



RULE OF LAW AND REPRODUCTIVE HEALTH PROGRAM

“GARIMA” FINAL REPORT

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LIST OF ACRONYMS

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi worker
APP	Assistant Public Prosecutor
CBR	Community Based Response Group
CECOEDECON	Center for Community Economics & Development Consultants Society
DGC	Dignity of the Girl Child
GBV	Gender Based Violence
GNS	Gharib Nawaz Mahila Avum Bal Kalyan Samiti
GUARD	Group for Urban and Rural Development (GUARD)
ICPRD	Independent Commission for People's Rights and Development
ICDS	Integrated Child Development Services
IHMR	Institute of Health and Management Research
MWI	Muslim Women's Initiative
MCHN	Maternal and Child Health and Nutrition Days
NCR	National Capital Region
NCW	National Commission for Women
NGO	Non-Governmental Organizations
NSS	National Sample Survey
NRHM	National Rural Health Mission
PWDV Act	Protection of Women from Domestic Violence Act
PCPNDT Act	Prenatal Diagnostic Technique Act
PCM Act	Prohibition of Child Marriage Act
PHCs	Primary Health Centers
PRIs	Panchayati Raj functionaries
VAW	Violence Against Women
RCH	Reproductive Child Health
RH and FP	Reproductive Health and Family Planning
RIPA	Rajasthan Institute for Public Administration
RTIs and STIs	Reproductive and sexually transmitted infections
SHG	Self Help Groups
SLSA	Rajasthan State Legal Services Authority
SMM	Spurthi Mahila Mandal
SURE	Society to Uplift Rural Economy
SVYM	Swami Vivekananda Youth Movement
VHSCs	Village Health and Sanitation Committees
WCD	Women and Child Development
WLRI	Women's Legal Rights Initiative
WPC	Women Power Connect
YFAGBV	Youth Forums Against Gender Based Violence

I. EXECUTIVE SUMMARY

The India Rule of Law and Reproductive Health (RLRH) Program, also known as ‘GARIMA’ (or ‘dignity’ in Hindi) was funded by the United States Agency for International Development (USAID) and implemented from October 2009 to March 2011 by Counterpart International (Counterpart) in partnership with the International Foundation for Electoral Systems (IFES). The **goal** of Garima was to support Indian institutions and civil society to enhance the ability of Indian women to prevent gender-based violence (GBV), enhance their ability to improve their reproductive health and increase their access to justice.

To achieve this goal, Garima worked to strengthen the ability of civil society and community groups to advocate for improved implementation of the Domestic Violence (DV) Act, the Preconception and Prenatal Diagnostic Technique (PCPNDT) Act, and the Prevention of Child Marriage (PCM) Act, or the “three Acts”, influence existing governance and service structures to institutionalize good practices that promote the dignity of girls and women and increase their access to justice and development resources, and build capacities of key justice and health service providers to respond to GBV.

The program was implemented over a relatively short period of 18 months and consisted of a number of primary activity components including Advocacy, the Muslim Women’s Initiative (MWI); Reproductive Health (RH) and Family Planning (FP) promotion; Prevention of GBV; Dignity of the Girl Child (DGC); Establishment of Youth Forums; and Providing Women’s Health Referral Services.

Garima’s advocacy component focused on building the capacity of implementing partners to better monitor and advocate for improvements to administering of the PCPNDT Act, DV Act and PCM Act. Over the life of the project, Garima’s partner Women Power Connect successfully conducted seven advocacy campaigns. These campaigns were designed to target policy makers (National and State) to persuade them to take additional steps to strengthen the implementation of the DV Act, PCPNDT Act and the PCM Act.

As a result of initiatives taken under MWI, Garima strengthened Muslim women’s ability to access their rights under the Indian constitution and the Qur’an through enhanced male and female understanding of women’s rights. MWI activities emphasized the importance of reproductive health practices and increasing Muslim women’s awareness of their rights concerning reproductive health and GBV.

Through DGC, Garima conducted capacity building training for Village Health and Sanitation Committees (VHSCs) and community-based response (CBR) groups to strengthen their capacity to organize and conduct regular monthly meetings, as well as conduct trainings on the three Acts, RH and FP.

The VAW component supported interventions aimed at engaging young men and boys, gatekeepers in their communities, as a strategic partner in the struggle to combat GBV. Youth campaigned against domestic violence, female feticide, sexual harassment, rape, alcoholism, and child marriage, supported advancements in educational opportunities for women and girls, and promoted gender equity and equality at home and in their communities.

In an effort to strengthen the existing network of referral services available to victims of GBV, Garima partnered with Vishakha, a local NGO with more than two decades of experience in training professionals with a legal and social services background to establish eight counseling centers in Rajasthan to serve as referral points where victims receive psychological and legal counseling, health care services, and financial advice. This partnership resulted in increases in the level of access women have to counseling services, the development of linkages between referral points and government health departments, and the training and deployment of paralegal counselors capable of providing immediate legal advice and support to victims of GBV in target communities.

In addition to strengthening the implementation of the three Acts through advocacy campaigns, establishing linkages with key government institutions, and providing additional medical and legal resources to women in need, the project also emphasized the need for improvements in the competencies of key justice and health sector officials to enable to better respond to incidents of GBV.

Garima successfully met, and in most cases exceeded, most of the target performance and results indicators established in the Program Monitoring and Evaluation Plan (see **Attachment B** for details). Select program impacts include:

- Reached over **100,000** individuals through **10** national gender rights and health awareness campaigns conducted in New Delhi, Karnataka and Rajasthan. Events included meetings, training programs, mass rallies, and street theater performances. Of these individuals, **13,973** participated in trainings on RH and FP, and **24,257** pledged to protect women and children from violence.
- Empowered **17,753** women by informing them of their rights under the three Acts.
- Engaged **93** national- and **69** state-level policy makers to strengthen the implementation of the DV, PCPNDT, and PCM Acts.
- Encouraged district and community level authorities (such as panchayats, collectors, district PCPNDT advisory cells, and other officials) to initiate **187** steps to strengthen implementation of the DV Act, PCPNDT Act and the PCM Act.
- Encouraged **16** Central and State Governments and their health departments to strengthen the implementation of the three Acts, and to treat GBV as a health issue.
- Engaged the Department of Health and Family Welfare, the Department of Women and Child Welfare, PCPNDT state-level cells, and **33** district level PCPNDT Cells under the National Rural Health Mission (NRHM) in improving the overall implementation of the three Acts.
- Developed and launched a groundbreaking website (www.hamaribeti.nic.in) to support the implementation of the DV, PCPNDT, and PCM Acts through intensive monitoring and evaluation of complaints registered online.
- Established a **hot line** for victims of GBV in Rajasthan.
- Improved the service delivery of **70** pilot Primary Health Centers (PHCs). Providers were encouraged to focus on more client-centered, demand-driven, and right-based approaches to their service delivery.
- Conducted gender health and awareness training for over **2,500** VHSCs each of which is now promoting family planning and reproductive health at the community level.
- Strengthened **1,025 community-based networks** through technical training programs and orientation sessions, increasing their capacity to provide legal information and referral support to victims of GBV.
- Encouraged **7,900** individual actions to be taken at community level by CBR groups and NGO partners to combat GBV, female feticide & child marriage.
- Trained **248** health and justice sector personnel in methodologies and approaches for treating victims of GBV.

- Leveraged more than **\$1 million** in external resources through public-private partnerships.

II. KEY PROJECT IMPACTS

1. Advocacy

1.1 Increase in awareness of lawmakers on Three Acts of GBV through advocacy campaigns and subsequent actions taken by Parliament and/or State governments, such as additional allocation of resources, to promote the Acts

WPC completed an analysis of the implementation and allocation of financial and human resources for the DV, PCPNDT, and PCM Acts in the 20 project states. The results showed that there were a multitude of shortcomings with respect to the implementation of the three Acts. WPC presented their findings to policy-makers and other government representatives at the national level, including the Minister for Women and Child Development (WCD), and the National Commission for Women (NCW), as well as to officials at the state-level. NCW and WPC are now partnering in carrying out "Strategizing Advocacy on Effective Implementation of Women Friendly Laws," focusing on the organization of five regional level meetings each year for a period of three years.

During the term of the project, WPC and its partners met with eight national and 69 state elected officials or Ministers (for a total of 77) to discuss taking steps to strengthen the implementation of the three Acts. In Andhra Pradesh alone, WPC, in partnership with Vasavya Mahila Mandali (VMM), met with 16 policy makers regarding the implementation of the three Acts.

