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Half Yearly Progress Report on Gender-based Violence Prevention and Response Project

January - June 2017

United Nations Population Fund
Country Office for Nepal

August 2017

Abbreviations

ADB	Asian Development Bank
AHW	Assistant Health Worker
APEIRON	Alleviate Poverty Empowering Women in Rural Areas of Nepal
CMC-Nepal	Centre for Mental Health and Counselling Nepal
DAO	District Administration Office
DCC	District Coordination Committee
DDC	District Development Committee
DFID	Department for International Development
DWC	Department of Women and Children
FFS	Female Friendly Space
GBV	Gender Based Violence
GC	Girls' Circle
GEEGBVDCC	Gender Equality, Ending Gender Based Violence District Coordination Committee
GG	Girls' Group
CPSW	Community Psychosocial Worker
HA	Health Assistant
IDGC	International Day of the Girl Child
MO	Medical Officer
MoFALD	Ministry of Federal Affairs and Local Development
MoH	Ministry of Health
MoWCSW	Ministry of Women, Children and Social Welfare
MTOT	Master Training of Trainers
NDHS	National Development Health Survey
NGO	Non-governmental Organization
NHTC	National Health Training Centre
NWC	National Women Commission
OCMC	One-stop Crisis Management Centre
OJT	On-the Job Training
RH	Reproductive Health
SDC	Swiss Agency for Development and Cooperation
SOP	Standard Operation Procedure
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VDC	Village Development Committee
WC	Women Cooperative
WCO	Women and Children Office
WG	Watch Group
WSC	Women Service Center

Brief Information on
Gender Based Violence Prevention and Response Project

Project title	***Gender Based Violence Prevention and Response Project***
Nature of activities	Support Government of Nepal to institutionalize gender based violence (GBV) prevention and response initiatives in line with the Gender Empowerment and Ending GBV National Strategy and Plan of Action(2012/13 – 2016/17) by strengthening local level line agencies and mobilizing women cooperatives (WC) and GBV watch groups (WG) in three districts –Okhaldhunga, Sindhuli, and Udayapur.
Overall goal	The prevalence of GBV is reduced through the effective empowerment of women and men and through prevention and response interventions by more responsible and capable government agencies.
Project duration and budget:	15 February 2016-31 December 2018; CHF 2,960,000 inclusive of 8% indirect costs
Fund received to date	USD 1,006,861 (CHF 1,003,840), received on 4 March 2016 USD 1,048,679 (CHF 1,021,413) received on 30 June 2017
Programmable resources for 2017	USD 1,005,878
Expenditures	USD 431,664 (including indirect cost)
Period covered by this report	January – June 2017
Project Period	March 2016 – December 2018

Contents

Chapter 1

Executive Summary

The project continues to make progress towards its key objectives. While the previous period was heavily focused on establishing functioning mechanisms, systems and referral pathways, the current reporting period has been occupied with setting these same mechanisms, systems and pathways in motion in an effective manner. In particular:

During the reporting period of six months, the project has conducted various trainings to capacitate women, girls, men and boys as well as service providers in the area of prevention and response to GBV.

The key activities to reach the target communities in three districts have continued through Women Cooperatives (WC) and groups under or linked with them. Training and mobilisation of GBV Watch Groups (WG) and Community Psychosocial Workers (CPSW) has increased both women's understanding and self-reflection, but also given them tools to bring issues related to GBV to discussion both inside their respective Cooperatives but also in larger community. Adolescent Girls Groups (GG) have become arenas for adolescent girls to learn and share with their peers. The project has created connections between these community groups, so the information on GBV services is provided more widely.

Another key intervention in the reporting period has been the piloting of couples training for members of Women Cooperatives and their husbands/partners. Through these trainings, the project expects to engage a growing number of men and boys in the prevention of gender inequality and GBV.

GBV survivors are receiving both psychosocial first aid and counselling services from trained CPSWs, case manager and psychosocial counsellors. The project will continue to ensure that the GBV cases are managed in an appropriate and coherent manner. The project continues to strive to strengthen the referral pathway for GBV survivors between implementing partners and stakeholders. Linkages from the grass roots level – GBV Watch Groups and CPSWs – to psychosocial counsellors of CMC-Nepal and case managers placed in district level One Stop Crisis Management Centers, to Kathmandu based shelters of APEIRON and Koshish, are established and functional.

In support of the project's aim to ensure that GBV survivors receive quality support and care, district level partners and stakeholders have received training on the health response to GBV as well as on management of safe houses. District hospitals now have proper venues and materials in place to receive and treat the GBV survivors.

During the second quarter the local elections caused a few changes and delays, specifically in terms of monitoring. Due to the federalisation process, the project has been finding ways to ensure the implementation of activities is not interrupted in the target areas. This has included working through NGOs rather than through local authorities, on a temporary basis. This arrangement has so far proved effective. Necessary revisions have been made for the last two quarters of 2017.

Chapter 2

Outcome Monitoring

The project works through two outcomes to contribute to the overall project goal. Outcome 1 focuses on demand side strengthening and Outcome 2 is geared towards service side strengthening at national and sub-national levels. In the reporting period, the project has succeeded in building a foundation for further interventions in the areas of supply and demand for GBV services.

OUTCOME MONITORING SUMMARY

Outcome 1: Women and men in the working districts increasingly prevent, report and address gender-based violence

Indicator and phase target	**Cumulative Annual Targets**	**Baseline**	**Achievement in 2016**	**Phase Achievement to 30 June 2017**	**Means of Verification**
Percentage of women and girls who have knowledge on all forms of GBV and know when and where to seek health care following violence.	2016 0% 2017 10% of 2018 30%	2016: NA 2017 Baseline: Of women and girls 76% know when to seek care Of women and girls 89% know where to seek care		Around 8,000 women and 480 girls have information on GBV and when and where to seek services	Action Research Focus Group Discussion in Quarter 3 and 4, 2017
Percentage of men and boys who believe that violence against women and girls is acceptable is reduced by 50% in programme focus VDC.	2016 0% 2017 +5% 2018 +15%	2016: NA 2017 Baseline: OKH 0%, SDL 8%, UDP 1% Total 2,9% (n=408)	N/A	Approximately 1,000 men were reached through trained men	Action Research Focus Group Discussion in 3-4 quarters 2017Focus Group Discussion in August 2017
Number of men and boys in programme area who have taken action to prevent GBV increased by 50% every year	2017 – 600 2018 – 1200	2017 Baseline: OKH 51%, SDL 2%, UDP 28% Total 28% (n=396)		120 men participated in a conference and committed to end GBV	GBV Watch Group records.

GBV is increasingly being reported (plus 5% per year)	2016 – 2017 – increase by 5% 2018 – increase by 10%	OKH, SDL, UDP WCO 59, 12, 31 Women Service Center 65, 43, 110 Total 320 *(FY 2072/73)*[1] OKH, SDL, UDP WCO 60, 9, 9 WSC 81, 55, 169 Total 383 *(FY 2073/74)*		The number of reported cases have increased by 19%	The records of Women Service Centre[2] (Police) and WCO[3]
Possession of vital documents (birth certificate, citizenship and marriage certificate)[4] by girls and women in focus VDCs increased by 15% every year	2017 – 10% 2018 – 30%	Baseline: OKL, SDL, UDP Birth certificate 32%, 16%, 12%; Citizenship 83%, 88%, 93%; Marriage certificate 75%, 32%, 73%		Information not available	VDC registers on birth, deaths, marriage and divorce Baseline 2017
Outcome 2: Duty bearers respond effectively to gender-based violence in the working districts and increasingly at national levels					
Indicator and phase target	**Cumulative Annual Targets**	**Baseline**	**Achievement at 2016**	**Phase Achievement to 30 June, 2017**	**Means of verification**
Number of health service delivery points that have adhered to the Clinical Protocol on GBV	2016 2 2017 31 2018 follow up	2016: 0	2016 – 2 district hospital strengthened	Health facilities adhered to the protocol: OKL 12 (10 health posts, 1 hospital) SDL 11 (health posts, 2 hospitals) UDP 1 (hospital)	JHPIEGO reports
70% of GBV survivors who	2016 0 2017 35 %	NA	TBC	35%	OCMC reports CMC-Nepal

[1] Fiscal Year 2072/2073 is July 2015-June 2016, Fiscal Year 2073/2074 is July 2016-June 2017

[2] Cases on Violence against Women (VAW) and Domestic Violence are reported to Women and Children Service Center (WSC) at district police. The police keeps record of all types of cases; murder, theft, kidnapping, property and land related or other disputes and fights including of VAW and DV. Cases of VAW and DV are send to WSC for record keeping and further action once it is registered in district police's records. Therefore, to avoid double collection of data, the data from district police's holistic database is not presented. The data reported in Annual Progress Report 2016 has been corrected accordingly.

