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USAID/INDIA FINAL GENDER ANALYSIS REPORT AUGUST 2019

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ACRONYMS

ADB	Asian Development Bank
ADS	Automated Directives Systems
ANC	Antenatal Care
AOR	Agreements Officer Representative
BMGF	Bill and Melinda Gates Foundation
CDCS	Country Development Cooperation Strategy
CEEW	Council on Energy Environment and Water
CEFM	Child, Early and Forced Marriage
COR	Contracts Officer Representative
CSO	Civil Society Organizations
CSR	Corporate Social Responsibility
DFID	Department for International Development (UK)
DLE	Dharma Life Entrepreneurs
DO	Development Objective
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DRRM	Disaster Risk Reduction Management
EU	European Union
EWS	Early Warning Systems
FICCI	Federation of Indian Chambers of Commerce and Industry
FLO	FICCI Ladies Organization
GBV	Gender-based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
GGI	Gender Gap Index
GIZ	Gesellschaft für Internationale Zusammenarbeit (Society for International Cooperation)
GOI	Government of India
HUL	Hindustan Unilever Ltd
ICT	Information and Communications Technology
IFC	International Finance Corporation
IMR	Infant Mortality Rate
IP	Implementing Partners
IPV	Intimate Partner Violence
JICA	Japan International Cooperation Agency
LFP	Labor Force Participation
LGBTI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LPG	Liquefied Petroleum Gas
MCSP	Maternal and Child Survival Program
MFI	Micro-finance Industry
MISAAL	Moving India to Sanitation for All
MMR	Maternal Mortality Ratio
MSME	Micro, Small, and Medium-Sized Enterprises
NFHS	National Family Health Survey
NGO	Non-governmental Organization
NIDM	National Institute for Disaster Management
NPMU	National Project Management Unit

PAD	Project Appraisal Document
PHI	Pollution and Its Health Impacts
PPP	Public-Private Partnerships
REACH	Reach Each Child project
SBM-G	Swachh Bharat Mission-Grameen
SC	Scheduled Caste
SHG	Self-Help Groups
SME	Small and Medium-Sized Enterprises
ST	Scheduled Tribes
STEM	Science, Technology, Engineering, Mathematics
TA	Technical Assistance
TB	Tuberculosis
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USISPF	U.S. India Strategic Partnership Forum
VAW	Violence against Women
WASH	Water Sanitation and Health
WEEE	Women's Economic Empowerment and Equality
WHO	World Health Organization
WIS	Women in Sustainability
wPOWER	Partnership on Women's Entrepreneurship in Clean Energy
W-GDP	White House Women's Global Development and Prosperity Initiative

EXECUTIVE SUMMARY

Introduction

The United States Agency for International Development (USAID)/India contracted Banyan Global to undertake a countrywide gender analysis to inform the USAID/India 2020-2025 Country Development Cooperation Strategy (CDCS). USAID/India specifically set out to identify key gender issues, inequalities, constraints, and opportunities in India, in the following sectors: Health (Tuberculosis, Maternal and Child Health, Family Planning), Water Sanitation and Hygiene (WASH), Water Security, Pollution and its Health Impacts (PHI), Disaster Risk Reduction (DRR), and Digital Connectivity. The findings and recommendations in this report are intended to support USAID/India in the development of the CDCS and to enhance gender integration in the mission's program cycle.

Recommended language to include in CDCS

The following is recommended language to include in the 2020-2025 CDCS for the following three sections in the CDCS: (1) Context, Challenges, and Opportunities; (2) the Goal; and (3) the Development Objectives (DO).

Context, Challenges and Opportunities. India has made improvements in the lives of women, girls and sexual minorities over the last 20 years. Overall progress has included: high economic growth, reduced poverty; substantially lower rates of maternal mortality; improvements in gender parity in elementary and secondary education; and increased parity between women and men in higher education. However, women's workforce participation has declined particularly among urban educated women. The vast majority of men and women are employed or self-employed in low-paying, vulnerable, and unprotected work. Women's participation and leadership in government, business, and civil society is low relative to men. Gender-based violence (GBV) is pervasive - GBV in public spaces is commonplace and one-third of women experience intimate partner violence (IPV). Gender inequality intersects with and exacerbates other forms of social exclusion based on caste, religious minority status, sexual identity, and disability. Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI)* and third gender persons experience stigma, discrimination, and violence with high costs in terms of health, and job and productivity losses.¹ Public violence and sexual harassment are believed to be significant deterrents to women's participation in the labor force. India has the highest absolute number of child brides in the world. Patriarchal norms of son preference, the dominance of male authority, and a strict division of labor in care and paid work exacerbate gender inequalities. Over the next five years, USAID/India will intensify its efforts to support the Government of India (GOI), the private sector, and civil society organizations (CSO) to more meaningfully implement the many gender-responsive and transformative and social inclusion policies and initiatives in USAID's areas of work.

CDCS Goal. In order for India to accelerate its own inclusive development and foster enhanced regional connectivity, all of its citizens must have opportunities to participate in the nation's development free of barriers related to gender, identity, geography, disability status or age. In the next five years USAID/India will measurably contribute to gender equality and women's empowerment (GEWE), prevent or respond to GBV, and promote social inclusion. USAID will do this by: ensuring that all its strategies, projects, and

* LGBTI stands for lesbian, gay, bisexual, transgender and intersex persons. The term is used at USAID to include all sexual and gender minorities. It is used in a way that is broadly inclusive of sexual orientation, gender identity/expression, and bodily diversity.

activity designs are informed by a gender and social inclusion analysis; tracking indicators that measure change in social and gender norms and outcomes where appropriate; and perhaps most importantly, increasing USAID's understanding of how gender and social inequality impacts India's future progress.

Recommended Text for the Development Objectives

DOI - Health and resilience of India's marginalized populations improved. To achieve the objectives of improving the health of marginalized populations, USAID will address gender and social inequalities, including those resulting from social norms that negatively impact health outcomes. It will improve the use of quality services, products and behaviors (IR1.1); strengthen the effectiveness of the Government of India (GOI) to improve health outcomes (IR 1.2); and increase private sector investment for improved health outcomes (IR 1.3). All health programs will explicitly emphasize inclusivity, minimize stigma, and offer respectful care to all. Inclusive programs in health and WASH will take explicit account of gender gaps and challenges, intersectionality with class, caste, disability, age, other marginalized groups, and design and implement strategies that address, involve as appropriate, and benefit all. USAID will address GBV prevention and response through health and WASH programs with age-appropriate information and with protective strategies to ensure safe access to quality health care, clean water, and hygienic sanitation facilities.

DO2 - India's efforts to reduce pollution and address health impacts enhanced. To achieve its objectives of reducing pollution and mitigating its health effects, USAID will improve air quality (IR2.1) and reduce exposure to air pollution (IR2.2), mainly through expanded use of clean energy through public private partnerships (PPPs). These efforts are designed to and will benefit all people. USAID will widen their impact by taking explicit account of: (1) the disproportionate and severe health effects of indoor pollution generated by biomass cooking fuels on poor rural and urban women, men and children through transition strategies that address this problem; and (2) the opportunity afforded to support women's employment and leadership throughout the energy value chain and foster innovations that improve women's access to and use of clean energy products.

DO3 - Sustainable economic growth and development in the region enhanced. In promoting regional economic growth and development through the Indo-Pacific and South Asia Strategies, women, persons with disabilities, LGBTI and third gender persons, and socially marginalized persons will be stakeholders, participants, and beneficiaries. In this way, it will improve sustainable livelihoods (IR1). USAID will explicitly take appropriate account of their needs and capabilities in designing and implementing programs in areas such as disaster risk reduction (DRR) and management, digital connectivity, public-private partnerships (PPPs), trade promotion, clean energy, and natural resource management. Programs will seek to involve people according to their capabilities and to benefit all.

In the next five years, by including gender-specific standardized language and criteria into solicitation and award documents, USAID/India will deliberately and systematically reinforce: its explicit commitment to, and requirements for gender equality and women's empowerment (GEWE); the inclusion and empowerment of LGBTI, persons with disabilities, and other marginalized groups; and GBV prevention and response. USAID staff will require Implementing Partners (IPs) to integrate this commitment into work plans by setting goals, indicators and targets, and reporting on key results. USAID will reiterate its commitment to nondiscrimination, gender and social inclusion in working with partners and beneficiaries.

Recommended Indicators

Depending on the activities proposed in the CDCS, USAID/India may adopt one or more of the following indicators, each of which applies to activities across one or more DOs:

GNDR-6 (customized): Number of people reached by a USG funded intervention providing GBV prevention information (may include sexual harassment in the workplace).

GNDR-2 (customized): Proportion of female participants in USG-assisted programs with increased access to productive economic resources (credit, income, or employment).

GNDR-8 (customized): Number of women effectively participating in public, private sector, and civil society organizations consistent with advancing GEWE outcomes.

Custom: Number of social inclusion activities undertaken in CDCS programs, 2020-25.

I. INTRODUCTION

I.1 Background

In line with the requirements in the United States Agency for International Development (USAID) Automated Directives System (ADS) 201.3.2.9 and ADS 205, USAID/India contracted Banyan Global to undertake a countrywide gender analysis to inform the USAID/India 2020-2025 Country Development Cooperation Strategy (CDCS). The gender analysis aligns with the 2012 USAID [Gender Equality and Female Empowerment Policy](#), which promotes three outcomes: 1) reductions in gaps between women and men in access to economic, social, and political resources; 2) reductions in the prevalence of GBV; and 3) reductions in constraints preventing women from participating in, leading, and making decisions in society. It also aligns with the 2016 updated [U.S. Strategy to Prevent and Respond to Gender-Based Violence](#), the [2019 USAID Policy Framework](#), and the USAID [Journey to Self-Reliance](#). In 2019, the President signed into law the 2018 [Women’s Economic Empowerment and Equality \(WEEE\) Act](#), which legally requires that all USAID strategies, programs and activities be informed by a gender analysis, that all projects and activities include gender-sensitive indicators, and that gender equality and women’s empowerment is integrated into the program cycle.

I.2 Purpose of the USAID/India Gender Analysis

The USAID/India Gender Analysis aims to provide data to enhance the integration of gender equality and women’s empowerment (GEWE) in the USAID/India 2020-2025 CDCS. More specifically, the Gender Analysis addresses the following research questions, as specified in Annex A of the report:

- What are the barriers to gender equality and social inclusion in each of the USAID/India sectors mentioned below?
- What are the ways in which women and men, LGBTI and third gender, socially marginalized people, and persons with disabilities are impacted differently by problems/opportunities in these sectors?
- What are potential measures for improving access to services, employment opportunities, and policy planning for women and socially marginalized people more broadly?
- What are potential measures for enhancing the leadership role that Non-Governmental Organizations (NGOs) and others play on gender issues in the sectors that USAID might want to engage?
- What role does gender-based violence play as a cross-cutting priority in all of the sectors mentioned above and what are potential measures to mitigate it?



The report focuses on the following sectors: Health (Tuberculosis, Maternal and Child Health, Family Planning), Water Sanitation and Health (WASH), Water Security, Pollution and its Health Impacts (PHI), Disaster Risk Reduction (DRR), and Digital Connectivity. Though the data collection was conducted in

New Delhi and Mumbai, the analysis does not focus on specific regions in India because USAID/India has not yet finalized the specific geographic areas of focus for the CDCS.

The report’s findings and recommendations present opportunities for the mission to consider related to the 2018 Women’s Entrepreneurship and Economic Equality (WE3) Act and the [White House Women’s Global Development and Prosperity Initiative \(W-GDP\)](#) (using a **WE3** Tag). To do so, the team used tools that Banyan Global has developed under the ADVANTAGE IDIQ Women’s Entrepreneurship and Economic Empowerment Task Order. Such tools comprise methodologies to nuance research and interview questions to include a focus on WE3 in all of the mission priority sectors and thematic areas.

The report also aligns its recommendations with the USAID development objectives and intermediate results (IRs) for the USAID/India 2020-2025 CDCS provided in the Table I below.

Table I: USAID/India CDCS 2020-25: Results Framework

Goal: India accelerates its own inclusive development and fosters enhanced regional connectivity			
DO 1: Health and resilience of India’s marginalized populations improved	DO 2: India’s efforts to reduce pollution and address health impacts enhanced	DO 3: Sustainable economic growth and development in the region enhanced	Special Objective: Economic and Cultural Resilience of Tibetan Communities in India and Nepal Strengthened
IR 1.1 Use of quality services, products and behaviors improved	IR 2.1 Air pollution mitigation improved	IR 3.1 India’s development collaboration advanced	IR 1. Sustainable livelihoods improved
IR 1.2 Effectiveness of the Government of India (GOI) to improve health outcomes strengthened	IR 2.2 Exposure to air pollution reduced	IR 3.2 Regional economic growth systems strengthened	IR 2. Tibetan institutions and heritage strengthened
IR 1.3 Private sector investment for improved health outcomes increased		IR 3.3 Regional natural resource management improved	
Cross-cutting themes: Inclusive Development/Gender, Innovation and Technology, Private Sector Engagement, and Strategic Communications and Outreach			

Section 2 of the report provides an overview of the research methodology, and Section 3 provides a summary of the key findings and recommendations. Annex A provides the Scope of Work for the Gender Analysis; Annex B provides an overview of USAID’s corporate social responsibility qualifying activities; Annex C includes a country-level overview on gender equality by USAID ADS205 gender analysis domain; Annex D presents a list of key documents consulted; Annex E includes the research matrix; Annex F provides the interview guides for the Gender Analysis; Annex G provides a list of key interviewees; and Annex H presents a summary of findings and recommendations of a USAID/India staff and implementing partner (IP) survey on gender integration.

2. METHODOLOGY

2.1 Inception Report

The research team prepared an inception report from May 8-30, 2019, which included an extensive desk review of the secondary data sources specified in Annex D. The purpose of the desk review was to identify the major GEWE advances, gaps and opportunities in India as a whole, with a specific focus on the thematic focus areas mentioned above that will be the main units of analysis for the 2020-2025 USAID/India CDCS. Based on the desk review findings, the research team designed the methodology and work plan, which included a research matrix (see Annex E) that connected the research questions to potential sources of information (both primary/stakeholders and secondary/documents) and the instruments used for collecting it (Annex F). It also included question guides tailored to each data collection method, as well as a list of key stakeholders to consult during primary data collection.

RESEARCH GUIDING PRINCIPLES

Do no harm
 Free prior informed consent
 Informant confidentiality
 Protection of information
 Non-discrimination and respect
 Ethical data collection
 Holistic participation
 Collaborative learning
 Cultural sensitivity
 Intersectionality

2.2 Primary Data Collection

A team of two consultants (one international and one national) carried out data collection in India from June 10-28, 2019 in New Delhi. The main data collection tools are summarized in Table 2 below, and include the following tools and methods: semi-structured interviews, and an online survey of USAID staff and partners about gender integration.

Table 2: Primary Data Collection Methods and Tools

Technique	Stakeholders	Purpose
Semi-structured Interviews	USAID Staff, USAID Implementing Partners, Government counterparts, CSR programs, corporations, business associations, micro-finance institutions, and NGOs.	<ul style="list-style-type: none"> To gather data on gender equality advances, gaps, challenges, constraints, and opportunities in line with the USAID/India priority areas of intervention and cross-cutting issues. To assess gender integration within USAID programs of relevance to the CDCS 2020-24 sectors and sub-sectors and to identify opportunities for preparing USAID's CDCS 2020-24 DOs and IRs. To identify opportunities for enhancing collaboration with private sector, GOI, donors, and CSR.
	International Donor Community	<ul style="list-style-type: none"> To determine donor investments in gender and social inclusion in the five sectors and 3 sub-sectors and the ways they are addressing gender gaps and opportunities. To identify opportunities for enhancing donor collaboration with USAID.
Online Survey (SurveyMonkey)	USAID Staff USAID Partner	<ul style="list-style-type: none"> To measure the extent to which USAID/India staff and partners integrate GEWE in USAID's strategic objectives, programming, budgeting, implementation, monitoring, evaluation and learning plans, and Performance Management Plans.

The research team conducted a total of 93 interviews from June 3-July 18, 2019. Table 3 shows the number of interviews conducted by organization type, sector, and gender. The team met with 19 members of the USAID/India staff. Annex G provides a detailed list of interviewees.

Table 3: Number of Interviews Conducted by Sector and Organization Type

Sector					Organization				
Sectors	Total interviews	Female	Male	Trans-gender	Organizations	Total interviews	Female	Male	Trans-gender
CSR	7	4	3		Donors	9	8	1	
Digital connectivity	3	1	2		DRR Partners/IP's/ Health IP's	24	20	4	
DRR	5	3	2		GOI	3	2	1	
Energy	11	9	2		NGO	11	6	3	2
Entrepreneurship	11	6	5		Private Sector	23	14	9	
GBV/LGBT QI+/ Disability	18	14	2	2	Research	4	2	2	
Health: FP, MCH, TB	16	13	3		USAID	19	11	8	
Health-WASH	11	7	4						
NRM	3	1	2						
PSLA	2	1	1						
USAID General	6	4	2						
Total	93	63	28	2	Total	93	63	28	2

2.3 Presentation of Preliminary Findings to USAID

On June 28, 2019, toward the end of the in-country primary data collection, the research team provided an on-site presentation of the preliminary findings and recommendations of the Gender Analysis to USAID/India staff. Twelve staff members attended the debrief including the Deputy Mission Director, the Director of the Program Support Office, five staff from the Health Office, and the rest from various offices. The purpose of the presentation was to validate and expand upon the preliminary findings and recommendations. The team's findings were validated and participants provided valuable insights that were included in the draft report.

2.4 Data Analysis and Interpretation and Report Preparation

The research team analyzed the data using qualitative methods and applying USAID's required gender analysis domains framework. The team delivered the draft Gender Analysis report to USAID/India on July 23, 2019 and the final gender analysis report, which addressed USAID/India feedback on the draft report, to USAID/India on August 7, 2019.

2.5 Protection of Informant Information

The research team obtained free and prior informed consent from interviewees by taking one or more of the following steps at beginning of each semi-structured interview as appropriate:

1. An explanation of the purposes of the research, how long it will take, and the procedures to be followed.
2. A description of any risks to the person participating (if relevant).
3. A description of any expected benefits to the person participating, or to his/her community, as a result of participating.
4. A statement describing whether the data will be anonymous or stored confidentially.
5. Contact details for the person to get in touch with if he/she has questions or concerns regarding the research.
6. A statement that participation is voluntary, that refusal to participate will involve no penalty, and that the subject may stop participating at any time.

3. COUNTRY CONTEXT AND BACKGROUND

India's strong economic growth over the past decade has supported development and modernization and fueled aspirations to become a middle-income country by 2030. The economy is projected to continue to grow at over seven percent annually in the coming years. This growth has contributed to a rapid decline in poverty, with a decrease from 46 percent to an estimated 13 percent over the two decades prior to 2020.² Still, 176 million people remain in poverty, which is concentrated more in rural than urban areas and among Scheduled Castes (SC) and Scheduled Tribes (ST).³ India continues to face serious challenges in reducing poverty and promoting social justice and equality for all. Gender inequalities are deeply embedded and prominent, as are caste, class, tribal, and religious inequalities.

Gender inequalities and gaps are widespread and pervasive and undermine economic growth and development. Gender parity in India lags compared to other countries at similar levels of development. Twenty-six of 95 countries with lower per capita gross domestic product (GDP) have higher levels of gender parity.⁴ In 2018, India ranked 108 of 149 countries on the Global Gender Gap Index (GGI), 142 on female labor force participation (FLFP), 114 in education, and 147 in health and survival.⁵ Just 27 percent of women are in the labor force, which is among the lowest in the world, and down from 35 percent in 2004. Though hundreds of million women are engaged in unpaid productive and reproductive labor, women's *paid* labor contributes just 17 percent of GDP, less than half the global average, and India could boost growth up to an estimated nine percent annually if a larger proportion of women joined the workforce.⁶

In 2018, India ranked the third lowest in the world on health and survival as measured by the GGI.⁷ In recent years, India has made remarkable progress in reducing its maternal mortality ratio to 130 per 100,000 live births (2016),⁸ but the rate is still high, particularly in the poorest states. There are 63 million "missing women" in India due to son preference, sex selective abortions, and post-natal neglect of girls and women in nutrition and healthcare.⁹ While 74 percent of people were literate in 2011, just 65 percent were women as compared with 82 percent of men.¹⁰ Indian women spend 10 times more time on unpaid household work than men.¹¹ For additional data on gender inequality indicators, see Table 4.

India has the largest number of child brides in the world - one third of the global total. In spite of overall decline in prevalence of child marriage from 47 percent to 27 percent over the past 10 years, eight out of the 36 states and union territories (UTs) in the country have high rates of early marriage (30-41 percent) amongst women. As per projections, 150 million girls face the risk of Child, Early and Forced Marriage (CEFM) by 2030 in India.

India is essentially a patriarchal society in which men have authority over women.¹² Male preference is strong and results in: social pressure on women to bear children until a boy is born; undervaluation and neglect of girls; and sex-selective abortions, which is starkly reflected in sex ratios heavily skewed against females at birth. The dowry system and the high cultural value placed on marriage have negative effects on women and girls. It limits parental investments in girls, reduces girls' bargaining power, leads to CEFM, results in early pregnancy and child birth, limits female paid employment, and reduces female autonomy, even more so when girls move to husbands' homes as is customary.¹³ Overall, cultural and social norms and beliefs that perpetuate gender inequality permeate society and contribute to a host of negative practices and outcomes for women and girls. But they are not immutable. They constantly evolve with changes in social, political, economic, and other circumstances. In Jharkhand, child marriages declined steeply when primary school enrollment became universal.¹⁴ More broadly, "...infrastructure, technology,

cooperatives and social networks, training opportunities, rescinding restrictive laws, and prohibiting discrimination are recognized as conducive to women’s economic empowerment.”¹⁵

The GOI, civil society, and private sector development policies and programs to promote gender equality and empower women and girls vary greatly in their approaches to gender equality. Some are more focused on promoting women’s agency as participants, leaders, and decision-makers in their own advancement. Others are much more focused on women as victims in need of protection, or alternate between these two approaches.

Detailed findings on gender, gaps, challenges and constraints are reported in Annex C: USAID ADS 205 Domains.

