

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

For the period of *October to December 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:	<i>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.</i>
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:	Ministry of Peace and Reconstruction, Ministry of Health and Population, Department of Women and Children, Department of Education		
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 (22 months)

Total approved project budget:	Total \$2,100,000 (UNICEF- \$ 717,940; UNFPA- -\$1,382,060)		
Funds committed and spent to-date by the project:	x \$ 2,052,546	As % of approved budget:	100%
Funds spent to-date by the project:	\$583,316(UNICEF), 1,021,844 9UNFPA), Total=\$1,605,160	Project delivery rate:	81.8%

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 affected districts. The project aims at addressing the culture of silence around the sexual violence during the conflict and its aftermath in order to ensure recognition in the Nepal peace process. The provision of reproductive health services will be used as the entry point in order to identify and document incidences of violence. Survivors will also be supported to access justice and rehabilitation, and to be empowered to participate in transitional justice and other peace building activities.

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	817 cases of sexual and gender based violence were documented in 14 districts, out of which 234 cases were identified for livelihood support. Out of 817 cases, 60 were identified to be possibly eligible for the TRC submission.	<p>Difficult to set quantitative targets since no comprehensive baseline on sexual violence exists. Based on the analysis of the trend of cases reported during the Reproductive Health camp, it varies from 2 to 52 cases, which indicates that it is difficult to set a target.</p> <p>The first camps are completed in all districts, and the project does not expect many more cases to be documented. From new clients in the rest of 18 camps in 9 districts, it is estimated that 100 new cases (general SGBV) could be documented.</p>
Support access to reproductive health care and psycho-social counseling for victims of sexual violence in target areas.	<p>3730 clients/survivors received psychosocial counseling in total. 363 clients were referred to regional counselors and community psychosocial workers for further psychosocial counseling.</p> <p>Reproductive health (RH) services including general health services were provided to 27,436 women and girls to date and uterus prolapse surgery completed for 518 women.</p>	<p>The first camps are completed in all districts, and it is estimated that an additional 500 clients may receive psychosocial counselling, although this depends on needs and clients flow.</p> <p>The first camps are completed in all 14 districts & follow up camps in 4 districts is remaining. The project does not expect many more cases to be documented. It is estimated that 100 new cases (general SGBV) could be documented.</p> <p>Tracking for referred cases is on-going.</p> <p>For general /RH services, the target has been reached by 137%</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.	807 women/ survivor received legal counseling in total. Out of 807 cases, 286 cases were referred to Nepal Bar Association and other concerned organizations for further legal counseling and legal support.	<p>Policy level discussion is on-going to include survivors of sexual violence in the government future reparation programme by advocating for the recognition of SV during the conflict. Tracking for referred cases is on-going.</p> <p>No substantial progress has happened in this quarter.</p> <p>One of the implementing partners such as Advocacy Forum and other organizations working for women's right supported the rape survivor (raped by armies during conflict</p>

		period) from Surkhet to lodge FIR at the District Police Office of Dailekh on 30 Sept 2011.
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4. Overview of project results, achievements and challenges in this quarter

During the period of October to December 2011, 10 mobile reproductive health (RH) follow up camps were conducted in 5 conflict affected districts.

In the follow-up camps, a one-day orientation was organised for the village development committee (VDC) with concerned stakeholders such as village development secretary, paralegal committee members, female community health volunteers, teachers, area police officers, and members of youth clubs. The orientation aims at informing local stakeholders with regard to the RH camps, asking them to publicize the camps in the community and requesting their support for follow-up of cases.

As planned, each of the first round RH camp was conducted for 6 days, 2 camps per district and 4 days for the follow-up camps. The main purpose of the follow-up camps is to bring back the clients who have come to the first camp for further treatment or service. However, many new clients also benefitted from the follow-up camps.

During this period, 3,903 women received general and reproductive health and gynecological services, and 226 went through a uterus prolapse surgery. Also 118 girls and women were referred to mobile RH camps funded by other projects of UNFPA to take clients for surgeries. 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. Similarly, 136 new cases of sexual and gender based violence (SGBV) were documented, out of which 9 cases took place during the conflict. 320 clients received psychosocial counseling and 38 women/ survivors received legal counseling.

Strengthening referral continues to be one of the focuses of the project to ensure sustainability. Among those who received services at the camps, 24 women were referred for further psychosocial counseling to community psychosocial counselors and regional counselors within their respective regions, and 3 clients were referred to other legal services in their district for follow-ups. Referred cases are followed up by district or regional staff of implementing partners. Additionally 25 SGBV survivors benefitted from a livelihood support.

