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**PEACEBUILDING FUND (PBF)  
MPTF OFFICE GENERIC FINALPROGRAMME<sup>1</sup> NARRATIVE REPORT  
REPORTING PERIOD: FROM 06.2010 TO 06.2012**

<p align="center"><b>Programme Title &amp; Project Number</b></p> <ul style="list-style-type: none"> <li>• Programme Title: Ensuring recognition of sexual violence as a tool of conflict in the Nepal peace building process through documentation and provision of comprehensive services to women and girl survivors</li> <li>• Programme Number <b>UNPFN/E-5 (PBF-NPL/B-4)</b></li> <li>• MPTF Office Project Reference Number:<sup>3</sup> 00075378</li> </ul>	<p align="center"><b>Country, Locality(s), Priority Area(s) / Strategic Results<sup>2</sup></b></p> <p><i>Country/Region Nepal, Districts: Accham, Kanchanpur, Bajura, Saptari, Siraha, Dhanusa, Mahottari, Bardiya, Kapilvastu, Dang, Surkhet, Kalikot, Rukum, Rolpa</i></p> <p><i>Priority area/ strategic results</i> UNPFN Cluster: Rights and reconciliation - Assist initiatives related to transitional justice, national monitoring mechanisms of the peace process and local reconciliation</p> <p>UNPFN strategic outcome: Improved participation and protection of women, and the delivery of services to conflict affected women strengthen inclusive elements of the Nepal peace process in line with UNSCRs 1325, 1820 and 1612.</p> <p>Nepal Priority Plan Priority Area 3: Conflict prevention and reconciliation, PMP Result 1 – Indicator 1.2</p>
<p align="center"><b>Participating Organization(s)</b></p> <ul style="list-style-type: none"> <li>• Organizations that have received direct funding from the MPTF Office under this programme</li> </ul> <p>United Nations Population Fund (UNFPA) and The United Nations Children's Fund (UNICEF)</p>	<p align="center"><b>Implementing Partners</b></p> <ul style="list-style-type: none"> <li>• National counterparts (government, private, NGOs &amp; others) and other International Organizations</li> </ul> <p>National counterparts:</p> <p><b>1. Government</b> <i>National Level:</i> Ministry of Peace and Reconstruction (MoPR), Ministry of Health and Population (MoHP), Department of Women and Children (DoWC), and Department of Education (DoE). <i>District Level:</i> Chief District Office, District Health Office, Women and Children Office, Local Development Office, District Administration Office and District Education Office</p> <p><b>2. Non-Government:</b> <i>National Level:</i> Adventist Development and Relief Agency (ADRA) Nepal, Himalayan Health and Environmental Services Solukhumbu (HHES), Save the Children, Child Workers in Nepal concerned centres (CWIN), Transcultural Psychosocial Organization (TPO), Advocacy Forum (AF), BBC World Trust, Sancharika and Him Rights <i>District Level:</i> District based NGOs.</p>

<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

<sup>3</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).

### Programme/Project Cost (US\$)

Total approved budget as per project document: **\$2,100,000**

UNPFN Contribution<sup>4</sup>:

- by Agency  
UNFPA-\$1,382,060

UNICEF-\$717,940

Agency Contribution

- by Agency (if applicable) NA

Government Contribution  
(if applicable) NA

Other Contributions (donors)  
(if applicable) NA

**TOTAL: \$2,100,000**

### Programme Assessment/Review/Mid-Term Eval.

Evaluation Completed

Yes  No Date: 30 June 2012

Evaluation Report - Attached

Yes  No Date: 26 November 2012

### Programme Duration

Overall Duration (24 months)

Start Date<sup>5</sup> 4 June 2010

Original End Date<sup>6</sup> 4 June 2012

Actual End date<sup>7</sup> 4 June 2012

Have agency(ies) operationally closed the Programme in its(their) system? Yes  No

Expected Financial Closure date<sup>8</sup>: 30 June 2013

### Report Submitted By

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- Title: UNFPA Representative
- Participating Organization (Lead): UNFPA
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<sup>4</sup> The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)

<sup>5</sup> The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

<sup>6</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>7</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>8</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

## EXECUTIVE SUMMARY

The UNFPA and UNICEF joint project titled "Ensuring recognition of sexual violence as a tool of conflict in the Nepal peace building process through documentation and provision of comprehensive services to women and girl survivors" contributed to peace building in Nepal by improving access of women and girls to transitional justice for survivors of sexual violence in 14 districts of the country (Saptari, Siraha, Dhanusa, Mahottari, Bardiya, Dang, Kalikot, Rolpa, Rukum, Surkhet, Achham, Bajura, Kanchanpur and Kapilvastu). Starting with the mapping of resources for SGBV survivors available at the district level the project implementing partners organized consultations with district government and non-government stakeholders to organize comprehensive reproductive health camps. A camp management committee was formed and oriented on issues relating to Reproductive Health (RH) and Sexual and Gender-Based Violence (SGBV). Female community health volunteers and paralegal committee members were involved in the camp to facilitate follow-up and referral. Local media was enlisted to announce the date and venue of the camps. Awareness on sexual violence was promoted in partnership with three media groups through radio interviews, radio dramas and TV serials.

The project used the reproductive health camp as an entry point to document potential cases of survivors of SGBV. These camps offered an environment where confidentiality and safety were ensured. Over 36,471 women and girls have benefited from mobile reproductive health camps, with 27,525 having received various RH services and 917 referred for further examination and surgery for prolapse uterine, out of which 603 received surgery. The mobile reproductive health camps (6 days initially and follow-up camp for 4 days) in two Village Development Committees (VDCs) of each district provided psycho-social counseling to 3,551 and legal counseling to 1,000 women/girls.

A total of 821 women and girls volunteered to document their cases of overall SGBV, out of which 280 received livelihood support. A total of 128 women and girls were identified as survivors of sexual violence during the conflict period and 70 were documented as potential submission to the Truth and Reconciliation Commission. The project team used the information as tools to advocate addressing sexual violence in the peace building process. To continue the advocacy for the response as well as ensure safety and confidentiality of the survivors, a data management and protection protocol was signed by all implementing partners including UNFPA and UNICEF. One of the lessons from the project is that a multi-disciplinary and multiple partners approach enriched the collaboration to provide services to SGBV survivors. The joint collaboration between UNFPA and UNICEF contributed to build on existing partnership in the area of reproductive health and psycho-social and legal support, documentation and livelihood support. Further, the timely and regular meetings and open discussion during project board meetings and lesson learnt workshops contributed to effective team work.