Table 4: Highest and Lowest Performing States on Selected Gender Equality Indicators

Category	National Average (W&M)	Highest Performing State (Women)	Lowest Performing State (Women)
Percentage of population under Poverty Line*	21.92%	Goa (5.09%)	Odisha (32.59%), Arunachal Pradesh (34.97%), Manipur (36.89%), Jharkhand (36.96%), Chattisgarh (39.93%)
Percentage of women and men currently in paid employment	24% and 75%	Manipur (41.3%)	Tripura (17.6%), Kerala (17.3%), Bihar (14.9%), Assam (14.8%) Jammu and Kashmir (13.7%)
Percentage of women and men who married early	27.90% and 17.4%	Jammu and Kashmir (9.2%)	Madhya Pradesh (33%), Andra Pradesh (36.2%), Jharkhand (39.2%), Bihar (41.9%), West Bengal (43.6%)
Percentage of women and men who received no schooling	31% and 15%	Kerala (4.2%)	Bihar (43%), Rajasthan (42.6%), Jharkhand (38.7%), Andhra Pradesh (37.9%), Telangana (37.3%)
Sex ratio (Females/Males)	943	Kerala (1,084)	Sikkim (890), Jammu and Kashmir (889), Haryana (879), Delhi (868), Chandigarh (818)
Untreated cases of TB per 1,000	11 cases	Chandigarh, Himachal Pradesh, Jammu and Kashmir, Sikkim, Goa (0)	Uttarakhand (13), Assam, Odisha and Jharkhand (16), Tripura (18) Andra Pradesh and Bihar (24), Arunachal Pradesh (47)
Percentage of unmet need for family planning (defined as women of reproductive age, married or in a union who want to delay or stop childbearing but not using contraceptives)	13%	Andra Pradesh (4.6%)	Uttar Pradesh, Jharkhand and Goa (18), Mizoram (20%), Meghalaya and Bihar (21%), Nagaland, Sikkim and Arunachal Pradesh (22%) Manipur (30%)
Under five years mortality (per 1,000 cases)	50	Kerala (7.1)	Assam (57), Bihar (58), Chattisgarh (64), Madhya Pradesh (65), Uttar Pradesh (78)
Percentage of births in a health facility	79%	Kerala (100%)	Bihar (64%), Jharkhand (62%), Arunachal Pradesh (52%), Meghalaya (51%) Nagaland (33%)
Percentage of women reporting ever experiencing spousal	33% and 4%	Sikkim (3.5%)	Odisha (36%), Uttar Pradesh and Chattisgarh (38%), Andra Pradesh,

* Sex-disaggregated data not available on starred items.

violence from husband or to husband			Bihar and Tamil Nadu(45%), Telangana (46%), Manipur(55%)
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Source: All data in Table 4 is from the International Institute for Population Sciences (IIPS). National Family Health Survey (NFHS-4), 2015-16: India, 2017.

3.1 Social and Economic Context and Findings

This section provides additional contextual information on key economic and social issues of interest to USAID/India: GBV, the private sector and inclusion of socially marginalized people (poor women, LGBTI, third gender, and persons with disabilities), corporate social responsibility (CSR), and women’s entrepreneurship and leadership. In each case, current good practices by USAID IPs and others, including private sector, CSOs, and donors are highlighted as opportunities for replication or scale-up in future USAID programs, or for potential collaborations. Findings related to the intersection of these issues with each of the CDCS DOs, as relevant, are discussed more fully in Section 3.1 and recommendations made to address gender and social inclusion gaps and challenges.

Gender-Based Violence

GBV covers a wide spectrum including pre-birth abortion of female fetuses, female infanticide, domestic violence or intimate partner violence (IPV), child sexual abuse, CEFM, and sex trafficking.¹⁶ GBV in India harms females and males: both people who conform to gender stereotypes and with different gender identities. Transgender people (*hijras*), for example, experience discrimination and suffer from ridicule and stigma.¹⁷ Little data on the prevalence or incidence of violence against LGBTI are available. In contrast, much more data are available on GBV against gender conforming women a third or more of who have experienced IPV in India.* GBV increased by 40 percent from 2012 to 2016; according to the National Crime Records Bureau, a woman was raped every 13 minutes, a bride was murdered for dowry every 69 minutes, and six women were gang-raped every day in India in 2016.¹⁸ GBV is a violation of basic human rights and affects all aspects of women’s lives—their own health and that of their children, their ability to have a voice in decision-making at home and outside, and their ability to earn and control their income. It also affects access to employment among LGBTI and third gender people.¹⁹

Thirty percent of married or previously married women have experienced IPV, including physical (30 percent), emotional (14 percent), and sexual (7 percent) violence. Experience of violence is higher in rural (32 percent) than in urban areas (25 percent). It increases with age, declines with wealth and education, and is linked to husband’s alcohol abuse. Notably, employed women are more likely to experience violence: 39 percent of those who do versus 26 percent of who do not work outside the home.²⁰ The employment data support the finding that men who perpetrate violence seek to exercise control and prefer that their wives adhere to traditional female roles, namely, to perform household tasks.²¹

Domestic violence is a criminal offence under Penal Code 498A (1983).²² Civil protection from domestic violence came into effect in 2006 under the National Protection of Women Against Domestic Violence Act of 2005 that covers many kinds of violence including physical, emotional, and sexual (including marital rape). Despite the legal protections, just 14 percent of those experiencing physical and sexual violence reported it. Reasons for reluctance to report include fear for their safety and police reluctance to register complaints. VAW and girls thus “...continues to be a major challenge and a threat to women’s empowerment in India.”²³

* The term VAW is used in this report for data and analytical accuracy when referring to violence specifically against women, and GBV otherwise for the broader issues.

In 2017, the Kochi Metro Rail Corporation hired 20 qualified transgender persons in various positions in ticketing and housekeeping. While their environment is improving for them, they still face challenges such as: lack of empathy from co-workers and passengers; gender-specific wash rooms; problems getting housing as landlords are reluctant to rent houses to them; and high commuting costs as many are forced to live in the city outskirts. As a result, many avoid public transport for fear of harassment.

Violence and the threat of violence outside the home in public places are also serious problems. Violence in public restricts women's and girls' mobility, visibility and voice, and access to education, employment and markets. Surveys in India show that females of all ages are harassed and assaulted in daylight, at night, in crowded and secluded places in cities, especially slums, and in rural areas.²⁴ The lack of safety in transport, in particular, may be contributing to the decline in women's participation in the workforce despite gains in female education and economic growth.²⁵

The 2013 Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act²⁶, which draws on international conventions on gender equality and the right to work with dignity, provides protection from workplace harassment. It protects against unwelcomed sexual behavior, whether explicit or implied, including physical contact and advances, demands for sexual favors, sexually-oriented remarks, and any other unwelcomed conduct of a sexual nature. It is broadly protective against a hostile work environment. The Law requires employers to provide a safe working environment, conduct workplace harassment trainings, create complaints committees, and offer victim protection such as leave or transfer to another workplace.²⁷ As with other types of violence, women are reluctant to report workplace harassment, and police are resistant to registering complaints.

The 2013 Act provides an opportunity to address GBV in the workplace with USAID IPs or support through discussion at meetings and forums. There are also opportunities to address GBV in public spaces and to intensify on-going USAID efforts for GBV prevention and social norm change through educational programs for adolescent boys and girls, and improvements in digital security. The intersection of GBV prevention and response through USAID/India's proposed DOs is described in greater detail in Section 3.1 below.

LGBTI and Third Gender

Although India's constitution guarantees the fundamental rights of all its citizens, until recently, LGBTI and third gender people had limited rights and protections and were among the most discriminated. Though data are very limited, enough information is available to show patterns of widespread stigma, discrimination, and violence, even within families; barriers in access to employment and public services; and mistreatment by police and health care providers.²⁸ A 2016 study by Sahodaran showed that 93 percent of LGBTI students faced bullying in government schools.²⁹ People's experiences vary, however, based on class, caste, religion, gender identity, geography, and the degree to which they are openly LGBTI.

Official policy from 1861 was based on Section 377 of the Indian Penal Code that basically criminalized same sex sexual activity. It limited public discourse on and protection of third gender and LGBTI rights until July 2, 2009, when a decades-long legal battle ended with the Delhi High Court declaring it unconstitutional.³⁰ This landmark decision raised the public profile of LGBTI issues and set in motion a process of change in India. However, in 2013, in a blow to LGBTI rights, the Supreme Court overturned the 2009 decision and effectively re-criminalized homosexuality. In 2014, the Supreme Court legally recognized a third gender and guaranteed people identifying as such fundamental protections and access to government benefits.³¹ Recognition of a third gender in India is reflective of a pattern in South Asia that includes Pakistan, Bangladesh, and Nepal. In September 2018, the Supreme Court struck down Section 377 of the Penal Code and thereby again decriminalizing homosexuality.³²

Legal changes have been critical for enabling civil society activists and LGBTI organizations to move the country forward on LGBTI and third gender issues. As a result of the efforts, public opinion is beginning to change: a recent survey showed 100 percent of college and university students would not hesitate to be friends with an LGBTI person, and third gender people have run for office.³³ Increasingly, health care workers and businesses are becoming more aware of the challenges and responsive to the needs of LGBTI and third gender people. The state governments of Tamil Nadu, Kerala, Karnataka, Odisha, and Chhattisgarh have taken several initiatives to enable transgender people to establish their rights, access education, skills training, and business finance, and to receive housing and pension benefits. Kerala's Kochi Metro Rail, for instance, employs transgender people in housekeeping, customer care, and crowd management. However, much more needs to be done to recognize, protect, and reinforce LGBTI and third gender rights and their access to education, skills, and employment.

Beyond in the health sector, USAID IPs do not engage on LGBTI and transgender issues. Most interviewees for this report said they did not take account of LGBTI issues. Current USAID health IPs have opportunities to support a broader advocacy agenda for social and economic rights and access, and non-health IPs have opportunities to be more inclusive of LGBTI and third gender people. Recommendations regarding LGBTI and third gender people specific to the DOs are in Section 3.2.

The Private Sector and Social Inclusion

In the upcoming CDCS, USAID/India intends to work more intensively with the private sector that includes national and international companies at one end of the spectrum and, at the other, enterprises ranging from the micro to small and medium enterprises (MSME). The CDCS' private sector approach offers opportunities to address gender and social inclusion gaps and issues in various ways and at various levels over the next five years. They are described here along with some promising good practices for social inclusion within private sector companies as part of their profit-making socially responsible activities. The team's findings related to the intersection of these issues with the relevant DOs are described in Section 3, along with recommendations.

A striking statistic in India, as noted above, is women's low and declining participation in the labor force. It is declining especially among urban educated women as many poor women remain in the labor force out of necessity. The inability to participate in the paid economy is a major hurdle to achieving GEWE. While 43 out of 100 tertiary educated graduates in India are women, just 25 out of 100 become employed, and only 4 reach senior management positions. Women have somewhat greater representation (11 percent) on company boards because national legislation requires companies to have at least one woman board member.³⁴ Access to paid employment is also a serious problem for persons with disabilities and LGBTI and third gender people.

In private sector companies, the severely curtailed talent pipeline of women employees and managers is often the direct result of barriers such as requirements that employees be geographically mobile and flexibly available for work at most times. A lack of senior management support, the absence of enough female role models, and a lack of company-specific policies and practices to attract, retain, and promote high performing women further undermine this pipeline.³⁵ Gender discrimination and sexual harassment are also common in the workplace.³⁶ Marriage, childbirth, and child and elder care responsibilities pose personal constraints for women workers and are also given as reasons why companies are reluctant to hire women. In fact, because of the norm-determined gender division of labor, women are primarily responsible for care work at home. If they work for pay, they are expected to manage both sets of responsibilities themselves though those who can afford to do so have varying levels of household help, depending on their incomes.

Under the Maternity Benefit Act (2017), India has generous maternity leave for women employed in companies with more 10 employees. It offers 26 weeks of paid leave for women and 180 days for government employees.³⁷ There is no provision for paternity leave except for government employees under very specific circumstances.³⁸

Some private sector companies and non-profit organizations are leading the way for more inclusive employment and offer insights into what works in creating more equitable workplaces.³⁹ They include companies like Hindustan Unilever Ltd (HUL), Lemon Tree India, and Café Coffee Day and non-profits like Humsafar Trust and Council on Energy Environment and Water (CEEW). HUL, for instance, plans to become gender balanced in mid-senior management by 2022.⁴⁰ The company has policies to attract and retain talent and to facilitate re-entry for employees forced to interrupt their careers to meet their care responsibilities. It offers two years' leave for a spouse who moves with his/her family for a job transfer, five years for a career break, and maternity and paternity leave of 26 weeks and three weeks, respectively. It also offers gradual re-entry after a break (e.g., for childbirth or elder care) with part- and flex-time options. It has established and/or upgraded child-care centers in all regional offices and factories to improve women's participation in traditionally low-skill sectors such as sales and in factories. One factory in Haridwar is now 100 percent women-managed and operated. It has also increased the representation of women in mid-senior management from eight percent to 30 percent in six to seven years.⁴¹

Some non-profit organizations have also taken on the gender diversity challenge and their experiences offer examples of good practice that can be more widely adopted. For example, though women and men are almost equally represented among employees of the CEEW, few women are in management and leadership. Two years ago, the CEEW started the Women in Sustainability (WIS) initiative "to promote greater participation, inclusiveness, and visibility of women at all levels of the sustainability workforce."⁴² It adopted affirmative actions, such as options to work from home, health and safety protocols to ensure women's safety on field assignments, and the creation of an internal complaints committee. It is also holding roundtables to discuss diversity issues and to showcase women's work and to mentor them and support their careers.⁴³

In addition, businesswomen are working to support their peers and young women to enter the private sector and to stay employed. They also support women's entrepreneurship. For instance, the Federation of Indian Chambers of Commerce and Industry's (FICCI) Ladies Organization (FLO), established in 1983, is a leadership forum for businesswomen. Headquartered in New Delhi with 16 chapters across India, its 6,800 members include entrepreneurs, professionals, and corporate executives. Its youth wing, Young FLO, is made up of women below 40 years of age. The organization's objectives are to foster inclusive economic growth and professional excellence. It holds workshops, seminars, conferences, and training and capacity building programs. Following passage of the law mandating women's membership on corporate boards, FLO offered training on board-readiness and board-effectiveness. It recently published the "Gender Parity Index," a toolkit to evaluate gender diversity in the formal sector.⁴⁴ A self-administered assessment enables organizations to assess where they stand on the index and progressively measure progress.⁴⁵ FLO also supports women's entrepreneurship: the Swayam Initiative links members to male and female mentors to build their own enterprises. A link with the State Bank of India and ICICI Bank facilitates access to loans.

The U.S.-India Strategic Partnership Forum (USISPF), an organization that works with the GOI and businesses to strengthen U.S.-India commercial and strategic ties*, is similarly about to start a leadership

* USAID/India is a partner.

forum for women business leaders to share information and best practices on what works for women's advancement in private sector companies.

As there is a critical need to advance and strengthen women's employment and leadership at mid and senior levels and to support young women's aspirations to enter the paid workforce, the efforts described above offer lessons learned and good practices for USAID to support and/or replicate these strategies more widely as it works with private sector organizations in designing and implementing the new CDCS.

Employing Persons with Disabilities

Persons with disabilities face challenges in all aspects of their lives including, importantly, access to education and employment. Women, young women, and third gender people are more disadvantaged in access to employment than men. Youth4Jobs, for example, is an organization at the forefront of skills building for persons with disabilities has trained over 17,000 youths to date and helped over 60 percent of them to gain access to private sector jobs.⁴⁶ However, just 27 percent are young women and in states like Rajasthan no girls enrolled. Parents are often reluctant to permit young girls with disabilities to join programs for fear they will be sexually abused.⁴⁷ But men and boys with disabilities who are unable to obtain employment also confront stigma related to their culturally defined roles as "breadwinners." In addition, persons with disabilities living in rural areas confront issues of distance and lack of transportation that limit travel to nearby towns to improve their skill levels and job prospects. Most companies, even if sympathetic, are mostly uninformed about the special needs of persons with disabilities.

Official policy on persons with disabilities is governed by The Rights of Persons with Disabilities Act (2016) that replaced the 1995 legislation. The 2016 Act: defines disability on an evolving and dynamic basis; recognizes a larger number types of disabilities (21 in total); provides additional support to persons with disabilities in terms of education, job reservations and financial support; and provides penalties for offenses committed against persons with disabilities.⁴⁸

Several companies are at the forefront of expanding access for persons with disabilities, notably, Google, Microsoft, Amazon, Gempact, HSBC Bank, Flipkart, Café Coffee Day, and Lemon Tree Hotels. They are actively recruiting, training, and retaining disabled youth, with a focus on young women. Amazon employs over 450 youths with disabilities. Youth4Jobs, a non-profit organization, works with these companies to create an infrastructure and a favorable environment for persons with disabilities. WNS Global Services has created skills training programs for disabled youth and runs regular batches of training. HSBC Bank has used CSR funds to set up several training centers that run two-month residential programs training youth in English, life skills, soft skills, and computers.⁴⁹

Creating an Inclusive Work Place for LGBTI and Third Gender Persons

LGBTI and third gender persons also face difficulties in securing jobs. They experience cultural bias during recruitment and issues adjusting after being hired. Same sex partners face ambiguity in terms of their right to health and other employee benefits, mainly because laws do not recognize their rights.⁵⁰ However, the situation is beginning to change and some companies like Piramal Enterprises and HUL have started addressing these issues through employee sensitization campaigns and provisions to extend benefits to same-sex partners as spouses.⁵¹

Humsafar Trust, a USAID partner on the Linkages project, works with private sector firms and educational institutions through the TRANScend project to educate and sensitize

Humsafar Trust, a USAID partner on the Linkages project, works with private sector firms and educational institutions through the TRANScend project to educate and sensitize them on the needs and challenges of transgender people.

them on the needs and challenges of transgender people. Working with leading firms like Accenture and Goldman Sachs, it advocates for transgender rights, including increased access to employment.⁵²

MSMEs, Last-Mile Distributors and Social Enterprises

In India, women fully or partially own nearly 3 million MSMEs. They represent 13.7 percent of MSMEs in the formal sector (registered enterprises) and 7.4 percent of enterprises in both the formal and informal sectors. Virtually all are small or micro enterprises, the latter comprising 97 percent. Although most microenterprises are in the informal sector and owned by poor women, they contribute about 3 percent to industrial output and employ over 8 million people.⁵³

Women micro-entrepreneurs face significant challenges in setting up and sustaining their enterprises. They lack education and the skills and resources needed to grow their enterprises. They also lack collateral, property, access to finance, market information and linkages, business networks, etc. They often need a range of support services to prosper. Product distributors, for example, need support for business planning, sales management, public speaking, and business finance. Development programs commonly target them for entrepreneurship development, either as individuals or in groups such as SHGs. The GOI's rural and urban livelihoods development initiatives for poor and marginalized people rely heavily on the involvement of women's self-help groups (SHG).*

Even at the small and medium level, investors are hesitant to invest in women's enterprises due to skepticism about their commitment to their businesses because of their household responsibilities. Regardless of this fact, USAID's enterprise development programs are successfully supporting women's enterprises. For example, the Millennium Alliance, implemented by FICCI, supports technology innovation startups. Of its 124 grantees, 40 are woman-owned and some of FICCI's best performers, despite facing gender-based disadvantages.⁵⁴ The Selco Foundation, which is another USAID IP, works with small entrepreneurs as ecosystem builders on innovations in clean energy.⁵⁵ They support entrepreneurs by providing them with technical, marketing, and planning training, helping them with product innovation, and linking them to financial institutions. Twenty percent of Selco's incubator businesses are women-owned. Both Selco and the Millennium Alliance are expanding their efforts regionally and globally.

Private sector companies and social entrepreneurs are working with women throughout India to facilitate entrepreneurship in multiple ways. For instance, HUL sponsors the Shakti program that involves 11,000 women entrepreneurs—micro distributors who sell a basket of Fast Moving Consumer Goods (FMCG) products (e.g., processed foods, beverages, candies, toiletries, etc.) out of rural homes and small grocery shops. HUL offers them training and support services and women have proven to be successful micro-entrepreneurs and last-mile distributors⁵⁶ of household products.

Examples of social enterprises include Dharma Life that works with 16,000 Dharma Life Entrepreneurs (DLEs), 75 percent of whom are women.⁵⁷ It operates in 40,000 villages in 13 states to promote and sell socially relevant products (e.g., solar lights, cook stoves, mobile phones, and water purifiers), often produced by private sector companies such as Johnson & Johnson. Micro-entrepreneurs are engaged in awareness raising, publicity campaigns, and product sales. Dharma Life provides training, financing, and compensation for conducting publicity, and works with the families of DLEs to overcome cultural barriers and address safety concerns. It also carries out research and evaluations to determine what works to

* State governments are responsible for implementing The National Rural Livelihoods Missions and the National Urban Livelihoods Mission initiatives. Rural SHGs have been functioning successfully longer than those in urban areas, and are generally stronger.

empower women. A Department for International Development (DFID)-funded study showed that DLEs increased their incomes, gained a sense of identity, and improved their cognitive ability.

Social enterprise Frontier Markets also works with low-income women entrepreneurs (Solar Sahelis) and village retailers to market socially relevant products such as solar lights and water purifiers. They recruit and train entrepreneurs and provide mobile phones and 4G connections to all of their Sahelis. They have launched two in-house funds in partnership with donors to provide working capital loans to Sahelis. The founder, Ajaita Shah, runs in-house mentoring programs for the Sahelis.

The Industree Foundation works with women micro entrepreneurs, mainly artisans. It helps them improve their products and incomes through skills training, market access, organization into production units, and overall business development support. Established in 2000, the Foundation has supported over 30,000 women entrepreneurs to date to improve their businesses and lives.⁵⁸

In summary, the private sector and entrepreneurship landscape varies greatly both by size of enterprise and women's own resources and skills. As the examples above show, many organizations are involved in supporting women to develop profitable MSMEs, some at large scale. They offer diverse opportunities for USAID to channel and advance activities related to the IRs while also advancing gender and social inclusion. Specific recommendations follow in Section 3.

Corporate Social Responsibility

Another way in which the private sector works on development issues and supports poor and marginalized people is through corporate social responsibility programs. GOI policy defined in the 2013 Corporate Social Responsibility (CSR) Act mandates over 1,500 companies to spend two percent of their profits on CSR.* Its provisions are evolving over time, but it imposes strict governance and reporting requirements on qualifying companies.⁵⁹ In 2018, an estimated 1,019 companies spent INR 9,034 crore (USD 1.3 billion) on CSR. This is likely to at least double in the future, as just 57 percent of the qualifying companies are currently spending the mandated two percent on CSR. The main reasons cited for underspending are a lack of projects, credible partners, or qualified in-house teams. In fact, the number of individual projects has been declining over the years, indicating better focus and consolidation.⁶⁰

Current expenditures are heavily skewed toward education and healthcare. Spending on digital literacy is miniscule but rising rapidly. Most companies still treat CSR as a compliance issue, address it on an ad hoc basis, and do not seriously pursue impact. Gender equality issues are mostly missing.⁶¹ Spending on GEWE is less than three percent of total expenditures and no projects address GBV and mental health.⁶²

Several organizations are working with companies to strengthen their CSR activities. They include aggregators like Samhita Social Ventures. It manages CSR funds for over 80 companies and works with them to create customized strategies to strengthen implementation. It also works with donors and NGOs to support causes, channel funds effectively, and link projects with funders. It has co-created multi-stakeholder platforms in WASH and nutrition. It recently completed a gender assessment of the CSR programs of the top 100 companies. Key findings include: 72 percent of companies had an economic empowerment intervention; health and sanitation projects received maximum funding; and gender was a grey area. Companies are still not fully knowledgeable about the kind of projects they can undertake to address GEWE. Samhita has designed a collaborative project with a lifecycle approach for working with

* The Act covers all companies with net worth of Rs. 500 crore (USD 750 million) or greater, turnover of Rs. 1,000 crore (USD 1.3 billion) or greater, or net profit of Rs. 5 crore (\$ 750,000) or greater.

women from 13 to 30 years old that will invite stakeholders to contribute to intervention areas of their choice.⁶³

CSR-qualifying activities, as prescribed by the Act, that overlap with USAID priorities include hunger and poverty eradication, health, education, environmental sustainability, social enterprises, GEWE, and the inclusion of marginalized groups such as SCs and STs. (See list in Annex B). Examples of CSR gender-related work include MCH, water conservation, science, technology, engineering and mathematics (STEM) education for girls, health vans, training, a girls college for engineering, and digital literacy for rural women. There are opportunities for USAID to work with CSR aggregators to establish a multi-stakeholder platform and forum through which to disseminate lessons learned from activities related to the IRs, and to advocate for gender and social inclusion in CSR programs, as noted in Section 3.