Steps taken by Central and State governments and their health departments to strengthen the implementation of the DV, PCPNDT, and PCM Acts as a result of Garima activities included the following:

- In Andhra Pradesh, WPC's partner organization, Vasavya Mahila Mandali, met with the Directorate of Women Development and Child Welfare, who after being approached by Garima, agreed to host a meeting in February 2010 at the Directorate's offices in Hyderabad.
- Ms. Galla Aruna Kuamri, Minister, Government of Andhra Pradesh, met with WPC's focal point and agreed to share and deliberate a list of resolutions on the three Acts with other concerned ministers.
- After meeting with the Speaker of the State Legislative Assembly in Uttarakhand, he promised to place issues concerning women on the Assembly's agenda.
- NCW funded WPC to conduct five regional meetings (one in each region of India) addressing the implementation of women-friendly laws.
- A memorandum was given to the Home Minister, P. Chidambaram, to support the early formulation of special legislation on 'honor' killings. The Minister assured WPC that the process of formulating special legislation was being initiated.
- After a gender budgeting program conducted by WPC in Orissa, WPC's partner organizations successfully advocated for an increase in the government's budget for DV Act implementation.

1.2 Greater representation of women in decision-making process through appointments of WPC members to high-level committees

WPC members' experiences and knowledge in the intervention areas made them strong candidates for appointment to a host of high-level committees. A sample of members, their state, and their appointments, is as follows:

- Hasina Kharbhi (Meghalaya) - Ministries of Women and Child and Health Core Group on Convergence
- Indrani Sinha (West Bengal) - Central Committee on Trafficking, WCD; West Bengal State Committee on Trafficking, Child Welfare Committee
- Subhash Mendhapurkar (Himachal Pradesh) - Central Advisory Committee (PCPNDT Act)

- Dr. Hamsa (WPC Executive Director, Delhi) - Committee of Experts, NCW
- Namrata Chadha (Orissa) - Orissa State Legal Services Authority
- Mahila Rajsatta Andolan (Maharashtra) - Maharashtra State Women's Policy Review Committee, National Platform to Promote Decentralization (NPPD), and State Mentoring Committee
- G. Rashmi (Andhra Pradesh) - State Women and Children Empowerment Society, State Trafficking Committee for Women and Child Development, Krishna District Trafficking Committee
- Dr. Ranjana Kumari (WPC President, Delhi) - PCPNDT, Ministry of Health and Family Welfare; National Steering Committee on Trafficking in Women and Children

1.3 Increases in financial sustainability of WPC through formation of state chapters, increases in membership

WPC identified strong partners to work at the state-level as WPC focal points in the 20 project states. With the assistance of WPC and the Garima advisor, state partners organized meetings, identified issues of concern, developed advocacy materials and strategies. A total of 1,156 people attended WPC state and regional organizational development meetings. As a result, WPC strengthened its regional networks and established active organizational structures in the states. WPC increased its membership by 430, bringing the total to 1,430. This represents a 31% increase over the project period.

In addition to the number of new members added during the project period, the quality of WPC's membership also improved. One example illustrating this point is the recent addition of the Secretary of the State Women's Commission, who joined WPC after meeting with one of the organizations local partners based in Andhra Pradesh, Vasavya Mahila Mandali (VMM). As a result of the Secretary of the State Women's Commission becoming a WPC member, a joint program was organized by WPC's focal point and the State Women's Commission on March 8, 2011, focusing on implementation, challenges and way forward regarding the PWDV Act.

New WPC members helped to increase the overall base of paying members, although this was a modest increase. More importantly for financial sustainability, the focal points in the 20 states carried out work for WPC in their states, recruited new members who will be involved in WPC and serve as volunteers, and made the resources of the NGOs available to WPC. For example, focal points made office space in their NGOs available to WPC. At the conclusion of the project, Sanlap, a partner NGO in Kolata and Delhi, provided one person to work exclusively on WPC issues in Delhi. Each of these activities helped to ensure the sustainability of the organization over the long term.

By the end of the project period, Garima partner organizations assumed ownership of WPC in their respective states and agreed they would continue to include WPC's objectives in their work.

2. Expanding Outreach and Strengthening Linkages

2.1 Increases in Government of Rajasthan support for community action against GBV and improvement in women's reproductive health through training of VHSCs on Three Acts

As a result of partnerships established by Garima with local implementing partners and the Government of Rajasthan, the following actions were taken by the government in support of community action to eradicate GBV and improve the quality of reproductive health services available to women:

- Swaasthya Chetna Yatra (Health Awareness March) - Rural Health, Research and Development Trust (URMUL), and Society for Child Development and Education in Rajasthan (VIHAAN), in partnership with District Collectors in Hanumangarh and Sri Ganganagar (the administrative heads of the districts), planned and conducted the Swaasthya Chetna Yatra (Health Awareness March), a month-long health campaign (September 15-October 15, 2010) funded by the Department of Health and Family Welfare. Through their involvement,

Garima partners successfully integrated DGC issues into the larger outreach effort, including an emphasis on combating sex selection, preventing child marriages, and raising reproductive health awareness amongst women at the community level.

- Prashasan Gaon Ki Ore (Administration on the Village Doorstep) - This program, initiated by the Government of Rajasthan in November 2010, sought Garima's assistance in providing greater outreach and information dissemination regarding various government welfare schemes designed for the rural poor and marginalized communities.
- Prevention of Child Marriages - As a result of URMUL's thorough campaigns against child marriage and the linkages it developed with government authorities, 26 child marriages were prevented in the district of Sri Ganganagar.
- India's Republic Day - As a result of these partnerships, several Garima partners were formally invited to work with the district administration in planning and executing India's Republic Day, held on January 26, 2011. This event, which included a float parade, was used as a platform to advocate for women and children's reproductive health rights, as well as the rule of law at the community level in both Hanumangarh and Sri Ganganagar.
- VHSC Trainings - In partnership with the Government of Rajasthan, the project conducted three rounds of training, provided technical assistance to more than 256 VHSCs, and over 2,814 VHSC members (2,145 women and 669 men). Training sessions included topics on: (i) basic knowledge understanding of the program's three objectives; (ii) RH and FP; (iii) birth registration and issuance of appropriate certificates; (iv) sex ratios; and (v) the importance of early pregnancy registration.

2.2 Promoting the role of youth in reducing violence against women (VAW) through training on three Acts and GBV identification

- Training of Trainer (ToT) Programs in Delhi - Garima, through its local partner - Society to Uplift Rural Economy (SURE) - carried out a program to educate urban youth on the consequences of sex selection and conducted three ToT programs for **108** program officers (POs) and student leaders (SLs) under the guidance of the New Delhi National Service Scheme (NSS). A total of **22** Peer Educator Volunteers (PEVs) trainings were organized for **2,154** PEVs (899 males and 1,255 females). Training materials, modules, and communication materials were redesigned and updated, along with a handbook (in English) published and distributed to PEVs. SURE organized an information exchange event for relevant stakeholders to discuss options for future engagement with the NSS, and drafted sustainability plans. As a result, the New Delhi NSS has expressed interest in expanding this program to 80 additional colleges affiliated with New Delhi University.

2.3 Increases in number of women aware of their legal and health rights (including RH and FP)

- Forming New Women's Collectives and Strengthening Existing Groups - Through MWI, the program placed a heavy on raising the educating Muslim women so that they were more aware of their reproductive health rights and the medical services available to victims of GBV. Over the course of one year, the program met with over **534** women's groups, and **6,630** members. Local partners conducted monthly meetings with group members to share information on women's reproductive rights, pre- and post-natal care, birth spacing within an Islamic perspective, the importance of medical support during deliveries, birth registration, and immunization.

Women's groups were also given an overview of the three Acts, as they related to domestic violence, pre-natal testing and child marriage. Expert gynecologists were regularly invited to group meetings to share information about RH and FP methods with members. Members were taken on exposure trips to nearby PHCs, hospitals and other referral points to become more familiar with the services available at these facilities. As a result of these

efforts, over **9,779** members received primary health care services, such as advice and medication on FP and other ailments, while **1,176** received pre-natal, post-natal and post-partum care in Karnataka and Rajasthan.

2.4 Expansion of health and legal service networks accessible to women in need through increases in number of trained staff at existing facilities and public awareness campaigns

- Garima, through its partnerships with local organizations, strengthened **1,025** community-based organizations (CBOs) that provide legal information and referral support to women facing violence. As a result, **7,900** actions were taken at community level by CBOs and NGO partners against gender-based violence, female feticide and child marriage. The program also achieved a **45%** increase in referrals made by Accredited Social Health Activists (ASHAs), expanding women's access to RH services.

3. Capacity Building of Key Justice and Health Service Institutions

3.1 Improvements in health and justice sector personnel understanding of GBV issues and development of systems, protocols and processes for addressing GBV

- As a result of trainings conducted by Garima under this objective, the program increased the knowledge and understanding of **343** health and justice sector personnel (159 female and 184 male) on the three Acts and issues related to GBV. One of the outcomes of these trainings was the formation of a network consisting of **28** advocates and **8** representatives, and **3,000** female members from NGOs working to enhance women's access to justice.

III. PROJECT ACHIEVEMENTS BY OBJECTIVE

Objective 1: Strengthen the ability of civil society and community groups to advocate for improved implementation of the Protection of Women Against Domestic Violence Act (DV), the Preconception and Prenatal Diagnostic Techniques (Prevention of Sex Selection) Act, (PCPNDT), and the Prevention of Child Marriage Act (PCM).

