



The End of Project (EoP) Evaluation Report of the Project “Multi-Sectoral Gender Based Violence Response at the District Level in Nepal”

Project Period: 2009 August-2013 July

SUPPORTED BY

Eliminate Violence against Women Trust Fund

SUBMITTED TO

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Acronyms

CBOs	Community Based Organization
CC	Coordination Committee
CDO	Chief District Officer
CEDAW	Convention for the Elimination of Discrimination Against Women
CPSWs	Community Psycho Social Workers
DDC	District Development Committee
EoP	End of Project
EVAW	Eliminate Violence Against Women
FGDs	Focus Group Discussion
FIR	First Information Report
GBV	Gender-Based Violence
GoN	Government of Nepal
IEC	Information, Education and Communication
INGOs	International Non Government Organization
KIIs	Key Informant Interview
LDO	Local Development Officer
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MWCSW	Ministry of Women, Children and Social Welfare
NGOs	Non Government Organization
NPA	National Plan of Action
NWC	National Women Commission
OECD/DAC	Organisation for Economic Co-operation and Development's /Development Assistance Committee
PLC	Paralegal Committee
PSC	Psycho-social Counselors
PSW	Psycho-Social Worker
RG	Reference Group
RIPs	Resource Information Points
TOR	Terms of Reference
UN Women	United Nations Fund for Women
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTF EVAW	United Nations Trust Fund to End Violence against Women
UNTF	United Nations Trust Fund
VDC	Village Development Committee
WDO	Women Development Office

Executive Summary

Gender based violence (GBV) can be referred to any form of discrimination, marginalization, inequality, and criminal activities generally happening from one gender to another, including third gender. Nevertheless, women are found to have been affected more by GBV, which is why GBV often relates to violence against women (VAW). VAW is one of the worst forms of violation of human rights. Although VAW occurs in different forms and settings, violence at home, called in other words 'domestic violence', is the most pervasive practice occurring in the form of physical, sexual, psychological and economic abuse. Gender and Development (GAD) practitioners claim that domestic violence is the result of unequal power relation between women and men, which in turn is the result of strong patriarchal norms and beliefs. Patriarchy vests all social, economic, cultural and political power among men restricting women and girls from education, formal employment, decision making positions, mobility, and accumulating capital, among others. VAW gets worse during times of poverty, scarcity of resources, conflict and war, political instability, displacement, disability, illiteracy etc. Some of the common forms of VAW in Nepal are: *Chhaupadi*, *Jhuma*, *Boksi*, *Badi*, *Deuki*, sexual harassment, trafficking, child marriage, polygamy, forced intercourse and other forms of domestic violence.

Accordingly a joint project "Multi-Sectorial Gender Based Violence Response at the District Level in Nepal to eliminate violence against women "(EVAW)" was implemented from July 2010 to June 2013 under the leadership of the United Nations Resident Coordinator, with UNFPA as the lead organization, UNICEF and UN Women as co-partner agencies, and Ministry of Women, Children and Social Welfare (MoWCSW), mainly Women and Children Offices (WCOs), as the implementing agency, under the financial support of United Nations Trust Fund to End Violence against Women (UNTF EVAW). The EVAW project aimed to increase the use of GBV prevention and protection services mainly by women, men and children at the community level, set up a sustainable community-based multi-sectoral GBV response mechanism with local service providers (health care, psychosocial, paralegal, legal services and police), and build the capacity of these service providers to address the needs of GBV survivors competently.

In order to evaluate the performance of the EVAW project implemented for three years, MITRA Samaj, a national level NGO, was selected to undertake the task. The evaluation was carried out from mid of July to October 2013 covering all four-project districts (Kapilvastu, Mahottari, Surkhet and Kanchanpur). The evaluation involved a highly consultative and interactive approach, including a preparatory phase where the available documents were reviewed and consultation meetings were held with all the concerned stakeholders. Series of Key Informant Interviews (KII) and Focus Group Discussions (FGD) were conducted at the field with the selected key informants, concerned stakeholders and the direct beneficiaries. The KIIs and FGDs

elicited stakeholder opinions on the relevance, effectiveness, efficiency, impact and sustainability of the project. At the national level, the evaluation team met with some members of the steering committee and key stakeholders as per their availability and role undertaken in the EVAW project. Overall, a total of 64 KIIs, 8 FGDs and 8 Consultative Meetings were conducted during the course of evaluation. Apart from conducting the KIIs and FGDs, the Evaluation Team monitored GBV resource centers and functioning of multi-sectorial response & prevention of GBV as well as documented one good example per district about those women and girls who have benefited from the project. Several checklists and guidelines were developed to collect the information as required by the evaluation.

As a result of project initiative, Resource Information Points (RIPs), Community Psychosocial Workers (CPSWs) and Para Legal Committees (PLCs) have been established at the VDC level, making it easier for the victims to seek GBV related services locally and immediately. The project has also put in much effort in spreading awareness not only among the survivors and the community people regarding where to go and what services to seek, but also among the service providers regarding whom to refer the cases to next. The EVAW project in general has been able to bring together various stakeholders from national level - government personnel, to the community level – direct beneficiaries and their families, while integrating initiatives across different sectors, including health, legal, and security, to combat GBV. Service providers and service centres have also been brought together to function smoothly in an integrated manner providing GBV victims with multiple options while seeking necessary services. The relative ease with which victims were able to seek support and services from multiple service providers after the project was implemented has made the project distinctly different from past and on-going initiatives of other agencies. The EVAW project has been relevant also in terms of increasing the service providers' sensitivity while dealing with GBV survivors. This in turn has increased the survivors' trust regarding reporting of the GBV cases.

Moreover, the EVAW project has helped create a forum for service providers, for civil society and government officials to discuss and deal with GBV related problems collectively. Such discussions have helped build shared understanding and interpretation of the government's policy at all levels. For instance, the project was able to contribute to the National Plan of Action (NPA) on GBV, which was prepared within the framework of CEDAW since most of the project objectives coincided with that of NPA. Moreover, it has been able to address many forms of GBV as stipulated in the NPA (except rape cases), through CPSWs, PSCs and PLC members who are well trained to deal with women victims of GBV. As reported by the service providers, the trainings were relevant for making them realize that they have to be a strong support system for the victims so as to raise the victim's self confidence and self esteem to deal with the GBV incidents efficiently. Accordingly, a drastic change in the behaviour of service providers, including that of police and medical personnel, in the way they view and address GBV cases has taken place ensuring their efficient,

timely and effective services to the GBV survivors. As a result, the service seeking behaviour of the beneficiaries as well as the reporting of the GBV cases by them to the concerned service providers has increased.

Despite the good practices of the project in many areas of the fight against GBV, there are some aspects, which need further attention. For example, reports and sharing indicate that the full potential of the media and of the available IEC materials could not be achieved as expected during the project period. Similarly, the lack of proper coordination among the concerned agencies, mainly between the centre and the district, complicated/ lengthy fund disbursement processes, dual role to be played as WDO and Protection Officer by the same person inviting conflict of interest at times, and limited funds as well as lack of clarity about its use are the other areas that need improvements.

Regarding the sustainability of the project practices, the presence of some structures such as RIPs, PLCs, trained CPSWs and PSCs at the local and district level, establishment of GBV fund, among others, are some parameters indicating along that line. However, the fact that the project duration was too short for such a sensitive project in order to build full confidence on the part of service providers, community members, victims of GBV, which was not possible in a short span of time, makes the sustainability of the good practices suspicious at the same time. Another equally important concern related to sustainability of the good project practices is that the service providers, mainly medical practitioners, police personnel, and lawyers, who are the government employees, keep changing in a certain number of years as per the government policy resulting in the absence of skilled persons to deal with the GBV cases at the local level. Therefore, it is important that the three UN Agencies continue their support in providing trainings to the new service providers and refresher trainings for those who are continuing, including RIPs, PLC members, former CPSWs and PSCs so as to increase the chances of the sustained use of good practices arising as a result of the ERAW project.

1. Context

Research reveals that Nepali women and girls in general are vulnerable to both domestic and public violence. Therefore, GBV needs to be tackled both at the local as well as the national level. Domestic violence includes physical abuse (for example, beating, slapping, hair pulling, kicking, burning and sexual abuse) and psychological abuse (threats, verbal abuse, and neglect) by husbands or other relatives, and also includes early marriage, dowry-related violence, sexual abuse in the household and polygamy. Forced and early marriage is still a pervasive phenomenon despite the legal age for marriage being 18 with the consent of parents/guardians and without 20 years without the consent. Violence against women (VAW) and girls is the most serious gender based discrimination, but it receives limited public attention. Though VAW and girls is systematic, it is still widely accepted and largely underreported. Women, particularly widows and women from marginalized communities, are more subjected to discrimination and physical, sexual and psychological abuse. Violence in the public arena includes rape and sexual abuse in the workplace, trafficking of women and girls, and harmful traditional practices and accusations of witchcraft.

GBV both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. Any one of these abuses can leave deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, result to death or suicide.

Patriarchal value system remains deeply entrenched in the social, cultural, religious, economic, political institutions and structures of the Nepali society. Domestic violence, sexual violence, cultural violence still exist because of women's subordinate position in the family, community and society in general.

VAW has been called "the most pervasive yet least recognized human rights abuse in the world." Accordingly, the Vienna Human Rights Conference and the Fourth World Conference on Women gave priority to this issue, which jeopardizes women's lives, bodies, psychological integrity and freedom. Violence may have profound effects – direct and indirect – on a woman's reproductive health, including unwanted pregnancies, unsafe abortion or injuries sustained during a legal abortion after an unwanted pregnancy, sexually transmitted infections, including HIV, persistent gynecological problems, and psychological problems.

VAW can take many forms and may span the lifecycle; from infanticide to sexual abuse, from early marriage to sex trafficking, and from genital mutilation to partner

abuse. However, domestic violence seems to be the most pervasive form of violence experienced by women. At least one in three women will experience some form of violence or abuse by her partner, and it is estimated that one in five women will be raped or threatened with rape in her lifetime (UNITE to End Violence against Women, 2008).

Despite the existence of legal provisions and compared to the magnitude of violence in all aspects of women's lives be it home, public place or workplace the numbers of incidents officially reported are very low. This has mainly been seen to be resultant of lack of trust in the law enforcement mechanism. In instances where victims report incidents of violence, the relevant law enforcement authorities have often failed to register such complaints. Political protection to all edged perpetrators is common giving rise to situations of impunity (Government of Nepal 2009 Action Plan on GBV for 2010).

The project "Multi-Sectorial Gender Based Violence Response at the District Level in Nepal" focused especially on assisting women and girls survivors of violence (whether it is domestic violence or violence that women and girls experience through their everyday work or social life, i.e. mainly violence within the women's own community including trafficking and harmful social practices) To assist this group of survivors in the best possible way, the project aimed to make GBV response services, carried out by competent providers, available at the community level to make them more easily accessible. A comprehensive GBV response system was set up to address the physical, psychological, social as well as legal needs of GBV survivors.

In this context, this study End of Project (EoP) Evaluation of Eliminate Violence against Women Trust Fund Project "Multi-Sectorial Gender Based Violence Response at the District Level in Nepal" was conducted by a team of experienced professionals from MITRA Samaj.

The evaluation team worked in close coordination with the project focal person at UNFPA. The Reference Group (RG) comprising of ERAW focal persons of UNFPA, UN Women, UNFPA and Chaired by the Ministry of Women, Children and Social Welfare (MOWCSW) provided strategic guidance throughout the evaluation process.

2. Description of the project

The project on "Multi-Sectorial Gender Based Violence Response at the District Level in Nepal to eliminate violence against women "(ERAW)" was designed by United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and UNIFEM-now United Nations Fund for Women (UN Women) and was funded by

the United Nations Trust Fund to End Violence against Women (UNTF EVAW). This joint project initiative was implemented under the leadership of the United Nations Resident Coordinator, with UNFPA as the lead organization, UNICEF and UN Women as co-implementing agencies in collaboration with the Ministry of Women, Children and Social Welfare (MWCSW).

The project aimed to increase the use of Gender-Based Violence (GBV) prevention and protection services by women, men and children at the community level, set up a sustainable community-based multi-sectoral GBV response mechanism with local service providers (health care, psycho-social, para-legal, legal services and police), and build the capacity of these providers to address the needs of GBV survivors competently.

As per the UNTF requirement, UNFPA, jointly with co-implementing agencies and MOWCSW, contracted MITRA Samaj through a competitive bidding process for the end of project evaluation of the EVAW project.

The evaluation was carried out from mid of July to October 2013 covering all four-project districts (Kapilvastu, Mahottari, Surkhet and Kanchanpur). It strived to assess the achievement of the project, the factors that facilitated/hindered achievement, and compile lessons learned so as to inform, follow up actions required and if needed inform the development of other projects to address GBV.

3. Purpose, Objectives and Scope of the Evaluation

The purpose of this evaluation is to conduct an end of project evaluation to assess the achievement of the project, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform, follow up actions required and if needed inform the development of other projects to address GBV.

The EoP Evaluation objectives were:

- I. To determine the extent to which UNTF EVAW results were achieved;
- II. To assess the relevance, effectiveness, efficiency, impact, sustainability and management & coordination system of UNTF EVAW project as well to distill lessons learned that could inform the strategic planning at national level, and design of future project in the area of prevention and management of GBV.

The evaluation was based on OECD/DAC evaluation criteria, to assess the relevance/design, effectiveness, efficiency, sustainability, result on lives of people and the coordination mechanism of EVAW project.

The EoP evaluation scope covered the project progress from 1 August 2009 to 31 July, 2013. Evaluation was based on OECD/DAC criteria as mentioned in the

objectives above. This evaluation assessed crosscutting issues such as special attention to marginalize and vulnerable women, men, and adolescents in the project districts. In particular the EoP evaluation will focus on the following components: (i) capacity building (ii) community network strengthening to support GBV survivors (iii) multi-sectoral response, resource/information points generation and (iv) awareness and knowledge raising initiatives through the key strategies of partnership, system strengthening, skills developing and service delivery.

4. Evaluation Methodology

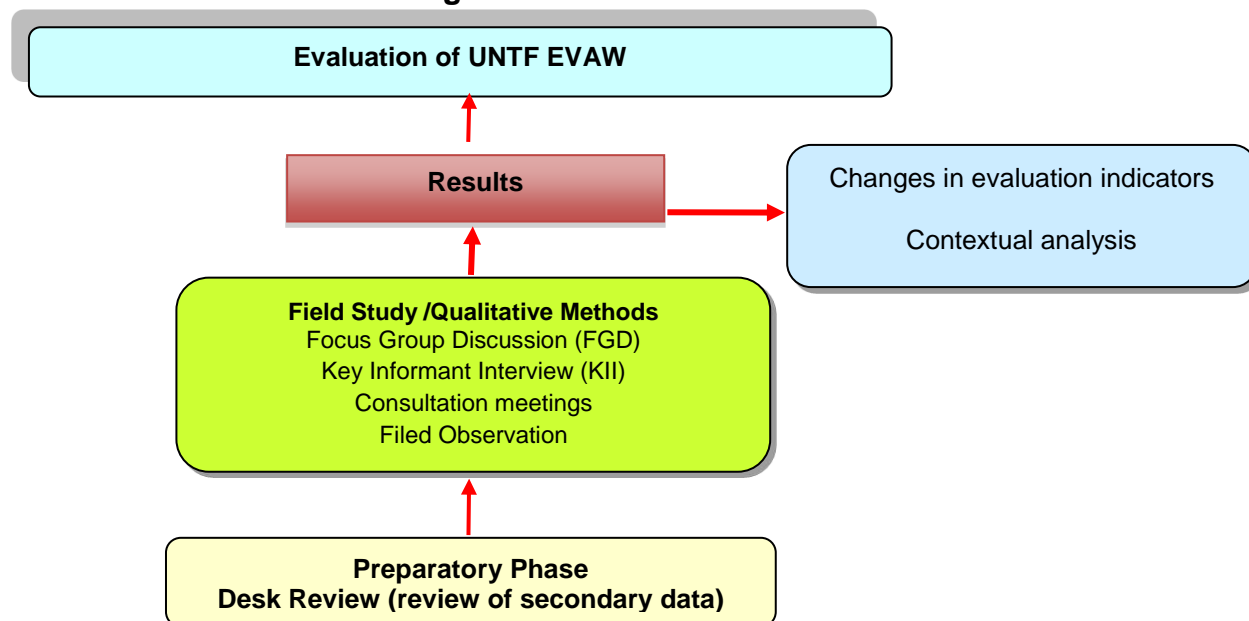
The evaluation was conducted by an independent evaluation team of MITRA Samaj comprising of Evaluation Expert, Senior Researcher/Study Manager, GBV Expert/Researcher and Evaluation Assistants having technical competence in sector of women's empowerment and gender equality, especially in the area of Violence Against Women.

The evaluation was designed to adopt a highly consultative and interactive approach, the study included a preparatory phase (Fig 1) where secondary data was reviewed and consultation meetings were held with all the concerned stakeholders especially in coordination with the UNFPA. The level of precision was maintained throughout the course of evaluation by using various tools to validate and triangulate the information gathered from the field.

The study also reviewed available secondary sources of information, reports and documents for triangulation, substantiating findings and providing broader perspectives. The focus of the study remained in investigating processes and results of program based on the structured interactions with various stakeholders.

Special consideration was given to crosscutting issues such as special treatment to marginalized and vulnerable women, men, and adolescents in the project districts. In particular the EoP evaluation focused on the following components: (i) capacity building (ii) community network strengthening to support GBV survivors (iii) multi-sectoral response, resource/information points generation and (iv) awareness and knowledge raising initiatives through the key strategies of partnership, system strengthening, skills development and service delivery.

Figure 1: Evaluation Phases



4.1 Data Collection Methods

Desk Review

The evaluation team reviewed the project document, project log frame, project monitoring indicators, forms/reports and other project related documents thoroughly to identify the gaps and gauge the success of project in terms of target Vs. achievements. The reasons for gaps and areas for improvement were discussed with the key stakeholders.

Other relevant documents were also drawn and reviewed from a number of sources, including the Government of Nepal (GON), UN agencies, other multilateral and bilateral agencies and NGOs working in Nepal; some of which included:

- Baseline survey report
- Project document reports
- Annual work plan
- Annual report
- Country program documents
- Activities monitoring report

Field Visit

Three teams comprising of two members each (senior researcher and field supervisor) conducted the fieldwork. One team reached out to two districts while the other two-covered one district each to collect the data from all four-project districts.

The evaluation team (GBV specialist and gender expert together with the senior researcher and field supervisor) conducted consultation meetings at all levels. Series of Key Informant Interviews (KII) and Focus Group Discussions (FGD) were conducted at the field with the selected key informants, stakeholders and all those mentioned in TOR and the final beneficiaries. The KII and FGD elicited stakeholder opinions on the relevance, effectiveness, efficiency, impact and sustainability of the project.

Specifically at the national level, the evaluation team met the members of the steering committee and key stakeholders. At district/VDC level, consultation meetings and KII was conducted with all the concerned stakeholders such as District Police Officials, District Health Officials, Resource Information Points (RIP) in charge, Women and Children Officials, Protection Officer, Representatives from the Local Media, NGOs/CBOs and Lawyers.

To assess the results/outcomes of the ERAW program, the team, in consultation with the UNFPA and other concerned stakeholders, conducted two FGDs per district (one each with male and female groups including survivors of GBV with project target groups).