Women's Leadership and Engagement in Public Institutions

Although women are mostly under-represented in political, civic, and economic life, lack leadership prospects, and have limited decision-making power at home and in public, opportunities for change are emerging. These are key components of USAID's GEWE Policy. In 2014, women comprised 11.8 percent of members of the Lok Sabha (lower house), but they gained seats in the 2019 election and now represent 14.36 percent. Indian women notably exercise their voting power. In 2014, more women than men voted in [16 states and union territories](#) out of 35.⁶⁴ Women are even better represented at the local or village level through *Panchayati Raj* (local government institutions), where up to 50 percent of the seats are reserved for women in some states. In 2017, women constituted 44.2 percent of elected representatives and 43 percent of *sarpanches*, or heads of village *panchayats*.⁶⁵

Panchayati Raj and other local level institutions (e.g. SHGs, village water and sanitation committees, school management committees) represent a significant opportunity for promoting and supporting women's participation and leadership in civic life, and fostering development.⁶⁶ As *Panchayati Raj* institutions have a role in all aspects of local development such as rural employment, schools, WASH, and nutrition, they are an available mechanism for engaging women. Moreover, rural women have demonstrated their willingness and capacity to engage in financial and civic activities as members of SHGs in many places throughout India.⁶⁷ In fact, SHGs are now designated vehicles for implementing India's rural and urban livelihoods missions, as mentioned above. However, it should be noted that the SHGs sometimes expect women to carry out too many activities—an observation that argues for assessing capacities and constraints before engaging these groups in multiple activities, and offering appropriate support to build their skills and capacities to enable them to succeed.* Urban local bodies, however, are not as conducive to citizen participation inclusive of women—a gap that should be addressed.⁶⁸

In summary, to the extent that IR activities involve local governance institutions and committees, they offer significant opportunities to engage and increase women's representation, build skills and capacity to participate knowledgeably, and to lead. These opportunities are highlighted in the context of DO activities and recommendations in Section 3 below.

* For a fuller discussion on this issue, see Mehra, R. and K. Shebi. Economic Programs in India, 2018.

4. FINDINGS AND RECOMMENDATIONS, BY DEVELOPMENT OBJECTIVE

Based on information in the country context and background information (Section 1.3), the social and economic context (Sections 1.4), and the findings on the ADS 205 gender analysis domains (Annex C), this section reports on findings by CDCS DO and offers recommendations for gender and social inclusion tagged to IRs. As the CDCS is still under development, the team worked mainly within the broad framework and the main DO and IR headers. In addition, USAID staff briefed the team verbally on issues and activities with the proviso that the ideas were still evolving. Therefore, the team's findings and recommendations are fairly wide-ranging and should be adapted as relevant and suitable when the CDCS content is finalized.

4.1 DOI Findings and Recommendations: Health and resilience of India's marginalized populations improved

Snapshot of DOI Relevant Data and Statistics

About two-thirds (67 percent) of women reported at least one of the following problems in access to healthcare, the most serious being lack of availability of a health care provider (45 percent) and no drugs (46 percent). This was followed by lack of an available female health care provider (37 percent), distance to a health facility (30 percent), transport (27 percent), and lack of money (25 percent).⁶⁹

Findings - Health

Overview. In 2014, life expectancy at birth was higher for females (69.6 years) relative to males (66.4 years). Though they live longer, women suffer more from ailments. The National Sample Survey Organization in 2014 reported that a substantially higher percentage of women than men reported having fallen sick in the last 15 days.⁷⁰ Women face significant problems in accessing healthcare. National Family Health Survey (NFHS) FHS-4 asked women ages 15-49 about potential problems in obtaining medical treatment for themselves when they are sick. Responses are shown in the box above. Though the number and quality of government hospitals in rural areas has increased, women and the elderly still find it difficult to access curative services.

GOI health policies and programs. The policy environment for improving health services in India is favorable and highly conducive to gender parity. GOI policies and programs have extensive gender-positive guidelines. They include the Child Marriage Act, Compulsory Maternity Leave, Pre-Conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act (1994), and GOI Guidelines for Implementation of the *Janani Suraksha Yojana* (Safe Motherhood Initiative). GOI programs that focus on providing health care insurance, family planning, and MCH and TB services include the *Ayushman Bharat Yojana* (National Health Protection Scheme), *Sukanya Samridhi Yojana* (Girl Child Prosperity Account), India's Reproductive Maternal Newborn Child and Adolescent Health Strategy, Revised National TB Control Program, Mission Indradhanush-Universal Immunization Program, a program for early intervention in child survival *Rashtriya Bal Swasthya Karyakram* (National Child Health Program), the long-

standing Integrated Child Development Services, and the *Janani Shishu Suraksha Karyakram* (Mother and Newborn Protection Program).

Other programs. All international donors including USAID, United Nations Population Fund (UNFPA), United Nations International Children's Emergency Fund (UNICEF), the World Health Organization (WHO), and the Bill and Melinda Gates Foundation (BMGF) have collaborated with the GOI to support its flagship programs. This has led to a beneficial consolidation of financial, technical, and operational resources. NGOs, CSR programs, and other national organizations are also channeling their smaller programs to meet the larger country-wide goals. These efforts are collectively substantial. Current CSR spending, for example, is around INR 9,000 crores (USD 1.3 billion) of which almost 40 percent is spent on health initiatives.⁷¹ This amount of spending is slated to at least double in the next five years as more companies implement CSR projects.⁷² Currently, large CSR programs focused on health include Tata Steel's Maternal and Newborn Survival Initiative, the Piramal Swasthya Project, Cipla's Comprehensive Healthcare Initiatives, Torrent Pharma-Reach Each Child project (REACH)-Pediatric Healthcare Program, and others.⁷³

Findings - Family planning

Gender gaps and challenges. Knowledge of contraceptive methods is almost universal in India - 98.5 percent of women and 98.6 percent of men stated they knew an average of seven contraceptive methods.⁷⁴ In 2017, 53.5 percent of married women reported using some method of contraception, and 47.8 percent reported using a modern method. Very few men used condoms (5.6 percent). Use of contraceptives is lowest in Manipur, Bihar, and Meghalaya (24 percent each) and highest in Punjab (76 percent).⁷⁵ Thirty-six (36) percent of women have undergone sterilization. However, this figure is negligible among males (0.3 percent).⁷⁶ Low use of reversible contraceptives means that women have limited control, which has negative implications for their health and potential employment.⁷⁷ As many Indians have a strong preference for having sons, a woman may be forced to keep having babies until a male child is born. Almost 13 percent of fecund women in India have an unmet need for contraception with great regional variations. For example, 30 percent in Manipur expressed having an unmet need compared to 4.7 percent in Andhra Pradesh.⁷⁸

Early marriage and early child birth are still common and adversely affect girls' health. By 15-19 years of age, eight percent of young women have begun childbearing, five percent have had a live birth, and three percent are pregnant with their first child. Keeping girls in school is an important strategy to delay marriage. Forty-two percent of young women, because they lack access to menstrual products and safe toilets, still do not use a hygienic method of menstrual protection. Major barriers are low income, lack of education, and rural residence. Women ages 15-24 in the highest wealth quintile and with 12 or more years of schooling are more than four times as likely to use a hygienic method.⁷⁹ Using a hygienic method of menstrual protection is important not only for personal health and hygiene but also to help girls stay in school.

Among sexually active, unmarried women ages 15-49, only one-third use contraceptives.⁸⁰ Teenage pregnancies are higher in rural areas, among poorer women, women belonging to STs, and those with lower levels of education. Tripura, West Bengal, and Assam states had high rates of teenage pregnancies.⁸¹ Overall, however, teenage childbearing is declining.⁸²

Focused implementation of existing family planning programs can add 13 percent to India's GDP by 2031.⁸³ A 2018 policy paper by the Population Foundation of India argues that a greater focus on states with high fertility rate, such as Bihar, Madhya Pradesh, Uttar Pradesh, and Rajasthan, can prevent 1.2 million maternal

deaths, 2.9 million infant deaths, and save INR 77,600 crores (USD 11 billion) in out-of-pocket health expenditures.⁸⁴

USAID programs that address women's agency in family planning include the Maternal and Child Survival Program (MCSP), which focuses on social and gender inclusion and respectful care. The project has trained over 21,000 health workers in Odisha and Chattisgarh states and implemented a communication program, *Parivaar Swasthya Vaani* (Family Health Voice).⁸⁵ The SHOPS+ Project works with young couples to promote birth spacing by addressing key factors that inhibit young couples from accessing family planning information and products. Additional activities include a digital media platform, helpline counseling, community engagement events, and workplace interventions to improve knowledge and access.⁸⁶

USAID-funded projects such as Dasra collaborative, Wajood Yuva, SHOPS+, and MCSP are intervening to improve sexual and reproductive health and awareness of adolescents. The Wajood Yuva Program works with adolescents ages 15-19 years in urban slums to educate them about healthy reproductive and sexual behavior and GBV prevention. It uses an app to record and reward boys and girls for displaying interim positive behaviors such as attending and participating actively in the adolescent health days. This community-based program is closely aligned with the GOI's *Rashtriya Kishor Swasthya Karyakram* (National Adolescent Health Program) and uses technology to increase the efficacy of service delivery. For example, youth can redeem points earned for condoms or oral contraceptive pills.⁸⁷ SHOPS+ works with youth through campaigns to promote the adoption of safe sexual practices, delaying sexual debut, and using modern contraceptives to avoid unwanted pregnancies.⁸⁸ The Dasra collaborative works with 10 to 19-year-old girls to help them stay in school, delay marriage, and improve awareness about GBV, nutrition, menstrual hygiene and reproductive rights.⁸⁹

The recommendations below on Family Planning align with USAID J2SR sub-dimensions on citizen capacity and government capacity:

All three recommendations below are suitable for **IR 1.1**, **IR 1.2**, and possibly for **IR 1.3**, depending on types of activities selected. See Table I for description of IRs.

1. Strengthen programs to promote male contraceptive use and short-term female-controlled contraceptives.⁹⁰
2. Initiate interventions in worst performing states: Manipur for unmet contraceptive need; West Bengal, Tripura and Assam for teenage pregnancies; and West Bengal for girls' early marriage (See Table 4).
3. Reinforce support for and expand to school curricula safe and confidential adolescent sexual and reproductive health and GBV education programs for *both* boys and girls, as it is critical to start at an early age to change harmful gender norms, behaviors, and practices. Initiate modules to improve understanding and reduce bias against LGBTI and third gender people. (WE3)

Findings - Maternal and Child Health

Gender gaps and challenges. In recent years, India has made remarkable progress in reducing its maternal mortality ratio (MMR) to 130 per 100,000 live births (2016).⁹¹ Regional variations are high, however, with the highest MMR in Assam State at 237. Eighty percent of women now deliver at a health facility but again, there is wide regional variation, with rural Jharkhand being the lowest at 54 percent. Antenatal care (ANC) has improved substantially, with almost 80 percent of pregnant women receiving ANC from a skilled provider.⁹² The biggest remaining barriers to ANC and institutional delivery are familial. In 2015, about 10 percent of all pregnant women did not receive ANC because their husbands or families did not think that it was necessary.⁹³

The infant mortality rate (IMR) has also improved but rates are still high, particularly in the poorest states. Rural Bihar continues to be dangerous for young girls, with female IMR at 47/1,000 compared to 31/1,000 for males, and under-five female mortality at 52/1,000 compared to 36/1,000 for males.⁹⁴ Strong son preference and illegal sex determination leads to sex-selective abortions and female infanticide, which is reflected in a skewed sex ratio at birth and overall. In 2011, there were 918 women for every 1,000 men.⁹⁵ In 2014, this resulted in a nationwide shortage of 63 million women, with one million women being added to this shortage every year.⁹⁶ Son preference can also result in the neglect of female children in terms of nutrition, healthcare, and education.⁹⁷

USAID programs. USAID's SHOPS+ Project works to improve the quality of care during intrapartum and immediate postpartum periods in public health facilities through the development of a digital solution for auxiliary nurse midwives (ANM).⁹⁸ The Vriddhi Program partners with the GOI's Ministry of Health to prevent MCH deaths in 26 high priority districts in six States—Delhi, Haryana, Himachal, Punjab, Uttarakhand, and Jharkhand—by training health providers, supporting evidence sharing, and creating dedicated program management units.⁹⁹ In addition, several CSR projects, including Cipla Foundation and Hindustan Petroleum Corporation Ltd. (HPCL), provide mobile van services around their factories and other locations to help women, the elderly, and persons with disabilities access healthcare at their doorsteps. However, USAID programming does not extend to some of the worst performing regions like rural Bihar, though in Assam it has MCSP Health and Wellness Centers and the Maternal and Child Survival Program. Moreover, current USAID programs have limited collaborations with CSR programs.

The recommendations below on Maternal and Child Health align with USAID J2SR sub-dimensions on government capacity, economic policy, and citizen capacity:

Recommendations 1 and 2 are suitable for **IRI.1** and **IRI.2** and recommendation 3 for **IRI.3**.

1. Apply lessons learned from Vriddhi midterm evaluation's wide ranging recommendations about the scope of and expectations from future MCH programs, their integration with public health facilities, results measurement, adolescent health, and coordination with other development partners and the private sector.¹⁰⁰
2. Expand the scope of current and future technical assistance (TA) partnership projects with GOI to target the worst performing regions: rural Jharkhand where institutional delivery is lowest; Assam where MMR is highest; and rural Bihar where female IMR and female mortality under five years old are highest in the country.
3. Work through CSR consolidators in a consortium approach to convene, collaborate, and help build capacity of the private sector to address gender gaps in CSR projects. (WE3)

Findings - Tuberculosis

Gender gaps and challenges. There is still a high incidence of TB in India despite an over 30 percent reduction in the past decade when 305 per 100,000 persons were medically treated for TB. Untreated TB cases show wide regional variations, with Arunachal Pradesh being the worst with 47/1,000 cases untreated. The prevalence of TB is higher among men (389 per 100,000) than women (220 per 100,000),¹⁰¹ with women from poor and rural families at greater risk. Household use of cooking fuel poses a critical risk to women's health, with TB incidence among those using biomass-cooking fuels twice as high as those using cleaner fuels.¹⁰² Women from ST are the worst affected in terms of detection and treatment due to factors such as undernutrition, cost, and lack of transport.¹⁰³

In 2016, there were over 2.8 million new cases of TB in India. Sixty (60) percent of them were cases with men and 40 percent were women. Men and women who smoke, use intravenous drugs, or encounter indoor air pollution due to wood stoves are at high risk of contracting TB and this risk is further increased by underlying malnutrition, diabetes, or HIV. TB among children remains under-diagnosed due to the different presentation of TB in this age group and the challenges in diagnosis. Women often delay seeking care for ailments because of significant stigma attached to TB, household work, low health literacy, lack of mobility, access to resources and decision-making powers. Although men suffer less from TB related stigma, they experience higher drop out from anti-TB treatment than women due to alcohol dependence, reluctance to take time off from work and migration in search of work. Overall, there is better adherence to TB treatment, better overall outcomes, and lower incidence of MDR-TB among women.¹⁰⁴

Pregnant and lactating women are at high risk of TB, their diagnosis is more difficult, and the risk of death is high during pregnancy and post-partum. Moreover, pregnant women are not included in clinical trials of TB drugs, therefore limiting the range of drugs available to them.¹⁰⁵ Rural women are at greater risk because they are malnourished and thinner, and poor nutrition is a risk factor.¹⁰⁶ Undernutrition also leads to worse treatment outcomes once TB has developed.¹⁰⁷ As women tend to delay seeking diagnosis and treatment due to stigma and limited access to healthcare, active case finding programs have been initiated. Women may be dropping out of private care at a higher rate for cost reasons, but good information is not available about this issue nor about the estimated six of 10 people overall who seek private provider care.¹⁰⁸ Both men and women experience stigma, though women are more affected in terms of marriageability, which is a high social priority for women. The SHOPS+ Project develops communication materials to reduce stigma around TB.¹⁰⁹

Due to cultural and other biases, current TB programs do not fully cater to the health needs of more vulnerable populations such as LGBTI, persons living with HIV/AIDS, and sex workers. LGBTI people and commercial sex workers face discrimination during diagnosis and treatment. Health workers are reluctant to treat people living with HIV/AIDS due to stigma. Gender sensitization, stigma reduction, and respectful care programs are needed to improve care for more vulnerable populations in the public health system.

USAID programs. USAID's TB Call to Action Project works in six states to strengthen community response and to advocate for higher technical and financial resources for TB. The Stop TB Partnership, in which USAID participates and which works closely with the GOI, recently completed a gender assessment and made several important recommendations to improve gender responses.¹¹⁰ A technical expert committee is now preparing a framework for the National TB Program for gender-responsive approaches in detection and care that is expected to be approved and operational by early August.¹¹¹

SHOPS+ develops mechanisms for doorstep delivery of products and services through e-market players for patients seeking treatment in the private sector.¹¹² The active case finding program which PATH implemented in Mumbai identified 50,000 new TB cases, 70 percent of those who completed treatment, mostly women.¹¹³ The Global Coalition of TB Activists is working with various GOI TB programs, donors, and CSOs to mainstream strategies to reduce stigma and improve early access to TB diagnosis and treatment for women. The Coalition also advocates for inclusion of pregnant women in TB drugs trials.

Samhita, a CSR consolidator, is co-creating a multi-stakeholder platform to address the nutrition needs of young people ages 13-30 as part of a life-cycle approach program. The platform will allow different entities to fund/execute a part of the overall program.¹¹⁴

The recommendations below on Tuberculosis align with USAID J2SR sub-dimensions on inclusive development, citizen capacity, and government policy:

All recommendations are suited to **IRI.2**, and recommendations 3 and 5 are also suited to **IRI.1**.

1. Widely disseminate recommendations of the Stop TB Partnership gender analysis report (USAID is a partner) and advocate for their adoption, particularly with respect to gender disaggregated data collection, stigma reduction and respectful care for all patients.¹¹⁵
2. Undertake research on why patients opt for public, private, ayurvedic, yoga and naturopathy, unani, siddhi and homeopathy* or informal care, and then take appropriate actions to fill these gaps.
3. Determine and address the reasons women drop out of private provider care.
4. Permit patients to access free drugs through the public system while receiving private provider care.
5. Bring a greater focus on pregnant and lactating mothers to institute a “TB in Pregnancy” register.
6. Take practical steps to promote adoption of a common gender policy among international organizations working to eliminate TB (e.g., WHO and the Global Fund).
7. Strengthen active case finding support programs, which bring in women patients who may be delaying testing/treatment.
8. Advocate for and support capacity building of Revised National Tuberculosis Control Program staff to provide confidential, respectful, patient-friendly, gender-sensitive and gender-responsive services inclusive of LGBTI and SC and ST people.

Findings - Water Sanitation and Hygiene

Gender gaps and challenges. The World Bank estimates that 21 percent of communicable diseases in India are linked to unsafe water, poor sanitation facilities, and the lack of hygienic practices. Over 140,000 children under the age of five die each year from diarrhea alone. Contaminated drinking water, open defecation, and inadequate hand hygiene are major reasons for diarrhea and other waterborne diseases in young children. Women have high workloads because they are mainly responsible for water collection, waste disposal, and family hygiene. Women’s already high workload increases when young children fall sick because they are their primary caregivers.

Deficiencies in rural and urban health and sanitation services exacerbate women’s workloads and time constraints, and can limit women’s ability to obtain employment and earn income. In recent years, substantial progress has been made in creating improved sources of drinking water, and 89 percent of households have better access. However, 163 million people in India still do not have access to safe water and few people in rural areas have piped water inside their homes.¹¹⁶

The lack of toilets and open defecation, which is common throughout India, contribute to the risk of water-borne diseases, harm people’s health, and affect their dignity. Poor sanitation and lack of toilets are especially harmful for poor women and girls because they are compelled to walk long distances to relieve themselves, risking sexual violence or harassment. In an urban slum, if a toilet is available, 100 percent of women indicated that they would use it, but only 50 percent of men indicated the same. Though women play an important role in starting a dialogue about building an individual toilet, men are critical in its construction because they usually handle the finances, make decisions, and build the toilet.¹¹⁷

Urban local bodies are responsible for delivering WASH services. However, despite reservations (quotas) for women in local governance, women’s representation at municipal and ward levels is still sparse. Even when women are elected, they are reluctant to participate mainly because they are unfamiliar with

* These are names of various types of Indian medical practices.

governance processes and often gender and social norms are not supportive of women in leadership roles. The lack of women in decision making at all levels contributes to lower gender sensitivity in planning and managing city WASH services, including community toilets.¹¹⁸ Most community toilets are not gender-friendly in terms of access, privacy and safety. There are virtually no public toilets for third-gender people. Finally, fecal sludge management is likely to be a large issue in the near future as neither the infrastructure nor organization exists today to deal with the problem.¹¹⁹ The situation worsens in the monsoon season for which it is necessary to apply a disaster lens to this problem.

The absence of safe sanitation facilities is often the principal factor deterring girls from attending school or in their higher absenteeism. As noted above, four out of ten young women do not have access to a hygienic method of menstrual management. Lack of menstrual hygiene also contributes to higher rates of cervical cancer.

