Baseline Study on the Use of Evidence in the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in South Asia

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The Global Programme to End Child Marriage is implemented by the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF). The Programme is generously funded by the Governments of Belgium, Canada, the Netherlands, Norway, the United Kingdom and the European Union and Zonta International.

Cover photo: © UNICEF/UN0331600/Das

Cover photo caption: 17-year old Rima Bera is high-spirited enough to face threats from her community members for reporting and preventing child marriages. She talks about how she will continue with her good work and efforts, Namgarh High School, Tarakeshwar, Hoogly, West Bengal, India.

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Acronyms

AEP	Adolescence Education Programme
CO	Country Office
CSE	Comprehensive sexuality education
CSO	Civil society organization
ECM	End child marriage
EE	Entertainment-Education
GBV	Gender-based violence
GPECM	UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage
M&E	Monitoring and evaluation
MHM	Menstrual hygiene management
NA	Not applicable
RCT/IE	Randomized control trial or impact evaluation
RO	Regional Office
SNO	Sub-national office
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
ToC	Theory of change
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Background

The UNFPA–UNICEF Global Programme to Accelerate Action to End Child Marriage (GPECM) promotes the rights of adolescent girls to avert marriage and pregnancy, and enables them to achieve their aspirations through education and alternative pathways.

The strategic objective of the GPECM is to accelerate action to address child marriage by enhancing investments in and support for unmarried and married girls and by making visible the corresponding benefits; by engaging key actors, including young people as agents of change in catalysing shifts towards positive gender norms; by increasing political support, resources, positive policies and frameworks; and by improving the data and evidence base.

The GPECM is structured in four phases:

- Inception : 1 January 2014 to 31 December 2015
- Phase I : 1 January 2016 to 31 December 2019
- Phase II : 1 January 2020 to 31 December 2023
- Phase III : 1 January 2024 to 31 December 2030

Phase I (2016-2019) contributed to building a strong evidence base about what works to end child marriage. Phase II (2020-2023) will accelerate actions to end child marriage by enhancing investments in and support for both unmarried and married adolescent girls.

The transition from Phase I to Phase II was developed around two key workshops. A workshop to design Phase II was organized by UNFPA, UNICEF and UN Women in Jaipur in February 2019, with three objectives: i) review the globally-developed theory of change (ToC); ii) facilitate exchange on the successful practices and challenges of Phase I among country and regional teams, agencies and experts; and iii) facilitate capacity building on aspects of measurement and gender-transformative approaches.[1] Another workshop was held in August 2019 with the UNICEF Regional Office for South Asia (ROSA) and UNFPA Asia Pacific Regional Office (APRO) and their respective country offices in Bangladesh, India and Nepal to contextualize the ToC. Participants were asked to clearly indicate the evidence they used when adjusting the global ToC to the regional context. Building on the workshop, the COs further adjusted the global and regional ToCs, placed them in country context and identified activities for Phase II. Planned activities and corresponding targets and budgets are reported in the Phase II Work Plans. Country- and regional-level strategies are described in the Phase II Strategic Narratives.

Evidence-based decision making and learning is an important aspect of the GPECM. Decisions about programming and other activities depend on research "evidence" collected from a wide range of sources including child marriage studies, project and programme evaluations, good practices, journal articles, policy briefs and reports from experts and partners, among other sources. Such evidence can be quantitative or qualitative. It can be used to make the case for ending child marriage, showcase the impact of programme results or shape the next phase of programming. How does the GPECM contribute to and make use of evidence? The present study was conducted

[1] UNFPA and UNICEF (unpublished). UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage.

at the start of Phase II to establish a baseline measuring the programme's use of evidence.

The study was conducted in three countries: Bangladesh, India and Nepal. The study analyses the use of evidence in programming, design and delivery, advocacy and monitoring and evaluation (M&E). The study also reviews the major activities outlined in the Phase II Work Plans for the three countries. It does not look at evidence used to identify the global outcomes and outputs in the programme's ToC as these were agreed based upon a global consultation process with significant analysis and use of evidence. Rather, this study establishes the extent to which evidence has been used in the first six months of Phase II of the programme.

1 Objectives of the baseline study

This study aims to establish a baseline on the use of evidence within Phase II of the GPECM in South Asia with a focus on Bangladesh, India and Nepal. The study develops a set of core indicators and tools for measuring the use of evidence in the GPECM Phase II that can be replicated at the mid-term and at the end of Phase II. The study draws on the existing literature on the use of research and evidence for programming.

A baseline study is an analysis of the current situation to identify the starting points for a programme or project. It looks at what information must be considered and analysed to establish a baseline or starting point, the benchmark against which future progress can be assessed or comparisons made.[2]

In this context, the baseline study analyses the use of evidence by UNICEF and UNFPA offices in Bangladesh, India and Nepal in programming, design and delivery, advocacy and M&E interventions during the first six months of Phase II.

The baseline is based on objective criteria described in the methodology, which will make the approach replicable for other studies or in future phases of the programme.

Evidence is central to effective and rigorous development programming. The generation of evidence was a priority under Phase I of the GPECM for the regional offices and country offices of both UNICEF and UNFPA. However, use of the knowledge available in different types of evidence (knowledge utilization) to inform programming has not been consistent or comprehensive across COs. Moreover, scaling up of programming on child marriage has not been based on clear evidence on the impact of interventions.[3] UNICEF ROSA and UNFPA APRO have identified the need for documenting the extent to which evidence has informed the programme. This study looks at the evidence that emerged from Phase I of GPECM at the global, regional and country levels as well as external sources of evidence. The study does not assess the use of evidence during Phase I of the GPECM as this was already covered in the evaluation of Phase I, which found that the programme had "contributed to building a stronger evidence base on child marriage, though tracking has not offered an indication of data quality and usability to date".[4]

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2 Eurostat. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:Baseline_study

3 UNICEF (2019). Joint Evaluation Report May 2019: UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. UNICEF: New York.

4 Ibid.

2 Methodology

Research steps

The study is articulated across the following four steps:

Desk review of key documents

The desk review makes a first assessment of the use of evidence in Phase II of the GPECM through the review of the documents shared by the ROs, the COs and the sub-national offices (SNOs) of both UNFPA and UNICEF. The review is articulated in two parts. First, it analyses whether there were any clear references to the evidence used during the first six months of Phase II in the documents on this phase provided by the ROs. Second, it reviews the documents shared by the COs and SNOs that were discussed during the interviews (see next point). These documents were shared in response to requests for further documentation and clarification of evidence statements in the documents analysed in the first part of the review and/or provided by the COs and SNOs to document the evidence used in the programming, design and delivery, advocacy and M&E of activities in the Phase II Work Plans.

Group or individual interviews with focal points from COs or SNOs of UNICEF and UNFPA in Bangladesh, India and Nepal

The interviews were aimed at gaining an understanding of the awareness of and familiarity with the existing evidence. They also served as an opportunity to discuss in detail the activities in the countries' Phase II Work Plans and the evidence used in their programming, design and delivery, advocacy and M&E.

For India, group and individual interviews were conducted with UNICEF and UNFPA COs and with the child marriage focal point in UNICEF sub-offices in Assam and Odisha and the UNFPA sub-office in Rajasthan. For Nepal, a joint interview was conducted with the UNICEF and UNFPA COs along with a focal point from the UNFPA office in Rautahat district. An unstructured questionnaire was shared with (and administered by) the child marriage focal point in Nepalgunj when poor internet connection prevented the research team from conducting interviews at the sub-national level. For Bangladesh, interviews were conducted with the COs of UNFPA and UNICEF.