Observation in the field and case study documentation

The Evaluation Team visited the project districts and observed GBV resource centers, functioning of multi-sectorial response & prevention of GBV (in all four project districts). One good example per district of women and girls who have benefited from the project was identified and documented.

4.2 Sample Size

Overall, a total of 64 KIIs, 8 FGDs and 16 Consultative Meetings were conducted during the course of study. The sample covered all the key stakeholders at the national level through 8 consultative meetings and 64 KIIs from the four project districts.

The field team conducted consultative meeting with all the local stakeholders to get an overview of the local context at the beginning of the fieldwork in each district, (One at the district and one at the VDC level). Likewise, two FGDs with the project beneficiaries were conducted in each project district and one success story/good practice documented from each district.

The table below illustrates the target groups investigated using different tools in each study district.

Table: Sample size

District	KIIs										FGD and KII			
	Service Providers and Stakeholders										Communities/ Beneficiaries			
	Members of Steering committee and Key stake holders at Central Level	Police official and at District & VDC Level	Rep of Local Media	Protection Officer	Women & Children Official	District Health Official	Community psychosocial workers	Lawyers	Rep of NGOs/CBOs	Psychosocial counselor	FGD with Service Recipient & Project target Group		KII with Community Members/Project beneficiaries eg. Teachers, Social Leaders, Rep. of community groups	
											Male	Female		
Mahottari	8	1	1	1	1	1	1	1	1	1	1	1	5	2
Kapilvastu		1	1	1	1	1	1	1	1	1	1	1	5	2
Surkhet		1	1	1	1	1	1	1	1	1	1	1	5	2
Kanchanpur		1	1	1	1	1	1	1	1	1	1	1	5	2
Total	8	4	4	4	4	4	4	4	4	4	4	4	20	8

4.3 Evaluation Questions

The study team developed an extensive list of evaluation questions under each evaluation criteria (Relevance, Effectiveness, Efficiency, Sustainability, Results and Coordination) for conducting the study. Based on those evaluation questions three sets of checklist for KII, one set for each specific group of respondents - Service Providers, Government Officials and Civil Society and likewise, FGD guideline for the project target group including direct beneficiaries was developed. The basis of guiding pointers for the discussions in the consultative meeting at the central, district and VDC remained the same. The study tools were finalized in consultation with the steering committee at the central level.

4.4 Limitations of the Study

The project draws heavily on the opinions of key informants involved in the development, implementation and monitoring of the program as well as those who were the recipients of the project interventions to derive the key findings in terms of efficiency and the coordination of the project. In order to address the possible subjectivity of the selected key informants, various methods of **triangulation and validations** were applied for every key finding.

Due to some limitations of the baseline study conducted for the EVAW project in 2010, this evaluation study has not been aligned with it, this study rather serves independently to drive key findings.

The evaluation team reached out to all the key stakeholders at the district level. At the VDC level, one representative VDC per district was visited for collecting the information. The VDCs for field visit were selected based on the following set of criteria as agreed by the steering committee and ranked by WDO.

VDC	Physical availability of service providers (key stakeholders for the KII)	Services Strength	Systems in place for prevention of GBV (likeliness of project activities sustainability)	Frequency and/or cases of GBV reported and services utilized	Accessibility (XX Hours drive from the district headquarters) Note: please mention time duration in bracket	Overall Impression of the project performance / possibility for its replication (In light of the fact that this is a pilot project)	Total
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Ranking will be done on a scale of 1 to 3 with 1 = Poor, 2=Average and 3=Good

Key stakeholders were traced and interviewed primarily at the district level. The district level stakeholders were prioritized to garner the most comprehensive information of the pre-defined criteria for the EoP evaluation. Biasness on recall of only the recent events and loss of institutional memories because of transfers or turnover of concerned stakeholders has been averted as far as possible.

4.5 Ethical Considerations

The evaluation adhered to international best practices and was conducted in full compliance with *UNEG Code of Conduct for Evaluation in the UN System*. In line with the *UNEG Code of Conduct*, the evaluation team ensured that:

- (a) The respondents understand the evaluation's purpose, objectives, and the intended use of findings;
- (b) The team is sensitive to cultural norms and gender roles during interactions with all respondents; and,
- (c) The evaluation team respect respondent's rights and welfare by ensuring informed consent and rights to confidentiality before interviews.

4.6 Stakeholder Involvement

Ensuring a meaningful participation through human rights-based and gender sensitive and socially inclusive approaches key stakeholders were provided with opportunities to participate in the evaluation process. Government counterparts and key stakeholders were consulted throughout the evaluation process.

4.7 Quality Control

MITRA Samaj adhered to the requirements of the Standards for Evaluation in the UN System and the evaluation was conducted in full compliance with the *UNEG standards*. One DOS criterion addresses the methods used in the evaluation. These

methods are expected to: (a) be valid and logically linked to the evaluation's objectives; (b) be consistent with good practice and include, where appropriate, explicit efforts to test counterfactuals and triangulate among methods and data sources; and, (c) control bias, and acknowledge limitations due to uncontrolled bias.

4.8 The Evaluation Methodology Framework

The evaluation framework below details out and expands the specific evaluation questions of the TOR, data sources and data collection methods for each of the evaluation criteria.

Evaluation Methodology Framework

Evaluation Objective	Key evaluation questions (drawn from TORs)	Performance Indicator (could be generic and can also be taken from the project results framework for measuring the effectiveness)	Data Source	Sampling Plan	Data Collection Instruments	Data Analysis Plan
To assess the Relevance/design and focus of UNTF ERAW project	<p>What has been UNTF's ERAW projects relevance in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?</p> <p>To what extent was the UNTF ERAW project designed as a result-oriented, coherent and focused framework?</p> <p>Have the project's outcome been relevant in terms of internationally agreed goals and commitments and standards to guide the work of prevention and management of GBV (CEDAW, UNSCR 1325, 1820)?</p> <p>To what extent the project was relevant towards the implementation of legal and policy framework related to GBV in Nepal?</p>	<p>Degree of concurrence of country program with national plans and policies</p> <p>Degree of concurrence of project documents with those of international guidelines and commitments</p>	<p>Country program document; national plans & policies; key informants</p> <p>Project proposal, log frame and relevant international documents on GBV</p>		Document review; key informant interviews	
To assess the project effectiveness	To what extent the planned outputs and outcomes were achieved within the allotted timeframe? Has the project result enhanced joint programming or resulted in parallel projects?	Project target Vs. Achievements	<p>Project Reports</p> <p>KII with stakeholders</p> <p>FGD with</p>		<p>Checklist</p> <p>Questionnaire</p> <p>FGD guideline</p>	

	<p>Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?</p> <p>To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/information point, psychosocial counseling and mobilization of community psychosocial? What are the perspectives of stakeholders if any project components can be replicated?</p> <p>Are there any good examples (case studies) of women and girls who have benefitted from the project?</p>		beneficiaries Consultation meetings			
To assess the efficiency of the UN Trust Fund Framework	<p>Have the project inputs (human technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?</p> <p>To what extent has the project been able to efficiently use the available resources in the community including human resources? E.g. (community level structures such as women committees etc and capacitated human resources)</p>	<p>Project Outcomes</p> <p>No. Of community level structures such as women committees set up etc and number of capacitated human resources</p>	<p>Project Report</p> <p>Field observation</p>		Document Review	
Sustainability of the results achieved	To what extent and in what ways the EVAW project contributed to enhance the capacity of service providers and	Perception of the service providers and beneficiaries	<p>Project Reports</p> <p>KII with</p>		<p>Checklist</p> <p>Questionnaire</p>	

	<p>beneficiaries and community based mechanisms with specific recommendations to build their capacity?</p> <p>What are the opportunities and risks of sustainability of the project?</p> <p>Has the project contributed to setting up community level mechanisms for GBV prevention and referrals?</p> <p>Are involved counterparts willing and able to continue project activities on their own?</p>	Willingness of the local stakeholders to continue project activities on their own	<p>stakeholders</p> <p>FGD with beneficiaries</p> <p>Consultation meetings</p>		FGD guideline	
To analyze the result of UNTF's ERAW project on the lives of people	<p>To what extent and in what ways has the ERAW project placed special emphasis on the lives of women in those four districts (e.g. was there an increase in the number of people accessing GBV services, improvement in the quality of services, any changes in the knowledge and practices of service providers)?</p> <p>Have the issues and the voices of beneficiaries raised during the ERAW implementation been adequately addressed?</p> <p>Assess the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response.</p>	<p>Perception of the beneficiaries</p> <p>No. of cases/issues addressed by the project</p> <p>Change in knowledge, attitude and practice of VDC level stakeholders</p>	<p>Project Reports</p> <p>Review of reports by district partners</p> <p>KII with stakeholders</p> <p>FGD with beneficiaries</p> <p>Consultation meetings</p>		<p>Checklist</p> <p>Questionnaire</p> <p>FGD guideline</p>	
To assess the coordination mechanism of ERAW project	Is the distribution of roles and responsibility among partners well defined at both central and district level and manifest efficient implementation of	<p>No. of coordination meetings</p> <p>No of meetings conducted at central and</p>	<p>Project Reports</p> <p>Consultation meetings</p>		<p>Document Review</p> <p>Checklists</p>	

	<p>the UNTF's ERAW Project?</p> <p>Have the steering committee at the central level and coordination committee at the district level contribute to project review & monitoring?</p>	<p>district level for coordination.</p> <p>No. of project review meetings and joint monitoring initiatives</p>	KII with various stakeholders		Guidelines	
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5. Evaluation Analysis and Findings

The following sections present the analysis and the findings from the evaluation, in response to the key questions outlined in the TORs, and related to the evaluation objectives of assessing the relevance, effectiveness, efficiency, sustainability and impact along with co-ordination mechanism of the project.

5.1 Relevance

This section primarily addresses the evaluation questions: What has been UNTF's ERAW projects relevance in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?; To what extent was the UNTF ERAW project designed as a result-oriented, coherent and focused framework?; Have the project's outcome been relevant in terms of internationally agreed goals and commitments and standards to guide the work of prevention and management of GBV (CEDAW, UNSCR 1325, 1820)?; To what extent the project was relevant towards the implementation of legal and policy framework related to GBV in Nepal?

Apart from addressing the mentioned questions this section also discussed other aspects of the project in relevance to addressing different types of GBV, issues of GBV victims and structure/design of the project to address GBV.

The project has been able to bring together various stakeholders from national level - government personnel, to the community level – direct beneficiaries and their families, while integrating initiatives across different sectors including health, legal, and security, to combat GBV.

This has nurtured a broad based partnership along with establishing foundations of a system of service networks enabling victims to seek justice and other necessary support. It has also created forums wherein all service providers, civil society representatives, government officials discuss and deal with GBV issues collectively.

As stated by one of the Protection Officer:

-In-depth Interview, August 2013

“Our office's main motive has been the economic empowerment of women but this project has given a new dimension to our motive by stressing on the social empowerment of women along with the economic empowerment.

The social empowerment dimension focuses on making women aware about their rights and laws against any sort of violence that they face in day-to-day life. Hence, this project has been extremely

Service providers and service centers have been brought together to function smoothly in an integrated manner providing GBV victims with multiple options while seeking necessary services.

The project strategy, and its working modality, was designed keeping in mind the different forms of GBV prevalent in Nepal, and the social context, while focusing on those - rape, trafficking, polygamy, child marriage, domestic violence, witchcraft - that needed immediate addressing in the four project districts.

Similarly, the provision of survivors' funds for reporting at the district level should the victim have reservations about reporting at the local level, has also been relevant in helping build survivor resilience and their willingness to report.

The project has helped create a forum for all the service providers, civil society and government officials to discuss and deal with GBV related problems collectively. Such discussions have helped build shared understanding and interpretation of the government's policy, thus institutionalizing it at the local level as well.

National Strategy and Plan of Action on Gender Empowerment and Ending Gender based violence 2012/13 to 2016/17

In terms of its contribution to the National Plan of Action, the project objectives, most of which coincide with NPA, have helped catalyze a certain level of awareness and enabled fulfillment of these objectives through specific project operations.

- 1) Project activities have increased awareness in the community about GBV
- 2) Project components and outputs – training, knowledge building, media kit - have enhanced the capacity of service providers to respond to GBV cases and issues
- 3) An enabling environment for victims in which to share their grievances, concerns and to be more open about seeking services including counseling, reporting to concerned authorities using formal mechanisms has been created
- 4) The NPA agenda has been helped by making communities become aware about how to mobilize available resources to combat GBV
- 5) Project's relevance in contributing to the NPA has been most pronounced in helping the victims seek legal services to get justice and helping the community to increase their sensitivity towards GBV victims

CEDAW, UNSCR 1325, 1820

While the project has made laudable efforts in orienting key influencers about international commitments and Convention on the Elimination of Discrimination Against Women (CEDAW) related ratifications by organizing a one-day training program, most of the key people are still largely unaware about the provisions under international instruments and its ratification by the GON. However the project activities essentially captures the spirit of the agreed goals, commitments and standards of the international instruments to guide the work of prevention and management of GBV

Legal and policy framework related to GBV.

The project has made ample contribution towards implementation of legal and policy framework through advocacy and policy influencing at the national and district level.

As stated by the WDO

-In-depth Interview, August 2013

"Since, it is extremely difficult for GBV survivors to adjust in their community after reporting, I feel the project could have assisted us in establishing shelter homes.

The provision for shelter homes would have let the victims to feel protected and the counseling provided there would have had a positive impact on the survivors' psyche. If she is left to stay in her community immediately after reporting, she will just be stigmatized and blamed for the violence that occurred. At the shelter home, there would have been no one who would look down upon her and (also) her case would have been handled effectively."

Despite the absence of focused substantial advocacy initiatives, the project has still managed to capture this area by forming committees and consortiums that not just coordinated project activities but also made the desired influence at all levels in course of combating GBV.

Addressing Different Types of GBV

(Rape, Trafficking, Child Marriage, Witchcraft, Polygamy, Domestic Violence)

The most common form of GBV that stands out both in terms of the number affected (victims and family) and the occurrence (frequency and intensity) is Domestic Violence. When it came to domestic violence, however, the number reported shot to 774, more than three times the number of cases of other four GBV types put together¹. Nepali culture in general responds to domestic violence by encouraging compromises on part of the victim, often a woman. These women mostly lack financial means to seek legal recourse and given the non-public nature, domestic violence is often relegated to "secondary crime".

GBV cases that often go unreported are characterized by psychological domination and verbal abuse by men, and are aimed at depriving a woman her rights to an independent identity or legal status. This could take various forms. A husband could be discouraging or refusing to accede to his wife's requests for facilitating the process of endorsing the latter's citizenship rights by marriage. He could deny the wife her status by refusing to register their marriage or getting a marriage certificate that would help the wife acquire a lawful status for inheritance and property rights.

¹<http://pdfnepal.org.np/wp-content/uploads/2011/02/Country-Presentation.pdf>

Men were also found to be avoiding paternity and not agreeing to place their names on the child's birth certificate. This, on one hand, increased the daily sense of insecurity in which a wife without means had to constantly survive while allowing the husband the freedom to have multiple marriages.

This project has been relevant in terms of addressing many forms of GBV either directly by increasing accountability on part of service providers, or indirectly by allowing processes and mechanisms that support combating such GBVs to be established and/ or curtailing crimes against women.

However, cases of rape are still stigmatized and are dealt within closed doors. The victims may muster courage to register an FIR in the police/ WDO. Later though, when they reach home, the mental haranguing they often face from their families and wider society pushes them to acquiesce to a compromise and settle the matter informally, quietly and quickly, especially if monetary compensation is involved. This withdrawing of cases or dropping of charges has posed problems for the people working to combat GBVs and prosecute offenders.

Efforts have been made to solve the problem by organizing district level meeting of police, political leaders and civil society to discuss the issue and find preventive solutions to dealing with suicide attempts. This was one area the project could not intervene in both due to the lack of skilled human resource and sufficient budget, and also requiring a level of stakeholder preparedness not possible to garner within the limited project time.

Addressing Issues of GBV Victims

Project efforts have resulted in putting in place a system that is fully functional and capable to address GBV issues of the three most vulnerable groups irrespective of their sexual orientation, age or sex – women, children, LGBTI.

Helplines (supported and operated by other local NGOs) have been established in certain districts (Surkhet) for women and children making it easier for them to access services and do so in a way that ensures privacy and builds confidence in coming out to report.

In Kanchanpur, increased capacity of CPSW, PSCs, and PLCs to resolve GBV cases locally, along with improved provisions of security, has resulted in increased formal reporting of such cases by women.

This changing trend, together with reflecting a slight but perceptible increase in confidence of women to report, also indicates an improvement in the quality of support systems to enable such reporting.

In terms of GBV cases against children, in all the four project districts, the victims in most of the rape cases have been girls who have not reached puberty are in the 9-10 years age range.

This project has begun addressing a critical problem of non-reporting or under reporting by strengthening capacity of service providers to handle such cases and send referrals about these to the concerned authorities. Previously, such cases were not even reported for fear of life-long stigmatization of the victims thus precluding any hope of their ever getting married or living a life of dignity. This trend has changed. Mainly because the parents and victims feel they have a place to express their grievances without a fear of disclosure or breach of confidentiality by the service providers or brutal societal backlash from a community that has become more sensitive and attuned to needs of victims who are minors.

The project focused mainly on women between 14 to 45 years of age, who comprise the critical majority of those who are GBV victims. In many cases the Protection Officer, CPSW, and WDO have approached the women victims and rescued them from abusive situations prevalent within their houses with the help of police personnel. Such a proactive step taken by the project service providers to reach out to women in need of support and services but unable to voice their victimization has helped a long way in building an image of helpful and non-judgmental service providers.

However, there is still discontentment among the people working on the project since the issue of shelter homes was not addressed by the project in its districts.

This was clearly discernible during the in depth interview sessions with the key informants. Many also expressed their discontentment regarding the protection of perpetrators who had the backing of their respective political parties. According to them, especially in cases of rape, the victim is made to marry the perpetrator to settle the matter or offered money by the political parties. If the woman victim files a case against the perpetrator, there are higher chances of her losing.

As stated by the WDO

-IDI, August 2013

"We still have not been able to address the problem of GBV survivors in the sense of protecting them from the perpetrator and stigmatization in cases like rape, domestic violence, and displacement.

Many of such victims approach us and we feel helpless. All we can do is send them to the shelter home of NGO named Awaaj. Since there are many cases that Awaaj handles, it is difficult for them to accommodate every victim.

Also, when we send the victims to other places given our helplessness; they tend to lose confidence in us. There should be a shelter home every two VDCs.

Such cases where political pressure and power prevailed, even the project was unable to intervene and eliminate such practices.

The service providers and other concerned authorities involved in this project offer assistance to any survivor who approaches them. Only, LGBTI have not been targeted for any special services. The LGBTI peoples, moreover, were found to be mostly unaware of the project. Several of who were interviewed, were quite vocal about their continual discrimination and harassment for disclosing that they belong to LGBTI category.

As stated by a third gender

Informal Interview, Surkhet, August 2013

We are still stigmatized. It is still difficult for us even to rent a room. We are still identified with the term "Hijra" and are still looked down upon by the society.

Today you came and talked to us, this will let the people around know that we are also humans. And there is no harm in interacting with us. Just let us lead our life normally.

Structure/Design of the Project to address GBV

The project was operational at the most basic level – the VDC – and aimed to address GBV issues of those victims and their families, who ordinarily would not have either the access or the awareness with which to deal with such incidents in their lives. The array of services available were established first at this basic level with linkages through referrals, media programs and survivor funds developed all the way till the district as a next and mainly supporting level.