The project achieved two of its outcomes: identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal; and support access to reproductive health care and psycho-social counseling for survivors of sexual violence in target areas. However outcome three (Promote recognition of the incidence of sexual violence in Nepal peace process through access to justice for survivors of sexual violence, including through participation in transitional justice processes) was partially achieved, given that the Truth and Reconciliation Commission was not set up during the project period hence no cases could be submitted.

## I. Purpose

The overall purpose of the project was to support sustainable peace by improving access of women and girls to transitional justice and other peace building activities for survivors of sexual and gender based violence. It aimed at supporting the recognition of survivors of conflict-related sexual violence and at contributing to breaking the culture of silence around sexual violence in Nepal. Reproductive health camps were used as entry points for women to provide non-judgmental and secure spaces to document their experience while at the same time improving their access to legal and psycho-social counseling services and livelihood support.

The expected outcomes of the project were as follows:

1. Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal;
2. Support access to reproductive health care and psycho-social counseling for survivors of sexual violence in target areas; and
3. Promote recognition of the incidence of sexual violence in Nepal peace process through access to justice for survivors of sexual violence, including through participation in transitional justice processes.

The project contributed to Strategic UN Planning Frameworks such as the UNDAF, specifically outcome A “National Institutions, processes and initiatives to consolidated peace are strengthened” and outcome D “Respect promotion and protection of human rights are strengthened for all”. In the area of participation and protection of women and girls in the peace process, the project contributed to addressing the issue of sexual violence in conflict by documenting the experience of sexual violence of women and girls during the conflict and post conflict period and support towards the access of services. In the area of building the capacity of state and non-state actors to promote and protect human rights, media mobilization and partnership with district stakeholders; it facilitated provision of services and referral.

## II. Assessment of Programme Results

### Key Outputs Achieved in relation to the Outcomes

#### **Outcome 1: Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal.**

This outcome was achieved through following outputs and activities.

#### **Outputs:**

- 1.1. Report on the use of sexual violence during the conflict in Nepal and the current status of the victims
- 1.2. Evidence of support for victims of sexual violence in targeted communities

To achieve these outputs, the following activities were conducted:

- 1.1.1. Documentation of cases of sexual and gender based violence
- 1.1.2.. Focus group discussions
- 1.2.1..Capacity building/awareness raising/advocacy through the media

#### **1.1.1. Documentation of cases of sexual and gender based violence**

In close consultation with the project implementing partners (IPs), a checklist was developed to gather relevant information. During the registration process, women and girls were informed on the available services in the camps such as reproductive health, psycho-social and legal services. They were given the option to document incidences of SGBV (as mentioned in Table 1) both during the conflict and post-conflict period as perpetrated by security forces and the Maoist as well as by family

members such as husbands and opportunist groups. While documenting the cases, a do no harm approach was followed such that women could feel confident and necessary support was also provided including livelihood support.

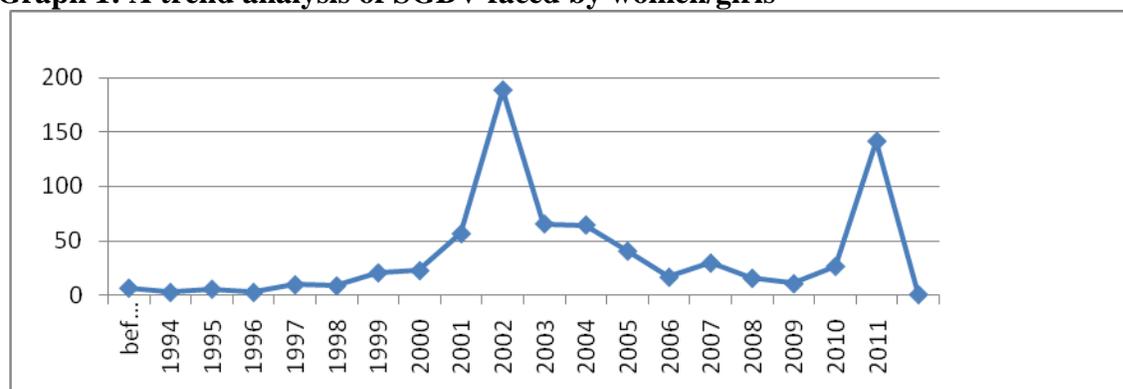
A total of 36,471 women and girls visited the RH camps out of which, 821 voluntarily shared the experience of SGBV they faced during the armed conflict (February 1996 to 21 November 2006) and the post conflict (after 21<sup>st</sup> November 2006) period. This helped identifying SGBV survivors, recognizing and acknowledging their problems and providing effective and appropriate services. Out of 821 women/ girls, (299, 36 %) were assaulted, (237, 29%) faced domestic violence, (56, 7 %) were raped, (43, 5 %) faced attempt to rape, (10, 1 %) faced sexual harassment and (18, 2 %) faced statutory rape as mentioned in table 1. Women and girls belonged to different caste and ethnic groups such as Janjati (255, 31%), Chhetri (241, 29%), Dalit (228, 28%), Brahmins (81, 10%) and religious minority (2%).

**Table 1: 821 Women/girls faced following types of SGBV**

Types of SGBV	Under 18	Over 18	Total
Rape, including marital rape	7	49	56
Attempt to rape	8	37	45
Sexual harassment	0	10	10
Trafficking	0	1	1
Assault battery	30	269	299
Domestic violence	16	220	237
Forced marriage	0	3	3
Statutory rape	18	0	18
Denial of resources	0	22	22
Others	9	121	130
<b>Grand Total</b>	<b>88</b>	<b>733</b>	<b>821</b>