[3] For disaggregation of cases, please see Annex 1

[4] These documents are vital for any service a person wants to obtain from government. However, a woman needs the consent of father or husband to apply for these documents. Possession of vital documents thus is a) an indicator of the women's empowerment and b) in the context of this project, absolutely essential if a woman wants to pursue legal action. In addition, this indicator and the respective action to achieve it is a contribution by this project to the implementation of UNSCR 1325.

sought assistance have improved their well-being[5]	2018 70%				reports
Percentage of GBV survivors who are satisfied with the quality of GBV services[6]		Baseline: five case studies of GBV survivors: Police, 2 neg WCOs, 1 pos Bar Association/ GoN attorney, NA Hospital/ OCMC/ Safe house 2 pos Others mentioned: WDO 1 pos Paralegal 1 pos Local NGO 1 pos			Score card to be filled during exit interview for each service. Spot check by the action research team 3-4 quarters
Number of GBV cases that were prosecuted by law		OKH 80, SDL 17, UDP 67 Total 164 *(FY 2072/73)* OKH 55, SDL 37, UDP 30 Total 122 *(FY 2073/74)*			Records of GoN District Attorney's Office
MoH guideline and strategy on psychosocial and mental health services as an integral part of the OCMCs available		MOH set up 15 OCMCs	MOH added 6 OCMCs and revised guideline on OCMC and circulated on 21 June 2016.	MOH authorized OCMCs to include mental health and psychosocial counselling services and also made provision for referral funds and cost of helper for unaccompanied survivors.	

5 Improved well-being: improved relationships with family members and other significant persons, emotional situation, health, economic situation if relevant

6 Target/milestone: Develop GBV related community score cards for police, WCOs, Bar Association/ government attorney, hospital/OCMC/Safe house

Chapter 3

Introduction

Ten Women Cooperatives in each of the project districts have been trained on gender, reproductive health, and GBV prevention and response. With the support of WG member and CPSWs, community outreach activities are being organized. The WCs are involved in the selection of the trainers for couple counselling. It is expected that men and women together can address GBV at the individual, household and community level. The adolescent girls groups are meeting regularly to reach out to their peers.

The district hospitals have set up OCMCs in all the three districts and women are coming to seek services. There are linkages among service providers, especially the OCMC and safe house and through the GBV coordination committees with police and lawyers. All stakeholders are involved in coordination and have participated in joint monitoring of project activities.

The local elections have affected implementation of project activities in the districts, delaying monitoring visits. However, the project has been able to find temporary solutions, hence activities have been able to continue uninterrupted.

Project Strategy

Although key project strategies remain as identified in the project document, the current political and administrative context in the country does influence the project. In the changed context of federalization, there will be a need to work with restructured local bodies. As the staff of WCO have been deputed to the local bodies, and UNFPA does not have agreement with Districts Development Committee (DDC), now District Coordination Committee (DCC), community level activities will be implemented in close collaboration with respective municipalities, rural municipalities and women and girls' networks.

Update of the Stakeholder Analysis

1. **Ministry of Women, Children and Social Welfare** (MoWCSW) is drafting a national gender policy and is updating national Gender Empowerment and Ending GBV National Strategy and Action Plan. With UNFPA's support, MoWCSW is also developing GBV SOP in humanitarian setting. Further, MoWCSW has endorsed the guideline for the President's Women Development Programme under which additional safe houses are planned to cover 53 of the total 75 districts of the country.
2. **The Department of Women and Children (DWC)**. DWC has informed the Woman and Children Offices that funds have been released to the local level to implement the regular activities of the WCOs.
3. **District Coordination Committees** are focused on coordination, monitoring and supervision.
4. **National Women Commission (NWC)** is collecting and compiling GBVIMS data collected by 10 NGOs with technical support from Centre for Victims of Torture. However, NWC is still weak and under-resourced.
5. **The Ministry of Health (MOH)** has set up OCMCs in 29 districts. Following relevant review meetings, MOH revised the OCMC guideline such that other hospitals can also set up OCMCs as per Government Guideline. Funds have been allocated for psychosocial counselling and mental health services. Referral funds have also been allocated. The 'Integrated National GBV Service Guidelines' for the effective delivery of services to survivors of GBV is yet to be endorsed.

6. **Nepal Police**, UNFPA is partnering with Nepal Police for the development of GBV protocol for police and capacity building of police through support from the Government of Norway.

Socio Political Context Analysis

Nepal is moving towards a federal, decentralized structures, as per provisions made in the new constitution. This situation has created a degree of uncertainty about the practicalities of project implementation in the reporting period.

On March 10, 2017 Government of Nepal adopted a system of governance with 744 local bodies, fulfilling the requirement of the new constitution of Nepal 2015. All the 3900 previous municipalities and village development committees (VDC) are being restructured into a total of 744 new Municipalities and Rural Municipalities. As part of the process, the previous District Development Committees (DDC) are also replaced by new 75 District Coordination Committees (DCC) (which will have much less power than DDC). This restructuring of districts into provincial states and disbanding of political power of DDCs may affect programme implementation modality.

The two rounds of local elections were organised in May and June 2017, affected in scheduling of the field monitoring visits to the districts. Sindhuli, belonging to province No. 3 (Koshi) voted in 14th May, whereas Udayapur and Okhaldunga of province No. 3 (Bagmati) voted in 28th June.

During the reporting period project funds have been channelled through the DDC. However, in the new federal structures more rights and responsibilities have been devolved to lower levels of governance. The project may therefore need to partner with more than three local levels in future. As the demarcations of local level may change, there is a possibility that local government officials trained and capacitated during the project to date, may find themselves in other bodies. It is expected that there will be turnover of district level service providers and the women cooperative members might be elected in local level elections.

In preparation to transition period and to avoid interruption of implementation of project activities in the local level, UNFPA started to plan channelling of funds through existing NGO implementing partners. For the transition period, the activities to be carried out by the Women and Children Office in collaboration with the Women Cooperatives, will be included in the revised work plan of WOREC for Sindhuli and Udaypur districts and CMC – Nepal for Okhaldunga district where they have field presence through other projects.

According to recent changes in local structures, the project is being implemented in Okhaldhunga, Sindhuli and Udayapur districts in seven municipalities and 10 rural municipalities. The project covers 46 wards fully, whereas 12 wards are covered partially.

The total budget for the year 2017 is USD 1,005,878 (CHF 969 379.72) of which USD 427,197 has been used in the reporting period (including indirect cost). The second tranche was requested in 5th June 2017 as planned, and the amount CHF 1,021,413.00 was received on July 3rd 2017.

Chapter 4

Outcomes[7] Achieved

Outcome 1: Men and women in working districts increasingly prevent, report and address Gender-based Violence

As per the strategy of the project to capacitate 30 Women Cooperatives, all the executive committee members of the WCs have been sensitized on GBV issues and how they could as a group take the responsibility to prevent and respond to GBV. WC members have been capacitated to address GBV within their VDCs. WCs have formed GBV Watch Groups and trained them with the support of Women and Children Office.