At the district level, WDO, chaired, ERAW Committee formed by the project was supported by other key stakeholders. Support to address issues and cases around GBV was also expected through mechanisms established by the project – PLC, RIP, Child Clubs, Child Network.

The concerned stakeholders, especially the service providers, expressed their concerns about the need to strengthen the structure of the project.

- 1) They pointed out gaps in coordination between stakeholders, the absence of any handover provisions when one government personnel left and another assigned GBV related responsibility took it up without proper induction or orientation, resulting in breaking the flow of information and in creating situations of delay in processes
- 2) There was room for improvement in the project design since in contrast to its achievement objective of the project could not quite spread mass awareness at the community level uniformly or widely. This was reflected in lack of general awareness about significant dimensions of the project – such as the GBV Fund -

confirming the critique that there was room for improvement in the project design.

- 3) The budget disbursement process had its own bureaucratic burdens, having to be channelized starting from the central level to the district. Only after reaching the DDC could the WDO release it. With the WDO being informed very late into the project implementation phase about the budget by DDC, this disbursement was sluggish in the initial years and only picked up pace after the first two years of implementation.
- 4) The KII respondents shared how the project could not be as inclusive as intended for many of its stakeholders came to know about its existence and the provisions available therein only during the last phase of the project. The KII informants felt that just when the project was picking up pace and popularity, and was poised to expand to all the VDCs and pull in all the major stakeholders, it ended.

5.2 Effectiveness

This section attempts to address the evaluation TOR questions under effectiveness: To what extent the planned outputs and outcomes were achieved within the allotted timeframe? Has the project result enhanced joint programming or resulted in parallel projects?; Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? ; To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?; To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/ information point, psychosocial counselling and mobilization of community psychosocial?; What are the perspectives of stakeholders if any project components can be replicated? Are there any good examples (case studies) of women and girls who have benefitted from the project?

The section is divided into sub sections, for each key program components of comprehensive GBV services and prevention and management of GBV services.

Effectiveness was assessed in terms of project components, services (including RIP, GBV or Survivor's Fund, Women's Cell), outcomes by the service providers while for the service seekers it was more a matter of safety, non-stigmatization and support.

The government officials and service providers felt the project implementers have made laudable efforts to meet victims' expectation in terms of process, decision and results. The service seekers felt the personnel and physical infrastructures (health post, RIP) have provided them support to deal with their GBV experience.

The project has made substantial inroads into bringing together all the sectors for joint programming. It has been able to set high standards in GBV programming to

promote effective partnership with at all levels. However, some areas especially the vertical linkages could have been further strengthened. Sections below illustrate further details on the level of benefit that that survivors were able to rip-off from the capacity building initiatives and services offered by the project. There are some fine components of the project that can be replicated and success stories garnered by the project that is discussed in sections below.

The effectiveness of project provisions could be discerned in following ways:

1. When a victim approached the information centre established by the project, the CPSW and the PSC helped them address their GBV experience through immediate care, counseling and mediation that was also at times, extended to the perpetrator.
2. Cases requiring more targeted assistance from formal authorities were referred to WDO, Police, and / or NGOs by the CPSW or PSW. Depending upon the case, the victim and the perpetrator were both made to sign a letter with the latter affirming commitment not to repeat the violence along with an acceptance of prosecution charges should the commitment be breached. This approach has been effective, with the realization of a support system behind the victim that was not there before (the project) strategic enough to hold the perpetrator back from future offences.
3. Rape cases were most challenging requiring management of social stigma as well as threats of repeat violence from perpetrator/s especially if politically motivated or connected. In such cases, the family was keen to hush the matter up and the perpetrators too, albeit for different reasons. This made it difficult to maintain a balance between the victim's expectations, family's decision and the action taken by the project. Victims without family support also expected concerned authorities to provide them with shelter and support (financial) besides safeguarding against future abuse. However, given the scarce resources with only one organization managing "shelter homes", only a few victims could be accommodated at a time.
4. The GBV fund, which had been established to provide support in critical cases and in all other cases where lack of basic funds prevented access to justice, didn't have very clear guidelines as it lacked proper documented for step-by-step use of it.
5. Project efforts have aimed at meeting victim's expectations and decisions are made in favor of the victim. However, as the victim still has to live with the perpetrator (such as in cases of domestic violence or polygamy), the dependence on the future "goodwill" of the perpetrator somehow lowers the long-term effectiveness of this decision.

All these factors – funds, shelter homes, family needs to avoid stigma, political pressure, perpetrator's goodwill – have posed the greatest hindrances to the project's meeting of the expectations of the victims – in terms of process, decisions and results

Media Effectiveness

In rural Nepal, Radio is the most effective medium to broadcast information and to get people involved. More than Television or Print Media, Radio has wider outreach and mass influence. As even mobiles can support FM radio transmissions, rural residents, most of who possess mobiles, have easy access to radio programs. In this context, the project has made use of an available resource and changing cultural trend (of owning mobiles) effectively for meeting project objectives of spreading awareness about GBV.

20 episodes of the program named “Sahamati” were aired by Bheri FM in collaboration with Equal Access. The program made an effort to highlight role men could play in preventing VAW. Many social intellectuals and professors were invited to this program to talk about GBV and associated laws.

“I came to know that complaints need to be registered within 35 days after being raped, that one should not take bath as it could remove evidence of GBV, and the place where the incident occurred should remain untouched for investigation”

– Laxmi, Member, Savings Group, Shivpur VDC, Kapilvastu.

The Radio program also aired discussions around the need to root out social evils and associated practices. The program also became a platform for women to share their issues with lawyers and other social activists. The listeners’ group, which had been formed to publicize the content of the program, was successful in getting people to share about their personal GBV experiences and also talk openly about it. One of the listener’s club in Kapilvastu conducted discussions in the local languages around GBV. Locals say such open discussions have really helped people understand what it means and what can be done to address it. Several GBV victims, especially single women, have been helped by sending them to appropriate legal and security service points.

However, project implementers like the WDO / Protection Officer along with other service providers were themselves unaware of such Radio programs as part of the project, till the very end. This detracted from the overall effectiveness of the project. As one PSW put it, “media has a great impact on people’s life, whether it is a program or an advertisement. Sahamati too must have had its effect on people. Had we been aware about the program, we would have mobilized more people to listen to it. Then, its effectiveness would have been more prominent”.

Resource Information Point (RIP)

RIPs were housed either in the VDC Office or in the local Cooperatives. This ensured easy access to those seeking its services. Some RIPs were also located in

proximity to police posts or health posts, which added to their use by personnel in the two posts. One of the objectives of RIP was to have a centre point from which service providers, service seekers and others could have ready access to written guidelines about how to address GBV, and to have a formal space wherein to go and discuss and/or report on GBV incidents.

All RIPs visited during project evaluation were found to have these guidelines available. The text and the content in these guidelines facilitated easy reading, and getting a quick grasp of essentials about how to address GBV. In this context RIPs can be considered effective.

However, there were concerns expressed about the placement of the RIP within the VDC Office premises and recommended it be moved elsewhere stating that the current location did not provide privacy to those wishing to learn about GBV. As most of the VDC officials are men and most wanting to learn about GBV are women, who may not be comfortable seeking such information when men are around, this concern may have been valid.

“The RIP established by the project has not only educated the innocent women regarding whom to approach at the time of need but also the service providers regarding whom to refer the cases if they cannot resolve the cases themselves”.

-IDI, Surkhet, August 2013

However, the RIC established by the project has provided information to the GBV survivors and the community members regarding whom to approach in case of GBV. Community members now have started educating others too on this matter. This can further be verified with the statement provided by the Community Leader, which is given below:

Female Police & Women’s Cell

There have been efforts made to increase the number of female police officers in general, and also ensure that only a female police officer handles GBV cases where the victim is a woman. At the district level, this effort has brought about some results. However, at the community level, there is a conspicuous absence of female police personnel.

When a GBV victim goes to report an incident in the police post, privacy and confidentiality is supposed to be maintained. However, given the small area of the police post, in reality this

As stated by a Community Leader

-IDI, August 2013

“Police are usually not supportive. They don’t work for the case in a proactive manner. When a victim approaches them, they are not told whom to approach in their organization and where to go. Women’s Cell is established but its infrastructure, placement does not even allow the victim to open up since there is no confidential room and everyone can hear what she/he speaks.”

space is not available. Victims have to often report their cases in full view and / or hearing of other (male) police officers.

This forced openness in reporting implies that the complainant, witnesses, family, NGO or project personnel supporting the complainant, all become known to the perpetrator, placing their safety and security at high risk.

GBV Fund

Many of the beneficiaries are unaware about the GBV fund and have no idea of who benefitted from this fund. Meanwhile there are also beneficiaries of the fund who feel that the fund is like a boon for them. This shows the information gap between the service providers, government officials and the GBV survivors.

Stakeholders' Role in Addressing GBV

The community itself has a significant role in addressing GBV incidents at the informal level with its members attempting to sort out the problem by themselves. The family and community attitude still favors avoidance of any disclosure of a GBV incident as that could threaten family dignity, unity and harmony. It is only when the matter is serious and cannot be hushed up within the family that formal channels are opted for.

This project and others working on GBV issues have had an impact in changing this attitude somewhat. The various awareness raising programs at the community level have prompted people to deal with GBV more openly so that this dissuades perpetrators from feeling secure in the knowledge that shame and stigma will prevent their victims from speaking up about it.

The RIP has a major role to play in promoting, sharing and registering GBV cases as if the victim and her family are confused regarding where to go, they usually go to the Women's Cooperative which houses it (RIP).

The CPSW there listens to the victim's problems and provides basic counseling. Then the case is referred to the PSW who also counsels the victim and mediates between the victim and the perpetrator. RIP in-charge also has a significant role in referring the victims to concerned authorities if the case needs to be solved through more structured legal approach. The VDC also has a PLC that makes people aware about the laws that act against GBV and to provide them with advice on basic legal matters. The health post at the VDC provides GBV survivor with proper medication and refers the case to the district health centre if it is serious.

Similarly, at the district level, WDO, police and the NGO try to solve the matter through counseling first. If the matter cannot be sorted then they help the victims to file the case against the perpetrator. The district PLC also helps the victims file cases and advocate for the victims at the court. WDO also provides the victims with basic

financial support for transportation and food and refers victims who require shelter to the NGO Awaaj.

Impact of Training

The trainings have helped built a common understanding about GBV among service providers and stakeholders. It has enabled service providers who were initially unaware of how to, identify GBV cases, and develop competency in the ways to deal with the victims as well as to provide a range of necessary services. CPSW, PSC and PLC have developed skills and confidence to take up rape and polygamy cases

to the district level and to handle it there along with acquiring skills of managing the perpetrator party.

As stated by a Police Constable working in the Women's Cell

Once I found a woman fully drunk at the bus park. Instead of asking her the reason behind the condition she was in, I kicked her. Being socialized in a patriarchal society, I too had the mentality of blaming the woman for her condition instead of trying to know about her problems.

But, after I got gender related trainings from our institution and other projects/ organizations; I realized the blunder I was doing.

These trainings have taught me to empathize with the victims. Whether it be by providing them with counseling or helping them file the case or refer them to other services, I have been provided skills through trainings for all of those.

These trainings are extremely relevant especially in the profession like ours and should be given time and again. The victims approach us with the hope of getting justice, if we are also not sensitized about GBV ourselves, then whom will they approach and when will we be able to eliminate this kind of behavior from our society?

Trainings have also helped service providers understand that different types of GBV cases require different approaches, and even the same GBV may need to be managed in a different manner on the basis of the sensitivity of the case. Trainings have also helped service providers be more aware about the need to establish a system and network of referrals.

The trainings were also relevant in making the local community participants be aware of basic laws and provisions aimed at the welfare of women and children and aware about the services that they should seek in case of GBV.

The training manual became a major reference tool for many police personnel and the Assistant Police Commissioner in Kanchanpur also alluded to how the

manual was helpful in resolving their confusion about certain details about how to identify/ deal with GBV cases.

As a whole, trainings were relevant for making the service providers realize that they had to be a support system for the victims and raise the victim's self confidence and self esteem to deal with the GBV incidents problems efficiently.

Increase in Service Seeking

The service seeking behavior of the beneficiaries has been ascending. There has been an increase in reporting trend of the cases due to the increasing awareness among people to come out and seek services in case of GBV. Such cases were not reported previously and were hidden by the families and communities. Few cases like rape are still stigmatized and are dealt within closed doors. But the scenario is changing. Now, the communities and families themselves are encouraging the victims to seek available services.

The victims usually approach CPSW if they want to get their problem sorted through formal channel. Ordinary GBV cases are solved by CPSWs. Only the complicated ones are reported. As per the informants, there has been an increase in confidence of the victims towards the CPSWs and RIP. They now feel that there is a place for them to express their grievances and that the cases will be kept confidential. Most of the victims having access approach to CPSWs/PSWS. Since the matter can be sorted easily there rather than going to the police/lawyers. Only those cases that cannot be sorted by them go to Police/lawyers/ and other concerned authorities.

Multiple points - health, legal, information and security services - from where to avail of support has helped increase reporting of GBV cases. PLCs established by the project provided victims with free legal advice that has been very effective in getting victims to come and share concerns and seek help about what to do. Also, basic financial assistance for the transportation, accommodation and food that was being provided by the GBV fund set up by the project, built courage on part of victims to go and seek justice.

Reporting

The types of GBV reported are mostly Domestic Violence, Rape, Polygamy and Child Marriage with Domestic Violence topping the list. Cases of witchcraft and dowry are more prevalent in the terai project districts of Mahottari, Kaplivastu and Kanchanpur, and almost non-existent in Surkhet. Informants share that marital rape is not reported, and it is extremely difficult to trace. It is only when they were asked specifically about it by someone they trust would they open up about these incidents. The factors behind not reporting such cases are:

- Lack of confidence among women
- Financial dependency of women
- Fear of (post) reporting reprisals
- Lack of awareness in the community
- Social stigmatization
- Political pressure

Generally polygamy and child marriage are two factors that trigger incidents of domestic violence. Girls marrying at an early age are more likely to be victims of domestic violence since they are powerless given their financial dependence on their

spouse, low educational levels precluding them from being eligible for jobs, emotionally immature in terms of coping with abuse, and their tender reproductive age.

Reduction in GBV Cases?

As stated by the Informants, there has been no reduction in GBV cases, but the reporting of such cases have increased due to awareness raised by this project and other organizations that are working on GBV issues. However, rape cases due to social stigmatization and political pressure (in most of the cases) are dealt within the closed doors and are not reported to the police.

Another factor that is acting as a hindrance in lessening GBV cases has been the protection of perpetrators by the political leaders. In order to deal with this issue, all the political leaders need to commit themselves towards “Zero Tolerance against GBV”.

Report to Police Vs. Confined within Family/Community

Victims and their family usually prefer to approach the community members for initial support and advice about handling GBV incidents. The community members gather and try to sort out the problem among themselves before taking it to the concerned authorities.

It is only when the matter requires more serious concern they suggest and help the victim to approach the formal channel. However, there are instances when the victim doesn't get proper justice from these informal groups in which case they approach the police directly. As per the case below:

As stated by the Protection Officer

-IDI, August 2013

“In 2010, 10 GBV cases were dealt, 24 cases in 2011, 20 cases in 2012 and 19 in 2013. This shows the increasing reporting trend of the GBV cases.”

Can or is justice received even when handled by informal channels?

As stated by the respondents; the justice given by the unorganized groups is merely in terms of mediation but concrete justice can only be provided by the organized group like security sector. Since most of them do not know about the existing laws regarding GBV only one project cannot make everyone aware about it.

The extent to which beneficiaries drawing the benefit

The project has empowered the direct beneficiaries (women) by making the community aware of the fact that they will be punished if found guilty of polygamy, domestic violence, child marriage and other social evils. But it couldn't reach out to all the victims since it is in practical to do since it was limited to eight VDCs. Also, due to lack of coordination in terms of fund (Central-to DCC-to WDO), it was unable to reach the beneficiaries and provide them with justice. Effective utilization of

resources to enable benefiting the victims is also “challenged by overlap and duplication of activities (between this project and that of other organizations) which needs to be addressed” (UNFPA Report, SP/ Kapilvastu). Similarly, due to the delay in fund release, if 10 awareness programs were allotted for a particular VDC, not more than 5 programs were done. It was the same for the victims. If assistance could be given to 10 victims, only 5 were given assistance. All this was due to the laid back attitude of government officials in terms of coordination.

Similarly, as stated in the previous sections too, the CPSW and PSW allotted by the project have been extremely helpful for the victims to resolve their cases through counseling and mediation.

Replicable areas, if any:

RIP: Since social reform/**change** takes a long time and information point has taken an initiative for it.

- GBV Fund: It is set up to provide victims with financial assistance for transportation, food and medical treatment community as well as the service providers should be made aware about its existence so that they can avail it at the time of need.
- To make the project more effective, instead of a parallel project same project should be reformed and continued including all the VDCs and sections of the society.

Available legal provisions and understanding of legal instruments

The CPSWs and the PSW were found to have basic understanding on the legal instrument as a result of training provided by the project. Male CPSWs were effective in using this knowledge to talk to the male perpetrators to stop violence and to refer women victims to the PLCs for support. Similarly, people who really had a good understanding on the available legal instruments were the lawyer and the Police personnel. As stated by them, the GBV in particular Domestic Violence perpetrator can be punished under two acts namely; Public Offence Act and the Domestic Violence Act.

Handling of GBV cases by health practitioners

Health workers were provided with GBV trainings and orientation. As per the informants, they handle such situation confidentially and empathize with the victims. They create an atmosphere for the victims to open up and treat their cases accordingly.

As stated by a Health Worker

“We have treated many women who approach us wounded. In such case, many a times, they try to hide things and give other reasons for it when we already know it is a case of Domestic Violence. However, once we assure them confidentiality, they open up. Many times, I have listened to their problems and provided them with counseling.”

However, the interviewed GBV survivor had not approached any health centre in such a case due to which this question was not applicable to them.

5.3 Efficiency

This section address the following evaluation questions: Have the project inputs (human technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?; To what extent has the project been able to efficiently use the available resources in the community including human resources? These issues have been elaborately discussed in this section based on key components of the project.

Overall the use of project inputs has been very well planned and efficient in all terms; human, technical and financial. The project was able to use the available government structures, human resources and technical skills. Only complementary support was provided by project. Likewise financially, despite the involvement of three UN agencies the financial effectiveness was not compromised as no overhead cost was charged by these agencies in course of implementing the project.

At the local level, the materials available in RIP are used well by service implementers, service seekers and other locals with interest in GBV issues and how to address them. Housing the RIP within the women's cooperative and having the cooperative in charge to also be the RIP in charge is an efficient utilization of space and human resources. Other community human resources - village elders, local leaders, members of various groups (Women, User, Forest Group, Peace Committee) have been involved in resolving GBV problems at times when their advice and / or clout are sought.

However, some informants feel mobilization of local resources is actually quite challenging.

Female Police & FIR

When a victim, often a woman, comes to the police post or station, it is difficult for her to open up in the first place, and certainly not with a male police official. It is only when the victim is referred to the female official that she can openly discuss about her problems.

The situation becomes fraught with risk when there is no female police officer and

Women Police Officer

Women's Cell, Surkhet August 2013

"When a victim approaches us, male police personnel start gathering around the victim and passing comments on her appurtenance as most of the time she comes with uncombed hair, swollen eyes and puffed up face.