Creation of a dataset with data collected from the desk review and focal point interviews

The dataset is built around the ToC developed at the regional and national level. Following this structure, and based on analysis of information from the Phase II Work Plans, the dataset groups the detailed activities reported in the Work Plans of the three countries in 20 interventions (see Annex 1).[5] For each intervention, information on the use of evidence collected through the desk review and the interviews has been included in the dataset. Each piece of evidence is reported only once within the same intervention even when it supports more than one activity in the COs' Phase II Work Plan grouped under the same intervention. On the other hand, the same piece of evidence can be included several times in the database for the same CO if it supports more than one intervention. Qualitative information has been codified to report data on the sources and type of evidence,

[5] The activities related to the production of new evidence and the collection of data for evidence are not included in the database as they are out of the scope of the baseline study.

its strength, whether it is a literature review or a randomized control trial or impact evaluation (RCT/IE), and to which outcome and output in the ToC it contributes. The dataset focuses on the evidence on the design and delivery of the interventions as for them it is possible to match each piece of evidence witch the corresponding intervention.

Creation of indicators to assess the use of evidence in the first six months of GPECM Phase II

The indicators measure the following aspects:

Indicator 1: Evidence used by immediate outcomes

Indicator 2: Evidence used by interventions

Indicator 3: Evidence used by the source of evidence

Indicator 4: Evidence used by types of evidence

Indicator 5: Evidence used by the strength of evidence

Indicator 6: Evidence used from literature reviews

Indicator 7: Evidence used from randomized control trial or impact evaluation (RCT/IE)

How do we define "evidence"?

Hernandez et al (2019) provide the following definition: Evidence is when an available body of data and information is assessed to support or refute a particular proposition. Data refers to numbers and text that represent or describe raw observations about people, event or objects of interest. Information is data that have been processed or organized.[6]

In this study, the evidence is classified according to the nature of the source (i.e. who has produced the evidence) and the type of evidence (i.e. which method/approach was used to create evidence). The sources of evidence and the types of evidence identified for this study are as follows[7]:

Sources of evidence

1. Evidence from GPECM studies conducted at the global, regional, country or sub-national level, either during the inception or Phase I;
2. Evidence from UNICEF and UNFPA-supported projects, other United Nations agencies and international organizations working on child marriage;
3. Evidence from academic journals, think thanks, leading research institutes, etc.;
4. Evidence from non-governmental organizations (NGOs), foundations, donors, civil society organizations (CSOs) and similar institutes that have a workstream on child marriage;
5. Evidence from government ministries, public sector, National Statistics Organizations, etc.[8]

Types of evidence

1. Evidence from programme evaluation (i.e. quantitative studies);
2. Evidence from peer-reviewed articles published in academic journals (i.e. quantitative or qualitative studies);
3. Evidence from reports, conceptual studies, policy briefs, working papers subject to an internal review process and published by leading international organizations such

[6] Kevin Hernandez, Ben Ramalingam and Leni Wild. Towards evidence-informed adaptive management: A roadmap for development and humanitarian organisations. ODI Working paper 565, November 2019.

[7] Among the sources of evidence considered was the following category: "Evidence from international normative frameworks (2030 Agenda for Sustainable Development, international conventions, internationally-recognized guidance, etc.)". However, no COs or SNOs indicated it as a source of evidence and so it was not included in the list.

[8] The following category was deleted from the list because no evidence was available: "Evidence from the private sector" (e.g. corporate).

as United Nations agencies, the Overseas Development Institute (ODI), Organisation for Economic Co-operation and Development (OECD), etc. (i.e. quantitative or qualitative data);

4. Qualitative data from unpublished studies such as interviews and focus groups, etc. (e.g. qualitative studies that cannot be classified in types 1, 2 and 3);
5. Descriptive statistics such as indicators, tabulations and regressions based on survey data, census, administrative data, etc. (e.g. quantitative data that cannot be classified in types 1, 2 and 3);
6. Evidence from experts' recommendations, feedback from stakeholders and consultative process on "what worked";
7. Evidence from good practices, pilot programmes and case studies;
8. Evidence from literature reviews (which include several studies with evidence).

Evidence to be considered as such in this baseline study needs to be properly reported and documented. There are instances of potential analysis that could not be included in the study. A general statement on evidence in the Bangladesh Phase II Strategic Narrative, *"Using data generated from various studies and evaluations, including those from Phase I, on what works to end child marriage, Phase II will not only contribute to effective programming but also the knowledge base on child marriage,"* is an example. Other instances include incomplete references to other studies in studies and reports and general statements on evidence in reports without providing references.

What is meant by "use of evidence"?

Use of evidence is understood as the data, information, research findings, etc. being used to set hypothesis about what is expected to work or decide any aspect of the programming, design and delivery, advocacy and M&E of the programme activities. The evidence is considered "used" if it is explicitly quoted in the GPECM documents as an element considered in the decision-making process. The Phase II documents examined include:

- Phase II Strategic Narratives
- Phase II Work Plans

These documents, although informative, report very little, if any, information on the use of evidence. In the Phase II Strategic Narratives, there are references to evidence used and lessons learned but they are not well documented. This is most likely because these documents were not written with the aim of documenting the evidence used in Phase II.

To gather further information on the use of evidence, individual and group interviews were conducted with focal points of the COs and SNOs in Bangladesh, India and Nepal. During the interviews, evidence on the prevalence of child marriage and its drivers, as well as the evidence on "what works" for the activities identified in the Phase II Work Plans was discussed. After the interview, the offices were requested to provide documentation in support of the evidence discussed.

For the group and individual interviews, it should be noted that only the evidence provided through the interviews and subsequently supported with documentation was included in the analysis. This implies that the baseline study can capture the evidence that was discussed in the interviews and reported if the documents submitted. It does not necessarily capture all the evidence used in Phase II of GPECM. Indeed, it does not capture evidence that was not discussed during the interviews or was not supported by the necessary documentation. In addition, not all documents provided were considered useful to prove the use of evidence and therefore not all documents provided were included in the analysis. For example, the document "Nepalgunj Field Office UNICEF–MOSD Karnali Action Plan and Budget

at Province and Local Level" provided by the CO of Nepal could not be used as it did not present any evidence; in addition, it was in Nepali while the study reviewed only evidence provided in English. Similarly, the document "Rajasthan UNFPA – National Family Health Survey 4, 2015-2016: State Fact Sheet Rajasthan" from the CO of India provides information on key indicators and trends that, while relevant for programming for Phase II, does not support of the design and delivery of activities in the Phase II Work Plan of the CO. A different case is an item received from the CO in Bangladesh: a slide presentation that summarizes the main findings of the report "Ending Child Marriage in Bangladesh: *What Matters for Change? Exploring preferences, beliefs and norms: A Discussion Paper"* by the Bangladesh Bureau of Statistics and UNICEF. Instead of the slide presentation, the discussion paper, which presents the same evidence with better sources, was included in the database.

Evidence in support of what?

The baseline focuses on the evidence in support of four aspects of GPECM Phase II: (1) programming, (2) design and delivery, (3) monitoring and evaluation, and (4) policy advocacy of activities identified in the first six months of Phase II of the GPECM.

Programming

Programming refers to the process of adapting the theory of change (global to regional and national) as well as the identification by the COs of the drivers of child marriage and strategies adopted to address these drivers. The drivers and the strategies are reported in the ToC of the CO. Programming concerns the selection and prioritization of activities that will be designed and delivered in Phase II for the first time or scaled up from previous interventions. The activities, which are reported in the Work Plans together with the respective targets, result from the operationalization of the COs' strategies in the ToC.

