



ANNUAL PROGRAMME- NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

<p style="text-align: center;">Programme Title & Number</p> <p>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</p> <ul style="list-style-type: none">• Programme Number <u>UNPFN/E-5 (PBF-NPL/B-4)</u>• MDTF Office Atlas Number: 00075378	<p style="text-align: center;">Country, Locality(s), Thematic Area(s)</p> <p>Nepal, 14 districts Accham, Kanchanpur, Bajura, Saptari, Siraha, Dhanusa, Mohottari, Bardiya, Kapilvastu, Dang, Surkhet, Kalikot, Rukum, Rolpa</p> <p>UNFPN thematic area: Rights and reconciliation - <i>Supported effective and inclusive transitional justice information and services to the conflict affected</i></p> <p>UNFPN strategic outcome: <i>Improved participation and protection of women, and the delivery of services to conflict affected women strengthening inclusive elements if the Nepal peace process in line with UNSCRs 1325, 1820 and 1612</i></p> <p>PBF Nepal Priority Area 3: Conflict prevention and reconciliation PMP Result 1 – Indicator 1.2</p>
<p style="text-align: center;">Participating Organization(s)</p> <p>UNFPA and UNICEF</p>	<p style="text-align: center;">Implementing Partners</p> <p>National counterparts:</p> <p>1. Government</p> <p>National Level: Ministry of Peace and Reconstruction(MoPR), Ministry of Health and Population (MoPH), Department of Women and Children (DoWC), and Department of Education(DoE).</p> <p>District Level: Chief District Office, District Health Office, Women and Children Office, Local Development Office, District Administration Office and District Education Office: Non Government: NGOs:</p>

National Level: Adventist Development and Relief Agency (ADRA) Nepal, Himalayan Health and Environmental Services Solukhumbu (HHESS), Save the Children, Child Workers in Nepal concerned centres (CWIN), Transcultural Psychosocial Organization (TPO), Advocacy Forum (AF), BBC World Turst, Sancharika and HimRights

District Level: District based NGOs.

Programme/Project Cost (US\$)	
MDTF Fund	\$2,100,000
Contribution:	
• <i>by Agency (if applicable)</i>	NA
Agency Contribution	NA
• <i>by Agency (if applicable)</i>	NA
Government Contribution <i>(if applicable) NA</i>	NA
Other Contribution (donor) <i>(if applicable)</i>	
TOTAL: \$2,100,000 (UNFPA-\$1,382,060), (UNICEF-\$717,940)	

Programme Duration (months)
Overall Duration: 24 months
Start Date: 30 April 2010
End Date or Revised End Date, 29 April 2012
Operational Closure Date ¹ 29 April 2012
Expected Financial Closure Date 30 June 2012

Programme Assessments/Mid-Term Evaluation
Assessment Completed - if applicable <i>please attach</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Mid-Evaluation Report – <i>if applicable</i> <i>please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____

Submitted By
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¹ All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

NARRATIVE REPORT FORMAT

I. Purpose of the project

The overall purpose of the project is to support sustainable peace by ensuring the recognition of the conflict-related sexual violence survivors. It aims at breaking the culture of silence around sexual violence in Nepal, including by improving access to justice, reproductive and other kinds of health, legal services and psycho-social counseling. The provision of reproductive health services is used as an entry point to identify and document incidences of violence committed against girls and women during the conflict.

Outcomes of the project

- Identify and document incidences of sexual violence against women and girls during the time of conflict and post conflict in Nepal;
- Support access to reproductive health care and psycho-social counseling for survivors of sexual violence in target areas; and
- 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.

Outputs of the project

- Report on the use of sexual violence during the conflict in Nepal and the current status of survivors developed;
- Evidence of survivors of sexual violence in targeted communities documented;
- Local communities provide stronger support to survivors of sexual violence;
- Reproductive health services provided to women and girls in 14 conflict-affected districts;
- Women provided with psycho-social counseling;
- First Information Reports(FIR) filed with the Police;
- Submission of findings to the Truth and Reconciliation Commission (TRC) and other relevant transitional justice mechanisms.

The project relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP in the following ways:

The project falls under the UNPFN PRIORITY CLUSTER E. Rights and Reconciliation which intermediate objective is to support effective and inclusive transitional justice information and services to the conflict affected. Within this cluster, the project will contribute to achieving 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 “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 is also part of the UNPBF portfolio of funded projects in Nepal and as such also relates to the following results and indicator of the UNPBF Performance Management Plan PMP rolled out in 2011:

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

The outcomes and outputs of the project also contribute in following areas:

- Strengthen the monitoring and reporting on sexual violence in line with UNSCR 1612 and 1820.
- Strengthen the protection of children affected by conflict in line with UNSCR 1612/1882.
- Strengthen the capacities of national institutions to promote women's participation in the peace process and protect the rights of girls and women affected by conflict in line with UNSCR 1320.

In the post conflict period in Nepal, the government's provisional programme of interim relief, reparation and financial assistance for the women and children affected by the armed conflict has neglected SGBV survivors. It has not addressed the medical, psychological and legal needs of the survivors. Violence and the fear of 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 sexual and other gender-based violence that took place during the conflict and post conflict period and health hazards associated with violence. There is a growing awareness of the links between sexual and gender-based violence, health, human rights and national development. However, programmes that simultaneously address the determinants and consequences of SGBV in an integrated and comprehensive manner have not been executed in Nepal.