1.1 Advocacy Training and Capacity Building

During the project period, Garima held 24 trainings and meetings related to the three Acts, two of which were focused on advocacy, 17 were state-level coordination meetings, four were regional level coordination meetings, and one was a national meeting. These meetings primarily focused on building the capacity of implementing partners to better monitor and advocate for improvements to administering of the PCPNDT Act, DV Act and PCM Act. Meetings also resulted in government officials interacting with NGO workers, individual activists, lawyers, and grassroots workers to understand their demands with regard to the three Acts.

WPC conducted two training programs on 'Strategizing Advocacy for Effective Implementation of Women Friendly Laws' in August 2010 in New Delhi and Kolkata, Bengal, with senior representatives from Garima partner organizations. The objectives of these programs were to develop participants' understanding of advocacy methodologies and approaches, with a focus on the three Acts, and to share the experiences and further enhance the skills of the participants. Participants then used the tools from the workshop to develop advocacy documents on the implementation status of the three Acts in their respective states.

WPC organized a meeting in October 2010 in Assam which hosted 30 participants from civil society and government. WPC introduced its priority issues and held discussions on the implementation of women friendly laws in Assam, with emphasis on the three Acts and GBV as a health issue. The participants assured WPC that they would take an active part in the advocacy activities implemented by Garima. A similar meeting was organized in Patna,

Bihar in November 2010 hosting 40 participants. The meeting produced an alliance among CSOs, dedicated to promoting the three Acts through advocacy campaigns and other related initiatives.

In November 2010, WPC held a one-day state-level meeting in Shillong, Meghalaya, hosting 40 participants, including NGOs, lawyers, and community leaders. This meeting focused on the implementation status of the three Acts. The meeting produced a fruitful discussion on advocacy strategies and how best to discuss improvements to the implementation of the Acts with policy makers. Following this initial meeting, the Meghalaya focal point held meetings with 13 policy makers, and provided them with written suggestions on how to improve the implementation of the three Acts.

In November 2010, WPC in Kerala formed a core committee to strengthen the activities and draft an advocacy strategy to improve implementation of existing legislation. The recommendations were as follows:

1. Develop an Action Plan for the state, district and regions of Kerala
2. Organize issue-based activities and bring them to the government's notice
3. Generate legal awareness among women with networking among NGOs and other civil society organizations
4. Conduct membership drives by involving experts from different walks of life
5. Reach out to youth in each WPC activity
6. Strategize an advocacy plan and prepare advocacy documents
7. Advocate with government to form special courts to deal with the Domestic Violence Act.

After the preparation of the recommendations, WPC's focal point in Kerala advocated with policy makers on the implementation of three Acts. WPC developed advocacy documents and reached out to youth through a public event at a college on International Women's Day. The event introduced WPC to the students and emphasized the importance of the three Acts. They also carried out a membership drive.

WPC held a regional meeting in Guwahati, Assam in November 2010 with participants from Meghalaya, Assam and Arunachal Pradesh. The meeting covered the implementation of the three Acts in the North East Region. The group strategized how to actively advocate for the priority issues at the state-level, including having a roundtable discussion with the State Women's Commissions of Assam and Meghalaya in order to understand what steps are being taken, if any, to improve the implementation of existing legislation.

A WPC representative visited two project partners, ADITHI and GENVP, in Bihar, in December 2010 to help them develop a clear understanding of the project and re-strategize advocacy initiatives on the PCPNDT Act, resulting in the partners' making plans to work more effectively at the grassroots level. The government of Bihar appointed GENVP as an official resource group. The project partners succeeded in getting the Government of Bihar to form a State Advisory Committee to address PCPNDT Act implementation.

Eighty participants attended a meeting in Dehradun, Uttarakhand in December 2010; the group included elected women and NGO representatives from all 13 districts of the state. The participants prepared a strategy for networking among CSOs and agreed to prepare an advocacy plan for the state on the three Acts. As an outcome of the Garima Project activities in Uttarakhand, WPC's partner, Jan Jagriti Sansthan (JJS) lead discussions among the state's NGOs and government officials on the three Acts; WPC and JJS recruited members from all districts of the state, which resulted in WPC and its work being widely introduced across the Uttarakhand; and Mahila Samakhya appointed JJS as a member of the state resource group.

WPC held the Eastern regional meeting in Patna, Bihar in January 2011 and the Southern regional meeting in Hyderabad, Andhra Pradesh in February 2011. Participants at both meetings discussed the existing legal provisions for implementation of the three Acts, highlighted gaps in the implementation of the Acts, and developed advocacy strategies and action plans. The following areas are concepts identified for future programming:

- Increasing community awareness of available governmental schemes

- Training and capacity building of all stakeholders
- Monitoring and evaluation of the implementation of the Acts
- Development of prevention strategies regarding violence against women
- Training frontline workers
- Establishing women police cells.

At the **Orissa** state-level meeting in February 2011, WPC covered the implementation status of the three Acts in Orissa. Grassroots individuals expressed their views and WPC reached out to activists and field workers to highlight the organization's objectives and vision. The group decided that there was a dire need to review policies thoroughly and drafted recommendations for the three Acts, specifically for district and state-levels. They plan to institute an ongoing dialogue between WPC members and members of legislative assemblies, ministers and parliamentarians to gain their support and cooperation. The meeting itself provided an opportunity for WPC's state partner to discuss these issues with government officials in attendance.

WPC's meeting covering the Western region of India (Gujarat, Maharashtra, Madhya Pradesh and Rajasthan) in Ahmedabad, Gujarat in March 2011, offered participants and WPC focal points from the Western states an opportunity to discuss the implementation status and put forward recommendations regarding the three Acts in their respective states. This information was used to formulate a regional plan of action initiating the following activities:

- Establishment of a special task force to review cases of infractions committed by medical practitioners detecting the sex of unborn children, and suspend licenses in those cases deemed to have violated the Act.
- Intensive and regular behavior change communication programs to support women and girls in all the four states, with an emphasis on community engagement.
- Enforcement and monitoring of activities regulated by the three Acts at the village level through the deployment of additional Protection Officers.
- Development of uniform legal codes across all states and territories in India to enforce compulsory registration of marriages.

WPC held separate state-level meetings focusing on the implementation of the three Acts in the states of Haryana and Jharkhand in March 2011. These meetings highlighted the implementation status of the three Acts and focused on advocacy strategies and the way forward. In Jharkhand, the 67 participants prepared an action plan including:

- Orienting the police and other government officials on the three Acts
- Involving various CSOs in advocacy through workshops, meetings and distribution of leaflets
- Focusing on the major problem being faced in Jharkhand of migration and trafficking, in addition to the three Acts.

WPC held its final meetings of the Garima project in March 2011 in New Delhi. A one-day national consultation on "Addressing Gender Inequalities: How Effective are Laws?" was followed by a one-day meeting entitled "Garima Project: Implementation Processes, Experience Sharing and Way Forward." Ninety-three people attended the meetings, including Garima Project partners, Delhi WPC members, government officials, and NGO representatives. The consultations focused on the experiences and challenges of the partners while implementing Garima, and how partners can continue to take the vision and identity of WPC forward.

All state and regional meetings resulted in WPC members and non-members coming together in order to understand the work of WPC and the Garima Project, developing strategies for advocating with government officials for the effective implementation of the three Acts, building alliances and networks, and strategizing the launch of membership drives and campaign activities. These activities strengthened WPC members' commitment to WPC. The project fully expects state governments to move forward with recommendations developed under Garima in period following the conclusion of the project.

1.2. Issue-based Interventions and Advocacy Campaigns

Over the life of the project, WPC's successfully conducted seven advocacy campaigns. These campaigns were designed to target policy makers (national and state) to persuade them to take additional steps to strengthen the implementation of the DV Act, PCPNDT Act and the PCM Act. This resulted in 35 new steps taken by 92 policy-makers.

In 2010, WPC played a central role in the successful passage of the 33% **Women's Reservation Bill**.¹ WPC identified 93 parliamentarians to whom letters were sent on the issue to keep it alive for passage in both houses in 2011. In 2010, WPC organized a network of civil society organizations, known as the "Alliance for 33%". The Alliance carried out a mass signature campaign in various states. WPC also collected hundreds of signatures from college students. The signature campaign was a run up to a mass rally at Parliament House on July 29, 2010, at the beginning of the monsoon session of Parliament. Many popular public figures, including actors Sharmila Tagore, Shabana Azmi, and Javed Akhtar, spoke at the rally. Members of Parliament from across political lines expressed their solidarity by participating. WPC President Ranjana Kumari addressed the gathering. Achievements from this event included WPC representatives advocating on the issue with political figures who participated in the event, introducing WPC to students at Delhi colleges through the signature campaign, and carrying out the signature campaign in other states with WPC's name appearing on signature banners.

In the spring of 2010, in partnership with UNIFEM and the Ministry of Women and Child Development, WPC conducted a one-day workshop addressing the issue of GBV as a health issue. The program focused on the integrating interventions implemented by the Ministries of Women and Child and Health and Family Welfare in the areas of human trafficking and HIV/AIDS. Attendees included WPC members, as well as representatives from the GOI. As an outcome of the workshop, a core group consisting of representatives from the government and civil society organizations was formed to facilitate the integration process, ensuring maximum performance of programs being implemented by various stakeholders and minimize duplication of effort.