"Using evidence in support of programming" refers to the evidence that has helped to identify the drivers of child marriage, the strategies to tackle them and the activities that are most appropriate to implement these strategies. Thus, studies used for programming are usually studies that provide evidence in support of several activities at the same time, and that are used to support the decisions preceding the introduction of those activities.[9] Unlike studies that provide evidence on design and delivery, which are specific for a single activity, studies used for programming cannot be matched with a single activity as they provide more general indications on the prevalence of child marriage, its characteristics and the several types of activities that can be used to tackle the drivers of child marriage. For this reason, the discussion features a number of *examples* to illustrate the key evidence used in programming, but no indicators are produced for this part.

Design and delivery

The design and delivery phase refers to the operationalization of strategies to tackle child marriage identified during the programming phase. This implies translating these strategies into concrete interventions that are identified in Phase II of the GPECM with activities and targets in the CO's Work Plans. These activities and targets are organized across the immediate outcomes and outputs of the ToC.

The activities in the COs' Work Plans are very context-specific and quite detailed. To reduce the level of detail in the analysis, the activities are grouped in 20 intervention categories (see Annex

[9] The term "activity" is used in the COs' Work Plans to describe the activities planned for Phase II. In the creation of the database on the evidence for the design and delivery of activities in the Phase II Work Plans, they are aggregated in 20 interventions. Thus, when discussing this database reference is made to "interventions" (i.e. activities grouped in 20 categories).

1). Unlike the evidence on programming, evidence concerning design and delivery is specific for each intervention. The dataset and the indicators created for the baseline study focus on the design and delivery of the interventions identified.

Monitoring and evaluation

M&E is an essential component of Phase II of the GPECM. Outcome 3200 is dedicated to the collection of data and evidence: "Increased capacity of governments and civil society organizations, to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons". Within this framework, Phase II will enhance the following:

- strengthening of systems to generate, disseminate and use data, evidence and knowledge to demonstrate the impact of the programme;
- documentation and dissemination of good practices and lessons learned;
- consideration of the interactions between different programme outcomes during scale-up to ensure population needs are met with opportunities and services of quality; and
- evaluation of the long-term impact of interventions on child marriage and adolescent pregnancy.

While there are no clear references to the use of evidence in M&E in the first six months of Phase II of the GPECM, the baseline study reports on some reflections that emerged from interviews with the COs' focal points.

Policy advocacy

Advocacy is an evidence-based process to directly or indirectly influence policymakers and other stakeholders to support and implement actions on a given issue. In the specific context of the GPECM, advocacy includes lobbying for changing laws and regulations that promote gender equality and supporting actions that address barriers to the fulfilment of children's rights.[10]

Within the framework of the GPECM, UNFPA and UNICEF advocate with governments to allocate public funds for quality education and health (sexual and reproductive health included), and protection services for girls. The programme encourages alliances and networks within civil society organizations to improve both their coherence and effectiveness in programming and advocacy.[11] It was not possible to create indicators on the use of evidence in policy advocacy in the first six-months of Phase II of the GPECM due to the limited information available. Some interesting insights emerged from the discussion with the COs focal points and are reported in the findings of this document.

[10] Advocacy Toolkit: A guide to influencing decisions that improve children's lives. UNICEF, 2010; Engaging men and boys in gender equality and health: A global toolkit for action. UNFPA, 2010.

[11] UNFPA-UNICEF Global Programme to End Child Marriage Phase II Programme Document 2020–2023. UNFPA and UNICEF, 2019.

3 Key findings

3.1 To what extent COs are aware of, have sought out and are familiar with available evidence?

Focal points at COs and SNOs are well aware of the importance of evidence-based programming and design and when asked to discuss the evidence they appear well prepared and informed. They stated, for example, that evidence generation is a critical component of the GPECM especially because Phase II aims to move the programme's operation from State level to district and community levels. During the interviews, the focal points also demonstrated good knowledge of the evidence used. However, they sometimes referred to the targets (also reported in the Work Plans) rather than to the evidence of the effective interventions. For example, reporting that media communication interventions reached a certain number of girls or parents says nothing about the impact of these interventions on girls' and adults' behaviours and attitudes (although it could be important for the design of future communication activities as it indicates that a sufficient number of people have been reached). Similarly, focal points discussed the evidence in support of activities in the Phase II Work Plans but were unable to link it to specific studies or documents.

3.2 What evidence has been used for programming in Phase II of the GPECM and what is its strength?

As mentioned above, use of evidence in support of programming refers to the evidence that has helped to identify the prevalence of child marriage, its drivers, the strategies to tackle them and the activities that are most appropriate to implement these strategies.

COs and SNOs have good knowledge of the evidence concerning programming. During the interviews, they expressed the opinion that evidence has been crucial in the transition from Phase I to Phase II.

Below are examples of documents that provide some key evidence for programming indicated by COs during the interviews.

Bangladesh

A New Era for Girls: Taking Stock of 25 Years of Progress. UNICEF, UN Women and Plan International, 2020.

This document reviews progress realized for girls in key dimensions of their lives. It draws upon internationally comparable time series data to assess advancements against the strategic objectives for girls set out in the Beijing Platform for Action 25 years ago.

Ending Child Marriage in Bangladesh: What Matters for Change? Exploring preferences, beliefs and norms: A Discussion Paper. Bangladesh Bureau of Statistics and UNICEF, 2018.

This document describes several social factors that still play a role in sustaining child marriage as a common practice in Bangladesh, e.g. rational preferences given the context people live in; misconceptions around childhood, marriage and laws; normative expectations from others in the community; and normative beliefs around what is the right thing to do.

Accelerating SDGs in Bangladesh: An Assessment on Coverage of Basic Social Services. Bangladesh Bureau of Statistics and UNICEF, 2018.

The report presents an analysis of the coverage and pockets of deprivation existent in the basic social services experienced in Bangladesh.

India

Breaking the Cycle of Vulnerability: Education, Skills and Employability for Indian Youth. JustJobs Network Inc., 2019.

This document presents an analysis of primary data, secondary literature, government and international data sources on the school-to-work transition for vulnerable youth in India.

Ending Child Marriage in India: Drivers and Strategies. UNICEF, 2019.

This study synthesizes the available evidence on national levels, trends and patterns in child marriage. It also presents formative research outlining the context of child marriage in India and evaluations of what works to prevent child and forced marriage.

What makes sexuality education comprehensive? Exploring the Indian Context. Tarshi, 2019.

This working paper documents the evolving nature and status of sexuality education in India, including its historical context and current status, reviews the main governmental programme (the Adolescence Education Programme) and discusses programmes offered by some non-governmental organizations.

Toward an End to Child Marriage: Lessons from Research and Practice in Development and Humanitarian Sectors. Human Rights Center and Save the Children, 2018.

The purpose of the study is to gather findings from efforts to prevent and respond to child marriage in both development and humanitarian contexts and determine what organizations can do to improve their response to this critical issue.

Reducing Child Marriage in India: A model to scale up results. UNICEF, 2016.

The report highlights the need for context-specific strategies that take into consideration the pattern and prevalence rate of child marriage in a given location, as well as the social, cultural, economic and political forces and dynamics that determine the age at which girls get married.

Nepal

Gendered experiences of adolescents: Baseline findings from World Vision's Repantaram adolescent life skills curriculum. Gage, 2018.

This is a baseline study to understand adolescent vulnerabilities in different capability areas and to help assess, in the following phase, whether interventions are addressing key capability deficits for adolescent girls and boys.

National Strategy to End Child Marriage in Nepal. Formative research by UNICEF Nepal and Girls Not Brides Nepal, 2015.

The National Strategy identifies six strategic directions: Empower girls, ensure quality education for girls, engage men and boys, mobilize families and communities, provide services and implement laws and policies. It also provides a literature review of child marriage, globally and in Nepal, and offers a detailed picture of the prevalence and the characteristics of child marriage in the country.

