

QUARTERLY UPDATES

United Nations Peace Fund for Nepal (UNPFN) Project Status Update

For the period of *January to March, 2011*

1. Project Overview

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| Participating UN Organization: | UNFPA and UNICEF | Cluster area: | Rights and Reconciliation PBF Nepal Priority Area 3: Conflict prevention and reconciliation |
| Project number: | UNPFN/E-5 (PBF/NPL/B-4) | Funding round Strategic Outcome: | Strengthened inclusive elements of the peace process through improved participation and protection of women, and the delivery of services to conflict affected women. Also a) Strengthen the monitoring, reporting and protection of children affected by conflict, in line with UNSCR 1612 and 1882 b) Strengthen the capacities of national institutions to promote women's participation in the peace process and protect the rights of women affected by conflict in line with UNSCR 1325 and 1820. |
| Project 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 victims/survivors | | |
| Total approved project budget: | Total \$2,100,000 (UNICEF- \$ 717,940, UNFPA- -\$1,382,060) | | |
| Funds committed and disbursed to-date: | Total \$2,100,000 committed | % of approved budget: | 100% |
| Funds disbursed to-date: | Total \$2,100,000 disbursed | % of approved budget: | 31% |
| Project start date: | 4 June 2010 | Original end date: | 29 April 2012 |
| Revised end date (if applicable): | | Anticipated total project duration: | 2 years |

2. Overview of progress to-date against project outcomes

| Outcome | Progress: achievements / results / outputs delivered to-date | % of planned |
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| Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal | During the reporting period, 218 cases of sexual violence were documented in five districts ; 51 in District 3, 31 in District 4, 40 in District 5, 65 in District 6 and 31 in District 7. Out of 218 cases, 13 cases were identified for the | Difficult to set quantitative targets/planned of reported cases on the use sexual violence during the conflict. Therefore, the reported cases collected during the project will be considered as |

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| | livelihood support. | baseline by the end of the 2011.If we analyze the trend of reporting of cases during the conducted RH camp, it varies from 2 to 52 cases, this means, it would be difficult for us to set the plan. |
| Support access to reproductive health care and psycho-social counseling for victims of sexual violence in target areas. | 1269 clients/survivors received psychosocial counseling in 5 districts; 108 in District 3, 259 in District 4, 255 in District 5, 272 in District 6 and 375 in District 7. Approximately, 160 clients were referred to community psychosocial workers for further counseling. Reproductive health (RH) services including general health services were provided to 6274 girls and women; 1401 in District 3, 2013 in District 4, 1019 in District 5, 967 in District 6 and 874 in District 7. Around 260 went through ring pessary insertion to prevent uterine prolapse (UP) and 182 women were referred for surgery related to UP. | N/A For RH services, 31.4% of the overall targeted clients reached |
| Promote recognition of the incidence of sexual violence in Nepal peace process through access to justice for victims of sexual violence, including through participation in transitional justice processes. | 252 women/ survivor received legal counseling; 57 in District 3, 47 in District 4, 51 in District 5, 51 in District 6 and 46 in District 7. Out of 252 cases, 62 cases were referred to Nepal Bar Association and NGOs for further legal counselling and legal support. | N/A |

3. Overview of project objectives, results and challenges in this quarter

Prior to the conduction of the reproductive health camps in five districts; a two-day orientation was organized for the district stakeholders including Women and Children Office (WCO), District Administration Office (DAO) and District Development Committee (DDC), District Health Organization (DHO), Nepal Bar Association (NBA), Local lawyer, journalist, Paralegal committee members(PLCs) and NGOs. The orientation was organized to enhance the capacity of the stakeholders on women rights, reproductive health, prevent and respond to gender based violence (GBV) issues. The orientation also created a platform to map services to respond to Health and Gender Based Violence cases. Around 51 stakeholders in District 7, 38 in District 6, 38 in District 5 approximately 35 stakeholders in District 4 and 3 each participated in the district level orientation. In District 5, 6, 7, one day orientation to VDC level stakeholders on reproductive health and GBV was also conducted.