In such cases, I scold them and teach them to be sensitive towards these victims. We are also not scared to correct our male seniors if they are found to be insensitive towards the victims. Many a times, we have been blamed of being biased towards women. But if a woman does not understand the other women's plight, then who will?

the behavior of male police officials towards the victims becomes insensitive, bordering on abuse.

In Surkhet, the Women's Cell is set up along other units of the station, thus not meeting the mandatory specifications (having privacy, ensuring confidentiality) and which renders it difficult for victims to open up and share her GBV concern let alone initiate the process for lodging an FIR.

However, as a non-participant eyewitness, it was observed that high ranking male officers were sensitive towards GBV issues. When they are apprised of the GBV case details from the Women's Cell official, the high ranking male officials try their best to scrutinize the case thoroughly and help the victims. Their knowledge of the police system, the legal system and their clout makes it easier for them to ascertain which options are available to the victims and which ones they can use in order to prosecute/ punish her perpetrator.

Another basic support unit for the victim is the community in which she stays. Community attitude and efficiency in the way it deals with GBV affects the overall ability of the victim and the victim's family to cope.

Knowledge of and Access to the GBV/ Support Fund

"At the VDC level, GBV fund has been set up in 14 VDCs and proper instruction has been provided to the RIP regarding how to use the fund. i.e. how much to allocate for medicine, food, transportation and clothes as per the need of the victims. They are also being provided with GBV fund manual and each information point has that manual. In 2010; NRs. 1,05,000 came as GBV fund that too at the end of the year. Since there are many remote VDCs in Surkhet District, it was very difficult for us to reach those places and provide them with the fund. So, that fund was set in the district itself NRs.7,261 in 2012; NRs. 9,200 in 2012 and NRs. 6, 092 in 2013 were distributed in each VDC. Now, NRs. 23, 492 has been kept as GBV fund in each VDC. In order to ensure that the money has been used efficiently, we have asked each VDC to make a report on the money that has been utilized and where it hasn't been utilized. Similarly Coordination Committee has been established under the chairmanship of VDC secretary and we have made them commit to put 5% out of 15% of the fund that comes to them for the welfare of women from the GoN."

-IDI, Surkhet, August 2013

Contradictory to what the Protection Officer stated, as per the WDO, there was a lack of proper norms/guidance before the implementation of the project which led to chaos in implementing the project. Especially in the case of GBV fund, there was no proper guideline to make use of it and the fund needs to be flexible to suit the need of the respective VDCs. Similarly none of the informants at the FGD including the GBV survivors, were aware of the existence of this fund.

There were some practical decisions made to help make the GBV /survivor fund more accessible to GBV victims by placing it where the RIP was – in the women's cooperative. However, lack of coordinated communication about its availability had rendered the GBV largely non functional for some period.

Reporting Process

The victims usually approach CPSW for counseling and mediation. Only the critical GBV cases are reported. The staff of RIP is proficient in helping the victims report their cases. Similarly, if the victims approach the NGO, they too are proficient enough to help the victims report their cases. It is the same with the police personnel. However, instances were observed, where male police constable who was reluctant to help the victim write the report. Nevertheless, as a non-participant observer, it was observed that when the case reaches the police, the woman is first taken to the women's cell, where a women officer inquires about the victim's problem. It was also noticed that throughout the process of inquiry, the victim was made to feel comfortable for her to openly discuss about her problems. Then the case is dealt through counseling, mediation or legal channel as per the need.

5.4 Coordination

The evaluation question addressed in this section are :Is the distribution of roles and responsibility among partners well defined at both central and district level and manifest efficient implementation of the UNTF's EVAW project? ; Have the steering committee at the central level and coordination committee at the district level contribute to project review & monitoring?

The roles and responsibilities among the partners were well defined at the central level. At the district level some minor confusions were noted in the operation however it did not seem to hamper the effective implementation of the project.

The steering committee at the central and coordination committee at the district level regularly met to review and monitor the project activities. The district level coordination committee were found stronger in this regard.

Variations as to the perceptions about effective coordination were discernible during the interactions with key informants. There were also variations in the extent of coordination between stakeholders within the same location and between different stakeholders at the VDC, district, and central level.

Issues around coordination and the extent of it, did vary by districts. There were instances of effective coordination between the centre, the district and the partner at the district level however overall it has been drawn that coordination could have been improved.

Information and update about GBV at the district level was also reported being shared with the Prime Minister's Office by the Coordination Committee set up within the purview of the District Administration Office.

Central and District Level Coordination

When assessed separately, both the district and central level offices were handling issues and cases about GBV and working to minimize GBV seriously. When viewed in the context of collaboration, gaps in downward accountability and communication were pointed out by the key informants at the district level, and such gaps are not conducive to effective coordination.

From their (district level) point of view what was missing was the establishment of a coherent system of reporting, of communicating, of working together with the centre. Just as telling, as reported by district level stakeholders, was the absence of downward accountability on part of the centre. The district level KII also revealed some that the involvement of these UN Agencies in the project was also not widely known, thus discussions around how to continue this partnership and in what ways, was not done and this is seen as a "missed opportunity".

1. Selection of "partners" was done by the centre without any or adequate consultation with the district stakeholders. The district office was reportedly not involved in any part of the process nor was it kept in any communication loop during the process, nor was there a clear communication by the Centre after the selection was completed about who the partners were. Even if the decision was appropriate, the process was seen as weakening coordination. For instance, it was decided at the central level that Equal Access would be coordinating the FM stations at the local level, the local stakeholders of the EVAW project including the FM stations were, in general unaware of the fact that they were also working for the same EVAW project.

2. Directives from the central level on certain operational activities that the district was responsible for; was seen a minor issue which however rankled the concerned district level officials. The latter shared about how the centre had placed a restriction on number of training participants who could be invited. The district level officials had aimed to enable wider community level participation in trainings to make it more effective and get a higher return on investment. However, it was not clear if attempts had been made to share this concern with the centre, or if the directive left no scope for such discussion.

3. Project implementation responsibility was assigned to the WDO as the community level Protection Officer. However, the overall jurisdiction of all project related budget matters was placed within the authority of the DDC, not the WDO's Office. There was thus some disconnect between task responsibility (WDO) and task enabling control/ authorization (DDC).

4. Budget disbursement was from the central level. The budget pathway was centre (point of release) to the DDC (point of receipt/ conduit) to the WDO (final point of use). This budget release process and pathway came with its own bureaucratic delays that blocked easy access by the key facilitator – WDO and timely access by the key users – victims and project implementers. According to the WDOs, had the budget been disbursed directly to their office, activity delays due to fund release issues that plagued the project would have been largely eliminated.

A direct consequence of delay in budget release was on a major project deliverable. Namely, IEC materials could not be printed or distributed on time as mandated.

5. Radio Programs too were managed by the centre and by partners at the central level with the district largely in the dark about it. For instance, the information that Equal Access was responsible for funding “Sahamati” the radio program aired from Kapilvastu or that the Community Radio Station there was also a project partner was only known at the local level during the exit meeting.

Local Level Coordination

The project operations at the community level were found to be well linked amongst the various stakeholders with the service providers and key stakeholders conducting regular monthly meetings wherein to address GBV issues and cases in consultation with each other.

Coordination was also evident between service providers during the course of managing the cases. The police for instance shared cases of injury sustained by the victim with the health service providers and the victim’s safety and security viewed as a joint responsibility, and decisions for further action made after consultations amongst themselves. Also, when a victim approached police personnel for assistance, s/he has also been referred to the health post or lawyers (and vice versa) as required.

The placement of the RIP in the local women’s Saving and Credit cooperative was seen as strategic. RIP was being “owned” by the locals who felt they had a direct stake in its effective functioning. As the rapport of Cooperative with the community members being extremely good, cooperative members became a natural choice to spread awareness about both GBV and RIP. For those wanting to know about GBV or seeking information, visits to RIP was made easier for it being both convenient and non threatening. As a result, in case of GBV, the community members approached the CPSW and they solved the problems jointly or else, established referrals for the victims.

During the evaluation process, the discussions with the stakeholders made it clear that they do feel there is a need to address GBV cases collectively and by taking assistance as needed from other service providers,. For instance, the police do send

victims to the hospital for receiving medical care if the situation and condition of the victim warrants it. Medical personnel at the hospital do provide health services to victims and inform the police as well as the WDO accordingly about such cases. Legal personnel do prioritize GBV cases now and local NGOs do make efforts to link the victims to agencies who can provide other required support. And the WDO do make an effort to follow up on cases.

At the VDC level too, efforts to working together for addressing GBV were noted between PLC, Police, Health Post, RIP, local representatives of political parties, and the civil society.

WCF/CAC members are oriented on GBV issues like ending child marriage, girls education, gender power relations, budget for women empowerment but information on GBV referral mechanism has not reached to them. It needs to build coordination at district level to ensure the discussion on GBV prevention at VDCs.

5.5 Sustainability

This section discussed questions such as to what extent and in what ways the EVAW project contributed to enhance the capacity of service providers and beneficiaries and community based mechanisms with specific recommendations to build their capacity? What are the opportunities and risks of sustainability of the project? Has the project contributed to setting up community level mechanisms for GBV prevention and referrals?; Are involved counterparts willing and able to continue project activities on their own? based on the key variables of the project components.

Only a limited number of community members were aware about GBV before the project started its operation in the project VDCs, notably in Kapilvastu and Mahottari. As a result of project activities – awareness raising, establishing RIP, GBV / Survivor Fund, linkages with district level stakeholders, WDO's role as Protection Officer – and project partners – media, local NGOs – there has been an increase in those who now have the knowledge, understanding and sensitivity around GBV. These include service providers, local representatives of political parties, and victims themselves. In addition to this increase in knowledge, and maybe because of it, attitudinal change and shifts in the way GBV is being viewed and addressed, is also discernible.

The presence and participation of local stakeholders while addressing certain GBV cases (domestic violence, trafficking, child marriage) has helped them become aware about its incidence in their respective VDCs. It has also put a certain level of pressure on them to advocate against it. Bringing them in as supporters has also helped prevent incidence as perpetrators realize that now these community members with clout, who were previously unaware or were indifferent to GBV, are among those who support actions to eliminate GBV. Furthermore, the participation of such stakeholders and / or their tacit support has facilitated addressing GBV as a

public matter that is in everyone's interest to resolve it, minimize it, and ultimately eliminate it.

The local stakeholders, service providers, representatives of local political parties, community members are also aware about what to do if GBV cases cannot be addressed from within the community or at the community level itself.

Health, security and legal service providers have also become more sensitive to issues concerning GBV. In addition, local stakeholders, service providers, representatives of local political parties, community members are also aware about what to do if GBV cases cannot be addressed from within the community or at the community level itself. They have also started prioritizing GBV cases and to seek justice for the victims. In the event that this is out of their authority level, the stakeholders are also now familiar with who to refer to and how. As a result, there has been a gradual increase in the level of confidence the victims and their families with which they share their experiences with the service providers, and in the level of trust they have.

Initially, GBV used to be treated as a private matter. As a result of concerted efforts through this projects, that reinforced some activities initiated by other GBV projects in the district, victims and others are now open about GBV, and also access formal channels of justice more openly. Service providers too are more attuned to the needs of justice and what is right, giving due attention and priority to victims to the extent they can with the resources available.

The VDC chairperson, VDC secretaries, members of peace committee and other women groups are seen to be getting more involved in sorting out GBV cases. The level of knowledge about how to address GBV issues and where to go or refer cases too, has also increased at the community level. The level of support extended openly by community members to those victims needing support is also noticeable both in the way the assistance has been offered and the strength of conviction with which it has been provided.

- Similarly, the establishment of RIP within the Women's Co-operative has facilitated a convenient and efficient flow of information and awareness.
- As protection officer is the WDO, role sustainability is high as is the effectiveness. For, it is the WDO who also plays a key role in referring the victims and survivors of GBV for legal aid, redress, medical and psychosocial support (Validation: UNFPA Report, SP/ Kapilvastu)

However, even though the awareness among the community is on the rise, attitude of some community people is yet to be changed. As several respondents pointed out, "only one project is not sufficient to triumph over GBV. In order to give this project sustainability, several such projects need to come up. Or, the government

should institutionalize a project like this in its national plan. A monitoring team also

A person accompanying a victim at the police station:

-Informal Interview, Surkhet, August 2013

"I am here to morally support and speak up for my neighbor. I have known her since many years and she has always been helpful to me. Living in close proximity with each other, we often share our problems.

She had once shared that her in-laws use foul words with her. However, thinking that every family has its disputes, I did not consider interfering. But today morning I heard her screaming from her house. When I rushed to find out what was going on I saw that she was being brutally beaten by her brother-in-law and was asking for help. I called out to my husband and we both rushed to rescue her.

Other people from the neighborhood also gathered to see what was going on. All of us decided to take her first to the police to report the case. So, here we are now to brief police about what happened and we will try our best to help her get the justice."

needs to be established to track progress and identify the gaps so that the government and other stakeholders can work on it. Then only, the community will become self-sufficient to maintain the multi-sectoral mechanism to combat GBV".

Survivor & Stakeholder - Safety and Security

Generally, GBV cases that can be addressed in the presence of community stakeholders are now being resolved at this level itself. Informants have commented that there is registering of complaints against perpetrators by victims for minor incidences that do not pose any risk of reprisal for the complainant. However, in the more serious and critical cases of rape, the concerned victim/s and the victim's family, the witness, CPSW, Paralegal still face threats of violence from the perpetrator and those who protect him. While addressing such cases, there is a practice of getting a letter signed by the perpetrator that protects the above concerned.

PSC, one of the key stakeholders, were found to have handled many difficult GBV cases skillfully ensuring security for victims through their prompt actions which were effective in saving lives too. This evaluation finding was corroborated by information in an UNFPA report provided to the evaluation team after the evaluation was completed.

- A girl who was going to commit suicide by taking poison, and a couple who were going to hang themselves were counseled in time and saved.
- In two other cases, a forcefully abducted girl was saved and reintegrated with her family, a paralyzed woman who was going to be killed by her husband was saved and successfully rehabilitated through an organization working for the disabled women (UNFPA Report, Kanchanpur, 2013)

Legal Instruments

There are legal provisions to address GBV – with the Domestic Violence Act 2066 among the more recent. Access to an easy to read and understand guideline on how to deal with GBV has also been made available by the project. Various trainings around GBV have also been provided in which the different legal provisions have been interpreted and explained to help service provider increase their knowledge and acquire the skills to deal with GBV cases efficiently and effectively. As a result of the training, even the district level police are using these guidelines to manage cases that come their way, and to conduct investigations.

There has been increase in the use of appropriate legal instruments after the execution of the project in the community in the sense that people have started approaching RIP. to access counseling and paralegal services. Similarly, due to the increasing awareness raised by the project, the community has started to tackle with GBV cases in tune with the legal approach. Similarly, when a victim approaches the police station, the trained police official there (on GBV) makes the victim aware of the existing laws and acts against GBV. This also has played role in spreading the words to other community members about it.

Volunteer Mobilization

Along with service providers, local stakeholders, children, men, youths, even local priests and GBV victims have been included in trainings. Children and youths have been actively participating in street plays and rallies. Victims and stakeholders have advocated for and sought justice from concerned authorities, putting pressure on them to do so.

There has been utilization of local resources in case of RIP where the community members are made active in raising awareness. Along with that, if a serious dispute needs to be resolved, RIP also takes help sthe local volunteers such as the local leader, village elders and the members of various groups (Women, Community Forest Group, Peace Committee).

5.6 Results

This section tries to explore; to what extent and in what ways has the EVAW project placed special emphasis on the lives of women in those four districts (e.g. was there an increase in the number of people accessing GBV services, improvement in the quality of services, any changes in the knowledge and practices of service providers?); Have the issues and the voices of beneficiaries raised during the EVAW implementation been adequately addressed?; Assess the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response.

Behavioral & Skills Change

A drastic change in the behavior of police in the way they are viewing and addressing GBV cases since the project started has been reported. Though there are still instances of patriarchal norms holding sway, those police officials who have received GBV trainings from various projects have been found implementing their learning efficiently and are supportive towards the victims and the victim's needs.

-IDI, August 2013

The attitude of police personnel while dealing with GBV case has gone through major transformation, since five-six years. But the project solely has not achieved it. It is a result of amalgamation of ample number of trainings provided by the home ministry, police institution itself and other projects and organizations. The establishment of Women's Cell in each police station is one example of the way the project has contributed to the police institution being sensitive towards women issues. Increased level of sensitivity and concern is also found among its officials towards gender and gender needs.

Hence, while this project cannot be given the sole credit for the behavioral change, it has contributed to sustaining the change in attitude and in reinforcing the need for this change.

There has also been a change in behavior of the community. In the previous years, GBV used to be treated as a private matter and was sorted out "at most" by few of the elderly members of the village, who were often guided by the patriarchal norms. After the awareness raising activities implemented by this project and also by other organizations, the community members have been sensitized to deal with these cases sensitively.

The informants have also referred to changes in the quality of care provided by the health personnel – in terms of providing medical treatment, in terms of listening and counseling as part of improved psychological treatment and in terms of maintaining confidentiality – increasing their sensitivity quotient when it comes to addressing GBV issues. The health centre is where GBV cases – rape, domestic violence – get detected. As a result, the health personnel feel it is important that both the victim and the perpetrator are targeted for counseling as both have their own respective stresses to deal with. In this context, as UNFPA reports indicate clearly as well, both

**As stated by an NGO Representative
-IDI, Surkhet, August 2013**

"Women officers are empathizing towards women victims. But only two women officers are allotted in the women's cell that makes it difficult for them to handle the cases. More women officers should have been allotted in it. Also, women's cell is very poor in terms of infrastructure due to which victims become reluctant to share their problems."

men and women CPSWs are taking forward the task of raising awareness on GBV prevention and response and continuing the practice of referring victims to PLC, WDO, police and health facilities will also thus continue and be sustained (UNFPA Report, SP/Kapilvastu)

Likewise, as stated by the informants in all districts, the victim has begun to view the RIP, as a place where there are competent personnel - the CPSW and the PSP—who can provide the necessary counseling and mediation. The service seekers have found the PCL to be knowledgeable in terms of providing basic legal advice. RIP personnel, having been trained by the project, are also efficient in terms of helping the victims report their cases to the police. Furthermore, as a result of convenient location of the RIP (mostly within the local women's cooperative) and easy access with provisions of opening it up beyond normal working hours should the need arise, the flow of information too has been facilitated efficiently.

However, even though the general awareness in the community about GBV and that it needs to be addressed is on the rise, the attitude of some community people follows stereotypical dictates and has not changed. In some cases, the women themselves are reluctant to disclose GBV problems at home (domestic violence, marital rape) for fear of rejection by spouses and because of their emotional and financial dependence on the spouse. In other cases, family elders prevent a woman victim from speaking out, feeling her disclosure could harm marriage prospects of her siblings and bring shame to the family.

Protection Officer - IDI, Surkhet, August 2013

Since the people of this VDC are mostly living hand to mouth doing agricultural labor work, few, if any, were interested in getting involved in the project activities, especially if there was no monetary benefit in it. Provision of snacks and tea in the meetings was not sufficient basis to get the villagers involved. In fact, the villagers could not afford to miss a working day as it meant a difference of having food or going hungry.