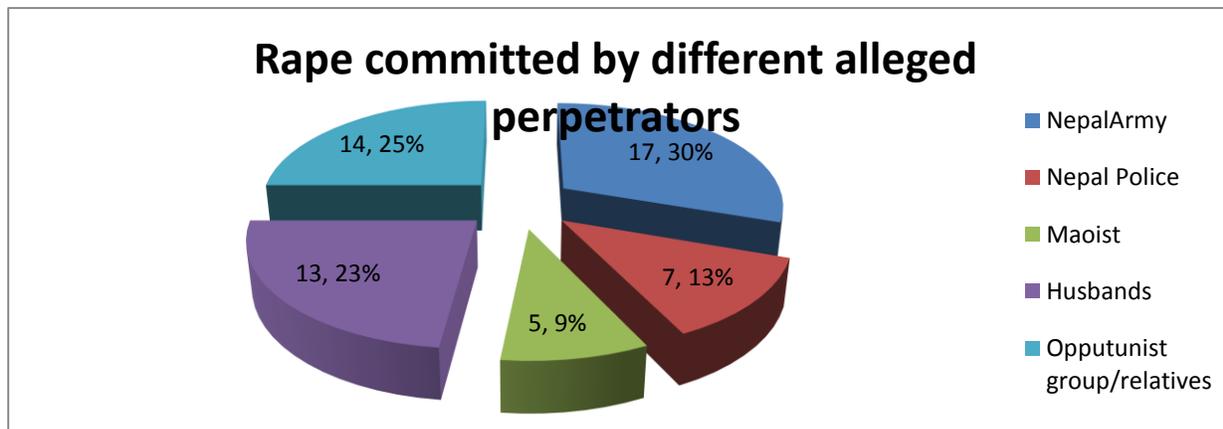
A trend analysis of SGBV faced by women/girls (Graph 1) show that many women and girls faced SGBV in 2001 (56 out of 821) and most faced SGBV in 2002 (188 out of 821, 22.8%) after the declaration of the state of emergency in November, 2001. SGBV cases reported by many of the women/girls in 2011 (141 out of 821) could be attributed to the revolt in the Terai region.

**Graph 1: A trend analysis of SGBV faced by women/girls**



According to the documented case analysis, 56 women/girls were raped as mentioned in Graph 2.

**Graph 2: Rape committed by different alleged perpetrators**



Out of 56 women/girls, 17 (30%) women/girls were allegedly raped by the Nepal Army (NA)(13%) women/girls by the Nepal Police, 5(9%) women/girls by the Maoist, 13 (23%) women/girls by their husbands and 14 (25%) women/girls by opportunist groups. The Nepal Army was alleged to have been responsible for committing gang rapes to five women/girls.

The Impact of SGBV was severe. Women/girls expressed that they faced immense physical and psychological pain and the impact is still visible in them. Most of them shared that they feel pain in the body, feel physically weak, cannot do hard work and they suffer from a number of gynecological complications. They also shared feelings of fear, anger, despair, and some suffer from insomnia.

### **1.1.2.. Focus group discussions**

To identify more women and girls and also to make them aware on legal rights 118 Focus group discussions were conducted with 1700 women and girls. It provided a forum to discuss and understand the issues of sexual violence in more detail.

### **1.2.1..Capacity building/awareness raising/advocacy through the media**

Following the mapping of GBV resources at the district level, and prior to organizing RH camps in each district, a two-day orientation was organized for 600 district stakeholders such as the Chief District Officer (CDO), representatives from the Women and Children Office (WCO), District Administration Office (DAO), District Development Committee (DDC), District Health Organization (DHO), different community-based organizations and non-governmental organizations. This led to the preparation of a referral matrix with information on different organizations and services they provided. It was used by camp members to refer women/ girls to appropriate services in the districts. Likewise, a one-day orientation was provided to a total of 1500 Village Development Committees (VDC) stakeholders consisting of camp management committee members and camp volunteers before starting the camps. The participants were VDC Secretaries, members of school management committees, Female Community Health Volunteers (FCHV) and paralegal workers. They took ownership of the project, helped in logistic management of camps, ensured security to team when necessary and disseminated information about the camp. After the end of the RH camp debriefing meetings were conducted with stakeholders to share camp achievements and ensure further support to women/girls. All participants committed to provide support on referred cases.

Awareness raising activities through media sensitized the general public on SGBV issues. A five-part drama was developed and broadcasted in the Katha Mitho Sarangiko (one of the popular radio series). This drama “Gulabi’s Tale” centered on the rape of a vulnerable 17 year-old’s fight for

justice. It successfully conveyed the message that even marginalized women can get support services and justice. The drama was supported by a follow-up program that consisted of interviews with community stakeholders and experts. Over 2.83 million people were reached via 113 FM stations. Total people reached via Facebook at the beginning of the broadcast of the episode were 627,451 and this increased to 680,659 at the end of broadcast. SMS feedback across this period was approximately 1,500 per month. CDs consisting of drama and discussion including book with drama scripts were produced and disseminated to relevant stakeholders. Another component of the project produced and aired a total of 40 episodes of a weekly radio program on Radio Kantipur, which covered a wide range of news and interviews with prominent policy makers and activists. Radio Kantipur has more than 17 million listeners in 65 districts of Nepal. Likewise, a four-episode tele-serial against SGBV, titled as *ASHMITA*, was broadcasted through Nepal Television. The episodes dealt with sexual violence in schools and delivered messages on how individual, community, schools and law enforcement agencies can play a positive supportive role to prevent and respond on SGBV.

## **Outcome 2: Support access to reproductive health care and psycho-social counseling for survivors of sexual violence in targeted areas**

This outcome was achieved through the following outputs:

Output 2.1. Reproductive health services provided to women and girls in 14 districts.

Output 2.2. Women and girls provided with psycho-social counseling.

To achieve the outputs, the following activities were conducted:

2.1.1. Establishment of reproductive health camps & reproductive health service provision

2.2.1. Psycho-social counseling provided to women/girls

### **2.1.1. Establishment of reproductive health camps, training to local health providers & reproductive health service provision**

There is a strong relationship between SGBV and poor reproductive health for women and girls. Female survivors of SGBV not only sustain physical injuries, but are more likely than other women to have more reproductive health problems. Through the RH camps, women from conflict affected communities received various RH services not available otherwise due to financial constraints, unavailability of services in their areas and potential stigma associated with seeking care. RH camps also provided platform to reach out to SGBV survivors in a non threatening way, which led to the identification of SGBV survivors and the provision of RH services. During the conduction of RH camps, client exit survey was also administered in order to get feedback to improve the quality of services.

