United Nations Peace Fund for Nepal

नेपालका लागि संयुक्त राष्ट्रसंघीय शान्ति कोष

1 – Project Document Cover Sheet

1.1 Project Title: Building the Foundation for Access to Justice and Reparations for Conflict Related Sexual Violence (CRSV) survivors	**1.2 Project Numbers** *(designated by UNPFN Support Office)* *UNPFN:* *PBF:* *MPTFO:*
1.3 Name of PUNO(s): International Organization for Migration (IOM) United Nations Populations Fund (UNFPA)	**1.4 UNPFN Funding Round Strategic Outcome(s):** Strategic Outcome 7: Accelerated implementation of the government's gender and/or social inclusion agendas in line with the Comprehensive Peace Agreement and national plans and policies.
1.5 Primary Project Contact Person: *Maurizio Busatti,* *International Organization for Migration (IOM)* *768/12 Thirbam Sadak Baluwatar 5* *PO Box 25503, Kathmandu, Nepal* *+977 (1) 4426250* *mbusatti@iom.int*	**1.6 UNPFN Cluster:** E: Rights and Reconciliation
1.8 National Partners(s): Ministry of Peace and Reconstruction (MoPR) Ministry of Health and Population (MoHP) Secretary of MoPR: Mr. Khum Raj Punjali Joint Secretary of MoPR: Mr. Rishiraj Bhandari Secretary of MoHP Joint Secretary of MoHP	**1.10 Total UNPFN Funding:** US$ 446,263 *Funding through additional sources: US$ 0* *Total Project costs: US$ 446,263*
1.9 Implementing Partner(s): Local Peace Committees District Administrative Office District Public Health Office One Stop Crisis Management Centers District Hospitals Service Providers (NGOs)	
1.11 PBF PMP Result(s): No Applicable PBF PMP Indicators	**1.13 Project Duration:** Component 1: 7 Months. **Start Date:** 1 July 2015 | **End Date:** 31st December 2015
1.12 PBF PMP Result Indicator(s): No Applicable PBF PMP Indicators	**1.14 Project Geographical Coverage:** ☒ National ☐ Regions ☒ Districts ☐ VDCs *Jhapa, Morang, Chitwan, Makwanpur, Gorkha, Kaski, Rukum, Rolpa, Kailali, Kanchanpur*
	1.15 Gender Marker: ☐ 0 ☐ 1 ☐ 2 ☒ 3 **1.16 Inclusion Marker:** ☐ 0 ☐ 1 ☒ 2 ☐ 3

1.17 Project Executive Summary:

The overall outcome of this project is that conflict and gender-sensitive services addressing the physical and psychosocial health needs of conflict victims, particularly victims of sexual violence are available. The two major government counterparts in this initiative, the Ministry of Peace and Reconstruction (MoPR) and the Ministry of Health and Population (MoHP), are cornerstone institutions in ensuring a robust, institutional solution to the issue of managing the response to conflict victims including victims of sexual violence.

The project will serve as a pilot to establishing sustainable systems and mechanisms to address the needs of conflict related sexual violence (CRSV) survivors. TA to be provided for the establishment of health and psychosocial support services, including referral services, will be augmented by components that seek to provide a stronger data base, and evaluate the needed protocols for future continued programming in this area.

The project outcome is divided into two components. The priority outcome if on ensuring that Conflict and gender-sensitive services addressing post-conflict needs of victims are available and ready for scale-up. The project will ensure that there is an improved baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery; and that national level service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the post-conflict needs of victims.

1.18 UNPFN Support Office Use:	
Sectoral Cluster Review Date:	Not possible due to earthquake response
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On behalf of the Participating UN Organization(s):

Signature — Mr. Maurizio Busatti, Chief of Mission. IOM — Date: 22 June 2015

Signature — Ms. Giulia Vallese, Representative. UNFPA — Date: 22 JUNE 2015

Endorsed by the Executive Committee:

Jamie McGoldrick
Chair, UNPFN Executive Committee
UN Resident Coordinator for Nepal

Signature — Date: 22/6/2015

2 – Project Document Narrative Section

2.1 Background and Problem Analysis

In Nepal, the decade-long armed conflict resulted in gross human rights violations such as killings, enforced disappearances, torture, rape and other types of sexual violence. To date, the relief packages delivered by the Government of Nepal (GoN) have been able to, at least in part, provide a wide range of assistance measures including compensation, vocational trainings, support to orphans and other vulnerable victims in areas like education, as well as healthcare to registered conflict victims[1]. However, the interim relief program which aimed to alleviate some of the challenges faced by conflict victims does not give formal recognition to Conflict Related Sexual Violence survivors (CRSV) or torture victims thus excluding them from the government's interim relief programs. There remains a gap in terms of effective functional institutional arrangements to deliver basic medical care, health care (including sexual and reproductive health care) and psychosocial support to CRSV survivors.

In 2011, Nepal launched a National Action Plan (NAP) on UNSCR 1325 & 1820. Frequent monitoring reports both from the Nepal Peace Trust Fund, the NAP reviews and the UNPFN project consultations note that the need for mental and physical health care and support remains significant. An ICTJ research report showed that immediate needs are ranked higher than prosecution, for example, in the needs expressed by conflict victims. In particular, ICTJ identified health care as one of three major priority measures identified by their research respondents[2]. This includes physical and mental care, matching what Human Rights Watch refers to as rehabilitative services 'to promote physical, cognitive and psychological recovery'.[3] The UN's ad hoc task force on CRSV has been working actively to raise issues relating to CRSV survivors, and are actively engaged in advocating for recognition, as well as improved data management. A desk review which mapped existing efforts to document CRSV cases in Nepal was recently concluded by UN Women.