Thus, in this project, the reproductive health camps are being conducted in very remote geographical areas where access to reproductive health services, psycho-social and legal counseling services is limited. The access to service is justice in itself which contributes to the overall well-being of the survivors. The comprehensive services provided through reproductive health camps contributed to the documentation of sexual violence cases, which will be submitted to the Truth and Reconciliation Commission (TRC), eventually improving access to justice. It is expected that the TRC will be established in Nepal in the near future and that the survivors whose case will be submitted to the TRC will get justice.

II. Resources

Financial Resources:

- Provide information on other funding resources available to the project, if applicable.

Other funding resources have not been utilized to support the implementation of the Programme. The funding provided by the UNPFN is adequate therefore there is no need to mobilize funds from other sources.

- Provide details on any budget revisions approved by the appropriate decision-making body, if applicable.

A project budget revision was submitted to and approved by the UNPFN Executive Committee in December 2011. While the nature of the activities and project scope were not altered, the budget was realigned within budget categories based on expenditure patterns observed while conducting a Reproductive Health Camp in two pilot districts in 2010. Expenditure patterns showed that more expenditure was incurred in conducting RH camps and less expenditure incurred to train counterparts in comparison with the projected expenditures in the project budget.

For UNFPA, some budget was moved from the training of counterparts to the contract budget lines (the latter finances services in the mobile reproductive health camps). For UNICEF, similarly, some budget from training of counterparts was shifted to contracts, as this activity is carried out by implementing partners and it was more logical to streamline the budget this way.

Total approved project budget was **US\$ 2,100,000 (UNFPA-\$1,382,060), (UNICEF-\$717,940)**. UNICEF Nepal received the entire budget in one single tranche on 24 June 2010. UNFPA Nepal received the budget in two tranches: the first one amounting to **\$145,029** on 16 June 2010 and the second one amounting to **\$1,237,031** on 30 July, 2010. No bottlenecks were identified.

Human Resources:

- National Staff:
UNFPA: One National Project Manager
UNICEF: One Child Protection Officer and one Consultant

- International Staff:
UNFPA: One International Project Manager was hired for five months from the last week of June to the last week of November 2011.

III. Implementation and Monitoring Arrangements

The project adopts a holistic approach to documenting sexual violence that combines information gathering with service delivery in a way that avoids re-traumatizing or stigmatizing the survivors. The approach has been endorsed by the UNSCR 1888 and emphasizes the need for a holistic response to survivors of sexual violence.

The project has taken considerable efforts to reduce the vulnerability of survivors and women by adopting a do-no-harm approach which includes:

- The documentation of cases of sexual violence, combined with psycho-social counseling services to reduce and possibly avoid the secondary and tertiary re-victimization of survivors.
- The provision of reproductive health services to all women in general and in particular to victims of sexual violence.
- The training of all staff directly engaged in the implementation of the Programme to ensure that they have the necessary technical and ethical skills, including the capacity to maintain confidentiality and to deal with survivors.

UNFPA and UNICEF are working together under a Memorandum of Understanding for this particular project. UNFPA is responsible for organizing the reproductive health camps and providing training to the project team. UNICEF is responsible for documentation through Save the children/CWIN, psycho-social counseling undertaken by TPO and legal counseling undertaken by Advocacy Forum.

UNFPA and UNICEF are jointly advocating for support to survivors of sexual violence and providing training to the district level relevant stakeholders on issues related to reproductive health and sexual violence.

Provide details on the procurement procedures utilized and explain variances in standard procedures.

Two laptops and two cameras were purchased by UNFPA for IPs, so that they can document activities conducted in the ongoing camps. UNFPA's procurement procedures were followed.

Monitoring system(s) used to identify and incorporate lessons learned into the ongoing project.

The project is monitored through several mechanisms situated at different levels of the project implementation mechanism:

The Project Steering Committee: The first Project Steering Committee (SC) meeting was held on July 13, 2011 at the Ministry of Peace and Reconstruction chaired by the Joint Secretary, Sadhu Ram Sapkota, with representatives from the Department of Women and Children (DoWC), Ministry of Health and Population (MoHP) and Department of Education (DoE). At the meeting a presentation was made to provide an overview of the project, and the terms of reference of the committee were finalized. All members committed their full support to the project. The Steering Committee could not be set up earlier due to the time taken to develop linkages with relevant ministries and due to the change of key persons in the ministries.

Two members of the Steering Committee, namely Divakar Devkota, Director General of DWC, Saradha Pandey, Senior Administrator of MoHP, UNFPA, UNICEF and its implementing partners, conducted a joint monitoring visit to one camp on 21-23 August 2011. The team met with the local camp coordination committee members, Women and Children Office and other relevant stakeholders. The team monitored the district level orientation and observed the Reproductive Health (RH) camp. The visit helped deepen SC members' understanding of the project and increased their support to and ownership of the project. SC members also provided technical support to improve the operation of the camps.

Project Review Board: A Project Review Board comprised of UNFPA, UNICEF, Advocacy Forum, TPO, Save the children/CWIN, ADRA, HHES has been established to evaluate progress and suggest modifications in the implementation of the project. It was established on 6 September 2010. The Board acts as a mechanism to support and provide oversight to the project and also support the development of quarterly updates to the UN Peace Fund for Nepal and the Steering Committee. In 2011, the Project Review Board met 10 times, to review the progress of the project to date and discuss next steps, and produced 4 quarterly updates for the UNPFN.

