas of Responsibility
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CLA	Cluster Lead Agency
CP	Child Protection
CPWG	Child Protection Working Group
FGM	Female Genital Mutilation
GBV	Gender-based Violence
GBViE	GBV in Emergencies
GEEW	Gender Equality and Empowerment of Women
GFP	Gender Focal Point
GPC	Global Protection Cluster
HP	Harmful Practices
HR(BA)	Human Rights (Based Approach)
HTP	Harmful Traditional Practices
ICPD	International Conference on Population and Development
OCHA	Office for the Coordination of Humanitarian Affairs
SADD	Sex and Age Disaggregated Data
SRH	Sexual and Reproductive Health
SRR	Sexual and Reproductive Rights
SWAP	System Wide Action Plan
UNFPA	United National Population Fund
VAW	Violence Against Women

Executive Summary

Purpose and Scope of the Evaluation

This country note for India is one of four field-based case studies intended to inform a global thematic assessment of UNFPA's support to the prevention, response to and elimination of GBV, including harmful practices, within both development and humanitarian settings. The overall evaluation will inform the implementation of the next UNFPA strategic cycle (2018-2021) through assessing and identifying key strategic positions, gaps and opportunities for UNFPA's work in this area, gathering lessons learned, capturing good practices and generating knowledge from past and current cooperation focusing on the period 2012-2017 which encompasses two planning periods. The forward-looking and strategic aspects of the evaluation include identifying the overall direction, synergies across multiple program areas incorporating GBV-relevant and HP content, and critical gaps and emerging opportunities for UNFPA interventions in addressing gender-based violence and harmful practices. The evaluation will provide input to assess UNFPA's contributions and positioning within the UN family and at global and regional levels within the broader development community in this area of work reflecting the diversity of settings within which this work is done, the changing development environment and alignment with the 2030 development agenda.

The purpose of the case studies

The field-based case studies complement two regional case studies, additional country desk studies, a global survey, and an analysis of UNFPA's work at the global level. They provide an opportunity to examine how UNFPA's work on GBV and harmful practices responds to country-specific contextual and institutional realities, and to assess, at a program implementation level, the relevance, effectiveness, efficiency, and sustainability of the UNFPA support to the prevention, response to and elimination of GBV and harmful practices including in humanitarian settings. Countries were chosen using a set of carefully defined criteria including regional representation, program modality (e.g. an "orange" vs. a "red" country based on need and ability to finance), program size, recent evaluation work and other factors. India was chosen as both a country case study and as a test of the overall design and methodology for the evaluation, thus the outcomes of both the process and the actual assessment are relevant to the global thematic evaluation as a whole.

The evaluation process and methodology

The overall evaluation and case study are framed by Collaborative Outcomes Reporting Technique (CORT) and complemented by a portfolio analysis. CORT is a participatory branch of contribution analysis. The stages of CORT include: 1) scoping (participatory theories of change mapping); 2) data trawling (desk review); 3) social enquiry; and 4) Outcome (expert) panels and summit workshop to validate the performance story. A small team of evaluators conducted a review of UNFPA's work in India through analysis of existing documentation (primary and secondary documents, relevant literature, past thematic reviews and evaluations, and knowledge products); interviews with a broad range of stakeholders at both national and state levels; consultations with an in country expert group familiar with UNFPA's work and the broader field; and non-participant observations in visits to selected programs at field level in three states.

The following sampling criteria for organizing the case study agenda were used and refined in India:

- Coverage of all stakeholder groups, if possible at multiple levels (national and sub-national)
- Coverage of all types of interventions (service-based GBV approaches, normative change on son preference,

ending harmful practices defined in India country program as gender-biased sex selection and child marriage with possible addition of FGM) where these exist
- Coverage of the major elements of the budget related to GBV and HPs
- Coverage of different sub-national contexts (e.g. states/regions/districts)
- Inclusion of UNFPA colleagues and UN and civil society partners undertaking synergistic work (e.g. on Adolescents and Youth)
- Selection of site visits based on coverage (see above criteria) and positive deviance – opportunities to investigate what works
- Inclusion, for the purposes of learning, of stakeholders in previous interventions that did not work as expected

Overall, the case study consulted with 269 people, including 181 women and 88 men from 9 different stakeholder groups including national and state governments, civil society, UNFPA, the UN system, academia, and rights holders participating in UNFPA-supported interventions.

The data analysis and synthesis were guided by the broader evaluation questions framing the overall thematic evaluation and the source of the data, but reflected unique insights and learning emerging from both the India-specific work on GBV and harmful practices, as well as the considerable reflection and analysis which the Country Office team had undertaken under recent evaluations including a comprehensive program evaluation which was completed just prior to this mission. This note's review of the country context highlights differences at the subnational (state) level given the diversity of state contexts and the importance of reflecting these differences in programming—one of the key lessons from this case study.

The findings of this assessment address the key evaluation questions for the global review however, in this report, are organized based on themes and key points emerging from iterative discussions with key staff and the reflections of the expert group for the India case study. In this executive summary, these findings are further grouped by shared themes to highlight particular strengths of the work in India. Formal recommendations for the Country Office were not included in this report based on the criteria for a country note.

Summary of Findings

<u>Prioritizing an empowerment and agency focus and adopting a Human Rights-based Approach</u>

A defining and differentiating characteristic of UNFPA interventions is a focus on empowerment and the agency of girls and women, priorities also reflected in UNFPA's early support to work with men and boys as agents of change in deconstructing localised forms of patriarchy.

With an overall portfolio including both work on masculinities and on adolescent girls, UNFPA could potentially help bridge work within the broader community which tends to privilege either a gender and rights focus or an adolescents and youth focus. However, such transformative and holistic approaches are also more resource intensive and require technical capacities, cross-sectoral convergence, and sustained commitment and resources for transformative work that is assumed to be harder to scale.

The emphasis on fostering transformative change reflects an implicit theory of change regarding addressing GBV and HPs which is manifest in the mix of GBV strategies.

UNFPA's "GBV work" has evolved to embrace legal rights and the fundamentals of addressing gender bias and empowerment with agency: e.g. moving from response and mitigation (health services) to accountability and agency (individual legal recourse and monitoring of providers and public sector services) to the current focus. GBSS has remained the main focus and highly visible while other GBV-relevant work which is mainstreamed across all of the intervention

pillars--making clear the challenge of drawing together the ongoing elements of these parallel strategies.

The GBSS work has influenced strategic thinking regarding fostering broad-based sustainable change.

The GBSS story inevitably creates a background reference for what good looks like, and how strategic success is achieved including contributing in a 'forgotten' area with no other major actors; using convening, facilitation, convergence and learning; leveraging change in issues that are widespread, invoke empathy, are easy to explain to non-specialists, and touch main parts of the formal system; addressing technical gaps that could be addressed to successfully advance instrumental change ahead of transformative changes; and supporting a set of passionate civil society activists willing and able to stay engaged regardless of UNFPA resourcing.

At country-level and state-level an operating model grounded in a human rights based approach.

This is reflected in both 1) the design and targeting of harmful practice and GBV interventions (e.g interventions designed to be structurally inclusive such as targeting adolescent girls and boys both in school and out-of-school, and in urban, agricultural, and tribal areas); and 2) the operating principles and values practiced by UNFPA in its relationships with stakeholders (a strong and consistent commitment to equal and respectful engagement with partners, jointly defining the issues, and co-creating, and learning together). It should be noted that, reflecting limited funding and competing priorities, there is currently much lower levels of inclusion of GBV in programming that works with groups outside of heterosexual relationships; or that directly addresses violence within the private space of the household.

UNFPA integration of gender equality objectives has led to more equitable relationships between women and men, and adolescent girls and boys (both in school and out of school), based on modest – but important – improvement in skills and attitudes.

Evidence from previous evaluations and group interviews as part of the case study revealed examples emerging of UNFPA-supported mainstreaming of gender into adolescent, GBSS, and medical interventions leading to changing power relationships.

<u>Responsiveness to diverse stakeholders and an ability to foster meaningful linkages with and between government and civil society actors</u>

One of the key comparative strengths of UNFPA is the long history of trusted relationships and close work with both government and civil society

UNFPA is almost universally recognised as having a strong legacy of working closely and effectively with government at all levels, holding a convening power beyond that of government, and having made the contribution of bringing together civil society and government actors on multiple issues. At the federal level UNFPA is closely aligned with national strategies and is a respected technical contributor. At the state-level, the case study observed multiple examples of UNFPA having facilitated convergence between different branches of government, and of having supported the transition of relationships between NGOs and government from adversarial to cooperative.

UNFPA has contributed to both creating a large coalition of support for addressing gender biased sex selection, and to preventing backlash or negative political consequences.

UNFPA is credited by stakeholders as being the principal driver behind the conceptualisation and founding of Girls Count, which through NFI stewardship has grown to over 400 organisations and individual members. This is seen by civil society stakeholders to have broken the boundaries of GBSS, women rights

and other groups coming together for common action. Far less visible, however, is the significant and importance contribution that UNFPA has made to preventing the work on GBSS from generating significant political or social backlash.

UNFPA has largely supported civil society organisations as legitimate actors in their own right – seeking to collaborate on areas of common interest rather than diverting the mission of CSOs toward the UNFPA vision.

The GBSS/GM Thematic Review (2016 p6) found that "while UNFPA has taken many initiatives and done much work, including influencing policy and programmes. It has always kept a very low profile and allowed government or researchers or civil society to own the piece of work / initiative (e.g. Girls Count and work with Population First with the media and advertising world)."

UNFPA is considered an equal learning partner by many organisations, including agencies that are larger than UNFPA and those much smaller than UNFPA. UNFPA has also demonstrated a tendency to remain engaged with stakeholders and partners – through participation in both formal and informal processes – long after contractual or financial relationships have ended.

At both state and national levels UNFPA has maintained long-term relationships with many of these partners, often continuing to engage in technical cooperation and learning outside of periods when funding was provided. This sustained commitment, leveraging all UNFPA expertise, was identified by the recent evaluation as key to fostering sustainable outcomes. However, whilst this approach supports long-term interventions, it also carries a risk of working in an 'echo chamber' or always working with the 'usual suspects' which has been addressed through remaining open to and outreach to potential new partners.

UNFPA is widely considered to be a thought leader based on a demonstrated understanding of the complexity of the substantive, methodological and ethical issues within its remit; sustained relationships with recognised technical and research experts; concrete and effective knowledge and advocacy contributions using innovative analysis and combining new sources of data; and direct involvement of expert staff in e.g. the development of government and technical protocols.

The case study identified multiple lines of evidence that highlighted the trusted relationship between UNFPA and government institutions, making it a valuable partner on whom ministries and state-level offices depend fully for technical input and supporting implementation. It also identified UNFPA's substantial history of contributing to (re)defining the discourse and agenda, and broadening the community of stakeholders on harmful practices and gender based violence.

UNFPA contributions to work on addressing harmful practices and fostering overall gender equality have "mapped" the community of concern both through innovative use of statistical evidence, as well as e.g. state level inventories of existing government schemes for girls and women. To define the agenda, UNFPA has used its convening power to engage a broad range of stakeholders who might otherwise not have worked in consort; provided direct technical assistance on operational and substantive elements of key policies or directives; and supported practical mechanisms to foster convergence across branches of (state and local level) government. UNFPA faces challenges in terms of its ability to influence the current discourse and agenda for broadening the work on GBV within India in part because the past strategic decision to focus on gender biased sex selection including work which had to be done discretely may also have the effect of limiting the visibility of UNFPA in broader GBV discourse.

There remains a need for more and better coordination within the UN system on

concrete approaches to addressing GBV and harmful practices.

Many of these are acknowledged within the UN entities themselves. These included sharing learning and ideally sharing support/technical guidance for common or complementary packages of state- or district-level interventions and jointly mapping and coordinating among common implementing partners—both public and private sector--between UN agencies.

<u>UNFPA-India's comparative institutional strengths of leveraging existing data sources, strategic communications and nuanced work, multidisciplinary teams, and operations at national and state levels</u>

UNFPA has an important comparative strength in the analysis and use of national population-based and statistical data combined with complementary research on GBV and harmful practices and is particularly effective at making good quality data accessible and meaningful

UNFPA is seen as a credible and reliable source of data and is able to use data very effectively for awareness raising, advocacy, and targeting of interventions as was illustrated within the work on GBSS. This is made possible by UNFPA's analysis, interpretation, translation, framing and communication of the data.

UNFPA has learnt that successful in-house communication is focused on addressing specific audiences; whilst mass communication is best achieved through supporting partners

UNFPA has focused on producing publications for specific policy-making audiences that explain, visualize and support their internal advocacy for desired policy positions; supporting partners who can reach wider publics and sustain the conversation on GBV or harmful practices. This includes the media work with Population First and online services supporting PCPNDT implementation in Maharashtra. It has leveraged this recently in work on child marriage in Rajasthan by facilitating common action planning and inclusive involvement of stakeholders at all levels to advance a clear set of jointly defined and/or complementary messages; and to bring policy, practice, communications and media together.

UNFPA has refined an ability to map and then navigate complex spaces with overlapping agendas and institutions with a nuance that is not always fully visible.

In the highly complex institutional space in India, the case study found evidence of the impact of UNFPA's approach to mapping, engaging in networks, identifying strategic niches, and use of UNFPA's convening power and consultative and participatory processes in designing the strategies, content and accountability mechanisms for UNFPA interventions; and the convening power and legitimacy of the UNFPA brand.

There remains a need for UNFPA's monitoring and evaluation approaches to move beyond indicators of change to measuring known drivers of change, learning (including about what does not work), and leveraging catalytic changes in part to broaden the networks of support for UNFPA's work.

This could include measuring why and how change happens (such as tracking indicators of the drivers of change), tracking innovation and learning, supporting 'failing-fast' and learning from what does not work. This could help support dissemination of results of transformative work, help in articulating the importance of gender equality work and UNFPA's catalytic contributions to larger change processes for alternative funding sources.

One of UNFPA's most important contributions are the multidisciplinary technical teams at national level and long established networks at state level which offer a compellingly-high return on investment.

The combination of data, technical and communications expertise as well as political and strategic judgement and ability to link work at national and state level and across states has been notable in the India case. Whilst a case (and demand) exists for strengthening the UNFPA technical presence at the national policy level, it was also noted that this needs to remain grounded on state-level experiences and credibility. The overwhelming conclusion of both primary and secondary evidence is that a major tenet of UNFPA effectiveness, credibility and influence in India is grounded on the state-level offices. This presence is essential to the contextualised analysis and use of data, the adaptation of interventions to state-level needs, and the maintenance of powerful networks of influence.

The challenges of scale and limited resources

UNFPA has had some success in supporting the leveraging of field-based insight into co-designed curricula, but many challenges remain to scaling transformative interventions. The approach to 'cascading' capacity through national and state systems has been successful in supporting scale; but this requires mechanisms to support adaptations and innovative responses to diverse and changing contexts.

UNFPA has had considerable success in leveraging the results of its research and pilot projects into both professional curricula for the medical and legal communities at state level (on GBSS and GBV), and the guidance for school curricula at the national level (on gender equality). Both of these approaches support scaling and the AEP program is already operating at scale however the medical education effort is not yet at scale. There have been more challenges in scaling field-based insights working through national programmes already operating at scale such as the RKSK program, despite UNFPA's central role in its development and launch.

UNFPA has been actively involved in building public sector capacity on many levels—from helping develop actionable plans which involve a wide range of stakeholders, providing direct input to government analysis and documentation, and supporting master trainers and more traditional approaches to capacity building. Analysis of secondary data reveals substantive evidence of support to enhancing the quality and availability of services. Support to integration of GBV in emergencies has been small in scope and largely focused on embedding and building capacity for implementation of the Minimum Initial Service Package in disaster management plans and capabilities particularly at state level.

Apart from the technical issues with scaling, UNFPA's funding constraints make working at scale challenging and the one-year funding cycles used by UNFPA leads to perennial insecurity for partners and jeopardises the long-term coalitions for change that UNFPA is targeting.

Whilst UNFPA has provided long term support to GBSS, and cycles of support to GBV, it does so through annual work plans and budgets. As a consequence, UNFPA implementing partners operate with perennial uncertainty about the continuation of partnerships or the level of resources that can be programmed for. The case study identified that this represents a particular risk in contexts where UNFPA is seeking to build and support civil society coalitions.

Finally, the dramatic reduction in the proportion and availability of core funding fundamentally alters the UNFPA business model and impedes the practice of several defining strengths made evident in the work on GBSS.