This Ministry of Peace and Reconstruction (MoPR) is shortly commencing a psychosocial counseling and support program for conflict victims including survivors of CRSV. Once the project is initiated there will be a need for technical backstopping to ensure services related to PSS are implemented in a conflict and gender-sensitive manner and provide much needed support and assistance to CRSV survivors. At present, the Government of Nepal (GoN) has also taken some important steps towards reforming existing laws and policies in combating GBV in the country. The most significant initiatives are the enactment of the Domestic Violence Act 2066 and Regulations 2067; the National Action Plan Against Gender-Based-Violence 2010, which was further developed as National Strategy and Action plan on Gender Empowerment and Ending Gender Based Violence(2069/2070-2073/2074); the establishment of a GBV Elimination Fund; the setting up of a hotline service for registering complaints; and establishing a Gender Empowerment and Ending Gender Based Violence Unit at the Prime Minister's Office. In addition, in 2014 the National Women's Commission and eight NGOs collaborated with support from UNFPA to revise the Gender-Based Violence Information Management System (GBVIMS) - a data management system that enables those providing services to GBV survivors to effectively and safely collect, store, analyze, and share data related to the reported incidents of GBV - and support its integration in health services.

There is a need to provide overall technical assistance into the process of planning and delivering services particularly to victims of conflict related sexual violence. Remaining concerns that need to be addressed include the lack of comprehensive data on CRSV; and that victims of sexual and gender based violence identify the quality of available services as one of the key reasons why they do not to seek services. Therefore, this project intends to contribute directly towards filling this gap by developing systems and protocols for data management on CRSV;

[1] Task force report
[2] ICTJ, To Walk Freely with a Wide Heart', 2014, pgs 58-59.
[3] Human Rights Watch, 'Silenced and Forgotten: Survivors of Nepal's Conflict-Era Sexual Violence', 2014, pg 74.

supporting the initiation of MoPR's psychosocial counseling program; and strengthening government systems to provide health services to victims of sexual violence by establishing a referral mechanism between psychosocial support services (MoPR with IOM TA) and health services (Ministry of Health and Population (MoHP) with UNFPA TA). This project builds upon existing mechanisms such as community based psychosocial counseling services, One-stop Crisis Management Centers (OCMC) and District hospitals.

On 25 April 2015 a 7.8M earthquake struck Nepal. The earthquake affected people in 39 of Nepal's 75 districts including both rural areas and the country's two largest cities, Kathmandu and Pokhara. On Tuesday 12 May, a second earthquake measuring 7.3M occurred. In the aftermath of the earthquake, GBV is likely to increase because of destruction and upheaval that increase pre-existing vulnerabilities. In this context, communities and family structures are disrupted, populations are displaced, and an already fragile protection system is further strained. Humanitarian response in previous emergencies has shown that GBV – particularly sexual violence, increases in the immediate aftermath of an emergency. Further, there is a risk of other forms of GBV including sexual exploitation and abuse, trafficking, forced prostitution, intimate partner violence, and forced/early marriage. However, it is important to note that in every context, particularly emergencies, GBV is under-reported and data may be especially difficult to collect when no services are in place. Based on current estimates of affected people[4], it is anticipated that approximately 28,000 women may be at risk of sexual violence as mentioned above. These circumstances further extenuate the need to ensure comprehensive services to prevent and respond to sexual violence, from ensuring documentation to providing physical and psychosocial health services to affected populations.

2.2 Project Approach and Strategy

There is broad agreement among UN agencies and development partners that a more community-based approach for further support to conflict victims needs to be adopted for conflict sensitivity. Firstly, a targeted approach is causing divisions between community members entitled to some support and those left out. Secondly, community conflict is no longer perceived to be across the civil conflict lines (and targeted service delivery might re-heighten these divisions). Thirdly, the overall need for services particularly in related to sexual violence are so high and the lack of services so apparent, that it is better to adopt rights based approach. In particular, all victims of sexual violence should have equal access to services. To segregate victims of sexual violence from a certain period or context would be discriminatory against other victims who have faced the same violence and need equal support, attention, services and justice. Furthermore, as Human Rights Watch notes, '[a]ccess to psycho-social support services are not just important for those women who were raped but also their immediate family and community.'[5] The community-based approach could allow for any men or boys who suffered sexual violence to also come forward.

In addition, at this stage of the peace process, a balance needs to be sought between targeted interventions and institution building. The enhancement of access to services for everyone, but with specific efforts to lower the barriers to access for the most vulnerable groups, will generate trust between beneficiaries and the state. This is also a sustainable approach, where the services and institutions will remain part and parcel of government rather than being interim structures. The ICTJ report similarly recommends that health care services should be ideally delivered through a strengthened public health network and should be available not just to the victims but to their families.[6]

Drawing upon its national and global expertise regarding the provision of holistic attention/reparations to conflict victims, IOM will articulate its action jointly with UNFPA in Nepal in order to provide a comprehensive health response to conflict victims including victims of sexual violence. The project intends to provide a pilot initiative

[4] Based on Minimum Initial Service Package (MISP) calculator using total population figure of 14 most-affected districts.
[5] Human Rights Watch, 'Silenced and Forgotten: Survivors of Nepal's Conflict-Era Sexual Violence', 2014, pg. 60.
[6] ICTJ, To Walk Freely with a Wide Heart', 2014, pg 59.

which would form a strong base for future expansion, based on lessons learned of this pilot project. It also aims to provide stronger baseline of data for future programming and envisages developing an action plan and protocols for standardized service provision, including referrals for comprehensive health and psychosocial services for CRSV survivors. This service provision is also likely to open up opportunities to register new and unregistered cases of sexual violence. In relation to the provision of services, the project aims to strengthen both the supply and the demand of health services to survivors of sexual violence. It aims to strengthen the health based response to sexual violence, including the mental health aspect, and seeks to improve the longer-term service offerings. Survivors of sexual violence currently have little incentive to access services, because the services are lacking, and because there is extremely limited understanding of the psychosocial aspect of service provision. It is essential to recognize that none of these activities are necessarily unique only to victims of conflict-related sexual violence, though choice of target populations will determine their most likely beneficiaries.

The Component to be implemented through this project is as follows:

a. Improved baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery.
b. National level service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the post conflict needs of victims.

Given the emphasis on the Ministries of Peace and Reconstruction and Health and Population respectively, the project will maintain as an important overarching objective the need to enhance the collaboration and coordination between these actors. A shared vision for the future of the GoN response to survivors of sexual violence is essential for the sustainability of any such initiative.