Evidence shows that access to water and/or sanitation has substantial benefits for women and girls. It can free anywhere from six to 14 hours per week, valuable time that they can reallocate to other productive tasks.¹²⁰ There is also a strong association between providing free and safe drinking water and reduced school absenteeism, although only in the dry season. The mechanism for this association is not clear but may be that improved hydration leads to improved school experience for the children.¹²¹

GOI policy and programs. The policy environment for improving WASH services in India is favorable and highly conducive to gender parity, as various relevant programs are being scaled up. The GOI puts a high priority on water and has created a new ministry called *Jal Shakti* (Water Power) by merging the Ministry of Water Resources, River Development and Ganga Rejuvenation, and the Ministry of Drinking Water and Sanitation. A new water scheme, *Jal Shakti Abhiyan* (Water Power Movement), was launched on July 1, 2019 to put in place measures for rainwater harvesting, water conservation, and replenishing water bodies. The *Har Ghar Jal* (Water in Every House) program aims to provide piped water to all homes. The *Swajal* Scheme (Self-Reliance in Water) aims to provide villages with piped water supply powered by solar energy.¹²²

The goal of the GOI's flagship rural sanitation program, Swachh Bharat Mission-Grameen (SBM-G), program launched in 2014, is to eliminate open defecation in rural India by 2019. It promises to provide sanitation facilities to households, schools, and public institutions in villages, and to ensure systems for safe disposal of excreta. Since 2014, the program has reported improvements in rural sanitation coverage for 82 percent of households, and 58 percent of villages were declared Open Defecation Free (ODF). Over 90 million households now have access to toilets, and 18 states have been declared ODF.¹²³

The SBM-G Program is highly gender sensitive and includes a set of guidelines that define the GOI's views on the role of women, messaging, maintenance, inclusivity, and menstrual hygiene management. The guidelines conclude "...SBM-G should be implemented in a way that is not just sensitive but also becomes a platform that enables the empowerment of women and girls and promotes human dignity."¹²⁴ The program design is based on understanding gender differences in the behavior, needs, and social norms related to sanitation, and includes activities to address women's needs. It also incorporates women in implementation. As a result, over 40 percent of the program's advocates (Swachhagrahis) are women.¹²⁵ Recently revised guidelines recognize the roles and needs of third gender people.¹²⁶ However, the SBM-Urban Program lacks similar gender guidelines. The USAID-funded Moving India to Sanitation for All (MISAAL) project is helping to develop them.

The GOI's *Deendayal Antyodaya Yojana* (erstwhile National Urban Livelihoods Mission NULM) aims to enhance livelihood opportunities for the urban poor by creating a large number of SHGs. Over 1,000 cities have federations of SHGs that could serve as platforms to effectively deliver WASH and other services in urban slums.¹²⁷

USAID programs. USAID/India works with the GOI and other partners to create awareness and generate a demand for WASH. A USAID-supported cleanliness survey helped government officials identify specific issues related to sanitation in 73 cities. This sparked a demand from all 4,041 cities in India for data to inform future service and planning decisions.¹²⁸ USAID and the BMGF have co-funded the National Project Management Unit (NPMU) in the Ministry of Housing and Urban Affairs to enhance sanitation services in 4,035 cities. NPMU has developed a behavior change campaign focused on men called *Asli Tarakki* (Real Progress) to build and use toilets. It has also produced a gender protocol for urban community toilets and has trained *Rani Mistri* (female masons) to build toilets in Jharkhand. The NPMU is formulating gender guidelines for an SBM-Urban Program in line with the SBM-Grameen Program.¹²⁹

The ASAL Project assisted SBM in Ahmedabad to make separate toilets and to support menstrual hygiene for girls in their schools and at their slum homes. The MISAAL project works in 13 states to provide technical assistance (TA) to SBM-Urban and supports NGOs to mobilize community leaders in slums to access WASH services. It also mobilizes women's groups in four cities' slums to manage community toilets so that they become more gender-friendly, secure, and accessible. MISAAL has supported the formation of 13 city managers associations to strengthen urban governance, but women's representation in them is low.¹³⁰ More women are involved in community sanitation committees.

The *Paani aur Swacchta Mein Saajhedhari* (WASH Partnerships) project worked with 11,400 households in 140 slum communities in seven cities to provide access to WASH services. The next phase of this project, Urban Sanitation Practices and Capacity Enhancement for Scale (USPaCES), aims to improve the quality of life of urban poor women by helping them gain better access to WASH services.¹³¹ The USAID-GAP partnership for the Women+Water Alliance works to improve the health and well-being of 200,000 women in 2,000 villages in the cotton growing regions of Madhya Pradesh and Maharashtra. It is working through the Personal Advancement and Career Enhancement (PACE) program to build women's efficacy and capacity and to accelerate access to WASH services by improving financing and management of community water resources.¹³²

The Safe Water Network supported the establishment of small enterprises (kiosks) to provide safe drinking water for the urban poor in Delhi, Mumbai, Hyderabad, and Vishakhapatnam. The project involved women as plant operators, community mobilizers, and owners of 45 kiosks in the Medak District (Telengana). Lessons learned have helped to create a national small water enterprises alliance comprising 25 community water system enterprises.²¹ These projects demonstrated that the urban poor are willing to pay for safe water, and men are happy to collect water from the kiosks if they are open 24 hours a day.¹³³

Strategies and opportunities for improvement. Improved access to safe drinking water and sanitation facilities are essential for health and hygiene, especially for women and girls who otherwise disproportionately bear the brunt of inadequate clean water supplies and poor sanitation. A recent UNICEF study on the impact of the SBM-G showed that a majority of households agreed that having a toilet improved women's safety, privacy and convenience during menstruation.¹³⁴ Other evidence shows that school-latrines construction substantially increases the enrollment of pubescent-age girls, though predominately when providing gender-specific latrines. It appears that privacy and safety matter for pubescent-age girls, and only gender-specific latrines reduce gender disparities.¹³⁵

The private sector, NGOs, micro-finance industry (MFI), banks, other financial institutions, GOI, and state governments have collaborated in various ways throughout India to have a substantial impact on WASH. Many programs have engaged women to foster improvements, and women, girls, and society at large have benefited. Partnerships between water purifier manufacturers and the Indian MFI that caters to over 20 million poor women have been instrumental in providing loans for water and sanitation products. The

industry estimates that over 1.5 million loans have been provided to SHG members to purchase water purifiers from manufacturers such as Unilever and Eureka Forbes.

Since 2005, Water.org has played a significant role in India's progress toward improved water, sanitation, and hygiene. Water.org partners with a range of organizations, including MFIs, SHG federations, housing finance corporations, commercial banks, social enterprises, and the GOI to mobilize resources and share knowledge to increase access to improved sanitation and safe water.¹³⁶ Most of the 2.2 million water and sanitation loans worth \$467 million that Water.org mobilized through their partners were made to women, ensuring targeted end use and enhancing women's position in their families. Through WaterCredit, Water.org provided more than 10 million people across twelve states with access to safe water and sanitation.¹³⁷

UNICEF works with various GOI ministries and programs to provide TA to SBM-G and government school programs. Activities include awareness campaigns on menstrual hygiene management; developing training modules for monitoring water quality, improving sanitation in health facilities in 20 targeted districts; and data analysis to establish the Joint Monitoring Plan baseline for WASH in Health in India.¹³⁸ BMGF works extensively with SBM-G, various state governments, municipalities, NGOs, and private sector partners to create viable sanitation plans, strengthen delivery, demonstrate innovative technology and designs, and build demand for sanitation services in communities.¹³⁹

The social enterprise, Dharma Life, has reached out to over 10 million rural consumers and school children in over 50,000 villages through their 16,000 rural entrepreneurs (mostly women) to spread awareness and generate demand for WASH. Activities include canvassing to explain the need for safe drinking water and the importance of water purifiers, and implementing fun educational activities in rural schools to reinforce hand washing and openness about menstrual hygiene.¹⁴⁰

There are several examples of WASH public-private partnerships (PPPs). DFID/Unilever's Transform Project, a 40 million euro multi-year/multi-country project, supports market-based solutions to meet the needs of low-income households in developing countries. In India, the project has provided grants to three social enterprises—Dharma Life, Frontier Markets, and Spring Health—to test innovative market-based approaches to provide safe water to poor families.¹⁴¹ HUL's Lifebuoy handwashing program has reached millions of school children over the years with its School of Five Hand Washing Program.¹⁴² Reckitt/Dettol's five-year INR100 crore (USD 14.5 million) CSR program, *Dettol Banega Swachh India* (Dettol will Make India Clean), drives behavior change in support of hand hygiene through awareness initiatives such as the School Hand Wash Program and Young Mothers Program. Since 2006, the Young Mothers Program has reached 2.4 million mothers with health and hygiene messages.¹⁴³ Reckitt/Dettol also works with NGO partners to improve sanitation facilities and support development and maintenance of clean toilets.

The recommendations below on WASH align with USAID J2SR sub-dimensions on government capacity, citizen capacity, inclusive development, and civil society capacity:

The recommendations below are suitable for **all IRs**.

1. Support the GOI *Jal Shakti* program in formulating gender guidelines for urban areas.
2. Support social enterprises in community water, household water purification, fecal sludge management, and menstrual hygiene. (WE3)
3. Support construction of separate toilets equipped for better menstrual health management. (WE3)
4. Support awareness raising of persons with disabilities and third gender people and toilets to meet their needs. (WE3)

5. Increase representation of women, persons with disabilities, LGBTI and third gender and marginalized people in city managers associations, *Sahakari Sahabhagita Manch* (Cooperative Coordination Forum), and other forums at ward/slum levels, to enhance their participation in and impact on city-wide WASH improvements. (WE3)
6. Facilitate the creation of a technology-based solution to fecal sludge management to reduce unsafe work for sanitation workers.
7. Train and equip NULM SHGs to create sanitation-based enterprises like managing and servicing community toilets and for fecal sludge management. (WE3)

4.2 DO2 Findings and Recommendations - India's efforts to reduce pollution and address its health impacts enhanced

Snapshot of DO2 Relevant Data and Statistics

Respiratory diseases are the second highest cause of death in India, and women and children exposed to indoor pollution from biomass cooking fuels are disproportionately affected. Ill health from indoor pollution causes a loss of an estimated 800 million days of productive work. In addition, rural poor girls and women spend between 40 minutes to two hours per day collecting biomass fuels—time lost from education and productive work.¹⁴⁴

Findings - Energy

Gender Gaps and Challenges. Gender differences in productive and reproductive work and social norms account for differences in the uses and impacts of energy, clean energy, and women's roles, participation, and leadership. In 2011, one-third of people, mostly in rural areas (about 400 million), did not have reliable access to electricity and relied mainly on kerosene for lighting.¹⁴⁵ As of 2014, 42.7 percent of households in India relied on fuel wood, 38.1 percent on liquefied petroleum gas (LPG)/piped natural gas, 9.4 percent on dung cakes, and 5.9 percent on crop residue.¹⁴⁶ Use of biomass for cooking creates indoor pollution, a significant contributor to poor health and mortality. Respiratory diseases are the second highest cause of death in India, and women and children are disproportionately affected. An estimated 800 million days of productive work are lost due to compromised health from indoor pollution.¹⁴⁷ In addition, rural poor girls and women spend between 40 minutes to two hours per day collecting biomass fuels—time lost from education and productive work. Extensive use of biomass also contributes to greenhouse gas emissions that could be reduced by an estimated four percent with the use of clean energy. Improved access to clean energy cooking fuels is of critical importance to reducing exposure to pernicious indoor pollution in both rural and urban areas, and for improving the health of all household members, especially women and children.

Until recently, clean energy programs have sought to improve women's health globally, reduce time burdens, and improve incomes through micro-enterprises that sell products such as cook-stoves and solar lanterns. These programs are generally small in scale, and results have been mixed for reasons that include difficulties with financial sustainability and product quality. More recently, USAID and the International Union for the Conservation of Nature (IUCN) have adopted a broader vision to involve women throughout the energy value chain from policy to generation, transmission, distribution, and end use in large utility-scale operations, and at a smaller scale.¹⁴⁸

Evidence shows that the energy industry is highly gender imbalanced, both globally and in India. Few women are employed in the sector, mostly in non-technical jobs, and very few in management and leadership positions. The CEO of the Power System Operation Corporation (POSOCO), the company managing India's power grid, is a woman, but just 13 percent of its employees are women. In India, as elsewhere, the gender gap is attributed to the fact that fewer women than men have STEM education and

technical skills.¹⁴⁹ Also, the physicality of some positions, such as working on transmission lines, is not considered suitable for women. Gender wage gaps and discrimination may also be factors. The expansion of clean energy industries, some supported by USAID, offer new opportunities to close gender gaps.

GOI policies and programs. The Ministry of Power and the Ministry of New and Renewable Energy are responsible for the GOI's energy policies and programs, and the policy environment is fairly favorable. The Integrated Energy Policy (2008) recognizes the links between gender and energy, specifically in its high priority for rural electrification and renewable energy. Access to electricity has improved substantially in recent years under the GOI's *Power for All* Initiative. Also, in an effort to reduce indoor pollution from cooking fuels, the GOI launched the *Ujjwala* (Bright) Program in 2016 to provide free LPG connections to poor households so they can cook with non-polluting fuel. The LPG connections are registered in the name of an adult woman. By January 2019, 60 million new households had LPG connections.¹⁵⁰ In 2017, 44 percent of beneficiaries belonged to SC and ST families.¹⁵¹

Coal is still used for 59 percent of electricity generation.¹⁵² Energy production and consumption account for 58 percent of India's greenhouse gas emissions, and they are projected to grow with economic development. Both the national and state governments are committed to expanding access to power through clean energy, offering incentives for development of hydroelectric, wind, and solar power. In keeping with these goals, in 2017-2018, clean power generation increased 24.88 percent, and conventional power grew 3.98 percent.¹⁵³

USAID programs. USAID is collaborating with the GOI through programs such as the Partnership to Advance Clean Energy, launched in 2012, which supports the deployment of energy efficient technologies and decentralized renewable energy systems like distributed solar power. On the delivery end of the energy value chain, programs support policies, technical, and managerial activities. On the user side, they support access to off-grid energy mainly for rural poor people. Activities include financing for clean energy adoption and support for entrepreneurs in clean energy enterprises. Partners include energy utility providers, customers, the public and private sectors, CSOs, and financial institutions.

USAID's activities to empower women include a joint initiative with the U.S. Department of State, the Partnership on Women's Entrepreneurship in Clean Energy (wPOWER), that trains women entrepreneurs on business skills and clean energy technologies and products such as solar lanterns and cook stoves. Since 2012, wPOWER has trained 1,020 rural women in India, who in turn have helped one million Indians adopt clean energy products. USAID encourages the Ministry of Power to adhere to USAID/India policy on Women in Development with a minimum of 25 percent female participation in trainings, workshops, executive exchanges, and study trips. USAID supports a clean power women's leadership forum offering internship and research opportunities for women engineers and a women's empowerment and gender sensitization program for system operators.¹⁵⁴

Strategies and opportunities for improvement. In the upcoming CDCS 2020-2025, DO 2 will have an inter-sectoral focus between health and environment with two IRs: one to mitigate and the other to reduce exposure to air pollution until ambient air quality standards are reached. IR2.1 is focused on methods to mitigate air pollution and, until safe and desired air quality standards are achieved, IR2.2 is designed to strengthen programs that reduce exposure to pollution, mainly outdoors and in buildings as, for example, by adoption of energy efficient building codes. The overall approach is to use market-based measures to reduce air pollution. Activities include developing cleaner, more efficient energy sources and systems as 75 percent of emissions are due to energy use; improving performance of electric utilities in transmission and distribution; devising more sensitive measurement tools, for example, for industrial pollution, and working to expand regional energy trade as DO 3 will also have a focus on energy.

In the context of IR 2.1 that focuses on mitigating air pollution through clean energy alternatives, there is potential to expand opportunities for women’s employment in all aspects of clean energy adoption and at additional points along the value chain, particularly in energy generation and deployment, as is occurring under the Engendering Utilities Program. Critical opportunities include more research about gender gaps and issues in the public and private sectors of the industry. For instance, more data is needed on women’s representation on staff of public and private sector agencies in professional, technical, and decision-making roles, and the reasons for their limited representation. However, for each example of difficulties recruiting and fielding women, counter examples can be cited, publicized, and scaled up.¹⁵⁵ Special efforts may be needed, for example, to attract women employees at all levels by adopting gender-friendly practices such as non-discrimination, the adoption of quotas, equalization of wages, and enforcement of anti-harassment policies.¹⁵⁶

In the context of IR 2.2, use of clean energy for cooking offers substantial health benefits for women and families in rural and urban households from reduced indoor air pollution. It also offers options for paid employment for women in education and sales efforts to promote clean energy use. The GOI’s recent expansion of access to LPG connections under the *Ujjwala* Scheme will help reduce indoor pollution, but actual use is lagging as poor households cannot afford replacement gas cylinders.¹⁵⁷ Also, some women have faced problems such as lack of product supplies or maintenance issues, and others have faced challenges due to the use of unsustainable subsidy and financing models.¹⁵⁸ In the medium term, households are likely to take a dual approach to cooking fuel, using both clean and biomass energy.¹⁵⁹ Thus, there is still a strong rationale to continue to offer low-income households clean energy cooking alternatives that will reduce exposure to severe indoor air-pollution for the majority of women.

The recommendations below on Energy align with USAID J2SR sub-dimensions on economic policy, inclusive development, civil society capacity, and citizen capacity:

Recommendations 1-5 apply to the energy sector broadly and are relevant for all IRs—**2.1**, **2.2**, and for regional energy-related work in **DO3**. Recommendation 6 applies to **IR2.2**.

1. Support women’s employment and leadership in the clean energy sector along the entire value chain (e.g., utilities companies and at community level) as energy producers, operators, installers, and technicians. **(WE3)**
 - a. Support the adoption of affirmative workplace policies and practices to hire, retain, and promote women, and learn from and use the experience of pioneers like CEEW. USAID’s Engendering Utilities Program has already helped senior management working in two energy utilities, Reliance and Tata in Delhi, to foster a gender inclusive culture and to promote work from within to increase women’s participation at all levels in the company. **(WE3)**
 - b. Support the adoption of anti-sexual harassment policies and systems, as required by the 2013 Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act. Require all IPs (private sector and non-profit) to adopt and implement gender affirmative and sexual harassment policies. **(WE3)**
 - c. Collect and track data on women’s recruitment, retention, and advancement in the energy sector at all levels and on member boards.
 - d. Set up and leverage high-visibility forums and digital platforms that advocate for and share best practices on energy careers for women, including outreach to young women to opt for STEM education. Complement career development and leadership forums like USISPF’s planned women’s leadership forum and CEEW’s WIS in the energy sector. **(WE3)**
2. At the community level, support training and career support for women in non-traditional occupations

like meter readers, billers, and revenue collectors in Uttarkhand and Odisha. Training for these occupations is available at India's Barefoot College, which since 2005 has trained women with little or no education to install solar panels, build solar lanterns, and repair and maintain equipment. In 2008, India's foreign affairs ministry officially recognized the college as a training center for women Barefoot Solar Engineers from the least-developed countries. By 2011, graduates of the solar energy program had provided electricity to more than 600 villages in 33 countries.¹⁶⁰ The college offers opportunities to train women regionally, which may be needed for DO3. (WE3)

3. Leverage existing networks like CLEAN, a coalition of 10 partners including USAID, to add gender to their areas of concern related to reducing barriers for development of decentralized small and medium clean energy enterprises. They could begin by asking: Why are there not more women in clean energy and what would it take to increase their representation? The Chairperson is well placed to lead such discussions as she is familiar through her own work with the challenges facing women entrepreneurs and leaders at various levels. (WE3)
4. Support innovations in clean energy products with focus on women producers, users, and entrepreneurs in organizations like SELCO. (WE3)
5. Refer to USAID's South Asia EDGE gender analysis for additional detailed recommendations applicable regionally.¹⁶¹ (DO3).
6. Address the severe health and productivity effects of indoor pollution on women and families by improving access of low-income households to a range of high quality clean cooking products at scale. Employ market-based approaches to sales, distribution, and servicing, and involve women in these activities. Tap into strategies being developed and employed by CEEW, Dharma Life, and others. (IR 2.2) (WE3)

4.3 DO3 Findings: Sustainable Economic Growth and Development in the Region Enhanced

Snapshot of DO3 Relevant Data and Statistics

Losses from disasters cost India on average \$9.8 billion annually, and \$7 billion from floods alone.¹⁶² These costs are likely to grow as climate change intensifies and population density in urban and coastal areas increases.

DO3 Overview

DO3 is focused regionally in support of the U.S. Government Indo-Pacific Strategy and the South Asia Strategy to promote collaboration between India and neighboring countries on issues such as DRRM, natural resource management and water security, and increasing regional PPP, investments, and trade. Programming is envisaged in the areas of energy, natural resource management, DRR, and digital connectivity, and some of this may be carried out in India. Activities being considered include TA and training, pilot programs in digital security and entrepreneurship, and the Asia EDGE Project, as described in DO2. Gender gaps, challenges, and opportunities, and recommendations for gender and social inclusion in disaster risk reduction management (DRRM) and digital connectivity are described below. IR3.3 is entirely focused on improved management of natural resources in the region. The sector was not included in the SOW for this analysis. It is worthwhile to note that the Forest-PLUS 2.0 program that is recently starting has recently completed a comprehensive gender assessment report and implementation plan that can serve as an important resource to guide future actions related to IR3.3.

Findings - Disaster Risk Reduction Management

Gender gaps and challenges: India is vulnerable to a wide range of natural hazards such as flooding, cyclones, drought, extreme heat waves, landslides, wildfire, and earthquakes. Losses from disasters cost India on average \$9.8 billion annually, and \$7 billion from floods alone.¹⁶³ These costs are likely to grow as climate change intensifies and population density in urban and coastal areas increases. Though disasters harm all people, evidence shows that gender inequalities heighten the effects on women and girls as they do for all marginalized groups, especially persons with disabilities.¹⁶⁴ For instance, four times as many women than men died in the 2004 tsunami in Indonesia, Sri Lanka, and India, and gender inequalities were the main cause. Women and girls are also disproportionately affected in the aftermath of disasters by factors such as loss of livelihoods, increased workloads, and GBV. Their needs and capacities are also often overlooked in post-disaster recovery and compensation, and in planning and preparing for disaster risk management (DRM). These are lost opportunities to be better prepared.¹⁶⁵

Four times as many women than men died in the 2004 tsunami in Indonesia, Sri Lanka, and India, and gender inequalities were the main cause.

When disaster strikes in India, women are mainly viewed as victims and seldom as agents for recovery and rebuilding.¹⁶⁶ This is true despite their widely accepted roles as those primarily responsible for cleanup and caregiving for injured or disabled family members. When women's needs are taken into account, it is typically to compensate widows or female heads of households, but not others such as women workers or informal sector entrepreneurs, who may have suffered financial losses. Security is a huge challenge in disaster relief, both for girls and women affected by the disaster and for female relief workers. GBV and even trafficking in persons are common problems. Relief packages are typically designed for the family unit without considering the distinct needs of women and girls or even widowed men. One exception is "dignity kits," which are sometimes provided to women and girls.* The particular needs and vulnerabilities of persons with disabilities and socially excluded groups are minimally taken into account.