The RH camp sites were selected after extensive consultations with district stakeholders (government and civil society groups). The first rounds of camps were conducted for 6 days; 4 day follow-up camps were organized in 14 districts. The 36,471 women and girls visited the RH camps and they were given option to seek RH, legal and psychosocial services. A total of 27,525 women/girls received RH services (as mentioned in Table 2) and 14,413 received general health services apart from RH services as per their needs. General health services were provided for medical problems such as backache, headache, viral fever, hernia, conjunctivitis, tonsillitis, pharyngitis, anemia etc. Among the women/girls registered in the RH camps, 21,949 (60.1%) were from disadvantaged communities (Dalit/ Janajati) and 14,522 (39.8%) were from the relatively more advantaged communities of Brahmin, Chhetri, Thakuri, etc.

**Table 2: Various types of RH services with age disaggregation received by women/girls**

	Services	First phase & follow up camps RH statistics						Total	%
		<10	10to 14	15- 19	20- 24	25- 49	>50		
	Women/girls registered							36471	
	Overall RH services							27525	75
<b>I</b>	Gynecological Services-	3	168	1396	1397	4663	1000	8627	24
<b>2</b>	Treatment of reproductive tract infection & sexually transmitted infection	9	75	538	1411	6387	499	8919	24
<b>3</b>	Obstetric Services: antenatal& postnatal care,		2	240	647	728	1	1618	4
<b>4</b>	Family Planning Service			198	840	3353	62	4453	12
<b>5</b>	Voluntary counseling & testing related to HIV/AIDS	6	4	24	28	113	36	211	1
<b>6</b>	Reproductive health counseling		1	141	762	2967	108	4448	12
<b>7</b>	Laboratory diagnostic service: blood, urine, pregnancy test	24	60	559	1203	3175	680	5701	16
<b>II.</b>	General health services	171	357	882	1927	7779	3297	14413	40
<b>III.</b>	Orientation on health issues	85	511	1555	2422	5303	2178	12037	33

Also, onsite coaching and training was given to 200 local health providers on identifying Uterine Prolapse cases, inserting ring pessaries, conducting pelvic floor exercise so that they could provide follow up services to women/girls after the RH camp was over. Many women in Nepal suffer from Uterine Prolapse (UP), also called pelvic organ prolapse or prolapse of the uterus (womb). Services related to UP formed the major part of overall RH services. For those with UP problems, counseling was provided to nearly 5,000 women/girls, pelvic floor exercise were taught to 3,232 women/girls to minimize UP, and ring pessaries were inserted to 1,167 women whose uterus had prolapsed and to those who have second degree UP. Also 917 were referred from the RH camp for surgery, 675 arrived in the hospital, 72 were rejected due to possibility of complication and finally 603 women/girls completed UP surgery at hospitals.

### 2.2.1. Psycho-social counseling provided to women/girls

Survivors of SGBV were offered psycho-social counseling for the psychological wellbeing of women/girls and to ensure that documentation can take place without the risk of re-traumatizing women/girls. The psychosocial support could be delivered to women/ girls from the conflict affected districts where psychosocial services were limited or people were not aware about it. Psychosocial services also helped to avoid re-traumatization of the survivors when they share their experiences of SGBV.

Psychosocial counselors provided psychosocial support to 3,551 women and girls and referred 375 women/girls who needed further support to regional counselors and community psychosocial workers (CPSWs). Some women received support more than once as they came to the follow up camps as well (see table 3). More than 100 women/girls were followed up through by regional

counselors and 14 CPSWs trained from this project in their respective districts/communities and provided further psychosocial support. Orientations on psychosocial issues to women/girls were also conducted during the RH camps.

Psychosocial support was provided to those women/girls who faced emotional problems either due to violence or to RH problems. Some of the common problems shared by women/girls with the counselors were flash backs of past bitter events, somatic complaints, anger, lack of concentration, fear, and feelings of humiliation. These problems were mostly expressed along with physical problems and abdominal pain. Psychosocial support included psycho education to remove clients' misbeliefs, support to identify the resources available at community level to deal with their psychosocial distress, and provision of emotional support. To ensure the quality of the services, regular supervision, follow up meetings and case sharing sessions were held with regional counselors and CPSW.

**Table 3: Age wise distribution of clients receiving psychosocial support in RH camps**

Age	Districts														
	Ka nc ha np ur	B aj ur a	Ka pil vas tu	D an g	Sur khet	Ach ham	Sira ha	Sa pta ri	Dha nus a	Maho ttari	Rolp a	Ruk um	Kali kot	Bard iya	Tota l
<10	1	0	0	0	0	0	2	0	0	0	0	0	0	0	3
10- 19	34	19	29	12	7	11	14	26	43	13	10	12	10	43	283
20- 29	10 3	16 4	74	34	33	51	64	82	78	57	48	62	29	100	979
30- 39	83	46	12 2	69	46	47	46	51	84	33	53	56	36	130	902
40- 49	48	33	98	20 4	225	117	18	21	40	13	98	152	28	115	1,210
50>	45	16	99	74	76	39	14	23	30	24	52	63	19	83	657
Tota l	31 4	27 8	42 2	39 3	387	265	158	20 3	275	140	261	345	122	471	4,034

**Outcome 3: Promote recognition of the incidence of sexual violence in Nepal peace process through access to justice for survivors of sexual violence, including through participation in transitional justice processes.**

This outcome was partially achieved through the following outputs.

Outputs 3.1: Submission of findings to the TRC and other relevant transitional justice mechanisms.

Outputs 3.2: First Information Reports filed with the Police

**Activities**

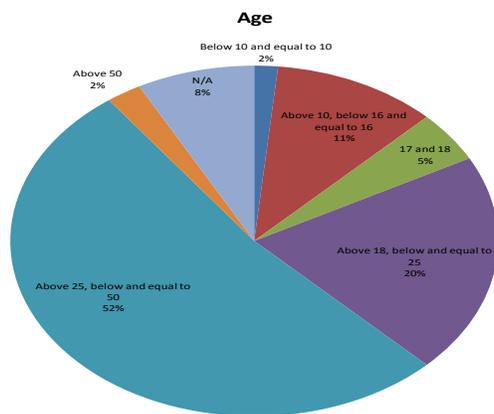
3.1.1. Information prepared to be submitted to the Truth and Reconciliation Commission (TRC) and other relevant transitional justice mechanisms.

