

United Nations Peace Fund for Nepal (UNPFN)

Project Status Update

For the period of *April to June, 2011*

1. Project Overview

Participating UN Organization(s):	UNFPA and UNICEF	UNPFN Project number:	UNPFN/E-5
		UNPBF Project number (if applicable):	PBF/NPL/B-4

UNPFN Cluster area:	E. Rights and Reconciliation
UNPFN 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 which includes: 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.
UNPBF Priority area (if applicable):	PBF Nepal Priority Area 3: Conflict prevention and reconciliation
UNPBF PMP Result and indicator (if applicable):	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 (RoL)
	Indicator 1.2 RoL: # of PBF supported programmes where communities use transitional justice systems to resolve conflicts/disputes without recourse to violence ensuring respect of Human Rights of women and girls in particular

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		
National Partners:			
Project start date:	4 June 2010	Original Project end date:	29 April 2012
Revised end date (if applicable):	N/A	Anticipated total Project duration:	2 years

Total approved project budget:	Total \$2,100,000 (UNICEF- \$ 717,940; UNFPA- -\$1,382,060)		
Funds committed and spent to-date by the project:	\$ 1,784,874	As % of approved budget:	84.99%
Funds spent to-date by the project:	\$374,275.66	Project delivery rate:	17.82 %

2. Description of project goal and strategy

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.

3. Overview of progress to-date against project outcomes

Project Outcome(s)	Progress: achievements/results/ outputs delivered to-date	% of planned
Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal	560 cases of sexual violence were documented in 13 districts; 180 cases were identified for livelihood support.	Difficult to set quantitative targets since no comprehensive baseline on sexual violence exists. Therefore, the reported cases collected during

		the project will be considered as baseline by the end of 2011. Based on the analysis of the trend of cases reported during the RH camp, it varies from 2 to 52 cases, which indicates that it would be difficult to set a target.
Support access to reproductive health care and psycho-social counseling for victims of sexual violence in target areas.	2543 clients/survivors received psychosocial counseling. Out of 2543 cases 276 clients were referred to community psychosocial workers for further counseling. Reproductive health (RH) services including general health services were provided to 23,134 women and girls to date and 509 have been referred to a uterus prolapse surgery.	N/A For general /RH services, the target has been 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.	603 women/ survivor received legal counseling; Out of 603 cases, 184 cases were referred to Nepal Bar Association and other NGOs for further legal counselling and legal support.	N/A

4. Overview of project results, achievements and challenges in this quarter

From April to June 2011, in total 12 mobile reproductive health camps were conducted in conflict affected 12 VDCs of 6 districts and follow up camps in one district. In this quarter, the first round of camps has been completed in 13 project districts except one where camps were postponed due to a security issue.

Prior to the conduction of the camps, a two-day orientation was organized for the district stakeholders, which consisted of different government bodies, NGOs, journalists and lawyers. The orientation aimed at building the capacity of the stakeholders on women's rights, reproductive health, prevention and response to gender based violence (GBV) issues. It also provided a platform to map services to respond to and follow-up health and sexual and gender based violence cases and ensure a commitment from local duty bearers. In follow up camps, the orientation training was not conducted, as it has been done in the initial camps.

As planned each of the mobile camps was conducted for 6 days, 2 camps per district. During the camps, 6435 women received general and reproductive health and gynecological services, and 184 went through a uterus prolapse surgery. Similarly, 176 cases of sexual and gender based violence were documented; 607 clients/survivors received psychosocial counseling, and 271 women/ survivors received legal counseling. RH services included gynaecological, obstetric& laboratory diagnostic service, treatment of reproductive tract and sexually transmitted infection, voluntary counselling and testing related to HIV/AIDS, reproductive health counselling, family planning services among others. Strengthening referral continues to be one of the focuses of the project to ensure sustainability, and 81 and 27 clients were referred respectively to other psychosocial and legal services in their district for follow-up. Additionally, 51 SGBV survivors benefitted from livelihood support.

During the reporting period, 35 focus group discussions were conducted in the five districts. 385 women participated in the discussion. The FGDs helped the teams to identify the problems and cases related to GBV from the conflict and post conflict period. It also provided an opportunity to disseminate message to the GBV survivors for further legal assistance, if deemed necessary.

Sancharika Samuha and BBC World Trust have been newly contracted to carry out awareness raising activities for the project. Various means of mass communication, such as newspaper feature articles, national as well as community radio programmes were utilized to discuss different aspects of SGBV and disseminate information in order to raise awareness among the general public. Interviews were also conducted with duty bearers from the multi-sectoral SGBV response model. For example, 15 feature articles were produced, and interviews were conducted with senior government officials, such as Ministry of Peace and Reconstruction Joint Secretary Mr. Sadhu Ram Sapkota and Nepal Police DSP Ms. Kiran Bajracharya from the Central Women Cell.