2.2.1 Project Strategy

The overarching aim of the project is to create a model for improved service delivery particularly for survivors of CRSV. Naturally, if the model is also relevant for victims of sexual violence in areas affected by the earthquake this gives the project activities increased impact. In previous programmes, IOM and UNFPA have worked intensively with the key actors – Ministry of Peace and Reconstruction and Ministry of Health and Population– which hold the key to a sustainable, long term response to survivors of CRSV. This project therefore intends to bring these actors together to jointly shape such a response. The project will start in 10 districts selected for MoPR's psychosocial support service delivery, where the need is great, and where referral mechanisms are feasible, with an aim to scaling up to further districts in the future. Four of these districts (Gorkha, Makwanpur, Kaski and Chitwan) are overlapping as the earthquake affected areas.

The project strategy therefore is to improve existing services in a sustainable way by making existing services more 'friendly" and accessible to survivors of sexual violence. Furthermore, the project seeks to increase awareness of the existence of services, and to reduce stigma for those who seek them.

IOM and UNFPA will focus on two main outputs.

Component 1:

Output 1: Improved Baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery.

MoPR's psychosocial support services (PSS) project to be implemented in the selected 10 pilot districts would serve as a platform for survivors of CRSV to obtain first support services provided by the government of Nepal. Thus, this project will work towards paving the way for the future relief and reparation services for CRSV through development of action plans/protocols for standardized service provision, including referral for health services. The

UN's technical working group on CRSV has been actively involved in advocating and forwarding the issue of inclusion of CRSV in government's priority and agenda. Therefore, the project will closely work together with the technical working group in terms of formulating evidence-base design of policy and service delivery to CRSV survivors through improved baseline and proper collection and storage of data. This process would be led through following activities:

I. Mapping of data on CRSV available

Foremost, the existing data on CRSV will be sought for its central collection and storage which adds value as an evidence for improved baseline. Post conflict various I/NGOs have collected data on sexual violence in conflict; however, these documentation efforts have been done in a fragmented and not in a standardized manner. Therefore as a member of UN's technical working group on CRSV, UN Women drafted a desk review that maps CRSV data and services. This project will review the existing data and collect further data still not included in the mapping report mainly information on CRSV cases that have been documented in Nepali and/or by district level partners such as Women Development Officers.

II. Harmonized tool for data collection and storage available (data collection protocol) – consultations

Secondly, A protocol and a set of action points will be developed related to data collection and storage methods of CRSV survivors. As discussed earlier, UN Women and the UN ad hoc technical working group on CRSV has been mapping and compiling existing information on CRSV survivors in Nepal. Using the developed protocols, the project will harmonize the information available in Nepal on CRSV survivors by the standardization of CRSV data in order to assimilate the existing scattered data. In order to harmonize all the information related to CRSV and survivors in Nepal, the protocol will ensure data compatibility with GBVIMS[7], the IOM TA project's PSS database and MoPR's existing database. This would ensure that all data on survivors recorded till date and that will be recorded in the future will be documented in the same format. Enhanced data collection skills and systems will contribute to more accurate records of sexual and gender based violence. Importantly, the data collection systems promoted by this project allow for the recording of when the violence happened, and hence is likely to improve the availability of data on sexual violence related to the conflict. There is also a need to further strengthen monitoring and reporting on the use of rape kits at OCMCs and District Hospitals, including through using GBVIMS to collect GBV data in a safe and ethical way.

III. Agreement on case management tool (referral and service provision)

Likewise, as the data gets collected in a harmonized and compatible manner, an action plan on service provision and referral mechanisms for CRSV survivors will be developed. The tool will serve as a case management tool for national service providers for future program implementation for CRSV survivors. For this, the existing clinical protocol on GBV developed by MoHP with UNFPA support will be referred to for further guidance. IOM's expert advice on developing protocol (hands-on information) will also be acquired from IOM's ongoing project on CRSV in Bosnia and Herzegovina. The project in consultation with UN's Technical working group on CRSV will organize a series of meetings and consultations with concerned stakeholders to seek advice in drafting of action plan and protocol. Likewise, close coordination and partnership will be sought from MoPR/MoHP and other relevant national institutions (eg Ministry of Education,

[7] GBVIMS was created to harmonize data collection on GBV to provide a simple system for GBV service providers to collect, store and analyze their data, and to enable the safe and ethical sharing of reported GBV incident data. It is meant to assist service providers to better understand the GBV cases being reported as well as to enable actors to share data internally and externally with agencies for broader trends analysis and improved GBV coordination through aggregate and anonymous incident data on reported cases of GBV. National Women Commission signed an agreement with eight NGOs to collect and compile the data with technical and financial support from UNFPA. Furthermore, the OSCMC have agreed to use the same GBVIMS had been integrated in the monitoring and reporting format of the OSCMCs.

National Human Rights Committee etc) prior to the drafting of the action plan and protocols.

The protocols with consideration of sensitivities, vulnerability and stigmatization around CRSV will be developed and submitted to government/MoPR that includes essential preconditions and requirements needed for CRSVs service implementation. For a holistic approach and one that caters to the needs of conflict victims referral mechanisms that would ensure health, social and economic services are accessible to conflict victims is important.

Such protocols could be used and expanded to also address the needs of sexual violence during the pot-earthquake turbulent times. This would also be recommendable to ensure coherence and consistent response and referral mechanisms within government.

Output 2: National service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the post conflict needs of victims

Technical Assistance to the MoPR to implement psychosocial counselling and support services

This project builds upon IOM's existing TA project to MoPR in the implementation of psychosocial counselling and support services. The ministry is shortly going to implement the PSS project in select ten districts through a community based approach. For this, a dedicated Program Management Unit would be established at the Ministry with field based staffs located at the selected districts. Likewise, a service provider will be procured based on the procurement selection criteria to deliver district level services. The Relief and Rehabilitation division in the Ministry will be responsible in guiding and monitoring the activities of both the PMU and service providers. At the district, Local Peace Committees, RMC members[8] and staffs at One Stop Crisis Management Centres (OCMC) will be responsible to coordinate with service providers in order to provide quality referral services to the targeted beneficiaries. Thus, IOM and UNFPA through this joint collaboration intend to support these key stakeholders in providing technical knowledge for them to be able to deliver high-quality psychosocial and health services and increase their awareness on challenges and obstacles that they are likely to be confronted to while dealing with conflict victims. In that sense, it is essential that the staffs have a holistic, deep and expert knowledge of specific challenges that dealing with conflict victims encompasses so they are able to deliver assistance in a humane, gender and victim-sensitive manner.