Systems

An 11 member coordination committee (CC) to address GBV at the district level has been set up within the chairpersonship of the WDO comprising district level stakeholders such as the DAO, Health, NGO Federation, and the Bar Association. This CC meets regularly and as needed to discuss on GBV matters. The WDO maintains records of GBV incidences, does referrals, informs security agency, follows up on GBC cases that have been registered etc. The media informs the public about GBV issues, raising awareness through varied channels - newspaper, magazines, radio. The police conduct investigations and inform the concerned victim, WDO, about the progress. The DDC manages the budget and is responsible for its release to the WDO. The DCWB and the PLC follow up on GBV cases related to children.

Similarly, at the VDC level there is a 7-member CC – comprising paralegal, police, child club, school, women’s cooperative, health representatives – whose chairperson is the VDC Secretary. This committee operates the GBV Fund and addresses GBV matters, discusses on incidents and makes relevant referrals.

Thus there are multiple stakeholders already entrusted with responsibilities to address, follow up and deal with GBV issues. The catch is that coordination and communication between them are often determined by personal skills, competencies and attitudes. A proactive WDO would facilitate matters effectively at both district and community levels whereas one that is more focused on other priorities has less engagement with stakeholders addressing GBV.

The CC set up by the project has more or less the same members as the committee set up with the CDO as its chair. Both committees have similar roles and responsibilities. However, they are at times and ironically so, pulled in two directions, or cannot be in one meeting because they are in the other meeting. If this dual and overlapping committee membership could be tackled and the committee merged into one, it could be more efficient.

Impact

The project places special emphasis on benefiting members of minority, marginalized and disadvantaged groups along with Dalits and *janajatis*. This focus matches the current societal reality where a higher number of GBV victims are from these groups and communities than any other. Thus even if there is no separate program activity directed only for these groups, they are included in trainings and awareness raising activities, and the service providers too are clear about the relevance of this target group.

6. Conclusion

Increasing awareness and bringing to public attention the existing information about rights, legal provisions, and the services available has helped address GBV problems effectively. The increased capacity of service providers – ranging from increased knowledge, clarity in how to address GBV, revisiting assumptions prompting attitudinal change (from blaming the victim to helping them) - has now placed them in a significant position to make a difference in the lives of the victims. The community level awareness too has increased, and not only for GBV matters, but on other matters that play a critical role in creating situations leading to GBV. These include, discrimination against the girl child and depriving the girl child from educational opportunities that creates a future generation of women not able to stand up for their rights.

The presence of police patrols is seen to be effective in controlling GBV and in bringing the numbers down. However, even there are no regularly mobilized police patrols in project VDCs, the police patrols in the district headquarters are found to be dispatched immediately when needed to address/ provide security to GBV related cases in the community.

The contribution of CPSWs was highly appreciated and participants had voiced to continue this intervention from government side where the director of District Ward Committee committed to share this demand in department level planning meeting and he would try for it. CPSWs have also shared how the formation of the multi - sectoral committee on violence free model VDC have helped strengthen referral system along with increasing the relevance of other supporting systems in the community.

Overall, the project has been able to develop a fine model of an effective multi-sectorial approach to combat GBV at the community level that can very well be replicated with some adjustments and tailoring based on the local context.

7. Recommendations

The following form the thrust of the evaluation team's recommendations based on the findings from the various instruments (including the rigorous literature review and consultation meetings with the Key stakeholders) during the course of the EoP evaluation.

- In view of the nature and the sensitivity of the topic, and feedback received during the field work, and the time taken for the victims of rape to come out to report their violence, projects that aim to address different forms of GBV needs to be of longer period (at least five years) to be able to create sustained impact on the survivors (potential and victims) and the community as a whole.
- Even though the project has phased out, the concerned donors as well as the government should plan to organize some refresher trainings for service providers - health, police, legal support – as well as RIP and paralegal committee members so that the technical knowledge, skill and confidence that they have in handling the GBV cases does not die out.
- The donors as well as the government should provide training to WDO, RIP members and PLC members in regard to the best management of IEC materials they still have and GBV fund and creating a database to capture each and every information around cases of GBV occurring in every VDC/ village.
- The findings of this evaluation need to be incorporated in the strategic plans being prepared both by the MoWCSW and National Women Commission (NWC) for the long-term commitment of the government agencies in addressing GBV.
- Despite the fact that the project is phased out, it is essential to make a provision for a position called GBV Focal Person in WDOs to take care of the implementation of preventive, care and support activities as appropriate through the mobilization of the service providers as well as RIP and PLC members.
- Increase the purview of GBV to include emerging forms that are on the rise, such as burn and acid violence.
- Mobilize available resources and new partnerships with a wider outreach and power of advocacy, such as the community radio.
- Improve security for GBV victims and complainants, increase community participation and patrolling to prevent GBV incidences along with creating and mobilizing community advocacy groups to follow up on and curtail offenders.

- Increase involvement and participation of local stakeholders empathetic towards GBV victims and with the clout plus social credibility to influence decisions and opinions.
- Communicating regular updates around recent progress at the national policy level in addressing GBV is key to keeping community level service providers active and involved in this activity. For this, the paralegal support from VDCs and the WDOs from the district level could play a significant role.

There were recommendations noted during the exit meeting conducted by UNFPA that are worth reiterating.

- As counseling is a very sensitive and private matter, WCO needs to manage a separate space for counseling to maintain confidentiality of survivors
- EVAW issues need to be incorporated by WCO into their regular program to ensure sustainability and institutionalization
- Explore opportunities and funding to continue such interventions initiated by EVAW.
- The system of documentation needs to improve. There are so many results but not in any written accessible form which could be used for knowledge sharing.
- Refresher training to the currently trained service providers including the community psychosocial workers
- A continuity plan for the program in the future in the absence of donor organizations

8. Lesson Learnt and Good Practices

The project has proved once again that any intervention can be sustainable only when its streamlined in the government system and furthermore when the ownership remains with the community.

The commitments from local stakeholders and CPSWs to continue their voluntary efforts in emotional support to GBV survivors would remain as before during the project.

This evaluation finding is reflected in an earlier statement of a 2012 UNFPA Field Report / Surkhet where it was noted that “CPSWs are committed and willing to continue their work voluntarily if they will have further opportunities of skill enhancement and opportunities to organize local level interaction programs locally, which cost nominal amount. Mobilization of CPSWs is important to functionalize the GBV RIPs.”

Local service providers have used the learning and skills acquired to provide assistance to all who seek. Moreover, ending of the project has not shown any decline in the services provided to victims when it comes to efforts made to seek justice or health care and counseling.

A direct impact of the training provided has been respect for confidentiality that has helped the victims share their experiences without fear of it being gossiped about. Another significant contribution has been the tendency for victims to now openly state it is a GBV issue. Earlier, when a victim came with injuries, s/he would tend to hide the cause of it behind commonly cited statements such as – “I fell and got hurt”, “I hit myself against the wall when I slipped”, “I got injured when doing this”.

The community based service providers such as RIP do not have their own separate premises but are “housed” by other agencies. The flow of people in these other agencies makes it difficult to maintain privacy by the service providers when victims or other individuals come in for assistance and advice. The lack of “own space challenges both the effectiveness and efficiency of the service providers”.

The capacity of service providers has been enhanced by multiple training opportunities and through the experiences garnered through “learning by doing” community. As a result of increased capacity, commitment too has increased reflected in door to door awareness raising that the CPSW, Paralegal have done on a voluntarily basis.

Increased participation of local stakeholders is a must for maximum project impact and sustainability.

The team gathered success stories from the field and below are some representative good practices/human stories that the team has gathered from the project districts.

Story 1: Gender Training: A Boon....

In the midst of Surkhet District, surrounded by tall trees, lies a two storied building. On its entrance, one can see people coming and going in groups. Some with content faces while others with hope in their eyes. There is a small hut beside it where one can see group of people sitting in cluster and police officers dealing with each of them, one after the other. Going further, a female voice took our attention. We turned and found a young and smart female officer. She was sitting in the middle of two groups and talking. After asking the other officer there, we found out that she was the in-charge of women's cell there and was dealing with the case of wife-battering. Since, the topic was of interest to our research we thought of approaching her after she finished her dealing. She warmly welcomed us and introduced her as Ram Maya (Name Withheld)

Ram Maya has been working in the police department since five years and is approached by innumerable women in case of domestic violence. Her interest in helping these women really made us curious to know about her source of inspiration to do so. As the conversation unfolded, she told us she was just an ordinary girl who joined the police department for the prestige that was attached to it. In the beginning of her career she dealt with different cases including theft, murder, trafficking, smuggling, but had never thought she would end up in women's cell and be so protective about women and their rights. She recalled an incident in her former years in the department when she found a woman fully drunk at the bus park. Instead of asking her the reason behind the condition she was in, she kicked her. Being socialized in a patriarchal society as she said, she too had the mentality of blaming women for their condition instead of trying to know about their problems.

However, gender related trainings that she received from the police department as well as from other projects/ organizations made a huge impact in her. It was after those trainings that she realized the blunder she was doing and decided to commit herself to the protection of women and their rights. As said by her, these trainings taught her to empathize with the victims and deal with their problems efficiently. Whether it be providing counseling or helping them file the case or refer them to other services; she said she got skilled in all of those after these trainings. She smiled and guaranteed her sensitiveness towards these issues and sounded determined to sensitize other counterparts on gender issues.

These trainings have truly acted as her source of inspiration to fight for her fellow sisters and their rights so that they too can live a fearless and happy life. She is now aware of how important these trainings are in profession like hers.

Story 2: Pangeni's life takes a turn for better...

Narayani Pangeni has been living with her father Tikaram Adhikari along with two of her sons in Kapilvastu. Twenty years into her marriage she had been struggling to break free from her husband and live a life free from fear.

Twenty years ago at a tender age of 16 Narayani was married off to Lekhnath Pangeni from Palpa. Initial two years had been the happiest years of her life after which her life took a different turn. With each passing day she would pray to be spared of being beaten by her husband. Lekhnath would come home drunk and start beating Narayani. This had been a routine until one day she mustered up courage to go to her father's home. Within few days in her father's house she was sent for by her husband. Culturally, after marriage women are not supposed to be at her parent's home for long and she was sent home to her husband. After Narayani went back to her home she became pregnant with her first son. The abuse did not stop even when she was pregnant and got worse when she gave birth. She had to rely on her neighbors for her meals when she was not given food to eat and proper care after her delivery.

Narayni's husband left her when her son was 22 days old and went to India. With her 22 days old son she walked six hours to reach the nearest bus station and went to her father's place. When the son turned 6 months old her husband came back from India and she was sent for along with her son to carry out a ritual "rice feeding ceremony" where the baby is given solid food for the first time.

Narayani thought her husband has changed but nothing had changed. She started working in the neighborhood as domestic help to raise her son. However, the situation did not get better, her husband used to beat her everyday and when the son turned 2 he got married to another women and left for India with her. With all the physical and abuse and the shock that came with her husband's second marriage her she was mentally disturbed. Narayani went back to her father who helped her get help for her mental condition which was a huge imposition on her father given that her father's family was also not very well off.

To secure her son's future she was advised by her father and relatives to fight for her share property from her husband. It took three years for the court to come to a decision and she as of the ruling she was to receive her share of the property which she has not received till today.

Her suffering did not end with the court ruling in her favor. Her husband came back from India and took them (Narayani and her son) with him to Palpa promising Narayani that he would enroll their son in a good school. Her husband never kept the promise and Narayani and her son was tortured every day, to the extent that the son started fearing to even think about going to school. The son thought that the beating

was because he wanted to go to school. Her relationship with the other wife was also not good. The two wives used to get into fight almost daily. One day her husband went to India and the day he left the second wife beat Narayani up. Narayani was still at her house with the second wife until her husband returned home. She was forced into sleeping raped?? with her husband and she got pregnant. With day passing by she was beaten up every day by her husband and the second wife. She had gone to Maoist leaders and appealed them to come and talk to her husband. The husband with the second wife fled to India when they came to know about this.

When everything looked bleak she went to her father. By this time with two sons and no hope in her life she became suicidal. One day she came to know about the program being run in her neighborhood to address violence against women. I contacted the Women's development office to seek help. The counselor and the para social worker helped her get over a difficult phase in her life. She received several counseling sessions and was sent to Kathmandu for free medical treatment for her mental condition.

Narayani now lives with her two sons in her father's house. After the treatment she feels much better and is hopeful for a better future with her sons. She is grateful to the program that helped her get better. As of now Narayani is not working and is dependent on her father but she is happy to be alive and free from fear of abuse from her husband. She has gained a renewed confidence in herself that she can take care of her kids and provide them with education and basic needs.

Story 3: Life does not get better by chance, it gets better by change

A survivor; 22 years old woman; happily lived with her family, father, mother, two elder brothers and a younger brother. They did not belong to a rich community but still had a happy life and were content with what they had. As she turned 22; she was married to Mr. Birendra Sawad on Baishakh 5, 2066 BS.

Like any other girl Rekha had dreams for her new life. But as months passed, her dreams slowly began to shatter when her husband started troubling her one way or the other stating her to be ugly and that he was forced into the marriage. Rekha put up with it and continued to live with her husband, her in laws and her children. It was when her father in law expired that her husband got into an extra marital affair. Her life became more painful when her husband started coming late at night and spending nights with different women every night. Even though they already had a daughter and a son who were just 3 and 2 year old respectively, he never cared about them. He was least bothered about his family and was always over other women. While, for Rekha her children had become the source of her strength and happiness after all that her husband put her through. Her heart used to tear apart to see her husband not caring for them even when they fell ill and denying the fact that they were his kids.

Even after all that, Rekha still managed and stayed to keep her marriage alive if not for her, for her children. However on Falgun 16 2068, her husband brought home his second wife. It was then Rekha could no more tolerate and finally decided to stand up for herself and put this matter with the concerned authority to get justice.

In the process, Ms. Bimala from UNFPA approached and heard her story. Bimala advised Rekha to approach "Soochana Kendra" and put her matter among people there. As advised she approached it and told the people there about everything she went through. After hearing her story, they thought of dealing the matter through reconciliation. For that Rekha's husband was called. After rounds of counseling and mediation, members from police department and "Soochana Kendra" made them stay together. Thinking her life would change a little Rekha agreed however, things did not change for her. She was still being dominated and to make the matter worse, her mother in law and husband started abusing her physically which Rekha could no more tolerate.

In 2068 B.S, Rekha filed a complaint letter to the CDO office. She finally took a stand and left her husband's house. She then lived in "Soochana Kendra" for almost 15 days with her child. Her husband again got married to other women that made Rekha once again to file a case against him for polygamy.

After years of such struggle, Rekha is now living alone and her husband is in India. Her husband still threats to kill her.

She states that it was the "Soochna Kendra" and the Elimination of Violence against Women project that gave her strength to fight against the culprit. They helped her in many different ways from giving her shelter to providing legal aid. She feels that the project has given her a hope and kept her strong throughout. When she had no one to talk to she found a shoulder to lean on. She is now strong, independent and free from violence even though the fight for property is still ongoing.

Story 4: Psycho - Social Worker from ERAW project, angel in disguise!

'I have never been so happy and independent in my life. I am working as a support worker in a local school, running my own grocery shop and involved in a cooperative business to manufacture detergent soap'. – Sarita Devi, Suga Bhawani V.D.C (real name hasn't been disclosed).

Sarita Devi's life story wasn't like this couple year back. In 2066 BS, Sarita got married into a low socio-economic family. Her husband, Shanker Dev Yadav (real name hasn't been disclosed) was a laborer by occupation. Apart from her husband, she was living with her in-laws including her brother in law and her two little children. Sarita's story took a little turn when her husband decided to migrate India for a temporary work after their third year marriage. Finally, their everyday financial burden was lightened when Sarita's husband started sending money from India. Everyone in her family was happy and so as her life. Unfortunately, one day Sarita's

husband had an accident while at work. Due to that accident, he had a leg injury. After few months of treatment, Sarita's husband returned back to Nepal and started a small business. After couple of months, due to lack of success in his business, Sarita's husband decided to return back to India for employment. By this time Sarita already had one more addition in her family. Due to this entire economic burden, he returned back to India.

Sarita's life took a life changing moment when her husband died on an accident while he was at work in India. Since then, Sarita's life went downhill like a rollercoaster. Being the only adult male, Sarita's brother-in-law became the only bread earner in her house. Looking after father, mother, Sarita and her three kids Sarita's brother-in-law didn't cope that well. Sarita's in laws started harassing Sarita mentally and also physically. Not only Sarita, her in laws started treating her children rudely. Sometimes they even didn't give them food to eat and even tried to kick them out of their house. Sarita's life started deteriorating day by day. She started isolating herself from everyone including her own kids. Sarita started becoming mentally unstable and went to depression. Finally, Sarita's story took a positive turn when psycho - social worker from ERAW project started helping her to get out of that situation. After numerous counseling and interventions, Sarita started responding positively. Addition to that, social workers from ERAW introduced local cooperative training to manufacture detergent soap. Later, Sarita was even able to receive a bank loan to start a grocery shop. Sarita and her entire family including her in laws' life have changed once again.

Currently, Sarita has started working as a Support Staff in a local school where her children goes to study. She is still involved with the cooperative business to produce detergent soap and running her grocery soap. Sarita admits that she has never dreamt of this life, happy and independent. Her in-laws speak to her highly with respect and treat her as their eldest son.

Annexes

- 1) Terms of Reference (TOR) of the evaluation.
- 2) Final inception report,
- 3) Lists of persons and institutions interviewed or consulted and sites visited
- 4) Project log frame with final status update

ANNEX: 1

Terms of Reference (TOR) of the evaluation

End of Project (EoP) Evaluation

Eliminate Violence against Women Trust Fund Project “Multi-Sectoral Gender Based Violence Response at the District Level in Nepal”

I. Background

The project on "Multi-Sectoral Gender Based Violence Response at the District Level in Nepal to eliminate violence against women "(EVAW)" was designed by United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and UNIFEM-now United Nations Fund for Women (UN Women) and has been funded by the United Nations Trust Fund to End Violence against Women (UNTF EVAW). This joint project initiative was under the leadership of the United Nations Resident Coordinator, with UNFPA as the lead organization, and UNICEF and UN Women as co-implementing agencies in collaboration with the Ministry of Women, Children and Social Welfare (MWCSW).

The project aimed to increase the use of Gender-Based Violence (GBV) prevention and protection services by women, men and children at the community level, set up a sustainable community-based multi-sectoral GBV response mechanism with local service providers (health care, psycho-social, para- legal, legal services and police), and build the capacity of these providers to address the needs of GBV survivors competently. The two objectives of the project were as follows:

- ☐ To increase availability of comprehensive GBV services.
- ☐ To increase the supportive attitudes in communities towards prevention and management of GBV

The initial duration of the project was three years starting from 1 August 2009 to 31 July 2012. A request for a no cost extension was approved and the project end date is now 31st July 2013. The project has been implemented in four districts of Nepal: Kapilvastu, Surkhet, Kanchnapur and Mahottari

This ToR sets out the process and expected outcomes of the evaluation.

II. Purpose of EoP Evaluation

As per the UNTF requirement, UNFPA jointly with co-implementing agencies and MSCSW are conducting an end of project evaluation of the EVAW project which will be conducted by firm, agency or consultants.

The purpose of this evaluation is to conduct an end of project evaluation to assess the achievement of the project, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform, follow up actions required and if needed inform the development of other projects to address GBV

III. EoP Evaluation Objectives

- I. To determine the extent to which UNTF ERAW results were achieved;
- II. To assess the relevance, effectiveness, efficiency, impact, sustainability and management & coordination system of UNTF ERAW project as well to distill lessons learned that could inform the strategic planning at national level, and design of future project in the area of prevention and management of GBV.