DRRM is considered mainly a man's job in India because most government officials tasked with relief, recovery, and preparedness planning are male. For instance, there are just 12 women in the 12,000-member National Disaster Response Force.¹⁶⁷ In planning, sex-disaggregated data are not available and no system is in place yet for getting these data. At the community level, though women may be involved in early warning systems (EWS) or other activities, they are not often included in decision-making. These gaps in DRRM need to be filled to better reach, protect, and empower women and girls, persons with disabilities, and marginalized people.

GOI policies and programs. The GOI's policies on DRM and climate change include a National Action Plan on Climate Change (2008), an updated National Policy on Disaster Management (2019) with guidelines to create DRM plans at the state level, and the National Disaster Management Plan (2016).¹⁶⁸ The 2016 Plan acknowledges the disproportionate vulnerability of women and suggests ways to mitigate this through measures such as counseling and support for economic self-sufficiency. Preparedness plans call for assessing women's vulnerability in studies and adopting gender-sensitive approaches in capacity building. Recovery plans at the community level include attention to gender equity in formulating and implementing programs. Missing from the plans are ways to actively engage women in DRRM processes at any level, including in capacity building.

* A dignity kit includes essential supplies to help women maintain their basic hygiene in a conflict or disaster, such as panties, sanitary napkins, soap, toothbrushes, and towels.

In practice, state and district disaster authorities are primarily responsible for disaster preparedness and management. The District Collector, who is the officer in charge of planning, oversees the hazard risk vulnerability analysis, the basis for planning and budgeting. The process is often disjointed and depends on individuals rather than on systems. Even when systems are created, they are not fully respected. For instance, though plans are supposed to be updated every year, this often does not happen. A major hurdle for government officials is that they have to carry out DRRM tasks in addition to their main job responsibilities. There is wide variation in preparedness and good governance is the distinguishing characteristic between states. States like Kerala and Odisha are better prepared than others. Odisha demonstrated this during Cyclone Fani in May 2019 by minimizing the loss of lives. Learning from its previous cyclone experience in 1999, when at least 10,000 lives were lost, Odisha worked hard to put systems in place, involved local communities in disaster planning, and took timely action to relocate people to shelters.¹⁶⁹

Overall, India has improved early warning systems (EWS) and is doing better at relief, but still lacks sound planning and reliable end-to-end DRM systems from EWS to relief, recovery, and rebuilding. DRRM strengthening will require: capacity building of national and state agencies and communities; integrating DRRM into development policies and processes; and enhancing institutional capacity and financial mechanisms.¹⁷⁰ The GOI and some donors are involved in these efforts to strengthen DRRM. They offer timely opportunities to also strengthen gender integration and social inclusion.

USAID programs. USAID supports DRM through the Urban Risk Reduction Program, which it is implementing with the United Nations Development Programme (UNDP) in six cities: Cuttack, Navi, Mumbai, Simla, Shillong, Vijaywada, and Vishakapatnam. The goal of the program is to increase natural disaster preparedness. Activities include hazard mapping, the development of EWS, and training of key stakeholders. Three of the six coordinators of the program are women. However, the program minimally addresses gender and social inclusion, doing so largely within a training of trainers on the psychosocial impacts of disaster. Implemented by the National Institute of Mental Health and Neurosciences, the training highlights the particular needs of women and women heads of households. At the community level, the EWS does not pay particular attention to gender inclusion though it does provide EWS training to female school teachers and other community workers. However, the project does not capture their participation by reporting sex-disaggregated data. The program has not systematically addressed disability so far, though Simla is planning to introduce a module on disability in its training program. Program staff felt that addressing gender, disability, and social inclusion gaps would require making this expectation explicit and preparing strategies and work plans reflecting these requirements. Strategies and work plans are currently missing in most states but, if asked, program staff would be open to preparing them.¹⁷¹

Opportunities and strategies for improvement. Although DRM programs do not yet address social inclusion systematically, there are some examples of attention to inclusion, and opportunities for improvement. In Odisha, for example, youth teams, brought into search and rescue preparations for Cyclone Fani, involved both girls and boys.¹⁷² Involving women in search and rescue missions may be an especially important because women are sometimes reluctant to take help from men. Following flash floods and landslides in Uttarkhand in 2013, the World Bank involved women in a project to rebuild their houses. The project also encouraged households to adopt joint land titles and bank accounts. It enabled half the beneficiaries to receive financing installments in joint accounts. It also improved sex-disaggregated data collection and used and strengthened the design and delivery of post-disaster recovery.¹⁷³ Similarly, in Kerala, recovery programs following floods and landslides in 2018 successfully trained women members of the state's *Kudumbshree* (in Malayali, "prosperity of the family") anti-poverty program to rebuild houses.

At a broader institutional level, the National Institute for Disaster Management (NIDM) has conducted a gender and disaster training program for national and state government officials since 2007. The course is

offered twice per year in Delhi, lasts five days, and has about 30 participants selected from all states. Participants are mostly men, reflecting the gender imbalance in employment in state agencies. Training is led by a NIDM staff member and is based on a manual she wrote.¹⁷⁴ It is mostly well received and, as the trainer noted, she takes great care to be inclusive and to engage both men and women.

The NIDM also incorporates gender modules lasting one to one and a half hours into other DRM courses and can tailor gender training to fit a variety of DRM-related issues such as cyclones, floods or earthquakes. The training is institutionalized and can be held at state venues. One challenge to assessing the long-term impact of the training is that government officials often get transferred to other jobs. However, if trainees retain, share, and apply their gender knowledge, this could have a positive and wider impact in government agencies. Currently, the course is only minimally focused on disability because the officer in charge left in 2012 and the position has not been filled. NIDM would like to offer more gender trainings and to extend them to local communities where the impact is direct and likely greater.

The Kerala post-disaster needs assessment (PDNA) is an excellent example of how to plan a recovery program that systematically addresses social inclusion. The PDNA highlighted the differential impacts of the disaster on women, persons with disabilities, and other marginalized populations and noted women's involvement in life-saving and relief efforts as school counselors, SHG, and *panchayat* members. It also estimated women's wage and income losses separately from overall economic losses. In planning for recovery, it recommended prioritizing people with multiple vulnerabilities, offering livelihoods opportunities to women, and reducing women's care burden by arranging for elder care in *anganwadi* centers (rural child care center). For SCs and STs, it recommended the allocation of additional hours in the Mahatma Gandhi National Rural Employment Guarantee Act scheme and access to training programs. Other recommendations included joint title deeds for women and men, inclusion of migrants and transgender people in state social security programs, gender and social inclusion training for all disaster response personnel, and special efforts to inform men about GBV, positive masculinity and gender equality.

USAID has opportunities to address gender, LGBTI, disability, and other social inclusion gaps in DRRM all along the planning cycle from EWS to relief and recovery. It can raise awareness and skills of national, state, and local government officials and communities through gender and social inclusion training, involve women along with men in planning and decision-making at the community level, and collaborate with donors that are active on these issues such as the World Bank, the Asian Development Bank (ADB), and the United Nations (UN) to improve DRRM systems, for example, by ensuring that the data are disaggregated for better analysis. Most importantly, USAID should strengthen its own systems to require IP attention to social inclusion in solicitations and awards.

The recommendations below on DRRM align with USAID J2SR sub-dimensions on inclusive development, government capacity, civil society capacity, and citizen capacity:

DRRM is suitable for IR3.1. All four recommendations are applicable though they should be adapted based on analysis of the local context in each country in which USAID/India chooses to work as part of U.S. Government Indo-Pacific Strategy and the South Asia Strategy. Recommendation 2 may be particularly useful in furthering regional development collaboration.

1. Make explicit USAID's commitment to and requirements for gender, LGBTI, persons with disabilities, and marginalized people, and for GBV prevention and response, by including appropriate language in solicitation and award documents. USAID staff should follow up by requiring IPs to integrate these issues into work plans by setting goal targets and indicators and reporting results. USAID staff should dialogue with IPs to ensure they understand the requirements and to monitor implementation and results on a regular and/or as-needed basis. Pending contractual changes, staff should dialogue with IPs to take mid-course actions for integrating and reporting on gender and social inclusion.

2. Explicitly integrate in work plans women, LGBTI, persons with disabilities and marginalized people in all activities related to the whole DRRM cycle—including EWS, search and rescue, relief, and compensation, rebuilding and rehabilitation.
3. Explicitly integrate into work plans safety measures to protect and prevent GBV and violence against children (girls and boys), persons with disabilities, and marginalized people.
4. Leverage NIDM’s gender training program by increasing the number of trainings offered annually in Delhi, and possibly in state venues. This will require additional staff and trainers. Add a training of trainers for wider impact, including at the community level. The training content already includes a section on GBV but needs sections on disability and social inclusion.¹⁷⁵ If USAID expands into regional DRM activities, the gender training can be conducted regionally, as issues are likely to be similar region-wide, though this should be investigated beforehand.
5. Leverage local governance *Panchayati Raj* institutions and others such as school, disaster management, and other committees to increase representation of women and social marginalized people and to actively involve them in DRRM processes (e.g., EWS, relief, etc.), decision-making, and leadership.
6. As a critical first step in identifying and prioritizing needs and formulating inclusive DRRM plans, require the collection of disaggregated data and analysis by gender, age, and disability from USAID DRRM IPs in India and regionally, if necessary. Collaborate with other interested donors to discuss with the GOI and state governments requiring disaggregated data collection, analysis, and use in DRRM.

Findings - Digital Connectivity

Gender gaps and challenges. The digital divide intensifies inequality and undermines development in India, as in the rest of the world. Women and the poor are most affected. Half the world’s population remains offline, and most are women in low- and middle-income countries. Women are 50 percent less likely to be connected than men in urban poor communities in developing countries.¹⁷⁶ Fewer women (28 percent) than men (43 percent) in India own mobile phones, and more women (29 percent) than men (6 percent) use borrowed phones.¹⁷⁷ A woman in India is 27 percent less likely than a man to have access to the internet.¹⁷⁸ Furthermore, persisting gender gaps in literacy and education among adult women constrains internet usage among women.

Women’s access to mobile phones and information and communications technology (ICT) more broadly is constrained by lack of income (especially in low-income populations) and limited decision-making power as men customarily make financial decisions.¹⁷⁹ Women are usually the last in a household to get a mobile phone. In low-income households in which one of two phones owned was a smartphone and where women needed smartphones for work and to access bank accounts and benefits, men typically own the smartphone.¹⁸⁰ Lack of digital access deprives women of the ability to use information, have voice, increase economic independence, and fully participate in political and civic life.¹⁸¹ On the other hand, women who have digital access via mobile phones feel safer and more independent.¹⁸²

Online security and GBV. Although all genders are subject to online threats, women and third gender are decidedly more vulnerable. Virtual attacks on women in India are “shockingly high.”¹⁸³ Threats include abuse, shaming, violence, and sexual violence including rape.¹⁸⁴ Threats are also based on caste and religion, for example, in cases of where Dalit women who post online about their struggles have been humiliated.¹⁸⁵ Women face threats from credit or mobile money agents or from men who hang out at agent points to access women’s numbers and call to harass them.¹⁸⁶ Research has found that men create male-exclusive WhatsApp groups in India that rationalize male privilege and authority, perpetuate regressive heteronormativity, and enforce social conformity on women by issuing threats to hold them to hyper-feminine behavior.¹⁸⁷ In response, women tend to self-police to protect themselves even if that does not guarantee their safety.¹⁸⁸ Furthermore, when women lodge complaints of cyber-crime, police afford little protection and women tend not to pursue charges to forestall additional problems and legal complications.

GOI policies and programs. The goal of the GOI's Digital India Program, launched on July 1, 2015, is "to transform India into a digitally empowered society and knowledge economy."¹⁸⁹ It promises universal access to high-speed internet infrastructure, electronic delivery of government services, a unique digital identity for each individual, and digital banking. The GOI's preference is for PPPs to implement e-governance projects. In 2014, the GOI's Make in India program eased licensing and investment regulations for ICT manufacturing and sought to upgrade India's intellectual property rights policy framework to international standards. Even though the Digital India Program does not explicitly address the gender gap, it sets a broadly favorable environment to promote access, training, and use of the web by women.¹⁹⁰ The *Pradhan Mantri Jan Dhan Yojana* (Prime Minister's Financial Inclusion Mission), announced in August 2014, is the GOI's financial inclusion program that offers access for 20- to 65-year-olds to bank accounts, credit, insurance, remittances, and pensions. By June 2018, the GOI had opened 318 million bank accounts under the scheme.

USAID program. A recently completed USAID program on digital financial inclusion worked through the Inclusive Cashless Payment Partnership (Catalyst) platform to facilitate the adoption of digital payments such as mobile money and digital wallets at "point of sale." The goals were to strengthen MSME retail businesses by improving financial and accounting systems, reducing costs, increasing transparency, and getting better access to credit. Pilot projects were implemented among low-income retailers and consumers in selected locations. Examples include a project that connected low-income customers in urban slums with online retailers linked to microfinance institutions. Another facilitated loan access for businesses by sharing customer transaction data with lending institutions.

A few pilots focused on women. One pilot in rural Odisha facilitated cashless transactions for women dairy producers/entrepreneurs. Key objectives were to enable women to increase and retain control over their earnings. Previously, they had turned their income over to men. Participants were linked to financial technologies and a private sector dairy aggregator, Milk Mantra. Among the many challenges that the project faced were women's lack of access to smartphones, generally owned by the oldest son, and lack of transport to banks located some 20-30 km away. Problems were solved by registering the women as dairy farmers with the right (usually only accorded to male farmers) to access bank accounts, creating banking correspondents (intermediaries) in the villages, and providing women access to their own bank accounts through the milk collector's smartphone. An end line study showed women's savings increased 20 percent, and 40 percent said they felt empowered by participating in the project.

Successful digitization of financial services has good potential for economically empowering low-income women entrepreneurs. Benefits include access to wider markets, having their own bank accounts, greater control over their own income and enterprises, and better access to credit. Despite the rapid expansion of MFIs in India and the GOI's *Jan Dhan* (Financial Inclusion) program, millions of women still do not have their own bank accounts or access to credit. Often, a key gap for women micro-entrepreneurs is the inability of banks to assess the credit worthiness of clients in the informal sector who do not typically keep good records.¹⁹¹ Digitizing circumvents that hurdle. However, for digitization to benefit women, many conditions still need to be met including their ownership of smartphones, proper infrastructure (4G access), and access to bank accounts and bank correspondents located to women. Fortunately, smartphone penetration is increasing rapidly and infrastructure is improving. Lessons learned from the pilots, both general and women-focused, can guide future implementation and scaling.

Strategies and programs for improvement. Affordability is a key factor in widening women's access to smartphones and IT services, which is currently a key gap. Fortunately, costs are declining and IT infrastructure is improving. Options to improve affordability for women include access to small loans or installment payments (with transparent repayment conditions), and opportunities to earn or increase income in the longer term.¹⁹² ICT itself offers numerous opportunities for employment, self-employment, and efficiencies to reduce costs and raise incomes. They include involving women in equipment and service

sales (individually or as members of SHGs), use of digital services to make and/or receive payments by micro-entrepreneurs, and to find jobs for women.

Skills development is another option for enhancing young women's economic opportunities. The National Policy on Skill Development seeks to enhance the employability of young people by developing their skills in many different areas. It has set a target of providing skills to 500 million people by 2022 and seeks collaboration with the private sector. Many companies have taken up the challenge through their CSR initiatives and some have a focus on girls and young women. For example, Microsoft's YouthSpark digital literacy project aims to train 35,000 youth in 18 months and has a focus on girls and young women in marginalized communities. India Symantec has partnered with Nasscom to train 50,000 cyber security professionals, including youth and women.¹⁹³

Another strategy for improvement is to strengthen online security, protect privacy, and prevent harassment of women, LGBTI, persons with disabilities, and other marginalized people. Actions include better policies, stronger laws on privacy and harassment, making legal training available for police, and training judicial staff to enable them to follow up appropriately and enforce the law. Also needed are internet intermediaries and community service organizations to define and regulate gender-based hate speech and develop guidelines. Most countries do not have such protections in place, and security is generally left in the hands of private companies that have not demonstrated particular concern for women's security online.¹⁹⁴

In India, an active community is engaged in reducing online GBV. They apply a "citizenship approach" that links policymaking to the normative underpinnings of GBV in an effort to secure and rebuild women's rights, foster social equality, support freedom from surveillance, and maintain privacy and dignity.¹⁹⁵ The GOI currently has draft guidelines to amend Section 79 of the Information Technology Act (2000) that deals with intermediary liability and seeks to identify "unlawful information or content."¹⁹⁶ It serves as a beginning for policy change that responsibly balances the competing interests of free speech, corporations, and the public interest, and there are precedents to follow both in India and globally.

Women-focused organizations and projects are involved in educating women on ICT and social and policy change. They include IT for Change in Bengaluru and *Khabar Lahariya*, a project by the Delhi-based NGO Nirantar that was the only rural women-run digital news platform run by and for women in 2016. It is published in local languages and features local content.

Finally, sex-disaggregated data availability, research, and analysis are critical for bridging the digital divide. Globally, data gaps; differing, inconsistent and poor methodologies; and lack of international standards for comparability hamper data collection and analysis on digital inequalities.¹⁹⁷ In India, availability of sex-disaggregated data and research underpins determining whether and how women access and use ICT, in addition to aspects of bridging the gender digital divide. Research is needed to collect, track and analyze sex-disaggregated data on access and usage, obtain information on gender-specific needs and solutions, and to inform policies and programs.¹⁹⁸

The recommendations below on Digital Connectivity align with USAID J2SR sub-dimensions on inclusive development, civil society capacity, citizen capacity, and economic gender gap:

Digital connectivity, especially with the emphasis on financial inclusion, is suited to IR3.2. Depending on the focus taken on the IR as it develops, recommendations include:

- I. Strengthen online security for women, LGBTI, SCs, and STs by supporting adoption of digital anti-violence and anti-harassment policies. Engage IT companies to restrict targeted hate-based content and adopt and promote public interest and advertising campaigns that promote positive social and

gender norms. (WE3)

2. Support efforts that expand women's access to smartphones and digital literacy, increase the acceptability of women owning smartphones, and engage women in entrepreneurial activities involving ICT. (WE3)
3. Support digital financial inclusion and entrepreneurship programs that intentionally involve women, LGBTI, persons with disabilities, and other marginalized people from the start and incorporate lessons learned from the M-Star and Catalyst programs. Ensure that the infrastructure (e.g. smartphone access, connectivity, etc.) is in place such as by working with organizations such as DharmaLife that already meet this condition. Carry out research to identify the differences in occupations between women and men and other socially excluded groups to ensure their integration in the program. Regionally focused, formative research may be needed to determine feasibility and appropriately inclusive design. For instance, it may not be as easy in some countries for low-income women to open bank accounts as it is now in India. (WE3)
4. Support efforts to obtain, analyze, and use data disaggregated by gender and persons with disabilities on digital access and use at the country/state level. At a minimum, USAID IPs should obtain these data for the project.

5. DONOR ACTIVITIES FOCUSED ON GENDER EQUALITY

DFID, International Finance Corporation (IFC), and German donor GIZ apply a private sector approach to development. In 2015, DFID completely shifted its approach to invest in the private sector with the goals to create jobs, reduce poverty, and promote trade and investment. DFID combines development investments with TA and technology transfer. Areas of investment include urban development and WASH; managing disasters and climate change; infrastructure and public finance; clean energy; skills and entrepreneurship; and improving the business environment.

DFID addresses social inclusion by targeting poverty. Support for MSMEs centers on helping micro-entrepreneurs transition to the next level. The Samridhi Fund invests in social enterprises in poor states such as Odisha, Bihar, Rajasthan, West Bengal, and others. In Odisha, the Samridhi Fund's investments of INR 25 crores in Anapurna Finance reached one million borrowers, created over 3,500 jobs, and offered concessional financial products persons with disabilities, widows, and transgender people.¹⁹⁹ DFID encourages development partners to focus on social inclusion along the value chain.

The ADB has a strong focus on gender in a wide range of projects that include transport, energy, WASH, agriculture, skills development, health, and a large focus on women's economic empowerment.²⁰⁰ Examples include:

- Provided TA to the Ministry of Women and Child Development for gender budgeting to comply with the Ministry of Finance's requirement. Fifty-seven ministries have adopted gender budgets, though they are not yet reporting back on how funds were used.
- In the Mumbai metro system, addressed gender in employment and set up crèches. For example, one metro station is now completely operated by women.

The Japan International Cooperation Agency (JICA), the largest bilateral lender in India, addresses gender in just three of 65 projects and women are included in 12 forestry projects working with SHGs. With no clear mandate on gender inclusion apart from guidelines issued in 2014, local JICA offices often take the lead. JICA's largest loan program in India supports train transportation including the New Delhi metro. The Delhi Metro Rail Corporation, (DMRC) took a gender perspective on safety by hiring women security officers, installing good lighting and establishing safety zones around stations. JICA is now trying to replicate these safety considerations throughout the country by including them in memoranda of understanding for all its metro loans. In a micro-irrigation project in Rajasthan, JICA made the loan contingent upon passage of a state law mandating that 30 percent of water user association members had to be women.²⁰¹

The European Union's (EU) work on gender and social inclusion is focused almost exclusively on human rights issues such as child marriage and trafficking, and on empowering women and adolescent girls from very vulnerable and backward areas. Notably, it has a strong focus on LGBTI rights and empowerment. In 2018, the EU launched a small grants program to strengthen sustainability of women-focused and women-led CSOs. Regionally, it is supporting projects in Bhutan on decentralization, agriculture, and climate change.²⁰²

GBV. Donors have shifted away from a direct focus on GBV because the GOI does not seem completely open to it. They are more inclined to work on the issue from the perspective of workplace harassment and GBV in public spaces as the ADB and JICA are doing in metro rail systems around the country.

Geographic focus. Donors mainly follow GOI guidance to target poor states and the northeast region. GIZ, for example, supports women's entrepreneurship in Rajasthan, Assam, and Telangana. The ADB will locate upcoming projects in roads, power, and skills building in the northeast and provides TA on gender budgeting to Madhya Pradesh, Himachal, Andhra and Manipur. JICA is constructing a hospital and roads in the northeast.

Gender integration systems. In grappling with how to guide staff to operationalize gender-related work, donors found it helpful to rely on clear mandates, processes and systems. The German Foreign Ministry and GIZ corporate policy mandate attention to gender. GIZ takes a safeguard approach that begins with a strategy, a mandatory gender analysis, and gender tools. Every appraisal mission has a designated team member to anchor attention to gender. All IPs are asked either to prepare a gender action plan or to integrate gender into the overall work plan, and GIZ includes an item on gender integration in its IP induction workshops. GIZ does not impose gender criteria on its partners such as addressing GBV prevention and response, but IPs are required to adhere to Indian labor laws, including those pertaining to sexual harassment.²⁰³

The ADB includes a gender covenant in its loan awards, a monitoring framework in the Implementation Manual, and a standardized format for setting up and reporting on gender-related targets. Indicators must be reported on at mid-term and completion. In July 2019, the ADB issued a global directive that the overall rating for a project would be negatively affected if 80 percent of gender commitments were not met.