A review of the evidence used in programming, using these on other documents, provided a number of insights. First, COs may not always use the most recent evidence available. For example, five-year-old publications can be considered out of date if the conditions under which evidence was established are no longer holding and more recent evidence is available. Second, it is not clear whether the COs are using the most relevant evidence available on programming. In principle, they should first look at the evidence from the country and if not available look at the relevant evidence from the South Asia region or globally. The review found that that while COs are using evidence on their country, they may not be using much evidence from regional and global levels. While assessing the quality and relevance of the evidence used is out of the scope of this baseline study, these considerations should be taken into account in future studies.

Table 1: **Use of evidence in programming for Phase II of the GPECM in Nepalgunj (Nepal) and Rajasthan and Bihar (India)**

Office	Answers to the questionnaire on the key evidence in support of programming for the Phase II of the GPECM
UNICEF Nepalgunj Field Office	• The Palikas profile is the best reference to assess the prevalence rate of child marriage in each of the municipalities which has been updated periodically every year. • The field office has also developed a customized data collection tool and gathered data to guide the programme preparation and implementation. • Multiple Indicator Cluster Survey (MICS) Report 2019 and MICS data • Government and UNICEF joint study and government periodic surveys, such as the National Demographic and Health Survey (NDHS)
UNFPA State Office – Rajasthan	• Census 2011 and National Family Health Survey 2016 and 2020 (soon available) • District data such as the annual health survey every two years (now discontinued) • State Strategy and Action Plan for Prevention of Child Marriage, Government of Rajasthan, 2017 • National Family Health Survey 2015-16 (NFHS4) State Fact Sheet Rajasthan
UNICEF India country office, evidence for Bihar	• *Towards a more equal world for adolescents in Bihar: Government of Bihar and UNICEF join hands to intensify the actions to end child marriage and dowry,* UNICEF 2018

3.3 To what extent are COs and SNOs using evidence to inform the design and delivery of the programme?

The study shows that COs and SNOs have used evidence to inform the design and delivery of the programme quite extensively. Overall, the dataset includes 52 documents with evidence in support of the COs' activities in the Phase II Work Plans. Some of these documents provide evidence in support of several interventions planned for Phase II. India indicated the largest number of documents with evidence, but this result may be driven by the fact that availability of evidence is greater for this country than for Bangladesh or Nepal. The same documents have sometimes provided evidence for several interventions. Table 2 shows the documents that provide evidence for at least three interventions and indicates the interventions that found evidence in each document. Similar to the use of evidence for programming, some evidence reported regarding the design and delivery of the programme is more than five years old, raising questions on the relevance of the evidence and the possibility of using more recent sources.

Table 2: **Evidence in support of three or more interventions**

Bangladesh

Documents reporting evidence	Interventions
Midline report: Accelerating Action to End Child Marriage in Bangladesh (draft). Population Council and UNICEF, 2020.	1 – Life skills packages for girls in school and out of school 4 – Intergenerational dialogue in municipalities/communities 14 – Sensitization of adolescent girls to menstrual hygiene management (MHM) in secondary schools
Project Completion Report: Accelerating action towards Ending Child Marriage (AECM) in Bangladesh. CARE Bangladesh, 2017.	2 – Life skills packages for boys in school and out of school (including mixed classes/clubs) 4 – Intergenerational dialogue in municipalities/communities 14 – Sensitization of adolescent girls to MHM in secondary schools

India

Documents reporting evidence	Interventions
Annual Monitoring Survey Report – Round 3 (2018): Adolescent Empowerment Programme. Neerman, 2019.	1 – Life skills packages for girls in school and out of school 13 – Programme to promote comprehensive sexuality education in formal and non-formal settings 16 – Gender transformative Adolescent Friendly Health Services in districts/community 19 – Technical support and capacity building to the Strategic Plan on ECM

Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries. Venkatraman Chandra-Mouli and Sheila Vipul Patel, *Reproductive Health,* n°14.	1 – Life skills packages for girls in school and out of school 13 – Programme to promote comprehensive sexuality education in formal and non-formal settings 19 – Technical support and capacity building to the Strategic Plan on ECM
Solutions to End Child Marriage: What the evidence shows. Center for Research on Women, 2011.	1 – Life skills packages for girls in school and out of school 13 – Programme to promote comprehensive sexuality education in formal and non-formal settings 19 – Technical support and capacity building to the Strategic Plan on ECM
Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. Anna Maria van Eijk, M Sivakami, Mamita Bora Thakkar, and al., *BMJ Open,* 2016.	1 – Life skills packages for girls in school and out of school 13 – Programme to promote comprehensive sexuality education in formal and non-formal settings 19 – Technical support and capacity building to the Strategic Plan on ECM
Udaan: An Intervention for Prevention of Child Marriage in Gujarat. UNICEF, 2018.	1 – Life skills packages for girls in school and out of school 8 – Capacity development of members of national and local government officials/leaders 19 – Technical support and capacity building to the Strategic Plan on ECM
Empowering communities and adolescents for collective ownership of Child Marriage Free Gram Panchayats in Rajasthan. UNICEF, 2018.	1 – Life skills packages for girls in school and out of school 8 – Capacity development of members of national and local government officials/leaders 19 – Technical support and capacity building to the Strategic Plan on ECM

Nepal

Documents reporting evidence	Interventions
Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A Global Review. UNESCO, 2015.	4 – Intergenerational dialogue in municipalities/communities 16 – Gender-transformative Adolescent Friendly Health Services in districts/community 17 – Technical support and training to anti-sexual harassment and comprehensive sexual education (in school and out of school) to committees, focal points and teachers

Report on the Assessment of Rupantaran Social and Financial Skills. UNFPA, 2017.	1 – Life skills packages for girls in school and out of school 4 – Intergenerational dialogue in municipalities/communities 5 – Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training 6 – Motivational dialogues and meetings with religious leaders and community leaders
ROSA ADAP Knowledge Management, Nepal Country Report. UNICEF ROSA and UNICEF Nepal Country Office, 2018.	1 – Life skills packages for girls in school and out of school 2 – Life skills packages for boys in school and out of school (including mixed classes/clubs) 3 – Life skills packages for girls' parents 4 – Intergenerational dialogue in municipalities/communities 5 – Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training 6 – Motivational dialogues and meetings with religious leaders and community leaders

Source: Author's elaboration.

Box 1: Case studies and experiential learning from implemented programmes

Action for Adolescent Girls (AAG) programme in Rajasthan, India

The UNFPA AAG programme is an initiative to reach out to adolescent girls in community settings implemented in Udaipur, a tribal-dominated district of Rajasthan, to protect girls' human rights through a combination of targeted interventions that delay marriage and childbearing, prevent unintended pregnancy and build up the health, social and economic assets among the most vulnerable girls. A total of 175 clubs for adolescent girls were divided into 17 clusters comprised of 9 to 11 clubs each. Each cluster was managed by a cluster coordinator, who provided capacity-building inputs to peer educators.

The learnings from the AAG initiative informed and continues to inform several policy-level and programmatic strategies of the government in empowering adolescent girls. The AAG initiative, which was limited to three blocks (district subdivisions) from 2014 to 2019 in Udaipur, has been scaled up through the Scheme for Adolescent Girls (SAG) programme. SAG was initiated in October 2019 across all the districts in the State by the Government of Rajasthan. UNFPA provides technical support for the development of master trainers who then train facilitators for transacting the curriculum at the Gram Panchayat (village council) level. (Source: *Action for Adolescent Girls Programme Final Project Report, June 2018–May 2019.*)

Udaan: An intervention for preventing child marriage in Gujarat

The Udaan intervention initiates a community dialogue to affect the prevailing social norms around marriage. UNICEF in partnership with the Government of Gujarat's Social Justice and Empowerment Department in the Department of Education and Gujarat University, carried out a pilot in 120 administrative blocks of Banaskantha district. The intervention resulted in communities engaging in positive dialogue and building the skills and confidence of adolescents. (Source: *Udaan: An Intervention for Prevention of Child Marriage in* Gujarat, UNICEF 2018.)