UNFPA and UNICEF staff monitoring visits: UNFPA and UNICEF staff conducted monitoring visits in Dang, Surkhet, Kapilvastu (First quarter), Saptari, Siraha, Rukum (Second quarter), Mahottari, Dhanusa, Bardia, Kapilvastu (Third quarter) and Saptari (Fourth quarter). UNFPA and UNICEF jointly conducted monitoring visits in Mahottari, Kapilvastu and Saptari. 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 the clients. 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 the operation of subsequent camps.

Additionally, a lessons learnt workshop was organized in Kathmandu on 4 and 5 August 2011 with the participation of both central and district level partners and government representatives (PSC members). This workshop reviewed the progress made so far and shared lessons, challenges and good practices in order to improve project implementation. Better coordination with local stakeholders and thorough follow up of cases were recommended. It was also acknowledged that linkages with the peace process should be strengthened and justice and relief need to be ensured for the survivors. A range of recommendations and strategies were developed, and project members started implementing them immediately. For instance, the lack of an adequate referral system identified was addressed by developing referral slips and setting up a better mechanism, such as conducting a de-briefing meeting with local stakeholders after camps in each district. It was observed that coordination with Women and Children Offices (WCO) and the Department of Women has improved by involving them in the camps and engaging community social mobilizers who are WCO volunteers as camp volunteers. Cross-visits between two parallel camp teams were also conducted to learn good practices from one another in order to integrate them in the operation of their respective camps.

Thus regular field visits have contributed to targeted monitoring, development of learning (included care for care giver training), as well as to the re-design of some aspects of the project such as the introduction of debriefing meetings with local stakeholders after camps in each district, hiring an extra staff nurse to screen women/girls for SGBV, developing referral slips and setting up better referral mechanisms.

IV. Results

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

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 the outputs, the following activities were conducted:

- i. Documentation of cases of sexual and gender based violence
- ii. Focus group discussions
- iii. Capacity building/awareness raising/advocacy through the media

Documentation of cases of sexual violence:

Through the Reproductive Health (RH) camps, cases related to sexual and gender based violence (SGBV) in the armed and post conflict situations were documented. The documentation helped to recognize and acknowledge problems of survivors of SGBV and to provide appropriate services to the survivors.

During the reporting period, Reproductive Health (RH) camps were conducted in 13 out of the 14 districts targeted in the project design. The first round of camps was conducted in 12 districts (Bajura, Kanchanpur, Kapilvastu, Dang, Surkhet, Saptari, Siraha, Rukum, Kalikot, Mahottari, Dhanusha and Rolpa). The follow up round of camps was conducted in 10 districts (Kanchanpur, Kapilvastu, Dang, Surkhet, Saptari, Siraha, Kalikot, Mahottari, Dhanusha and Bardiya). Thus in

some districts both first round and follow up camps were conducted. Approximately 28,895 women and girls visited the reproductive health camps and received services. The beneficiaries visiting the RH camps had immediate access to health, legal and psycho-social and livelihood services.

Among 28,895 women and girls who visited the reproductive health camps, 695 cases of sexual and gender based violence were documented in 13 districts, out of which 234 cases were identified for livelihood support. Livelihood support was provided based on the needs of women/girls, in the form of income generation activities. Out of the 695 cases of sexual and gender based violence documented, 60 were identified as conflict related and therefore potentially eligible for consideration in a transitional justice process as agreed upon by the signatories to the Comprehensive Peace Agreement (CPA).

Table 1: Total number of cases documented in each district

District	First Round	Follow-up Round	Total
Bajura	51	NA	51
Kanchanpur	31	12	43
Kapilvastu	40	20	60
Dang	65	9	74
Surkhet	31	11	42
Saptari	48	12	60
Siraha	37	7	44
Rukum	68	NA	68
Kalikot	54	66	120
Mahottari	34	11	45
Dhanusha	27	11	38
Rolpa	23	NA	23
Bardiya	NA	27	27
Total	509	186	695

The table below shows the breakdown of documented cases according to the types of sexual and gender based violence (SGBV), age, follow-up and new cases. The most prevalent gender based violence is ‘Domestic Violence’ (223, 32.09 %), followed by ‘Assault Battery’ (220, 31.65 %). There are fewer cases of sexual violence: rape (39, 5.61 %), attempt to rape (34, 4.89 %), sexual harassment (15, 2.16 %) and statutory rape (7, 1.01 %). Thirty survivors went to the second round of RH camps for follow up support.

Table 2: Number of SGBV types documented in 2011

Types of GBV	Age Group		Total
	Under 18	Over 18	
Rape	14	25	39
Attempt to rape	8	26	34
Sexual harassment	3	12	15
Trafficking	1	1	2
Assault battery	19	201	220
Domestic violence	19	204	223
Forced marriage	3	1	4

Statutory rape	4	3	7
Denial of resources	1	26	27
Others	20	104	124
Grand Total	92	603	695

Through the documentation of cases, evidence has been gathered to influence transitional justice processes, in particular the envisaged Truth and Reconciliation Commission. This will provide support to conflict victims to claim compensation. The findings will fill a current gap in the existing information concerning conflict related violations, and will ensure that these women and girls' experiences are recognized and acknowledged in these processes.