Donors agreed that it was critical to have systems in place for gender integration to occur, but they felt leadership was also important. Therefore, having the ADB's gender advisor report sent directly to the Country Director sent a strong positive signal. Others felt that incentives also helped, as did awards. Both GIZ and the IFC give awards for successful gender activities. This benefits both sides because staff get recognition and gender issues get highlighted.

Social inclusion beyond gender. Though all donors except JICA reported having clear mandates and policies for gender inclusion (JICA has guidelines), they are in the early stages of being more deliberate about broader social inclusion such as disability and have not effectively started this process for LGBTI, except for the EU. For example, DFID is trying to create opportunities for persons with disabilities in a skills training program in Bihar. It is also considering ways to incentivize industry to do more on disability.²⁰⁴

USAID could support donor initiatives in social inclusion by creating a working group to discuss issues, hold knowledge-building and dissemination events, and conduct research to better understand the issues facing LGBTI and third gender people, persons with disabilities, and other socially marginalized groups.

ANNEX A: GENDER ANALYSIS

SCOPE OF WORK

Scope of Work for USAID/India Country Development Cooperation Strategy (CDCS) Gender Analysis

I. OBJECTIVE

The goal of USAID/India's country-level gender analysis is to identify key gender issues, inequalities, constraints and opportunities in India and offer conclusions and recommendations for integration into USAID's strategic planning and activities. This analysis will update the USAID/India gender strategy developed in the year 2010, present a countrywide picture of the status of women and gender, and develop strategic level sector-specific recommendations for consideration under the new CDCS in the future. The gender analysis findings and recommendations will be used to guide gender integration throughout the Mission's programs, projects and activities, and throughout all aspects of the program cycle.

II. BACKGROUND

a) USAID/India Background

The U.S.-India development relationship spans more than 70 years. In that time, USAID has helped India overcome some of the country's most critical development needs while strengthening the government's capacity to manage and implement its development agenda. In recent years, the Government of India has assumed responsibility in many areas where USAID previously provided support. The nature of the U.S.-India development relationship has evolved considerably; what began as a traditional donor-recipient arrangement has become a peer-to-peer strategic partnership.

Under its current strategy, USAID partners with the Indian Government and the private sector to eliminate preventable child and maternal deaths, create an AIDS and Tuberculosis (TB)-free generation and achieve universal health coverage. USAID is supporting mother and child health initiatives in six states which are helping 2.8 million pregnant women and 2.6 million newborns to access improved maternal and child health services. USAID is improving health by advancing access to safe drinking water, sanitation and hygiene (WASH) in India's growing cities. USAID also supports programs preventing gender-based violence and protecting and supporting the disabled population. By promoting innovative teaching approaches and technologies, USAID continues to strengthen reading and learning among primary school boys and girls. USAID is working closely with local partners and state governments to improve reading outcomes for 144,000 children in more than 250 municipal schools.

Through its clean energy and sustainable forestry programs, USAID collaborates with the Indian Government to advance the country's transition to a green, energy-secure economy. USAID is working with India's three largest states to deploy rooftop solar systems, promote energy efficient technologies and improve the management of India's forests to address climate change and strengthen forest dependent communities. USAID and India are partnering to develop, test and transfer Indian agricultural innovations to strengthen food security in India, Africa and Asia. More than 760,444 farmers in Africa and Asia use improved technologies and climate change-resilient farming techniques introduced by USAID/India. USAID partners with India to train 1,500 agricultural practitioners from 17 countries across Africa and Asia on specialized farming practices that will increase productivity and raise income for farmers.

USAID/India is in the process of developing its new Country Development Cooperation Strategy (CDCS). Lessons learned from the implementation of projects and activities under the prior CDCS and analyses to support the implementation of the new one are needed. The country's advanced stage of development is reflected in its distinguished scientific community, dynamic entrepreneurial class, and cadre of government and political decision-makers who, in liberalizing the economy, created the environment which, between 2006 and 2016, lifted 271 million Indians out of multidimensional poverty; and today provides enough opportunities for 42 Indians to escape extreme poverty every minute (against a 1.1 world average). However, despite these achievements challenges exist in India's journey to self-reliance. One is the need for economic growth to be inclusive. There are few women entrepreneurs and there are multiple constraints that prevent women from working or leave them trapped in low productivity, low-paying jobs. The other critical indicator is the poverty rate. With over 1.0 million new entrants to the job market every month, India needs to create a large number of jobs in its cities and on its farms. Agriculture still employs nearly half the workforce, and an increasing number of women are now directly involved in agriculture with men moving to the cities or overseas to take jobs in construction or trade. Lastly, the crosscutting challenge is the need to improve the ability of the public sector's to deliver basic goods and services. The level of government capacity to deliver goods and services is especially weak at lower levels of government.

Under the new CDCS, the Mission's internally-focused portfolio will aim to bolster India's development progress by strengthening India's ability to be a convener, accelerator, and broker to facilitate the domestic capacities and resources that underpin its development progress. The Mission will focus primarily, but not exclusively, on helping to improve the GOI's performance in addressing complex development challenges that exist within India. Depending on what is appropriate for each sector supported, the Mission will conduct policy dialogue; promote reforms that encourage private sector investment; assist in eliminating critical choke points in government systems; leverage funding, expertise and private sector ingenuity; and continue to act as the GOI's development laboratory, testing and incubating new ways of doing business that the GOI and/or the private or non-governmental sectors can subsequently bring to scale.

The internal portfolio will focus on amplifying the Mission's capacity to leverage the vast private sector capital that exists within India and supporting multi-partner alliances dedicated to overcoming targeted development challenges in the areas of **TB, WASH, and Energy and PHI**. Through the use of conventional financial products such as debt, equity, and credit guarantees as well as less conventional and blended forms of finance, the Mission aims to harness corporate social responsibility (CSR) funds to support the incubation and scale-up of commercially viable development innovations. Matching and other grants, TA, training, and capacity building will also be used to strengthen the ecosystem in the Mission's targeted sectors of interest.

The Mission's externally-focused portfolio will be designed to support the Indo-Pacific Strategy (IPS) and South Asia Strategy (SAS), both of which recognize the benefits of a strong India with constructive regional relationships. Activities under this component of the portfolio will be led by a South Asia Indo-Pacific Strategy Coordinator based in the India Mission, and will include programming in the areas of **energy; natural resources security, including water security; DRR; digital connectivity;** and other potential targeted areas that advance the IPS. It will also include TA to the GOI's development agency, which primarily focuses on transferring Indian innovations and know-how to neighboring countries; and increasing regional public-private partnerships. The portfolio will be implemented in collaboration with other USAID Missions in the Asia region, and in coordination with the Regional Development Mission for Asia (RDMA). In some sectors, such as energy, the external portfolio will include a component on building India's internal capacity in order to achieve enhanced regional connectivity. For example, by improving

India's internal energy market, India will be the cornerstone of a dynamic, multilateral energy market delivering shared benefits across the region.

In line with the South Asia Strategy, which focuses on strengthening ties with India to promote economic growth and stability in Afghanistan, the Mission will continue to find ways to engage with Afghanistan, including through its successful Passage to Prosperity (P2P) activity. P2P advances the capacity of Afghan businesses to engage in trade and investment opportunities with Indian buyers and investors as well as international buyers and investors that use India as a hub.

b) Country Context for Gender

India's recent economic growth rate has masked problems still faced by the majority of its female citizens. Living with economic insecurity and social discrimination, many women face constant threats of violence including sexual assault, sex-selective abortions, domestic violence and trafficking. The World Economic Forum's (WEF) 2018 Gender Gap Index ranks India 108th out of 149 countries, same as 2017, on the basis of four indicators: economic participation and opportunity, educational attainment, health and survival, and political empowerment. India maintains a stable ranking this year but its gap is directionally larger this year with a 33% gap yet to be bridged. India's greatest challenges lie in the economic participation and opportunity pillar where the country is ranked 142 (139 in 2017) as well as health and survival pillar where the country is ranked 147. The practice of dowry continues, and the gender ratio for 0-6 year olds has declined for girls indicating an increase in sex-selective abortions, which is illegal in India, or neglect of female infants and children. Every third woman faces domestic abuse. Close to 47 percent of women get married before the legal age of 18. There are an estimated 3 million sex workers; about 40-45% are children, largely girls. More than 60% of women are chronically poor and 96% of all women active in the workforce are employed in the informal sector that provides no social protection. When education levels, nutrition and health outcomes, and access to power sources are compared, Indian men and boys fare much better than women and girls, further demonstrating the deep-seated discrimination against women in Indian society.

India's impressive economic growth has not translated into better human development indices for women despite efforts on behalf of the Government of India (GOI) and the NGO community. Though the GOI is committed to women's empowerment and human rights, formal and deep-rooted informal systems do not deliver on the promise of equality. The inability of the marginalized to protect their interests is the weakest link in India's democracy.

III. OBJECTIVE AND PURPOSE OF GENDER ANALYSIS

The development of the new strategy and its private sector-centric approach presents an opportunity to not only assess the challenges and successes of integrating gender into current and future programs, but to also explore how best to integrate gender sensitive interventions across sectors in a more synergistic fashion. The gender analysis (GA) will examine the different roles of men/boys and women/girls in society, and also the relationship and balance between them and the institutional, market and cultural structures that support them. Findings from the gender analysis will be integrated into the overall CDCS, DO, and IR.

More specifically, the gender analysis will:

- 1) Provide a broad overview of the significant gender issues in the country at a macro level. This overview should include information and data derived from: country-level gender analyses performed by the government and other donors or academics as well as:

- i. Relevant data from past and ongoing USAID-funded projects and activities;
 - ii. Reports from United Nations (UN) human rights committees; Shadow reports and reports by bilateral and multilateral organizations;
 - iii. Literature on successful strategies on how private sector corporate socially responsible (CSR) funding has been used to support gender equality and women's economic empowerment. Also, identify new ways to engage private sector to use its CSR funding to address issues that negatively impact women entrepreneurs, women's empowerment through entrepreneurship and gender equality.
 - iv. A snapshot of civil society's efforts to promote gender equality, prevent and respond to GBV and empower women and girls.
- 2) Focus on sectoral gender analyses of:
- *USAID's focus sectors*: Tuberculosis, WASH, PHI, energy, water security, disaster risk reduction, digital connectivity, and Tibet community;
 - *USAID's other core sectors*: Maternal and child health, and Family Planning.
- i. Barriers for equal male-female participation in all USAID/India focus sectors and other sectors as mentioned above.
 - ii. How women and men are impacted differently by problems/opportunities in these sectors;
 - iii. Ideas for improving women's access to services, employment opportunities, policy planning; and
 - iv. NGOs and others playing a leadership role working on gender issues in the sectors that USAID might want to engage.
- 3) Work with the Mission's Monitoring and Evaluation (M&E) point of contact to develop CDCS gender indicators and M&E framework and as appropriate, to incorporate the Agency's gender key issue indicators as well as other new gender-sensitive indicators into the framework.

IV. APPROACH and METHODOLOGY

The bulk of the gender analysis will be conducted using a participatory process involving the Mission's DO Teams, key implementing partners and other relevant stakeholders. The analysis will include a Desk Study/Literature Review and key informant interviews, roundtable discussions, and further literature review, if needed.

i. *Desk Study/Literature Review:*

During this stage, the team will conduct a comprehensive literature review of pertinent documents including studies and assessments conducted by donors, civil society, the GOI, and the academic community. The team will also review USAID documents including, but not limited to, the current USAID/India CDCS, USAID/India Project Approval Documents (PADS), gender analyses, portfolio reviews, strategic implementation plans, situation analyses, sector assessments, performance management plans, and evaluations reports. Also during this phase, the team will assess key policies of donors and the GOI relating to gender and identify opportunities for collaboration. Finally, during this phase the team will begin to formulate its approach and materials for developing and finalizing the key informant interviews.

ii. *Qualitative Interviews*

USAID/India team members will develop a list of key contacts that will be shared with the consultant and any USAID TDY colleagues. Individual interviews and focus group interviews will be arranged by USAID/India. The team, augmented by relevant technical office staff members, will conduct discussions and interviews with key informants following standard protocols. All interviews will be transcribed and placed in a google drive that all members of the Gender Analysis team can access for review and analysis. The following is an illustrative list of agencies/individuals to be interviewed:

USAID/India:

- Mission Front Office Management
- Regional Legal Officer
- Program Support Office
- Health Office
- Agriculture Office
- Clean Energy and Environment Office
- Office of Social Sector Initiatives
- Center for Innovation and Partnerships

USAID implementing partners:

- Contractors, grantees, recipients

Bilateral and Multilateral Donors and Foundations:

- World Bank
- UN organizations (UN WOMEN, UNFPA, UNICEF and UNDP)
- Asian Development Bank
- Department for International Development (DFID)
- German Development Cooperation Office (KfW)
- GIZ India (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ))
- United Nations Program on HIV/AIDS (UNAIDS)
- Norwegian Agency for Development Cooperation (NORAD)
- Swiss Agency for Development And Cooperation (SDC)
- U.S. Embassy India Political/Economic Section and Public Affairs Section
- Japanese International Cooperation Agency (JICA)
- Bill and Melinda Gates Foundation

GOI

- Ministry for Women and Child Development
- Department of Economic Affairs
- Ministry of Agriculture
- Ministry of Health and Family Welfare
- Ministry of Power
- Ministry of Environment, Forest and Climate Change
- Ministry of Housing and Urban Affairs
- Ministry of Human Resources Development

Private Sector and NGOs

- American Chamber of Commerce (AMCHAM)
- Federation of Indian Chambers of Commerce and Industry (FICCI)
- Indo American Chamber of Commerce (IACC)
- Self-Employed Women's Association (SEWA)
- Various U.S. and Indian private sector companies and foundations

V. DELIVERABLES

There will be three key deliverables under this task:

- i. **Inception Report:**
 - a. **Work plan/schedule:** Team shall submit a work plan to be approved by the COR. The data collection instruments and proposed list of interviewees shall be submitted no less than three weeks prior to the gender analysis team's arrival in India. The Program Office will provide a list of initial reading and interview suggestions to assist the Consultant. The work plan should include task timeline, methodology, team responsibility, key informant and stakeholder meetings, site visits, and travel time, debriefings for USAID, draft and final report writing.
 - b. **Literature review:** The team shall prepare a literature review of pertinent documents. The Team will submit the Inception Report to the USAID/India Program Office Director within twenty-five (25) working days after commencement of the contract.

- ii. **Field work should include the following:**
 1. In-brief on the analysis and a kick-off meeting on day one in the New Delhi with relevant USAID staff.
 2. Interviews with USAID/India mission staff, GOI and other key informants as per Section IV above.
 3. Mission-wide presentations of the preliminary gender analysis findings from (a) the desk review and; (b) the key informant interviews.
 4. Recommendations for gender integration within the CDCS. The PowerPoint document for this presentation is due no less than one business day prior to the presentation.

- iii. **Gender Analysis Report:** Report of the findings and recommendations from the gender analysis and recommended gender sensitive indicators to include in the CDCS level PMP. The draft report will be submitted by the team no later than two weeks following the conclusion of the field work phase in India. The Mission will take two weeks to give written comments back to the team. The team will have two more weeks to submit the final report. The mission will approve the report within the next week after submission of the final report. Upon approval, the USAID/India Program Office will be responsible for submitting the report to the DEC.

The Report will succinctly describe:

- The gender inequality and female empowerment issues within the region related to USAID/India's current and future strategic plan and program portfolio and manageable interest.
- An analysis of the most binding constraints to promoting gender equality in India.
- Specific and significant gender issues that need to be addressed at the strategic level.
- Specific recommendations on how USAID/India can better address these gender-related gaps and incorporate gender equality and women's empowerment (GEWE) objectives at the strategic level.
- Recommendations for opportunities that exist at technical level or with private sector to promote women's entrepreneurship and provide access to capital, markets, and business networks (refer to Presidential Launch of Women's Global Development and Prosperity Initiative)
- Up-to-date analysis on other donors' work on gender equality, and specific recommendations on how USAID/India can leverage its own comparative advantage to maximize the impact of this collective work.
- A bibliography of sources consulted, including interviews, focus groups, and any other data

collection method.

- Gender data, concerns, priorities, and approaches in such a way that it not only informs updates to the existing CDCS but, much more importantly, also provides useful guidance for USAID/India to use for the forthcoming CDCS. It should, where appropriate, include examples that demonstrate the application of existing gender analyses and lessons from experience with ongoing programs that address gender constraints.

The report will be a maximum of 30 pages (excluding annexes) with an Executive Summary of no more than three pages.

- iv. **Mission Debriefing:** A Mission debriefing (with a PowerPoint presentation) that coincides with submission of the draft report, providing a preliminary report out on the gender assessment and the action plan with the findings and a set of actionable recommendations and preliminary gender indicators for specific sectors.

Timing

The analysis will be carried out over a period of approximately 45 days, beginning March 2019 with field work completed in mid-March and a final report by April second week. The Inception Report phase will require no more than 25 business days (Item 1 and 2 are combined in the table below). Field work and Mission debrief will require no more than 21 business days (including travel time). Production of the draft a Gender Analysis Report will require no more than 15 business days. The finalization of the report, after receiving the Mission’s comments within five business days of the submission of draft report.

Implementation Plan

Deliverable/Task	Due Date (Period of Implementation)
1. The Team will submit an inception report to the USAID/India Program Office Director. The report will include a desk review of the relevant materials. The work plan should provide a task timeline, methodology, team responsibility, literature review, key informant and stakeholder meetings, site visits, and travel time, debriefings for USAID, draft and final report written report. A suggested initial reading list will be provided by USAID India.	6/3/19 (5/8/19- 6/3/19)
2. Interview Mission Program Office and M&E team to obtain information on Mission M&E policy, etc.	6/10/19
3. a) As per guidance from USAID/India, the Consultant will conduct discussions and interviews with staff from USAID/India, US Embassy, Government of India counterparts, other bilateral and multilateral organizations, private sector and NGOs active in gender-related areas in India. If it is deemed appropriate and feasible, the Consultant may also conduct interviews with direct beneficiaries of current USAID/India programs. The Mission has proposed a starting interview list and may be expanded or condensed as determined by the Consultant in discussion with the USAID/India team. b) A half-day mission-wide power point presentation of the gender analysis, including recommendations for gender integration within the CDCS followed by breakout sessions with the various Offices, or by DO, to acquire recommendations for to the Mission to obtain feedback from staff and incorporate revisions into the final gender analysis report. A PowerPoint document for this presentation will be due prior to the event. c) Exit briefings with Program Office, Office Directors, and Mission Director	6/28/19 6/10-6/28/19
4. <u>Produce a draft summary document</u> , in collaboration with Senior Regional Gender Advisor, RDMA and Mission POC, highlighting the gender gaps in the	7/19/19

sectors within which USAID/India programs activities. The consultant will be responsible for 1) authoring sections or the entirety of the summary documents as requested by the USAID/India Program Office and 2) for producing a bibliography of source documents consulted, which will be included as an annex in the final Gender Analysis report.	(7/1/19-7/19/19)
5. <u>Produce a final report, incorporating USAID India feedback on the draft report.</u>	8/7/19 (7/30/19-8/7/19)

USAID/India will review and comment on the draft gender analysis report from 7/19/19 to 7/30/19.

VI. Expertise Required/Team Composition

The gender analysis team will consist of core team of five people including:

1. **Senior Gender Consultant:** A social scientist/team leader, preferably with a PhD preferably in sociology, anthropology, political science, economics, public health or rural development. This expert must have a minimum of ten years post-degree experience conducting gender analyses, analyzing gender related data, and, and writing gender analysis reports.
 - This Senior Consultant will be responsible for the overall implementation of the analysis, ensuring that all expected tasks and deliverable are achieved on time and of high quality. S/he will oversee the overall design of the analysis framework, including methodological determinations; organization of calendar/travel/meetings; management of interviews, and other data collection events; and be the lead writer for the draft and final report as detailed under the deliverables section.
2. **Senior National Innovation and Public Private Partnership Specialist:** The Innovation and Public Private Partnership Specialist should have prior experience working in the areas of innovation implementation, management in a private sector or development setting. S/he must have experience in forging public-private partnerships focusing on innovations in multiple sectors with vast understanding of market dynamics in Indian context. At least 7-10 years of experience is required in the design and managing of innovation activities and public-private sector engagement strategies, partnerships and leveraging in a development sector context.
 - The Senior Innovation and Public Private Partnership Specialist should also have experience working with private provider networks preferably in the area of USAID’s sector intervention. Experience in working with private provider associations will also be an advantage.
3. A USAID gender specialist, preferably a staff member from USAID/W’s Asia Bureau or the Senior Regional Gender Advisor from RDMA, who will be work virtually or participate on TDY with the team as per preference of USAID/India and subject to the availability of funding.
4. USAID/India Program Office Director, and
5. USAID/India Gender POC

An extended team will participate on an ad hoc basis for knowledge sharing, learning and providing project related documents, participating in interviews and discussions relevant to their sector, and facilitate consultation with IPs. The extended team will consist of gender POC from each Technical Office. The technical office gender POCs are knowledgeable about their own projects and Implementing Partners; relevant GOI personnel from respective line ministries and other NGO and private sector stakeholders. A USAID staff person will provide logistical support to the team to support all the meetings.

VII. MANAGEMENT

The gender analysis efforts will be led by a member of the Program Support Office who will serve as the Contracting Officer’s Representative (COR) on this task order. Throughout the data collection and

report-writing process, the USAID/India Program Support Office will be the main point of contact for the consultant. In this role, the Program Support Office will help arrange meetings with USAID/India staff and related stakeholders as appropriate.

The USAID/India Gender POC will accompany the Consultant for interviews as possible/appropriate. Additional USAID/India staff may join these meetings as needed/desired, with emphasis given to those technical areas in which the Consultant is not expert.

The Consultant will work with the Program Office to schedule an in-briefing to USAID/India staff prior to commencing the work, and will provide debriefings on a schedule determined by the Program Office.

Logistics

Desk review of research and other resources on gender in the region can be done off-site and the report may be completed off-site, but consultant must be available for in-person or video conferencing for the one-day mission wide presentation of the analysis findings and recommendations. The Consultant must be available in-person or by video conference after submission of both the draft and final reports in the event additional questions or clarifications are forthcoming from the Mission.