Lack of an adequate referral system identified in the previous quarter was addressed by developing referral slips and setting up a better mechanism. The project team strives to improve this aspect in the follow-up camps in the

subsequent quarter.

UNFPA and UNICEF staff conducted monitoring visits in three districts. Overall, it was observed that camps were successful and the camp setting was well organized as per the project guidelines and modus operandi to ensure safety and confidentiality of clients. Support and referral mechanism within the camps among health, legal, psychosocial and documentation was excellent. Moreover, focus group discussions were conducted in a participatory way. The observations and recommendations from the field visits were shared with all implementing partners (IPs) during the project board meeting, and the IPs incorporated the recommendations in subsequent camps. It was observed that it is difficult to provide service by a single staff member at the Public Health Nurse (PHN) corner, which is the first point of contact with clients to inform them of all available services and start SGBV screening. Based on this observation, an additional resource was made available to hire another PHN for each camp team.

During a field visit it was also brought to our attention that many service providers became burnt out and experienced a trauma, as they dealt with SGBV survivors and listened to an account of incidents. In order to address this issue, a comprehensive workshop on care for caregivers was conducted for the staff members (regional and national level) involved in this project. The workshop enabled them to ventilate their emotions and enhance team building through different activities. Counseling was also made available, if camp members feel a need to off-load their emotions and deal with issues related to the work.

In this quarter one project board meeting was organized on 14 June 2011 to discuss various issues such as sharing field visit experience by UNFPA, UNICEF and its partners, update on the Project Steering Committee, discussion on referral mechanisms(guidelines/referral slip) and follow up camp strategies.

One meeting with Ministry of Peace and Reconstruction (MOPR) with Sadhu Ram Sapkota, Joint Secretary was also organized on 7 April 2011 to discuss the modality of the Steering Committee including the composition.

International Project Manager was hired in this quarter, and she started her assignment at the end of June.

Problems/challenges

- The challenges of reporting and documenting SGBV cases, which were identified in the previous reports still remain, such as time lapse since incidents during the conflict time, lack of evidence for rape cases, impunity and safety and security issues.
- There are varying definitions of sexual violence during the conflict/ conflict related sexual violence, which are a subject of a global policy dialogue as well as an issue for the project to categorize documented cases.
- Service providers/ camp members were experiencing burnt-out and trauma in dealing with SGBV issues.
- Local language in some places was also a barrier to approach the clients/survivors to provide effective services.
- In certain camp locations, camp members felt personal security was an issue.
- There has been a delay to form the Project Steering Committee.

Lesson Learnt

- Front line workers (service providers in the camps) dealing with a difficult issue such as SGBV need particular support and care to prevent burnt out. A comprehensive workshop on care for care givers was necessary and helpful to reduce burnt out syndrome among staff members.
- Conducting a joint monitoring mission with local key stakeholders, including journalists, political parties and government offices is an excellent strategy to raise their awareness as well as to improve coordination and ownership.

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

UNPFN PRIORITY CLUSTER E. Rights and Reconciliation

Intermediate Objective: Supported effective and inclusive transitional justice, information and services to the conflict affected

(if applicable) UNPBF 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 (RoL)
Indicator 1.2 RoL: # of PBF supported programmes where communities use transitional justice systems to resolve conflicts/disputes without recourse to violence ensuring respect of Human Rights of women and girls in particular

Strategic Outcome	Contributing Outputs	Verifiable Indicators	Baseline (by year)	Milestones and Target (by year)	Current / Final Status
9. 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>Incidences of sexual violence against women and girls during the conflict and post-conflict in Nepal are identified/documented and victims gain access to justice through participation in transitional justice processes</p> <p>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</p> <p>Reproductive health services and psycho-social and legal counselling provided to women and girls in conflict-affected 14 districts</p>	9.1 Report on the use of sexual violence during the conflict in Nepal and the current status of the victims	9.1 Lack of legal awareness on legal provision on SGBV victims	9.1 * 70 focus groups discussion (FGDs) held * # of cases of sexual violence documented by 2012 * High level participation in the launch of the report by 2012	9.1 76 FGDs held with 918 women and girls to identify SGBV issues and the extent of impact of conflict on them; 560 SGBV cases documented, out of which 81 are conflict related SV; the report will be written in 2012.
		9.2 Number of incidents of sexual violence addressed through the formal justice system or transitional justice processes.	9.2 0 (Apr 2010)	9.2 NA ()	9.2 603 women and girls have been provided legal advice. However, no case has been formally filed due to the delay of the TRC establishment and wishes of clients.
		9.3 Number of women and girls in 14 target districts who have received reproductive health services and psycho-social and legal counselling	9.3 0 (Apr 2010)	9.3 20,000 women provided with reproductive health services and legal counselling (2011);	9.3 In 13 districts, 23,134 women and girls have received reproductive health services, out of which 2543 women and girls received psychosocial counselling; 603 were provided with legal counselling.