These include a technically competent and diverse multidisciplinary team with sufficient time to explore new evidence, data patterns and issues; support to work quietly on politically sensitive issues for prolonged periods of time and let other actors carry the work into the national agenda; the grounding contributions of the state offices (legitimacy,

evidence and networks); and the ability to maintain relationships with both national and civil society partners outside of formal agreements. All of these attributes are premised on the disciplined use of an assured level of core funding; a financial model that is currently being dramatically revised in terms of the source, level and nature of funds.

Contributions of the India case study to the global thematic evaluation

The findings from the review of the work in India contributed significantly to both conceptual elements and process for the global thematic evaluation. The importance of the inherent valuing of the girl child—in addition to empowering girls and women—was added to the 'goal' statement of the global theory of change and the importance of the enabling environment, agency, the lifecycle, accountability, technical cooperation, and south-south learning added to the intervention, output and outcome levels. The evolution of the work on GBSS and the narrative of UNFPA-India's expanding work on GBV and HP demonstrated the need to consider work which falls outside the "scope" of the time period under review. Maintaining a focus on fundamental drivers of gender-based violence and the need for transformative change even while resource constraints require addressing GBV through programming around narrower entry points highlighted the need to keep the larger objectives in the work. The case study illustrated that outcomes can be achieved through both direct and indirect pathways (supporting the outcomes of other actors) and can also include impact on broader systemic change.

The importance of subnational differences—evident in population-based data as well as multiple other indicators—the effectiveness of state level offices, and the power of cross state learning highlighted the need to look beyond national level programs. The powerful synergy of strategic, close cooperation among team members with diverse expertise and disciplinary backgrounds was made evident as was the power of one of UNFPA's comparative strengths—the innovative use and analysis of data for advocacy and program. These additions, as well as lessons learned from testing tools and methods, will guide the work on the global evaluation.

1. Context and Background

1.1 Overall Economic and Social Context[1]

India is the second most populous country in the world (at 1.2 billion) yet is positioned to overtake China for the most populous as early as 2022, despite having significantly reduced its annual population growth rate to 1.43 percent in 2014 (down from 2.2 percent in the 1980s). It is a relatively young country with 30.1 percent of the population between 10 and 24 years of age—nearly 70% of them between 10 and 19. This significant "youth bulge" has sparked efforts of key ministries to develop new approaches to address key issues within this demographic. Despite its relatively young population, India is witnessing a rapid demographic transition—the 2011 Census of India indicates that nearly 20% of the population will be aged 60 years or more by 2030. It is also a country in transition—in the "…largest rural-urban migration of this century"[2], approximately 10 million people migrate from rural to urban areas annually in search of work.

The seventh-largest country globally, India is the fourth largest economy in the world with an average annual growth rate of approximately 7 percent over the last decade (7.6% in 2015)[3]. Its agricultural base, which remains the most significant employer, is being overtaken by the explosive growth of the service sector (57 percent of GDP in 2012–13). India is positioned to significantly expand its global economic role as a major player in the IT economy ($167.0 billion worth of service exports in 2013–14)—which remains the largest private sector employer in the country. The growth of the past decade has led to a doubling of the per capita income between 2004-05 and 2010-11. The World Bank estimates the 2015 GNI (gross national income per capita) at $1,590[4].

Despite India's position as economic powerhouse and regional and global actor, it remains country characterized by enormous inequalities based on class, caste, ethnicity, geography, and most significantly, gender. India was ranked 131th amongst 188 countries in the UNDP Human Development Index 2015. Approximately 22 percent of the Indian population lived below the poverty line (2011 data)[5], with some states 10% above the national average. There has been a steady "urbanisation of the poor" with the significant migration from rural to urban areas primarily slums. The feminisation of poverty is also on the increase, often accentuated at older age. Social exclusion of Scheduled Castes (SCs) and Scheduled Tribes (STs) (accounting for approximately 25% of the total population) along with minorities and workers in the informal sector is a major contributor to even higher poverty levels.

Although there have been improvements in literacy and education rates including a reduction in the "gender gap" in these indicators, this is not yet evident at the secondary level and only 31 percent of men and 15 percent of women above the age of 20 years in India have completed high school education. As of 2011, about three-quarters of the population aged 7+ years is literate, with considerable state-wide variations and overall low education level.

India is also one of the most disaster-prone countries in the world with 60 percent of the country prone to earthquakes, 70 percent to floods, and others facing significant cycles of drought. The

[1] The following material is derived from UNFPA, Country Programme Evaluation India: Eighth Programme Cycle (2013-2017), December, 2016 (Report and Annexes); Firoza Mehrotra, Thematic Assessment of UNFPA India's Country Programme 8: Gender-biased Sex Selection and Gender Mainstreaming, unpublished, August, 2016; UNFPA, India Country Program Document 2013-2017; UNFPA, India: The Country Programme Action Plan: Eighth Programme of Cooperation Between the Government of India and the United Nations Population Fund 2013-2017; UNDP, Human Development Index 2015; UNDP, Gender Inequality Index 2015; Odisha State ST and SC Development, Minorities and Backward Classes Welfare Department (http://www.stscodisha.gov.in); National Family Health Survey 4, GOI, Ministry of Health and Family Welfare; "India: Violence Against Women-Societal Concern, Public Health Crisis" in Programming to Address Violence Against Women: 8 Case Studies, Vol 2, UNFPA, NY, 2009 and selected other sources specifically indicated.

[2] http://www.worldbank.org/en/country/india/overview

[3] Ibid.

[4] Ibid.

[5] Ibid

intensity and frequency of natural disasters have increased in last decade, often leaving a large number of vulnerable people in need of aid and assistance. Many of the most disadvantaged states and areas are most affected.

Although India has signed the Convention to End all forms of Discrimination against Women (CEDAW), the country ranked 125th amongst 188 countries on the UNDP gender inequality index in 2015. Multiple national level population data sources illustrate that women have limited control over economic resources, freedom of movement and decision making authority. Although factors such as caste and class intervene, most of India is highly patriarchal with inheritance, ownership, social standing, and access to resources dependent on male heirs. One of the most fundamental and pernicious expressions of gender inequality in India is the preference for sons over daughters: historically resulting in discrimination against girls in health care, family planning practices, feeding practices; access to education and other resources and more recently, in the practice of pre-conception and pre-natal gender-biased sex selection (GBSS) which has resulted in a profound distortion at national, state, and district/local levels of the natural ratio at birth of females to males—estimated at 900 to 1000 in 2015. In an indication of similar patterns of discrimination after birth, in 2011, the child sex ratio (0-6 years) dropped to 918 from 927 in 2001.

Discrimination continues across the life cycle evident in the still significant practices of child marriage, dowry and dowry-related violence. The practice of child marriage is declining as evidenced by the results of the 2011 census which shows that in the 4 years prior to the census, 17 percent of all females married were married under 18 (a substantial reduction from 32 percent reported in Census 2001), however it remains much higher in selected states such as Rajasthan (32 percent in 2011). Early marriage also results in early childbearing: in 2011, 30% of ever married girls aged 15-19 were mothers and in 2011-2013, adolescent girls aged 15–19 years accounted for 6 percent of maternal deaths during 2011–2013.

Interpersonal violence—including domestic violence, rape, sexual assault, dowry abuse, scaldings, and death—has been a focus of both women's groups and UNFPA itself for decades. These efforts resulting in multiple Acts and policies including the comprehensive domestic violence law, known as the Protection of Women from Domestic Violence Act of 2005 and substantial work in raising awareness within the medical and health cadres, the human rights community, and key government partners on violence as a health issue followed by development of standard operating protocols to guide the health sector response to sexual violence. Patterns of violence have changed and, despite efforts, according to the 2012 National Crime Records Bureau, the proportion of all crimes committed against women has increased from 8.9 percent in 2008 to 9.4 percent during 2012. Every hour, 2.84 cases of rape are reported in the country.

1.2 State Level Differences

Efforts to address these inequalities, however, must necessarily adapt to interstate differences, as these are significant. Thus the evaluation of the 8th country program highlighted the need for state level strategies to guide national level investments, state level fundraising, to make overall programming more efficient.

The country at present is a federal republic governed under a parliamentary system consisting of 29 states and 7 union territories working within a decentralized system. The contextual realities, operational structures including the key ministries and major national government programs and schemes, key health and gender equality indicators, demographic structures, base economies and natural resources, climate-related risk factors, and degree of convergence between national and state political and policy environments vary considerably by State--even among just the 5 states which are the focus for the UNFPA country program. The Government of India itself has a dedicated initiative

to improve “Centre-State” relationships including contributions from State level experience to inform national level priorities, through the NITI Aayog – a policy think tank of the government of India)[6].

In addition, many of UNFPA’s core issues and major initiatives necessarily engage more than one ministry at both national and state level (e.g. the Ministry of Health and Family Welfare, the Ministry of Women and Child Development and special entities addressing e.g. scheduled castes and tribes, women’s empowerment, and youth). India is an “orange” country in UNFPA’s programming approach—with significant resources to support change--however many of India’s poorest states (e.g. Bihar and Odisha) would qualify as “red” in their profiles. .

Although nationally, 22% of the population is under the poverty line, the percentage in poorer states is higher e.g. Bihar (33.7 percent), Odisha (32.5 percent), and Madhya Pradesh (31.6 percent). India’s average annual per capita income in 2011 was $1,410-yet at state level the figure was $436 in Uttar Pradesh (a state with a population larger than that of Brazil) and only $294 in Bihar (one of the poorest states)[7]. Interstate differences in population growth are significant, ranging from 0.47 percent in Kerala to 2.24 percent in Bihar. With a national TFR in 2015-16 (NFHS 4) of 2.2 children per woman the majority of states have reached replacement level except states such as Bihar (3.4), and Rajasthan (2.4) where other measures are indicative of gender-biased discriminatory patterns[8].

Interstate differences in key demographic statistics also reflect differences among states in manifestations of patriarchy and son preference and gender-biased patterns of care and cultural practices. A low sex ratio at birth as indication of gender-biased sex selection is of concern in the majority of the country, however the state level patterns illustrate that this is a son preference strategy that requires access to resources as well as technology. “The sex ratio at birth (SRB) has been observed to be lower in the more affluent states of Punjab (832), Haryana (848) and Maharashtra (895) and in states characterised by gender stratified social systems such as Rajasthan (877) and Uttar Pradesh (870). The trend has been more common among wealthier households. The phenomenon was more urban in the past census, but has now diffused to rural and tribal areas as well.”[9] This reflects the combination of factors driving sex selection—enabled by access to prenatal diagnostic technologies but grounded in patriarchal patterns which preference and privilege sons—combined with the influence of broader demographic shifts impacting decision making with each subsequent pregnancy (e.g. changes in child mortality, a rapid decline in fertility, and a desire for small family).

For those with less resources, patterns are revealed in the child sex ratio: in 2011, the majority of states had a child sex ratio (CSR) of less than 950 but with significant variation among states (e.g. Kerala at 959; Rajasthan at 883 and Haryana at 830). The recent Country Program Evaluation noted “alarming declines” in the under 5 sex ratio in states such as Jammu and Kashmir (82 points) and Lakshadweep (81 points). The under 5 mortality rate reflects similar patterns of gender-biased discrimination varying by state (e.g. Kerala 13 overall with 12 for males and 14 for females; Maharashtra 28 overall with 27 for males and 28 for females; and Rajasthan 64 overall with 57 for males and 72 for females).

Patterns of discrimination continue across the life cycle to include child marriage and the resulting early childbearing which reflects in maternal mortality ratios. Based on the most recent National Family Health Survey (2015/16) there has been an important decline in the percent of women aged 20-24 were married by age 18 during the last decade (26.8 percent in 2015/16 down from 47.4 in

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[6]Government of India, National Institution for Transforming India, Accessed April 15, 2017, http://niti.gov.in/

[7] Government of India, National Institution for Transforming India, Working with the States, Statistical Tables, Accessed April 15, 2017, http://niti.gov.in/state-statistics

[8] International Institute of Population Sciences, National Family Health Survey 4, http://rchiips.org/NFHS/factsheet_NFHS-4.shtml

[9] UNFPA, Country Programme Evaluation India: Eighth Programme Cycle (2013-2017), December, 2016 (Report and Annexes) P. 12.

2005/6). This ranges from 17.5 percent in urban areas to 31.5 percent in rural areas and some states are significantly higher levels than the national average: e.g. Rajasthan (35.4 percent), Madhya Pradesh (30 percent) and Bihar (39.1percent). Early marriage leads to early childbearing. Of married girls aged 15-19, 7.9 percent had already given birth or were pregnant (down from 16 percent for the NFHS 3) and 4 of 10 maternal deaths occurred among women aged 15-24. The maternal mortality ratio has improved in the last decade, now at 167 per 100,000 live births (2011-2013), with large disparities among states and wealth quintiles reflecting some of the differences above. MMR ranges from 61 per 100,000 live births in Kerala and 68 in Maharashtra, to 300 in Assam, 285 in Uttar Pradesh, 244 in Rajasthan, 208 in Bihar and 222 in Odisha. The 2011 literacy rate in India for those aged 15 years and above was 64.84 percent (75.26 percent for males and 53.67 percent for females) but state level patterns vary with Maharashtra exceeding the national rates (overall 76.88 percent; 85.97 percent for males and 67.03 percent for females) and Rajasthan below the national average (overall 60.41 percent; 75.70 percent for males and 43.85 percent for females)[10].

UNFPA's programming has reflected a response to state level differences even when working primarily through the health and judiciary systems which share an overall common structure even at state level—including in work on GBV and GBSS. Early work through the health system to provide services and shelter for survivors of violence choose different placements based on State conditions—e.g. in the "women only hospital" or in the obstetrics and gynaecology ward. Similarly, national level medico-legal guidelines were adapted at state level to update existing protocols and integrate elements specific to that legal domain. Through the national level UNFPA has fostered cross state learning and adaptation of approaches including the comprehensive survivors' services approach in Kerala and the highly successful legal and medical monitoring and accountability work done on implementation of the PCPNDT act in Maharashtra. In the area of harmful practices including GBSS and child marriage, sub-state level analysis of population data has been a powerful tool in drawing policy and professional cadre attention to the issue, identifying where to prioritize interventions, suggesting possible interventions, and serving as a possible tool for accountability of key stakeholders in addressing the issue.

Individual state programs have also focused on elements of UNFPA's global goals of particular relevance to state specific conditions such as Odisha State's work in tribal schools and testing the global Action for Adolescent Girls program in tribal areas: a priority for a state with a population which is 23% scheduled tribes (and 17% scheduled castes). Implementation of the MISP and integration of training on GBV into disaster response planning has focused on those states most at risk. Finally, significant work was done to map the complex set of laws affecting women's status as well as diverse mix of government schemes developed to compensate for some of the gaps in the public sector response (e.g. in health) or disadvantaged status of particular states and populations.

The work on GBSS has evolved and expanded beyond implementation of the PCPNDT act and the limitations of a solely legal framework/response to include a focus on addressing masculinities and son preference more broadly which has also linked directly to the empowerment focus and prevention relevance of work with adolescents and youth—particularly girls. Building on a decade of work on GBSS which documented the extent and patterns of son preference, new work on the harmful practice of child marriage—reflecting global attention to the issue and the scale of the problem in India—provides another entry point for addressing the interconnectedness of harmful practices. More importantly, this work re-emphasizes the fundamental and shared drivers of the low status and low value of women and girls which manifest in the practices of GBSS and CM and are evident in broader patterns of neglect and violence. This work has necessarily considered the much more complex set of social and economic determinants of gender-based discrimination, son preference, and gender-based

[10] International Institute of Population Sciences, National Family Health Survey 4, Accessed April 29, 2017 http://rchiips.org/NFHS/factsheet_NFHS-4.shtml.

violence at state level and within state level. The review of masculinities and son preference was structured around state level patterns. The work of multiple states under CP8 to support the research/review, consultative processes and inventory of existing programs and gaps in the system to respond to the concerns of girls and women (e.g. in Odisha and Rajasthan) have set a precedent for development of a more state-specific and responsive planning and programming approach which will help focus national level contributions and will continue to inform the national and global work as state work has done on GBSS, for example.

The recommendations for the UNFPA Ninth Country Program highlighted "There is a need for further research on population dynamics, because many policy and programmatic issues remain unaddressed, due to gaps in collecting and analysing data and using it in policy development, particularly at the subnational level. These gaps impede the design and implementation of inclusive social policies and the management of programmes that address the needs of marginalized and vulnerable groups, including scheduled castes, tribes and minorities"[11].