From January to March 2011, 10 mobile Reproductive Health camps were conducted in conflict affected 10 VDCs of 5 districts immediately after the district level orientation. Each of the mobile camps was conducted for 6 days, two camps per districts. During the camp, 6274 community girls and women received RH services including general health services, 218 cases of sexual violence were documented, 1269 clients/survivors received psychosocial counseling and 252 women/ survivor received legal counseling. RH services include services such as gynaecological, obstetric & laboratory diagnostic service, treatment of reproductive tract and sexually transmitted infection, voluntary

counselling & testing related to HIV/AIDS, reproductive health counselling, family planning services etc.

The targeted beneficiaries also received quality and extended services by mobilizing existing regional counselors in the RH camps. This arrangement has assisted the psychosocial counsellor to provide services effectively. Around 14 Community based Psychosocial Workers (CPSW) were trained to provide psychological first aid and basic psychosocial support for further follow up.

During the reporting period, 32 focus group discussions were conducted in the five districts. 417 women participated in the discussion. The FGDs help the team to identify the problems and cases related to GBV from conflict and post conflict period. It also provided an opportunity to disseminate message to the GBV survivors for further legal assistance, if deemed necessary.

UNFPA and UNICEF staffs monitored the camp. Overall, camps were successful and the camp setting was well organized. Separate rooms were allocated for reach services such as health, psychosocial counseling, legal and documentation. Support and referral mechanism among health, legal, psychosocial and documentation was excellent. Focused Group Discussion was conducted in participatory way. After the field trip, the camp observations and some recommendations to improve the operation of the camp was shared with all implementing partners during the project board meetings. Such as referral mechanism and resource mapping report will be prepared and shared to all the camp team members and district / VDC key stakeholder which helps them refer the cases each other. Establish steering committee as soon as possible. Department of education should be included in the steering committee. Revised district level orientation contents need to be circulated by the camp coordinator. Additional human resource for PHN corner, It was observed that it is difficult to provide service by a single staff member.

Problems/challenges

- Because of the inter-disciplinary and inter-agency nature of the programme and the high number of stakeholders involved in its implementation, consensus on strategies and approaches must be reached. Consensus on administrative issues such as travel cost, DSAs and annual leave also needs to be reached.
- Many of the survivors could not remember the exact date and complete details of the crime, as it had happened a long time back. Safety and security concerns are also preventing women from reporting details of the crimes of which they were survivors.
- It was realized that one of the selected camp site in District 3 not appropriate in terms of security and difficult geographical terrain. Because the camp team had faced very difficulties to reach at camp site due to heavy snow fall.
- Local language in some places was also a barrier to approach the clients/survivors to provide effective services.
- Lack of clear referral strategy was seen. Some SGBV (sexual and gender based violence) survivors needed crisis management service and specific health services. Since the mobile reproductive health camp is a one-time activity, the survivors need to be referred to the existing services in the district for the sustainability and ownership of the project issue.

Lesson Learnt

- To reach at a consensus on strategies and approaches with all implementing partners in the project, project board meetings were organized when the need arose. In this quarter 5 project board meetings were organized to discuss on various issues such as to finalize camp calendar, to discuss on administrative issues (travel cost, DSAs), to discuss on contingency plans, to develop referral strategy, to discuss on field trip observations and follow up actions.
- Strategy was developed to strengthen referral mechanism. During the district level orientation, more focus was given to map existing services available in the district and to ensure commitment of the stakeholders to address the needs of SGBV survivors, including cases if referred from RH camps. Available referral services were shared with survivors. A debriefing meeting was organized with stakeholders after the end of the RH camp to update the RH camp achievements, challenges and to enforce the need for the follow up action. This will be continued in the upcoming RH camps.
- The team members need to understand and internalize one another's component (health,

psychosocial, legal and documentation services). They need to understand that GBV is one component of RH and also that without RH services it will be very difficult to screen SGBV cases.

4. Progress against key indicators in the UNPFN Monitoring and Evaluation Framework

Milestones and Target for 2011 set are: i) 20,000 women provided with reproductive health services (2011), ii) increased access to psychosocial and legal counselling for women and girls victims of conflict and gender based violence, iii) Increased registration of cases and prosecution through legal system. In this reporting period, for RH services, 31.4% of the overall targeted clients reached, access to psychosocial and legal counselling for SGBV survivors increased through RH camps.