Improving the Lives of Adolescents (ILA) programme in Andhra Pradesh

UNICEF, in partnership with IKEA Foundation, the National Service Scheme (NSS) and Andhra Pradesh University, initiated the ILA programme in Visakhapatnam district of Andhra Pradesh in 2015. The *Meena* radio programme, interpersonal communication (IPC) videos, and customized training modules were used to build capacities of adolescents, parents and the community on adolescent issues. Selected NSS volunteers were trained to be peer leaders to interact with other adolescents in their colleges and neighbourhoods. The intervention increased knowledge and confidence among adolescents and sensitized the community about adolescent issues. (Source: *Improving the Lives of Adolescents in Andhra Pradesh,* UNICEF 2018.)

Free Gram Panchayats (GP) in Rajasthan

The Department of Women and Child Development of Rajasthan in partnership with UNICEF launched the Free GP initiative to abandon and shift existing social norms by engaging with the community to formulate new norms around adolescent empowerment by engaging with key influencers including Panchayati Raj Institution (PRI) members, leaders, community members and adolescents themselves. As a result of this intervention, adolescents have gained more knowledge about their rights and educational opportunities, they are more confident and they have a higher ability to engage and express their thoughts to other members of the community. As of 2017, 175 GPs have declared themselves child marriage-free. (Source: *Empowering communities and adolescents for collective ownership of Child Marriage Free Gram Panchayats in Rajasthan,* UNICEF 2018.)

Table 3 indicates the evidence used to support interventions within the ToC's immediate outcomes. Each immediate outcome includes several interventions and each intervention may be based on more than one piece of evidence. The interventions under the immediate outcome "System Strengthening" are those supported with the most evidence, followed by the interventions under the immediate outcome "Family and Community Engagement" and those under the immediate outcome "Empowerment of Adolescent Girls and Boys". In addition, Table 3 shows that interventions under the immediate outcome "Poverty Drivers" and "Laws and Policies" are supported by less evidence, especially in Bangladesh and Nepal.

The extent to which evidence has been used in each immediate outcome is partially driven by the number of interventions grouped within that outcome. Thus, immediate outcomes that contain a larger number of interventions may result in using more evidence even if the interventions are supported by less evidence just because summing up the evidence of many interventions. On the other hand, immediate outcomes that contain a lower number of interventions may have interventions with more evidence yet still result in less evidence at the immediate outcome level.

Table 3: **Evidence used by immediate outcomes (Indicator 1), by country offices**

Immediate outcomes	Bangladesh	India	Nepal	Total
1100 – EMPOWERMENT OF ADOLESCENT GIRLS AND BOYS	2	15	3	**20**
1200 – FAMILY AND COMMUNITY ENGAGEMENT	5	13	9	**27**
2100 – SYSTEM STRENGTHENING	4	24	5	**33**
2200 – POVERTY DRIVERS	0	4	3	**7**
3100 – LAWS AND POLICIES	0	9	0	**9**
Total	**11**	**65**	**20**	**96**

Source: Author's elaboration.

Note: The same study can be reported for different interventions.

Table 4 provides a greater level of detail indicating the evidence for each intervention. The table shows that the COs use a large amount of evidence in support of interventions on life skills packages for girls in school and out of school (intervention 1) and interventions on life skills packages for boys in school and out of school including mixed classes/clubs (intervention 2).

For India, a wealth of evidence is also available on the programmes to promote comprehensive sexuality education (CSE) in formal and non-formal settings (intervention 13), gender-transformative Adolescent Friendly Health Services in districts/ community (intervention 16) and technical support and capacity building to the Strategic Plan on ECM (intervention 19).

Table 4: **Evidence used by interventions (Indicator 2), by country offices**

No.	Intervention	Bangladesh	India	Nepal
1	Life skills packages for girls in school and out of school	1	15	3
2	Life skills packages for boys in school and out of school (including mixed classes/clubs)	3	6	1
3	Life skills package for girls' parents	NA	NA	1
4	Intergenerational dialogue in municipalities/communities	2	NA	3
5	Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training	1	2	2
6	Motivational dialogues and meetings with religious leaders and community influential	0	NA	2
7	Capacity development of stakeholders (e.g. policy personnel, media, private sector) at the municipal or local level	NA	NA	1
8	Capacity development of members of national and local government officials/leaders	0	3	NA
9	Partnerships at the national and sub-national levels with women's rights and youth-led organizations on girls' empowerment and gender norms, including with sport organizations	0	2	0
10	The transition from elementary to secondary level packages	NA	3	NA
11	Out-of-school classes to support girls to enrol/re-enrol in formal education	NA	NA	0
12	Career guidance for girls	0	2	1
13	Programme to promote comprehensive sexuality education (CSE) in formal and non-formal settings	0	13	NA
14	Sensitization of adolescent girls to MHM in secondary schools	4	NA	NA
15	Complaint response mechanisms in schools	NA	NA	1
16	Gender transformative adolescent-friendly health services in districts and/or community level	0	6	1
17	Technical support and training to anti-sexual harassment and CSE (in school and out of school) to committees, focal points and teachers	0	NA	2
18	Partnership with the government to strengthen social protection services (i.e. social safety net, cash transfer, birth registration)	0	4	2
19	Technical support and capacity building to the Strategic Plan on ECM	0	9	0
20	Advocate to develop a multi-sectoral Act for SRHR/Rule of Children Act and other key legislation	0	NA	NA
	Total	**11**	**65**	**20**

Source: Author's elaboration.

Note: The same study can be reported for different interventions. NA (not applicable) indicates that the intervention is not included in the CO's Work Plan for Phase II.

3.4 Which sources of evidence are most used in the design and delivery of the GPECM and why?

Table 5 reports the evidence used (by source) in the COs in the three countries.[12] The evidence cited in support of the design and delivery of activities in the Phase II Work Plans is largely from sources external to the GPECM. The sources of evidence most used by the COs is evidence from UNICEF and UNFPA-supported projects, or other United Nations agencies and international organizations working on child marriage (source no. 2) and evidence from academic journals, think thanks, leading research institutes, etc. (source no. 3). Bangladesh also reports using evidence from NGOs, foundations, donors, CSOs and similar institutes that have a workstream on child marriage (source no. 4) more than the other two countries.

The fact that the COs do not report using extensively evidence from the previous phases of the GPECM (source no. 1) may partly result from the difficulty, during the analysis of the sources, of distinguishing studies conducted under the GPECM umbrella from other UNICEF and UNFPA studies (source no. 2).

Another possible explanation is that the evidence from the GPECM has been used more for the programming phase than for the design and delivery phase. In programming for Phase II, evidence from GPECM studies conducted at the global, regional, country or sub-national level, either during the Inception or Phase I (source no. 1) has been largely used. This was expected as programming for GPECM has much to do with the transition from Phase I and Phase II and builds on the experience learned in the previous part of the programme, including the adaptation of the theory of change.

Surprisingly, evidence from international normative frameworks, e.g. 2030 Agenda for Sustainable Development, international conventions, internationally-recognized guidance, etc., initially considered in the list of sources of evidence, was never reported as evidence used. However, although not explicitly mentioned during the interviews, these sources are sometimes cited in the document provided. The fact that the interviews focused on the design and delivery of activities reported in the Phase II Work Plan may contribute to explaining why this source was not mentioned.