IV. EoP Evaluation scope

The EoP evaluation will cover the project districts; investigate the project progress from 1 August 2009 to 31 July, 2013. Evaluation will be based on OECD/DAC criteria as mentioned in the objectives above. This evaluation will also assess cross-cutting issues such as special attention to marginalized and vulnerable women, men, and adolescents in the project districts. In particular the EoP evaluation will focus on the following components: (i) capacity building (ii) community network strengthening to support GBV survivors (iii) multi-sectoral response, resource/information points generation and (iv) awareness and knowledge raising initiatives through the key strategies of partnership, system strengthening, skills developing and service delivery.

V. EoP Evaluation Questions (in detail) are provided in Attachment 1

VI. Evaluation Methodology

The consulting firm will submit the overall approach and method for conducting the EoP evaluation to address specific EoP evaluation questions illustrated in section V in order to assess the ERAW Results. Data collection approaches should include at minimum:

Desk review of background documents, baseline survey report, project documents and reports, including activity monitoring and experts' reports;

Key informant interviews (both at national – members of steering committee, & at district/VDC level among District Police Officials, District health officials, Information points in changes, Women and Children Officials, Protection officer);

Focus group discussions and In-depth interviews (at VDC and district level among community psychosocial workers, service recipients, project target groups)

Field visits to project districts to monitor GBV resource centers, functioning of multisectoral response & prevention of GBV (4 districts Mahottari, Kapilvastu, Surkhet & Kanchanpur)

VII. Key deliverables of selected evaluators

Evaluation Inception Report (this should be prepared by the evaluators before commencing the full data collection stage)

- i. It should detail the proposed methods, proposed sources of data and data

collection/analysis procedure.

ii. It should include proposed schedule of tasks, activities and deliverables, designating a team member with lead responsibility for each task/product.

Draft Evaluation Report. The draft report should include initial findings, conclusions and recommendations (see the UN Trust Fund evaluation report guidelines attachment 2). Final EoP evaluation report – relevant comments from key stakeholders must be well integrated (print ready, spell checked, proof read report (that includes final tools, clean data sets, populated log frame, excel sheet with baseline and end line value)

VIII. EoP Evaluation team composition and required competencies

The suggested evaluation team composition and specific skills, competencies needed are described below:

Please be advised that no team members of the evaluation team should be in any way involved in designing, executing, managing or advising on any aspect of the project that is the subject of the evaluation

EoP Evaluation team composition

Team Leader Experience

Doctorate/Master's Degree in Related field. Minimum 10 years' experience in relevant field with UN, Donor Agencies or INGOs Experience of leading the Gender project evaluations. Experience of inter-agency coordinating with multi-stakeholders, including

Government, multi and bi-lateral donors, national /international INGOS and civil society.

Skills required

Excellent computer skills (Microsoft Excel, Word, Power-point Presentation and web-based knowledge searching/sharing).

Good sense of initiative and ability to work independently

Excellent analytical skills, facilitation skills, interviewing skills

Excellent inter-personal and presentation skills

Fluency in written and spoken English

GBV Expert

Experience

Master's Degree in Related field. Minimum 10 years' experience in relevant field with UN, Donor Agencies or INGOs Experience of research in the area of gender based violence Knowledge of National policies and strategies on gender equality and prevention and response to GBV. Experience of working on Gender and Development issues and projects, GBV system strengthening, capacity building, right-based approach etc. Skills required Excellent computer skills (Microsoft Excel, Word, Power-point Presentation and web-based knowledge searching/sharing).

Good sense of initiative and ability to work independently

Excellent analytical skills, facilitation skills, interviewing skills

Excellent inter-personal and presentation skills

Fluency in written and spoken English

Evaluation Assistant

Minimum Master's Degree in social sciences, development studies or a related field.

Minimum 5 years' experience in relevant field with UN, Donor agencies, INGOs or private research companies.

IX. EoP Evaluation Ethics

This EoP evaluation will be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, especially women, children, and members of other vulnerable or disadvantaged groups, and in accordance with the United Nations Evaluation Group's (UNEG) Ethical Guidelines for Evaluation¹ and in the WHO 'Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies'². The purpose of the EoP evaluation will be clearly informed to government counterparts and other stakeholders by the Evaluation Manager. Target groups and stakeholders for the evaluation will be informed of the EoP evaluation purpose, rights and obligations of participating in the evaluation and agree to participate voluntarily. Key informants and other stakeholders, including project beneficiaries will have the right to refuse interview provisions. The design of the evaluation will ensure the safety and security, anonymity and confidentiality of collected information.

X. Management Arrangement of the EoP evaluation

The EoP evaluation will be managed by an Evaluation Manager at UNFPA. The detailed responsibility of the Evaluation Manager will be shared to the selected firm

once identified; ii. Reference Group (RG) comprising of ERAW focal points of UNICEF, UN Women, UNFPA, and chaired by the Ministry of Women, Children and Social Welfare will oversee the quality of EoP evaluation throughout the evaluation process.

XI. Time frame for the entire evaluation process

The duration of the entire evaluation process will be no more than 8 weeks from Mid-June to Mid- August 2013. The timeline for key stages of the process will have to be included in the proposal by the firm/agency/evaluators:

- 1) Inception stage (Desk review of key documents, Finalizing the EoP evaluation design and methods, Preparing and finalizing an inception report)
- 2) Data collection and analysis stage (Desk research, visits to the field, interviews, questionnaires)
- 3) Synthesis and reporting stage (Analysis and interpretation of findings, Preparing a draft report, Review of the draft report with key stakeholders for quality assurance, Incorporating comments and revising the EoP evaluation report; Submission of the final report)

INCEPTION REPORT

**End of Project (EoP) Evaluation of Eliminate Violence
against Women Trust Fund Project “Multi-Sectoral Gender
Based Violence Response at the District Level in Nepal”**

SUBMITTED TO

United Nations Population Fund
Shanta Bhawan Road, Jhamsikhel
Lalitpur, Nepal

SUBMITTED BY

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August 2013

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1. Introduction

The project on "Multi-Sectoral Gender Based Violence Response at the District Level in Nepal to eliminate violence against women "(EVAW)" was designed by United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and UNIFEM-now United Nations Fund for Women (UN Women) and has been funded by the United Nations Trust Fund to End Violence against Women (UNTF EVAW). This joint project initiative was under the leadership of the United Nations Resident Coordinator, with UNFPA as the lead organization, and UNICEF and UN Women as co-implementing agencies in collaboration with the Ministry of Women, Children and Social Welfare (MWCSW).

The project aimed to increase the use of Gender-Based Violence (GBV) prevention and protection services by women, men and children at the community level, set up a sustainable community-based multi-sectoral GBV response mechanism with local service providers (health care, psycho-social, Para-legal, legal services and police), and build the capacity of these providers to address the needs of GBV survivors competently.

2. Country Context

Multiple interventions have been forwarded to combat (GBV) in Nepal, however several studies and assessments show that women, children, men and transgender still experience violence as a constant or recurring obstacle for leading a healthy, productive and content life. Women in particular are more vulnerable to violence, especially those who belong to marginalized and deprived communities.

The conflict years exacerbated this situation for women and as well as children. And though to a lesser degree even men have also experienced violence. The existence of laws protecting women has not led to any significant decline in Violence Against Women (VAW).

In some areas of Nepal harmful traditional practices such as witch hunting, *chaupadh*² and *deuki*³ are still not eliminated and continue to have severely negative health and psychosocial consequences for women. Discriminatory socio-cultural norms such as caste and ethnic discrimination hit women harder - Dalit women (lowest in the Hindu caste system) and women from disadvantaged ethnic groups are more vulnerable to abuse and face multiple discrimination with even less access

² Custom of physical isolation of girls and women at the time of menstruation and for 11 days after childbirth often with serious consequences to their health.

³ Custom of buying and offering girls to temples; Many of these girls end up as commercial sex workers.

to property/ income, education, decision making and justice than their male counterparts.

Despite this prevalence of VAW in many forms, women are not making much use of the existing health care, legal or protection services when they experience violence. Women in most cases do not think of seeking help, as they are ashamed or not aware of the correlation between abuse and consequences to their health. Also, health care staff rarely has the skills to treat them or to even detect the violence committed. A similar situation is found in the area of legal aid – few survivors attempt to report cases or seek legal assistance. Sustaining this grim situation is the general lack of understanding of GBV specifically and of awareness of women's rights generally.

Service providers as duty-bearers are not able to meet their obligations towards GBV survivors and the rights-holders are not aware of their rights to a life without violence and to demand appropriate services and seek justice. A targeted intervention is needed to fill this significant capacity gap and the aim of this project is to provide exactly that.

3. Project Overview

This project focused especially on assisting women and girls survivors of violence committed in their home environment – whether it is domestic violence or violence that women and girls experience through their everyday work or social life, i.e. mainly violence within the women's own community including trafficking and harmful social practices. To assist this group of survivors in the best possible way, this project aimed to make GBV response services, carried out by competent providers, available at the community level to make them more easily accessible.

A comprehensive GBV response system was set up to address the physical, psychological, social as well as legal needs of GBV survivors. As the system served all survivors within the project areas, the project also responded to the needs of (returned) survivors of trafficking as well as women survivors (including internally displaced) of the many years of conflict. In the choice of implementing partners, experience from anti-trafficking interventions was criterion to work in the areas where GBV and trafficking are prevalent and though this project did not directly support shelters or rehabilitation centers for trafficked returnees, the referral system set up under this project facilitated, in the areas where it was needed, early detection of possible trafficking, and that trafficked returnees were referred to appropriate organizations.

4. Need, Purpose, Objectives and Scope of the Evaluation

As per the UNTF requirement, UNFPA jointly with co-implementing agencies and MSCSW are conducting an end of project evaluation of the ERAW project, for which MITRA Samaj has been contracted through a competitive bidding process.

The purpose of this evaluation is to conduct an end of project evaluation to assess the achievement of the project, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform, follow up actions required and if needed inform the development of other projects to address GBV.

The objectives of the evaluation are:

- To determine the extent to which UNTF ERAW results were achieved;
- To assess the relevance, effectiveness, efficiency, impact, sustainability and management & coordination system of UNTF ERAW project as well to distill lessons learned that could inform the strategic planning at national level, and design of future project in the area of prevention and management of GBV.

The specific objectives of the evaluation, based on OECD/DAC evaluation criteria, are to assess the relevance/design, effectiveness, efficiency, sustainability, result on lives of people and the coordination mechanism of ERAW project. Detail list of the EoP evaluation questions based on the above mentioned criteria are discussed in the sections below.

The EoP evaluation will cover all the four project districts and some VDCs within those districts to investigate the project progress and achievements from 1 August 2009 to 31 July 2013. Evaluation will be based on OECD/DAC criteria as mentioned above. This evaluation will also assess crosscutting issues such as special attention to marginalized and vulnerable women, men, and adolescents in the project districts.

In particular the EoP evaluation will focus on the following components: (i) capacity building (ii) community network strengthening to support GBV survivors (iii) multi-sectorial response, resource/information points generation and (iv) awareness and knowledge raising initiatives through the key strategies of partnership, strengthening, skills developing and service delivery.

5. Assumptions and Risks

It is assumed that all the stakeholders will cooperate at all levels to enable timely completion of the study. They will be willing to provide necessary support and cooperation as and when required. The up coming election campaign will not cause any significant hindrance or delay on the study. However, field visits may be constrained by the prevailing monsoon and security concerns; cautiously planning

the field trips and considering such factors even while selecting the VDCs will be an approach that the evaluation team will adopt to address such issues.

6. Limitation of the evaluation

The project will draw heavily on the expert opinions of key informants involved in the development, implementation and monitoring of the program to derive the key findings in terms of efficiency and the coordination of the project; which could be partly subjective; such limitations will however be addressed using various methods of triangulation and validations for every key findings.

This study is not aligned with the baseline study for EVAW project commissioned by UNFPA in 2010 and will serve independently to drive key findings.

The evaluation team plans to reach out to all the key stakeholders at the district level. However at the VDC level, one representative VDC per district will be visited for collecting the information. The VDCs for field visit will be selected based on the following set of criteria:

VDC	Physical availability of service providers (key stakeholders for the KII)	Services Strength	Systems in place for prevention of GBV (likeliness of project activities sustainability)	Frequency and/or cases of GBV reported and services utilized	Accessibility (XX Hours drive from the district headquarters) Note: please mention time duration in bracket	Overall Impression of the project performance / possibility for its replication (In light of the fact that this is a pilot project)	Total
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Ranking will be done on a scale of 1 to 3 with 1 = Poor, 2=Average and 3=Good

Key stakeholders will be traced and interviewed primarily at the district level. The district level stakeholders will be prioritized to garner the most comprehensive information of the pre-defined criteria for the EoP evaluation. Biasness on recall of only the recent events and loss of institutional memories because of transfers or turnover of concerned stakeholders will be averted as far as possible.

7. Methodology

The evaluation will be conducted by an independent evaluation team of MITRA Samaj comprising of Evaluation Expert, Senior Researcher/Study Manager, GBV Expert/Researcher and Evaluation Assistants having technical competence in sector of women's empowerment and gender equality, especially in the area of Violence Against Women. Designed to adopt a highly consultative and interactive approach, the study will employ mix of both secondary and primary method of data collection.

7.1 Data Sources

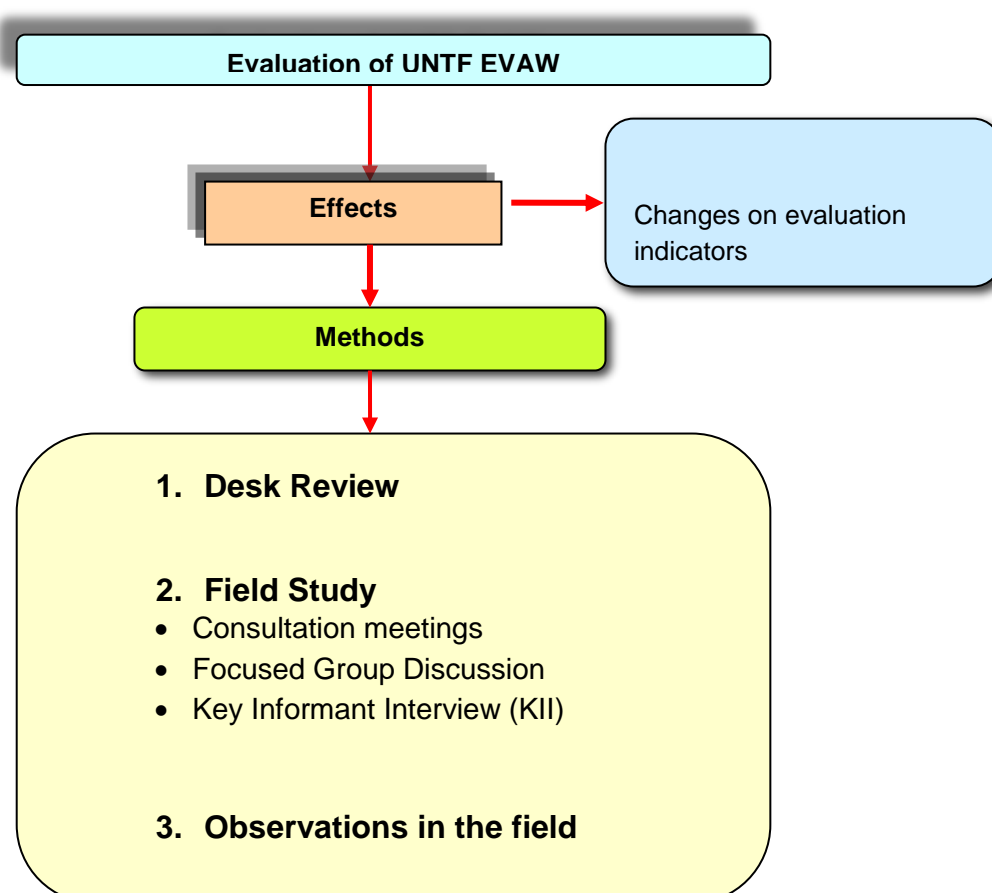
The primary data will be collected using various qualitative methods. Host of stakeholders, project target group including the direct beneficiaries and the project implementing partners themselves will be covered by the study at central, district and VDC level, as appropriate (list of the stakeholders to be interviewed provided in table no. 1).

The study will also review available secondary sources of information, reports and documents (an indicative list of documents to be reviewed is included in Annex) for triangulation, substantiating findings and providing broader perspectives. The focus of the study will remain in investigating the processes and results of program based on the structured interactions with the various stakeholders.

7.2 Data collection methods

An evaluation methodology framework as outlined in the TORs will be strictly followed. The evaluation will employ three methods for data collection:

Figure 1: Evaluation process



1. Desk Review

The evaluation team will primarily review the project document, project log frame, project monitoring indicators, forms/reports and other project related documents thoroughly to identify the gaps and gauge the success of project in terms of target verses achievements.

Other relevant documents will also be drawn and reviewed, including the Government of Nepal, UN agencies, other multilateral and bilateral agencies and NGOs working in Nepal.

2. Field Visit

Three teams comprising of two members each (senior researcher and field supervisor) will conduct the fieldwork. Two teams will cover one district each and one team will cover two districts.

The evaluation team will conduct consultation meetings at all levels. Series of Key Informant Interviews and Focus Group Discussions will be conducted at the field with the selected key informants, stakeholders and all those mentioned in TOR and the project beneficiaries. The key informant interviews and group discussions will elicit stakeholder opinions on the relevance, effectiveness, efficiency, impact and sustainability of the project.

Specifically at the national level, the evaluation team will meet the members of steering committee and key stakeholders. At district/VDC level along with consultation meetings, KII will be conducted with all the concerned stakeholders such as District Police Officials, District health officials, Resource Information Points in changes, Women and Children Officials, Protection officer, Community psychosocial worker, Psychosocial counselor, Representatives from the Local Media, NGOs/CBOs and Lawyers. This list of stakeholders was finalized after rounds of consultations with the UNFPA.

To assess the results/outcomes of the EVAW program, the proposed team, in consultation with the UNFPA and other concerned stakeholders, will primarily conduct two FGDs per district (with Male and Female) with project target groups. Likewise, the evaluation team will conduct 5 KII in each district among them the team will identify and interview at least two survivors who have directly benefited from the project.

3. Observation in the field and case study documentation

The Evaluation team will visit project districts and monitor GBV resource centers, functioning of multi-sectoral response & prevention of GBV (4 districts). One good

example per district of women and girls who have been benefited from the project will be traced and documented.

7.3 Sample frame and Sample selection

Overall, at least a total of 64 KIIs, 8 FGDs and 8 Consultative Meetings will be conducted during the course of study. The sample covers all the important key stakeholders and should be able to provide overall perspective of the project.

In case if further analysis is required, additional KII will be conducted at district or VDC level with the respective stakeholders. The field team will conduct a consultative meeting with the local stakeholders to get an overview of the local context at the beginning of the fieldwork in each district. Two FGDs in each district will be conducted and one success story/good practice will be documented from each district.

The table below illustrates the target groups to be investigated using different tools in each study district as per the approved proposal.