Taking note of the alarming rise in the number of 'honor' killing cases, WPC organized a discussion on the issue with representatives from the community and government officials in July 2010. WPC's Executive Director, WPC's President, and others addressed the 70 participants (including media). An outcome of the meeting was the formation of an alliance of organizations to work on the issue, to be led by WPC. Two subsequent meetings of this alliance took place at WPC's office. Follow up advocacy activity included sending letters to the Ministers responsible for formulating special legislation on 'honor' crimes requesting early action and to the Chief Ministers of Uttar Pradesh, Haryana and Delhi, the states where the highest number of 'honor' crimes have been occurring, asking them to address the issue.

The 2011 census highlighted the worsening child sex ratio situation. WPC's Executive Director and others met the Rajya Sabha Standing Committee on Petitions to present a petition on the PCPNDT Act in December 2010. The Committee received the petition and assured the delegation that it would be taken up. The next step is for the recommendations to be considered by the Ministry of Health and Family Welfare.

WPC's commitment to advocating for the effective implementation of women-friendly laws was recognized when the Planning Commission asked WPC to be the lead organizer of NGOs for a consultation on inputs for its 12th Plan Approach Paper.² In December 2010, in Chennai, WPC brought together activists, academicians, and researchers

¹ The Women's Reservation Bill or the Constitution (108th Amendment) Bill, is a pending bill in India which proposes to reserve 33% of all seats in the Lower house of Parliament of India the Lok Sabha and state legislative assemblies for women.

² The Planning Commission was set up by a Resolution of the Government of India in March 1950 in pursuance of declared objectives of the Government to promote a rapid rise in the standard of living of the people by efficient exploitation of the resources of the country, increasing production and offering opportunities to all for employment in the service of the community. The Planning Commission is charged with the responsibility of making assessment of all resources of the country, augmenting deficient resources, and above all, formulating five-year national development plans to ensure the most effective and balanced utilization of resources and determining priorities.

from 15 states, and representatives from the UN, to meet with members of the Planning Commission about the inclusion of women's issues in the 12th Plan Approach Paper. After intense deliberations, a set of recommendations emerged for the four key areas:

- Governance, Decision Making and Political Participation
- Right to Essential Services (Education, Health, Water, Food Security, Child Care Services, Transportation and Infrastructure)
- Violence against Women
- Economic rights, environment, livelihood access to markets, technology and skill development.

From its work with the Planning Commission, WPC received national recognition as a strong women's organization that could play a central role in representing civil society organizations before the Government of India. In general, as a result of these activities, WPC strengthened its position as an umbrella organization in India committed to women's empowerment.

At the state level, WPC met with a number of policy makers about the three Acts, such as Mr. Bhupinder Singh, Chief Minister of Haryana (August 2010), and Sri. Damodar Raut, Minister of Social Welfare, Government of Bihar (June 2010). WPC's partners across the country also met with policy makers in their states. As a result of these meetings, verbal commitments were given by the policy makers to take the priority issues forward. For example, the outcome of WPC's meeting with the Speaker of the State Legislative Assembly in Uttarakhand was that he promised to place issues on the three Acts on the Assembly's agenda.

In November 2010, WPC's Executive Director, Dr. N. Hamsa, visited Rajdhani College at Delhi University, where she highlighted WPC's priority issues, its place as an umbrella organization and the importance of youth involvement in women's empowerment. The visit brought on board a number of young people who were otherwise unaware of WPC and the three Acts. In November 2010, similar seminars were organized in Jesus and Mary College and Satyawati College, both women's colleges in Delhi. The meetings focused on how the issues impacted the younger generation. Through this activity, WPC was able to mobilize youth through reaching out and sensitizing them, which was one of the objectives of the organization.

Sensitization meetings were organized by WPC's partner organization, GENVP, and Magadh University in Patna, Bihar. More than 100 students received information on the PCPNDT Act and the declining child sex ratio. The students asked questions, such as, what are the steps to be taken in the event that one comes across activities related to sex determination, and what actions are possible if their complaints are not adequately addressed.

WPC developed publicity material to take the priority issues to policy makers. Each publicity packet contained advocacy flyers on the three Acts. The publicity material also provided detailed information regarding the aims and functioning of WPC. WPC disseminated this material at its National Consultation held in March 2011, to WPC's focal points and to parliamentarians.

WPC launched a web petition on recognizing gender based violence as a health issue. The petition is up on the internet (<http://www.ipetitions.com/petition/gbvashealthissue/>) and has collected 100 signatures thus far. The petition will be submitted to the Ministry of Health and Family Welfare as soon WPC succeeds in getting an appointment with the Minister to present it in person.

WPC's focal point in Tamil Nadu, EKTA, carried out education programs with 200 students in four colleges, focusing on the legal provisions in the three Acts and their implementation status in Tamil Nadu. The students took a pledge not to undertake any oppressive practices against women and girls.

1.3. Other Activities

Advocacy Training

In September 2010, Counterpart sent Arsen Stepanyan, Counterpart Armenia Advocacy Program Manager, to conduct two advocacy workshops for all of Garima's local implementing partners implementing activities under three program objectives. The first workshop was held on September 22-23 in Jaipur for partners located in Rajasthan, and the second on September 24-25 for the partner based in Delhi.

The workshops focused on definition of advocacy, steps in advocacy campaign, formulating advocacy goals, and methods of monitoring and evaluating advocacy work. Program partners used the tools distributed during these training sessions to achieve the above mentioned advocacy campaign results, demonstrating the Garima's ability to incorporate best practices and lessons learned from other programs.

Film about WPC

WPC commissioned a documentary film by filmmaker Reena Kukreja about the work done by WPC in different areas of the country and the advocacy activities implemented at the national and state levels. The film has been completed and will be used as part of WPC's promotional material for mobilizing new members, presentations to donors, and media (wherever WPC is introduced). A copy of the film will also be sent to WPC's focal points for use in the states.

Networking Activities

In an effort to ensure that WPC's vision is highlighted in as many venues as possible, WPC implemented networking activities to reach out to both national and international observers, such as Vital Voices of Asia: Women's Leadership and Training, a meeting with women's rights activists from Afghanistan, meetings with European parliamentarians, and others. These efforts provided WPC with a platform to showcase its vision and objectives.

1.4. Sustainability Plan

Under the Garima Project, WPC identified strong partners (focal points) to work at the state-level in all 20 states. In coordination with the state partners, WPC organized meetings, identified issues of concern, developed advocacy materials and strategies, and lobbied policy makers on the three Acts. As a result, WPC has strengthened its regional networks and established an active organizational structure in the states.

At the close of the project, the Garima partner organizations understood that they were the face of WPC in their states and agreed that they would continue to incorporate the work of WPC with the work of the host NGO. For example, Sanlap, a partner NGO in Kolata and Delhi, has dedicated one person to work exclusively on WPC issues in its Delhi office.

During the project period, WPC sent project proposals to 14 donors. Grant proposals were submitted to the Ministry of Women and Child Development, UNDEF, UNTFEVAW, the Taiwan Foundation, the Open Society Institute (OSI) and the National Commission for Women (NCW), among others. Responses to several proposals are still pending. As a result, UNIFEM partnered with WPC and the Ministry of Women and Child Development in carrying out the National Consultation on Human Trafficking and HIV/AIDS; OXFAM India funded WPC to organize the National Consultation on 498-A; and the National Commission for Women appointed WPC to organize five regional workshops on women-friendly laws. UN Women collaborated with WPC on the "National Consultation on Human Trafficking and HIV/AIDS."

During the project period, 430 new members were enrolled from across the country. This brings the total membership of WPC to 1430, a 31% increase over the project period. An increase in WPC's membership base means that the organization's representative character is enhanced, thereby contributing to its sustainability.

As a result of the Garima Project, WPC received national recognition as a strong women’s organization that can play a central role on women’s issues at the national and state levels in India. WPC has strengthened its position as an umbrella organization committed to women’s empowerment.

Objective 2: Influence existing governance and service structures to institutionalize good practices that promote the dignity of girls and women and increase their access to justice and development resources.

2.1 Activity: Dignity of the Girl Child Program (DGC)

The Dignity of the Girl Child (DGC) program enhanced the ability of women and men in the target communities to promote the dignity of girls and women and to increase their access to justice and development. The program focused on the replication of DGC’s field interventions developed under the USAID-funded Women’s Legal Rights Initiative (WLRI) in Rajasthan (Alwar, Hanumangarh, Jaisalmer, Jhunjhunun and Sri Ganganagar) in 250 Village Health and Sanitation Committees (VHSCs), and the expansion of the DGC program in New Delhi. Garima, through three of Rajasthan-based local partner organizations: Survival for Women and Children (SWACH) Foundation, VIHAAN, and URMUL; conducted capacity building training for the 250 VHSCs and 450 community-based response (CBR) groups. CBRs were provided technical support by Garima to help strengthen their capacity to organize and conduct regular monthly meetings, as well as trainings on the three Acts, RH and FP. Groups were also encouraged to develop monthly action plans, monitor achievements made, challenges faced, and lessons learned.