Annex I

References including, but not limited to:

- USAID/India Country Development Cooperation Strategy FY2012-FY2017.
- USAID/India CDCS Midcourse Stocktaking
- The Automated Directives System (ADS) 201 and 205.
- USAID/India Gender Assessment 2010
- USAID India Country Profile and Sector Fact Sheets
- U.S. Global Health Initiative India: Interagency Program Strategy (2011-2015)
- India Gender Equality Diagnostic of Selected Sectors (2013)-ADB
- Human Development Report 2016- UNDP
- Gender Equality Background, India
- India Economic Survey 2017
- World Economic Forum Global Gender gap Report 2018
- World Bank Reports on Gender

ADS 205.4.1 References

- a. Executive Order- Instituting a National Action Plan on Women, Peace, and Security
- b. Executive Order - Preventing and Responding to Violence Against Women and Girls Globally
- c. Executive Order - Strengthening Protections Against Trafficking In Persons In Federal Contracts
- d. Presidential Memorandum -- Coordination of Policies and Programs to Promote Gender Equality and Empower Women and Girls Globally
- e. United States National Action Plan on Women, Peace, and Security
- f. USAID LGBT Vision for Action
- g. USAID Vision to End Child Marriage and Meet the Needs of Married Children
- h. USAID Gender Equality and Female Empowerment Policy
- i. USG Action plan on children in adversity
- j. USG Strategy to Prevent and Respond to GBV Globally
- k. USAID Youth in Development Policy
- l. USAID indigenous peoples policy (forthcoming)

ANNEX B: CORPORATE SOCIAL RESPONSIBILITY

Support for Activities Permitted Under the CSR Act

Sr No.	Permitted activities in CSR Act ¹
1	Eradicating extreme hunger and poverty.
2	Promotion of education.
3	Promotion of gender equality and empowering women.
4	Reduction of child mortality and improving in maternal health.
5	Combatting HIV/AIDS, malaria and other diseases.
6	Ensuring environmental sustainability.
7	Employment enhancing vocational skills.
8	Social business projects.
9	Contribution to the Prime Minister, Central or State run funds for the socio-economic development.
10	Relief and funds for welfare of the SCs, STs, other backward classes, minorities and women and such other matters as may be prescribed.

Examples of CSR GE/FE and Social Inclusion Activities

Ambuja Foundation works in 2,100 villages in 11 states to organize rural women in groups to conserve water, upgrade skills, provide primary healthcare, and secure justice.²⁰⁵

Menda Foundation supports a Millennium Alliance grantee, CLT, to provide tech based teaching aid solutions to over 3,000 schools in Karnataka.²⁰⁶

Cipla Foundation delivers healthcare via mobile vans to the doorsteps of women and the elderly. It runs a pharmacy course in Himachal in which 50 percent of seats are reserved for girls or children from single mother families. Post-disaster, they support single mother families and persons with disabilities to rebuild their houses.²⁰⁷

HPCL runs mobile health vans in several states.

Google Internet Saathi Program provides digital literacy to rural women.

Kirloskar Engineering has set up a girls-only college of engineering in Pune.

Tata Technology supports STEM education for girls.

Lemon Tree and Café Coffee Day provide special training to persons with disabilities before employing them.

Glenmark Pharmaceuticals runs a large maternal and child health program.

L&T Finance works on issues of financial empowerment for women.

Suzlon energy works on women empowerment.

ANNEX C: FINDINGS BY ADS205 DOMAIN

Laws, Policies, Regulations and Institutional Practices

India is committed to international human rights treaties such as the Convention to Eliminate All Forms of Discrimination Against Women that India ratified in 1993 and to the Outcome Documents of International Conference on Population and Development (1994) and the Fourth World Conference on Women (1995). It is also committed to the Sustainable Development Goals in which gender equality has a prominent place.

India's Constitution grants women equal rights and allows for positive selection in favor of women's rights. In 2001, India adopted a National Policy for the Empowerment of Women (2001) that addresses the advancement of women across multiple sectors. A plethora of laws and policies govern GEWE in India across the spectrum of issues such as education, health, GBV, personal rights, political participation, etc. They are too numerous to specify here. However, we reference pertinent policies and laws in the sector-specific discussions below.

Similarly, there are a host of government initiatives and programs supporting gender inclusion and equality. They include, for example, the National Rural Livelihoods Mission (2011) and the National Skills Development Mission (2015). The most detailed and progressive economic program for poor women is the Mahatma Gandhi National Rural Employment Guarantee Scheme (2006) that guaranteed on-demand employment for 100 days annually for all rural households. The Narendra Modi administration's signature female-focused program is Beti Padao Beti Bachao (Educate and Save the Girl Child) launched in 2015 to reduce sex-selective abortions and promote girls' education using cash transfers. Each sector-specific section below references these policies.

Cultural Norms and Beliefs

Essentially, India is a patriarchal society in which men have authority over women.²⁰⁸ Cultural norms and beliefs that perpetuate gender inequality permeate the society. They contribute to a host of negative practices and outcomes for women and girls and perpetuate inequality through a vicious cycle

Male preference is a strong and widely held cultural belief that has devastating effects on girls and women. Its negative effects include: social pressure on women to bear a girl child that undermines family planning efforts, undervaluation of the girl child, neglect of girls, and most perniciously, sex-selective abortions. These effects are most starkly reflected in data on the sex-ratio or the number of females to males. Per the last census in 2011, the sex ratio in India was 943 females to 1,000 males. It was a slight improvement over 2001. However, in 2019 the UN estimates the sex ratio at 930:1000, ranking India 191 out of 201 countries.²⁰⁹ Paradoxically, more affluent states like Punjab and Haryana rank at the bottom. In Haryana, the sex ratio at birth was 871 in 2014, a marginal increase from 868 in 2013.²¹⁰ It is even lower in some states.

The dowry system, an institution driven by the cultural undervaluation of girls and the belief that they are a burden on families, limits parental investments in girls and reduces their bargaining power within families. Seeing girls as a burden contributes to child marriage and its persistence: about 60 percent of girls are married by age 18 and many by the age of 15.²¹¹ Cultural norms dictate that women leave their natal homes and reside with their husband's family, thereby isolating young women. Child marriage and the

accompanying isolation result in negative effects on girls' and young women's education, health, autonomy, ability to earn income, and overall future well-being.²¹² In another example, the high cultural value placed on marriage causes some women who have jobs to drop out in response to family pressure.²¹³

Beliefs about male power and authority over women are significant factors in GBV that impinges on women's lives at home, at work and in public places. Women are subjected to sexual harassment, verbal abuse, shame and rape. VAW increased by 40 percent from 2012 to 2016, according to the National Crime Records Bureau. A woman was raped every 13 minutes, a bride was murdered for dowry every 69 minutes, and six women were gang-raped every day in India in 2016.²¹⁴

As issues related to GBV are of cross-sectoral concern for this GA, they are discussed at greater length below.

Gender Roles, Responsibilities and Time Use

Gender roles and responsibilities are clearly defined with women responsible for virtually all reproductive (household) work and men for the economic support of families. This is reflected in data on women's labor force participation. Just 27 percent of Indian women in 2012 had a job or were actively looking for work as compared with 79 percent of men.²¹⁵ More worrisome in the context of women's empowerment that depends critically on women's ability to earn and control income, is that almost 20 million women dropped out of the work force between 2005 and 2012. Surprisingly, the decline in women's LFP is higher in urban than rural areas, and education does not appear to result in women's employment, possibly because the supply of well-paid jobs is low.²¹⁶

Poor and rural women, however, participate in the workforce mainly in agriculture and in the informal economy where their work is invisible. In agriculture, women are often overlooked as they are regarded as "helpers" and their farm work as extension of their household responsibilities. Landless women work as "casual laborers" where they earn less than men. Women in the informal economy work in a variety of activities that include domestic service, home-based production of a wide range of goods such as clothing, artisanal and food products, and in petty trade. Their incomes are low and insecure, typically, without access to benefits such as health insurance. The work is difficult and working conditions sometimes dangerous as women are subject to harassment by police and the public.

Women are also primarily responsible for household work such as cooking, cleaning and caring for children and older family members. Whereas, higher income women have access to domestic helpers, poor women and girls cannot afford help and must do the work themselves. Cooking often involves searching for fuelwood and dung, laborious and time-consuming tasks that can take up to 2 hours per day. Poor rural and urban women also lack access to running water and often spend many hours per day hauling water from community taps.

Access to and Control over Assets and Resources

Access to and control over income and other productive assets such as savings and property are critical for women's empowerment. Evidence from around the world shows that income in women's hands benefits women and children as it improves education, health, and nutrition.²¹⁷ Access to income, in turn, depends on employment. As noted above, women's participation in the workforce has declined in India, more in the urban than rural areas and for educated women. Women's access to income is thus constrained.

Poor women, however, by necessity engage in productive work mostly in agriculture and the informal sector. In agriculture, women who work on household land are generally unpaid while the landless engage

in casual labor. Their wages are low and lower than for men in most cases. In the informal sector, women engage mostly in domestic service or are self-employed in a variety of trades or home-based work that is intermittent, low-paid and offers no benefits. Women's work outside the home is constrained by patriarchal social norms that restrict women's control over their own income and can provoke male violence.²¹⁸

Many laws and policies in India are favorable for working women. They mandate paid maternity leave or equal wages in some types of work. But enforcement is typically weak. In addition, many GOI initiatives and NGO social entrepreneurship programs are designed to close the gender gap in employment and income through inclusion in all types of development programs such as the National Rural Livelihoods Mission, the Mahatma Gandhi National Rural Employment Guarantee Scheme for the poor, skills building initiatives for youth and many others. They also include financial services (savings and loans) for low-income women, offered through women's self-help groups (SHGs) and more recently, digital banking potentially empowering women if they have their own accounts and digital access.²¹⁹

Women and men have equal rights to own and inherit property in India²²⁰ (Hindu Succession Act, 2005) gives equal inheritance rights to women to own ancestral and jointly owned property. This is especially important for 70 percent of women who work in agriculture. However, only 10 percent of women actually own land. But property and inheritance laws are weakly enforced and social norms often persuade women to defer to male relatives in property ownership. Some evidence shows that property ownership protects women against intimate partner violence (IPV).²²¹

Patterns of Power and Decision-Making

Women lack power and are effectively excluded from decision-making in both public and private life. Despite having had Indira Gandhi, a woman, as Prime Minister in the 1960s and 1980s, few women occupy positions of power in India. In 2014, women comprised just 11.8 percent of members of the Lok Sabha (lower house) and 11.4 percent in the Rajya Sabha (upper house) of Parliament. It ranks fifth in women's representation in parliament in South Asia behind countries like Afghanistan and Bangladesh.²²² Despite their absence from positions of power, Indian women appear to exercise the power they have by making their presence felt in voter turnouts.

According to the Election Commission data from 2014 General Elections, more women than men voted in 16 states and union territories out of 35.²²³

Women are better represented at the local level through *Panchayati Raj* or local government institutions where up to 50 percent of seats are reserved for them. In 2017, women constituted 44.2 percent of elected representatives and 43 percent of *sarpanches* or heads of village *panchayats*.²²⁴ It is important to note, however, that women's political leadership at various levels is often due to patronage or family legacy. Further, the evidence is mixed on the extent to which women's representation results in improved outcomes for the majority of women.²²⁵

Women also have limited decision-making power at the household level, a factor that has implications for all aspects of women's and girls' lives, especially when combined with lack of income. In fact, lack of ability to make their own decisions limits women's access to income. It also constrains their mobility and access to healthcare, family planning and other services.²²⁶

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ANNEX E: GENDER ANALYSIS RESEARCH MATRIX

The table below include the research instrument to facilitate gathering the required information for the USAID/India Gender Analysis. The table reports the Research Objectives (rephrased and grouped in seven dimensions), the specific information needs for each one of them, and the tools proposed to gather the information from both secondary (documents) and primary sources (persons and institutions/organizations). The information needs are the base for designing the information gathering tools (interviews, focus groups, online survey and workshops) that will be tailored according to each specific stakeholder and its context.

Guiding Questions for the Gender Analysis

N°	Research Theme	Information Needs	Tools and Sources of Information
1	Gender context in India.	<ul style="list-style-type: none"> • Data on gender gaps and trends in India • Laws, policies, regulations and institutional practices • Cultural norms and beliefs • Gender roles, responsibilities and time use • Access to and control over assets and resources • Patterns of Power and Decision-Making 	<p><u>Literature review:</u> National statistics and data bases (INE), research reports, global indexes, USAID's studies.</p>
2	Gender Based Violence (Including IPV, public threats and workplace harassment) as it affects women, LGBTQ, and disabled.	<ul style="list-style-type: none"> • Data on GBV, IPV and public threats to women, LGBTQ and disabled • Challenges in addressing GBV • Infrastructure to address GBV, including laws • GOI, NGO and donor programs addressing GBV • Successes and opportunities for improvement • GBV in sectors—online harassment, DRM, health, WASH, clean energy. 	<p><u>Literature review:</u> Research reports, national and international statistics and data bases, USAID and other donors' and NGOS' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and implementing partners, GOI, Corporations, CSR, Business Associations, Donors, gender experts and advisors, NGOs.</p>
3	Clean Energy and Environment.	<ul style="list-style-type: none"> • Data on gender gaps and challenges in clean energy • GOI policies and programs to address gender in clean energy • USAID, private sector (corporate), NGO and donor programs 	<p><u>Literature review:</u> Research reports, national and international statistics and data bases, USAID and other donors' and NGOS' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and implementing partners, GOI, clean energy corporates, CSR, environmental</p>

		<p>addressing gender in the sector</p> <ul style="list-style-type: none"> • Successes and opportunities for improved programming for gender equality • GBV in clean energy, mitigation and prevention 	<p>researchers, Business Associations, Donors, gender experts and advisors, NGOs.</p>
4	Digital Connectivity.	<ul style="list-style-type: none"> • Data on gender gaps and challenges in digital connectivity and use • GOI policies programs to address gender equality • USAID, private sector (corporate), NGO and donor programs to address gender equality in the sector • Successes and opportunities for improved policies and programs for gender equality • Online GBV and its mitigation and prevention 	<p><u>Literature review:</u> Research reports, national and international statistics, USAID and other donors' and NGOs' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and implementing partners, GOI, ITC businesses, CSR, Business Associations, Donors, gender experts and advisors, NGOs.</p>
5	WASH	<ul style="list-style-type: none"> • Data on gender gaps and challenges in WASH • GOI policies programs to address gender equality in WASH • USAID, private sector (equipment and product suppliers), NGO and donor programs that address gender equality • Successes and opportunities for improved policies and programs for gender equality in MCH • GBV in WASH and its mitigation and prevention 	<p><u>Literature review:</u> Research reports, national and international statistics, USAID and other donors' and NGOs' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and implementing partners, GOI, WASH-related businesses (water and hygiene equipment and product supply companies, CSR, Donors, gender experts and advisors, NGOs.</p>
6.	Health: MCH, TB and Family Planning.	<ul style="list-style-type: none"> • Data on gender gaps and challenges in MCH, TB, Family Planning • GOI policies programs to address gender equality in health sector • USAID, private sector, NGO and donor programs addressing access, quality of care in 	<p><u>Literature review:</u> Research reports, national and international statistics, USAID and other donors' and NGOs' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and IPs, GOI, health-related businesses (pharmaceuticals and equipment), CSR, Donors, gender experts and advisors, NGOs.</p>

		<p>health and unmet need in family planning</p> <ul style="list-style-type: none"> • Successes and opportunities for improvement in addressing access, quality and unmet need • Health care for GBV victims 	<p><u>Focus group discussion:</u> Family planning and MCH IPs.</p>
7.	Disaster Risk Reduction and Management (DRRM)	<ul style="list-style-type: none"> • Data on gender gaps and challenges DRRM • GOI policies programs to address gender and disability in DRRM • USAID, private sector, NGO and donor programs and best practices in DRRM • Involving women and disabled in DRRM plans • Gender equality in disaster compensation • Successes and opportunities for gender integration in disaster preparedness and management • GBV prevention in DRM plans 	<p><u>Literature review:</u> Research reports, national and international statistics and indexes, USAID and other donors' and NGOS' program studies and evaluations.</p> <p><u>Semi-structured interviews:</u> USAID staff and implementing partners, GOI, CSR/private sector, Donors, disaster experts, gender experts and advisors, NGOs.</p>

USAID/India Gender Capacities

USAID/India Gender Capacities			
I	Policy implementation and budgeting/ADS 205.	<ul style="list-style-type: none"> • Adoption, revision and periodic update of Mission Order on gender. • Compliance with the GEP in program cycle (PAD gender analysis, program objectives). • Reflection of Gender Subkey Issues in annual budget attributions in Operating Plans. • Role and impact of gender institutional mechanisms (Mission Gender Advisor or/and Gender Points of Contact). • Gender integration in solicitations. 	<p><u>Literature review:</u> USAID gender and inclusion policies; USAID/India program documents, M&E reports and gender related documents.</p> <p><u>Online survey:</u> USAID staff, USAID implementing partners.</p> <p><u>Semi structured interviews:</u> USAID Mission Gender Advisor, program management and directors.</p>

		<ul style="list-style-type: none"> Implementing partners' accountability on gender integration. 	
2	ff and partners gender capacity	<ul style="list-style-type: none"> Gender training for USAID/India staff and implementing partners. Availability and use of gender integration technical/practical tools. Production and reporting of gender-sensitive data and information. Existence of appropriate gender indicators in Performance Plans and Reports. Gender integration in staff performance plans. Development of gender sensitizing processes (ex. gender champions). 	<p><u>Literature review:</u> USAID program documents, M&E reports, and other documents produced.</p> <p><u>Online survey:</u> USAID staff, USAID implementing partners.</p> <p><u>Semi-structured interviews:</u> USAID human resources management, Mission Gender Advisor.</p> <p><u>Literature review:</u> USAID program documents, M&E reports, and other documents produced.</p> <p><u>Semi-structured interviews:</u> USAID human resources management, Mission Gender Advisor, MEL staff.</p>
3	tability on GEWE	<ul style="list-style-type: none"> Coordination and dialogue spaces between USAID/India and other actors, particularly civil society and academy. Accountability mechanisms on GEWE (to international community, government and CSOs). 	<p><u>Semi-structured interviews:</u> USAID senior management, Mission Gender Advisor, implementing partners and GEWE CSOs.</p>

ANNEX F: INTERVIEW GUIDES FOR THE GENDER ANALYSIS

Interview Guide – Government Officials

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender equality and women’s empowerment analysis for USAID/India. The gender analysis will inform USAID/India 2020-2024 India Development Cooperation Strategy. The interview will take approximately 1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. What are the policy/initiative documents guiding this office or other guidance related to gender and women’s empowerment? If so, what documents? (Ask for copies/links)
2. In your view, what are the most important issues related to gender and women’s empowerment?
3. Please tell us briefly about what you are doing on issues related to gender and women’s empowerment.
4. Can you provide some examples of successes? In your opinion, what were the main reasons for these successes?
5. In your view, what are the main challenges in your work / sector / Ministry / office to working on gender and women’s empowerment?
6. What role can the private sector play in addressing these issues? What role can CSR play?
7. In what ways has USAID supported your work in relation to gender and women’s empowerment? In your opinion, what kind of support would be most useful for USAID to provide in the future?
8. Thinking about the future of work in your Ministry / sector / office, what recommendations do you have for changes in policy or approach related to gender and women’s empowerment?
9. How do your programs and initiatives address social inclusion, i.e., Scheduled Castes, Scheduled Tribes, Dalits, Other Backward Castes, disabled people? (Focus on inclusion of relevant groups only. E.g., Scheduled tribes may be most important for Forestry).

Interview Guide – USAID Gender Working Group

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ Thank you for meeting with us. As you know, the gender inclusion analysis will inform USAID/India’s 2020-2024 India Development Cooperation Strategy. We would greatly appreciate your input and guidance as we prepare to meet GOI and USAID partners.

1. What is the role of the Gender Working Group?
2. In your view, what are the most critical areas related to gender and women’s empowerment in India?
3. In your opinion, over the past 5-10 years, what have been the biggest advances in gender and women’s empowerment in India? Please provide some examples.
4. What are USAID/India’s main program interventions related to gender and women’s empowerment?
5. What are key successes? If you had to cite three main results produced for GEWE during the current DCS, what would they be?
6. In your opinion, what are the biggest challenges to addressing gender and women’s empowerment?
7. How can these challenges be addressed? What can USAID do to address these challenges?
8. What can the private sector contribute to addressing GEWE in this area of work? What can CSR contribute? What can NGOs contribute?
9. With regard to the upcoming DCS: What are key issues/programs you would like the team to explore? With whom?
10. What is the office doing to address GBV? What are the main successes/challenges? What should we explore going forward and with whom?
11. What is the office doing to address social inclusion more broadly? What are the main successes/challenges? What should we explore to address these challenges going forward and with whom?
12. What is the office doing to address disability? What are the main successes/challenges? What should we explore going forward and with whom?
13. What are the main questions/issues you would like the team to explore with GOI? With IPs? Private sector?

Interview Guide – USAID Mission Director, Deputy Mission Director and Program Support Office

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for meeting with us. The gender inclusion analysis will inform USAID/INDIA’s 2020-2024 India Development Cooperation Strategy. The meeting interview will take approximately 0.5 hours. (Gender Analysis Team will begin by providing a summary of the SOW and focus sectors/issues.)

1. What are the key challenges the mission faces in addressing issues of gender equality and women’s empowerment?
2. What have been the mission’s key successes in working on GEWE?
3. What are the main questions/issues you would like the team to explore with GOI? With IPs? Private sector?
4. Do you have any other recommendations/guidance for the team?

Interview Guide – USAID Staff Members of Strategy DOs

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ Thank you for meeting with us. As you know, the gender inclusion analysis will inform USAID/India’s 2020-2024 India Development Cooperation Strategy. We would greatly appreciate your input and guidance as we prepare to meet GOI and USAID partners.

1. In your view, what are the most critical areas related to gender and women’s empowerment in this area?
2. What are USAID/India’s main program interventions related to gender and women’s empowerment in this area?
3. What are your key successes? If you had to cite three main results produced for GEWE during the current DCS, what would they be? How can we build on these successes?
4. In your opinion, what are the biggest challenges to addressing gender and women’s empowerment in this area?
5. What can be done to address these challenges? What can USAID do to address the challenges?
6. What are your main challenges in working with the GOI on GEWE issues? What can be done to address these challenges?
7. What is the role of the private sector in addressing GEWE challenges? What are challenges in addressing GEWE in working with the private sector? What are possible benefits of working with the private sector?
8. What is the role of the private sector in addressing GEWE challenges? What are challenges in addressing GEWE in working with the private sector? What are possible benefits of working with the private sector?
9. What is the role of the CSR in addressing GEWE challenges? What are possible benefits of working with CSR?
10. With regard to the upcoming DCS: What are key issues you would like the team to explore? With GOI? With IPs? Private sector?
11. How is GBV being addressed? What are the main successes/challenges? What should we explore going forward and with whom?
12. How is social inclusion more broadly being addressed? What are the main successes/challenges? What should we explore going forward and with whom?
13. What is the office doing to address disability? What are the main successes/challenges? What should we explore going forward and with whom?
14. Among donors, who is doing good work in this area? Who should USAID collaborate with to achieve greater impact on GEWE?