For the provision of expert attention to conflict victims in the area of mental health and psychosocial support, MoPR will select the direct service provider(s) from amongst approximately ten Non-Governmental Organizations (NGOs) who will be provided with required training along with RMC at the district level. Given the general lack of in-country expertise in the area of mental health and psychosocial support and counselling services in Nepal, IOM will further train the organizations and NGOs in the 10 districts. By doing so, IOM will prepare the NGO selected by MoPR to be the service provider but will at the same time improve national expertise available in-country regarding the mental health of vulnerable conflict victims. Attention to victims and victim-centred approaches, international law of human rights, theory and practice of gender-sensitive approaches, 'do no harm' principles, elements and objectives of the community-based approaches and enforcement of positive attitudes and practical procedures to apply to their daily work will be key elements of the trainings depending upon their roles and responsibilities as an individual institution.

[8] According to MoPR's 'Guideline for conducting Psychosocial Counselling services' RMC comprises of (a) Chief District Officer – Coordinator (b) Local Development Officer – Member (c) Coordinator, Local Peace Committee – Member (d) Chief, District Hospital or medical representative recommended by Chief of District Hospital – Member (e) Chief, District Police Office – Member (f) Women Development Officer – Member (g) An officer, appointed by Chief District Officer – Member Secretary

Capacity development for health providers to enhance the appropriateness of services to CRSV

A health-care provider is often the first professional contact for survivors of GBV or sexual assault. In order for adequate services to be available in Nepal, significant capacity strengthening is needed. This includes capacity building of One-stop Crisis Management Center staff and district hospital staff and managers. However, in order to ensure that survivors of sexual violence will seek services, it is also necessary to provide "whole site" orientations to ensure that survivors are treated sensitively and respectfully by all hospital staff.

By providing comprehensive GBV services at the community level, GBV survivors are first to benefit from the project. Through increased access to services and information, the immediate families and community of the survivors will also benefit. Local service providers will be capacitated to provide quality services to survivors of sexual violence and refer survivors to appropriate health services. It is further expected that with improved sensitivity of services, increased numbers of survivors will seek them out.

So far the Government has set up 17 One Stop Crisis Management Centers. UNFPA has trained a small cadre of psychosocial councilors via a 6 month training which included on-the-job mentoring, coaching and follow up, and has successfully advocated for their long term employment with the government. These counselors require refresher trainings. In order to further strengthen the health response to GBV, UNFPA provided post rape treatment kits and some initial training on their use. Some of the kits will need to be replenished and refresher training on their use provided.

In addition to the OCMCs, UNFPA will support in strengthening the capacity of district hospitals in Dadeldhura, Rukum, Rolpa, Udaypur and Dang in order to strengthen the coordinated response to GBV. The reason for the selection of these hospitals is that their geographical location allows them to act as referral points for the psychosocial services provided by MoPR in near-by districts.

UNFPA will undertake "whole site" trainings to OCMC staffs and Health Professionals at district level. This is intended to make health facilities more accessible to survivors of sexual and gender based violence; all staff at the facilities, not only the medical and nursing staff, will be able to treat survivors sensitively and with confidentiality, and will help to select the most appropriate procedures for management. This may include providing immediate health care, adequate psychosocial counseling, appropriate collection and preservation of medico-legal evidences (where relevant) and developing systems for proper follow up and reporting. It will also provide them with the necessary knowledge to identify and adequately treat conflict victims and understand their specific needs. UNFPA will articulate both internal expertise and external/sectorial professionals' interventions so the content of the training is completely tailored to OCMC staff and Health professionals' specific needs and gap and enable them to complement their approach to the vulnerable group of conflict victims.

In addition to this capacity-enhancement component, UNFPA will ensure the direct monitoring of the actual delivery of services to conflict victims and survivors of GBV by providing orientation on the monitoring and reporting framework developed by MoHP. The objective of that initiative is to assess the quality and, to the extent possible, increase the quality and time performance of the provision of services.

Survivors identified for longer term mental health care and rehabilitation will be referred to Kathmandu (Koshish an NGO/rehabilitation center working for people with Mental disorder).

In summary, the key activities are as follows:

- Refresher training for existing psychosocial counselors;

- Training of medical doctors and staff nurses on clinical management of rape (including the use of rape kits) using competency based training package;
- Provide equipment and supplies including post rape treatment kits in the selected hospitals and replenish required medicines in the OCMCs.

The diagram below explains the project strategy in more detail:

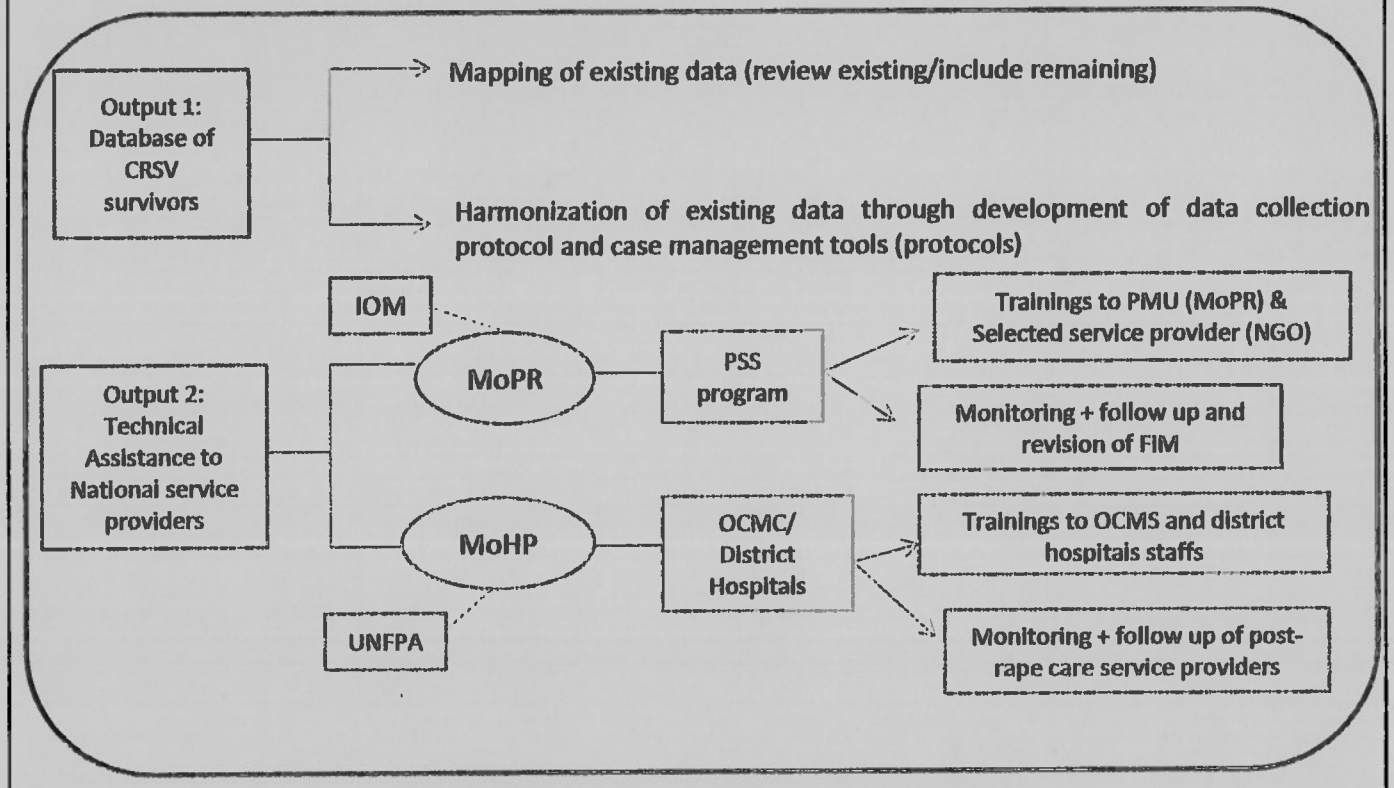

Fig 1: Diagrammatic representation of project strategy

2.2.2 Beneficiaries, Stakeholders and Geographical Scope

Beneficiaries: This project will benefit multiple of actors and parties. Directly, it will provide necessary expert knowledge through trainings delivered to key stakeholders including MoPR officials, PMU and service providers at central level and at district RMC members, LPC who are engaged with the provision of Psychosocial Support and Counselling Services (PSS Services) to conflict victims throughout the country.

Similarly, OCMC and Health Professionals will benefit from trainings to acquire knowledge and improve their work relating to conflict victims and further referral services.

By extension, IOM and UNFPA will contribute to provide conflict victims including CRSV with a better and more holistic response to their deep needs in terms of mental health and psychosocial support and counselling.

Stakeholders: In the framework of that project, IOM will be the lead organization in charge of the components of output 1: Improved baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery and both IOM and UNFPA will contribute to output 2: National level service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the post conflict needs of victims.

Geographical Scope: The project will provide capacity enhancement and other assistance at central and district level. For specific capacity-building orientations and referral services, the ten districts targeted include are: Jhapa, Morang, Chitwan, Makwanpur, Gorkha, Kaski, Rukum, Rolpa, Kailali and Kanchanpur.

2.3 Analysis of Risks, Assumptions and Bottlenecks

The current project has a wide scope that is expected to contribute to the achievement of many different outputs that serve the overall objective of providing a holistic response to conflict victims' needs in Nepal. Additionally it will also contribute to the NAP action plan 1325 and 1820 which has pointed out exclusive gaps related to recognition and services to survivors of CRSV and torture. Those distinct activities and results are expected to be visible in a relatively short timeframe (7 months) so that generates multiple risks and challenges.

Risks	Assumptions	Mitigating Strategies / Measures
Risk 1: Distinct stakeholders' willingness for working in close coordination and partnership amongst them is not optimal. Likelihood: Medium Potential Impact: High	• Each and every stakeholder engaged in delivering PSS services and medical assistance/vocational training to conflict victims are willing and committed to share information, experience and closely coordinate with others for the success of the Project.	• Establish open channels of communication; • Provide all participants with the same information; • Ensure each RUNO and partners designate one focal point to facilitate the referral of issues/misunderstanding and other practical obstacles.
Risk 2: Delay or no implementation of Psychosocial counselling services to conflict victims by MoPR affects implementation of activities Likelihood: Low Potential Impact: High	• Government and Donors prioritizes the importance of the psychosocial counseling services to conflict victims especially to CRSV and Torture survivors possibly leading to its timely implementation	• IOM will engage itself with MoPR in creating a platform to discuss and support in comprehending the need of psychosocial counseling service and ensure rapid proceeding with the planned project activities.
Risk 3: Derailment of Peace Process Likelihood: Low Potential Impact: All relief programs and services cease to be implemented.	• The political actors and GoN will continue to implement relief programs to conflict victims.	• The project will monitor and consult regularly with MoPR officials to analyze the political situation to discuss the way forward.
Risk 4: Low prioritisation of needs of conflict victims in light of recent earthquake. Likelihood: Medium Potential Impact: High	• Capacity and resources for programmes continue to be available	• Continued advocacy • Identification of ways in which addressing the needs of conflict victims and of persons affected by the earthquake are complementary

2.4 National Ownership and Capacity Development

This project is a joint initiative of the UNFPA and IOM, the latter having been requested by the MoPR to continue the existing support in the delivery of PSS conflict victims in selected ten districts. The project takes into account the necessity of assistance required by MoPR in the implementation of its planned psychosocial counseling services to conflict victims including CRSV survivors post development of necessary tools, techniques and expertise. The Project Management Unit which looks after the implementation of PSS will require rounds of orientation and training on the development documents and tools including the Field Implementation Manual. Likewise, it will support RMC and LPCs in building relation with PMU at the central level and to create synergy in effective implementation of the services. Linkages with the Ministry of Health and Population, District Public Health Offices and One Stop Crisis Management Centers will be taken into account for the sustainability and institutionalization of health services in the GoN services and programs with national ownership.

IOM and UNFPA base this entire initiative upon the idea of developing, improving and enhancing in-country knowledge and capacity of existing structures in dealing with services related to psychosocial counselling with special attention to survivors of CRSV both at central and district level. Both RUNOs will work in close partnership with MoPR/MoHP to deliver the necessary PSS Services and medical and other vocational assistance to needy conflict victims including survivors of CRSV.