The chair of the GBV WGs are reporting the status of GBV in their respective wards. The trained community psychosocial workers, who are also members of the Women Cooperatives and GBV Watch Groups, have started to identify GBV cases and also to raise awareness at the community level on GBV Prevention and Response. Each Women Cooperative has two trainers to organize training of the GBV Watch Groups. It has been observed that trained WC members increasingly are sharing knowledge about GBV in formal forums such as ward meetings and WCs regular monthly meetings. WC and WG members' role as community mobilisers against GBV has been firmly growing beyond their own WCs.

Following the training and follow up with the Women Cooperatives, GBV is discussed in the monthly meetings. Some 60 CPSWs are working with the GBV watch groups and adolescent girls groups, something which has increased the confidence of the WCs in dealing with GBV cases. It has been observed by project staff that the CPSWs are engaging in self-reflection, and are using their new skills to resolve conflict and deal with situations in their own families. There has been increase in the identification and referral of GBV cases following the training of the CPSWs. Additionally, there is evidence of improved knowledge about existing services such as OCMCs and Safe houses. CPSWs are in close contact with the psychosocial counsellors and case managers, and this has further built their confidence in dealing with GBV issues. CPSWs have started meeting and orienting GBV Watch Groups and Girls groups. Total 8,000 girls and women have been reached through WCs, WGs and GGs.

"To see changes in community, we first need to change our own behavior and attitude. We used to keep our feelings inside but CPSW's training made us understand how to express our feelings to those whom we trust and how that makes one feel relaxed and happy "

Gyanta and Rita, CPSWs from Mahila Uthaan Savings and Credits Coop, Narayansthaan, Siddhicharan Municipality - 3 (June, 2017)

Adolescent girls groups are continuously meeting and now number more than 480 girls. Altogether there are 54 girls groups - twenty seven girls groups and three girls' circles are meeting weekly (with two meetings a week during school holidays), while 27 girls groups are meeting once a month with the support of WCs. Several of the girls groups, particularly in Sundarpur of Udayapur district, an area which is in the process of being declared a "GBV controlled area", are involved in campaigns against dowry and child marriage.

[7] An Outcome is the likely or achieved short term and/or medium-term effect of an intervention's outputs against the logical framework or an equivalent Results Framework. The progress report must document changes at both population and organization/institution level (including behavioral changes).

Members of Women Cooperatives with their husbands have received training on GBV. Theses couples have started organizing orientations on men's role in ending GBV and the importance of effective communication among couples for healthy and violence free relationships. Through the men who have participated in orientations and district workshops, almost 500 men have been reached to mobilize them to take the responsibility to end GBV.

Outcome 2: Duty bearers respond effectively to gender-based violence in the working districts and increasingly at national level

Services are in place in all the three districts. The OCMCs are providing medical and psychosocial counselling to the GBV survivors. Selected health facilities are capacitated with trained human resource and logistics support to identify GBV survivors and to provide gender friendly services.

A total of 111 GBV survivors received services from health facilities and nearly half of them were self-reported. The safe house in Okhaldhunga district has been handed over to an NGO from the Women Cooperative and is providing 24 hour services to GBV survivors. In Udaypur district, GBV survivors are referred to the safe house run by WOREC. However, in the absence of a safe house in Sindhuli district, cases are referred to APEIRON, which is based in Kathmandu. A total of 81 survivors received shelter support in district safe houses. 28 of them were referred to Kathmandu for the shelter of APEIRON, out of which 10 were referred for mental health rehabilitation in Koshish. One minor GBV survivor has been referred by APEIRON for long term education and shelter support and 17 survivors are receiving income generation skills. One survivor has been reintegrated with family with close follow up by Koshish.

More GBV survivors are seeking support after awareness about services has been increasing. As CPSWs, psychosocial counsellors and case managers build their skills through training, joint supervision and coaching, there is also an increasing trend of these workers identifying GBV survivors and proactively offering support. In the reporting period a total of 176 GBV survivors received psychosocial counselling by OCMC case managers. The GBV Coordination Committees are meeting every quarter for coordinated response to the GBV survivors.

The Ministry of Health has added 8 new OCMCs, for a current total of 29 OCMC UNFPA has supported these developments through continuous advocacy. The Ministry has also included a provision for one staff nurse to provide psychosocial counselling in each OCMC, in order to provide a more dedicated service to GBV survivors. Mental health and psychosocial counselling is included in the list of services to be included. Further, funds are allocated for referral as well as provision of a helper to unaccompanied GBV survivors.

District police office has been supporting the GBV survivors more effectively following the training of police in Okhaldhunga district. There is expected to be better coordination with the safe house and the OCMC, as both stakeholders are more aware of each other's works and their roles. In Sindhuli district, local representatives participated in a three day orientation/consultation and made public commitments to "end GBV" in their respective constituencies.

Chapter 5

Outputs Achieved and performance

Output 1.1: Women Cooperatives[8] (WC) have established functioning GBV watch groups and adolescent girls groups to address gender-based violence

Response and prevention through Women Cooperatives

During this reporting period, Women Cooperatives have continued participating in trainings of *Sanjivani* package (on gender, GBV, human rights and reproductive health). The trained trainers have oriented other member of the respective WCs and GBV Watch Groups. GBV WC members are handling and reporting GBV cases in an appropriate manner.

As the ToT trained members of WCs have started to provide trainings to members of their respective Cooperatives, this has built the capacity of all members of WC and widened their roles from group savings activities as active community mobilisers preventing and responding to GBV. GBV, gender and reproductive health are discussed during the meetings of WCs. Members are also following up on the formation, composition, training modality and frequency on monitoring GBV watch groups.

Trainings for GBV Watch Groups to help them become community psychosocial workers (CPSWs) have resulted to more GBV survivors being identified in community level. CPSWs have been providing psychosocial first aid and support to survivors. The referral pathway from CPSWs to Case Managers, psychosocial counsellors and other service providers has strengthened, as GBV cases are being increasingly referred to OCMC and Safe Houses. Awareness on available services in community and district level has grown. CPSWs have been performing psycho-education and orientation programs to WCs and WGs, but also to larger audiences in the community level.

Weekly Girls Groups and monthly Girls' Circles have become platforms to gain and share knowledge on gender equality and GBV, amongst other things. Girls' Group members have started to be involved in local level planning to advocate GBV issues, started regular discussion on child marriage and domestic violence with their peers. The trained facilitators are motivated and confident. By the end of the reporting period, all groups have accomplished the first phase of Rupantharan sessions. Girls Groups are linked with WCs by focal person and CPSW's. WC focal persons have supported in conducting and monitoring of the Rupantharan sessions, whereas CPSWs have supported GG in identifying and responding to GBV cases. Also the parents of GGs members have become more aware of issues that are discussed in Rupantharan sessions. After initial doubts, they have started appreciate and support their daughters' participation in the groups.

Quarterly meetings of Women Cooperatives have shared the progress, lessons learnt and challenges of GBV WGs, GGs and GCs. Meetings have discussed the formation and functioning of these groups and their roles and responsibility to respond GBV, as well as groups' links to CPSWs, OCMC and Case Managers, and Psychosocial Counsellors, including other service providers such as health facilities and police personnel.

8 Women's Cooperatives are community-based organizations set up by the Women and Children Offices. According to national guidelines, the WCs have to set up GBV watch groups in every ward and lead adolescent girls groups

The process to reach output 1.1., and activities implemented during the reporting period are as follows:

Trainings on Gender, GBV and Reproductive Health through Sanjivani

Series of trainings, facilitated by WOREC, have been organised in coordination with UNFPA and WCO to the members of Women Cooperatives, GBV Watch Groups, Community Psychosocial Workers (CPSW) Okhaldhunga, Sindhuli and Udayapur. Other beneficiaries of the training activities during the reporting period include WCO Staff, OCMC Case Managers and Police Personnel. A total of 177 (against 150 planned) participants were trained during the reporting period, through WOREC.