3.2.1. Legal counseling provided to women/girls

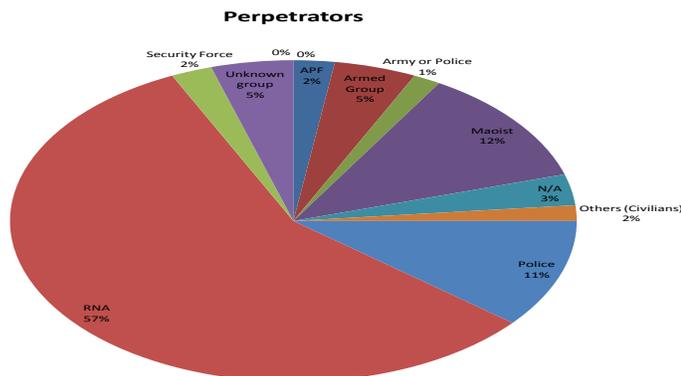
### 3.1.1. Information prepared to be submitted to the Truth and Reconciliation Commission (TRC) and other relevant transitional justice mechanisms.

The project categorized SV as rape, statutory rape, attempt rate and sexual harassment that took place (between February 1996 and 21 November 2006) as defined by Nepali law. The project reached out to SV survivors, listened to them, acknowledged their experience and provided needed support such as psychosocial counseling, legal services, RH services and livelihood services. Besides the voluntary sharing of SGBV cases to documentation officers, additional cases were identified through legal counseling and during follow up visits by trained legal and para-legal professionals. A total of 128 women/girls were identified as survivors of sexual violence (SV) during the conflict period. Out of 128 women/girls, 97 were allegedly raped, 5 girls were allegedly raped at a young age (statutory rape/ rape of a minor), 5 alleged attempt rape and 21 alleged sexual harassment by the security personnel, Maoists, by unarmed groups and others. and/or unidentified armed groups. They expressed that the reasons for sexual violence were due to supporting (feeding) Maoist groups and security force, spying for them, hiding their whereabouts and not complying with their orders. Among the survivors there were many minors. 2% of survivors were ten years or younger, and another 11% were 16 or younger. (Under Nepali law, a victim is a minor if he/she is under 16), (See Graph 3). It was found that the majority (73%) of incidents of sexual violence were allegedly committed by State actors, including 57% allegedly committed by members of the Nepal Army, (See Graph 4). The largest number of the cases of rape occurred in or near the victim's home.

**Graph 3: Analysis of data by age of victim**



**Graph 4 : Analysis of data by affiliation of alleged perpetrator**



Out of 128 women/girls identified as survivors of SV during the conflict period, only incidence of 70 women/girls were identified as potentially eligible for consideration in a transitional justice process. The selection criteria for potentially eligible are SV defined under Nepali law, availability of detail information, SV conducted by 'Parties' to armed conflict, survivor can identify perpetrators, SV that took place (between February 1996 and 21 November 2006). Prior consent was taken from women/girls that their information will be retained and submitted to TRC when it is formed.

Even after documenting conflict related cases, output on submission of findings to the TRC and other relevant transitional justice mechanisms could not be achieved as bills establishing a Truth and Reconciliation Commission (TRC) drafted in 2009 was not passed by the legislature during the project period. However, information was collected and report prepared to be submitted to the TRC and other relevant transitional justice mechanisms in future. This has filled a current gap in the information concerning conflict related violations, and will eventually support to ensure that these women and girls' experiences are recognized and acknowledged in peace processes. One of the implementing partners, Advocacy Forum is doing further analysis in preparation to submit the cases to envisaged TRC and also providing immediate needs of the survivors.

To maintain confidentiality of the information and to protect survivors, "Data Protection and Management Protocol" was signed by all implementing partners including UNFPA and UNICEF. This protocol was developed based on the principles of confidentiality and best interests of women/girls who received various services in the reproductive health camps. It states conditions to access, transfer and store data/information, as well as data security for cases to be submitted to TRC and conditions where data can be used. For example, the SGBV issue can be highlighted through publications but individual cases with sensitive information cannot be quoted. It also states that only aggregated information can be shared and in no event the information of the individual client/survivor can be shared. It is also agreed that UNICEF & UNFPA shall investigate and shall take all appropriate actions in case the principles is not followed by the NGOs while an alternate UN agency will investigate if the principle is not followed by UNFPA and/or UNICEF..

In order to advocate for the rights of SV survivors, the findings of the project was shared in the Peace Support Working Group members, donors of UN Peace Fund & Nepal Peace Trust Fund, Transitional Justice Advocacy Group network members, External Development Partners and with government during a workshop on review of NAP on UNSCR 1325 and 1820. The findings were incorporated in the first year monitoring report of NAP and also UN Nepal's submission to the Secretary-General's annual report on conflict-related sexual violence.

### **3.2.1. Legal counseling provided to women/girls**

It was expected that after the documentation and legal counseling women would file FIR. However FIR could not be filed because of the laws on 35 days statute of limitation in the case of rape. A total of 3,581 women and girls received general legal knowledge, and out of that 1,000 women/girls were provided legal counseling services (see table 4) with 348 cases referred to the Nepal Bar Association, WCO, Police, VDC office, paralegal committees, NGOs and other concerned organizations for further support. However, less than only a quarter of the clients went for further advice. One case was submitted by the Advocacy Forum in collaboration with different organizations to the UN Human Rights Committee (UNHRC) under the International Covenant on Civil and Political Rights (ICCPR), as under the First Optional Protocol of the ICCPR victims of human rights violations are entitled to bring their cases before the UNHRC if they have exhausted domestic remedies to ensure justice.