2.4.1 National Ownership

IOM and UNFPA will build on their on-going close collaboration with MoPR, MoHP and district line agencies and put especial emphasis on ensuring a transparent coordination and information sharing mechanisms to ensure all stakeholders have the necessary knowledge on the project and its implementation so to be able to implement its different components as a comprehensive solid system rather than a temporary relief action. Timely information sharing and engagement of key actors from the ministry would be highly emphasized to ensure the ownership of the project.

2.4.2 Capacity Development

The core component of the Project is the transfer of knowledge and expert capacity of IOM and other international experts towards implementing partners through trainings delivered to (a) MoPR officials, PMU who are directly engaged in implementing and monitoring PSS services at central and district level and (b) to District stakeholders including RMC members, LPC, selected service provider and OCMC and health professionals who, will be in charge of bringing synergy with other relevant district stakeholders in order to have a strong referral mechanism established for necessary assistance to conflict victims.

2.5 Sustainability and Replicability

This intervention is entirely predicated on the need to establish more sustainable service provision for CRSVs – and its central aim is to illustrate a means through which this can be done.

Psychosocial wellbeing is one of the vital components of the any individuals and the community based approaches will be applied by the Service Provider to provide the services to the conflict victims including CRSV survivors and their families in community level through the Participatory Group Intervention, peer support and discussion group and psychosocial counseling to the CAPs and other community members in their own community. The project itself in one of its kind in taking initiative to include CRSV survivors among the other registered conflict victims.

At the institutional level, the project will support the ministry to form an inter-ministerial project steering committee which will include MoHP, MoWCSW, MoFALD, MoHA and others. Efforts will be made to effectively coordinate the activities of this project with ongoing programs of other ministries in order to make psychosocial interventions at the district level more effective. Lessons learnt from previous interim relief programs show that in the absence of string ownership from the ministries their line agencies do not seem to be informed about the programs leading to weak implementation. Additionally, efforts will be made to align yearly budget allocations of certain ministries such as MoFALD-LGCDP, MoWCSW and MoHP in order to institutionalize psychosocial services as a part of regular health services being provided at the district levels making these services more sustainable. Lastly, out of 16 One Stop Crisis Management Centers (OCMC) operating in the districts two OCMCs from Makwanpur and Kanchanpur districts will be linked to the PSS services being provided through this project for greater sustainability and future expansion of OCMC in the remaining districts.

Directly linked to the core logic of the project (i.e. of ensuring close partnership and information sharing between all actors, including at district level), the sustainability of this project will be the natural result of the willingness of capacity enhancement of district-level actors. As a given fact, the Ministry of Peace and Reconstruction might not be available in providing service to conflict victims in a long run therefore, with the involvement of Ministry of

Health and Population the task carried out from the project can be transferred to the MoHP for its sustainability and continuation in a longer term.

Replicability: Given the fact that the project will be based upon transfer of knowledge and establishment of knowledge there is high scope for the replicability of this project. The agencies working on the project will ensure that assessment and documentation of lessons learned from proposed sensitive service delivery, capacity-building efforts and referral mechanisms in particular will be documented and disseminated for the planning of future expansion of respective services.

2.6 UN Comparative Advantage

The UN is ideally positioned to be taking on the tasks described above. The neutrality of the Agencies, coupled with their long term presence, enables them effectively to act as a bridge between the key actors. The UN task force on CRSV has worked closely over several years to collect and analyse information and to develop common positions held across the UN in Nepal. Additionally, both IOM and UNFPA have many years of experience working with the respective Ministries, and have extensive technical expertise and knowledge about the issues at hand./

Specifically:

IOM has a strong and close working relationship with MoPR which is an incredible asset at the time of developing and implementing such a challenging project. The continuous and trustful collaboration has been established and reinforced between IOM and MoPR through the existing PSS Project creating a suitable platform for the current initiative to build upon. Furthermore, the organization has an international experience[9] and wide expertise in assessing, designing and implementing reparations programs that provide a broad range of tailored reparations benefits to victims of conflicts and victims of human rights violations, including torture and CRSV survivors.

UNFPA has been working to support the Ministry of Health and Population with the establishment and operation of the One Stop Crisis management centres since their inception. Extensive technical assistance and training has been provided. This has included the creation of a small cadre of psychosocial counsellors, which the MOHP to some extent have taken on as long term staff. UNFPA has a presence at the district level in 18 districts, as well as regional expertise in health systems strengthening and Gender and social inclusion at regional levels (Dang, Dangadi and Janakpur).

2.7 Management Arrangements and Partnerships

In this project that involves a broad range of different actors, it is crucial that management arrangements and details of the partnership and respective responsibilities are made clear from the very beginning of the Project and maintained at all stages of its implementation.

2.7.1 Management Arrangements

The Project Management Team (PMT) will be formed consisting of Joint Secretaries of MoPR, MoHP, heads of IOM and UNFPA and will oversee and guide the project towards an efficient and coordinated implementation of project assistance. In order to incorporate the views and expectations of victims and civil society into the process; the project will cooperate with victims' groups and civil society partners active in this area by convening special meetings amongst them as needed. Particular attention will be paid to the specific needs of women and children and input from ongoing projects on NAP 1612, UNFPA, UN Women and the GoN's National Action Plan on UN SCR 1325/1820 Peace Support Working Group will be sought in regards to the services related to CRSVs.

In terms of other management issues, IOM and UNFPA will agree on ensuring an open communication channel in

[9] IOM has been in charge of designing and/or implementing Programs dealing with victims of CRSV and Torture in the former Yugoslavia, Bosnia and Herzegovina, Sierra Leone, etc.

order to report both achievements and challenges that each RUNO is facing. To do so, a bi-monthly meeting will be systematically organized between the two agencies. On a monthly basis, each actor will have to share with others the last developments, achievements, challenges, risks, difficulties and solutions in a form of monthly update.

2.7.2 Partnerships

This project will be undertaken as a partnership between the MoPR, MoHP, UNFPA and IOM. It will provide assistance to MoPR and MoHP even after the implementation of psychosocial counseling and support services program but will not be involved in direct implementation of the services to conflict victims. However, it will be providing capacity enhancement trainings to MoPR's designated officials, PMU, service providers and OCMC and district/zonal hospital staffs, LPC and RMC members before and after to the PSS implementation. Also, as required the RUNO's will seek support from its international expertise and other UN agencies in deliverables of its project activities such as training, development of protocols and establishing referral mechanism.