Table 5: **Evidence used by source (Indicator 3), by country offices**

No.	Source of evidence	Bangladesh	India	Nepal	Total
1	Evidence from GPECM studies conducted at the global, regional, country or sub-national level, either during the Inception or Phase I	0	0	2	**2**
2	Evidence from UNICEF and UNFPA-supported projects, other United Nations agencies and international organizations working on child marriage	6	38	15	**59**
3	Evidence from academic journals, think thanks, leading research institutes, etc.	2	22	2	**26**
4	Evidence from NGOs, foundations, donors, CSOs and similar institutes that have a workstream on child marriage	3	4	1	**8**
5	Evidence from government ministries, public sector, National Statistics Organizations, etc.	0	1	0	**1**
	Total	**11**	**65**	**20**	**96**

Source: Author's elaboration.

Note: The same study can be reported for different interventions. Source "Evidence from international normative frameworks, e.g. 2030 Agenda for Sustainable Development, international conventions, internationally-recognized guidance, etc." is not reported in the table because it was never indicated as a source of evidence used by the COs.

[12] The list of the sources of evidence is reported in the Methodology section of this report.

3.5 Which type of evidence has been used by COs and SNOs to inform the design and delivery of the programme activities?

As discussed in the methodology section, this study classifies evidence by types. Table 6 shows the evidence used by the type of evidence in each of the COs. Overall, the most used type of evidence is evidence from qualitative data such as interviews, focus groups, etc. that have not been published in academic journals or in reports subject to a formal review process (evidence type 4).[13] The second-largest type of source used is evidence from quantitative evaluations (evidence type 1). Evidence from literature reviews (evidence type 8) and from good practices, pilot programmes and case studies (evidence type 7) is also largely used.

Table 6: **Evidence used by types of evidence (Indicator 4), by country offices**

No.	Type of evidence	Bangladesh	India	Nepal	Total
1	Evidence from evaluations (i.e. quantitative studies)	7	15	3	**25**
2	Evidence from peer-reviewed articles published in academic journals (i.e. quantitative or qualitative studies)	0	7	0	**7**
3	Evidence from reports, conceptual studies, policy briefs, working papers subject to an internal review process and published by leading international organizations such as United Nations agencies, ODI, OECD, etc. (i.e. quantitative or qualitative data)	0	1	4	**5**
4	Qualitative data from unpublished studies such as interviews focus groups, etc. (e.g. qualitative studies that cannot be classified in types 1, 2 and 3)	4	16	8	**28**
5	Descriptive statistics such as indicators, tabulations and regressions based on survey data, census, administrative data, etc. (e.g. quantitative data that cannot be classified in types 1, 2, and 3)	0	2	2	**4**
6	Evidence from experts' recommendations, feedback from stakeholders, and consultative process on "what worked"	0	1	0	**1**
7	Evidence from good practices, pilot programmes and case studies	0	10	0	**10**
8	Evidence from literature reviews (which include several studies with evidence)	0	13	3	**16**
	Total	**11**	**65**	**20**	**96**

Source: Author's elaboration.

Note: The same study can be reported for different interventions.

[13] The classification of the studies as not being subject to a formal peer-review process is based on the type of document. Documents that have not been published or that appear as incomplete or with some typos are considered as not peer-reviewed. However, there may be a margin of error in this assumption.

3.6 What is the strength of the evidence used by COs and SNOs to inform the design and delivery of the programme activities?

Assessing the quality of the evidence is very complicated and requires a significant investment in establishing criteria that are as objective as possible. This study does not assess the quality of evidence; however, it provides a simple indicator of the strength of evidence, which is based on the type of source used. The indicator takes value from 1 to 3 with 1 indicating the strongest evidence and 3 indicating the weakest evidence.

The three modalities on the strength of evidence and the corresponding types of evidence on which they are based are reported in Table 7. Evidence from strong evidence-based studies includes evidence from quantitative programme evaluations, evidence from peer-reviewed articles published in academic journals, evidence from reports, conceptual studies, policy briefs, working papers subject to an internal review process published by leading international organizations, and evidence from literature reviews on evidence. Evidence from analytical studies includes qualitative data from unpublished studies and descriptive statistics such as indicators, tabulations and regressions based on survey data, census, administrative data, etc. Finally, there is evidence from good practices, pilot studies, case studies and consultations with experts.

Evidence used in Phase II for the design and delivery of COs activities includes different levels of strength. Most of the interventions for Phase II are supported by strong evidence-based studies. The second most used source is evidence from analytical studies while evidence from good practices, pilot studies, case studies and consultations with experts is the less used. However, the fact that evidence from good practices pilot studies, case studies and consultations with experts is found to be less used may be the result of a bias in the analysis (i.e. they have not been included in the database because they were not considered strong evidence or because they were not documented). It was clear from the interviews that the GPECM is also drawing on experiential knowledge (i.e. knowledge of people based on experience not reported in documents). However, this experience cannot be captured in this baseline study. While experiential knowledge can be an added value for the programme, it must be backed with robust studies to avoid the possibility that assumptions are used and reiterated in programming.

Table 7: **Evidence used by the strength of evidence (Indicator 5), by country offices**

No.	Type of evidence	Bangladesh	India	Nepal	Total
1	Evidence from strong evidence-based studies (types 1, 2 and 3 and 8)	7	23	7	**37**
2	Evidence from analytical studies (types 4 and 5)	4	18	10	**32**
3	Evidence from good practices, pilot studies, case studies and consultation with experts (types 6 and 7)	0	24	3	**27**
	Total	**11**	**65**	**20**	**96**

Source: Author's elaboration.

Note: The same study can be reported for different interventions.

The literature reviews have the merit of reporting the analysis of several studies providing the latest status of a specific topic. Table 8 shows that, overall, literature reviews provide evidence in support of the COs interventions 15 times. The larger number of literature reviews available for India explains, at least partially, why the country reports a large use of this type of evidence. Evidence from the literature review has been used only for some interventions. This is also most likely driven by higher availability of studies on specific topics.

Table 8: **Evidence used from literature reviews (Indicator 6), by country offices**

No.	Intervention	India	Nepal	Total
1	Life skills packages for girls in school and out of school	3	0	**3**
4	Intergenerational dialogue in municipalities/communities	NA	1	**1**
5	Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training	1	0	**1**
13	Programme to promote comprehensive sexuality education (CSE) in formal and non-formal settings	4	NA	**4**
16	Gender transformative Adolescent Friendly Health Services in districts/ community	1	1	**2**
17	Technical support and training to anti-sexual harassment and CSE (in school and out of school) to committees, focal points and teachers	NA	1	**1**
18	Partnership with the government to strengthen social protection services (i.e. social safety net, cash transfer, birth registration)	1	0	**1**
19	Technical support and capacity building to the Strategic Plan on ECM	2	0	**2**
	Total	**12**	**3**	**15**

Source: Author's elaboration.

Note: NA indicates that the intervention is not included in the CO's work plan for Phase II. Bangladesh is not reported in the table because there are no literature reviews among the documents provided by the CO.

Randomized control trials and other impact evaluation methods (RCT/IE) are the gold standards in estimating "what works". Table 9 shows that RCTs and IE studies have provided evidence for the Phase II interventions 27 times. RCTs and IE studies are used particularly in support of life skills packages for girls and programmes to promote comprehensive sexuality education. COs have used RCTs as evidence to a different extent, probably due to the different availability of these studies in the countries.

Table 9: **Evidence used from RCTs or impact evaluations (Indicator 7), by country offices**

No.	Intervention	Bangladesh	India	Nepal	Total
1	Life skills packages for girls in school and out of school	1	5	0	**6**
2	Life skills packages for boys in school and out of school (including mixed classes/clubs)	2	1	0	**3**
5	Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training	1	1	0	**2**
10	The transition from elementary to secondary level packages	NA	1	NA	**1**
13	Programme to promote comprehensive sexuality education (CSE) in formal and non-formal settings	0	5	NA	**5**
14	Sensitization of adolescent girls to MHM in secondary schools	3	NA	NA	**3**
16	Gender transformative Adolescent Friendly Health Services in districts/ community	0	2	1	**3**
17	Technical support and training to anti-sexual harassment and CSE (in school and out of school) to committees, focal points and teachers	0	NA	2	**2**
18	Partnership with the government to strengthen social protection services (i.e. social safety net, cash transfer, birth registration)	0	1	0	**1**
19	Technical support and capacity building to the Strategic Plan on ECM	0	1	0	**1**
	Total	**7**	**17**	**3**	**27**

Source: Author's elaboration.