**Table 4: Legal counseling in First Round and Follow up Camps**

Districts	First Camp	Follow RH camp	Districts	First Camp	Follow up RH camp
<b>Kanchanpur</b>	47	25	<b>Kalikot</b>	60	48
<b>Kapilbastu</b>	51	25	<b>Rukum</b>	57	29
<b>Bajura</b>	46	37	<b>Rolpa</b>	34	16
<b>Dang</b>	51	14	<b>Mahottari</b>	43	14
<b>Saptari</b>	59	17	<b>Dhanusha</b>	36	17
<b>Surkhet</b>	57	27	<b>Achham</b>	55	11
<b>Siraha</b>	36	12	<b>Baridya</b>	50	26

**Qualitative assessment:**

Violence affects the overall wellbeing of women and severely limits women’s participation in the peace process. Lasting peace cannot be ensured without addressing the needs of gender-based/sexual violence that took place during the conflict and post conflict period. For the post conflict period in Nepal, the government has a provisional programme of interim relief, reparation and financial assistance to conflict affected people. However, both ‘victims of torture’ and ‘victims of gender-based/sexual violence’ are not included as categories of conflict affected people eligible for interim relief). The project contributed to assist initiatives related to transitional Justice by identifying SGBV survivors, providing them services and breaking the barriers on SV. It played an important role to address needs of survivors in an integrated comprehensive manner by conducting RH camps in conflict affected areas where access to services is limited. This project also initiated to empower SV survivors speak up and get legal remedies.

The project outcomes and outputs were related with the Government of Nepal (GoN) NAP1325 and 1820, which advocates for the benefit of women and girls affected by sexual violence in armed conflict and post conflict situations. Nap 1325 covers five pillars such as participation, protection & prevention, promotion, relief & recovery, and the last pillar resource mobilisation, monitoring and evaluation. It contributed to the implementation of 2nd pillar (protection and prevention); strategic objective 2 (to address the special needs of conflict-affected women and girls) and specific actions (to provide prompt and free medical service, psycho-social and legal counseling to women/girls victims of SGBV during the time of conflict). The project outcomes also contributed to the International Conference on Population and Development (ICPD) agenda of ensuring universal access to reproductive health care, including family planning and prevention of sexually transmitted infections including HIV/AIDS.

The project also fell under the UNPFN Cluster E. Rights and Reconciliation with the objective to assist initiatives related to transitional justice, national monitoring mechanisms of the peace process and local reconciliation. Within this cluster, the project was designed to achieve the following specific strategic outcome: “improved participation and protection of women, and the delivery of services to conflict affected women strengthen inclusive elements of the Nepal peace process in line with UNSCRs 1325, 1820 and 1612” and in turn support the peace-building impact of the project “To support sustainable peace by improving access to transitional justice and other peace building activities for survivors of sexual and gender based violence in most conflict prone districts”.

The project was also part of the portfolio of global UN Peacebuilding Fund (PBF) funded projects in Nepal and as such also related to the following results and indicator of the PBF, Performance Management Plan (PMP), Result 1 (Security sector reforms and judiciary systems put in place and

providing services and goods at the national and local level that reinforce the Rule of Law ) and Indicator 1.2 (communities use transitional justice systems to resolve conflicts/disputes without recourse to violence ensuring respect of Human Rights of women and girls in particular).

Key partnerships and collaborations took place at many levels between UN agencies (UNFPA & UNICEF), between UN agencies and their implementing partners, between district and VDC level stakeholders and between government organizations. The partnerships created synergy to meet the project objectives. UNFPA and UNICEF worked together under a Memorandum of Understanding for this project. UNFPA was responsible for organizing the reproductive health service and overall management of mobile camps through ADRA and HHESS. UNFPA was also responsible for providing training to the project team organizing lesson learnt workshops and media advocacy on SGBV issues. UNICEF was responsible for documentation of SGBV incidences, and livelihood support through Save the Children/CWIN, psycho-social counseling undertaken by TPO, legal services and case preparation for TRC undertaken by Advocacy Forum. UNFPA and UNICEF jointly advocated for support to survivors of sexual violence and provided training to the district level relevant stakeholders on issues related to reproductive health and sexual violence.

Key partnerships also helped to monitor and evaluate this project through several mechanisms situated at different levels of project implementation. For example, the Project Steering Committee chaired by the Ministry of Peace and Reconstruction (MoPR) with representatives from the Department of Women and Children (DoWC), Ministry of Health and Population (MoHP) and Department of Education (DoE) gave guidance to the project. A Project Review Board (consisting of implementing partners, UNFPA and UNICEF) met at least bi-monthly to evaluate progress and suggest modifications in the implementation of the project. UNFPA and UNICEF staff undertook monitoring visits to 11 out of 14 targeted districts and through three lessons learned workshops with implementing partners contributed to re-designing some aspects of the project. For example, debriefing meetings were introduced with local stakeholders to share camp achievements and to ensure they support women/girls referred from RH camp. Referral matrix (with information about the available services in the districts) was developed and it was used to refer women/girls for further support. Likewise, to reduce workload, 2 additional extra staff nurses were hired to explain women/girls about various services available in the RH and 2 additional documentation officers were hired to document experiences of survivors. Moreover, care for care giver workshops (duration of 3 days) organized twice to support project staffs to deal with burnt out symptoms and secondary traumatization faced after listening to survivors' experiences. Three lessons learnt workshop was also conducted for the project team to strengthen collaboration and to review progress, learn from each sector, discuss challenges and suggest strategies to address them (see Annex 1 that explains highlight of lessons learnt from the workshop).

## ii) Indicator Based Performance Assessment:

Using the **Programme Results Framework from the Project Document / AWP**s - provide details of the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why.

	<b><u>Achieved Indicator Targets</u></b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>Outcome 1<sup>9</sup>: Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal.</b> <b>Indicator:</b> Numbers of cases identified in the target areas.			
<b>Output 1.1:</b> Report on the use of sexual violence during the conflict in Nepal and the current status of the victims <b>Indicator 1.1.1-</b> Number of cases of sexual violence documented <b>Baseline: 0</b> <b>Planned Target:</b> target not planned as this project tried to identify cases of SV	NA	NA	Case analysis report
<b>Indicator 1.1.2-</b> Number of participants in focus group discussions <b>Baseline: 0</b> <b>Planned Target: 70 FDG</b>	Indicator 1.1.3- Achieved (over achieved) 118 FGD held with 1700 women/girls	Continued FGD during RH camps as it supported to identify SV survivors	FGD reports
<b>Output 1.2</b> Evidence of support for victims of sexual violence in targeted communities. <b>Indicator 1.2.1-</b> Changes in attitudes in local communities <b>Baseline: 0</b> <b>Planned Target:-</b> training stakeholders in 14 districts	Indicator 1.2.1-Achieved		Activity reports from field team and surveys, qualitative information collected
	<b><u>Achieved Indicator Targets</u></b>	<b>Reasons for Variance with Planned Target (if any)</b>	<b>Source of Verification</b>
<b>OUTCOME 2: Support access to reproductive health care and psycho-</b>	.		