In addition, through three Delhi-based local partner organizations - Society to Uplift Rural Economy (SURE), Action India and Ekatra - the program mobilized urban youth members of the National Service Scheme (NSS) to raise awareness on the importance of a balanced sex ratio and women’s rights. Partners also worked directly with urban communities and students to combat violence against women and enhance the dignity of women and girls.

Local Partner	State
Survival for Women and Children (SWACH) Foundation	Rajasthan
Society for Child Development and Education in Rajasthan (VIHAAN)	Rajasthan
Rural Health, Research and Development Trust (URMUL)	Rajasthan
Society to Uplift Rural Economy (SURE)	Delhi
Action India	
Ekatra	

- Sub-grantee Training and Capacity Building - Upon USAID approval, sub-grant agreements were signed with partner organizations during the 3rd quarter of the program. Grant management trainings (both programmatic and financial) were conducted for all sub-grantees. Partners were also provided a briefing on Garima’s outreach strategy to ensure effective advocacy and to avoid any miscommunication with target beneficiaries on the issue. Sub-grantees were also provided with an overview of the three Acts and reference materials to be used when designing program activities.

2.1.1 Building Linkages with Government

In an effort to establish productive and sustainable linkages with governmental agencies to ensure implementation of gender sensitive laws and women’s rights, DGC partners met with key national, regional, and local level public sector stakeholders, including: (i) the Mission Director of the National Rural Health Mission (NRHM); (ii) the Director of Health and Family Welfare, Government of Rajasthan; and (iii) District Chief Medical and Health Officers, District and Block Project Managers of NRHM and PCPNDT district coordinators. As a result of these

linkages, Garima partners were invited to participate in District Advisory committees and Block Advisory committees for the implementation of PCPNDT Act. In addition, our partners were invited to participate in all district- and state-level consultations sponsored by the Government of Rajasthan (GOR) designed to ensure effective implementation of the PCPNDT and PWDVA Acts.

2.1.2 Training of VHSCs

In an effort to strengthen health institutions under the NRHM and better prepare their staff to serve as resources for individuals, including women and children, seeking medical attention at the community level, the project conducted three rounds of training, providing technical assistance to more than 256 VHSCs, and over 2,814 VHSC members (2,145 women and 669 men). Training sessions included the following topics: (i) orientation to the program's three objectives; (ii) RH and FP; (iii) birth registration and issuance of appropriate certificates; (iv) sex ratios; and (v) the importance of early pregnancy registration, in addition to in-depth training on the three Acts.

Trainings also included discussions on how to improve village Maternal and Child Health and Nutrition (MCHN) Days to raise awareness in communities, best practices for disseminating information on available referral services, and the benefits of immunizations for children and their families. Individual participants ranged from medical professionals and community officials, including grassroots functionaries, such as auxiliary nurse midwives (ANMs) and ASHA supervisors, to interested local Panchayati Raj functionaries (PRIs), Anganwadi (child care centers) workers (AWWs), and Saathins (locally appointed social motivators).

As a direct result of the VHSC trainings, the overall sustainability of the DGC initiatives has improved. With more knowledgeable VHSC members, rural populations are now more likely to benefit from the utilization of existing health services provided by the government.

2.1.3 Public Private Partnerships

Through the DGC program, Garima established linkages with multiple private sector partners, whose activities and impacts are illustrated in the table below:

PUBLIC PRIVATE PARTNERSHIPS		
ORGANIZATION	INPUTS/OUTPUTS	RESULTS
Sri Ganganagar Chamber of Commerce and Kankad Ad Creations Pvt. Ltd.	Organize a <i>KanyaLohri</i> (Lohri for daughters), celebrating the harvest season and the birth of girls. This celebration, typically reserved for the birth of boys, was attended by more than 7,000 community members. In total, the Chamber awarded more than \$533,000 in educational scholarships to 700 girls from daughter-only families.	Members of the Sri Ganganagar Chamber of Commerce have pledged to keep the initiative running and reach 2,000 girls in the coming years.
Federation of Indian Chambers of Commerce and Industry for Women (FLO)	Support program activities to increase public awareness on the issues of gender sensitivity, female infanticide, the DV Act, and common reproductive health challenges faced by women of all ages (adolescent, child-bearing, post-menopausal).	As a result of the interactions with FLO, the Dignity of Girl Child Foundation was established. Several of the founding members were also members of Garima partner organizations.
Rajasthan Co-operative Bank	Support the development of training programs for leaders of 300 self-help groups (SHGs).	One orientation program was organized on March 8, International Women's Day, where 300 women-members of the bank from across the state were introduced to the issues of RH, FP, and GBV.
Aman Biradari, Municipal Corporation of Delhi, Delhi HIV/AIDS Control Society, and Amity University	Provide \$1,000 in funding support for 34 Health Camps launched in early 2011 to provide basic health services to women, children, and other underserved communities in Rajasthan.	As a result, numerous beneficiaries received basic health services, and were introduced to the concepts of HIV/AIDs, including the three Acts, and were encouraged to pursue involvement in developing future partnerships.

*figure 2.1

2.1.4 Other Activities

In addition to the activities mentioned above, Garima partners implemented the following initiatives under the DGC component:

- Trainings for Health Activists and Prospective Community Leaders - Action India conducted 11 trainings for 138 ASHAs (Accredited Social Health Activists) and 272 members of the Mahila Panchayat (local women, selected by their communities based on their potential for leadership) on gender, violence against women and reproductive health and legal issues. Participants were introduced to concepts on the cycle of violence, RH and FP, the three Acts, and the Dowry Prohibition Act 1961.
- Community Celebrations and Gender Equity—Action India, in conjunction with Beti Utsav (celebrations for daughters), mobilized more than 1,200 community members in seven villages in Rajasthan to celebrate the birth of 77 newborn baby girls. As a result, these communities are now more aware of the importance of girls in Indian society and the need for continued action to ensure that gender equity is being applied to all aspects of community life.
- Legal Counseling for Victims of GBV - Action India and Ekatra, through 128 counseling sessions, provided legal aid and support to more than 1,000 female victims of GBV. As a result, 54 cases were filed under the DV Act 2005. While many of these cases are pending, four were resolved during the project life. In one case, the courts decided in favor of the plaintiff, reaffirming the victim's right to her residence (previously denied by her husband) and to a separate maintenance allowance to be paid by the accused. Action India also conducted a two-day training on gender and law for 25 members of the Mahila Panchayat community to educate them on the laws governing domestic violence, child marriage, dowry and sex selection. Participants there are now applying the knowledge they have acquired as a result of these trainings in their day-to-day activities at the grassroots level.
- GBV Hotline - Amongst the most successful impacts of this objective was the establishment of an emergency help line for victims of GBV. This helpline, along with other emergency contact information, was posted in over 850 public areas in 250 villages. Emergency help lines continue to be used beyond the end of the project to report instances of GBV, prompting community leaders to take an even more proactive role in combatting VAW.

2.1.5 Sustainability Plan

The sustainability of the DGC component is directly linked to work performed by the VHSCs, their understanding of the three Acts, RH and FP, and their efforts to incorporate these Acts in government's training programs. The program also developed key public private partnerships with regional banks, including the Rajasthan Co-operative Bank, making it possible for local partners to establish funding streams to continue the implementation of program activities beyond the life of the project. Through these interactions, the program is also ensuring the sustainability of DGC efforts by expanding the network groups discussing these issues at their meetings held on a monthly basis. Other private entities building sustainability in this area include the Sri Ganaganagar Chamber of Commerce, Bank of Baroda Regional Branch, and others (see figure 2.1 for details).

- Dignity of Girl Child Foundation - In an initiative to further promote sustainability, several members of the Federation of Indian Chambers of Commerce and Industry (FICCI) for women, or FLO, joined together to form the Dignity of Girl Child Foundation, an organization supporting the rights of girls in India. Officially launched on February 27, 2011, FLO serves as a leader in promoting awareness on the challenges facing girls in India, advocate on their behalf, and conduct fundraising campaigns to support interventions to promote DGC. This foundation was also made possible with the support of the Ministers of Women and Child Development and the Minister for Panchayati Raj, Government of Rajasthan.

2.2 Activity: Violence Against Women (VAW)

The VAW component supported interventions aimed at engaging young men and boys, gatekeepers in their communities, as a strategic partner in the struggle to combat GBV. “Youth Forums as Gatekeepers against GBV- an Innovative Tool for Replication” program was developed under WLRI and strengthened and expanded under Garima. Youth forums against GBV were mobilized in villages and communities, and an alliance was created between youth who underwent gender-sensitization and women in micro-credit programs who were economically empowered. These youth campaigned against domestic violence, female feticide, sexual harassment, rape, alcoholism, child marriage, etc., in their communities and promoted education for girls and gender equity. Under Garima, Youth Forums were consolidated in 50 communities in Alwar district, Rajasthan, and the model expanded to Delhi through the training of NSS youth.