- Members of women cooperatives trained for five days Training of Trainers (ToT) on Sanjivani Handbook, in Sindhuli (20 members) and Okhaldunga (44 members) and Udayapur (30).
- 28 participants comprising of members of GBV Watch Groups and CPSWs have been trained to work as case documenter in three days residential training in Udayapur. Ten participants representing all three districts were trained also in first quarter.
- 60 participants were provided 10 days trainings as CPSWs through events held at Okhaldhunga, Sindhuli and Udayapur. The trainings were organised by CMC-Nepal, whereas WOREC gave a two days session on Gender and GBV.
- 25 police officers from Okhaldhunga received a five days training on Gender, GBV and reproductive health (see also Output 2.1.).

The participants of Sanjivani ToT's take pre- and post-tests as part of the training. Among the 20 participants of Sindhuli the pre-test knowledge score on GBV was 63% whereas the post-test score was 82%. Knowledge on sexual and reproductive health rights and laws seems to have been remaining the same before and after training. Knowledge on reproductive health was 55% before the training which then increased to 76% in post-test results.

After the training 8-10 case documenters have been placed in each of three districts to document cases of GBV and report them further to OCMC Case Managers or psycho-social Counsellors. WCO replicated three batches of Sanjivani training to focused and non-focused Women Cooperatives to reach additional 71 WC members in Sindhuli. Likewise, WCO organized the five day Sanjivani ToT to 26 WC members in Okhaldhunga.

Trained trainers of WCO in Okhaldhunga have reached 26 executive members/managers aiming to produce local resource person/trainers within WCs to strengthen the quality of WCs skills on prevention and to respond GBV, by coaching and mentoring WC members.

Among the participants of the trainings and orientations, the most frequent caste and ethnic groups have been Janajati and Brahmin Chhetri.

Formation and Functioning of GBV Watch Groups

The training and orientation for GBV Watch Groups is done after the compilation of Sanjivani ToTs, as the same participants will be engaged for the orientation of the Watch Group. After this, WC members develop an action plan to formulate and mobilise a GBV Watch Group.

A total of 12 batches of 2-days orientation on GBV - one of the modules of Sanjivani Handbook - have been provided to GBV Watch Group members in all districts. Under this orientation altogether 1050 women (Okhaldunga 360, Udayapur 360, Sindhuli 330) from focus VDCs, as well as one non-focus VDC,

have received training on GBV, and on the roles and responsibilities of WGs on GBV response. Orientations have been done by the trained facilitators from Women Cooperatives with technical support from WCO.

A three day training to strengthen GBV documentation and case recording has been held in Udayapur, with 28 participants from three project districts comprising members of GBV watch groups and CPSWs. This training focused on GBV data recording and conducting vulnerability assessment in households, as well as how to segregate cases according to categorisation of GBVIMS formats.

In the course of the current reporting period, 540 meetings of GBV Watch Groups have been conducted with ward level women groups in districts. The WGs are meeting more regularly and changes are seen in quality of the meetings: participants are demonstrating improved understanding of GBV as reported by project staff. One important factor in bringing about this change appears to be the active mobilization of the CPSWs.

Mobilization of Community Psycho-social Workers (CPSW)

Community Psycho-social workers (CSPWs) are members of Women Cooperatives and GBV Watch Groups. With CMC-Nepal the project agreed selection criteria to identify potential candidates. Together with WCO, CMC-Nepal and UNFPA district staff conducted selection interview, after which 60 members (all women, 26 Janajati, 6 Dalit, 1 Madhesi, 27 Brahmin Chhetri) were selected from 30 Women Cooperatives in three districts.

The 60 members received 10 days training in psychosocial support on February. Some 20 members were trained in each district. The training is based on a manual developed by CMC-Nepal on psychosocial first aid. The trained CSPWs are supporting GBV Watch Groups and Adolescent GGs in identification of GBV survivors and are able to give basic psychosocial support (response), raise awareness on GBV and services available in the community and districts. CPSWs are instructed to follow Case Management Guidelines when dealing with GBV cases, and to link the survivors to OCMC for further help.

CMC-Nepal developed a distance coaching support plan that was put in practice since February. CPSWs are getting support from district psychosocial counsellor of CMC-Nepal as per their need. Field level supervision in psychosocial first aid to enhance skills of trained CPSWs was conducted (along with OCMC Case Managers) in Okhaldhunga on March and in Sindhuli and Udayapur on April. Some 20 CPSWs in each district received psychosocial supervision. This supervision and distance coaching by psychosocial counsellors increased CPSWs confidence in dealing with GBV survivors. While most of the CPSWs are working productively, it should be noted that some need additional support.

The trained CPSW are provided with incentives of Rs. 5,000 per month for transport and communication costs. CPSWs have provided awareness raising by psychoeducation and orientation programs to WCs, WGs and other people in the community level (20,727 (60%) in Okhaldhunga, 9,830 (28%) in Sindhuli and 4,198 (12%) in Udayapur). These awareness programmes include sharing about GBV prevention and response projects, psychosocial and other support available for survivors and how these services can be accessed by survivors and others (e.g. perpetrators).

By the end of reporting period, CPSWs have identified 508 GBV cases (221 in Okhaldhunga, 112 in Udaypur, 175 in Sindhuli). Among these cases, 92 have been linked to Case Managers in OCMC and CMC-Nepal's psychosocial counsellors, while remaining cases identified have been attended by CPSWs for psychosocial support. The referral of GBV survivors increased from the beginning of April when CPSW and Case Managers received field level supervision coaching from psychosocial counsellor of

CMC-Nepal. Even if the establishment of OCMC's has been delayed, the CSPWs have been able to provide basic psychosocial support and refer survivors to psychosocial counsellor.

Table 1: Awareness and Identification of Cases by CPSW

District	Cases identified	Awareness provided
Okhaldhunga	221	20727
Sindhuli	175	9830
Udaypur	112	4198
Total	**508**	**25661**

CPSW training participants during a training exercise

Roll out of Social and Financial Skills Package (SFSP) "Rupantaran" for Adolescent Girls Groups

A total of 300 girls have been attending weekly/monthly meetings through 18 girls groups and two girls' circles. The GGs and GCs are receiving ongoing support from CPSWs and trained GCs facilitators. Girls groups have developed individual profiles of the group members to track their attendance and progress, which have been reported to Restless Development. Around a third of the girls group members are in the 10-15 age category, with the remaining two-thirds in the 14-19 category.

The trained facilitators of the girls groups (themselves adolescent girls) have provided field level recorded forms and formats to Women Cooperatives during monthly meetings, to monitor the roll out of sessions. Then WC sends collected documents to CMOs of UNFPA, who verify and send the documents to Restless Development. The Rupantaran sessions have been monitored from time to time by WCO and the WC members, who have provided observation reports to Restless Development. WC focal persons have mentored GGs facilitators who have had challenges in performing the sessions.

Following UNFPA's field visit recommendation to provide further coaching to the girls, a Review and Planning Workshop was organised in April in Kathmandu. The workshop reviewed the progress of the enrolment. The facilitators were able to discuss their challenges in conducting sessions and get support to find appropriate solutions. Facilitators were also supported to develop plan for next quarter on session delivery. Total 20 participants (17 girls and 3 focal persons of Women Cooperatives) participated in two day workshop. As a result, Restless Development and facilitators also established a practice of weekly session update via phone to track the participant's numbers, challenges and learning of each session.

Restless Development conducted monitoring and technical assurance visits in Udaypur (19-21 May 2017), Sindhuli (2-4 June, 2017) and Okhaldhunga (9-11 June, 2017). Rupantaran sessions were observed and technical support provided to facilitators.