Focus Group Discussions (FGDs):

FGDs created a platform for women and girls to discuss problems and cases related to SGBV from conflict and post conflict periods. Lawyers who conducted the FGDs also informed SGBV survivors that they could meet with them separately if they required further legal assistance.

95 FGDs were conducted in the 13 districts where the camps were held. The total number of participants in the FGDs was 1300.

Table 3: Data of FGDs conducted in different districts from Jan-Dec 2011

Districts	No. of FGDs conducted		No. Total Women Participation
	1st Round Camp	Follow-Up Camp	
Bardiya	0	1	12
Kanchanpur	5	4	106
Bajura	4		56
Dang	9	0	142
Surkhet	9	5	202
Kalikot	6	4	131
Rukum	11		119
Rolpa	4		42
Saptari	5	4	143
Siraha	5	0	56
Mahottari	4	4	132
Dhanusha	2	4	108
Total	69 FGDs	26 FGDs	1300
Grand Total	95 FGDs		

Capacity Building/ raising awareness through media advocacy:

This activity sensitized the general population on the issues related to SGBV; sensitized the district stakeholders to support RH camps; provided support to SGBV survivors and established effective referral mechanisms for comprehensive gender based violence services.

District Level Orientation: Prior to organizing RH camps in each district, a two-day orientation was organized for district stakeholders such as representatives from Chief District Office (CDO), Women and Children Office (WCO), District Administration Office (DAO), District Development Committee (DDC), District Health Organization (DHO), different community-based organisations and non-government organizations. The concepts of women's rights, reproductive health, legal provisions, gender based violence, referral mechanism, and psychosocial issues were discussed. Resource mapping and referral mechanism for services available at district level was prepared. They also observed the RH camps, and provided support to follow up on referred cases. Altogether there 502 district stakeholders participated in these orientation sessions.

VDC Level Orientation: one day orientation was provided to the VDC level stakeholders such as camp management committee and camp volunteers before starting camps in each VDC. The orientation was organized to build capacity of the stakeholders on women rights, reproductive health, legal provisions, gender based violence, referral mechanism, psychosocial issues. They took ownership and helped in logistic management of camps, ensuring security to team when necessary, disseminating information about the camp. Altogether 1077 VDC level stakeholders participated in the orientations.

Onsite coaching/training to health service providers: RH camp team also extended support to the government by providing hands on training to the relevant local health providers such as health assistant, auxiliary nurse midwife (ANM), maternity and child health workers (MCHW) and lab assistant. The 199 staffs were trained on inserting ring pessary, identifying UP cases, basic lab techniques. They were also requested to teach pelvic floor exercise to the women delivering at health institutions. They were also taught on proper disposal of hospital wastes and syringes, sterilization of instruments, chlorination etc.

Debriefing meetings: Service delivered in the camp was shared in debriefing meetings which were conducted in 11 districts with over 264 stakeholders. It provided a platform to engage stakeholders to continue their support on RH and SGBV issues, including those referred from RH camps.

Media awareness: A four-episode tele-serial against sexual violence, titled as *ASHMITA* was broadcasted through Nepal Television. The episodes dealt with sexual violence in schools and on rape. It delivered messages on how individual, community, schools and law enforcement agencies can play a positive supportive role to prevent and respond on sexual and gender based violence.

Similarly, research was carried out on sexual violence in the conflict and post conflict periods for a radio drama, *Gulabi's Tale*, and five episodes were written and recorded. Each episode includes a drama and a magazine component, which is interviews with SV survivors and service providers, such as counselors and lawyers.

Another component of the project produced and aired a total of 25 episodes of weekly radio programme on Radio Kantipur, which covered a wide range of news related to SGBV including implementation of the National Action Plan on United Nations Security Council Resolution 1325 and 1820, different subjects within SGBV such as witch accusation. The radio program also included interviews with different SGBV actors, such as woman activists and a Constituent Assembly member. Radio Kantipur has more than 17 million listeners and is accessible to 65 districts of Nepal.

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

Outputs:

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

2.2. Women provided with psycho-social counseling.

To achieve the outputs, following activities were conducted:

- i. Establishments of reproductive health camps & reproductive health service provision
- ii. Psycho-social counseling provided to women/girls

Establishments of reproductive health camps & reproductive health service provision

There is a strong relationship between SGBV and poor reproductive health for women and girls. Female survivors of sexual violence not only sustain physical injuries, but are more likely than other women to have unintended pregnancies, report symptoms of reproductive tract infections, are less likely to use condoms and other contraceptives.

However, mindset to view reproductive health problem as a health issue rather than a social issue and neglect to recognize impact of various forms of violence on overall health is prevalent in Nepali society.

Through the RH camps, women from conflict affected communities received various RH services, not available otherwise due to financial constraints and potential stigma associated with seeking care. In this reporting period 28,895 women/girls were registered and they received various services. 15,158 and women/girls were registered in camp conducted by ADRA. Among the 15,158 women/girls registered in the RH camp, 11,494 (75.8 %) were from disadvantaged communities (Dalit/ Janajati) and 3,664 (24.2%) were from the relatively more advantaged communities of Brahmin, Chhetri, Thakuri etc. Thus, the camp was successful in reaching to the more vulnerable population of Dalit and Janajati category.

Likewise, around 13,712 women/girls were registered in the camps conducted by HHESS. Among the 13712 women/girls registered in the RH camp, 7666 (55.9 %) were Dalit/ Janajati and 6072 (44.2%) were from the relatively more advantaged communities of Brahmin, Chhetri, Thakuri etc. Almost equal percentage of women belonging to Dalit/Janjati and relatively more advantaged communities received services in camp organized by HHESS.