Local Partner	State
The Independent Commission for People’s Rights and Development (ICPRD)	Karnataka and Rajasthan

- Gender Violence Survey - In 2010, Garima conducted a baseline survey in ten villages to measure communities’ perceptions of GBV and their awareness of existing legislation protecting the rights of women. The survey focused on the following topics: the status of women in the community; gender attitudes; women’s health; and awareness of government health schemes and laws protecting women from GBV. Methods of data collection included surveys and focus group discussions to obtain both qualitative and quantitative data. Gender Equity Scale (GES) was used to assess the attitude of young men towards gender. Participants of the survey included Youth Forum members, prospective members, women SHGs, teachers, Panchayat officials, health workers, and other local area residents.

The survey revealed that much of the violence inflicted upon women was a direct result of alcoholism. The survey also found child marriage to be a common practice, yet many of the villagers were not aware of the consequences of child marriage and the measures taken by the government to criminalize this practice. The quality of health care services was also lacking, with not enough female physicians to attend to pregnant women resulting in fewer women using public health centers for deliveries. The findings, used by local health officials, enabled government to put pressure on local area hospitals to hire additional female physicians to meet the growing demand for health care services.

- Integrating Women and Youth in Struggle Against GBV - To combat gender violence through a holistic rather than segmented approach, the project invested heavily building the village-level technical capacities of both Youth Forum Against Gender Based Violence (YFAGBV) and women self-help groups in the target areas in Rajasthan. Garima local partner ICPRD focused on further capacity building of master trainers, peer educators, Anganwadi workers, health workers and youth forums at the local level. These participants were given technical inputs to enable them to challenge stereotyped norms, beliefs and traditions in their own villages through outreach activities. Activities include workshops, street theater performances, and training members to combat gender based violence and address reproductive health issues at the community level. Outcomes resulting from this intervention include:
 - Development of 10 women-led SHGs, comprised of 115 members from the aganwadi workers and ahasanginis. SHGs worked closely with youth groups to address GBV through the development of stronger networks between young men and women at the community level, thereby reducing the number of sexual harassment-related incidents involved girls in public places.
 - Five mass campaigns and three training programs on the three acts (DV Act, PCM Act, and PCPNDT Act) related to the gender rights and equality were organized for Youth Forum members throughout the life of the

project. Attendees included: SHG members and teachers, anganwadi workers, panchayats, government health functionaries, school children, and other members of the community.

- Youth Advocacy - Street theater proved to be one of the most successful methodologies used by YFAGBV members reducing gender-based violence, enhancing women’s rights, and engaging government to better implement the three Acts. Through these performances, written and directed by Youth Forum members depicting the real life challenges facing women and their struggle to overcome GBV, Garima was able to reach more than 11,000 stakeholders in communities throughout Delhi and Rajasthan, including Hauz Khas, Kalkaji, Defense Colony, Sangam Vihar, Okhla, Bhagwannagar, Lado Sarai, Mitapur, Devli, and Madnapur. In addition to local community stakeholders, the program also used this approach to successfully advocate members of local, state and national government to increase their role in the protection of women’s rights through the improved implementation of the three Acts.
- Increasing Women’s Access to Information and Resources – Communities in the Thranagazi Block of Alwar District were educated on the availability of RH and FP services sponsored by the government and how to access those resources. Families of pregnant women were given counseling to better explain the benefits of institutional deliveries, and the importance of sufficient time between pregnancies to ensure good maternal health. Methods of FP and how to use them were also discussed in training programs. Counseling was carried out with the support of Asha Sangini and Anganwadi workers (government functionaries).

2.2.1 Sustainability Plan

Garima attempted to build sustainability, including developing linkages between local partners and existing public health service delivery systems and units, such as the Integrated Child Development Services (ICDS) and the NRHM. By doing so, the program worked to integrate Garima interventions and methodologies and approaches into the programs and initiatives launched by the public sector. Garima also attempted to share interventions with other key stakeholders, such as NGOs, government officials, and USAID in an attempt to build sustainable partnerships to sustain the implementation of program activities, as well as promote the replication of the program in neighboring countries.

2.3 Activity: Muslim Women’s Initiative (MWI)

The main objective of MWI was to enhance the ability of Muslim women to protect their rights and to increase their access to justice and development. To more effectively implement this initiative in both rural and urban communities, Garima partnered with the following NGO partners in Rajasthan, Karnataka and Delhi:

Local Partner	State
Gharib Nawaz Mahila Avum Bal Kalyan Samiti (GNS)	Rajasthan
Group for Urban and Rural Development (GUARD)	Karnataka
Sabala	
Spurthi Mahila Mandal (SMM)	
Visthar	
Shakti Shalini	Delhi

- Sub-grantee Training and Capacity Building - Upon USAID approval, sub-grant agreements were signed with partner organizations during the 3rd quarter of the program. Grant management trainings (both programmatic and financial) were conducted for all sub-grantees, as well as orientation workshops on the reproductive rights of women under Islam.³ Partners were also provided a briefing on Garima’s outreach strategy to ensure effective

³A concept note on reproductive rights of women under Islam was prepared and shared with partners.

advocacy and to avoid any miscommunication with target beneficiaries on the issue. Sub-grantees were also provided with an overview of the three Acts and reference materials to be used when designing program activities.

- **Baseline Survey of Existing Health Care System** - Baseline data was collected from anganwadi centers, hospitals and dispensaries, the purpose of which was to assess the quantity and the quality of health care services provided to women. Information was gathered through our local partners using questionnaires to obtain qualitative data. The analysis of this data pointed to key weaknesses in India’s existing health service delivery system, including: (i) general unavailability of quality health care services; (ii) lack of female physicians, (iii) absence of free medicines for low-income families; and (iv) unsanitary conditions in hospitals, and anganwadi centers. Partners used the baseline survey data to advocate local administration and health departments, as well as clinics and local area hospitals to improve health care services available to the public. They also requested that anganwadi centers be opened in communities without existing medical facilities. As a result of the programs efforts, the government opened six new anganwadi centers in Rajasthan. This success was a result of relentless advocacy campaigns, as well as partnerships with government officials formed to address the need for the quality, available, and affordable health care services at the community level.

Additional impacts include:

- As a result of disseminating information on the importance of health to women in communities, over 11,492 women received primary health care services, including advice and medication on FP and other ailments. An additional 2,121 women received pre-natal, post-natal and post-partum care. In addition to accessing health services, 4,268 women obtained access to welfare programs, such as education, loan facility and livelihood opportunities.
- Organization of 34 free health camps providing access to RH and RP services to 1,204 women.
- Donation of \$4,444 USD received from the Muslim Corporation Welfare Program to support the continued delivery of medical services to target beneficiaries.

Women’s Political Empowerment – In April 2010, as a result of several community mobilization initiatives to promote women’s empowerment in the political sphere, eight prominent members of Sabala groups in Bijapur district were elected to public office through the Gram Panchayat electoral process, including those outlined in the table below. Successful candidates ran political campaigns that focused on women’s issues and the need for greater investment in development programs.

Local Official	Village
Chandbi Thamboli	D.Hipparagi
Hazarathbi Pakal	Kolhar
Shahira Jalagar	Kolhar
Begum Makandar	Managuli
Mehboobi Dafedar	Kudagi
Rajma Mashal	Kudagi
Mashakbi Inamdar	Salodagi
Fathima Bidarkoti	Nalatwad

- **Women’s Economic Empowerment** - Income generation is viewed as a sub-component of a larger effort to promote women’s empowerment. Program beneficiaries focused on saving, as well as on obtaining micro-credit loans from local area banks to help fund income-generating ventures. As a result, three GUARD-sponsored women groups in Mysore received loans of \$21,111 from CANARA BANK, while also receiving \$14,000 from Larsen and Turbo, a private company for strengthening micro-credit and income generating activities of group members. On March 8, 2011, Ajmer groups received \$35,333 from Baroda Rajasthan Gramin Bank for income generating activities

- Educating Muslim Youth- Garima conducted courses on women's rights in 41 Muslim educational institutions and madrasas. Courses were offered to 2,000 students, and helped promote the students' awareness of their responsibility to protect and promote other women's rights. Action Aid reprinted 500 copies of the course material for wider distribution to target communities throughout Rajasthan. As a result of this activity, 50 male youth of Rasoolpura Madarsa, Ajmer have played a critical role in supporting the educational aspirations of their sisters and other female relatives, as well as opposing child marriages in their households. Moreover, this effort led to the prevention of eight cases of forced early marriages. Students continue to share the knowledge they gained as a result of Garima program activities with friends and relatives throughout their community.

2.3.1 Sustainability Plan

The sustainability of the MWI model and related program activities was achieved by promoting community ownership and placing the future of the initiative in the hands of the 544 women's groups and their 6,730 members. The following actions will also serve to promote the sustainability of this component beyond the life of the project:

- Encouraged members to go beyond playing an active part in decision making process at individual level and family level, and help other women by increasing their awareness of their rights and the variety of support services available.
- Established public private partnerships with financial institutions, including municipal corporations, hospitals, as well as philanthropic organization, such as Rotary International and the Lions Club International to help fund activities and provide women with income-generating opportunities.
- Enhanced the quality and level of access women have to health care services in all intervention areas, providing women gain better access to quality health care services and enhancing their overall health status.
- Introduced women's rights to more than 2,000 students, who now serve as change agents in their communities.
- Developed education curriculum on women's rights circulated in school districts throughout Rajasthan and Karnataka.