Table no. 1: Sample size

District	KIIs										FGD and KII			
	Service Providers and Stakeholders										Communities/ Beneficiaries			
	Members of Steering committee and Key stake holders at Central Level	Police official and at District & VDC Level	Rep of Local Media	Protection Officer	Women & Children Official	District Health Official	Community psychosocial workers	Lawyers	Rep of NGOs/CBOs	Psychosocial counselor	FGD with Service Recipient & Project target Group		KII with Community Members/Project beneficiaries eg. Teachers, Social Leaders, Rep. of community groups	
											Male	Female		
Mahottari	8	1	1	1	1	1	1	1	1	1	1	1	5	2
Kapilvastu		1	1	1	1	1	1	1	1	1	1	1	5	2
Surkhet		1	1	1	1	1	1	1	1	1	1	1	5	2
Kanchanpur		1	1	1	1	1	1	1	1	1	1	1	5	2
Total	8	4	4	4	4	4	4	4	4	4	4	4	20	8

7.4 Ethical Considerations

The evaluation will attempt to adhere to international best practices and will be conducted in full compliance with *UNEG Code of Conduct for Evaluation in the UN System*. In line with the *UNEG Code of Conduct*, the evaluation team will attempt to:

(b) Ensure that respondents understand the evaluation's purpose, objectives, and the intended use of findings;

(b) Be sensitive to cultural norms and gender roles during interactions with all respondents; and,

(c) Respect their rights and welfare by ensuring informed consent and rights to confidentiality before interviews.

7.5 Stakeholder Involvement

Ensuring a meaningful participation through human rights-based and gender sensitive and socially inclusive approaches key stakeholders will be provided with an opportunities to participate in the evaluation process. Government counterparts and key stakeholders will be consulted throughout the evaluation process.

7.5 Quality Control

MITRA Samaj will adhere to the requirements of the Standards for Evaluation in the UN System and the evaluation will be conducted in full compliance with the UNEG standards. One DOS criterion addresses the methods used in the evaluation. These methods are expected to: (a) be valid and logically linked to the evaluation's objectives; (b) be consistent with good practice and include, where appropriate, explicit efforts to test counterfactuals and triangulate among methods and data sources; and, (c) control bias, and acknowledge limitations due to uncontrolled bias.

7.6 The Evaluation Methodology Framework

The evaluation framework below details out and expands the specific evaluation questions of the TOR, data sources and data collection methods for each of the evaluation criteria.

Evaluation Methodology Framework

Evaluation Objective	Key evaluation questions (drawn from TORs)	Performance Indicator (could be generic and can also be taken from the project results framework for measuring the effectiveness)	Data Source	Sampling Plan	Data Collection Instruments	Data Analysis Plan
To assess the Relevance/design and focus of UNTF EAW project	<p>What has been UNTF's EAW projects relevance in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?</p> <p>To what extent was the UNTF EAW project designed as a result-oriented, coherent and focused framework?</p> <p>Have the project's outcome been relevant in terms of internationally agreed goals and commitments and standards to guide the work of prevention and management of GBV (CEDAW, UNSCR 1325, 1820)?</p> <p>To what extent the project was relevant towards the implementation of legal and policy framework related to GBV in Nepal?</p>	<p>Degree of concurrence of country program with national plans and policies</p> <p>Degree of concurrence of project documents with those of international guidelines and commitments</p>	<p>Country program document; national plans & policies; key informants</p> <p>Project proposal, log frame and relevant international documents on GBV</p>		Document review; key informant interviews	
To assess the project effectiveness	To what extent the planned outputs and outcomes were achieved within the allotted timeframe? Has the project result enhanced joint programming or resulted in parallel projects?	Project target Vs. Achievements	<p>Project Reports</p> <p>KII with stakeholders</p> <p>FGD with</p>		<p>Checklist</p> <p>Questionnaire</p> <p>FGD guideline</p>	

	<p>Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?</p> <p>To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/information point, psychosocial counseling and mobilization of community psychosocial? What are the perspectives of stakeholders if any project components can be replicated?</p> <p>Are there any good examples (case studies) of women and girls who have benefitted from the project?</p>		<p>beneficiaries</p> <p>Consultation meetings</p>			
To assess the efficiency of the UN Trust Fund Framework	<p>Have the project inputs (human technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?</p> <p>To what extent has the project been able to efficiently use the available resources in the community including human resources? E.g. (community level structures such as women committees etc and capacitated human resources)</p>	<p>Project Outcomes</p> <p>No. Of community level structures such as women committees set up etc and number of capacitated human resources</p>	<p>Project Report</p> <p>Field observation</p>		Document Review	
Sustainability of the results achieved	To what extent and in what ways the EVAW project contributed to enhance the capacity of service providers and	Perception of the service providers and beneficiaries	<p>Project Reports</p> <p>KII with</p>		<p>Checklist</p> <p>Questionnaire</p>	

	<p>beneficiaries and community based mechanisms with specific recommendations to build their capacity?</p> <p>What are the opportunities and risks of sustainability of the project?</p> <p>Has the project contributed to setting up community level mechanisms for GBV prevention and referrals?</p> <p>Are involved counterparts willing and able to continue project activities on their own?</p>	Willingness of the local stakeholders to continue project activities on their own	<p>stakeholders</p> <p>FGD with beneficiaries</p> <p>Consultation meetings</p>		FGD guideline	
To analyze the result of UNTF's ERAW project on the lives of people	<p>To what extent and in what ways has the ERAW project placed special emphasis on the lives of women in those four districts (e.g. was there an increase in the number of people accessing GBV services, improvement in the quality of services, any changes in the knowledge and practices of service providers)?</p> <p>Have the issues and the voices of beneficiaries raised during the ERAW implementation been adequately addressed?</p> <p>Assess the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response.</p>	<p>Perception of the beneficiaries</p> <p>No. of cases/issues addressed by the project</p> <p>Change in knowledge, attitude and practice of VDC level stakeholders</p>	<p>Project Reports</p> <p>Review of reports by district partners</p> <p>KII with stakeholders</p> <p>FGD with beneficiaries</p> <p>Consultation meetings</p>		<p>Checklist</p> <p>Questionnaire</p> <p>FGD guideline</p>	
To assess the coordination mechanism of ERAW project	Is the distribution of roles and responsibility among partners well defined at both central and district level and manifest efficient implementation of	<p>No. of coordination meetings</p> <p>No of meetings conducted at central and</p>	<p>Project Reports</p> <p>Consultation meetings</p>		<p>Document Review</p> <p>Checklists</p>	

	<p>the UNTF's ERAW Project?</p> <p>Have the steering committee at the central level and coordination committee at the district level contribute to project review & monitoring?</p>	<p>district level for coordination.</p> <p>No. of project review meetings and joint monitoring initiatives</p>	KII with various stakeholders		Guidelines	
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8. Analysis Plan:

The analysis plan will be to ensure validation and conformity of the information at all stages; data collation, compilation and consolidation. Data/Information gathered from different sources and informants will be triangulated and analytically accessed against the OECD/DAC evaluation criteria.

This approach has been suggested especially because it allows the evaluation team to avert possible biasness that may arise due to individual prejudice.

8.1 Triangulation Analysis Matrix

For triangulation and verification of the findings, data from each source will be correlated with each other. The Triangulation Analysis Matrix is provided below:

Evaluation Criteria	Evaluation Questions. (EQ)	Perceptions		Validation		Documentation	Key preliminary findings
		Method 1	Method 2	Method 1	Method 2		
Relevance	<p>What has been UNTF's ERAW projects relevance in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?</p> <p>To what extent was the UNTF ERAW project designed as a result-oriented, coherent and focused framework?</p> <p>Have the project's outcome been relevant in terms of internationally agreed goals and commitments and standards to guide the work of prevention and management of GBV (CEDAW, UNSCR 1325, 1820)?</p> <p>To what extent the project was relevant towards the implementation of legal and policy framework related to GBV in Nepal?</p>	<p>Review of Project Documents</p> <p>Review of internationally agreed goals and commitment on GBV</p> <p>Review of relevant documents on legal and policy framework related to GBV in Nepal</p>	<p>Partner NGO's Field Reports</p> <p>Review of Annual Reports</p> <p>Review of project progress reports</p>	<p>National Plan of Action on GBV</p> <p>KII with the lawyers</p> <p>Consultation meetings with the members of project steering committee at the central level</p>	<p>KII with the media</p> <p>KII with project beneficiaries</p> <p>FGD with the members of community (project target group)</p>		

Effectiveness	<p>To what extent the planned outputs and outcomes were achieved within the allotted timeframe? Has the project result enhanced joint programming or resulted in parallel projects?</p> <p>Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)?</p> <p>To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?</p> <p>To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/ information point, psychosocial counseling and mobilization of community psychosocial?</p> <p>What are the perspectives of stakeholders if any project components can be replicated?</p> <p>Are there any good examples (case studies) of women and girls who have benefitted from the project?</p>	<p>Project Progress Reports</p> <p>Review of meeting notes</p> <p>All the available project documents</p> <p>KII with various service providers at the district level</p> <p>Consultation meetings at the national level</p>	<p>Annual Reports prepared by UNFPA, UNICEF and UN Women</p> <p>Interviews with women beneficiaries</p>	<p>Interviews/ Consultation meetings with project implementing agencies at all levels (eg. Central, district and VDC)</p> <p>KII with community leaders</p>	<p>KII with beneficiaries</p> <p>FGD with beneficiaries</p> <p>Field Observation</p>		
Efficiency	<p>Have the project inputs (human technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?</p> <p>To what extent has the project been able to efficiently use the available resources in the community including human resources? E.g. (community level structures such as women committees etc and capacitated human resources)</p>	<p>Interview with the project staff at the district level</p> <p>Consultation Meetings</p>	<p>KIIs with Service providers (eg. Police, Lawyers, NGO representatives, paralegal)</p>	<p>KII with Media representatives</p> <p>KII with community leaders</p>	<p>KII with beneficiaries (Project target group)</p> <p>FGD with beneficiaries (project)</p>		

		Project Reports	committees, RIP etc)		target groups)		
Sustainability	<p>To what extent and in what ways the EVAW project contributed to enhance the capacity of service providers and beneficiaries and community based mechanisms with specific recommendations to build their capacity?</p> <p>What are the opportunities and risks of sustainability of the project?</p> <p>Has the project contributed to setting up community level mechanisms for GBV prevention and referrals?</p> <p>Are involved counterparts willing and able to continue project activities on their own?</p>	Project Reports	Interview with the RIP and Paralegal Committees	KII with local stakeholders	Field Observation		
Result of UNTF's EVAW project on the lives of people	<p>To what extent and in what ways has the EVAW project placed special emphasis on the lives of women in those four districts (e.g. was there an increase in the number of people accessing GBV services, improvement in the quality of services, any changes in the knowledge and practices of service providers)?</p> <p>Have the issues and the voices of beneficiaries raised during the EVAW implementation been adequately addressed?</p> <p>Assess the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response.</p>	<p>Project Reports</p> <p>KII with the district level local</p>	<p>FGD with the beneficiaries</p> <p>Reports by district level partners</p>	Review of various records and reports records at the district level (eg. Police reports, meeting notes of RIP and/or other stakeholders)	<p>Field Observation</p> <p>Consultation meetings</p>		
Coordination	Is the distribution of roles and responsibility	Review of	Project	Consultatio			

mechanism of EVAW project	<p>among partners well defined at both central and district level and manifest efficient implementation of the UNTF's EVAW project?</p> <p>Have the steering committee at the central level and coordination committee at the district level contribute to project review & monitoring?</p>	<p>Project Proposal</p> <p>Meeting notes and documents for the central level steering committee and coordination committee at the district level</p>	<p>Reports</p> <p>Field Observations</p>	<p>n meetings at central and district level</p> <p>KII with various stakeholders</p>			
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9. Evaluation Management and Logistic support

The study will be conducted in accordance to the UNTF Evaluation requirements, the team of three key members; Dr. Shibesh C Regmi, Evaluation Expert, Vivek S Thakuri, Senior Researcher and Suswopna Rimal, GBV expert, supported by research assistants will conduct the research. The team will work closely with the UNFPA Evaluation Manager for day-to-day management of evaluation and quality assurance of the evaluation process and products. The UNFPA Evaluation Manager serves as a liaison between the Evaluation Team, Government offices and other partner UN Agencies. The evaluation team will require the following logistics support from the country office:

- Coordinate the arrangement for interviews
- Coordinate the arrangement for sites to be visited during the evaluation
- Organization of stakeholder workshops as appropriate
- Dissemination of draft and final reports

In addition to the project staff in the districts, MITRA Samaj will mobilize its local partners in each of the project districts to keep the field team and central team posted in every development at the local level. They will also facilitate the coordination and networking (in consultation with the project staff at the field) with the local stakeholders in course of supporting the fieldwork.

Annex V. Generic Interview Guideline

Detail Guideline for Civil Society

(Media, NGO, CBOs (Dealing with Women, children), Teacher, Social Leaders, Representative of Community Group, Women Group)

1. To assess the Relevance/design and focus of UNTF EAW project

- i. What is your overall impression about the relevance of UNTF EAW in addressing GBV in your VDC as well as in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?
- ii. Is the project relevant to deal with GBV issues of women belonging to different age groups? What is the project's approach towards dealing with GBV against?
- iii. Do third-gender people too, become the victims of GBV in your community? If yes, how have their case been dealt with it? Are their cases dealt in the same way as others?
- iv. What are the types and categories of GBV usually reported (witch hunting, wife beating, rape, trafficking etc.)? Is the design of the project relevant in addressing all of them? What are the challenges faced that are yet to be addressed by the project in dealing with various types of GBV cases?
- v. Due to the years of conflict in the country, women were most affected and many of them have been displaced. What has been the project's approach in helping these survivors?

2. To assess the project effectiveness

- i. How satisfied are the survivors with justice provided to them? Is there a proper link established between the survivors' wish, their family's decisions, and the ultimate course of action taken?
- ii. How often do you listen to the radio? Can you recall a programme or an advertisement in spreading awareness on GBV? If yes, what was the gist of the programme? How effective was it in making you aware about GBV? (since FM radios were trained by UNWOMEN to raise awareness on GBV.)
- iii. Are GBV cases fully reported? If yes how? If no, what may be the reasons behind it? (*Widespread practices such as blaming the survivor, shame, stigma, fear of reprisals and threats of rejection by families and the community are powerful deterrents to reporting. Cultural stereotypes and traditional beliefs also prevent women, girls and their families from reporting rape and defilement with potentially life-threatening consequences.*) (effectiveness)
- iv. How effective are the resource and information points established by the project in providing women and their families information about the services?

- v. What all GBV services are available in your community? (men/Women) (In order to access their awareness and knowledge about the available GBV services.)
- vi. Supposing one of the people you know have been GBV survivors. How do you deal with him/her? (men/Women)
- vii. How has the project helped in amending/addressing the evil social practices (bride price, dowry, polygamy, child marriage, chaupati system social stigmatization et that are root causes of GBV) and prejudices against women in the society? What has been the role of other service providers (security, psycho-social, legal, NGOs, education institutes, Religious/ Political leaders) in this? (Project implementers)
- viii. What kind of services does the health centers provide the GBV survivors? (emergency contraception, treatment of injuries and STIs if the case demands so)
- ix. What are the Psycho-social services provided to the GBV survivors? (Emotional support and counseling/ Income generation and skills training programmes) Who all are involved in providing these services?
- x. Has there been an increase in the use of GBV prevention and protection services by women, men and children at the community level? If yes, which service provider do they usually approach CPSW (What for), health center (What for), police (What for) and Lawyers (What for) etc ?
- xi. Is there any difference in GBV related services from what it used to be in your community? If yes, in what aspect have you felt the difference?
- xii. From where did you come to know about this term GBV? What kind of act do you define as GBV? What type of GBV cases does the community usually report? (will help us know what type of GBV are still socially accepted)
- xiii. To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/ information point, psychosocial counseling and mobilization of community psychosocial? What are the perspectives of stakeholders if any project components can be replicated? Are there any good examples (case studies) of women and girls who have benefitted from the project?
- xiv. Can you give us instances of women and girls who have benefitted from the project?
- xv. When you approach the service providers, how aware are the duty bearers about the existing laws and acts related to GBV?
- xvi. How is GBV screening done in the health post? What is done if the GBV case is detected?
- xvii. Do you think GBV including sexual violence should be treated as a private matter and should not be reported to the police?
- xviii. If GBV cases are resolved within the community through informal groups, is the justice given by them in-tuned with that of the formal legal system? How aware are these groups about the sensitivity of GBV issues?
- xix. Is proper security given to the GBV survivors who report FIR? How accountable are the police officers?

- xx. Are you aware about the DV act? If yes, how did you come to know about it? (Since one of the highlights of the project has been the preparation and dissemination of DV act, one can know how the project has mobilized the media in sensitizing people about it)
- xxi. Do you go through the posters that are stuck in the public spaces? How helpful do you think it is in sensitizing the people regarding GBV?
- xxii. How difficult is it for the survivor to sustain in the family after reporting about GBV case? How has the project helped to deal with this problem?
- xxiii. How effective are the listeners group formed to listen to the radio programmes to disseminate information about issues related to GBV?

3. To assess the efficiency of the project

- i. Are you (community groups e.g. mother's groups) provided with support funds set up at the local level by the project to offer immediate assistance to the survivors? Has the project been successful so far in empowering you in mobilizing the needed services for the survivors of GBV before and after the project?
- ii. Are there enough female personnel in places where the FIR is reported?
- iii. How helpful, sensitive and empathetic are the service providers (health, legal, paralegal, police, counselors) while dealing with the GBV survivors? (Women/Men)
- iv. Are the service providers more skilled as compared to how they used to be to deal with GBV?
- v. Has the project equipped the information centers with appropriate GBV manual? Is the staff skilled enough to help the survivors report their cases?
- vi. Has the project made you involved in sensitizing the community about GBV? If yes, how? Are awareness programmes organized in your community to deal and prevent GBV by the project?
- vii. Where are the information points in your community? Are they co-located with other service points (health, legal, paralegal etc.)?
- viii. Do the survivors have to report their cases first to police in order to receive medical attention? (Men/Women) How approachable are the service providers?

4. To assess the sustainability of the results achieved

- i. Are you ensured safety/security for helping the survivors?
- ii. Has the project changed your approach to deal with GBV survivors?
- iii. Are the children made aware about GBV in schools/colleges in your community?
- iv. In what way have the survivors of GBV benefitted from the project? Is the assistance provided by the project sustainable?
- v. How active are men and boys, especially at the community level, to combat GBV? Give examples.
- vi. Has the project mobilized male/female volunteers to follow up GBV related cases?

- vii. Do you have confidence in the formal legal bodies of your community?
- viii. What are the opportunities and risks of sustainability of the project? Has the project contributed to setting up community level mechanisms for GBV prevention and referrals? In what way have the survivors benefited from the project? Are all benefits sustainable? Are you willing to continue project activities on your own? If yes, how?
- ix. Since it is difficult for women to get rehabilitated in the family, do they seek support from you? (Police) How important do you think is the establishment of rehabilitation centers and other plans related to it to make the project successful in the long run?

5. To analyze the result of UNTF's ERAW project on the lives of people

- i. How willing are the network members in referring the survivors to services and advocating for their justice?
- ii. What have been the best practices so far with regards to confidentiality, consent, information sharing and survivor centered approaches? What has been done to strengthen such practices?
- iii. How far has the project been thriving to eliminate the severe social stigmatization of the GBV survivors? How successful has it been in providing justice to them? What are the further interventions required to deal with it?
- iv. Have you experienced any kind of misbehavior from the service providers themselves (Blaming the survivor)? If yes, what kind of misbehavior? What have you done to address such issues?
- v. Has there been significant reduction in trafficking of girls and women after the execution of the project? (since DV and other forms of violence are major push factors for them to get trafficked domestically and internationally)
- vi. Do the police arrive on time when called in the cases of sexual and gender based violence? How tolerant are they in such cases?
- vii. Have complaints and reporting mechanisms (systems to receive complaints, conduct transparent investigations and provide adequate follow up and feedback in a timely manner) strengthened after the execution of the project. If so, how?
- viii. What are the challenges that the project is yet to address? What kind of additional interventions are needed in order to address it?
- ix. Is there a culture of the protecting the perpetrators by the political leaders? If yes, how can this problem be tackled?
- x. How empowered do you feel to claim and exercise your rights in relation to the prevention of GBV?
- xi. Has the project reached out its access to the socially disadvantaged groups/ethnic minorities?
- xii. To what extent and in what ways has the ERAW project placed special emphasis on the lives of women including from socially disadvantaged group/ethnic minorities?