<sup>9</sup> Note: Outcomes, outputs, indicators and targets should be as outlines in the Project Document so that you report on your actual achievements against planned targets. Add rows as required for Outcome 2, 3 etc.

<p><b>social counseling for victims of sexual violence in target areas</b></p> <p><b>Indicator :</b> Number of women and girls in target districts who have received reproductive health services and psycho-social counseling by age</p>			
<p><b>Output 2.1-</b> Reproductive health services provided to # women and girls in 14 districts.</p> <p><b>Indicator 2.1.1-Establishment of RH camp</b>  <b>Baseline:0</b>  <b>Planned Target:</b> 2 VDCs of 14 districts in first round camp and follow up camp</p> <p><b>Indicator 2.1.2-</b> Number of women by cast/ethnicity and age receiving RH services.  <b>Baseline:0</b>  <b>Planned Target: 20,000 women/girls</b></p> <p><b>Indicator 2.1.3-</b>Number of local health providers trained.  <b>Baseline: 0</b>  <b>Planned Target: 200</b></p>	<p>Indicator 2.1.1-Achieved</p>		<p>Camp Register, activity report from field teams, Financial reports</p>
	<p>Indicator 2.1.2.-Yes (over achieved)</p>	<p>Many women/girls accessed services</p>	<p>Activity reports from field team and camp register for RH service provision</p>
	<p>Indicator 2.1.3.- Achieved</p>		<p>Activity reports from field team</p>
<p>Output 2.2. Women provided with psycho-social counseling.</p> <p><b>Indicator 2.2.1-</b>Number of women by caste/ethnicity and age receiving psychosocial counseling  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned as it is difficult to set quantitative targets since no comprehensive baseline on SV exists and to quantify how many women/girls will seek psychosocial services</p> <p><b>Indicator 2.2.2-</b> Number of local psycho-social counselors trained.  <b>Baseline: 0</b>  <b>Planned Target: 14</b></p>			<p>Activity reports from field teams, camp register for psycho-social service provision</p>
	<p>Indicator 2.2.2-Achieved</p>		<p>Name list of counselors.</p>
	<p><b><u>Achieved</u></b> <b>Indicator</b> <b>Targets</b></p>	<p><b>Reasons for Variance with Planned Target (if any)</b></p>	<p><b>Source of Verification</b></p>
<p><b>OUTCOME 3: Promote recognition of the incidence of sexual violence in Nepal peace process through access to justice for victims of sexual</b></p>			

<p><b>violence, including through participation in transitional justice processes.</b>  <b>Indicator:</b> Number of sexual violence addressed through the formal justice system or transitional justice processes.</p>			
<p><b>Output 3.1-</b> Submission of findings to the TRC and other relevant transitional justice mechanisms.  <b>Indicator 3.1.1-3.1.1.</b>Number of copies of submission provided to the TRC.  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned</p> <p><b>Indicator 3.1.2-</b>Number of meetings between project team and the TRC and other relevant transitional justice mechanisms.  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned</p>	No	TRC was not set up during the project duration	
<p><b>Output 3.2.</b> First Information Reports filed with the Police  <b>Indicator 3.2.1.- 3.2.1.</b>Number of cases received by lawyers.  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned not planned as it is difficult to set quantitative targets since no comprehensive baseline on SV exists and to quantify how many women/girls will seek legal services</p> <p><b>Indicator 3.2.2-</b> Number FIRs filed with the police.  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned</p> <p><b>Indicator 3.2.3-</b> Number of cases leading to prosecutions.  <b>Baseline: 0</b>  <b>Planned Target:</b> not planned</p>	No	FIR could not be files due the laws on 35 days statute of limitation in the case of rape	Activity reports from field teams, camp register for legal service provision Police records, Court records.

### iii) Evaluation, Best Practices and Lessons Learned

#### A. Evaluation

A Project Evaluation was conducted before the project ended (refer to Annex 3a: Project Evaluation Report and Annex 4: Annex of Project Evaluation Report for detail report)

The evaluation team employed different methods of data collection to conduct the evaluation such as in-depth interviews and FGD (with RH camp beneficiaries, project staffs and key stakeholders), analysis of secondary data and observation of ongoing RH camps and logistics systems. A survey focusing on project activities such as in-depth interviews and FGD with 360 women/girls (1% of camp beneficiaries) from 6 project districts was conducted. Of the total respondents, nearly half (49%) received RH services, 29% received psycho-social counseling, 16% also received legal counseling and 6% also received livelihood support (Annex of Project Evaluation Report, Annex 4, Tables 3.12). Nearly 80% said "friend/neighbour" as the main source of information for RH camp. Other sources were FCHV (69%), miking (36%), FM radio (36%), health provider (18%), TBA (10%), student (9%), street drama (8%), posters/pamphlet (7%), VDC representative (4%), NGO worker (4%), TV (3%).

Overall, 86% respondents said that the camp and services were good or very good. Reasons for finding the camps as good were that the services and drugs were free, that there was good counseling, they did not have to wait long for service, the providers' behavior was good, their health improved, got referral services, received free surgery, the camp was appropriate for sharing problems and it arranged for treatment even outside the camp. They also got assurance for financial assistance and they did not have to go far for treatment and services (Annex of Project Evaluation Report, Annex 4, Table 3.24). A few respondents who mentioned that the service was not up to their liking said that there was a need to give effective medicine, good counseling, provide financial assistance to the poor, regular setting up of camp and surgical facility should be made available in the camp (Annex of Project Evaluation Report, Annex 4, Table 3.25). A few clients mentioned that the medicines they received did not help them. Some thought that counseling was not satisfactory.

The gynecological services and counseling received at the RH camp was rated by the respondents and the level of satisfaction was very high; 83% of them said that the service was good or very good (Annex of Project Evaluation Report, Annex 4, Table 3.14). The respondents said that after mentioning psycho-social problems at camp they felt hopeful as the camp assured to help them, got relief/satisfaction, encouraged to talk to husband and felt that the psychosocial support was good. A few felt no difference (Annex of Project Evaluation Report, Annex 4, Table 3.17). The respondents who got psycho-social service/counseling at RH camp (some 95 percent) said that they were good or very good (Annex of Project Evaluation Report, Annex 4, Table 3.19). The respondents receiving legal counseling/service mentioned that the type of services/counseling they received included advice to lodge a complaint, to go to another place for services if nearby place cannot do the job, got a referral slip. Some women did lodge complaints with police, some said they were empowered to claim their rights and some said they developed confidence in themselves (Annex of Project Evaluation Report Annex 4, Table 3.21). Twenty survey respondents were interviewed on livelihood support. They said they got assurance for help in future but no support was provided until the time of data collection (Annex of Project Evaluation Report, Annex 4, Table 3.22). Livelihood services were given only at the end of the project.