2.4 Activity: Expanding Referral Services

In an effort to strengthen the existing network of referral services available to victims of GBV, Garima partnered with Vishakha, a local NGO with more than two decades of experience in training professionals with a legal or social services background to establish eight counseling centers in Rajasthan to serve as referral points where victims receive psychological and legal counseling, health care services, and financial advice. As result of this partnership, the following achievements were made:

- Increased Access to Counseling Services – Garima social workers provided counseling to over 1,300 victims of GBV. In addition, the program provided information regarding the availability of legal and medical services to more than 10,600 local beneficiaries through group meetings and outreach sessions. Five of the social workers providing these services were recently nominated to serve on a local “complaint committee” established in the Zila Mahila Sahayta Samiti, Atyachar Nivaran Samiti District to deal with cases of sexual harassment in the work place. These nominations demonstrate the trust local communities have in the program and the impact it is having on the lives of women.
- Building Stronger Linkages with Various Organizations and Departments - In an effort to strengthen referral services, social workers from each district met frequently with officials of local health departments and institutions to provide support and counseling to VAW victims. They also coordinated activities with Integrated Child Development Services (ICDS) officers, WCD (WCD) officers, addiction centers, psychiatrists, NGO's, hospitals, the judiciary, lawyers, colleges, banks, public relation officers and municipal departments, increasing

the availability of 71 referral points. Each of Garima’s local partners operating in Rajasthan is participating in the referral network.

- **Training Women to Serve as Paralegal Professionals** - Garima trained 128 women in five key districts (Bikaner, Bhilwara, Chittore, Ajmer and Jodhpur), who in turn provided legal counseling to 750 victims of GBV. These women were selected based on the following criteria: (i) their level of participation in community affairs; (ii) availability to serve as a volunteer; (iii) experience with incidents of GBV; and (iv) communication skills. Once selected, women participated in a series of 3-day trainings focused on the three Acts and law enforcement practices. Trainings were performed by members of the district PCPNDT cell, a state-sponsored service provider under the DV Act and representative of voluntary organizations.
- **Community Outreach** - Garima established information kiosks and exhibitions on VAW in three districts (Bikaner, Bhilwara and Jodhpur). Posters related to VAW, dowry, reproductive rights and different schemes were displayed, as well as information on the types of services available to women facing GBV, including the location of shelters, and availability of counseling sessions, medical and legal services, and paralegal support within each community. Outreach efforts were conducted in both community centers and industrial areas in an attempt to broaden the program’s geographic coverage area. As a result of these activities, Garima disseminated information to 10,300 community members in six target districts.
- **Reference Diary for Service Providers** - In early 2010, Garima partnered with the government of Rajasthan in an effort to create the first ever referral diary containing helpline numbers and contact information of local area service providers such as clinics and counseling centers. The diary, finalized in February 2011, is now being used by government functionaries, women, VAW victims, service providers, and organizations working on development and women’s issues throughout Rajasthan. This initiative has increased the number of referral points available to victims of GBV to 71 during the life of the project.

2.4.1 Sustainability Plan

To build up the sustainability of this program activity, Garima focused on three primary objectives: (1) to build the long term capacity of paralegals to increase the overall availability of professional counseling services for victims of GBV at the local level, as well as establish linkages with NGOs and government officials (including representatives from ICDS and WCD) to further support such activities; (2) Strengthen communities through outreach programs by: (a) providing information about availability of services to local populations; and (b) empowering women to directly address issues related to VAW by reinforcing their understanding of the three Acts and the Rule of Law; and (3) Develop tools, such as the Reference Diary for service providers, to support local organizations in identifying key referral points for victims of VAW. Although the program was unable to measure the effectiveness of these approaches and the effects they had on the sustainability of the project, the fact remains these activities have increased the overall visibility of the program, as well as the urgent need for additional counseling resources and support for women, children, and other target beneficiaries.

Objective 3: Build capacities of key justice and health service providers to respond to gender-based violence (GBV).

Local Partner	State
Swami Vivekananda Youth Movement (SVYM)	Rajasthan
Prayatn Sanstha (PRAYATN)	Rajasthan
Centre for Community Economics & Development Consultants Society (CECOEDECON)	Rajasthan

Capacity Building of Medical Service Providers - Health providers are important stakeholders for promoting women's access to justice. Garima addressed this issue by training medical practitioners to handle cases of VAW, as well as provided training to legal service providers on gender issues and awareness of the three Acts. Through its partnership with the Swami Vivekananda Youth Movement (SVYM), Prayatn Sanstha (PRAYATN), and the Rajasthan Institute for Public Administration (RIPA), Garima conducted four ToTs for 100 (89 men and 11 women) physicians to demonstrate how to diagnose and treat injuries related to incidents of GBV. As a result, these 100 physicians are now able to treat GBV victims in a way that preserves both their dignity and the evidence needed to prosecute assailants.

In early 2011, Garima replicated this model in Delhi utilizing the same training curriculum developed in Rajasthan. Through its partnership with IHMR, and in coordination with the Directorate of Health and Family Welfare, Garima conducted training programs for 113 physicians (33 men and 80 women). Refresher trainings were conducted for the Directorate of Health on March 7, 2011. Following the success of this activity, the Directorate proposed to fund additional training programs for an even larger number of physicians out of their own training budget. The Directorate also requested that IHMR be a part of the planning for these workshops, scheduled to begin in July 2011.

Capacity Building of Legal Service Providers - Like medical practitioners, lawyers serve as stakeholders in promoting women's access to justice and combatting GBV. Garima, through its local partners PRAYATN and Centre for Community Economics & Development Consultants Society (CECOEDECON), led a 6-month initiative (May 15, 2010 – November 15, 2010) to build the capacity lawyers from the Rajasthan State Legal Services Authority (SLSA) to legal aid to victims of GBV utilizing the three Acts and other relevant legislation. Four training programs and a needs assessment workshop on the program's three objectives were conducted, in which 144 legal service providers (76 male and 68 female) were trained. All training participants pledged to educate their colleagues on these laws and to incorporate them into case management practices in the future.

PRAYATN conducted additional trainings for assistant public prosecutors (APPs) in collaboration with the Rajasthan State Judicial Academy. Garima also liaised with both the Department Directorate of Prosecution and the State Officers training Institute (HCM-RIPA) to formally adopt the "Gender and Violence Against Women" training into the State Judicial Academy curriculum. The Academy, under India's 12th Plan, is expected to be awarded additional funding to further develop the capacities of APPs. To date, PRAYATN has been actively pursued by the Academy to further integrate Garima's training tools and methodologies into their standard curriculum. Through this partnership, Garima provided additional training on gender and VAW to 100 private practices in Rajasthan.

3.1.1 Sustainability Plan

The sustainability of these program activities developed organically in response to the growing need for such trainings for medical and legal professionals. IHMR and the Delhi Directorate of Health and Family Welfare Directorate, two key partners under this objective, are expected to jointly fund training programs for physicians beyond the life of the project. Garima has requested that IHMR support these trainings using the same methodologies utilized by the project. Trainings are scheduled to begin in July 2011.

IV. PROBLEMS/CHALLENGES AND SOLUTIONS ADOPTED

- Delayed Approval of Sub-grant Agreements - One of the program's most significant challenges was presented early in the implementation process with the delay of approval for sub-grant agreements. This delay, which lasted for a period of 6 months (7 months for WPC sub-award approval), presented a series of administrative and programmatic challenges, including but not limited to the delay of program implementation. Despite these challenges, Garima managed to adjust its implementation timelines and planning to achieve program objectives.

- *Building Relationships with Local School Districts* - Due to the overwhelming number of new NGOs approaching local area schools to build relationships in an attempt to influence the curriculum taught to students, many administrators expressed skepticism when approached by Garima to engage youth in DGC and VAW initiatives through education. To overcome this challenge, Garima local partner Ekatra held direct talks with school principals to demonstrate the programs (and prior-WLRI) success in promoting gender and women's rights in communities throughout India. Materials used in the program community outreach campaigns and trainings were shared with administrators. As a result, Garima was given permission to engage youth in schools in Rajasthan, and to play a role in the development of educational curriculum related to gender and women's rights.
- *Overcoming Government Bans on External Trainings* - In late 2010, the GOI imposed a ban on external trainings through December 31, 2010. This ban prohibited public officials and government employees from attending any non-government sponsored trainings, making it difficult for Garima to conduct trainings for physicians under objective 3. The rationale for the ban was that the government wanted its staff, whose time was limited due to the high demand for public services, to attend only those trainings sponsored by the state in a larger effort to maximize their productivity and reduce government inefficiency. To offset the challenges posed by this ban, Garima local partners, Swami Vivekananda Youth Movement (SVYM) worked with the Rajasthan Institute for Public Administration (RIPA), to develop a comprehensive schedule for training to be conducted in 2011. As a result, Garima successfully conducted GBV training courses for 113 physicians, expanding the network of available medical service providers.
- *Introducing Policy Recommendations through Partnership* - Although WPC made strides in identifying policy makers with whom to meet and to whom to present policy documents, the government has its own process with regards to when and how recommendations from civil society are considered. This process can often be slow, and presents challenges in terms of building momentum for policy changes to occur. To overcome this challenge, WPC state-level activists intensified their efforts and to remain engaged with policy-makers and other key focal points throughout the life of the project, and plan on maintaining these relationships in the future.