Women and girls received different types of RH services, general health services and orientation on health issues as shown in the table below. Some women/ girls received more than one services as per need. See. Table below:

Table 4: Various services received by women/girls by age

	Services	First phase & follow up camps RH statistics						Total	%
		<10	10 - 14	15- 19	20- 24	25- 49	>50		
	Women/girls registered							28895	
I.	Overall RH services							23463	81
1	Gynecological Services-	2	127	1221	1133	3930	998	7411	26
2	Treatment of reproductive tract infection & sexually transmitted infection	8	54	395	1048	5020	368	6893	24
3	Obstetric Services: antinatal & postnatal care, abortion related	0	2	179	410	599	0	1190	4
4	Family Planning Service	0	0	145	607	2524	49	3325	12
5	Voluntary counseling & testing related to HIV/AIDS	4	3	24	21	87 (2 +ve)	14	1585	5
6	Reproductive health counseling	0	121	582	475	2127	29	3334	12
7	Laboratory diagnostic service: blood, urine, pregnancy test	12	37	440	939	2340	445	4213	15
II.	General health services	119	287	664	1106	5956	2665	10842	38
III.	Orientation on health issues	82	661	1937	3508	9958	3583	19729	68

Out of 28,895 women/girls that visited RH camps, in 2011, 23,463 girls/women received overall RH related services, which is 81 % of total clients registered. From the table above, out of overall RH services, 7,411 women/girls (26%) received gynecological services, followed by treatment of reproductive tract infection & sexually transmitted infection for 6,893 women/girls.

General health services were also provided as women/girls who visited RH camp. 10,842 girls/women received general health related services. This is 38% of total clients registered. Services were provided for medical problems such as back ache, hemorrhoids, headache, viral fever, hernia, conjunctivitis, tonsillitis, pharyngitis, anemia etc. Likewise, orientation on health issues was also done to women/girls when they were waiting to get various services. Around 68% of the women/girls or 19,729 were oriented on health issues. The women/girls benefitted from many different types of RH services, general services and health orientations from the RH camp.

Many women in Nepal suffer from Uterine Prolapse, also called pelvic organ prolapse or prolapse of the uterus (womb). Services related to uterine prolapsed (UP) forms a major part of overall RH services and have been mentioned separately below.

UP counseling were provided to 4245 women/girls, pelvic floor exercise were taught to 2556 and ring pessary insertion to 902 women/girls. 474 women/girls completed UP surgery at hospitals. In districts such as Bajura, Kanchanpur, Saptari, Siraha Mahottari, Dhanusha, the women/girls who were taught pelvic floor exercise, services related to ring pessary insertion and surgeries completed at hospital is slightly more than in the districts such as Kalikot,Dang, Surkhet, Kapilvastu, Bardia, Rolpa. The difference can be due to prevalence of problems in different geographic regions, community acceptance to do UP surgery.

Psycho-social counseling provided to women/girls

Psychosocial counselors and community psychosocial workers (CPSWs) provided psychosocial support to 3,551 women and girls. Orientations on psychosocial issues to women/girls were also conducted during the RH camps. 363 clients were referred to regional counselors and CPSWs for further psychosocial support/counseling in their respective regions.

Table 5: Age wise distribution of clients receiving psychosocial support in RH camp

Age	District													
	Kan cha npu r	Baj ura	Kapi lwast u	Dan g	Surkh et	Ach ha m	Si ra ha	Sa pt ari	Dha nu sa	Mah ottar i	Rol pa	Ruk um	Kali kot	Bard iya
< 10	1	0	0	0	0	0	1	0	0	0	0	0	0	0
10-19	27	17	21	0	3	1	10	3	21	4	0	2	7	28
20-29	85	39	47	18	27	28	42	52	52	32	15	17	25	54
30-39	67	24	70	29	35	31	25	20	66	16	31	31	28	85
40-49	41	18	53	170	219	106	11	9	28	6	73	131	22	63
50 >	38	10	64	55	73	26	6	7	21	13	26	40	18	63
Total	259	108	255	272	357	192	95	91	188	71	145	221	100	293

Table 6: Clients from Follow up Camps

Age	District									
	Kanchan pur	Kapilw astu	Dang	Surkhet	Sira ha	Sapt ari	Dhanu sa	Mahott ari	Kalik ot	Bardiya
< 10	0	0	0	0	1	0	0	0	0	0
10-19	7	8	12	4	4	23	22	9	3	15
20-29	18	27	16	6	22	30	26	25	4	46
30-39	16	52	40	11	21	31	18	17	8	45
40-49	7	45	34	6	7	12	12	7	6	52
50 >	7	35	19	3	8	16	9	11	1	20
Total	55	167	121	30	63	112	87	69	22	178

This table does not include women and girls who visited the psychosocial unit for general information.

Survivors of SGBV were offered psycho-social counseling to ensure that documentation can take place without the risk of re-traumatizing women/girls as well as for the psychological wellbeing of women/girls.

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.

Outputs:

- 3.1. Submission of findings to the TRC and other relevant transitional justice mechanisms.
- 3.2. First Information Reports filed with the Police

To achieve the outputs, the following activities were conducted:

- i. Legal counseling provided to women/girls
- ii. Information submitted to the Truth and Reconciliation Commission (TRC) and other relevant transitional justice mechanisms.