1.3 Governing structures

A second distinguishing element of the country as a whole is the high degree of formal public sector structures from national level down to community level through formal representatives of key ministries, layered with diverse national level programs and special initiatives intended to fill gaps and reach those most marginalized. As key ministries share common concerns—gender a priority not only for those entities responsible for women's affairs, but integrated into both the Women and Child Development and the Health and Family Welfare structures—coordination becomes critical. Significant investment is being made at the district level to build capacity and mechanisms to enable regular joint planning, sharing and learning around broad-based programs such as BBBP. A priority concept in implementation is "convergence" of these various entities a process being supported by efforts to build data resources and strengthen the capacity to work with data at that level. The additional advantage of this approach is that capacity building at a more local level where the professional cadre have less mobility may support more sustainable capacity building strategies.

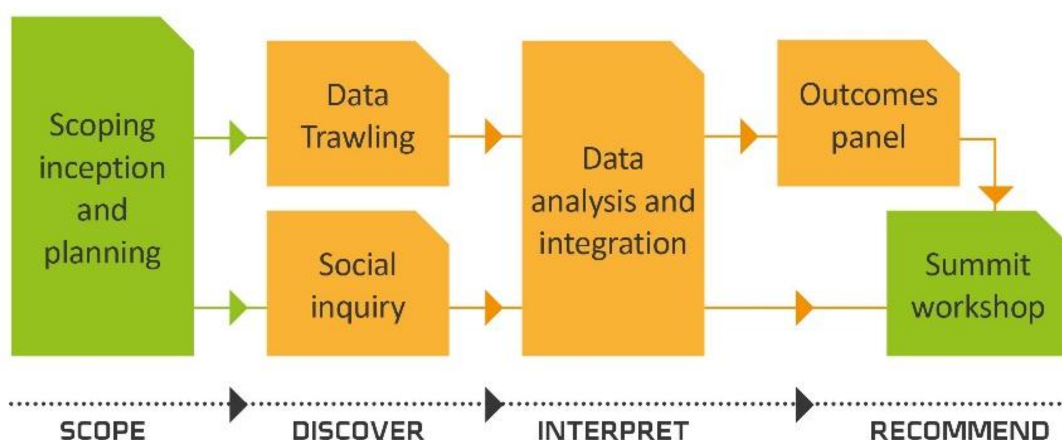
2. Methods

This case study is part of a global evaluation that is framed by Collaborative Outcomes Reporting Technique (CORT)[12] and complemented by a portfolio analysis. CORT is a participatory branch of contribution analysis. The stages of CORT include: 1) scoping (participatory theories of change mapping); 2) data trawling (desk review); 3) social enquiry; and 4) Outcome (expert) panels and summit workshop to validate the performance story.

[11] UNFPA, Country Programme Evaluation India: Eighth Programme Cycle (2013-2017), December, 2016 (Report and Annexes)

[12] Available at http://betterevaluation.org/plan/approach/cort.

Figure 1: The CORT process



Each case study is based on a mini-CORT process that includes a summit workshop with an extended reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context. Using participatory processes, the case studies seek to identify possible unintended effects (both positive and negative).

The case study was based on three lines of evidence:

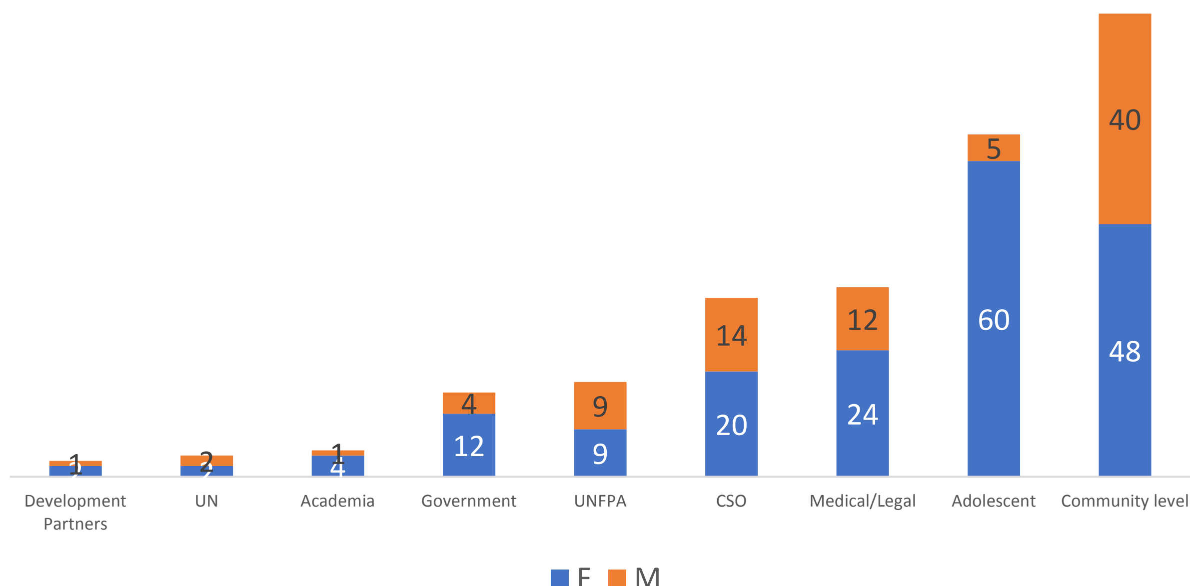
- National level interviews in Delhi
- State-level interviews and site visits in Rajasthan, Maharashtra, and Odisha
- Desk review of secondary evidence.

The following sampling criteria for organizing the case study agenda were used and refined in India:

- Coverage of all stakeholder groups, if possible at multiple levels (national and sub-national)
- Coverage of all types of interventions (service-based GBV approaches, normative change on son preference, ending harmful practices defined in India country program as gender-biased sex selection and child marriage with possible addition of FGM) where these exist
- Coverage of the major elements of the budget related to GBV and HPs
- Coverage of different sub-national contexts (e.g. states/regions/districts)
- Inclusion of UNFPA colleagues and UN and civil society partners undertaking synergistic work (e.g. on Adolescents and Youth)
- Selection of site visits based on coverage (see above criteria) and positive deviance – opportunities to investigate what works
- Inclusion, for the purposes of learning, of stakeholders in previous interventions that did not work as expected

Overall, the case study consulted with **269 people, including 181 women and 88 men** from 9 different stakeholder groups (see diagram, below).

Figure 2: Numbers of consulted stakeholders



Evidence from primary data was extracted into frequency tables, from where it was synthesised and combined with secondary data using realist synthesis. Evidence on the prevalence of outcomes and the achievement of outputs primarily came from secondary data; evidence on the mechanisms of change and strategic relevance of UNFPA interventions primarily came from primary data. The analysis was triangulated across the three independent members of the evaluation team, in addition to being triangulated with the Country Programme 8 Evaluation (2016) and the independent GBV Technical Review (2016).

3. Findings

The following 28 findings are based on the evaluation matrix and the global theory of change presented in the Inception Report.

Addressing stakeholder priorities and human-rights

Empowerment focus

Finding 1: A defining and differentiating characteristic of UNFPA interventions is a focus on empowerment and the agency of girls and women.

UNFPA interventions addressing both harmful practices and GBV (within both the health sector and adolescent and youth focus areas) are recognised by all stakeholders as being strongly grounded in an empowerment perspective--girls and women having agency to self-determine and pursue their own life choices and trajectories. This approach is evident in both the framing of the issues and programming strategies that are differentiated from other agencies, programmes and funds:

- Work on ending child marriage is framed as addressing one of many gender-based discriminatory practices against girls in particular and interventions are focused on building girls' assets (personal, health-related and supporting economic agency) and creating an enabling environment allowing girls to actualize those assets. This requires very different strategies from protection-focused approaches and those that prioritize simply reducing the number of marriages by age. However, such holistic approaches are also more resource intensive and require technical capacities and cross-sectoral convergence which enable more

transformative work but are assumed to be harder to scale. As an illustration, UNFPA is addressing child marriage targeting 30,000 girls with $1 million: UNICEF is addressing child marriage targeting 1.5 million girls with $2 million (although no evidence is yet available about the sustained effectiveness of either approach).

- Recent work on GBV is focused on constructions of masculinity and addressing the underlying drivers of discrimination—UNFPA has supported a series of convocations on this issue to explore what is being done and what works as well as supporting the issue within work with adolescents/youth. This topic does not always resonate with national political discourse, and consequently tends to receive waves of stop-start support from government, donors, and the UNFPA country programme budget. With an overall portfolio including both work on masculinities and on adolescent girls, UNFPA could potentially help bridge work within the broader community which tends to privilege either a gender and rights focus or an adolescents and youth focus. In gender-biased sex selection, whilst much of the work has been on building the data-driven evidence base to inform policy and technical implementation of the PCPNDT Act, UNFPA's approach has engaged local groups and is responsive to local priorities. This includes work on positive masculinities and emphasizing an empowerment perspective in building the capacity of medical providers and critical players within the judiciary through the development and dissemination of standard operating procedures for medical evidence.

Work with men and boys

Finding 2: UNFPA supported pioneering on-the-ground work with men and boys as agents in deconstructing localised forms of patriarchy

The case study revealed the diverse and localised nature of patriarchy, with variance across geographical, class, and cultural contexts. UNFPA's early support to work with men and boys as agents of change sought to understand and respond to these different contexts.

- In rural Maharashtra UNFPA supported engagement with men and adolescent boys through peer-to-peer animators in 100 villages by five NGOs. This work was initiated by the Center for Health and Social Justice working with a small group of five local NGOs and although UNFPA ended funding during the observation period, the original investment continued to show powerful outcomes in the reported perception of men and boys even two years after the intervention was completed.
- In the metropolitan media industry, UNFPA supported Population First to engage with the advertising, news and film communities to challenge patriarchal norms and present gender-responsive content on issues of harmful practices and gender based violence.
- At the wider level, UNFPA provided convening, technical and organisational support to the 2nd Global Symposium on male engagement hosted by CHSJ in India. Subsequently they supported partner SUTRA to bring together a wide group of India-based organisations and individuals engaged in working on men and masculinities and gender justice to share what works. UNFPA also supported in New Delhi one day consultation on VAWG undertaken by ICRW to assess what was being done to engage men and boys and with a particular focus on young people—an population that has proven very difficult to reach at scale.
- In work with young people, several youth partners worked within the framework of the International Campaign on 16 Days of Activism undertaking workshops, blogging projects, and developed a poster campaign on defining masculinity.

The case study identified three main challenges to expanding work with men and boys: 1) the need for additional sources of funding and open dialogue to address the fear of feminist groups that work with men and boys will further deplete the women's movement of resources; 2) the lack of financing opportunities for the long term investments required to foster such fundamental normative and structural change and 3) the absence of national platforms with entry points for addressing men and boys. Beyond the national adolescent health services programme (RKSK), most other relevant government programmes are targeted exclusively at girls and women.

Ability to foster meaningful linkages between government and civil society actors

Finding 3: One of the key comparative strengths of UNFPA is the long history of trusted relationships and close work with both government and civil society

UNFPA is almost universally recognised as having a strong legacy of working closely and effectively with government at all levels, holding a convening power beyond that of government, and having made the contribution of bringing together civil society and government actors on multiple issues. At the federal level UNFPA is closely aligned with national strategies and is a respected technical contributor: it sits on the PCPNDT/GBSS central supervisory board as a special invitee and contributes "the voice of civil society in that space". At the state-level, the case study observed multiple examples of UNFPA having facilitated convergence between different branches of government, and of having supported the transition of relationships between NGOs and government from adversarial to cooperative.

The intentional strategy of building direct links and dialogue between government and civil society has been founded on the past security of the core funding in the UNFPA operating model. This has (both intentionally and inadvertently in some degree) limited the visibility of the UNFPA contribution to third parties: a scenario that creates challenges once the operating model changes to include a higher mix of non-core fundraising. Some evaluation participants also made the case for more equally balancing the capacity development investments of UNFPA between government and civil society to better support the accountability function of organised civil society.

Human rights based approaches

Finding 4: Whilst the global level framing of issues predominantly reflects the larger institutional environment and political economy in which UNFPA operates, the country-level and state-level operating model is strongly grounded in a human rights based approach

The case study explored the application of human rights based approaches to programming (HRBAP) through two main lenses: 1) the design and targeting of harmful practice and GBV interventions, and 2) the operating principles and values practiced by UNFPA in its relationships with stakeholders.

As noted elsewhere in the case study, the body of work undertaken by UNFPA since 2012 has been primarily framed by gender biased sex selection; GBV has been mainstreamed largely in adolescent programming and health sector response; work on child marriage is still emergent. The intersection of all of these interventions is the adolescent girl: a framing that is consistent with both the global UNFPA narrative on the need to foster intergenerational change as well as the national level discourse in India regarding the potential demographic dividend of India's young population, and the expanding focus on valuing the girl child.

Given this centrality of the adolescent girl – which is being further formalised and embedded in the design of the upcoming country programme – and the recent dominance of gender biased sex selection as a strategic entry point, the case study found only limited reference to more inclusive and holistic conceptualisations of gender based violence in the current set of interventions. These include the reference to the special needs of transgender youth within the Odisha Youth Policy, work within the health system in Maharashtra undertaken by the NGO CEHAT, and within the training session on

"Decoding the MOHFW guidelines and protocols- Guidelines for responding to special groups" in the Module for Orientation of Gynecologists and Casualty Medical Officers on Government of India's Guidelines and Protocols on Medico Legal Care for Survivors/Victims of Sexual Violence. Odisha's state level policy on girls and women includes a broader definition of violence (incorporating trafficking, marginalization and disability) and new work with a comprehensive center to address survivors of violence considers not only interpersonal violence but violence linked to child marriage and dowry as well.

Prior to the chronological scope of this evaluation, UNFPA explored the intersectionality between HIV and GBV, but this is no longer included in current programming, and there is no joint programming with UNAIDS. The case study also observed that the intersectional relationship between class and GBSS is acknowledged throughout the range of UNFPA interventions, but that there are multiple barriers to leveraging these insights into national programmes due to political sensitivities.

Overall, HRBAP is applied more in some respects than others. Within the definitions of GBV and harmful practices that are being used, interventions have been systematically designed to be structurally inclusive (for example, targeting adolescent girls and boys both in school and out-of-school, and in urban, agricultural, and tribal areas). Furthermore, UNFPA is expanding data and analysis regarding son preference to reflect gender-differentiated patterns of morbidity and mortality in the 0-6 age group which reveals household and community level bias in access to basic needs. However, reflecting limited funding and competing priorities, there is currently much lower levels of inclusion of GBV in programming that works with groups outside of heterosexual relationships; or that directly addresses violence within the private space of the household.

With regard to the second aspect of HRBAP – the practice of human rights principles in UNFPA relationships with other entities – the case study found a strong and consistent commitment to equal and respectful engagement with partners. The use of empowerment-guided approaches is manifested in a history of jointly defining the issues with partners, co-creating, and learning together.

Design of interventions

Defining the space

Finding 5: UNFPA has a substantial history of contributing to (re)defining the discourse and agenda, and broadening the community of stakeholders on harmful practices and gender based violence

The case study found that UNFPA is viewed as having contributed significantly to the discourse on GBV and harmful practices, including on expanding the definition of violence beyond interpersonal violence and the response beyond the health sector to include issues such as child marriage and responses such as due process and accountability of state level mechanisms. UNFPA's contributions reflect the strength of starting with the broader picture (leveraging the inputs of academia, multiple levels and ministries within government, and using these and other inputs to "map" the space), 2) a culture of being solution-oriented, and 3) framing interventions within longer-term pursuit of gender equality.

UNFPA contributions to work on addressing harmful practices and fostering overall gender equality have "mapped" the community of concern both through innovative use of statistical evidence, as well as e.g. state level inventories of existing government schemes for girls and women as a basis for leveraging existing resources as well as providing a concrete basis for strategic planning. To define the agenda, UNFPA has used its convening power to engage a broad range of stakeholders who might otherwise not have worked in consort; provided direct technical assistance on operational and substantive elements of key policies or directives; and supported practical mechanisms to foster convergence across branches of (state and local level) government. External experts consider that the

current UNFPA gender team (including in Maharashtra) has helped define the national work on GBV and gender mainstreaming.