2.8 Project Monitoring, Reporting and Evaluation

IOM and UNFPA will jointly support the project Monitoring, Reporting and Evaluation. Since forming part of overall IOM activities, the project will be subject to IOM rules and regulations, accounting practices and auditing arrangements. In addition, the IOM Resource Management Officer will monitor the expenditures against the budget, and the IOM team leader will monitor the project implementation. Monitoring results will be included in the monthly, quarterly and final financial and narrative progress reports. Being a short time framed and pilot project it will not require a project evaluation rather it will have midterm review for its impact evaluation and expansion. All data collected will be disaggregated by gender, caste and ethnicity.

Close consultations with MoPR, MoHP and other institutions, such as national CBOs and NGOs, will ensure that the outputs and outcomes will be concluded based on a consensus, thus preventing future conflict and ensuring the meaningfulness of the achieved results. This is to make sure M&E activities will be conducted in a conflict-sensitive manner including in the recurrent context analyses and in the systematic review of impacts of the project with regards to a "Do No Harm" approach. The project during monitoring will adopt a flexible approach with regards to the timing of project implementation in order to have maximum impact through the inputs and interventions of the project. Lastly, the situation at the district level will also be continuously monitored to make relevant changes according to the changing context. Monthly updates from both RUNOs will be shared to the donor for timely information sharing, likewise it be abided to the reporting format as directed.

3 – Preliminary Results Framework for Component I

If there is interest to top-up and expand this project, the results framework would be revised accordingly

PBF Level				
UNPBF PMP Result(s) (If applicable):	*Insert the applicable PMP Result (Refer to Concept Note)*			
UNPBF PMP Result Indicator(s) (If applicable):	**Baseline**	**Target**	**Means of verification**	**Key Assumptions/Risks**
Insert the applicable Result Indicator(s) (Refer to Concept Note)	•	•	•	•
UNPFN Level				
UNPFN Strategic Outcome:	*Improved participation and protection of women, the delivery of services to conflict affected women and strengthened inclusive elements of the Nepal peace process in line with UNSCRs 1325 and 1820*			
Project Peace-Building Impact:	***Post-conflict needs of conflict victims addressed as per NAP on UNSCRs 1325 and 1820***			
Impact Indicator(s)	**Baseline**	**Target**	**Means of verification**	**Key Assumptions/Risks**
a. Perception that availability of and access to psychosocial counseling and health services meets the needs of CRSVs in pilot districts	b. 0	b. More than 60%	b. Perception and Satisfaction Survey	• Community cooperates and provides information during the survey
Project Level				
OUTCOME 1:	*Conflict and gender-sensitive services addressing post-conflict needs of victims are available and ready for scale-up*			
Outcome Indicator(s)	**Baseline**	**Target**	**Means of verification**	**Key Assumptions/Risks**
a. Government plan for future service delivery to victims of sexual violence in conflict drawing on lessons learned from the pilot project	o NAP on UNSCR 1325 and 1820 o PSS project	o NAP on UNSCR 1325 and 1820 extension by GoN influenced o MoHP and MoPR coordination mechanism	o MoPR and MoHP reports o IOM/UNFPA progress reports	• Government is positive and accelerate its gender inclusion policies mainly related to NAP on 1325 and 1820
b. Conflict victims' satisfaction with the referral mechanism	o No referral	o At least 60% satisfaction	o Survey o Consultation	

		mechanism		o Exit interview	
OUTPUTS	**Output Indicators**	**Baseline**	**Target**	**Means of verification**	**Key Assumptions/Risks**
		Component I			
1. Improved baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery	1.1 Mapping of data on CRSV available	IOM's Resource mapping report 2014 available UN Women's Desk Review Report on CRSV	Desk review conducted for resource mapping	Updated resource mapping report	Given, relevant key stakeholders provide their data's on CRSV
	1.2 Harmonized tool for data collection and storage available	MoPR's database GBVIMS PSS MIS	Existence of collective database on CRSV at the ministry	Protocols developed on Data collection	MoPR agrees to establish the database with information on CRSV
	1.3 Agreement on case-management tool	Clinical protocol on GBV available	Development of action plans/protocols on service provision and referral mechanism combined as case management tool	Tools on case management of CRSV	UN agencies and International experts are available to provide their expertise to draft the case management tools
2. National service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the needs of sexual violence victims	% of reported rape cases receiving post-rape care from UNFPA-supported health facilities reported through GBV IMS[10]	No referral mechanism established	At least 2 CRSV survivors referred through community psychosocial support initiatives for further health services	Referral sheet Case management tools	CRSV survivors seek psychosocial counselling support without any hesitation
	No. of health care providers (doctors and nurses) oriented and abled to implement clinical management of rape (CMR)	No trainings for national service providers initiated yet	At least 70 % of the trainees have capacity in addressing the issue of post conflict needs of conflict victims	Training report Pre-post training evaluation Perception survey	National service providers have willingness in participating in the capacity building training
	# of OCMCs and hospitals where post-rape treatment kits are available	Rape kits available in all OCMCs and relevant district hospitals; staff capacitated in their use		OCMC/hospital intake sheets	
	No. of people (disaggregated by age and sex) reached with awareness-raising sessions on SRH and GBV				

[10] This can be measured once the GBV IMS is in place. Cases reported might have difference course of actions according to national protocols beyond UNFPA/IP's control.