V. BEST PRACTICES & LESSONS LEARNED

BEST PRACTICES

- *Establishing Linkages with the Public and Private Sectors Ensures Program Sustainability* - Using existing relationships with government and the private sector, Garima not only promoted the effective implementation of the program, but has leveraged those relationships to form new relationships with private and public sector entities capable of funding various program activities beyond the life of the project. Having leveraged a total of **\$1,064,194** through public-public and public-private partnerships, Garima has demonstrated that engaging external partners through a variety of program activities (trainings, workshops, events, etc.) generates stakeholder buy-in and ownership of those activities and in return, provides an opening for partners to provide additional sources of funding to promote services they deem valuable to the community in which they operate.

The leveraging figure above does not incorporate \$896,040 in external funding with Bangalore Municipal Corporation & Housing and Urban Development Corporation. Although these funds were raised independently of Garima, through sanctioned orders of a municipal official and former member of WPC to fund public sector improvements in the areas of sanitation infrastructure in Bangalore, the impact this project had on the communities it served both in terms of health and human services could be indirectly linked to the work of Garima and its support of WPC as a leadership-building institution; it was acknowledged by USAID as a value added to the project.

- *Empowering Communities through Education* - As a result of targeted education programs for women on their health rights, combined with community mobilization activities, Garima has increased the capacity of communities to demand improvements in the treatment of victims suffering from GBV by local health departments throughout Rajasthan, as well as by health providers in PHCs and local government hospitals. Community mobilization not only helped in improving the health delivery systems, but also increased responsibility of women's group members to actively promote improvements in basic hygiene, sanitation, and reproductive health awareness in their communities.
- *Integrating Awareness Campaigns into Public Celebrations* - The observation or commemoration of an international day centered on a particular issue was found to be an effective way of reaching out to a larger target audience. Garima partners used the forum "Commemorate the International Fortnight to Combat Violence against Women" to carry out awareness campaigns in colleges, senior schools, and the community at large. A total of 14,757 (5,994 boys and 8,763 girls) were sensitized during the campaign. As a result of the campaign, students pledged to do more in their communities to deter violence against women and play a more active role in promoting the dignity of girls and women in society.
- *WPC Advocacy Focal Point Model* – WPC's focal point model, used to identify local partners to serve as state-level advocacy proponents in all 20 project states, serves as a best practice in grassroots advocacy. Through this model, WPC developed comprehensive and effective advocacy materials and strategies targeting the need for improvements to the implementation and support of the three Acts. As a result of this model, a total of 1,156 people attended WPC state and regional organizational development events, strengthening WPC's regional network, and WPC membership increased by 430 during the project period.
- *Strengthening Civil Society's Role in India's Development Planning Process* - Garima, through its local partner WPC, was invited by the GOI's National Planning Commission to serve as the lead organizer for the national level development planning meeting held in December 2010. As a result, Garima played a critical role in the discussions leading up to the drafting of the Approach Paper to the 12th Five-Year Plan. Activists from 15 states met with members of the Planning Commission about the inclusion of women's issues in the Approach Paper and produced recommendations. From its work with the Planning Commission, WPC received national recognition as a strong women's organization that could play a central role in representing civil society organizations before the Government of India and strengthened WPC's position as an umbrella organization in India committed to women's empowerment.

LESSONS LEARNED

- *Educating Medical and legal Professionals is Critical to Mission Success* – Empowering women to combat GBV and seek external support can only be achieved if the necessary medical and legal services are made available. Without first educating physicians and lawyers on the legal ramifications of incidents of GBV, and how to properly treat victims, women will not seek this support for fear of mistreatment. This is a critical point because, in large part, because medical and legal professionals who lack the understanding of these issues fail to provide adequate care and legal protection to victims of GBV.
- *Engaging Men and Youth in Women's Empowerment Activities Reduces GBV* – One of the most important lessons learned as a result of Garima activities is that engaging men and male youth plays a critical role in empowering women and reducing GBV. By engaging the men, the program created advocates for women who in turn promoted the values held by Garima to members of their families and fellow citizens. Engaging male youth proved to be an even more effective approach as many youth had not yet fully developed any sociological biases against women and were therefore more willing to participate in advocacy and awareness campaigns designed to elevate the role of women in society.

- *Body Mapping* - Initiating open and frank dialogue on reproductive health and family planning and helping participants overcome any sense of shame requires care planning and innovative strategies in a society where such discussions are frowned upon. Body mapping is an exercise which has proven a successful tool used by trainers to enable women to articulate their problems related to reproductive health and contraception. The tool divides training participants into groups of five or six. One of the members of the group lies down on a 6 feet long and three feet wide sheet of paper. An outline of the person is drawn and they mark various body parts on this outline starting from the hands and feet to the internal and external genital organs. As a group exercise, participants generally find it easier to discuss the structure and functions of the reproductive system. Such tools have demonstrated that it is possible to discuss family planning and reproductive health in a controlled and structured environment.
- *Generating WPC Membership* - Increasing WPC's membership will require additional time and resources. Newsletters, public events, and other activities will be critical in the period beyond the project to ensure that the growth that was achieved is not only sustained, but strengthened over time.
- *Strengthening Research Capacity of Advocacy Organizations* - There is a need to strengthen the research capabilities of WPC to develop more effective advocacy documents, often required at a moment's notice and with little lead time, in order to respond to new policies and regulations. Part of the solution lies in obtaining additional funding and support to ensure the organization has an adequate number of staff to produce such research. Building the capacity of staff to conduct high quality research is also necessary and will have to be addressed in the near term.

VI. RECOMMENDATIONS FOR FUTURE PROGRAMMING

Counterpart recommends that future programs focus on the following approaches:

- *Financial Support for Local Implementing Partners* – Garima local partners relied heavily on financial support from Counterpart to support the implementation of program activities. With the end of the project, many organizations will find it difficult to fund the implementation of Garima-related activities beyond the life of the project. Many expressed their disappointment at the fact that there was no possibility for continued funding at the end of the grant. Funding for NGOs in India, like many other countries, is in a transitional phase. Grants from international organizations are decreasing as India's role as donor country increases. However, domestic sources of funding and the opportunities for local organization has yet to develop to the level needed to ensure the continuation of program activities across the board. One recommendation would be to engage these local organizations through either direct or indirect grant funding to help bridge the gap between current domestic funding levels and future levels.
- *Support Future Advocacy Campaigns* – Although WPC achieved significant gains in promoting improvements to the overall implementation of the three Acts, these gains will need to be supported beyond the Garima project. Future programs should incorporate WPC and its partner network to ensure government linkages are maintained. By doing so, civil society will continue to help shape vital legislation pertaining to the rights and health of women.
- *Build Organizational Development and Sustainability of Local NGOs* – Although Garima integrated sustainability of local partners into the design of the program, the time allotted and availability of resources necessary to have a lasting impact were limited. Conversely, the impact that was achieved in terms of building the technical capacities of these organizations was considerable, despite these constraints. To ensure these gains are maintained, future programs will need to focus substantial resources and time to build the organizational capacity of local NGOs, including, but no limited to the following areas: (1) Strategic Planning; (2) Fundraising; (3) Communications; (4) Program Design and Implementation; and (5) Finance and Administration. While

several partners already have these capacities in place, many do not and will require future support to reach their maximum potential.

- *Integrate Local Impacts into Broader Development Planning Process* – Many of the successes of the Garima program were achieved at the local level. Beyond advocacy, the project was unable to translate some of the local impacts into changes in policy at the national level. With the participation of WPC in the drafting of the 12th Approach Paper, the door has opened to a host of new opportunities for local impacts to influence district, state, and even national dialogue on issues related to women’s reproductive health, the rule of law, and gender-based violence. Future programs will need to develop mechanisms and linkages between local, state, and national-level stakeholders, through which local impacts can inform policy reforms at all levels of government.

VII. BUDGET AND DISBURSEMENT ACTIVITY

Development Result	(10/01/2009 – 03/31/2011)			Total \$
	USAID	Cost Share	Leveraging	
1. Advocacy	\$451,027	\$0	\$307,036	\$758,063
2. Expanding Outreach and Strengthening Linkages	\$685,450	\$68,812	\$757,158	\$1,511,420
3. Capacity Building of Key Justice and Health Service Institutions	\$388,190	\$17,088	\$0	\$405,278
4. INDIRECT COSTS	\$137,404	n/a	n/a	\$137,404
TOTAL	\$1,662,071	\$85,900	\$1,064,194	\$2,812,165