The evaluation examined key project activities (results) based on the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD-DAC) evaluation criteria used by UN. (Annex 3a: Project Evaluation Report). A project evaluation sharing meeting was organize to

share project findings, with relevant stakeholders. Project partners and other stakeholders gave feedback (see Annex 3.b.).

## **B. Project Challenges:**

Since this was a joint project between two agencies and a number of different implementing partners were engaged, the activities were quite complex both logistically and programmatically.

- Project faced operational challenges. The inter-disciplinary and inter-agency nature of the programme and the high number of stakeholders involved in its implementation meant that consensus on strategies and approaches had to be reached which caused some delays. There were administrative difficulties in the beginning of the project connected with joint activities by different implementing partners who all had varying policies for implementation, such as travel cost, DSAs and annual leave, etc. Moreover, the RH camp was being conducted in very remote geographical areas where access to services was limited. Sometimes the team members had to walk for one to two days to reach the camp sites. Also sudden/uninformed road blockade/strikes and landslide were some of the problems faced by the camp team.
- Project faced hindrance during documentation. Some SGBV survivors did not feel comfortable to recall past incidents. Many of the survivors could not remember the exact date and complete details of the crime, as it had happened a long time before. It was difficult for the survivors to clearly identify the perpetrators, because of the identical uniforms worn by security force and armed groups. Safety and security concerns were also preventing women from reporting details of the crimes of which they were survivors. Follow up was done to only SV survivors who gave initial consent that they can be contacted during follow up camp. However, it was difficult to track them. To address this issue, community psychosocial workers were mobilized to do home visits and approach survivors in a non-threatening way.
- Widespread impunity and the 35 days statute of limitation were some of the barriers for women to report cases of SV. The lack of medico-legal evidence required prosecuting cases of sexual assault and sexual violence also constituted a serious obstacle for survivors willing to press charges several months, and in this case, several years after the crime was committed.
- Government has not recognized sexual violence in the criteria for distribution of interim relief and reparation. Further, the Truth and Reconciliation Commission (TRC) was not set up during the project period as envisioned.

## **C. Lessons Learned**

- The model of mobile reproductive health camps works well to reach out potential survivors. The project has managed to document cases in a short period of time, even when it has been several years since the conflict ended. Creating a women and girls only environment combined with services helps them to feel safer to disclose their experience. This model also addresses the ethics on collecting information from survivors, since basic care and support must be always ensured before collecting information about experience of sexual.
- Operational: Because of the inter-disciplinary and inter-agency nature of the program, strong coordination and relationship of trust between UNFPA, UNICEF contributed to discuss issues and to

come up with solutions through joint field visits, regular project board meetings and lessons learnt workshops.

- To ensure clarity of project objectives, camp guideline was developed and implemented such that all partners both implementing the health and non health aspects understood the need for coordinated multi-sectoral response. Thus multi-sectoral response works when sectors understand one another's roles.
- The Strategies adopted to strengthen referral mechanism such as mapping of GBV services, commitment of service providers and sharing with survivors during counselling. Further debriefing meeting helped to update the achievements of RH camps and the necessity for follow up by district stakeholders.
- Front line workers (service providers in the camps) dealing with a difficult issue such as SGBV need particular support and care to prevent burn out and vicarious traumatization: A comprehensive workshop on care for care givers was necessary and was helpful to reduce burnt out syndrome among staff members.

**Conclusion:**

There is a need to carry out structural reform in the legal and policy areas and to gradually set up secondary and tertiary level systems to ensure that violations are monitored, and responded to in accordance to adequate standards. There is need for improvement in the immediate support provided to survivors by front line workers; such as medico-legal practices carried out to collect evidence; police report and interviews; court evidentiary requirements and prosecution. There is also a need for capacity building of the national system as services are very limited in some areas and sectors, such as psychosocial counseling outside of urban areas. This calls for working with the government to develop a long-term plan to bring services to remote areas and supporting SGBV survivors. The capacity of the district level services needs to be enhanced to address the needs of SV survivors. With the experience of the project, UNFPA will support to strengthen the capacity of health sector for the prevention and response to SGBV as well as coordinated multi-sectoral response. UNFPA, UNICEF and its implementing partners will continue to advocate for the inclusion of sexual violence survivors in the criteria for distribution of interim relief and reparation and for the establishment of Truth and Reconciliation Commission (TRC) that can support survivors and give them justice.

Annexes:

Annex 1: Article on lesson learnt workshop

Annex 2: Photos

Annex 3a: Project Evaluation Report with feedback of evaluation report sharing meeting

Annex 3b.Feedback of Project Evaluation Report

Annex 4: Annex of Project Evaluation Report

### *Abbreviations and acronyms*

ADRA: Adventist Development and Relief Agency Nepal  
CWIN: Child Workers in Nepal Concerned Centers  
HHES: Himalayan Health and Environmental Services Solukhumbu  
TPO: Transcultural Psychosocial Organization  
TRC: Truth and Reconciliation Commission  
SGBV: Sexual and Gender Based Violence  
VDC: Village Development Committee  
UP: Uterus Prolapses  
AF: Advocacy Forum  
FCHV: Female Community Health Volunteers  
FGD: Focus Group Discussion  
CPSW: Community Psychosocial Worker  
SV: Sexual Violence  
RH: Reproductive Health  
UP: Uterus Prolapse  
ANM: Auxiliary Nurse Midwife  
MCHW: Maternity and Child Health Worker  
VDC: Village Development Committee  
WCO: Women and Children Office  
DAO: District Development Office  
DDC: District Development Committee  
PSC: Project Steering Committee  
MoPR: Ministry of Peace and Reconstruction  
DoWC: Department of Women and Children  
MoHP: Ministry of Health and Population  
DoE: Department of Education