Despite these successes, UNFPA also faces challenges in terms of its ability to influence the current discourse and agenda for broadening the work on GBV within India. Foremost of these challenges is the implications of the past strategic decision to focus on creating transformational change in gender biased sex selection. Whilst this has demonstrated the potential of UNFPA to steward an issue from the earliest stages into large scale nationwide programming, it has also had the effect of limiting the visibility of UNFPA in broader GBV discourse in part because the work had to be done very discretely and be fully grounded in the Indian public and CSO sectors, and because sex selection was intentionally not defined as violence but as harmful practice so as to not hinder access to safe abortion which is legal in India and avoid conflation of two separate issues with separate laws governing them. In addition, given the tendency of the wider institutional environment to consider issues vertically and for development partners to seek very clear outcomes from interventions, this means that limited visibility on specific aspects of GBV and harmful practices also limits fundraising opportunities in an already-difficult resource mobilisation environment.

Academics, civil society and development partners do recognise that UNFPA has been trying to re-position from gender biased sex selection to address patriarchy and the underlying factors driving GBV and harmful practices, including promoting inclusive discourse in the relevant forums. Generally, the expansion of the UNFPA portfolio away from a primary focus on the health sector and a sector specific highly technical focus is welcomed by these stakeholders – who appreciate the value proposition of supporting holistic policy work and programming approaches.

Acknowledging the changed UN family dynamics and broadening scope of UN Women's expanding work addressing legal and other responses to GBV more broadly, stakeholders identified specific areas where they consider scope exists for UNFPA to add future value to the national discourse:

- Research on youth and GBV
- Work with older women being abandoned by their children and as widows, including through self-help communities
- Integrating these focused pillars of GBV work with existing interventions on GBSS and child marriage.

Data and evidence

Finding 6: UNFPA has an important comparative strength in the analysis and use of national population-based and statistical data combined with complementary research on GBV and harmful practices and is beginning to explore the promising potential of micro-level data

UNFPA is seen as a credible and reliable source of data. There is universal acknowledgement that UNFPA has used data very effectively for awareness raising, advocacy, and targeting of interventions within the work on GBSS. This has included district level examination of the number of missing girls combined with stories that communicate the human element of GBSS. In states where there is high demand for and use of data the case study found numerous examples of the use of UNFPA publications as an internal advocacy tool within government to advocate and win support for positive policy changes. The case study also learned of examples in which geographically disaggregated data was used to create accountability pressure and foster competition between branches of government and states to be the first or best to address GBSS once the data was made available. This same approach to using data to hold to account and create public pressure to address the problem is being explored with regard to child marriage rates. Selected interviews with government workers suggest that use of new data on child marriage has led to substantive and substantial changes at state level in a relatively short timeframe (although there are secular trends of reduction in child marriage which must be considered).

One of the main UNFPA contributions has been on innovative processing of secondary data to generate reliable estimates of child marriage or sex ratios that are trusted by government. The cross sectoral and holistic perspective that UNFPA brings also contributes to identifying a broader set of entry points for addressing the problem. UNFPA's collaboration with the Census office to create a dedicated database on youth and adolescents by extracting the key data available ('Profile of Adolescent and Youth in India') provides an important foundation for the multi-sectoral approach required for work with adolescents and youth. In keeping with a commitment to make data accessible, UNFPA launched a "Youth Portal" which also allows for visualization of the data patterns. Similarly, the conference on 'India's Elderly: Dignity, Health and Security' provided dedicated analysis of data on the elderly including a 2016 publication on promising practices in the care of elderly women in particular which is informing a developing focus on the overall experience of elderly women including issues of neglect and violence.

Current opportunities to extend this capability include:

- Working with UN Women to create a micro-site on gender data (with possible integration into a UN-wide SDG dashboard currently being led by the Resident Coordinator's Office)
- Exploring the use of micro-level data for disaggregated targeting and intervention design
- Developing more and better monitoring indicators for drivers of change, knowledge, attitudes, and practices to support working with the private sector using compelling 'real time' data on outputs
- Continuing to support India's contribution to south-south learning on GBSS by extending the analysis to drivers of change which can not only reverse son preference but generate large scale cultural norm changes.

Scaling

Finding 7: UNFPA has had some success in supporting the leveraging of field-based insight into co-designed curricula, but many challenges remain to scaling transformative interventions

UNFPA has had considerable success in leveraging the results of its research and pilot projects into professional curricula for the medical and legal communities at state level (on GBSS and GBV), and the guidance for school curricula at the national level (on GBV and child marriage). Both of these approaches support scaling. The AEP program is already operating at scale—including targeted efforts to reach the most marginalized groups. The Gender in Medical Education program is not yet scaled.

There have been more challenges in scaling field-based insights working through national programmes already operating at scale. Despite UNFPA's central role in the development and launch under a previous cycle of the RKSK (providing a broad range of health related services for adolescents), the case study heard evidence that RKSK has faced difficulties in matching the comprehensiveness of implementation to the intentions of the design, and that it is more reductionist in practice than the transformative approach demonstrated in UNFPA interventions. Similarly, the recently launched BBBP program to raise awareness and commitment to assure implementation of the PCPNDT Act and the education, health and well-being of the girl child has produced communications tools and organizing efforts around the overall message but effective change requires more intensive inputs. There are examples of progress with key decision makers and leaders on publically espousing approaches to valuing the girl (working with village level health committees in Maharashtra resulted in the Collector of Beed issuing an order that all such committees should address sex selection and their presence at a Gram Sabha contributed to its making a series of favourable resolutions on behalf of the village on sex selection, valuing the girl child and encouraging rejection of dowry) but these lack accountability processes. BBBP's focus on "valuing" the girl needs to be complemented with support for girls' agency—UNFPA at state level intends to strengthen the program by integrating lessons learned from

e.g. the Action for Adolescent Girls program, however this is happening only at state level at a very small scale.

Government institutions already play a role in scaling insights, and UNFPA has supported this through encouraging convergence across state-level government. It was recommended to the evaluation by external experts that UNFPA could complement this approach to deepening national programmes by expanding its NGO partnerships already engaged in implementation of the BBBP program and leveraging its trusted relationship with government to build on the State-sponored national taskforce for the BBBP program by bringing a broader group of civil society actors to the table to strengthen the transformative approach and accountability.

Theories of change

Finding 8: The evolution and mix of strategies to addressing gender-based violence and harmful practices reflect an implicit theory of change moving from response and mitigation (health services) to accountability and agency (individual legal recourse and monitoring of providers and public sector services) and currently fostering broad scale social change ideally informed by learning from small-scale but powerful examples of transformative change initiatives focused on the fundamentals of addressing gender bias and empowerment with agency; with the greatest visibility given to gender biased sex selection.

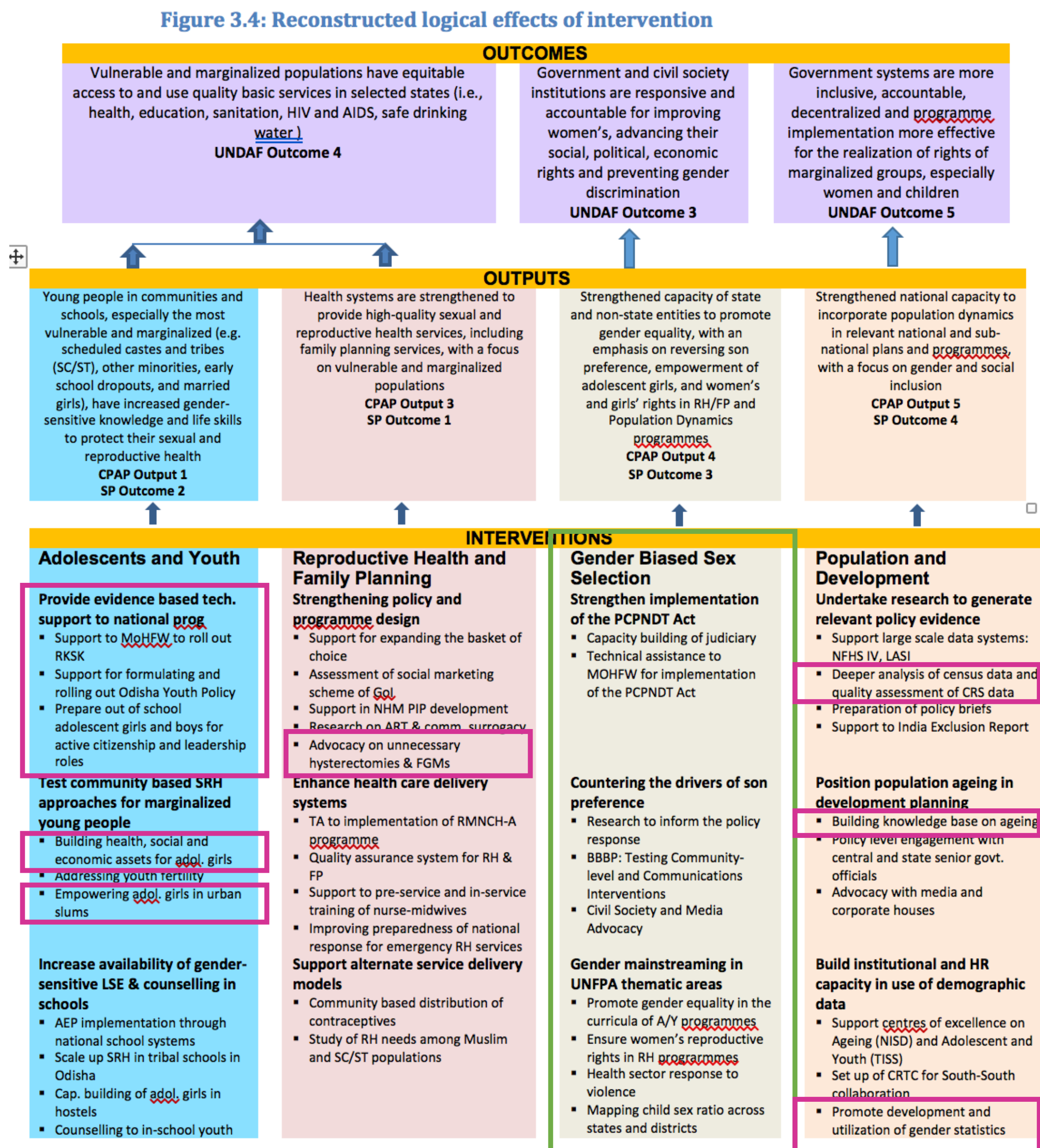
The reconstructed theory of change presented in the Country Programme 8 Evaluation (see below) is illustrative of the internal positioning of the work on GBV and harmful practices since 2012 and makes clear the challenge of drawing together the ongoing elements of these parallel strategies, building on the strength of 15 years of ground-breaking work on GBSS, and infusing all GBV-related work with the transformational emphasis of broader gender equality approaches and represented in the most recent work on son preference:

- GBSS is the main focus (highlighted in green), and highly visible through a standalone pillar within interventions on which the other key elements of GBV are balanced: addressing son preference, images and valuing of girls and women for broader social change; highlighting broader gender-based discrimination against girls through mapping the child sex ratio (reflecting discrimination against girls under 5 in access to household level nutrition, health inputs); fostering change through the gender equality focus of scaled and pilot level curricula for adolescent programs; and a strengthened health sector response to the ongoing reality of IPV.
- Other GBV-relevant work (highlighted in pink) is mainstreamed across all of the intervention pillars as 1) what are at present neglected issues (e.g. data on ageing for which older women is a particular concern; misuse of RH/FP services vv hysterectomies; FGM); 2) use and capacity building around use of data to highlight inequalities; and 3) transformative work with adolescents and youth through school and community-based curricula, allied empowerment programs for girls, expanded clinical services for youth (girls and boys), and enabling gender-sensitive youth to lead and actively support social and structural change.
- "Seeing" the transformative work related to GBV per se requires both e.g. a detailed review of the substantive content of the curricula for youth and an understanding that giving girls agency is part of shifting gender dynamics. The case study noted that mainstreamed curricular content under the adolescent and youth pillar includes gender equality, gender-based discrimination/violence, and broader discrimination including some not based on gender and that it is paired with building assets, skills and agency (helping girls in analysing what is wrong, applying what was learned to address it, moving forward and leveraging experience for fostering broader change). The shift in emphasis from GBV to broader gender equality was

evident in the decision to focus the thematic review undertaken for the evaluation of CP 8 on GBSS and "Gender Mainstreaming" (which encompassed all areas of work).

- Child-marriage which was historically embedded in work on early pregnancy and reproductive morbidities, does not have a dedicated focus in the country programme. However, UNFPA is supporting work on the issue in Bihar, Maharashtra, and Odisha; and has made a major investment into this issue during 2016/2017 in Rajasthan with non-core funding. In collaboration with UNICEF, this has put the issue on the agenda of multiple stakeholders, however the problem is still framed as one of many ways in which girls are subject to severe discrimination and rights violations.
- Health sector response to violence is included among the interventions, implicit in outputs related to health systems serving vulnerable populations, but not—as was true before 2012--cited as the entry point for GBV. The national level work on medico-legal protocols significantly influenced state level initiatives (including development of state level Standard Operating Protocols) improving response and expanding the scope of that response to IPV i.e. 1) referral and follow through (responsibility of health sector to assure proper care); 2) linkages to legal redress including proper procedures for collection of evidence, support to choices; and 3) counselling and support for integrated approach including health, security (providing safe shelter, coordinating with other agencies for longer term stay if needed), and legal redress.
- The other major area of health sector response to GBV would be building of capacity, tools and protocols for operationalization of the MISP in humanitarian emergencies. Significant investment, including training on GBV, and evidence of impact in reported health and violence outcomes was made in selected states (e.g. Odisha), however in the national framework, this work is positioned under RH/FP services with a primary focus on emergency RH services and limited GBV content (this work is also focused at state level—see below).

Figure 3: Reconstructed theory of change in Country Programme 8 Evaluation



Analysis of the reconstructed theory of change presented in the Country Programme 8 Evaluation outcomes level reflects the India UNDAF Outcomes, which fit well with the global ToC outcomes being used by this evaluation. These broader outcomes also provide a framework for pursuing the Country Program 8 Evaluation strong recommendation that gender and GBV be mainstreamed/integrated more effectively across all program areas (the evaluation did not recommend creating a standalone pillar for GBV). Given the current global theory of change, the case study would suggest that a more complete and deeper mainstreaming of GBV and harmful practices could be articulated at the output level (to reflect interventions under all of the pillars) to include:

- **Health systems are strengthened** to 1) provide high quality SRHRR services with a focus on people who are vulnerable and marginalized; 2) respond to GBV and strengthen the rights and protections of survivors in both humanitarian and non-humanitarian settings including through linkages to legal and protection services; 3) support the empowerment and building

of life skills for protection of their sexual and reproductive health of young people in communities and schools; and 4) support a new cadre of health care professionals and allied health workers in clinical and community settings to put into practice an understanding of the centrality to good health of gender equality and non-discriminatory practices.

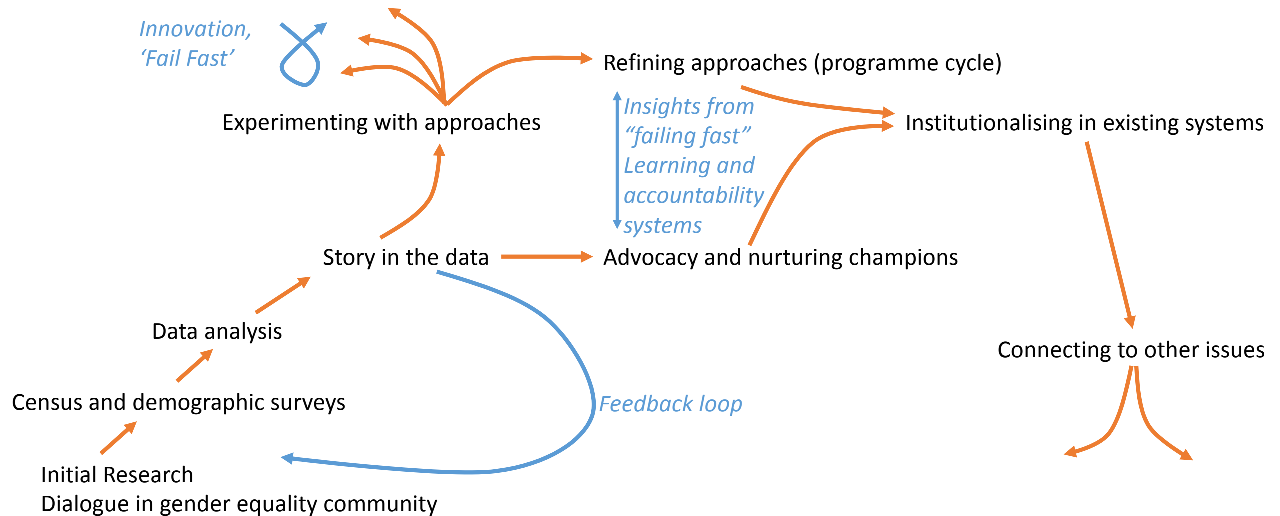
- **State and non-state entities at national, state, district and community levels have the sustained technical and coordination capacity** (and ongoing capacity building mechanisms) to support context-responsive (this refers to state level strategy), holistic and cross-sectoral policies and programs which promote gender equality; the intrinsic valuing, empowerment, and age-appropriate agency for girls and women across the life cycle; and girls' and women's human rights in health and development programming to end son preference and its associated discriminatory and violence-based manifestations (other discriminatory, exclusion, coercion) in both private and public spaces as well as related harmful practices.
- **State and non-state entities are providing young people in communities and in schools with gender-sensitive and human rights-based education** and practical life skills to protect their sexual and reproductive health, building on work begun with NCERT; foster meaningful changes in their critical understanding, personal commitment and shared efforts to address the drivers/origins and diverse manifestations of gender-based discrimination; and their awareness and preparation for coping with gender-based violence at all stages of life.
- State and non-state policy, program and advocacy stakeholders at national, state and district level have the **capacity to use population-based, health-relevant, and other data** sources to guide placement, development and assessment of programs addressing gender equality, social inclusion, elimination of gender-based violence and harmful practices, and greater accountability and transparency at all levels of the public services delivery system.