Save the children, one of the implementing partners, is also involved in providing livelihood support to SGBV survivors in this project. Thus, they oriented staffs from its partner NGOs on women's rights, on prevention and response to Gender Based Violence and on livelihood support to survivors of SGBV. The partner NGOs gave further trainings to various stakeholders in seven districts. These orientations sensitize the stakeholders and supported the survivors of SGBV to explore livelihood opportunities.

Legal counsellors just like in previous camps continued providing legal education on gender discrimination and national laws related to sexual and gender based violence at Saptari, Dhanusa and Mahottari. The target group were school students from grade seven to twelve apart from regular girls and women who visited RH mobile camps.

One of the implementing partners such as Advocacy Forum and other organizations working for women's right supported the rape survivor (raped by armies during conflict period) from Surkhet to lodge FIR at the District Police Office of Dailekh on 30 Sept 2011. This was the first registered case of rape that happened during conflict period. However, when this case was brought to the Supreme Court, it denied registering this case coating 35 days of statutory limitation and lack of *locus standi* of the various organizations to get involved in this case.

The project board meetings were held on 20th October and 1st December 2011. These meetings provided platform to discuss on various agendas such as updates of the project activities, follow up on the action points mentioned in the lesson learnt workshops, sharing joint monitoring mission report and finalization of the follow up camps schedule considering the weather condition. In these meetings need to increase co-ordination between RH camp and district level stakeholders, need to track non RH

clients, and need to enforce code of conduct signed by all members was stressed.

The Project continued in-depth analysis of documented sexual violence cases, and 60 cases of conflict related sexual violence were identified as qualifying for the Truth and Reconciliation Commission (TRC), since they have sufficient details.

Based on observations from joint monitoring visit conducted by UNFPA, UNICEF and the implementing partners at Saptari on 17th and 18th November, 2011 some changes were made at the camps. For instance, recommendations on the need to update RH and SGBV situation or status of the returning clients and on the need to hand over the report of service provided in RH camp not only to District Health Office but also to the representative from WCO, District Education Office, paralegal committee and other relevant organization that will provide further support to women/girls referred from RH camp.

Project implementation is on track and the RH camps are expected to be completed by the end of February 2012, and all reporting and evaluation will be finished by the end of April 2012.

Problems/challenges

- Many women came to access services which were beyond what the RH camp can offer. For example by 3 am on the last day of camp in Toppa VDC, 400 women gathered outside the camp demanding for services and the women were showing aggressive behavior. However, the crisis situation was handled very well by the whole camp members. The camp members screened clients at 4 am and asked them to come to camp at different timings to avoid overcrowding. They mobilized staff from primary health centre and alerted police to control the crowd.
- Sudden/uninformed road blockade/ strikes and landslide are some of the problems faced by the camp team. For example, on the way to Kalikot, camp members were stranded for a day without food due to landslide. Contingency planning was developed to deal with similar situation in future.
- The establishment of TRC is not only pending but also some of the political parties are advocating for blanket amnesty to conflict related crimes. Within the project duration, TRC is not likely to be set up and the project will not be able to submit the cases. Even if the cases are submitted to TRC once the TRC is established, there is risk that the SGBV survivors may not get justice. Thus, there is a need to develop concrete advocacy strategy to advocate for justice for the conflict survivors.

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 is developed to advocate for recognition	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 * Report developed * High level participation in the launch of the report by 2012	9.1 97 FGDs held with 1416 women and girls to identify SGBV issues and the extent of impact of conflict on them; 643 SGBV cases documented since 2011, out of which 86 are conflict related SV; FDGs and documented case analysis is on-going and the report will be completed 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 Among 95 conflict related SV cases, none has been filed in the formal justice system due to time lapse since the incident ¹ . Follow up of other SGBV cases as well as non GBV legal cases are on going. The TRC establishment has been also delayed; 60 cases have been identified to be possibly eligible for future TRC submission, and follow up

¹ Sexual violence cases cannot be filed after 35 days after the incident. This is why conflict related cases and many other SV cases cannot be addressed through the formal justice system.

					documentation is on-going to ensure all necessary details are included in the case 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.
		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 14 districts, 27,436 women and girls have received reproductive health services, out of which 3730 women and girls received psychosocial counselling; 807 were provided with legal counselling. Follow up camps in four districts remain. A quality of life survey ² is planned to evaluate the UP surgeries for clients from some of the camps, other results are planned to be collected through the final project evaluation.

² The survey will be conducted pre and post surgery to evaluate improvement of quality of life of women. The final report will be available in late 2012.