4 – Project Budget

CATEGORY		
	Budget for IOM	*Budget for UNFPA*
1. Staff and other personnel cost		
1.1. Chief of Mission	8,428	
1.2. Team Leader	20,230	
1.3. Psychosocial Counselling Officer	15,820	
1.4. Monitoring & Evaluation Specialist	8,890	
1.5. Procurement Specialist	8,890	
1.6. Information/Communication Specialist	8,890	
1.7. Administrative Assistant	5,880	
1.9. Support Staff Cost	3,010	
Sub-Total	***80,038***	
2. Supplies, commodities, materials		
2.1 IOM		
2.1.1 Building Cost (Rental, utilities, fuel for generator)	1,400	
2.1.2 Communication	1,400	
2.1.3. Office Supplies	1,750	
2.1.4. Security	1,050	
2.1.5. Other Office Cost	700	
2.2 UNFPA		
2.2.1 Supply of rape kits to 4 district hospitals		5,000
2.2.2 Replenish medicines in 16 OCMCs		3,000
Sub-Total	***6,300***	***8,000***
3. Equipment, vehicles and furniture including depreciation		
3.1. Vehicle Running Cost	1,750	
3.2. IT Equipment	6,000	
3.3. Office Furniture & Equipment	6,000	
Sub-Total	***13,750***	
4. Contractual services		
4.1 IOM		
4.1.1 10 District consultants	12,000	
4.1.2. Data Collection Protocol Consultant	5,000	
4.1.3. Referral & Service Provision Consultant	5,000	
4.2 UNFPA		
4.2.1. Psycho social counseling refresher training		15,000
4.2.2. Supervision, monitoring and coaching		20,000
4.2.3. Capacitate OCMCs on monitoring and reporting including GBVIMS		15,000
4.2.4. Develop orientation and competency based training package		30,000
4.2.5. Print and disseminate clinical protocol on management of rape		10,000
Sub-Total	***22,000***	***90,000***
5. Travel		

5.1 IOM		
Component 1 *5.1.1.1 To implement activities of output 1: Staffs travel to districts for data mapping - USD 4,000* *5.1.1.2 To implement activities of output 1: Staffs travel to districts for Protocol development - USD 4,000* *5.1.1.3 To implement activities of output 1: Staffs travel to districts for Case Management - USD 8,000* *5.1.1.4 To implement activities of output 2: Staffs travel to districts for trainings of stakeholders – USD 16,000*	32,000	
5.1.2. Staff Travel DSA Cost	38,400	
5.2 UNFPA		
5.1 Monitoring and supervision		10,000
5.2 Joint monitoring with MOHP and DWC		5,000
Sub-Total	***70,400***	***15,000***
6. Transfers and grants to counterparts		
6.1 IOM		
6.1.1 Support to the MoPR	10,000	
6.2 UNFPA		
6.2.1. Grant to Koshish for rehabilitation of SV survivors with mental health problem		20,000
6.2.2 Strengthen safe houses		9,000
6.2.3. GBV coordination mechanism strengthened through DDC		10,000
Sub-Total	***10,000***	***39,000***
7. General operating and other direct costs		
7.1. Data mapping	9,840	
7.2 Development of Protocol	8,220	
7.3 Case Management	15,240	
7.4. Capacity Building (Training Provisions)	24,280	
7.5 Conflict Sensitivity measures	5,000	
Sub-Total	***62,580***	
Agency Total (before 7% overhead)	***265,068***	***152,000***
8. Indirect Support Costs (max 7% of Total Project Costs)	18,555	10,640
TOTAL PROJECT BUDGET	**283,623**	**162,640**
GRAND TOTAL (USD)	**446,263**	

Budgeting on Cross-cutting issues

GENDER BUDGETING:

Total funds dedicated to gender-responsive peace-building: IOM USD 69,568

As a % of the Total Project Budget: 24.5 %

INCLUSION BUDGETING:

Total funds dedicated to inclusion-responsive peace-building: IOM USD 69,568
As a % of the Total Project Budget: 24.5 %

M&E BUDGETING:
Total funds dedicated to M&E measures: IOM USD 69568
As a % of the Total Project Budget: 24.5 %

CONFLICT SENSITIVITY BUDGETING:
Total funds dedicated to conflict sensitivity measures: IOM USD 74,918
As a % of the Total Project Budget: 26.4%

5 – Project Summary

Project Title	**Building the Foundation for Access to Justice and Reparations for Conflict Related Sexual Violence (CRSV) survivors**		
UNPFN project number		**UNPBF project number** (If applicable)	
UNPFN Cluster	E: Rights and Reconciliation		
Participating UN Organization(s)	International Organization for Migration (IOM), United Nations Population Fund (UNFPA)		
National Partner(s)	Ministry of Peace and Reconstruction (MoPR), Ministry of Health and Population (MoHP)		
Implementing Partner(s)	Local Peace Committees, District Administrative Office, District Public Health Office, One Stop, Crisis Management Centers, District Hospitals, Service Providers (NGOs)		
Project Geographical Location(s)	National and Districts (Jhapa, Morang, Chitwan, Makwanpur, Gorkha, Kaski, Rukum, Rolpa, Kailali, Kanchanpur)		
UNPFN Executive Committee Approval Date			
Project Duration	6 Months	**Project Start Date** **Project End Date**	01/07/2015 31/12/2015
Total UNPFN approved funding	**US$446,263**	**Other sources of funding** (If applicable)	US$
		Total Project Costs	US$ 446,263
Gender Marker	☐ 0 ☐ 1 ☐ 2 ☒ 3	**Inclusion Marker**	☐ 0 ☐ 1 ☒ 2 ☐ 3

UNPBF PMP Result and Indicator *(If applicable)*	Result: No Applicable PBF PMP Indicators
	Indicator: No Applicable PBF PMP Indicators
UNPFN Funding Round Strategic Outcome	Strategic Outcome 7: Accelerated implementation of the government's gender and/or social inclusion agendas in line with the Comprehensive Peace Agreement and national plans and policies.
Project's Peace-building Impact	

Project Executive Summary	The overall outcome of this project is that conflict and gender-sensitive services addressing the physical and psychosocial health needs of conflict victims, particularly victims of sexual violence are available. The two major government counterparts in this initiative, the Ministry of Peace and Reconstruction (MoPR) and the Ministry of Health and Population (MoHP), are cornerstone institutions in ensuring a robust, institutional solution to the issue of managing the response to conflict victims including victims of sexual violence. The project will serve as a pilot to establishing sustainable systems and mechanisms to address the needs of conflict related sexual violence (CRSV) survivors. TA to be provided for the establishment of health and psychosocial support services, including referral services, will be augmented by components that seek to provide a stronger data base, and evaluate the needed protocols for future continued programming in this area. In summary, the project outcome is : Conflict and gender-sensitive services addressing post-conflict needs of victims are available and ready for scale-up, and the project will ensure that there is an improved baseline, collection and storage of data on sexual violence in conflict used as evidence-base for design of policy and service delivery; and that national level service providers and ministries have improved capacity to provide conflict and gender-sensitive, sustainable services addressing the post-conflict needs of victims.

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