To strengthen the capacity of Girls Circles, the provisioned development grant of NRS. 20,000 was provided to each of them through Women Cooperatives. Grants have been utilized according to specific criteria and guidelines for the welfare of girl's group members who are poor, including GBV survivors. For example, in two Girl's Circles of Harshahi and Hariharpurgadhi, development grants have been utilized to purchase stationeries and school uniform for high school drop outs to help them re- enrol. This support was provided on the basis of the consensus made by WCs and GCs in joint meeting. In Okhaldhunga, a school dropout student re-enrolled in school after taking Rupantaran package.

Some Groups have formed a monthly saving habit. The facilitators have established a practise of purchasing prizes for regular participants from the refreshment cost of absent participants. In addition, they have maintained a saving fund from their refreshment cost.

Experiences on Rupantharan:

"*Before Rupantaran session, during mensturation I used to use cloth pad for a long time without changing. Now, I change pads in every four hours. This package helped me also to prioritize my needs and wants. It has inspired me to build positive attitude"*

Participant, Udayapur

"I have observed significant changes in the adolescent girls in my community. Before Rupantaran session, girls were very reluctant or unable to move outside from home. Now they are participating in speech competitions, dance and music. Initially they thought girls shouldn't move out from home but now they believe that girls can work like boys. Girls must engage and take leadership like boys."

Member, Women Cooperative, Udayapur

"In my village, especially Brahmin girls are not allowed to eat dairy products during menstruation. I had a long discussion about this with participants during menstruation session. At the beginning, they were scared to discuss with their family. But, I tried my best to convince them. And, they convinced their family too. Now, the Brahmin girls of my group are allowed to eat dairy products in their home during menstruation. This has increased my self-confidence. I feel proud to be a role model of my peers""

Facilitator, Sindhuli.

Quarterly Meetings of Women Cooperatives of Focus VDCs

Two quarterly meetings of Women Cooperatives of focused VDCs were organized to share the progress, lessons learnt and challenges of GBV WGs, GGs and GCs.

Agenda has included formation of these groups and their roles and responsibility to respond GBV, as well as groups' links to CPSWs, OCMC and Case Managers, and Psychosocial Counsellors including service providers such as health facilities and police personnel.

WCO has supported WCs to include all members in quarterly meetings, as well as Female Community Health Volunteers and representatives of mother's group. Women Rights and women health issues have been also discussed.

Output 1.2. Men and boys have the capacity to engage in the prevention of and response to gender-based violence

The project has engaged WC members and their husbands to jointly make efforts for prevention and response. The interactive trainings for couples have developed participants' understanding on the effect of GBV in personal, household and community level. Couples have also learnt basic psychosocial skills. The knowledge and skills provided to male trainers has been further disseminated at district level, now capacitating members of GBV watch groups and their partners. It is observed that the men who participate in the training tend to reflect not only on the hard GBV does to individual women, but also the broader damage to families, communities and societies.

Training to Couples on GBV

Under the activity "Men's participation in the movement against GBV", two manuals have been developed: a five days Training of Trainers (ToT) manual for couples on GBV, and three days training manual to be used by trained couples at the district level. The manual has been shared with DWC for review.

At first the ToT was planned for members of Women Cooperatives and their husbands. However, it was decided that the pilot ToT would target men and women who already had experience in conducting community level trainings, and who would then work as a pair in their respective districts. The selected nine women and nine men (three pairs from each district, as well as three psychosocial counsellors) participated to ToT in Kathmandu in May.

After the training, the trained couples have been connected through Women Cooperatives to orient other couples in community and households. A one day orientation was conducted to give knowledge on Gender, GBV and Psychosocial knowledge to 160 couples in Sindhuli**.**

The couples have also been providing three day trainings to other couples. These have been organised all together seven times; in June in Sindhuli (Jhagajhuli Ratamata, Nipane, Kamalamai) and Udayapur (Gaighat, Katari, Tapeshwori), and in July in Okhaldunga (Baksa). The participants of three days training have included e.g. GBV Watch Group members with their partners (60 couples of eight WCs, 20 in each district). CMC-Nepal has provided supervision support in the events. In few occasions there has been an observation that the trained trainers may require more support to deliver the trainings in community.

After the couples' trainings in district level, consultation events have been organised for the trained men. Some 110 trained men (OKH 30, SDL 40, UDP: 40) have participated in the discussion on gendered roles, GBV and cultural stereotyping. They have shared their perceptions on gender relations, GBV and reproductive health. For example, men from Okhaldhunga shared that the training has helped them to see how conflict between husband and wife or other family members affects children. Some men shared that they also have been perpetrators of GBV, but they have realized now how widely such behaviour affects health and wellbeing of a person and whole family. To encourage men's leadership towards

ending violence and inequality, WCO in Udayapur has provisioned since 2016 a reward for the best model couple of district.

CMC-Nepal's planned activities such as training of couples and case managers, as well as the first round supervision support to CPSWs and case managers, were completed in the second quarter of this year. According to CMC the selection and recruiting of CPSWs, couples and case managers was delayed (originally planned in 4th quarter 2016).

Output 1.3. CSOs, media and research organizations engaged in evidence based advocacy for an improved response to GBV by GoN actors at district and national level

The project received the baseline report from SW Nepal towards the end of reporting period. The report has contributed to a deeper and more comprehensive understanding of the GBV situation in the project districts.

The research has revealed that GBV is highly prevalent in the project districts, especially in the form of spousal violence that is often fueled by alcohol. GBV is most prevalent in the form of emotional violence, followed by physical and sexual violence. Most of the perpetrators are close to the victims, men and boys in the form of husbands, in-laws, neighbours, intimate friends, or unknown boys and men with "bad moral character" (to quote the respondents), that are often perpetrators of sexual violence.

According to the report, the large majority of the respondents have knowledge of violence against women and girls in their community. However, despite women being the victims in most of the incidents of gender based violence, fewer women (86%) said they are aware of violence against women and girls, than men, at 98%. Discussions with many women indicate that although women are aware of GBV and are aware of their rights, most of them seem to accept violence as a "part of life".

Spousal violence was reported to be highly prevalent in the three districts, across all social and economic groups. The majority of respondents (94%), both male and female, named husbands as the main perpetrators of physical violence.

The majority of male and female respondents know when and where to go to seek care following incidents of GBV, however upon further discussion it appeared that not all of them have adequate knowledge of the services available or the response times for various incidents. Mothers' Groups seem to be active in the community and are also well respected. Women and Children's Office, OCMC, Women's Cooperatives, and GBV Watch Groups were mentioned by only few respondents. Many service providers, such as the OCMC, Safe House, Women's Cell (Women and Children Services Centre, District Police), and WCO are all located in the district headquarters. According to report, this might be a major barrier to access these services for people living in the remote parts of the districts. Only 42% of the respondents of the household survey thought that GBV cases were reported.

Although almost all males said during the course of the interviews and discussions that violence against women and girls is never acceptable, engagement of men and boys in GBV prevention was found to be very low.

SW Nepal conducted the field research for baseline 17-21 April 2017. Data collection instruments included structured household questionnaires, focus group discussions, key informant interviews and in-depth household consultations. SW Nepal submitted the final baseline report in early July 2017.

Outcome 2: Duty bearers respond effectively to gender-based violence in the working districts and increasingly at national level

Output 2.1: Women and Children Development Offices, police, and legal service providers have been enabled to prevent GBV and respond to GBV

Gender Equality and GBV District Coordination Committees have gathered stakeholders to inform about and review the activities being implemented. The project has conducted joint monitoring visits, including district based authorities and stakeholders, to create common understanding on progress and issues to be addressed. Monitoring of the project has been strengthened by creating a Result Based Monitoring toolkit.

International Women's Day has been a platform for many WCs to participate in community awareness raising.