Finding 9: The underlying strategic thinking regarding fostering broad-based sustainable change in UNFPA India is inevitably shaped by the success of having stewarded the issue of gender biased sex selection for nearly 20 years

Multiple stakeholders cite the history of outcomes on GBSS as evidence that UNFPA has an ability to spot an issue where there is need for an intervention, build up evidence and interest around it, and then leverage the issue into the mainstream. UNFPA interventions are seen as key to bringing visibility to issues: convening critical actors from all levels together around concrete data and solutions.

Based on this reference, the case study generated an archetype strategic theory of change for UNFPA interventions using the history of GBSS. This reveals a 'long-wave' of change, that has taken 15 years (i.e. three country programmes or the entire period of the MDGs) to be realised. This is illustrated in the diagram below.

Figure 4: Archetype strategic theory of change based on GBSS performance story



Whilst different substantive theories of change are implicitly or explicitly applied to broader work on GBV, child marriage and (potentially) FGM, the visible contribution of UNFPA to the GBSS story inevitably creates a background reference for what good looks like, and how strategic success is achieved. The features that the GBSS theory of change highlights are:

- The contribution of UNFPA in a 'forgotten' area with no other major actors
- The application of convening, facilitation, convergence and learning to use UNFPA as a platform for change
- The potential for leveraging change in issues that are widespread, invoke empathy, are easy to explain to non-specialists, and touch main parts of the formal system
- The existence of technical gaps that could be addressed to successfully advance instrumental change ahead of transformative changes
- The existence of a set of passionate civil society activists willing and able to stay engaged regardless of UNFPA resourcing.

Whilst the enabling and constraining conditions for fostering change on GBV, child marriage and FGM are different from the unique situation described for GBSS, the framing of the GBSS story does give insight into some of the conditions for success in UNFPA interventions, and explains some of the current challenges with moving beyond the central focus on GBSS. According to the GBSS 'model' it can be said that:

1. GBV has received limited, shortwave and inconsistent levels of shorter waves of attention and resources over the same period as the GBSS "longwave", with each reduction in focus interrupting the 'long-wave' theory of change and forcing a return to building the evidence and research base anew and rebuilding capacity and the key constituencies.
2. Whilst UNFPA has addressed child marriage and early pregnancy within its broader RH agenda long before it became a global programme with donor interest, the current child marriage work is an earlier stage of the 'long-wave' in which the innovative use of data tested under GBSS is already effective in focusing attention, but the mix of interventions is still very much at the experimental stage. However, unlike GBSS, this experimentation is being undertaken by a range of influential actors—in a crowded field--and so UNFPA needs to identify ways of contributing to this work and knowledge base and developing new strategies in consort with many others and within contested space. Work on FGM is still at the very earliest stage of the

‘long-wave’ implying a period of capital investment by UNFPA whilst it works in ‘stealth mode’. Such work was previously met out of core funds for the equivalent phase of the GBSS story. Without these core funds, it will be extremely challenging to combine the UNFPA multidisciplinary teams with sufficient experience in the grounded reality of work to establish what the UNFPA value proposition will be on this issue.

Organisational systems, structures and capacity

Financing and resource mobilisation

Finding 10: The dramatic reduction in the proportion and availability of core funding fundamentally alters the UNFPA business model and impedes the practice of several defining strengths

As noted in the previous and subsequent findings, the success of UNFPA in stewarding the GBSS agenda was found by the case study to have rested on four key attributes:

1. The availability of a technically competent and diverse multidisciplinary team with sufficient time to explore new evidence, data patterns and issues
2. The financial security to work quietly on politically sensitive issues for prolonged periods of time, and later to give visibility to state and non-state actors to embed the GBSS agenda in national life
3. The legitimacy, evidence and networks from having state level offices, including the ability to innovate and create political momentum as a means of overcoming policy-level inertia
4. Sustained engagement with national and civil society partners outside of formal partnership agreements or financial relationships.

All of these attributes are premised on the disciplined use of an assured level of core funding; a financial model that is currently being dramatically revised in terms of the source, level and nature of funds. Whilst there is scope to address the level of funds (UNFPA received 460,000 USD budget commitment in January 2017 from SBI Foundation), this still shifts the operational model. Additional innovation is therefore required to assure the following capabilities remain:

- Facilities to invest in very-long term (10 years+) areas with no public exposure during the initial stages of the investment
- Maintaining a robust state-level presence that preserves and enhances the legacy of existing networks
- Ensuring that technical staff remain engaged in technical work (rather than management of grants).

Results Based Management

Finding 11: Whilst monitoring systems have predominantly been focused on indicators of what has changed, there is increasingly a case for measuring known drivers of change, learning (including about what does not work), and leveraging catalytic changes.

The case study found secondary evidence of UNFPA having sufficient capabilities in monitoring the implementation of interventions in terms of what has been achieved. However, it noted a growing case for adapting and extending this capability to also monitor new aspects of change:

- Measuring why and how change happens – such as tracking indicators of the drivers of change
- Tracking innovation and learning, supporting ‘failing-fast’ and learning from what does not work
- Establishing indicators that better articulate the value of gender equality work to private foundations and alternative sources of finance, including around the health sector response to GBV

- Developing indicators to capture the catalytic contributions of UNFPA interventions (support to the issue) – for example, by extending lessons from census-support in terms of capturing non-UNFPA fundraising.

Organisational capital and assets

Finding 12: UNFPA has both the multidisciplinary technical teams at national level and long established networks at state level to advance complex systemic changes. If lost, neither are easily replaceable.

As noted in previous findings, an asset of UNFPA in addressing harmful practices and GBV was found to be the availability of multidisciplinary teams within the same office. Whilst the case study found that a case (and demand) exists for strengthening the UNFPA technical presence at the national policy level, it was also noted that this needs to remain grounded on state-level experiences and credibility.

Despite their small size, the state-level office teams have supported and been directly involved in substantial work developing policies, protocols, campaigns, knowledge products, and innovative interventions adopted by state government partners and providing examples of promising practice and informing national level or cross-state level learning. They have nurtured strong political and social capital through trusted relationships, shared history, diverse networks, and the generation of evidence from multiple contexts. It was observed that the benefit from the existing state offices is derived from more than just their presence (which has allowed them to contribute to relevant state level processes not formally within UNFPA's portfolio); but from these historical relationships (both formal and informal). Similarly, the shared history within the country office of teams having collaborated on previous issues expands their current effectiveness. This observation highlighted the importance of any strategic decision to alter or dissolve the current arrangements taking full account of the resulting loss of UNFPA social, political and technical capital.

Grant-making

Finding 13: The one-year funding cycles used by UNFPA leads to perennial insecurity for partners and jeopardises the long-term coalitions for change that UNFPA is targeting.

Whilst UNFPA has provided long term support to GBSS, and cycles of support to GBV, it does so through annual work plans and budgets. As a consequence, UNFPA implementing partners operate with perennial uncertainty about the continuation of partnerships or the level of resources that can be programmed for. The case study identified that this represents a particular risk in contexts where UNFPA is seeking to build and support civil society coalitions. Much of the sustained engagement with government partners which enabled the significant results of the GBSS strategy was funded by core funds without which internal advocacy—even with the best of data—is likely to be less effective.

Aside from the work of coalition secretariats, such as Girls Count, and their need to secure medium-term funding to realise the potential of the coalition, the evaluation heard evidence from civil society that the insecurity of one-year funding cycles (including those of other UN entities) implicitly generates competition and lack of transparency between different civil society organisations. In addition to belonging to coalitions, many CSOs also maintain bilateral relationships with potential donors. These dual relationships act to undermine transparency and trust in the coalition arrangements – and therefore threaten the effectiveness of this approach.

The case study found that a contributing factor is the lack of an overall development partner coordination forum facilitated by government at any level or by the donors themselves. At the implementation level, this means that organizations that are separately funded for potentially synergistic programs (e.g. work with district level strengthening, work with the BBBP launch) may be missing opportunities to be more efficient or potentially having to resolve competing priorities. Development partners with shared priorities and common interventions may meet in substantive

fora—including with a state level focus--which may provide opportunities for more open conversations about complementary approaches.

Communications

Finding 14: UNFPA has learnt that successful in-house communication is focused on addressing specific audiences; whilst mass communication is best achieved through supporting partners

UNFPA has focused considerable efforts on using communication to support its work on GBSS, GBV – and more recently – child marriage. This has attempted to avoid the more general criticisms of gender communications heard by the case study of 'tokenistic creative communications' that reinforce messages among existing advocates or attempt to influence mass audiences. Instead, UNFPA has sought to leverage communications through three strategies that received widespread support from interviewees:

1. Produce publications for specific policy-making audiences that explain, visualize and support their internal advocacy for desired policy positions. An example of this are the 'Missing Books', which were cited by multiple government staff as having been central to either themselves or their colleagues being persuaded to act on GBSS
2. Support partners who can reach wider publics and sustain the conversation on GBV or harmful practices. This includes the media work with Population First and online services supporting PCPNDT implementation in Maharashtra
3. Facilitate common action planning and inclusive involvement of stakeholders at all levels to advance a clear set of jointly defined and/or complementary messages; and to bring policy, practice, communications and media together. The Saajha Abhyan campaign launched by the Government of Rajasthan in end 2016 engaged a wide array of stakeholders at all levels through a coordinated campaign reaching district, block and village levels, and integrating diverse communication media.

Strategic partnerships and coordination

Coordination

Finding 15: Whilst there remains scope for more and better coordination within the UN system on concrete approaches to addressing GBV and harmful practices, the comparative strengths of UNFPA are embedded in its operational model and history, and cannot easily be replicated by, or transferred to, other entities.

The case study identified multiple areas for strengthening UN coordination on GBV and harmful practices, many of which are acknowledged within the UN entities themselves. These included:

- At a minimum sharing learning and ideally sharing support/technical guidance for common or complementary packages of state- or district-level interventions. For example, there are numerous examples of life skills and related curricula produced by different (and in some cases, the same) UN entities each of which may prioritize scale up but must coordinate with the same public sector actors.
- Jointly mapping and coordinating among common implementing partners—both public and private sector--between UN agencies.
- Developing shared or common conceptualizations of the drivers and fundamental dynamics of the child marriage problem at the field level (including differences arising from geographic and cultural distances) together with identification of a range of common solutions to offer donors and government.
- Better demonstrating the common concept of "convergence" to donors—in work addressing a practice as deeply rooted as child marriage—by expanding interventions beyond health and

education into livelihoods, economic empowerment, and technology. UNFPA's existing platform for such an approach—as coordinator of the core group of UN agencies working on GBSS and related issues—provides a forum for linking the issues within GBSS work with a wide range of interventions undertaken by other agencies including investing in adolescent girls, capacity building of local councils or panchayats and working with elected womens' representatives.

- Directly addressing the need for pragmatic solutions to efficiency, such as shared offices and joint programming at state level.

Interviews also highlighted some of the constraints to achieving enhanced coordination. At all levels this included the large number of overlapping public sector/state institutions, and the governance environment that this creates. At the national level, support for work on GBV and child marriage has not always been sufficient to advance the agenda as intended. Furthermore, whilst UNICEF and UNFPA are both present at state level (with some overlap), UN Women is only at the national level and UNDP experts are embedded in state-level institutions (with specific focuses) rather than standalone offices. Coordination at the state level is therefore a major challenge, even though a great deal of programming is state-specific.

Finally, the case study noted that the use of different language by different UN entities can give rise to the impression of and concerns about major conceptual disparities. However, in many cases it was found that the conceptual models used were largely similar, and that the language used was based on other – wider – political motivations. It is, therefore, necessary for UN entities to organise a more explicit discussion around language in order to establish a shared understanding of each other's' vocabularies. Some examples may relate to updating language/terminology and others reflect a need to make explicit the assumptions and theory of change behind the defined intervention. These could include clarification on the use and intent of the terms GBV or VAWG; the implications behind the classification of particular patterns as harmful practices; or highlighting the gender and rights dimensions of an enabling environment as part of the transformative approach to work with girls.

Despite these challenges and gaps, the case study also found that UNFPA has made strong contributions to coordination. It has provided leadership on keeping the discourse grounded in robust analysis of population data and an empowerment-based approach. It has identified innovative academics and leveraged them into the GBV and GBSS space. Its work on mapping interventions and actors has created useful platforms for common action. And, its support to work with men and boys has provided a platform for future work on masculinities. Some of the UNFPA comparative strengths identified in the case study are presented in the table below.

Furthermore, there is increasing coordination within the UN system on relevant research. UNFPA and UNICEF jointly conducted a 'Synthesis of Research on Gender Biased Sex Selection-Insights and learning' to enhance understanding of determinants, impact and dynamics around sex selection. UN Women is jointly working on research with UNFPA on the Economic Factors and Political Economy underlying GBSS (UN Women is supporting the research in Maharashtra and UNFPA in Haryana), and jointly supported a study on 'Sex Ratios and Gender Biased Sex Selection: History Debates and Future Directions, 2014'. And, finally, UNFPA provided technical inputs for UNDP's initiative to integrate response to gender biased sex selection in the legal literacy training materials prepared for the National Literacy Mission Authority (NLMA).

Table 1: Examples of UNFPA comparative strengths

What can UNFPA do?	Who else can do this?	What is different about UNFPA?

Develop holistic programming addressing the needs of and working with adolescents	UNICEF	Empowerment-and agency-centred approach focused on fostering support for an enabling environment
Empowerment-and agency-centred approach	UN Women	Technical work in health/education and linking interventions in both sectors
Technical work in health	WHO	Multisectoral approach
Multisectoral approach	UNDP	Population & SRHRR
Population & SRHRR	Civil Society	Relationship with Government

Partnership

Finding 16: UNFPA is considered an equal learning partner by many organisations, including agencies that are larger than UNFPA and those much smaller than UNFPA

The case study explored the issue of partnership from three main perspectives: 1) has UNFPA identified relevant strategic partners with which to work; 2) has UNFPA sustained an open and inclusive approach to partnering; and 3) how has UNFPA performed as a partner.

The evidence from primary and secondary sources overwhelmingly supported the relevance of the choice of UNFPA partners in GBV and harmful practices. In each case that the case study examined, this relevance was based on one or more considerations:

1. The alignment on organizational vision and mission, combined with technical and research competence in the areas of intervention
2. Demonstrated grassroots community mobilization capacity including engaging diverse stakeholders to build consensus on difficult, complex and even politically sensitive and socio-culturally entrenched issues
3. Strategic positioning and proven organizational capacity to reach new constituencies outside of traditional partners in harmful practices, GBV or gender equality (GirlsCount, medical and judicial colleges).

The case study observed that UNFPA at both state and national levels has maintained long-term relationships with many of these partners, often continuing to engage in technical cooperation and learning outside of periods when funding was provided. Whilst this approach supports long-term interventions, it also carries a risk of working in an 'echo chamber' or always working with the 'usual suspects'. However, the case study examined this risk and determined that both state-level offices and the national country office have been continuously and proactively engaging with civil society networks in order to remain open to and identify potential new partners. There were also no complaints from parties not involved in formal partnerships with UNFPA. Consequently, the evaluation does not find reason for concern regarding the inclusiveness of UNFPA's partnerships in work on GBV and harmful practices.