Note: NA indicates that the intervention is not included in the CO's work plan for Phase II.

3.7 Which are the evidence gaps foreseen at the beginning of Phase II of the GPECM?

The analysis shows that evidence has been used largely for interventions under the following immediate outcomes: *1100 Empowering of Adolescent Girls and Boys, 1200 Family and Community Engagement* and *2100 System Strengthening* (see Table 3). There is a lower use of evidence in support of the interventions under the immediate outcomes *2200 Poverty Drivers* and *3100 Laws and Policies.* Table 4 above indicates in detail the interventions for which evidence has not been used by COs.

3.8 To what extent evidence is informing the monitoring and evaluation of programme interventions?

One of the elements that emerged from the interviews is the need to institutionalize monitoring mechanisms in the provision of services by governments. The institutionalization of M&E of government services and the GPECM is an important capacity development component of the programme's Phase II. This finding emerged from interviews with the focal points of UNICEF Assam in India, which reported that the lesson learned from UNICEF's programmes can be used to create capacity in M&E in government programmes.

Similarly, the focal point of UNFPA State Office – Rajasthan emphasized the need to institutionalize an M&E system at field level to collect data at the local level and use it in the government system. He mentioned that creating an M&E system that collects data locally is one of the aims of Phase II and that at district level the government has initiated one-stop crisis centres in district hospitals, which will be part of the M&E system and ideally will collect data on child marriage.

Sometimes focal points referred to experiential learning not documented by analytical studies, though they mentioned some lessons learned from previous programmes that can be scaled up at the government level. During the interview with the focal points in Nepal, for example, a desire emerged for investing more in multimedia campaigns such as TV, radio, community and local media and local shows. When asked about the impact of this intervention, the focal points noted that while there are some studies on how to improve messages and communications, no specific impact evaluations demonstrate that these means have an impact on changing adolescents' and adults' behaviours and attitudes. However, there is some evidence on how effective communication can be in changing social norms, including some RCTs and IE studies from Bangladesh and India that can support the programming of this initiative in Nepal (see Table 9).

3.9 Are COs using evidence for policy advocacy?

The use of evidence is considered crucial for policy advocacy – a point that emerged clearly from the interviews. Advocacy plays a key role across all the outputs but particularly for interventions under immediate outcome *1200 Family and Community Engagement* and immediate outcome *2100 System Strengthening.*

During the interviews, two major motivations to use evidence in policy advocacy in the GPECM emerged. First, there is the need to reach as many adolescent girls and boys as possible and the only way to do so is to increase partnership with the government by strengthening its social protection system. This emerged as imperative for India as the large population, complexity and vast size of the country would not make it possible to scale up the programme without collaboration with the government. Second, Phase II aims to reach the

most vulnerable girls and boys and this requires expanding the target to include married, widowed, divorced or separated adolescent girls and preventing child marriage in humanitarian settings. During interviews, it emerged that CO and SNO focal points believe that the only way to do so is by engaging with the local community at district and village level and that to do so is it necessary to strengthen partnerships with local stakeholders, leaders and CSOs.

Creating indicators on how evidence has been used in policy advocacy is not possible because there are no studies or documents that report how the evidence has been used for this scope in Phase II of the GPECM. However, from the interviews it emerged that evidence plays a key role in engaging with the government, while it is less needed with CSOs and partners organizations already engaged in combatting child marriage.

The type of evidence used in policy advocacy with the governments addresses the prevalence of child marriage, its implications for girls' well-being and health and its implications for the development and the economy of the country. In addition, evidence used in policy advocacy addresses programmes or pilot programmes that worked as well as government interventions that are not effective and can be improved.

In term of the type of evidence useful for policy advocacy, it was mentioned in the interviews that very often there is no need for complex data and studies but simply a need for statistical data to make the right arguments with the government (e.g. the demographic dividend and the risk of not tackling child marriage).

While there is no evidence on how often this is the case and why this occurs, a possible explanation is that policy makers might not have the technical skills to appreciate the value of rigorous studies that provide robust evidence but are rather more interested in the fact that the evidence is consistent and in support of their policy messages and political programme. Also, focal points reported that stories on how child marriage affects girls' lives and well-being are powerful evidence for use in engaging with the government.

4 Conclusions and recommendations

Awareness of and familiarity with the existing evidence

Focal points in the COs and SNOs show a high level of **awareness** of the key role of evidence for Phase II and some degree of knowledge of the existing evidence that they associate with the different activities in their Phase II Work Plans. However, during the interviews, they sometimes focused more on what was done rather than what was expected to work. Other times, COs and SNOs found difficult to link evidence statements with documents and studies that supported them.

Focal points in the COs and SNOs are particularly well-informed about the evidence related to the **programming** of Phase II (e.g. prevalence of child marriage, drivers of child marriage, activities and interventions to tackle the drivers of child marriage). This is probably the result of the work done during Phase I of the programme at global, regional and country levels.

Design and delivery

A dataset on the use of evidence on **design and delivery** of the Phase II interventions was created including 52 documents provided by the COs and SNOs in support of the evidence used. The documents in the dataset sometimes provide evidence for several interventions. A set of indicators were created to measure the use of evidence in design and delivery.

Indicator 1 measures the evidence used by immediate outcomes for the design and delivery of Phase II interventions. The interventions under the immediate outcome "System Strengthening" are those supported with more evidence, followed by those under the immediate outcome "Family and Community Engagement" and the immediate outcome "Empowerment of Adolescent Girls and Boys" while interventions under the immediate outcome "Poverty Drivers" and "Laws and Policies" are supported by less evidence, especially in Bangladesh and Nepal.

Indicator 2 measures evidence used by interventions for the design and delivery of Phase II interventions. It shows that the COs and SNOs use a large amount of evidence in support of interventions on life skills packages for girls in school and out of school (intervention 1) and interventions on life skills packages for boys in school and out of school including mixed classes/ clubs (intervention 2). India has also used evidence more than the other countries, including evidence to promote comprehensive sexuality education in formal and non-formal settings (intervention 13), gender-transformative Adolescent Friendly Health Services in districts/ community (intervention 16) and technical support and capacity building to Strategic Plan on ECM (intervention 19).

Indicator 3 measures the sources of evidence used for the design and delivery of Phase II interventions. It shows that the evidence cited in support of the design and delivery of activities in the Phase II Work Plan is largely from sources external to the GPECM. The sources of evidence most used by the COs is evidence from UNICEF and UNFPA-supported projects, or other United Nations agencies and international organizations working on child marriage (source no. 2) and evidence from academic journals, think thanks, leading research institutes, etc. (source no. 3). Bangladesh also reports using evidence from NGOs, foundations, donors, civil society organization and similar institutes that have a workstream on child marriage (source no. 4) more than the COs in India and in Nepal.

Indicator 4 measures the types of evidence used for the design and delivery of Phase II interventions. It shows that, overall, the most used type of evidence is evidence from qualitative data such as interviews, focus groups, etc. that have not been published in academic journals or in reports subject to a formal review process (evidence type 4), followed by evidence from quantitative evaluations (evidence type 1), from literature reviews (evidence type 8) and from good practices, pilot programmes and case studies (evidence type 7).