Quarterly Meetings of GEEGBVDCC

During the reporting period, six GEEGBVDCC meetings have been organized in the project districts, two in each. GBV programme activities that have been implemented during the last quarter have been reviewed and challenges discussed. In the meantime, OCMC's status has been updated to the committees, including the number of GBV cases that have been reported to OCMC. Committees have received updates on GBV cases and referrals from WCs, CPSWs and WGs. In Sindhuli, the committee has provided approvals to send cases in for support and rehabilitation to APEIRON and KOSHISH in Kathmandu. During the meeting, the committees have also agreed to provide event support to WCs to conduct various advocacy events e.g. international women's day and international day of the girl child.

Joint Monitoring Visits

Joint monitoring visits have been organized in all three districts with different compositions, however most often under the leadership of WCO. The monitoring visits aimed to observe and supervise the status of activities being implemented. The joint monitoring teams consisted of participants from implementing partners, concerned stakeholders, EGBV DCC members, district medical personnel, representative from NGO federation, media personnel and project staff.

Joint monitoring teams, comprising representatives from WOREC, UNFPA, and WCO, visited

- Harsahi and Hatpate VDCs in Sindhuli,
- Katari VDC and Triuga Municipality in Udayapur
- Harkapur VDC and Siddhicharan Municipality in Okhaldhunga (all in March).
- Dandi Gurase and Jhangajholi Ratmata VDCs of Sindhuli were visited by GEEGBVDCC, WCO and UNFPA staff in the end of June.
- Waksha VDC in Okhaldunga was visited by GEEGBVDCC, media personnel, WCO, Chairperson of NGO federation and UNFPA
- UNFPA, District Local Development Officer, DHO, DEO participated in one monitoring visit in Udayapur. UNFPA project team from Kathmandu visited Sindhuli and Udayapur on late April, meeting various stakeholders.

In all three districts, the visited WCs have shared their experiences on trainings, how they have been able to work on prevention and the context of GBV in their community. There have been WC committee and general members, GBV WGs members, CPSWs and Ward Committee members present, depending on case. In general, WC members have gained confidence from the trainings Monitoring teams have

asked about the case collecting and recording, and referral mechanism instructed members as per need The monitoring teams have been was provided checklist while monitoring WCs on GBV reporting system. Also girls groups have been visited and consulted for the implementation of Rupantharan. In some cases, the team observed need for more coordination and engagement with respective WCs for creating better learning environment for Girls Groups.

A joint monitoring team of UNFPA and SDC visited Okhaldhunga in June and interacted with WCs, GGs and trained men in Harkapur, Siddhicharan Municipality including District Hospital at Rumjatar. The team interacted with district level stakeholders including DDC, WCO, and DHO for better collaboration and effective implementation of the project activities. The project monitoring team visited safe house and interacted with safe house in-charge as well. In OCMC, staff nurse, psychosocial counsellors, case managers expressed their experiences while working with GBV survivors including the updated status of OCMC.

Monitoring and supportive visits during two batches of blended learning training at Sindhuli and Okhaldhunga was done by master trainers during the second quarter. District trainers were provided with constructive feedback and support was provided during conduction of trainings.

Joint monitoring visits were conducted with Women Cooperative, WCO, Restless Development and district UNFPA staff in Sundarpur VDC, Udaypur on 18th Feb 2017, and in Harsahi VDC of Sindhuli and Harkapur of Okhaldhunga on 4th March 2017.

Development of RBM Toolkit

The implementing partners (IPs) of the project have developed forms, formats and tools for monitoring and tracking the results. In addition, UNFPA has also developed number of monitoring and tracking tools. However, these tools have been used in a somewhat isolated way. To create a common understanding among all the IPs about the utilization of results monitoring and tracking tools and identify tools that need to be developed, UNFPA assigned WOREC to hire a consultant to develop and compile result monitoring and tracking tools. A memorandum of Understanding was signed between the consultant and WOREC on June 05, 2017 to develop new tools and compile existing monitoring and tracking tools for the project.

The consultant's work included a review of existing tools and the development of new ones if necessary, all with close consultations with IPs. In July the consultant submitted the Result Monitoring and Tracking Toolkit which is currently being tested in the district level.

GBV Training to Police

25 police officers from Okhaldhunga received a five day training by WOREC on Gender, GBV and reproductive health (see also Output 1.1).

Logistics support to Women and Children Office

UNFPA has supported to WCO of Udayapur in purchasing a vacuum cleaner, television set and upgrading of internet bandwidth.

International Women Day

With project's support, advocacy events were organised in all three districts on the occasion of International Women's Day March 8. Women and Children Offices, GEEGBVDCC and other district stakeholders in collaboration provided resources in cash and kind to local Civil Society Organisations, including WCs in focused VDCs. WCs have organized rally with play-cards and slogans, media interaction with duty bearers, street dramas and cultural programs. PSA messages were disseminated through local radios. About 1000 people in each district benefitted from these advocacy events. Similarly, "Rally - Peace Walk for the Rights of Women" was organized in Udayapur with 300 people participating.

Output 2.2: Women Service Centres have been established and are functional in the working districts, with links to capable referral safe houses in Kathmandu

Stakeholders have been capacitated for better safe house management and coordination between other service providers. The referral pathway from districts to Kathmandu based partners has been agreed and effectively coordinated. Thus, GBV survivors have been able to receive quality care as per their need.

GBV survivors have received both psychosocial first aid and counselling services from trained CPSWs, case manager and psychosocial counsellors. The number of reported cases has increased as skill levels to identify the cases has grown. GBV cases are managed in an appropriate and professional manner.

Safe House and Shelter Support

The basic training on Safe home management was conducted by Apeiron from 19th – 21st April 2017. Safe house management staff, WCO`s staff, safe house management committee members and members of Women`s Cooperatives of Udayapur and Okhaldhunga districts participated (total 12 participants, 11 women and 1 man). Due to uncertainty of the operation of the safe house in Sindhuli, no one participated from this district. The participants were selected as per the work plan. The curriculum of the training was based on the findings of the need assessment conducted on December 2016. The main objectives of the training were to improve the capacity of the safe home management staffs, coordination and networking at the local level, knowledge and skills for better safe home management and case management system. Participants also received basic knowledge on gender, GBV, safe home management and the services provided by the safe home, and GBV categories as per GBVIMS. The facilitators used a variety of methods like group work, brainstorming, individual reflections, plenary discussion and role-play to delivery each session.

By this reporting period, the total number of survivors served in the safe house of Udayapur and Okhaldhunga are 42 and 23 respectively.

Memorandum of Understanding was signed with Koshish-Nepal for the referral services to the GBV survivors in need of mental health rehabilitation on March 2017. Apeiron has received 18 survivors along with 12 dependents from Okhaldhunga (6), Udayapur (5) and Sindhuli (7) districts in its safe home in Kathmandu. Referrals have been from WCOs (9), safe houses of Udayapur (3) and Okhaldunga (3) and OCMC of Sindhuli (3). The age of the referred cases has ranged from 11 to 34 years. 15 children have accompanied their resident mother in the shelter of APEIRON. They have been provided with early childhood development support, food and shelter.

Table 2: GBV Survivors receiving services at Safe house at districts[9]

District	Cases registered in safe house Jan- July 2017
Okhaldhunga	39
Udayapur	42
Total	**81**

The cases were of extreme GBV; women who required longer term support and rehabilitation. Among the cases, one third were related to denial of resources followed by rape (4) and physical assault (4). All the rape cases happened to minors, 11-16 years old girls. Some 10 cases with mental health issues has been referred to Koshish Nepal for mental health rehabilitation (referrals are four by CMC-Nepal, four by OCMC and two by WC).