The main area of exploration regarding strategic partnerships is therefore the conduct and nature of the relationships between UNFPA and its partners. In general, the case study found that UNFPA partnerships were characterised as follows:

- UNFPA is considered an equal learning partner at both national-policy and implementation-learning levels;

- UNFPA is adaptive to changing context and a highly responsive partner
- UNFPA engages in co-creation, which has been important to building sustainability and preserving partners' own organisational visions and authenticity
- Whilst UNFPA is working with the leading organisations in the field, this is not necessarily positioning UNFPA itself to influence the broader "space" of work on GBV and harmful practices. In the agency's effort to preserve the partner's vision and integrity, UNFPA's own contribution may not be visible to the larger community. There is evidence that UNFPA has been able to bring new actors to the work on GBV by leveraging the networks and connections emerging from the work on GBSS. There is also evidence of UNFPA leadership in conceptualising the need for specific partnerships, such as the Girls Count coalition (with NFI) and the Laadli media awards (with Population First).

The case study did find some evidence of challenges with partnerships, such as the annual funding cycle (including uncertainty and a rush to complete activities in the final quarter of the agreement), however, the overall finding is that UNFPA has established a successful partnership strategy. In general, UNFPA's partnership strategy is characterised as working to influence existing structures and processes of change, supporting convergence (getting systems working together at district, state and national levels), and helping to catalyse nascent or innovative work in new or neglected areas of work (e.g. surrogacy, elderly women) until local actors emerge to lead the work (at which point UNFPA switches to an advisory function). This strategy is particularly suited for areas such as GBV in which target populations may be at great risk, or interventions that aim to address the nearly omniscient and deeply entrenched patterns of patriarchy, where there are few 'natural' or clearly defined partners. To be successful, however, this requires strategic and sustained investment using a low visibility approach – and thus it is vulnerable to changes in the financing model for UNFPA including the relative balance of core and non-core funds.

Achievement of outputs (based on the Global ToC)

Thought leadership

Finding 17: UNFPA is widely considered to be a thought leader based on a demonstrated understanding of the complexity of the substantive, methodological and ethical issues within its remit; sustained relationships with recognised technical and research experts; concrete and effective knowledge and advocacy contributions using innovative analysis and combining new sources of data; and direct involvement of expert staff in e.g. the development of government and technical protocols.

The case study identified multiple lines of evidence that highlighted the trusted relationship between UNFPA and government institutions, making it a valuable partner on whom ministries and state-level offices depend fully for technical input and supporting implementation. This is demonstrated in the UNFPA country office representation on the Central Supervisory Board for the PCPNDT Act as a special invitee, the highest policy board with UNFPA as the only UN or donor invitee. The UNFPA Maharashtra office has also been invited to contribute to the State Supervisory Board and to be a special invitee to a committee constituted by the Government of Maharashtra to draft the Maharashtra Assisted Reproductive Technology (ART) bill. The UNFPA country office was asked to prepare a concept paper on, "Leveraging Population Dynamics: Way Forward for Poverty Reduction and Sustainable Development in India", for the Prime Minister's Office (PMO), recognising UNFPA technical expertise and providing an opportunity for the agency to feature the issues of sex selection and child marriage at a very senior level of government.

Technical input on implementation of the PCPNDT Act includes examples such as the revision of Form F used to record of use of technology such as ultrasound on pregnant women. The Maharashtra government asked UNFPA for technical support to produce a range of other materials including

guidelines for (i) Filing and conducting Court cases (ii) Conducting search and seizure (iii) Making Clinics PCPNDT Compliant (iv) cancellation/ suspension of the registration under PCPNDT (v) how to conduct decoy operations, (vi) and for manufacturers. UNFPA is noted by government sources as managing well the challenges with assuring implementation and follow up across such a wide range of actors as the medical community, judiciary and civil society, especially at the state-level.

Another example of thought leadership was in providing evidence-based inputs to guide state level policymaking to address women and girls linked to data on sex selection and child marriage. UNFPA has supported internal champions to overcome resistance by showing data from district level mapping of child marriage and sex selection.

The 2016 country programme evaluation found that gender has been well integrated into adolescent programmes, and that the curricula supporting the programs operating at scale such as the AEP, RKSK, and Teen Clubs and the work of Odisha state in the tribal schools have strong content supporting gender equality. Content on violence--specifically GBV—is not as visible in the scaled adolescent programs, however the more recent assets-focused curriculum being used with the Action for Adolescent Girls programs does address GBV directly.

Research outputs on GBV since 2012 have included several publications on the limitations of more technical/operational interventions to address son preference and the need for transformative approaches. These include 1) a study on 'Special Financial Incentive Schemes for the Girl Child in India' (and policy brief in 2015) suggesting that financial incentives programs can contribute but are insufficient to changing attitudes and behaviours towards girls and, in the India case, the payment at age 18 risked being misinterpreted as related to marriage/dowry. 2) a review of 'Laws and Son Preference in India- A Reality Check' including an analysis of the Prevention of Domestic Violence Against Women Act (2012-13)—which focused attention on the failure of existing laws to protect or challenge son preference and thus the need to address more transformative change, and provided concrete suggestions for law review and reform related to son preference to guide policy makers and use as an advocacy tool; 3) An overall Study on 'Masculinity, Son Preference and Intimate Partner Violence' with ICRW (2014-15) including state-specific profiles which highlighted not only the degree to which men with more rigid masculine attitudes were more likely to prefer sons but also documented the prevalence of intimate partner violence (52 percent of the women experienced in their lifetimes; 60 percent men stating that they had used violence against their spouse at some point). The report highlights differences in the relative importance of particular factors in reversing son preference in different settings (e.g. education and employment of women and girls and family size; laws and implementation; and local gender systems. This lays the foundation for more tailored transformative approaches to addressing underlying causes of many harmful practices.

The publications on GBSS – especially "Missing….Mapping the Adverse Child Sex Ratio in India" (2014) – were found by both the case study and the independent GBSS/GM Thematic Review (2016 p60) to have had a powerful influence on policy makers, administrators, civil society and researchers.

As previously noted, UNFPA support to the launch of the national civil society coalition 'Girls Count'– a group of over 400 civil society organizations – is also seen by stakeholders as having been an important contribution to advancing work in the field. Whilst Girls Count released two series of report cards to assess progress towards implementation of the PCPNDT Act, the shift from communications-for-advocacy to communications-for-accountability has been politically challenging. Nevertheless, UNFPA remains recognised for its strength in navigating the political space (both between and across policy and technical implementing actors).

Building on the success of this work, UNFPA supported new, state-specific work on child sex ratios with data and advocacy tools at the micro and state levels in Maharashtra and Madhya Pradesh.

National and sub-national capacity and accountability

Finding 18: The approach to 'cascading' capacity through national and state systems has been successful in supporting scale; but this requires mechanisms to support adaptations and innovative responses to diverse and changing contexts.

UNFPA has been actively involved in building public sector capacity on many levels—from helping develop actionable plans which involve a wide range of stakeholders, providing direct input to government analysis and documentation, and supporting master trainers and more traditional approaches to capacity building. In Maharashtra the agency worked with the Judicial Academy to produce very practical training tools for assuring better legal monitoring of the implementation of the PCPNDT Act: 'Training Module and Handbook for building capacities of judicial officers on sex selection and PCPNDT Act (2014)' and an updated 'Compilation and Analysis of Case Laws on PCPNDT Act (2014)'. Several stakeholders acknowledged UNFPA's important contributions in bringing learning from other states, the national level or even international discourse to state level actors to inform their strategic choices and build capacity to adapt promising practices e.g. in approaches to cash transfer programs, comprehensive services, PCPNDT implementation, and supply chains.

Supporting responsive state level roll out of broad-based or more complex initiatives requires sustained engagement and presence at state level. One such illustration is the expanded adolescent services programme, RKSK, which built on lessons learned from a previous, more narrowly defined SRHR strategy and youth program established in 2006. UNFPA addressed previous gaps by pushing for an approach which integrated health communications, AFHS, community peer educators, and intersectoral convergence. In practice, however, implementation and coordination on the ground has been complicated resulting in a focus on one or more of the elements and losing the intended synergy. State-level respondents emphasised that state level implementation—both the technical aspects and sustaining the interest of key stakeholders—requires a sustained UNFPA presence at that level. The next iteration of the RKSK program focuses on strengthening these components and linking to the existing Adolescent Education Program (AEP) through school health initiatives.

By comparison, UNFPA contributions on strengthening implementation of the PCPNDT Act and building capacity of providers and implementors to apply the SOPs for the medico-legal response to violence and development of district level one stop crisis centers within the health sector response to violence were more technical. Currently, UNFPA strategy focuses on technical assistance – generally supplied by embedded consultants – to monitoring and enforcement mechanisms at the state level, especially for judiciary and health ministry bodies. This, combined with cascading training to different levels of institutions is considered by a variety of stakeholders to have been a highly effective approach. For example, the curricula co-developed with medical colleges is being cascaded to district hospitals and village health volunteers; development of modules co-developed with state-level judicial academies are being cascaded to district judicial officers. UNFPA is taken seriously by these partners because it is seen to combine normative knowledge, grassroots experience, the credibility of the UN, and skilled training teams. In Rajasthan, a review of progress on PCPNDT and on child sex ratios included a focus on the influence of bordering states and produced an action plan to "promote collaboration between neighbouring states for improved Act implementation in these border districts".

Overall, the CP8 Evaluation (2016 p16) found that "UNFPA has … made major contributions to the design and initial implementation of systems to build capacity in the health system to implement the PCPNDT Act." Secondary data reveals the extent of this contribution. UNFPA knowledge products and training have contributed to increased identification, tracking, prosecution and conviction of offenders especially by the Maharashtra state office.

- Maharashtra and Odisha have attained high levels of institutionalization with a state officer for Act implementation, review of action on complaints, active district committees, online complaint system (especially in Maharashtra) and regular video-conferencing updates by key officials.
- Work on GBSS in Bihar restarted only a year ago, and has achieved full commitment from the State Health Society; health officer training is underway.
- Judicial advances: Two UNFPA-supported judicial training products are considered useful training tools by state judicial academies. Training of judiciary at all levels is leading to active engagement with the Act, with significant convictions and de-registration of erring doctors.
- Protection of reproductive rights: Training and communications materials avoid criminalizing women seeking abortion as per the law. UNFPA research and advocacy on an invasive ultrasonography tracking technology (Silent Observer Active Tracker' to monitor and record all ultrasonographies done on pregnant women) led to reversal of MOHFW plans to implement this technology." (CP8 Evaluation, 2016, p 49-50)

CSO capability

Finding 19: UNFPA has largely supported civil society organisations as legitimate actors in their own right – seeking to collaborate on areas of common interest rather than diverting the mission of CSOs toward the UNFPA vision.

The GBSS/GM Thematic Review (2016 p6) found that "while UNFPA has taken many initiatives and done much work, including influencing policy and programmes. It has always kept a very low profile and allowed government or researchers or civil society to own the piece of work / initiative (e.g. Girls Count and work with Population First with the media and advertising world)."

The primary evidence collected for the case study almost universally supported this finding. But, it also highlighted another aspect of the UNFPA approach. In keeping with a 'low profile' approach, UNFPA has sought out partners with common interest, and expanded their capability to advance this interest. As a consequence, the case study observed that many initiatives have continued (and grown) following the withdrawal of UNFPA funding – since the activities themselves are core to the CSOs' missions. This has important implications both for sustainability, and in terms of demonstrating an empowerment-centred approach.

The CP8 Evaluation (2016, p14) recommends that this strength in the 'capabilities approach' to work with civil society is further extended through the creation of "learning hubs and communities of practice coordinated by different UNFPA offices to address the South–South learning needs and opportunities within India."

Data and evidence

Finding 20: The great strength of UNFPA interventions has been making good quality data accessible and meaningful

The case study found multiple lines and levels of primary and secondary evidence indicating that the analysis, interpretation, translation, framing and communication of data is a significant strength of UNFPA in India. As noted in previous findings, this demonstrates the value of maintaining multidisciplinary staff teams.

The experience of GBSS is illustrative of the power of combining data analytics, data visualization, and storytelling. In addition to the "Missing" books cited in many interviews, UNFPA also produced photo stories of the real life impact on individuals. These were used during initial discussions with stakeholders, and were an important aspect of instilling meaning and motivation in the data. Ensuring

that data is interpreted and used responsibly by stakeholders has also been an ongoing task for UNFPA, especially for state offices. There has been considerable success in this regard with professional constituencies and policy makers at state and district level. However, there has also been learning about what doesn't work. UNFPA attempted to work in partnership with religious leaders, and did secure many statements of support; but it discontinued explicit partnerships when it was found that the messaging became distorted and used for purposes with which UNFPA is not aligned.

UNFPA has also started to build up experience of digital data systems. For example, it supported the development of an anonymous online reporting tool to register complaints against sex selective medical practices in four states includingMaharashtra. It supported the online version of "Form F" (a reporting requirement for the medical profession). UNFPA's technical assistance to the national level of the Ministry for Health and Family Welfare influenced the larger discussion regarding using information technology to systemize recording keeping under the law and enhance efficiencies. Whilst these have demonstrated the potential of digitalization, they have also raised questions of data protection and security that the case study found will require a more systematic approach to analysis and mitigation in the future. Moving forward, the case study identified opportunities for further innovation including data-driven analysis of the effectiveness of different communications messages (such as on GBV) and integration of UNFPA population data with the forthcoming UN SDG dashboard.

Regarding research and evidence, both the case study and the CP8 Evaluation found that the UNFPA value proposition is an "ability to mobilize high quality technical assistance and expertise for national priorities." (CP8E, 2016, p13). Maintaining this requires continued access to policy-relevant evidence and technical capacities. The CP8 Evaluation proposed that "UNFPA's use of consultants with high levels of expertise has had outstanding results in several cases. Judicious use of technical assistance funds has been essential to enable UNFPA to mobilize expertise in a timely and efficient fashion for national priorities." (Ibid).

This approach was found to be clearly present in primary data collected by the case study, especially regarding GBSS (which has also contributed to the global body of knowledge on GBSS). "Demographic research through the PD thematic area has enabled programmes to target districts with highest levels of GBSS. UNFPA-supported research on the drivers of son preference and declining sex ratios has informed national programmes – most notably BBBP and state policies for the Girl Child (Rajasthan) and for Girls and Women (Odisha). UNFPA contributed to other schemes and policies by providing evidence on the efforts of other schemes and programmes to address GBSS." (CP8E, 2016 p34). By comparison, in the area of child marriage there are many more 'evidence-producers' and both internal-UN and external stakeholders have the perception that a lot of material across UN system can be better harmonised.

Specific outputs supported through UNFPA research and evidence include:

- Seven government medical colleges in Maharashtra reviewed the existing curriculum and integrated gender components into every chapter, with subsequent development of five modules integrating content on gender in key specialties--Obstetrics and Gynaecology, Internal Medicine, Preventive and Social Medicine, Forensics, and Psychiatry.
- Technical inputs for developing tools to ensure inclusion of questions addressing GBV in the National Family Health Survey-4 (NFHS-4)
- A study 'Special Financial Incentive Schemes for the Girl Child in India' in 2014 and a policy brief 'Financial Incentives for Girls- what works?' in 2015 to highlight the key findings of the study on understanding whether on financial incentives for girls were impacting gender-biased attitudes and how such programs were perceived by the families receiving the support.

- Technical policy papers to study the interlinkages between sex ratio at birth and factors or correlates such as marriage squeeze, crime and the role of education and class
- Based on the joint UNFPA-International Centre for Research on Women (ICRW) study on 'Masculinity, Intimate Partner Violence and Son Preference in India' that was released in November 2014, UNFPA further released seven state specific policy briefs in 2015
- UNFPA provided inputs as a technical advisory group member for research on sex selection undertaken by other agencies such as Population Council.

Quality services

Finding 21: UNFPA has made major financial and technical investments in improving the health sector response to GBV and harmful practices, including through supporting internal reform by state institutions

Analysis of secondary data reveals substantive evidence of support to enhancing the quality and availability of services. For example, in Maharashtra, a Quality Assurance (QA) system was opertionalised with gender scoring and a health sector response to sexual and gender based violence (including medical-legal evidence) was strengthened. In addition, support was provided for capacity building in mainstreaming MISP in disaster preparedness and response plans in both Maharashtra and Odisha.