Legal counseling provided to women/girls

802 women/girl clients received legal counseling services. In the first round of camps, the lawyers reached out to 577 victims who benefitted from legal counseling services. Similarly, in the follow up camps, 255 victims benefitted from the above mentioned services. In these follow-up camps, 45 old clients also visited the lawyers for further legal counseling to seek judicial remedy. Out of 802 cases, 286 cases were referred to the Nepal Bar Association and other concerned organizations for further legal counseling and legal support.

Table 7: Legal counseling in First Round Camp

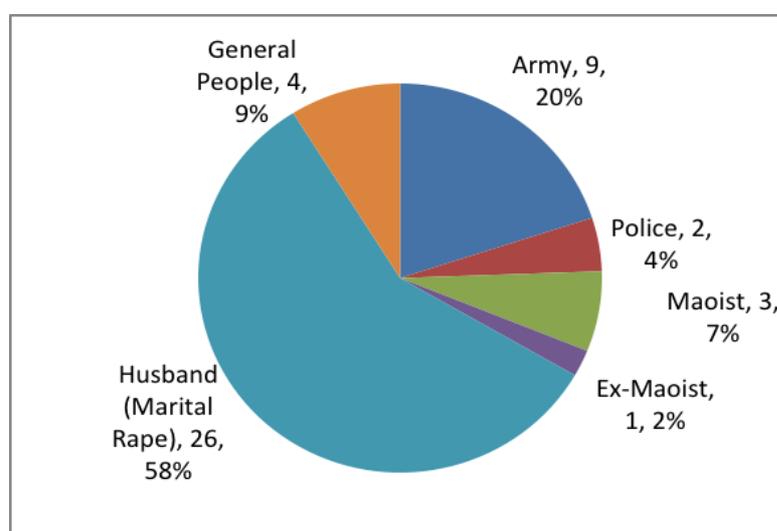
Districts	No. of Clients		Total
	VDC 1	VDC 2	
Kanchanpur	30	17	47
Kapilbastu	25	26	51
Bajura	9	37	46
Dang	20	31	51
Saptari	21	38	59
Surkhet	33	24	57
Siraha	19	17	36
Kalikot	18	42	60
Rukum	32	25	57
Rolpa	16	18	34
Mahottari	28	15	43
Dhanusha	21	15	36
			577

Table 8: Legal Counseling in Follow-Up Camps

Districts	No. of Clients		Follow-up Old Clients	Total
	VDC 1	VDC 2		
Kanchanpur	12	13	0	25
Kapilbastu	13	12	0	25
Dang	2	9	3	14
Saptari	5	10	2	17
Surkhet	4	9	14	27
Siraha	6	3	3	12
Kalikot	14	24	10	48
Bardiya	10	7	9	26
Mahottari	7	5	2	14
Dhanusha	10	5	2	17
Total	180		45	225

About half of the clients were found to be victims of some kind of domestic violence. Polygamy and physical assault were the most common violence. Many women were also found victims of marital rape, and legal counseling on their rights and remedial measures were provided to them. The chart below indicates that most perpetrators were from the army rather than the Maoists or other security forces.

Chart1: Perpetrators of Rape during armed and Post-Conflict Period



Challenges and Lesson Learnt

Challenges

Operational challenges:

- In the follow-up camps, it was hard to track down non-RH clients from previous camps, particularly sexual violence survivors, since reaching them by telephone was a challenge. To address this issue, it was agreed that community psychosocial workers would be mobilized to track them by visiting each client door to door to the extent possible in addition to telephoning them.

- Sudden/uninformed road blockade/strikes and landslide are some of the problems faced by the camp team.

Programmatic Challenges:

- Determining eligibility for financial and other forms of compensation for conflict related sexual violence survivors is complex. It has also been observed that during the period of the insurgency and after the conflict, there was an increase in incidents of sexual and gender based violence not strictly linked to the conflict (perpetrated by civilians). Giving priority to survivors of conflict-related sexual violence over other victims of sexual (and gender based) violence raises ethical issues. All survivors equally suffer from similar consequences of violence, and they require support. However, normally reparation will only target conflict related SV cases. Therefore, the national system (health care, legal and other rehabilitation services) should support non conflict related victims. However, there is lack of national capacity, and such capacity requires a long time to develop it. Efforts are being made to research any precedent for this type of assistance. Reparation for SV survivors is still a new area and it is difficult to determine the policy.
- The challenges of reporting and documenting SGBV cases which were identified in the previous annual report still remain, such as time lapse since incidents which occurred during the conflict time, lack of evidence for rape cases, impunity and safety and security issues.
- Challenges with regard to pressing charges against perpetrators which were identified in the previous annual report still remain; the lack of medico-legal evidence required to prosecute cases of sexual assault and sexual violence constitutes a serious obstacle for survivors willing to press charges several months, and in this case, several years after the crime was committed. The Court requires survivors of sexual violence to file their complaint within 35 days of the incident. One of the SGBV survivors identified through the RH camp filed a case in the court but justice was denied as it was not reported within 35 days of the incident. Also the widespread impunity for offenders prevents women from pressing charges against perpetrators.