One case has been referred to Center for Awareness Promotion (CAP) Nepal for long term educational support. Of the 10 cases three have recovered and one has been reintegrated. The age group of the mental health clients/survivors has been 28-54 years old. Some 50 % were diagnosed as having schizophrenia, others included three cases of psychosis and two of alcohol dependency. In order to increase the outreach of mental health rehabilitation, KOSHISH outreach worker organized a meeting with district stakeholders. As a result, of the 10 cases (9 female and 1 male) eight were taken to Kathmandu by KOSHISH and two by APEIRON. The major services provided to the residents in the shelter home of Kathmandu have been food, clothes, medico-legal aid, psycho-social counselling, life skills training, non-formal education, dance therapy and child care.

Apeiron has conducted one day mentoring visits to the three districts in first quarter. However, in the second quarter these visits could not be conducted due to late finalization of the safe home guideline by the Department of Women and Children Office.

According to Apeiron, coordination amongst the other partner agencies has been one of the key activities during the last six months. Meetings and frequent telephone conversations were done with the partners like Restless Development, CMC Nepal, WOREC Nepal, Koshish and JHPIEGO. Coordination meetings have been conducted with CAP Nepal, Antardristi Nepal and RHEST for long term support.

Psychosocial support

CMC-Nepal is the implementing partner to build the capacity of psychosocial counsellors, Community Psychosocial Workers (CPSW), Case Managers of OCMC/district hospitals, WCs and Safe Houses to address the psychosocial needs of the survivors and their families.

A case management guideline was drafted and shared for feedback with various stakeholders, including Department of Women and Children, and then finalized. Development of case management tools and guideline was completed with a feedback workshop of governmental stakeholders in Kathmandu in March. The revised draft was then shared to partners and district level implementing agencies. Following this, CMC-Nepal provided first module training of seven days on GBV case management to six case managers and psychosocial counsellors of CMC.

[9] Safe house in Sindhuli is not functional

In the first quarter, CMC-Nepal supported the selection of 6 case managers for OCMCs of the district hospitals, by developing selection criteria and undertaking a rigorous interview process, which was then shared with district health officers. Case Managers work in OCMC, managing and recording GBV cases as well as providing counselling. They also support psychosocial counsellors and conduct field visits with community psychosocial workers. WCO has supported Case Managers monthly salary and field visit costs. This fund was directly transferred to DHO from DCC.

CMC has provided distance coaching support since February for CPSWs and since March for case managers. CPSWs are getting support from district psychosocial counsellor of CMC-Nepal as per their need. Case managers and psychosocial counsellors receive one hour coaching to discuss cases and issues they experienced while supporting GBV cases. Additional supervision through distance coaching is provided as per need.

The referral of GBV survivor cases increased from the beginning of April when CPSWs, case managers and psychosocial counsellors received field level supervision coaching from psychosocial expert of CMC-Nepal. These survivors received basic psychosocial support from CPSWs and some of them were then linked to CMC counsellors and case managers. GBV survivor cases were referred to OCMC only lately, because of late establishment of OCMCs in all three districts. Case managers have provided services to 176 survivors referred by CPSWs, GBV watch group, WCO or by oneself - during reporting period in all three districts. Details of cases seen by case managers/counsellors are in following tables.

Counselling services have been provided from household level to larger groups. Individual counselling has been provided for 182 persons, 154 families have received services at household level or as family 3).

Table 3: Counselling Services

	Individual	Family/HH	Psycho-education in Group	
Udhaypur	68	27	105	200
Okhaldungha	47	26	179	252
Sindhuli	67	101	366	534
Total	**182**	**154**	**650**	**986**

Disaggregated data shows that two biggest ethnic groups of identified GBV cases are Janajatis (43%) and Brahmin Chhetris (30%).

The majority of counselled GBV cases (121 of 186) are married. Out of 195 cases, the most common cases are mental abuse and physical assault.

Likewise, out of 183 cases referred to case managers and psychosocial counsellors the majority of cases, 92 (50%) were referred by CPSWs (see table 4).

Table 4: Number of GBV Cases Referred From

		Okhaldhunga	**Sindhuli**	**Udaypur**	**Total**
GBV Cases Referred from	CPSW	19	44	29	**92**
	WG	0	0	1	**1**
	WC	1	2	1	**4**
	Safe House	3	0	1	**4**

	Police	6	10	3	**19**
	WCO	2	6	1	**9**
	Health Center	2	9	13	**24**
	Others	11	6	13	**30**
	No. of total cases referred				**183**

Nearly half of the cases referred forward have been to CMC-Nepal (see table 5).

Table 5: Number of GBV Cases Referred To

District Service Center		**OKhaldhunga**	**Sindhuli**	**Udayapur**	**Total Cases**
GBV Cases Referred to	Safe House	3	0	3	**6**
	Police	3	7	0	**10**
	CMC-Nepal	25	1	22	**48**
	Health Center	6	10	4	**20**
	Legal Service	2	4	5	**11**
	Apeiron	2	10	1	**13**
	Koshish	2	4	1	**7**
	WCO	2	0	0	**2**
	No of total Cases referred				**117**

An inter-partners meeting with Apeiron was held in April regarding referral pathway (for referral pathway, see Annex II). Some 25 GBV survivors from Okhaldhunga, one from Sindhuli and 22 from Udayapur with complex psychosocial problems were referred for psychological or psychiatric consultation to CMC. Psychiatrist's visits in the district hospital helped GBV survivor cases to get mental health treatment and support. A total of 22 cases received mental health treatment in Gaighat hospital, Udayapur and 22 cases received the same services in Okhaldhugna Mission hospital and Rumjatar district hospital during the psychiatrist clinical support visit from community mental health project of CMC-N. Because of lack of mental health services in Sindhuli, GBV cases could not receive such service from the district hospital. Only few and severe cases were referred to safe house and residential treatment place.

Output 2.3: Health facilities in the working districts have the capacity to provide adequate medical services and community based psychosocial case management for GBV survivors and their families

Health providers of project districts' health posts and hospitals have gained knowledge and skills for adequate response to GBV. District hospitals have proper venue and materials in place to receive and treat the GBV survivors.

Training of health service providers

In central level, Implementation Guideline for District Health Managers and Service providers on Health Response to Gender Based Violence has been drafted in January and shared for feedback by Jhpiego in

coordination with GESI unit of Ministry of Health. The guideline has been translated in Nepali and final draft is developed. Due to the change in government to federal structure, finalization will be postponed.

Jhpiego conducted one batch of Training of Trainers in Kathmandu. Some 13 participants received TOT on Competency Based Training on Health Response to GBV (5 doctors and 9 staff nurses). Participants were from Sindhuli District hospital (1 doctor, 2 staff nurses), Bheri Zonal Hospital (1 doctor, 2 staff nurses), Western Regional Hospital (1 doctor, 2 staff nurses), National Health Training Center (1 doctor) and Chhetrapati Family Welfare Clinic, Kathmandu (1 doctor). All the participants demonstrated skills competency for filling up the reporting forms and evidence collection.

Blended Learning with Group Based Training

In Sindhuli, 22 service providers from selected 10 health facilities were trained on health response to GBV. Two batches of blended learning with group based training were conducted at Sindhuli in March. The result of the knowledge assessment shows that participants gained knowledge as the average percentage knowledge increase from pre-test to post-test was 85% to 95% in the first batch and 81% to 89% in the 2nd batch. All the participants demonstrated skills competency for filling up the reporting forms and evidence collection. Total of four trainers completed their co-trainings and have become trainers for health response to GBV.

In Okhaldhunga, 51 service providers from selected 11 health facilities were trained on health response to GBV in five batches in Rumjatar Hospital, Okhaldhunga in March. The result of knowledge assessment shows that participants gained knowledge as the average percentage of posttest was 77% to 99% in the 2nd batch, 80% to 96% in the 3rd batch and 69% to 97% in the 4th batch. All the participants demonstrated skills competency for filling up the reporting forms.
Jhpiego conducted a sixth batch of Blended Learning Training on Health response to GBV in Rumjatar district hospital from June. There were altogether 11 service providers from selected Health Posts and 1 PHC.