Nationally, UNFPA sought advice from international experts, commissioned adolescent sexual and reproductive health (ASRH) research at the state level, and worked closely with MOHFW to design a more comprehensive and evidence-based ASRH programme, RKSK. This includes GBV in focus areas and targets 243 million adolescents.

UNFPA supported intensive capacity building efforts with healthcare personnel, managers and counsellors to assure the use of the MOHFW-developed SOP for medico-legal care of survivors of sexual violence as well as the SOP for a comprehensive response to the needs of survivors. In Odisha alone, UNFPA supported capacity building with a total of 838 doctors from government hospitals, 223 doctors from private hospitals, 588 staff nurses, 21 hospital managers, and 120 counsellors from clinics, centers and service NGOs. In addition, 471 as well as village-level health advocates were trained to increase their awareness on GBV. The state office in Odisha also provided technical assistance to the State government to develop SOPs for a coordinated multisectoral response to violence, including the health police, women and child welfare and justice sectors.

Contributions to outcomes (based on the Global ToC)

Gender Equality

Finding 22: UNFPA integration of gender equality objectives has led to more equitable relationships between women and men, and adolescent girls and boys (both in school and out of school), based on modest – but important – improvement in skills and attitudes.

Evidence from previous evaluations and group interviews as part of the case study revealed examples emerging of UNFPA-supported mainstreaming of gender into adolescent, GBSS, and medical interventions leading to changing power relationships. For example: in Aurangabad, the case study heard from a strong advocate of the Gender in Medical Education approach that junior doctors in medical colleges are starting to take a holistic view of the health of female patients, exploring their social histories and context and connecting them with a broad set of services to address their wider needs; the masculinities work is leading to examples of joint ownership of assets between wives and husbands.

The GBSS/GM thematic review (2016) found that UNFPA-supported in-school and out-of-school based programmes have suggested some modest improvements in skills and attitudes. The work with adolescent programmes provided examples of families intervening to stop child marriage and keep girls in school. In Udaipur District, Rajasthan, under the Action for Adolescent Girls Program, which uses the 3-phase curriculum addressing social, health and economic skills with a focus on developing girls' own agency, 14,000 marginalized girls in over 440 villages, were being reached through local clubs supported by peer educators--the majority of girls having completed the first two phases of the asset framework; (i over 200 girls had been re-integrated into an open school setting and 240 girls were enrolled into vocational training).

Whilst these changes are described as modest, they – and other similar change among other groups – were found by both the case study and the CP8 evaluation to have been relevant, strategically targeted, and catalysts for wider change. Nevertheless, the CP8 Evaluation recommended that greater mainstreaming of GBV is required across all thematic areas – indicating the detrimental effects of the varying focus given to GBV across CP6, CP7 and CP8.

Agency and Participation

Finding 23: Targeted national programmes, state policies and joint action plans have successfully been articulated in terms of the agency and equal participation of people who are socially and culturally marginalised.

Review of secondary evidence – in terms of evaluations and reviews – confirms the view of stakeholders that UNFPA has been influential in supporting discourse and policy that is grounded in an empowerment approach. Examples include:

- UNFPA Odisha partnered with state government to publish "Assessment of Tribal Sub-Plan and Scheduled Caste Sub-Plan Programme Implementation In Odisha" in 2015. The study has led directly into building institutional capacity for social inclusion.
- Approximately 30% of the recommended 23 hours in the school-based Adolescence Education Programme (AEP) curriculum are devoted to understanding and challenging gender stereotypes, abuse and violation. Throughout the curriculum, conscious effort has been made so that the portrayal of characters in the activities such as role plays, case studies, analysis of newspaper articles break gender stereotypes.
- Recognizing that success in changing actual trends/patterns of sex selection would require the engagement of a very broad-based constituency made up of diverse groups each holding a different interest in the issue—and not all of them organized as civil society groups. These actors would also need to understand fundamental shared messages on a sensitive and complex issue. Thus UNFPA worked with Breakthrough Trust to develop a communication guide 'A key to building a people's response to gender biased sex selection' which provided guidance on reaching out to and engaging a wide range of actors--young girls and boys, frontline workers, women's self help groups, local governance, teachers and the media.
- The 2015 Conference on Child Marriage set the issue firmly in the broader view of empowering girls; "…organized with the aim to strengthen joint actions by all relevant stakeholders in working towards the vision of a society, where girls experience healthier, safer and empowered life transitions, and make informed choices and decisions about their lives, including marriage, child bearing, and fully participating in social, economic and public life". The recently launched Action Plan emerging from this coalition building work capitalized on learning from work on GBSS the need to not only identify and bring together diverse stakeholders, but to give each of them a clearly defined role and means of contributing to moving the agenda forward based on their comparative strengths.

Enabling Environment Across the Life Cycle

Finding 24: UNFPA has contributed to both creating a large coalition of support for addressing gender biased sex selection, and to preventing backlash or negative political consequences.

As previously reported, UNFPA is credited by stakeholders as being the principal driver behind the conceptualisation and founding of Girls Count, which through NFI stewardship has grown to over 400 organisations and individual members. This is seen by civil society stakeholders to have broken the boundaries of GBSS, women rights and other groups coming together for common action.

Far less visible, however, is the significant and importance contribution that UNFPA has made to preventing the work on GBSS from generating significant political or social backlash. This has been achieved through both navigating the state-level and national-level politics, and through timely and trusted research intervention where dangers were identified. For example, UNFPA produced short guidelines on how to assure that work under the PCPNDT Act would not compromise women's reproductive rights as guaranteed by the MTP (Medical Termination of Pregnancy) Act. UNFPA also provided research on efficacy and ethics that halted the deployment software that secretly tracked all sonographic scans.

Furthermore, UNFPA has supported research on the mixed impact of financial incentive schemes in states, data on the overall status of girls and women, patterns of child sex ratios indicative of discrimination under age 6, and new data on child marriage to continuously refocus state-level policy dialogue on the overall status of girls and women, rather than isolated instrumental issues. Madhya Pradesh worked with the State Human Rights Commission to assess how well the state was doing "…addressing sex selection as a multi-sectoral issue" and engaged a range of actors from different sectors. At State level, UNFPA had a key role to play in the formulation of the Rajasthan State Girl Child Policy (2013) ,Strategic Action Plan for Preventing Child Marriage (2017), Vision 2021 (long term solutions to the gender bias issue) and the Chief Minister's Rajshree Yojana (2016) and is providing technical input for the Rajasthan State Women's Policy (2017). State level UNFPA staff were instrumental in the development of the Odisha State Youth Policy (2013) and Policy for Girls and Women (2014), and development of the Standard Operating Procedures for a coordinated response to gender based violence. It has also influenced the roll out of the BBBP in Maharashtra, Rajasthan, Madhya Pradesh and Bihar.

Although more difficult to attribute to change at the grassroots, the Laadli Awards are reported to have not just improved overall reporting but encouraged the media to report on GBV issues such as trafficking and acid attacks and high profile brands to place content on gender-based discrimination issues in their marketing. This work—when supported by the kind of programming described above--has the potential to foster a more supportive environment in a longterm perspective.

Gender responsive humanitarian action

Finding 25: Support to integration of GBV in emergencies has been small in scope and largely focused on embedding and building capacity for implementation of the Minimum Initial Service Package in disaster management plans and capabilities particularly at state level.

The case study identified substantial secondary evidence to support the position that UNFPA strengthened institutional capacity to mainstream sexual and reproductive health needs and GBV in humanitarian settings through advocacy with the National Disaster Management Agency (NDMA). This led to the development of a facilitator's manual for the minimum initial service package (MISP) for SRH in disasters. UNFPA supported SPHERE India to create a network of trainers at the national and regional levels. The number of individuals trained is presented below.

Table 2: Capacity development for GBV in Emergencies

Training on comprehensive MISP:	Training on GBV in humanitarian settings:

• 6 states of 15 experts each (2012) • 6 states of 30 experts each (2013) • MISP Comprehensive training and action plans full district level training 12 districts of Odisha (2014)	• 3 states of total 60 experts (2012) • 3 lead trainers (2013);

Whilst MISP integration in disaster management planning has progressed in Maharashtra and Odisha, UNFPA subsequently disengaged from the National Disaster Management Agency (NDMA) and the national Disaster Management Plan (2016) omitted MISP and SRH, and is not aligned with the national guidelines for FP and maternal health (CP8E, 2016 p48). The evidence of GBViE is thus very limited in the context of the case study.

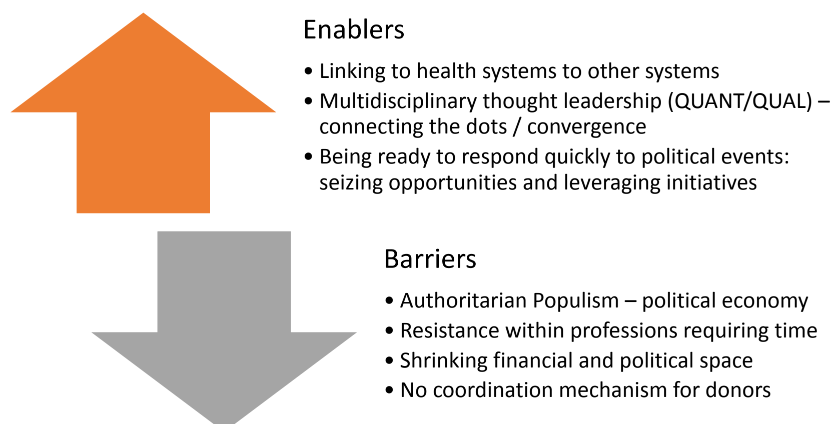
Sustainability

Sustained support

Finding 26: UNFPA has demonstrated a tendency to remain engaged with stakeholders and partners – through participation in both formal and informal processes – long after contractual or financial relationships have ended.

The case study analysed the drivers of change for progress in GBV and harmful practices (see diagram below). Whilst this highlighted a number of factors, it also identified the importance of sustained engagement and preparedness to respond to opportunities as key underlying requirements for systemic change.

Figure 5: Key drivers of change in GBV/HPs



This finding resonates with the CP8 Evaluation (2016 p13): "*Multi-faceted initiatives on specific ICPD-related issues that employed the full range of UNFPA's expertise, and were continued over two to three country programmes achieved the highest sustainable outcomes.* Effective long-term theory of change is based on the following principles—continuity, systemic comprehensive approach to modes of engagement, and sustainable managerial and technical systems. Sustainable outcomes for testing pilot programmes depend on adequate evaluation. Deployment of UNFPA's technical strengths across themes by breaking out of silos is a key principle."

Overall, the case study found that UNFPA has demonstrated remarkable endurance and sustained engagement in GBSS, varying levels of engagement with GBV, and continued uncertainty about its investment in the area of child marriage. However, where it is engaged, stakeholders report that UNFPA is a committed partner that remains engaged in advisory functions after completion of formal partnerships. Continuing to play an active technical role – which is typically the entry point for UNFPA

from the beginning—contributes to wider continuity and the maintenance of an influential network of relationships.

State level presence

Finding 27: The state-level offices are not only a critical feature of the UNFPA comparative strengths and operational model, they also offer a compellingly-high return on investment

The case study visited three states, but it also took evidence from stakeholders who work across all states where UNFPA has a presence. The overwhelming conclusion of both primary and secondary evidence is that a major tenet of UNFPA effectiveness, credibility and influence in India is grounded on the state-level offices. This presence is essential to the contextualised analysis and use of data, the adaptation of interventions to state-level needs, and the maintenance of powerful networks of influence.

State-level governments consider that there would be no meaningful partnership with UNFPA if it was only in Delhi. The case study witnessed first-hand the enormous reach and credibility that the very small state offices carry. State-level policy is a major point of influence in India, and has led to important examples of national change. For example, work with the judiciary in Maharashtra resulted in a compilation of case laws in relation to GBSS which currently serves as a reference book in all lower Courts (a second edition with a wider range of case law was also produced).

Overall, therefore, the case study found that the small state offices are highly effective, ensure good connections with government at an influential and stable level, and give a nexus for action research and national/global credibility. The maintenance of these offices is critical to the continued effectiveness of work on harmful practices and GBV. This is not to say that additional efficiencies cannot be found: for example, through co-working with UNICEF state-offices. Nevertheless, the current arrangement already offers robust value-for-money in terms of results.

Coherence, connectedness and coverage of interventions

Finding 28: UNFPA has refined an ability to map and then navigate complex spaces with overlapping agendas and institutions with a nuance that is not always fully visible.

Multiple findings have emphasised the contribution that UNFPA has made to support governmental convergence, especially around GBSS. In the highly complex institutional space in India, the case study found that the UNFPA approach to mapping and engaging in networks is a positive approach to taking advantage of wider efforts by identifying strategic niches to occupy. This is further enabled by the prevalent use of consultative and participatory processes in designing the strategies, content and accountability mechanisms for UNFPA interventions; and the convening power and legitimacy of the UNFPA brand.

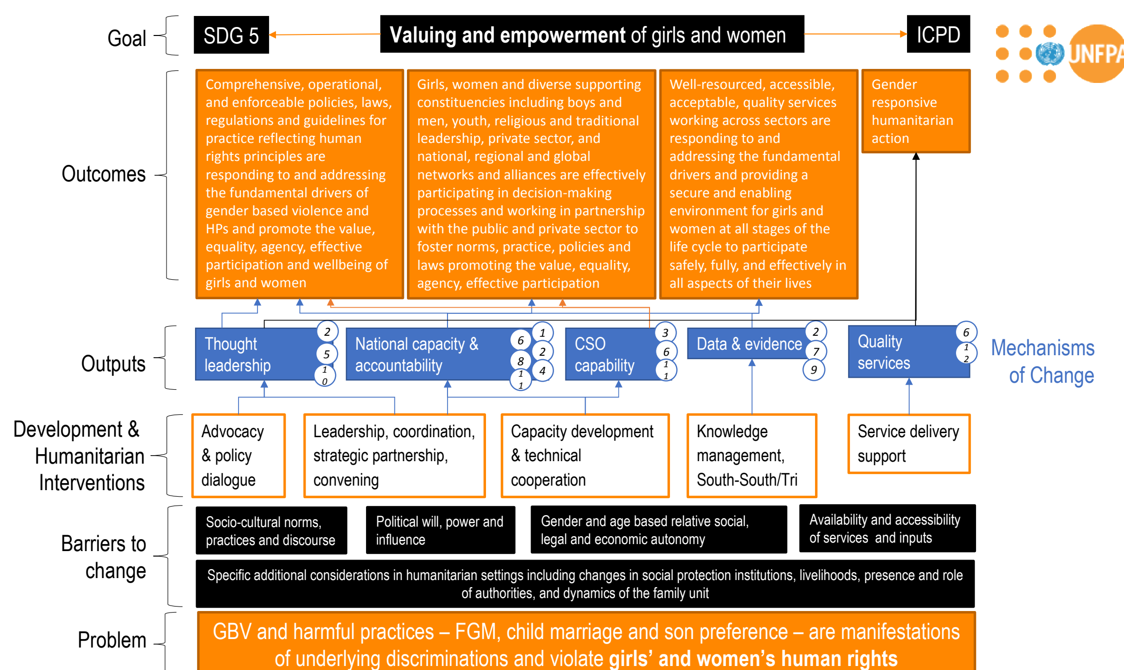
4. Considerations for the overarching thematic evaluation

The India case study raises a number of important implications for the global evaluation of GBV and harmful practices, beyond the process of the evaluation itself. The main global considerations are listed here.

Theory of Change

The India case revealed the centrality of the empowerment-approach and work to promote the inherent valuing of the girl child in UNFPA interventions. These are unique and defining characteristics of UNFPA, and thus the 'goal' statement of the global theory of change was revised to highlight this (see diagram below). Furthermore, the intervention, output and outcome level labels were also refined to better highlight the importance of the enabling environment, agency, the lifecycle, accountability, technical cooperation, and south-south learning.

Figure 6: Revised global Theory of Change



Scope of the evaluation

Whilst the scope of the results reported in the global evaluation will remain the period 2012-2017, the case of India highlighted that the performance story that is needed to explain these has to be far longer – in this case, at least 15 years.

The importance of the sub-national level

Viewed from a global perspective, it is easy to subsume state-level and field-level offices with a country office. However, the case of India clearly indicates the value of a more disaggregated and nuanced analysis. For example, some of the global thinking on GBSS may have come specifically out of experiences in Maharashtra. The global evaluation thus needed to give visibility to the sub-national level when tracing mechanisms of change and flows of knowledge.