Lessons Learned

- Strong coordination and relationship of trust between UNFPA, UNICEF and its implementing partners was essential to achieve the set objectives. To reach a consensus on strategies and approaches with all implementing partners in the project, project board meetings were organized when the need arose. In 2011 more than 10 project board meetings were organized to discuss on various issues such as to finalize camp calendars, to discuss on administrative issues (travel cost, DSAs), to discuss on contingency plans, to develop referral mechanisms, 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. Internal and external referral mechanism within the camp and in the district was found

helpful in providing multiple services and connecting the women to the relevant authorities and services available in the district.

- A debriefing meeting organized with stakeholders after the end of the RH camp proved important to update the RH camp achievements, challenges and to enforce the need for the follow up action.
- 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 helpful to reduce burnt out syndrome among staff members.
- Timing: more survivors would have benefited from the services provided through the programme, if it had been implemented during or immediately after the conflict.
- To press charge against perpetrators is a challenge. Therefore, 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.
- Need to develop an exit strategy to move ahead to continue advocating for the rights of SGBV survivors especially taking into account the evolution of the context in Nepal about the establishment of a transition justice process.
- Shelter component was added to the project based on needs identified. Some clients who came to the camp were pregnant after rape and ostracized from their family and community. Hence, they needed an immediate shelter support. A shelter (safe house) in Kapilvastu was linked with the project to provide rehabilitation services to SGBV survivors who require immediate protection and accommodation.

List the key partnerships and collaborations:

Key partnerships and collaborations took place in many levels as mentioned below:

- Between UN agencies: UNFPA & UNICEF
- Between UN agencies and it's implementing partners (civil society organizations)
- Between district and VDC level stakeholders
- Between government organizations

The partnerships created synergy to meet overall project goal.

V. Future Work Plan

Follow up camps in the 4 districts, viz., Achaam, Bajura, Rukum and Rolpa will be carried out in 2012. Documentation of sexual violence cases, focus group discussions, psycho-social counseling, and legal aid counseling in follow-up camps will be continued.

Final evaluation will be carried out from February 2012 to find out the effectiveness of services to the clients. Lesson learnt workshop will be conducted to explore strength, areas of improvement, strategies to overcome challenges, strategy for future initiatives. Care for Care giver training will be organized for the project staff to deal with the burnt out symptoms. Documented cases will be analyzed and a report will be prepared and disseminated to relevant stakeholders. Report to be submitted to the TRC mechanisms (if formed) will be drafted.

Major adjustments in strategies, targets or key outcomes and outputs planned:

The camps will be completed in the last week of February 2012, giving very little time for documentation officers to document SGBV cases. Also, the hiring of an International Consultant to develop a report based on analysis of documented cases to guide future advocacy efforts requires significant time.

The project partners would like to request a no-cost extension until July 2012. If the no-cost extension is granted then the cases will be consolidated by mid-April. The International consultant will prepare the first draft by mid-May 2012. The workshop will then be organized to disseminate the information to stakeholders by the end of May 2012. The final report will be submitted by June 2012. A Steering Committee Meeting, including government representatives, will be held in April 2012 to discuss the no cost extension request. Following Steering Committee approval, this will be submitted as an official request to the UNPF.

VI. INDICATOR BASED PERFORMANCE ASSESSMENT

UNPFN	Cluster: Rights and Reconciliation: Supported effective and inclusive transitional justice, information and services to the conflict affected	Strategic Outcome: Improved participation and protection of women, and the delivery of services to conflict affected women strengthening inclusive elements if the Nepal peace
UNPBF	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

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
Outcome 1² 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.							
Output 1.1 Incidences of sexual violence against women and girls during the conflict and post-conflict in Nepal are identified/documentated and victims gain access to justice through participation in transitional justice processes	Indicator 1.1.1 Report on the use of sexual violence during the conflict in Nepal and the current status of the victims is developed to advocate for recognition	Lack of legal awareness on legal provision on SGBV victims	* 70 focus groups discussion (FGDs) held * # of cases of sexual violence documented by 2012 * Report developed * High level participation in the	97 FGDs held with 1416 women and girls to identify SGBV issues and the extent of the impact of conflict on them; 761 SGBV cases documented, out		Quarterly report by IP Field Visit Report	

² For PBF: Either country relevant or PMP specific.

			launch of the report by 2012	of which 90 are conflict related SV; FGDs and documented case analysis is ongoing and the report will be completed in 2012.			
Output 1.2 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	Indicator 1.2.1 Number of incidents of sexual violence addressed through the formal justice system or transitional justice processes.	0 (Apr 2010)	NA	Among 90 conflict related SV cases, none has been filed in the formal justice system due to time lapse since the incident ³ . Follow up of other SGBV cases as well as non GBV legal cases are on going. The establishment of the TRC has also been delayed; 60 cases have been identified to be possibly eligible for future TRC submission, and follow up documentation is		Quarterly report by IP Field Visit Report	

³ Sexual violence cases cannot be filed later than 35 days after the incident. This is why conflict related cases and many other SV cases cannot be addressed through the formal justice system.

				on-going to ensure all necessary details are included in the case file to be eligible for TRC submission. Collaboration with other UN agencies to advocate for the inclusion of SV in the government future reparation programme has been initiated.			
Output 1.3 Reproductive health services and psycho-social and legal counseling provided to women and girls in conflict-affected 14 districts	Indicator 1.3.1 Number of women and girls in 14 target districts who have received reproductive health services and psycho-social and legal counseling	0 (Apr 2010)	20,000 women provided with reproductive health services and legal counseling (2011);	In 14 districts, 28,895 women and girls have received reproductive health services, out of whom 3,730 women and girls received psychosocial counseling; 807 were provided with legal counseling. Follow up camps in four district are still to take place.		Quarterly report by IP Field Visit Report	

				A quality of life survey ⁴ is being planned to evaluate the UP surgeries for clients from some of our camps; data on other results will be collected through the final project evaluation.			
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⁴ The survey will be conducted pre and post surgery to evaluate improvement in the quality of life of women. The final report will be available in late 2012.