Due to various trainings, local elections and change in leadership Jhpiego could not plan training in Udaypur during this reporting period. According to them, the transfer of trainers have also affected, as only three trainers are left and they are not being able to give their full time to conduction of trainings. Meeting with DPHO and hospital was done on March 29th and July 5th for training plan. It has been decided that the five batches of blended learning with group based training will be conducted from August 2017 for service providers from 10 selected health facilities.

Two batches of On the Job Trainings were conducted in Sindhuli District Hospital, with 18 service providers trained. Again knowledge assessment has showed that there was increase in knowledge. The average percentage of first batch increased from 67% to 96%, and average percentage of second batch increased from 79% to 97%. All the doctors' skills on forensic evidence collection was satisfactory.

Monitoring and support visits were done by Jhpiego during both two batches of blended learning training at Sindhuli by master trainers. District trainers were provided with constructive feedback and support was provided during conduction of trainings

The participants of the trainings have expressed that the training modality has been very new to them but they found it very effective. Some participants expressed that it would be good to have a peer from their own health facility so that they could discuss during self-paced learning duration.

Site Strengthening: Quality Improvement Tools

By this reporting period, all three districts were provided support to establish a separate room for GBV service provision. Quality Improvement tool for GBV service provision were filled in all district hospitals and gaps were also identified. All three district hospitals were equipped with necessary materials such as table, chairs, flipchart board, soft boards for training and necessary equipment/instrument such as cupboard, counselling desk, chairs, examination table, peri-light, waste disposal buckets, medicines etc. The hospitals have started using the rooms to provide service to GBV survivors. In addition, 11 health facilities (10 HPs and 1 PHC) in Okhaldunga and 10 health facilities in Sindhuli have been provided with necessary equipment, instrument, materials such as examination beds, footsteps, gowns, masks and caps.

Table 1 shows the 111 cases of GBV survivors that were reported from three districts during the six months period. Among the total cases reported, Okhaldungha and Udhaypur has the higher number of cases, this might be because the program was started earlier in these districts. When disaggregated by type of GBV, majority are survivors of physical assault followed by psychosocial and emotional abuse.

Table 6 shows how nearly half (49%) of the survivors report to the health facility by themselves. This is especially true for survivors of physical assault followed by survivors of psychological and emotional abuse. The majority of the self-reported cases are those reporting to the health facility with other complaints and identified by the health workers as GBV survivors - which is the main objective of the program. It indicates that program is in line with its objective. However, for rape and sexual assault, the majority of cases are reported to the health facility through police.

Table 6: Details of referrals received at health facility by type of gender based violence

	Type of gender based violence					
	rape	sexual assault	physical assault	denial of resources/ opportunities or services	psychosocial/emotional abuse	Total
self	0	4	29	5	16	54
relatives	0	1	4	0	6	11
safe home	2	0	0	1	0	3
police	7	11	6	1	5	30
NGO	0	1	1	1	2	5
health facility	0	0	1	0	2	3
others	0	0	1	0	4	5
Total	9	17	42	8	35	111

Looking at the overall scenario, majority of the cases return back by themselves. This is especially true for physical assault cases. While looking specifically into the survivors of rape and sexual assault, the survivors are referred to the relatives and police (table 7).

Table 7: Details of referrals made by health facility according to type of gender based violence

	Type of gender based violence					
	rape	sexual assault	physical assault	denial of resources/ opportunities or services	psychosocial/emotional abuse	Total
self	0	3	25	4	16	48
relatives	2	5	2	1	12	22
safe home	2	2	3	1	0	8
police	5	4	7	2	5	23
NGO	0	0	0	0	2	2
health facility	0	1	4	0	0	5
others	0	2	1	0	0	3
Total	9	17	42	8	35	111

District planning meeting and review meeting/orientation to health facility in charge on self-paced training package

An orientation on GBV and training program was conducted in Sindhuli by District Health Office with support from Jhpiego/UNFPA on January. More than 60 representatives from hospitals and different organizations were present. Other stake holders present were District Attorney, representatives from District Health Office, District Education Office, Nepal Police, Woman and children Office, local FM and journalists, UNFPA, Care, WHO, WOREC, Sahakarya, local NGOS and different political parties. Health facility in-charges orientation was conducted on February. The in-charges of selected 10 health facilities were oriented on and provided with the training package as well as register for recording GBV cases and reporting format.

Output 2.4: MoWCSW and MoH are supported with evidence to develop policies and plans

MoH organised OCMC Review and Planning Workshops in June 26-27 in Dhulikhel and July 3-4 in Chitwan.

Chapter 6

Project Management and Financial Resources

Percentage of budget spent vs. planned per outcome

For the reporting period, the total expenditure for Outcome 1 was USD 150,928 which is 38% from the planned USD 401,764. For Outcome 2 USD 200,143 (50%) has been spent of planned USD 399,681.

In total USD 351,072 has been spent in both Outcome 1 and 2 which is 44% of the total planned USD 801,445. The total expenditure under programme, personnel, operation, staff training, monitoring and supervision and 8% overhead cost of UNFPA was USD 427,197, making it 42% of the planned USD 1,005,878 in the reporting period.

Chapter 7

Lessons Learnt

- The Women Cooperatives have become important arenas for women to talk about their experience of GBV through GBV Watch Groups and community psychosocial workers. However, women have to be assured of confidentiality as well as quality services for more women in the community to seek help. The need for more training on GBV for men and boys has been expressed by WCO and WC and other community groups, by men themselves as well.
- The deployment of full time case managers in the OCMCs has provided support to the medical team to deal with GBV cases.
- Some of the CPSW's have been found to do "counselling", which in fact doesn't belong to their roles and responsibilities. CPSWs role is to provide psychosocial first aid and support, and this would be helpful to be clarified with them. Some GBV Watch Group members have felt burned out dealing with issues they may be facing in their own lives as well. This issue has been noted and will be addressed in coming quarters.
- Some parents have been reluctant to let their daughters to participate regularly in the sessions, as they see participation to Rupantaran is taking girls' time from school homework and household work. This situation has got better after parents have got more information about the programme. It is suggested that before roll out of next phase, there would be an orientation organised for parents where they could learn about and ask questions regarding Rupantaran. In general, adolescent girls have become more confident to speak out to their parents and outside home.
- It appears that health workers are a good entry point for GBV survivors, however at the stage where they interact with health workers they are typically not ready to report, hence it is important that HWs are sensitized to this, and are able to provide services and referral as needed.

Annex I: GBV Cases Recorded & Referred by District

District	Concerned authority	No. of GBV Cases recorded & referred in (FY2072/73) July 2015 -June 2016	No. of GBV Cases recorded & referred in (FY 2073/74) July 16-June 2017
Okhaldhunga	Women and Children Service Center -District Police , *Physical* *Domestic violence* *Rape* *Attempt to trafficking*	65	81 *18* *50* *7* *6*
	Women and Children office (WCO) *Physical Violence* *Domestic violence* *Rape*	59	60 *10* *43* *7*
Udayapur	Women and Children office (WCO) *Physical Violence* *Domestic violence* *Rape*	31	**9** *5* *3* *1*
	Women and Children service center (WSC)-District Police *Physical* *Domestic violence* *Sexual violence* *Mental/Psychosocial*	110	169 *58* *15* *16* *80*
Sindhuli	Women and Children office (WCO) *Rape* *Attempt to Rape* *Domestic Violence* *Child Marriage* *Psychosocial*	12	9 *2* *1* *1* *1* *4*
	Women and Children service center(WSC)-District Police *Rape* *Attempt to Rape* *Domestic Violence* *Polygamy* *Human Trafficking*	43	55 *12* *8* *26* *7* *2*
	Total Recorded and Referred Cases	**320**	**383**

Annex II: Referral Pathway According to Case Management Guideline