The importance of the multi-disciplinary technical team

The case of India emphasises the porous boundaries of mainstreamed work on GBV – a challenge from an evaluative perspective but also an illustration of the value proposition of the combined capabilities of UNFPA technical experts in gender, population dynamics, adolescents and youth, health services,

education, communication, and data. Whilst evaluating GBV and harmful practices requires boundaries, it must also – therefore – take account of the convergence and influence of this multidisciplinary team work.

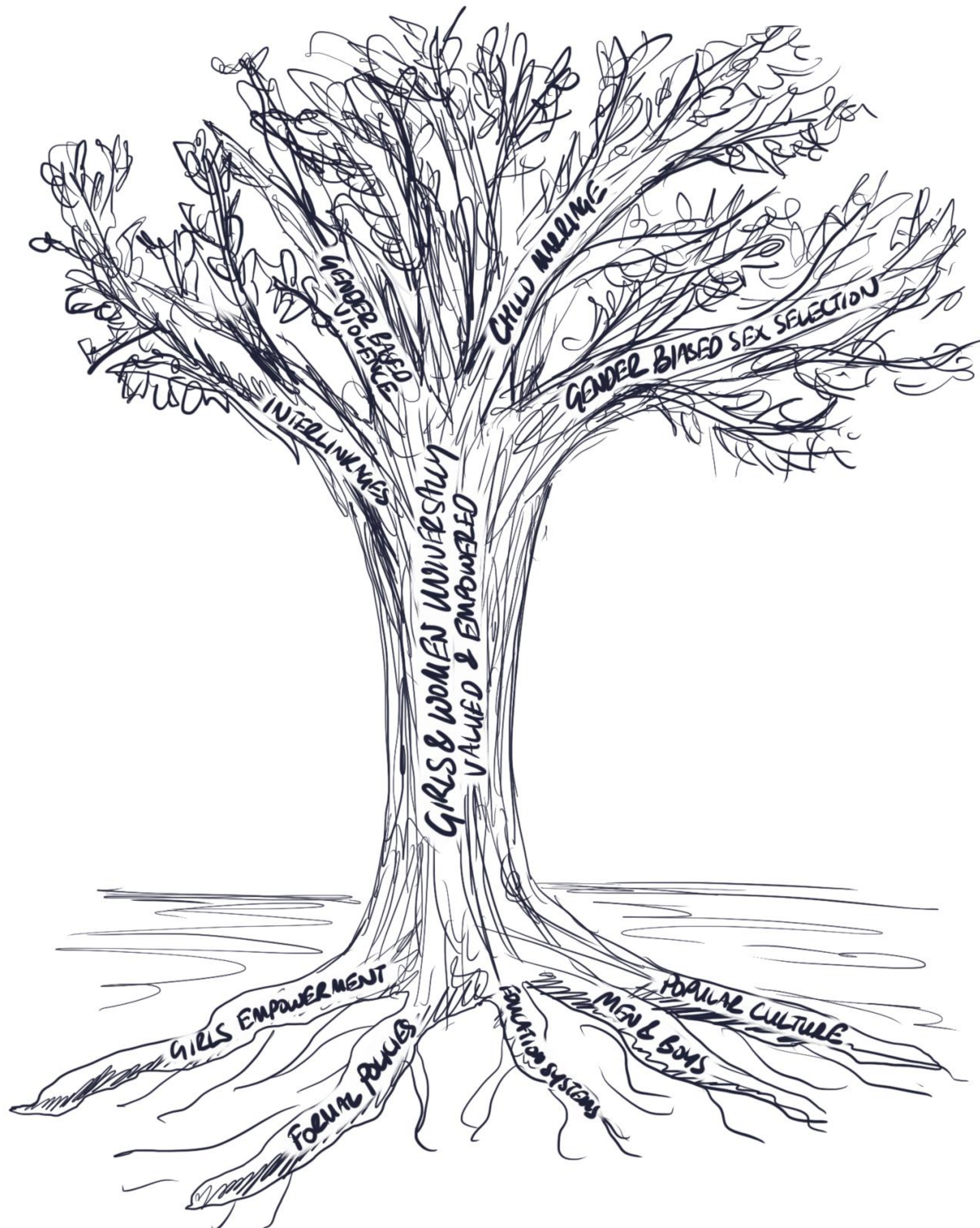
Power and influence of data and data literacy

Whilst India presents strong evidence on the use and effectiveness of data to influence policies and programmes, even within this case study variation was found between the different states. Analysis of the relevance and effectiveness of data-driven approaches may thus be confined to specific environments in which there is higher environmental demand for (and trust in) research and data. The global evaluation will need to examine this relationship across the different case studies.

Underlying drivers of discrimination

The India case revealed that the strategic selection of GBV or particular harmful practices to target has multiple dimensions and will always involve compromises and trade-offs. However, it also emphasises that each of these areas can also be construed as an entry point to address the common underlying drivers of gender-based discrimination, including patriarchy. Interventions in India have attempted to keep in mind a broader vision to leverage into transformative work and capacity that addresses these underlying drivers: something the global evaluation must also take note of. In the case of India, the case study worked with the gender team to reconceptualise the approach as a tree with different branches of issues connected to the common trunk of empowerment and the underlying roots of discrimination (see figure below).

Figure 7: The empowerment-centred approach to GBV and harmful practices in India



Three levels of contribution

In accordance with the systems-based influences on the global evaluation design, the case study illustrated that outcomes relevant to the global level can be distilled into three main levels: 1) direct contributions to outcomes, 2) indirect contributions to outcomes through others), and 3) influence on systemic outcomes. Some key examples of expected and unexpected outcomes are presented according to these levels in the table below.

Table 3: Contributions to different levels of outcomes in India

Levels of contribution	Expected	Unexpected
Systemic	• Breaking down boundaries between movements and interest groups • Reversing sex ratio decline in specific districts • Some evidence of increasing joint ownership and shared assets	
Indirect	• Growing constituencies: men and boys; media; GirlsCount coalition; medical officers; legal & sec • Capacity of the health system to respond • High Court Judgement (Allahabad) cited knowledge product of UNFPA citing UNFPA-supported evidence and Supreme Court appreciated UNFPA work on capacity building of Judicial Officers on GBSS in Maharashtra in a recent Judgement	• Problem displacement and cross-border (movement and culture) • Unwanted, abandoned and discriminated children • Increase exposure to risk of empowered girls in contexts of structural violence • Demand for services that are not available or unable to meet needs and expectations
Direct	• Technical guidance and documents • Knowledge base and evidence • Mitigating backlash • Social as well as technical awareness of medical staff and judiciary	

Overall, the case study identified five key contributions to GBV and harmful practices outcomes that are considered most relevant and illustrative for the global synthesis:

1. Stewardship of GBSS, including evidence, coalition, public consciousness, and PCPNDT implementation. National, regional and global contributions to knowledge.
2. Integration of GBV in state-level capacity and policy, including medical and legal education
3. Integration of GBV in adolescent and youth work, including both in-school and out-of school
4. Sensitising media and advertising to promote gender responsive coverage
5. Pioneereing work on masculinities with men and boys

Annex A: Reference Groups (Inception and Summit Workshops)

ERG: Inception workshop:
Dr. Ravi Verma, Regional Director, Asia, ICRW
Antara Ganguli, Unicef
Anju Pandey, UN Women
Dr. Abhijit Das, CHSJ
N. B. Sarojini, SAMA
Saroj Yadav, NCERT
Suruchi, Consultant, BBBP, MWCD

ERG: Summit workshop:
Dr. Kasonde Mwinga, Team Leader, Reproductive, maternal, newborn, Child and Adolescent Health; WHO Country office
Firoza Mehrotra, Independent expert
Dr. Ravinder Kaur, Department of Humanities and Social Sciences, IIT Delhi
Dr. Abhijit Das, CHSJ
N. B. Sarojini, SAMA
Suruchi, Consultant, BBBP, MWCD

Annex B: CORT participants/stakeholders consulted

	Name	Title
UNFPA (other staff were part of team and country office discussions)		
	Mr. Diego Palacios	Representative
	Ms. Ena Singh	Assistant Representative
	Ms. Jaya Jaya	National Programme Officer (ARSH)
	Mr. Sanjay Kumar	National Programme Officer (M&E)
	Mr. Rajat Ray	Senior National Programme Officer (Advocacy & Communication)
	Ms. Anuja Gulati Dhanashri Brahme	State Programme Coordinator, Mumbai National Gender Specialist
	Ms. Trisha Pareek	Consultant-BBBP , UNFPA, Rajasthan
	Dr. Deepa Prasad	State Programme Coordinator, Odisha
	Mr. Kumar Manish	State Programme Officer, Odisha
	Personal Interviews	**Designation, Organization**
UN Country Team (Delhi)		
	Dhuwarakha Sriram	UNICEF/Delhi, Child Protection/Adolescent Specialist
	Anju Pandey	UN Women, Programme Officer
	Dr. Rakesh Kumar	UNDP, Chief-Policy, Planning and Field Services
	Mr. Yuri Afanasiev	UN Resident Coordinator, UNCT
Government of India		
	Ms. Bindu Sharma	Director (IFD), Ministry of Health and Family Welfare
Government of Rajasthan		
	Ms Renu Khandelwal	Additional Director (Women Empowerment), Directorate of Women Empowerment
	Ms Nisha Meena	Additional Director (Self Help Group), Directorate of Women Empowerment (responsible for managing child marriage related initiatives)
		District Nodal Officer, BBBP/DWCD, Gajapati District
Government of Maharashtra		
	Dr. Archana Patil	Additional director, SFWB and Executive Director, SHSRC, Government of Maharshtra
	Dr. Asaram Khade	Nodal Officer and Consultant, PCPNDT. Government of Maharashtra
	Mr. Jayant Banthia	Former Chief Secretary, Government of Maharashtra
	Ms Vijaya Rahatkar	Chairperson, State Women's Commission, Maharashtra
	Dr. Madhukar Sangle District Health Officer, Beed Dr. N.S. Chavan District Civil Surgeon, Beed Dr Rajesh Tandale Taluka Health Officer Shirur, Beed district	

	Group of master trainers – ANW, ANM, ASHA, ICDS Supervisor, doctors Ms.Shobha Waghulkar (ANM, shirur, Beed district) Group of Sarpanch and Gram Sevaks (Shirur, Beed)	
Government of Odisha		
	Ms. Arti Ahuja	Former Principal Secretary of Health, Dept of Health and Family Welfare
	Dr. K. C. Das (with Representative for SPHERE)	Director of Public Health, Health and Family Welfare Department
Development Partners, Donors, Universities, NGOs and Others		
	Delhi	
	Mamta Kohli Nell Druce	Senior Advisor VAW, DFID Senior health Advisor, DFID
	Firoza Mehrotra	Independent Expert, Author CP8 Evaluation Thematic Review of GBSS/GM
	Masooma Ranalvi	Speak out on FGM
	Prof. Saroj Yadav	Dean (Academic) & Project Coordinator – NCERT
	Sharmila Neogi	Advisor, Adolescent Health and Gender, Health Office, USAID
	Mr. Amitabh Beher Rizwan Pervez	National Foundation of India; Secretariat, Girls Count Girls Count
	Ravinder Kaur	Department of Humanities and Social Sciences, IIT Delhi
	Niranjan Saggurti	Country Director, Population Council
	Savita Bakhry	Joint Director, Policy and Research, National Human Rights Council
	Vinoj Manning	Director, IPAS
	Satish Singh	Center for Health and Social Justice
	Murali Kunduru	IPPF (phone)
	Rajasthan	
	Mr Sanjay Nirala	Child Protection Officer, UNICEF
	Mr Ankur Kachhwaha	Programme Manager (AAG), Jatan (NGO), Udaipur
	Rama Rao	American Jewish World Service (by phone)
	Maharashtra	
	Dr.A.L.Sharada Mr. Sista	Director, Population First, Mumbai Executive Trustee, Population First, Mumbai
	Justice Shalini Phansalkar Joshi	Hon. Judge, High Court of Bombay

	Mr. Ambekar and Mr. Yarlagadda	Joint Director and Additional Director, Maharashtra Judicial Academy Maharashtra Judicial Academy
	Dr. S. Ahankari, Dr. Baig, 2 facilitators, 3 animators and 2 group members	Halo Medical Foundation, Sholapur
	Advocate Varsha Deshpande	Secretary, Dalit Mahila Vikas Mandal, Satara and Beed
	Resource persons for adolescent girls program Women Sarpanches	Shirur Kasar block, Beed district, Maharashtra
	Ranjana Jyoti Ram Hurkude	Sarpanch, Shivni village
	Dr. Srinivas Gadappa Faculty and post graduate students	HOD, ObGyn Department, Aurangabad medical college
	Dr. Naireen Daruwalla Ms. Neeta Karandikar, Ms Anjali Pore, Ms Kanchan	SNEHA, Mahatma Phule Nagar slum, Thane
	Ms Ujwala Kadrekar	Independent Consultant and Trainer, health sector response to violence
	Ms. Padma Deosthali, Ms. Sangeeta Rege, Amruta Bawdekar – cehat mumbai Dr. Hrishikesh, MGM Hospital Dr. Kamakshi Bhate and Dr. Padmaja, KEM Hospital, Mumbai	Mentors for the GME project
	Odisha	
	Sanjukta Tripathy	Program Officer, PREM, Gajapati District
	Group Interviews	**Organization**
	Mr Sunil Thomas Jacob Mr Rajnish Ranjan Prasad Mr Sachin Kothari Ms Divya Santhanam	UNFPA, Rajasthan, State Programme Coordinator UNFPA, Rajasthan, State Programme Officer UNFPA, Rajasthan, State RMNCH+A Coordinator UNFPA, Youth Consultant
	Dr Shobita Rajgopal Dr Kanchan Mathur	Professor, Institute of Development Studies, Professor, Institute of Development Studies Professor, IIHMR DNA News paper

	Dr Neetu Purohit Ms Kirti Garg Ms Radhika	Director, Jeevan Ashram (NGO)
	Dr. Binod Kumar Mishra, Dr. Ajit Kumar Mohanty, Ms. Shrabani Das, Mr. Manoranjan Pradhan, Ms Bonani Samal,	Director, Directorate of Family Welfare Joint Director, Directorate of Family Welfare State Facilitator, PCPNDT Cell Legal Advisor, PCPNDT Cell Equity Advocacy Manager
	Coordinators, Caseworkers, Counsellors, Consulting Ob/Gyns of One Stop Centre	One Stop Centre, Capital Hospital, Bhubaneswar (The evaluation team visited One Stop Centre at Capital Hospital, Bhubaneswar and had interaction with Coordinators, Counsellors, Doctors, Obs/Gyn)
	Self Defense Skills Class of girls aged 15-19	Gajapati District, Odisha (Action for Adolescent Girls) (The evaluation team observed the class and four of girls offered comments on their experience)
	Panchayat leaders, parents, religious leaders	Gumma Block, Gajapati District, Odisha (Action for Adolescent Girls) (The evaluation team was introduced to the overall group and five of the participants offered their commentary on the value of the program)
	Girl participants and Peer Educators aged 15-19	Gumma Block, Gajapati District, Odisha (Action for Adolescent Girls) (The evaluation team was introduced to the overall group and six of the girls offered their commentary on their experience of the program)
	ED and staff of CECOEDECON	Sawai Modhupur/Tonk, BBBP Program
	Panchayatt leaders, ASHAs, AWGs, Satchis, Gram Satchi	Sawai Modhupur/Tonk, BBBP Program (The evaluator was introduced to the overall group and four of the participants offered their commentary on the value of the program)
	Girl Participants in BBBP Group aged 10-19	Sawai Modhupur/Tonk, BBBP Program (The evaluator was introduced to the overall group and four of the girls offered their commentary on their experience of the program)

Annex C. Documents reviewed

UN and other Development Partners

1. India UNDAF. "United Nations Development Framework 2013-2017". http://www.in.one.un.org/img/uploads/India_UNDAF%202013-17_9Jul2012.pdf
2. UNFPA Strategic Plan 2014-2017. United Nations Population Fund. http://www.unfpa.org/sites/default/files/resource-pdf/Strategic%20Plan%2C%202014-2017.pdf

UNFPA India Country Programme Related Documents

3. The Government of India And UNFPA Country Programme 8 (2013-17) Annual Progress Report 2013/14; Annual Progress Report 2014; Annual Progress Report 2015 (June 2016)
4. UNFPA, Country Programme Evaluation India: Eighth Programme Cycle (2013-2017), December, 2016 (Report and Annexes)
5. Country Programme Document for India - CPD (2013 – 2017)
6. Country Programme Action Plan – CPAP (2013 – 2017)
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