ANNEX: 1

Abbreviations and acronyms

ADRA:	Adventist Development and Relief Agency Nepal
CWIN:	Child Workers in Nepal Concerned Centres
HHESS:	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

ANNEX: 2

Sexual violence in Nepal: Two case studies.

Case Study I

Ambarkahti (name changed), a 38-year-old widow, hails from a poor family, and lives in Saptari district, one of the 75 districts, located in the Eastern region of Nepal. She has two children. After she lost her husband 10 years ago, she started facing many difficulties, including providing sufficient food for her children. Her brother-in-law restricted her from using his property or resources, such as land for cultivation or the water pump that belongs to him. At one point, he even physically assaulted her, causing her physical injury.



A focus group discussion is being conducted with local women in the Saptari reproduction health camp.

After this incident, Ambarkahti lodged a First Information Report (FIR)

against her brother-in-law at the Hanumannagar Area Police Office in Saptari. The police arrested him and settled the case temporarily by making him sign a written document whereby he promised to pay for the treatment and expenses of the victim. However, Ambarkahti never received such support, instead she was further abused by her brother-in-law.

When the victim met with an Advocacy Forum⁵ (AF) lawyer, Bishnu Maya Bhusal, on 13 April 2011 at a nearby reproductive health camp supported by UNICEF and UNFPA, the lawyer provided legal counseling about the rights of women against torture and ill treatment, and told her about the existing legal provisions provided in the country's Domestic Violence Act and Battery Law. She was further assisted in drafting a new First Information Report. The victim came to the camp which was set up with the assistance of UNICEF and UNFPA for three days, in the hope of getting legal counseling and support. After the First Information Report was drafted, the lawyer helped her file it with the Police Office. In addition, she submitted a letter to the Police Office, urging for further assistance.

Some time later the lawyer went to the Police Office to inquire about the case, and she was told that the victim's brother-in-law had been called to the Police Office and cautioned not to repeat violent acts. The Police also assured the lawyer that they would take further steps if the victim informed them about any problem in the future.

⁵ The Nepalese human rights NGO Advocacy Forum (AF) is one of the implementing partners of the project.

Case Study II

Twenty-five year-old Sarita (not real name), mother of two sons, also lives in Saptari, in the Eastern region of Nepal. For the past four years she and her children have been living at her mother's house, following her separation from her husband, a drunkard, who used to quarrel with her frequently.

A year after the separation, the Madheshi (Terai) movement⁶ broke out in Saptari, and many armed groups formed in the area. In June 2008 two unknown people came to Sarita's house at around 10 P.M. and forcefully took her to a nearby field by the riverside and raped her. Three more people were also present at the site and they also raped her. Introducing themselves as Maoist Party members, they threatened her not to mention the incident to others. They were all dressed in plain clothes and seemed to belong to the Madheshi⁷ community. After her terrible ordeal she returned home the next morning feeling weak and dizzy.

After the incident, the men (especially one in particular) started coming to her house frequently and forcing her to have sex with them. They repeatedly threatened to kill her sons if she did not obey them, and because of the fear of harm to her sons she fulfilled their demands. After peace was restored in this community in 2009 and an armed police force was deployed in her village for security, the perpetrator stopped coming to her.

One of the Advocacy Forum lawyers, met with the victim at the reproductive health camp in April 2011, which was jointly organized by UNICEF and UNFPA. It was the first time she had shared the dreadful incident with anybody besides one close friend of hers. In addition to her physical abuse, Sarita was concerned about her children as well. Because she did not have their birth certificates, the boys were not admitted to the local school. When she went to the local government office to get their certificates, she was told that she must bring her husband's citizenship certificate, which she was not able to collect from him.

Lawyer Maya Bhusal discussed the matter of the children with Mr. Yadav, a School Management Committee member of the Higher Secondary School, who is also part of the reproductive health camp management team, and he assured both the lawyer and her client that the boys would indeed be admitted to his school.

The lawyer also found that the victim was concerned about seeking justice, and therefore she was provided legal counseling regarding the provisions of the Law on rape. Unfortunately, the time limit for lodging a First Information Report had already passed, and no charges could be brought forward. Nonetheless, the lawyer told Sarita that the Truth and Reconciliation Commission that should be established after the conflict, might provide her with reparation and justice in the future through constructive recommendations to the government.



Lawyer Bishnu Maya Bhusal counsels a victim of sexual violence

⁶ The Madheshi movement demands an end to the discrimination of the Madheshi people, greater autonomy within Nepal, and greater representation in the national Parliament. The different parties involved in the movement range from the student wings of the ruling parties to armed groups.

⁷ The Terai is often interchangeably called 'Madhes', but the terms differ in their original usage. The 'Terai' refers to the fertile strip of low-lying land sandwiched between the Himalayan foothills and the Indo-Gangetic alluvial plain, running from west to east throughout southern Nepal, and stretching to India and Bhutan.