Indicator 5 measures the strength of evidence used for the design and delivery of Phase II interventions. The strength is based on the type of evidence used and is not an assessment of the quality of the evidence. Most of the interventions for Phase II are supported by strong evidence-based studies, the second most used evidence is analytical studies while evidence from good practices, pilot studies, case studies and consultations with experts is the least used.

Literature reviews and RCTs and impact evaluations are considered particularly valuable. The former because they provide a review of the current state of the art, the latter because are considered the gold standard methods to establish "what works".

Indicator 6 measures evidence from literature reviews used for the design and delivery of Phase II interventions. It shows that overall literature reviews provide evidence in support of the COs interventions 15 times. Literature reviews are used the most in support of life skills packages for girls and to promote comprehensive sexuality education, especially in India.

Indicator 7 measures evidence from randomized control trials and impact evaluation (RCT/IE) used for the design and delivery of Phase II. It shows that RCTs/IEs have provided evidence for the Phase II interventions 27 times, particularly in support of life skills packages for girls and programmes to promote comprehensive sexuality education with larger use in India, probably because of the greater availability.

Monitoring and evaluation

Use of evidence on **M&E** is more difficult to measure and no indicators have been created to measure its use. However, some interesting insights emerged from the interviews with the focal points of the COs and SNOs. Focal points are aware of the importance of M&E and mentioned some lessons learned from previous programmes that can be scaled up at the governmental level. However, this experience was not documented by any document or analytical studies.

Policy advocacy

Use of evidence on policy advocacy, like M&E, is more difficult to measure and no indicators have been created to measure its use. Regarding **policy advocacy**, the focal points report that very often there is no need for complex data or evidence but simple statistical data to make the case with the government. They also report that stories on how child marriage affects girls' lives and well-being are powerful evidence with which to engage with the government.

Gaps, concerns and limitations of the baseline study

Some **evidence gaps and concerns about the use of evidence** in the first six months of Phase II of the GPECM emerged from this baseline study. The study shows that there is a lower use of evidence in support of the interventions under the immediate outcomes *2200 Poverty Drivers* and *3100 Laws and Policies*. Another finding that emerged is the difficulty of measuring the use of evidence on M&E and policy advocacy as no documents in support of the evidence are available.

There are also some concerns that the COs and SNOs do not always use the most recent

and relevant evidence available. There are some insights that they may use old evidence even in the presence of the more recent studies or do not use appropriately the evidence at national, regional or global levels.

Limitations of the baseline study

- The baseline study reports the use of evidence documented with the methodology described in this report. While all the documents were analysed scrupulously during the desk review and detailed interviews were conducted, some sources of evidence may not have been captured during the study. Thus, this study most likely under-estimates the real extent to which evidence has been used in Phase II of the GPECM. At least to some extent, however, all sources of evidence reported in this report were used in Phase II.
- This baseline study does not assess the quality of the evidence used. It provides some insights on the strength of the evidence. It also creates indicators based on the type of sources used, and that specifically identify the impact evaluations and the literature reviews.
- The COs could have benefitted from having more time to collect the documents in support of the evidence and to organize the interviews. In Bangladesh, for example, the COs sent some documents after the review process had been completed, so they could not be included in the study; the COs also experienced some delay in organizing the interviews. However, it is possible that more detailed information could have been documented with more time for Bangladesh as well as for India and Nepal.
- The COVID-19 emergency influenced the methodology of this study. Video interviews were conducted instead of face-to-face interviews. While this may have benefits in term of the speed of the process and the cost of the project, it also reduced the level of personal interactions. Moreover, the study was conducted during a period of a high burden for the programme staff members. Despite that, they found the time for the interviews and shown high levels of collaboration.

Recommendations

- Create a mechanism that ensures that the exercise of discussing the available evidence for each intervention done for this study is conducted regularly at the country level and possibly jointly with South Asia countries. In preparation for this exercise, the COs and the SNOs could work to create a matrix that matches the interventions with the available evidence. This would also facilitate the use of evidence from other countries or at regional level, something this study showed has not been done extensively.
- Provide training for staff at the COs to use relevant and quality evidence. In the training, emphasize the importance of using evidence about what works and is relevant (e.g. not out of date and pertinent to the context) for the specific intervention. Learning may happen in several ways: i) through formal training, i.e. with an instructor; ii) through on-the-job learning processes, e.g. discussing the use of evidence during the programming process and collecting relevant data and documents; or iii) through peer-learning processes, e.g. workshops in which different COs share their experiences and expertise in the use of evidence.
- Facilitate the use of robust evidence for policy advocacy as part of the GPECM. Emphasize the importance of making the evidence accessible and clear for a non-technical audience.
- An effort should be made to understand the evidence that is available but not used, especially if it is from the previous Phase of the GPECM.

Annex 1: List of 20 intervention categories

No.	Interventions	Bangladesh	India	Nepal
1	Life skills packages for girls in school and out of school	yes	yes	yes
2	Life skills packages for boys in school and out of school (including mixed classes/clubs)	yes	yes	yes
3	Life skills packages for girls' parents	no	no	yes
4	Intergenerational dialogue in municipalities/communities	yes	no	yes
5	Entertainment-Education (EE), multimedia campaign, mass media messaging (TV, radio, social networks, community & local media) and journalism and filmmaking training)	yes	yes	yes
6	Motivational dialogues and meetings with religious leaders and community influential	yes	no	yes
7	Capacity development of stakeholders (e.g. policy personnel, media, private sector) at the municipal or local level	no	no	yes
8	Capacity development of members of national and local government officials/leaders	yes	yes	no
9	Partnerships at the national and subnational levels with women's rights and youth-led organizations on girls' empowerment and gender norms, including with sport organizations	yes	yes	yes
10	The transition from elementary- to secondary-level packages	no	yes	no
11	Out-of-school classes to support girls to enrol/re-enrol in formal education	no	no	yes
12	Career guidance for girls	yes	yes	yes
13	Programme to promote comprehensive sexuality education (CSE) in formal and non-formal settings	yes	yes	no
14	Sensitization of adolescent girls to MHM in secondary schools	yes	no	no
15	Complaint response mechanisms in schools	no	no	yes
16	Gender transformative Adolescent Friendly Health Services in districts/ community	yes	yes	yes
17	Technical support and training to anti-sexual harassment and CSE (in school and out of school) to committees, focal points and teachers	yes	no	yes
18	Partnership with the government to strengthen social protection services (i.e. social safety net, cash transfer, birth registration)	yes	yes	yes
19	Technical support and capacity building to the Strategic Plan on ECM	yes	yes	yes
20	Advocate to develop a multi-sectoral Act for SRHR/Rule of children Act and other key legislation	yes	no	no

Annex 2: Interviews conducted to inform the baseline study

Bangladesh

Humaira Farhanaz, UNFPA Bangladesh, Dhaka

Noreen Khan, UNICEF Bangladesh, Dhaka

India

Arupa Shukla, UNICEF India, New Delhi

Padmanav Dutta, UNICEF India, New Delhi

Shobhana Boyle, UNFPA India, New Delhi

Madhuri Das, UNFPA India, New Delhi

Sunil Jacob, UNFPA India, New Delhi

Neha Naidu, UNICEF office for Odisha

Monika Oledzka Nielsen, UNICEF office for Odisha

Manna Biswas, UNICEF office for Assam

Sunil Thomas Jacob, UNFPA State Office – Rajasthan

Nepal

Pragya Shah Karki, UNICEF Nepal, Kathmandu

Apekchya Rana Khatri, UNFPA Nepal, Kathmandu

Bhav Jha, UNFPA Office for Rautahat

Ram Prasad Gautam, UNICEF Nepalgunj Field Office (written questionnaire)

Kunga Sandup Lama, UNICEF Nepalgunj Field Office (written questionnaire)

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