Interview Guide - Implementing Partners

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/India. The gender equality and women's empowerment analysis will inform USAID/India's 2020-2024 India Development Cooperation Strategy. The interview will take approximately 1-1.5 hours. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. What are the main gender equality and women's empowerment issues in your area of work?
2. Please tell us how your work addresses gender equality and women's empowerment.
3. What have been your main successes in addressing gender equality and women's empowerment issues in your programs?
4. What are your main challenges in addressing GEWE? What are potential solutions?
5. Going forward, what do you think are 1 or 2 issues that would best advance gender equality and women's empowerment in your area of work?
6. What are key issues in GBV and social inclusion (e.g., disability, third gender) in your area of work? Do your programs address any of these issues of social inclusion? How?
7. Do you have any recommendations for USAID's strategy 2020-24 that would have a high impact on gender equality and women's empowerment?

Interview Guide - CSRs

Interview:	
Date:	
Meeting goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/India. The gender equality and women's empowerment analysis will inform USAID/India's 2020-2024 India Development Cooperation Strategy. The interview will take approximately 1 hour. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

CSR and development-related questions

1. In your experience, what are the main gender equality and women's empowerment issues (GEWE)

- in your area of CSR work? Can you provide some examples?
2. If your CSR programs address GEWE issues, please tell us how. What are your main activities associated with this work? **(If NO, go to Question #7, otherwise go to Question #3).**
 3. What are your main successes in CSR-GEWE activities?
 4. What are your main challenges in CSR-GEWE activities?
 5. How do you think your work contributes to promoting GEWE?
 6. What are your future plans related to GEWE? What will you do: (a) more? (b) less? (c) differently? In each case (a-c), follow up with “Why?”

If NO to Question 2, ask:

7. Are you planning to undertake CSR-GEWE activities? Why or why not?

Questions for all (continued)

8. How do you address gender equality and social inclusion within your organization? (Prompt—ask about policies and practices, including sexual harassment).
9. In your view, what are barriers for disabled and third gender people to access employment and inclusion in development programs? How does your organization address social inclusion?
10. Should the opportunity arise, would you be open to collaboration with USAID?
11. Do you have suggestions for us to meet with other organizations that are doing good work in GEWE and social inclusion?

Interview Guide - Donors

Interview:	
Date:	
Meetings goal:	
Participants:	

Good morning/afternoon _____ First of all, we would like to thank you for your availability to participate in this gender analysis for USAID/India. The gender equality and women’s empowerment analysis will inform USAID/India’s 2020-2024 India Development Cooperation Strategy. The interview will take approximately 1 hour. The report that we are producing will be made publicly available on the USAID website in about two to three months from now. Here is my contact information in case you have any questions. Participation in this interview is voluntary, and if you would like to stop the interview at any time, please let us know. Please also let us know if you would like for any information to remain confidential or if any information is just for our ears. Do we have your permission to continue?

1. What are the main gender equality and women’s empowerment issues in your area of work?
2. Please tell us how your work addresses gender equality and women’s empowerment.
3. What have been your main successes in addressing gender equality and women’s empowerment issues in your programs?
4. What are your main challenges in addressing GEWE? What are potential solutions?
5. Do you work with the private sector on GEWE? Please explain.

6. What are the main challenges in working with the private sector on GEWE? What are the main benefits?
7. Do you work on GBV? Please explain.
8. What are areas of opportunity to collaborate with USAID on gender equality issues?

ANNEX G: LIST OF KEY INTERVIEWEES

Disclaimer: In cases where an individual or organization could be at risk of legal, social, or physical harm due to their participation in this research, names, dates and contact information have been redacted or omitted in order to protect participants, ensure quality data collection, and adhere to Do No Harm and Ethical Data Collection protocols and standards. For all interviewees, free and prior informed consent was obtained before the interview.

List of Key Interviewees

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ANNEX H: RESULTS FROM THE USAID/INDIA STAFF AND IMPLEMENTING PARTNERS SURVEYS ON GENDER INTEGRATION

Profile of Respondents

The gender analysis team surveyed USAID/India staff and IPs staff from June to July 2019 using a survey instrument implemented through SurveyMonkey to gauge staff and implementing partner knowledge, attitudes and practices on (GEWE integration. Banyan Global sent separate surveys to USAID/India staff and implementing partner (IP) staff. The results presented here are self-reported, and therefore subject to the respondent's perceptions of her and his knowledge and practice in this area.

Fifteen out of 100 USAID/India staff responded to the survey, of which all completed the survey in full, representing 15 percent total staff contacted. Out of them, 40 percent were male, 60 percent female, and none identified as "other." The Program Support Office and Health Office accounted for six responses each, and the Development Office, Economic Growth Office and the Regional Office of Acquisition and Assistance (OAA) accounted for one response each. The largest representative samples were from the Program Support Offices and Health Office (40 percent each).

Thirty two out of 70 USAID IP staff answered the whole survey, of which 53.13 percent were male and 46.88 percent female. Forty three point seventy five (43.75) percent of the respondents were a Chief of Party or Deputy Chief of Party, 21.88 percent were technical advisors, 6.25 percent were a gender point of contact, and 6.25 percent were a MEL Specialist. Other positions included Directors/Director General, Program Officer, Operations Manager, Senior Advisor, HR Manager, and one member of the Internal Committee of Prevention and Sexual Harassment in the Workplace. All mentioned positions worked on USAID-funded projects.

Survey Criteria for Measuring Attitudes and Perceptions, Knowledge, and Practice on Gender Equality and Women's Empowerment Tasks

The survey measured attitudes and perceptions, knowledge and practice with respect to the following GEWE integration tasks:

1. Knowledge of the USAID Automated Directives System (ADS) 205 Gender Analysis Domains and availability of resources
2. Conducting an analysis of gender equality and women's empowerment
3. Integrating the gender equality analysis findings into project/program design
4. Implementing gender equality and women's empowerment programming
5. Selecting and monitoring project/program indicators that measure changes in gender equality or women's empowerment
6. Integrating gender-based violence prevention and response into programming

7. Integrating LGBTBI+ considerations into the design and implementation of programming
8. Utilizing the available USAID contacts, tools, training and online Gender courses
9. Obstacles to integrating gender equality and women's empowerment into programming

Knowledge and Implementation of USAID Gender Integration Requirements (USAID ADS 201 and 205)

USAID Staff

The majority of USAID staff and Implementing Partners were not familiar with the ADS 205 domains. Sixty percent of USAID staff and 65.63 percent of IPs responded they only knew the ADS 205 domains to a limited extent or not at all. Forty percent of USAID staff and 34.38 percent of IPs responded they knew the ADS 205 domains to a modest or great extent. Almost half of USAID staff and IPs have consulted the ADS 205 to see how USAID recommends conducting a gender analysis and gender integration (46.67 and 50 percent respectively).

The majority of USAID staff were aware that the ADS 205 requires a country-level analysis for the CDCS and a gender analysis at the project level (86.67 and 80 percent respectively). However, one-third (33.33 percent) reported they do not know if the ADS 205 requires a gender analysis at the activity level, and one respondent said it does not.*

There appears to be confusion amongst USAID staff as to whether USAID/India has a Mission Gender Adviser. The Mission has an interim Mission Gender Advisor. Interestingly, 100 percent of respondents indicated that there is a Gender Point of Contact at the mission, 46.67 percent said there is no Gender Advisor at the mission, and 20 percent said they did not know if there is a Gender Adviser at the mission.

Two-thirds (66.67 percent) of USAID staff reported that they were knowledgeable about the existence of a Gender Mission Order and that they knew about their personal responsibilities for gender integration under the Gender Mission Order, while 93.33 percent reported they knew that there was is an Internal Gender Working Group at the mission.

USAID staff were asked about their knowledge about various aspects of gender integration in programming. The following percentages of USAID staff reported being knowledgeable or very knowledgeable about the following activities related to gender integration: how to integrate CDCS gender analysis findings into respective sections of the CDCS (33.34 percent); how to integrate gender analysis findings into a Project Appraisal Document (PAD) (40 percent); how to determine whether it is necessary to carry out an activity-level gender analysis (26.67 percent); how to integrate GEWE into activity solicitation documents, program descriptions, project deliverables, key personnel requirements, and M&E reporting (40 percent); how to hold IPs accountable for complying with contractual obligations to integrate gender into activity design and programming (33.34 percent); and how to hold IPs accountable for reporting on gender integration in quarterly or annual reports (26.67 percent).

Implementing Partners

IPs reported themselves as knowledgeable or very knowledgeable on the following activities related to gender integration: how to carry out a gender analysis to inform project/activity design (43.75 percent); how to integrate gender analysis findings into their project/activity work plan (65.63 percent); how to

* This mixed responses to this question reflect the fact that although the 2018 WEEE Act requires a gender analysis at the activity level, the ADS 205 has not been updated to include it.

develop gender sensitive indicators for inclusion into project/activity MEL Plan (65.63 percent); and how to report on gender integration in project/activity quarterly or annual reports (56.25 percent).

IPs reported doing the following activities related to gender integration to a modest or great extent: carrying out a gender analysis during the project/program design phase (68.75 percent); include an inclusive development component in a gender analysis (62.51 percent); integrating gender equality analysis findings into the work plan their organization submits to USAID (65.63 percent); selecting or developing gender sensitive indicators to measure changes in gender gaps identified in the gender analysis (46.88 percent); analyze gender sensitive indicators to track progress against annual targets (37.5 percent); integrate GBV prevention and response in the project/program design and implementation of programming (31.25 percent) and integrating LGBTI considerations into the design and implementation of programming.

The following percentages of USAID staff report conducting the following activities related to gender integration to a modest or great extent: integrating CDCS gender analysis findings into respective sections of the CDCS (46.67 percent); integrating gender analysis findings into team's PAD (53.34 percent); determining whether it is necessary to carry out an activity-level gender analysis (40 percent); integrating GEWE into activity solicitation documents (53.33 percent); holding IPs accountable for complying with contractual obligations to integrate gender programming into design and programming (26.66 percent); and holding IPs accountable for reporting on gender integration in quarterly or annual reports (26.66 percent).

Knowledge and Implementation of Gender-Based Violence Prevention

USAID Staff

Knowledge and actual implementation of GBV prevention amongst USAID staff and IPs was lower. USAID staff report themselves as knowledgeable or very knowledgeable on the following: how to integrate GBV prevention and response into their respective sections of the CDCS (33.34 percent); how to integrate GBV prevention and responses into their team's PAD (33.34 percent); how to integrate GBV prevention and response into activity solicitation documents (33.33 percent); how to hold IPs accountable for complying with obligations to integrate GBV prevention and response into activity design and programming (20 percent); and how to hold IPs accountable for reporting on GBV integration in quarterly or annual reports (26.67 percent).

USAID staff reported doing the following to a modest or great extent: integrating GBV prevention and response into respective sections of the CDCS (40 percent); integrating GBV prevention and response into team's PAD (40 percent); integrating GBV prevention and response into activity solicitation documents (46.67 percent); holding implementing partners accountable for complying with obligations to integrate GBV prevention and response into activity into activity design and programming (26.66 percent); and holding IPs accountable for reporting on GBV integration in quarterly and annual reports (26.66 percent).

Implementing Partners

IPs reported themselves as knowledgeable or very knowledgeable on the following: how to carry out a gender analysis that addresses GBV prevention and response (25 percent); how to integrate GBV findings into project/activity work plan (31.25 percent); how to carry out activities to prevent or respond to GBV (34.38 percent); how to develop indicators to track change in prevention or response to GBV findings into project/activity MEL Plan (31.25 percent); and how to report on GBV in project/activity quarterly or annual reports (37.5 percent).

IPs reported doing the following to a modest or great extent: carrying out a gender analysis that address GBV prevention and response (18.76 percent); integrating findings on GBV into project/activity work plan (31.25 percent); carrying out activities to prevent or respond to GBV (25 percent); integrating findings on GBV into project/activity MEL plan (21.88); and reporting on GBV prevention and response programming in project/activity quarterly or annual reports (21.88).

USAID Staff Gender Equality Integration Capacity and Support

Participation in Gender Training Courses

Among all of the available USAID gender training courses, the majority of USAID staff (73.33 percent) have completed the online USAID Gender 101 course, while few have taken any other course. The percentages of staff completing the other courses are as follows: Hybrid USAID ADS 205 and GBV training (6.67 percent), Achieving Development Objectives through Gender Integration – ADS 205 course (6.67 percent), Integrating GBV Prevention and Response (13.33 percent), Gender Integration Training of Trainers Course (0 percent), online USAID Gender 102 course (20 percent), online USAID Gender 103 course (13.33 percent), and the online LGBTI course (6.67 percent.) Of the IPs, 68.75 percent have not taken the online USAID Gender 101 course, and 21.88 percent did not know it was available.

While IPs reported a higher number in terms of the number of days participating in training on gender integration in the past five years, two-thirds of USAID staff have participated in less than one day of training, or none at all. In the past five years, IPs reported the following number of days in training on gender integration in programming: no training (21.88 percent); less than one day (12.5 percent); one day (6.25 percent); one to three days (28.13 percent); three to five days (9.38 percent); and more than five days (21.88 percent). Of USAID staff, 66.67 percent reported participating in less than one day or no training at all, 6.67 percent reported one day, and 26.67 percent reported three to five days of training.

Perceived Obstacles to Integrating GEWE into Projects and Activities

USAID and IPs were asked what they perceived to be both their own and each other's greatest obstacles to integrating GEWE into the projects and activities that they manage.

USAID staff's top four perceived obstacles to integrating GEWE was: 1) limited personal knowledge and capacity on gender integration (46.67 percent); 2) limited personal opportunities for training on gender (40 percent); 3) limited availability of gender integrations tools in their sector (33.33 percent); and 4) limited time for themselves to learn about gender issues. Half (50 percent) of IPs perceived themselves as having no obstacles. IPs' next three top obstacles cited were: limited technical capacity (21.88 percent); limited time to dedicate to integrating gender effectively in project/program (18.75 percent); and limited availability of gender tools with their own organization and their organization's limited financial resources for gender programming (15.63 percent respectively).

There were two primary obstacles USAID cited as what they perceive to be IPs' obstacles – IPs' limited availability of gender tools (46.67 percent) and limited time to prioritize gender integration (53.33 percent). Interestingly enough, 62.5 of IPs said they perceived there were no obstacles to USAID supporting them in integration GEWE. The only other significant answer was USAID's limited time (12.5 percent).

Individual Accountability of Gender Integration

USAID staff and IPs were asked whether or not their position description includes tasks related to gender integration and if their annual performance evaluations take into account tasks related to gender integration. Answers were somewhat similar for the first, and differed for the second.

Of the respondents, 40 percent of USAID staff and 53.13 percent of IPs said their positions includes tasks related to gender integration, while 60 percent and 46.88 (respectively) said their position descriptions do not. Of the IPs, 31.25 percent said their annual performance evaluations consider tasks related to gender integration, while 62.50 percent said they do not, and 6.25 percent said they do not know. Almost none of USAID staff's annual performance evaluations take gender integration related tasks into account. Only 6.67 percent said they do, 66.67 percent said they do not, and 26.67 said they do not know.

Access to Technical Support for Gender Integration

The majority of USAID staff and IPs felt they needed technical support (73.33 and 62.5 percent respectively). While USAID staff regularly contact the missions' Gender Specialist or Point of Contact, most USAID staff either do not have access or never contact any technical support outside the mission. In addition, a large percentage of implementing partners reported not having access to the USAID Mission Gender Adviser (78.13 percent), USAID Contracts Officer Representative (COR) or Agreements Officer Representative (AOR) (50 percent), or USAID OAA staff (65.63 percent).

USAID staff were asked if the mission Gender Advisor and Gender Point of Contact has ever supported them to integrate PAD-level gender analysis findings into the activities they manage. For the Gender Adviser, 40 percent said yes, 20 percent said no, and 40 percent said not applicable. For the Gender Point of Contact, 53.33 percent said yes, 20 percent said no, and 26.67 said not applicable.

Tools for Gender Integration

A high percentage of USAID staff and IPs (73.33 and 59.38 percent respectively) reported **not** using any tools such as guidance documents and manuals that support gender integration in the project design and implementation of their current work. Of the tools that were mentioned, the following were included: ADS 205, Gender Equality and Female Empowerment Policy, Gender Standard Indicator, Capsule Module on Gender Budgeting, in-house developed tools, Ministry of Housing and Urban Affairs guidelines on Gender responsive sanitation, internal guidebooks and manuals, Gender in Agriculture Source book, India's National Policy for Women 2016, Forest Rights Act 2006, organizational guidelines, gender strategy formulated in project planning phase, the Vishakha policy, participatory learning and action tools, Community Led Total Sanitation, tools and methods provided by partner organization engaged in gender activities, Jhpiego's Gender Transformative Training module, Jhpiego's Gender Analysis tool kit, Promundo H, UNFPA, materials provided by local NGO's, and CRG tools.

Findings and Recommendations

The following table is a list of recommendations based on the findings from the survey.

Findings from Online Survey and Recommendations

Findings	Recommendations
USAID Staff Survey	
Q5. There was low knowledge of the ADS 205 domains amongst respondents. Sixty percent of USAID staff answered they have limited to no knowledge of the five domains of a gender analysis required in ADS 205.	Recommendation: Conduct trainings with USAID staff on the use and integration of ADS 205 gender analysis domains and requirements.
Q6. Half of the respondents are not using the ADS 205. 53.34 percent of USAID staff said they are not familiar with or have never consulted the ADS205 to see how USAID recommends doing a gender analysis and gender integration.	
Q7: It is not clear to USAID staff who the current gender advisor is. 33.33 percent of staff said the mission does have a gender advisor, while 46.67	Recommendation: Clarify to USAID who is the current Mission Gender Adviser and what type of support she can provide to staff.

percent said the mission does not have a gender advisor, and 20 percent said they do not know.	
Q8/Q9: There was low knowledge amongst respondents on how to integrate gender and GBV prevention. 60 - 73.34 percent of respondents had some to no knowledge of major gender and GBV prevention components.	Recommendation: Follow up with refresher trainings, workshops, and tools on how to integrate gender consideration and GBV prevention and response into implementation.
Q10/Q11: A higher percentage of USAID staff could be integrating gender and GBV prevention. Only 26.66 – 53.34 percent of respondents integrate gender and GBV prevention.	
Q15: Very few USAID staff have annual performance report that take into account tasks related to gender integration. 66.67 percent said gender integration related tasks are not part of their annual performance evaluation, and 26.67 percent said they did not know.	Recommendation: Consider adding gender integration related tasks into annual performance evaluations.
Q16: The majority of respondents need technical support on gender integration.	Recommendation: Follow up with USAID staff on what technical support is needed on gender integration.
Q17: The USAID Mission Gender Specialist and Mission Point of Contact are the only people contacted for gender-related technical support. 80 - 100 percent of respondents said they do not have access to never contact the USAID/Washington Asia Bureau and USAID/Washington Pillar Bureau gender advisers, GenDev office, or the USAID/RDMA Senior Regional Adviser.	Recommendation: Open up lines of communication between USAID staff and the USAID/Washington and Regional Advisers. If these communications lanes are already open, communicate to USAID mission staff that they are available.
Q20: The online USAID Gender 101 course is the only course being taken by staff. 73.33 percent of respondents said they have taken this course. Only 0 – 20 percent of respondents said they have taken any other gender course.	Recommendation: Communicate to USAID staff that other courses are available. Consider making participation in some of these courses mandatory.
Q21: A fresh batch of gender trainings is needed for USAID staff. Two-thirds (66.67 percent) of respondents said they have participated in less than one day of gender integration day, or none at all, in the last five years.	Recommendation: Conduct a new round of in-person gender trainings with USAID staff.
Q22: USAID staff are not using tools such as guidance documents and manuals that support gender integration in project/activity design. 73.33 percent of respondents said they do not use any tools.	Recommendation: Communicate to USAID staff the available tools for gender integration, and follow up as to why these are not being used.
Implementing Partners	
Q4/Q5: There is low knowledge of the ADS 205 domains amongst implementing partners. 65.63 percent of respondents said they have little or no knowledge of the ADS 205 domains, and 50 percent said they have consulted the ADS 205 to see how USAID recommends doing a gender analysis and integration.	Recommendation: Communicate to Implementing Partners the ADS 205 domains and that they are required for gender integration in all projects.
Q6: IPs are not taking the USAID online Gender courses. 90.63 percent of IPs said they have not taken the USAID online Gender 101 Course or did not know it was available.	Recommendation: Communicate to IPs that the online course is available. Consider making it a requirement for at least one relevant technical lead on a project to complete the course.

<p>Q8: While IPs reported higher percentages as being knowledgeable on how to carry out a gender analysis and integrate findings into project design and actually doing them, IPs reported much lower numbers on knowledge about GBV prevention and actually integrating GBV. Only 25-37.5 percent said they were knowledgeable or very knowledgeable on how to address GBV prevention and integrate GBV findings into project design, and 31.5 reported integrating GBV prevention and response in the project/program design to a modest or great extent.*</p>	<p>Recommendation: Provide IPs with the necessary information, tools, and training to address GBV prevention in their project/program design.</p>
<p>Q11: There is ambiguity as to the IPs perceived obstacles to gender integration. 50 percent of IPs responded there are no obstacles to integrating GEWE into projects/activities, while only 13.33 percent of USAID respondents thought IPs have no obstacles. In addition, 62.5 percent of IPs thought USAID has no obstacles.</p>	<p>Recommendation: Have an open discussion with IPs as to what the obstacles to integrating GEWE into projects/activities are, and how best to address them.</p>
<p>Q15: IPs could use additional technical support on gender integration. 62.5 percent responded they need technical support on gender integration. Some IPs also voiced frustration as to not having the necessary tools.</p>	<p>Recommendation: Hold workshop(s) with IPs to discuss technical support and tools need, and how best to provide it.</p>
<p>Q16: A large percentage of IPs do not have access to gender technical support at USAID. 50 – 78.13 percent of IPs responded they do not have access to the USAID Mission Gender Adviser, Point of Contact, COR, AOR, or Office of Acquisitions and Assistance Staff.**</p>	<p>Recommendation: Open up communication channels between IPs and their respective technical support. If these channels are already available, then communicate to IPs they are available.</p>
<p>Q17: IPs are attending more gender trainings than USAID staff. 34.38 percent reported attending trainings from 1-3 days in the last five years, and 31.26 reported attending three days or more.</p>	<p>Recommendation: Investigate as to why IPs are receiving and attending trainings, while USAID staff are not.</p>

* Note: IPs also reported 31.25 percent on integrating LGBTI considerations into the design and implementation of programming to a modest or great extent. USAID could also consider combining LGBTI into the necessary information, tools, and training on GBV.

** Note: This should be taken with the caveat that 34.38 – 37.50 percent reported not having access to gender support within their own organizations.

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