- xiii. Have the issues and the voices of beneficiaries raised during the EVAW implementation been adequately addressed?
- xiv. Has there been significant change in the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response, after the execution of the project. Give examples.
- xv. Is police patrols carried out at night to prevent GBV after the sensitization brought about by the project?

6. To assess the coordination mechanism of EVAW project;

- i. Does the project monitor the unsuccessful investigations follow up and failures to prosecute GBV cases by the police? Does it check how satisfied are the survivors with the way their cases are being dealt?
- ii. How has the project addressed the physical, psychological, social and legal needs of GBV survivors?
- iii. What is the role of GBV watch group established by MWCSW in dealing with GBV cases?
- iv. Does the project have system of organizing monthly with you in order to make the community more pro-active to deal with GBV?
- v. Does the project monitor the information that is circulated within the community regarding the services available in case of GBV?
- vi. Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?

Detail Guideline for Government Official

(DPHO, WDO and Protection Officer etc)

1. To assess the Relevance/design and focus of UNTF ERAW project

- i. What is your overall impression about the relevance of UNTF ERAW is addressing GBV in your VDC area as well as in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?
- ii. To what extent was the UNTF ERAW project designed as a result-oriented, coherent, timely and focused framework? What are the issues that are yet to be addressed? What can be done to address them to make the project more relevant to the existing scenario?
- iii. How do you find the project's implementation modality (Central Level -- UNFPA Districts -- Project Team -- Community (Government Officials, Service Providers, Community Groups and Members
- iv. Has the project produced culturally relevant communication and IEC materials, addressed gaps in information dissemination and ensured that the circulated messages are consistent?
- v. How relevant has this project been in understanding and preventing GBV holistically (taking into account all facets of it) as well as among women belonging to different age groups children and the third gender?
- vi. What all trainings has the project provided you? How far have they been relevant in dealing with GBV cases effectively? How have you implemented your learning from the training? Give examples. (District administrators, judges, lawyers, NGOs, para-legal, psycho-social counselors, police, workers, CPSWs, etc.). How relevant and comprehensive are the GBV training package and training manual?
- vii. What are the types and categories of GBV usually reported (witch hunting, wife beating, rape, trafficking etc.)? Is the design of the project relevant in addressing all of them? What are the challenges faced that are yet to be addressed by the project in dealing with various types of GBV cases?
- viii. Due to the years of conflict in the country, women were most affected and many of them have been displaced. What has been the project's approach in helping these survivors?

2. To assess the project effectiveness

- i. Are GBV cases fully reported? If yes how? If no, what may be the reasons behind it? (*Widespread practices such as blaming the survivor, shame, stigma, fear of reprisals and threats of rejection by families and the community are powerful deterrents to reporting. Cultural stereotypes and traditional beliefs also prevent women, girls and their families from reporting rape and defilement with potentially life-threatening consequences.*) (effectiveness)

- ii. How effective are the resource and information points established by the project in providing women and their families information about the services?
- iii. How has the project helped in amending/addressing the evil social practices (bride price, dowry, polygamy, child marriage, chaupati system social stigmatization that are root causes of GBV) and prejudices against women in the society? What has been the role in providing justice to the all victims ?
- iv. What kind of services does the health centers provide the GBV survivors? (emergency contraception, treatment of injuries and STIs if the case demands so)
- v. What are the Psycho-social services provided to the GBV survivors? (Emotional support and counseling/ Income generation and skills training programmes) Who all are involved in providing these services?
- vi. Is inter-agency team made for the effective implementation of the project? If yes, how does it function?
- vii. Has there been an increase in the use of GBV prevention and protection services by women, men and children at the community level? If yes, which service provider do they usually approach CPSW (What for), health center (What for), police (What for) and Lawyers (What as) etc ?
- viii. How far has the project being successful in improving the accessibility and utilization of services by survivors?
- ix. To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/ information point, psychosocial counseling and mobilization of community psychosocial? What are the perspectives of stakeholders if any project components can be replicated?
- x. If GBV cases are resolved within the community through informal groups, is the justice given by them in-tuned with that of the formal legal system? How aware are these groups about the sensitivity of GBV issues?
- xi. Since one of the highlights of the project has been the preparation and dissemination of DV act, how has the project engaged media and other groups in sensitizing the locals especially women about it?

3. To assess the efficiency of the project

- i. Are support funds set up at the local level provided by the project to offer immediate assistance to the survivors? Has the project been successful so far in empowering you in mobilizing the needed services for the survivors of GBV?
- ii. How efficiently are the support funds, set up at the local level, utilized by the community groups to offer immediate assistance to the survivors?
- iii. Has the project equipped the information centers with appropriate GBV manual? Is the staff skilled enough to help the survivors report their cases?
- iv. Have the project inputs (technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?
- v. How has the project utilized the local resources/ capital (local political/religious leaders, men and women along with various other groups)? Or is it totally dependent on external factors?

4. To assess the sustainability of the results achieved

- i. Has the project made any effort in sensitizing the young minds on issues of GBV including both boys and girls by incorporating them in academics? Are they also made involved as volunteers in disseminating the IEC materials?
- ii. How sustainable are the trainings provided to the service providers? Are these trainings relevant and practical while implementing?
- iii. In what way have the survivors of GBV benefitted from the project? Is the assistance provided by the project sustainable?
- iv. What are the opportunities and risks of sustainability of the project? Has the project contributed to setting up community level mechanisms for GBV prevention and referrals?
- v. Are involved counterparts willing and able to continue project activities on their own?

5. To analyze the result of UNTF's EVAW project on the lives of people:

- i. How proactive are the local service providers in upholding the multi-sectoral GBV response mechanism established by the project?
- ii. Has the project established GBV coordination committees? If yes, who consist of this committee and what do they do?
- iii. To what extent the planned outputs and outcomes were achieved within the allotted timeframe? Has the project result enhanced joint programming or resulted in parallel projects?
- iv. What have been the best practices so far with regards to confidentiality, consent, information sharing and survivor centered approaches? What has been done to strengthen such practices?
- v. Has there been significant reduction in trafficking of girls and women after the execution of the project? (since DV and other forms of violence are major push factors for them to get trafficked domestically and internationally)
- vi. Is there a culture of the protecting the perpetrators by the political leaders? If yes, how can this problem be tackled? (District officers, police, VDOs etc.)
- vii. Has the project reached out its access to the socially disadvantaged groups/ethnic minorities?
- viii. To what extent and in what ways has the EVAW project placed special emphasis on the lives of women in those four districts?
- ix. Have the issues and the voices of beneficiaries raised during the EVAW implementation been adequately addressed?
- x. Has there been significant change in the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response, after the execution of the project. Give examples.
- xi. How similar do you think is the role of GBV co-ordination committee formed by the government (OPMCM) to yours (Coordination committees formed under the project)? Do you think merging of both will bring about better results?

6. To assess the coordination mechanism of ERAW project;

- i. Is the distribution of roles and responsibility among partners well defined at both central and district level and manifest efficient implementation of the UNTF's ERAW project?
- ii. Have the steering committee at the central level and coordination committee at the district level contributed to project review & monitoring? Have they assessed the effectiveness and utilization of GBV related services across health, psychosocial, legal and security in communities?
- iii. How well is the response mechanism linked with the district level administration? Is it coordinated well through the existing networks and structures (paralegal committees, the health delivery system and the local government administration)?
- iv. How has the partnership between the government and the three UN agencies helped in the sustainability of the project?
- v. What has been the project's contribution in holding the government, the judiciary and law enforcement agencies accountable to response to GBV?
- vi. Is the project succeeding in building partnership between different sectors (health, social, security and legal) along with the communities? What strategies have the project adopted in doing so?
- vii. How has the project helped the decision-makers at the district to ensure the institutionalization of GBV response services?
- viii. How well trained are the national and district level officials on the relevant legal framework so that they can perform and support the GBV response mechanism effectively?
- ix. What is the role of GBV watch group established by MWCSW in dealing with GBV cases? Has the project supported them in disseminating the DV Act? (Project Implementers, Watch group, Community)
- x. Does the project have system of organizing monthly meetings with the community leaders, youth and women's representatives in efforts to increase community participation in GBV programming?
- xi. Are the meetings organized between WDOs and representatives of service providers to discuss/monitor GBV cases and situations?
- xii. Does the project monitor the information that is circulated within the community regarding the services available in case of GBV?
- xiii. Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?

Detail Guideline for Service Provider

**(CPSW/IPI, District Paralegal /Paralegal, Psychosocial Counselor,
Health Center, Police)**

1. To assess the Relevance/design and focus of UNTF ERAW project

- i. What is your overall impression about the relevance of UNTF ERAW is addressing GBV in your VDC well as in contributing to the national priority on prevention and management of GBV as in the National Plan of Action on GBV?
- ii. To what extent was the UNTF ERAW project designed as a result-oriented, coherent, timely and focused framework? What are the issues that are yet to be addressed? What can be done to address them to make the project more relevant to the existing scenario?
- iii. Has the project produced culturally relevant communication and IEC materials, addressed gaps in information dissemination and ensured that the circulated messages are consistent?
- iv. How relevant has this project been in understanding and preventing GBV holistically (taking into account all facets of it) as well as among women belonging to different age groups children and the third gender?
- v. What all trainings has the project provided you? How far have they been relevant in dealing with GBV cases effectively? How have you implemented your learning from the training? Give examples. (District administrators, judges, lawyers, NGOs, para-legal, psycho-social counselors, police, workers, CPSWs, etc.). How relevant and comprehensive are the GBV training package and training manual?
- vi. What are the types and categories of GBV usually reported (witch hunting, wife beating, rape, trafficking etc.)? Is the design of the project relevant in addressing all of them? What are the challenges faced that are yet to be addressed by the project in dealing with various types of GBV cases?
- vii. To what extent has the project been relevant towards the implementation of legal and policy framework related to GBV in Nepal under the internationally agreed goals and commitments and standards to guide the work of prevention and management of GBV (CEDAW, UNSCR 1325, 1820)?
- viii. Due to the years of conflict in the country, women were most affected and many of them have been displaced. What has been the project's approach in helping these survivors?

2. To assess the project effectiveness

- i. Is there a proper link established between the survivors' wish, their family's decisions, and the ultimate course of action taken? (Male/Female) (Effectiveness)
- ii. How effective are the radio programmes in making people aware about GBV?

- iii. How has the project helped in amending/addressing the evil social practices (bride price, dowry, polygamy, child marriage, chaupati system, social stigmatization etc that are root causes of GBV) and prejudices against women in the society? What has been your role in providing justice to all victims?
- iv. Has the project promoted effective partnership with and within different sectors involved in the project (e.g. within government, donor, sectoral partners at local level, civil society)? To what extent the project contributed to building vertical linkages (community, district, central) for effective GBV prevention and response?
- v. Has there been an increase in the use of GBV prevention and protection services by women, men and children at the community level? If yes, which service provider do they usually approach CPSW (What for), health center (What for), police (What for), Lawyers (What for) etc?
- vi. Is the community more sensitized on GBV? What type of GBV cases does the community usually report? If GBV cases are not fully reported, what are the reasons behind it?
- vii. To what extent the GBV survivors benefitted from the capacity building initiatives, GBV fund, GBV resource/ information point, psychosocial counseling and mobilization of community psychosocial? What are the perspectives of stakeholders if any project components can be replicated? Are there any good examples (case studies) of women and girls who have benefitted from the project?
- viii. What are the GBV acts and laws that are used in our country?
- ix. How is GBV screening done in the health post? What is done if the GBV case is detected?
- x. Is GBV, including sexual violence commonly treated in your community as a private matter that should be resolved within the family or community using traditional processes rather than approaching the police?
- xi. If GBV cases are resolved within the community through informal groups, is the justice given by them in-tuned with that of the formal legal system? How aware are these groups about the sensitivity of GBV issues?
- xii. How difficult is it for you to sustain in the family after reporting about GBV case? How has the project helped you to deal with this problem? (GBV survivor)
- xiii. Has the GBV reduced as a result of the project? Which from of GBV wife beating, witch crafting, rape, trafficking has been is reduction from before?

3. To assess the efficiency of the project

- i. Are there enough female personnel in places where the FIR is reported?(Police)
- ii. Is there any difference in the way you deal with GBV survivors (health, legal, paralegal, police, counsellors)? Has the project changed your approach to deal with GBV survivors (KII with service providers) before and after the project?

- iii. Has the project helped in increasing the skill of the health care staff, legal bodies and police in detecting the violence committed?
- iv. Has the project equipped the information centres with appropriate GBV manual? Is the staff skilled enough to help the survivors report their cases?
- v. Have the project inputs (technical and financial) been used efficiently and manifest efficient implementation of the EVAW project?
- vi. How has the project utilized the local resources/ capital (local political/religious leaders, men and women along with various other groups)? Or is it totally dependent on external factors?
- vii. Where are the information points in your community? Are they co-located with other service points (health, legal, paralegal etc.)?

4. To assess the sustainability of the results achieved

- i. Have communities got the skill to deal and prevent GBV after the end of the project?
- ii. Is safety/security of survivors, witness, family, CPSWs, project staff and others helping the survivors who report FRI ensured (Police, project implementers)? What about the protection of survivors from politicians?
- iii. Are the GBV trainings conducted jointly? If yes, how has it helped you to create network and information sharing in order to deal with issues of GBV (prevention, response and protection)? (service providers) (sustainability)
- iv. Are your services monitored post training? If yes, are you provided with necessary support accordingly by the project?
- v. Has there been an application of appropriate laws in the community to hold perpetrators accountable after the execution of the project?
- vi. Has the project made any effort in sensitizing the young minds on issues of GBV including both boys and girls by incorporating them in academics? Are they also made involved as volunteers in disseminating the IEC materials?
- vii. Has the project increased and ensured the participation of men and boys, especially at the community level, to combat GBV? If yes how? Give examples.
- viii. Apart from increasing your skills, has the project mobilized male/female volunteers to follow up GBV related cases? How has the project helped the CPSW?
- ix. What are the opportunities and risks of sustainability of the project? Has the project contributed to setting up community level mechanisms for GBV prevention and referrals? In what way have the survivors benefited from the project? Are all benefits sustainable? Are involved counterparts willing and able to continue project activities on their own?
- x. What is the system of documentation in your sector? Has the project trained you in establishing proper documentation system in your area of work? If no, what interventions are required for it? (service providers)
- xi. Since it is difficult for women to get rehabilitated in the family, do they seek support from you? (Police) How important do you think is the establishment of

rehabilitation centers and other plans related to it to make the project successful in the long run?

5. To analyze the result of UNTF's ERAW project on the lives of people

- i. How proactive are you in upholding the multi-sectoral GBV response mechanism established by the project?
- ii. How willing are the network members in referring the survivors to services and advocating for their justice?
- iii. Has the project established GBV coordination committees? If yes, who consist of this committee and what do they do?
- iv. Have complaints and reporting mechanisms (systems to receive complaints, conduct transparent investigations and provide adequate follow up and feedback in a timely manner) strengthened after the execution of the project. If so, how?
- v. To what extent and in what ways has the ERAW project placed special emphasis on the lives of women including from socially disadvantaged group/ethnic minorities?
- vi. Have the issues and the voices of beneficiaries raised during the ERAW implementation been adequately addressed?
- vii. Has there been significant change in the knowledge, attitude and practice of VDC level stakeholders with regard to GBV prevention and response, after the execution of the project. Give examples.
- viii. Is police patrols carried out at night to prevent GBV after the sensitization brought about by the project?

6. To assess the coordination mechanism of ERAW project;

- i. Have the steering committee at the central level and coordination committee at the district level contributed to project review & monitoring? Have they assessed the effectiveness and utilization of GBV related services across health, psychosocial, legal and security in communities?
 - ii. How well is the response mechanism linked with the district level administration? Is it coordinated well through the existing networks and structures (paralegal committees, the health delivery system and the local government administration)?
 - iii. Does the project monitor the unsuccessful investigations follow up and failures to prosecute GBV cases by the police? Does it check how satisfied are the survivors with the way their cases are being dealt?
 - iv. How has the project addressed the physical, psychological, social and legal needs of GBV survivors?
 - v. What has been the project's contribution in holding the government, the judiciary and law enforcement agencies accountable to response to GBV?
- Merge with II

- vi. Is the project succeeding in building partnership between different sectors (health, social, security and legal) along with the communities? What strategies have the project adopted in doing so?
- vii. What is the role of GBV watch group established by MWCSW in dealing with GBV cases? Has the project supported them in disseminating the DV Act? (Project Implementers, Watch group, Community)
- viii. Does the project have system of organizing monthly meetings with the community leaders, youth and women's representatives in efforts to increase community participation in GBV programming? Are the meetings organized between WDOs and representatives of service providers to discuss/monitor GBV cases and situations?
- ix. Does the project monitor the information that is circulated within the community regarding the services available in case of GBV?

DRAFT

Focus Group Discussion Guideline

(Male and Female Group)

1. To assess the Relevance/design and focus of UNTF EAW Project

- i. What is GBV? From where did you come to know about this term?
- ii. Do you know about UNTF Project implemented to address GBV in your area? Please example
- iii. What is your overall impression about the relevance of UNTF EAW is addressing GBV in your area? Is it relevant to deal with different GBV issues? (Rape, Trafficking, Domestic Violence and Polygamy)
- iv. How do you find the project's implementation modality (Central Level → UNFPA Districts → Project Team → Community (Government Officials, Service Providers, Community Groups and Members) Asked any to PLC, CC RI members)?
- v. Have often have you heard instances of GBV against children and third gender in your community? How are their cases dealt with? (Ask only to PLC, PIP, CC members)
- vi. Have you felt the difference in the available services in combating GBV from what it used to be, in the last three years? If yes, are these changes relevant in the context of your community?

2. To assess project's effectiveness

- i. What all GBV related services are available in your community? (If possible, ask them function of each of the service providers) From where did you come to know about these services?
- ii. What has been your experience (good/bad) in dealing with the service providers (Police, Health, Legal, Para-Legal, psycho-social counselor, CPSW) in the last three years? Give instances. Are you satisfied with their services?
- iii. Are you aware of GBV fund to help GBV survivors? If yes, from where did you come to know about the availability of this fund?
- iv. In case GBV survivor approaches you for help, what will you do? Whom will you refer that person and why? What has been the scenario of reporting about cases to the service providers; especially police from the last three years? Give reasons to your answer.
- v. Which type of GBV is dealt sensitively/ empathetically by the community? (Domestic Violence, Rape, Trafficking and Polygamy. Kindly rate them in the scale of 1-4 where 1- Highly sensitive and 4- Least sensitive) and why (Ask only to PLC, PIP, CC members) ?
- vi. Which form of media has been more effective in your community in making people aware of GBV? (FM/Print Media/Posters). Can you recall any FM programs/ articles/ posters that have had an impact on you in making you aware of GBV?

3. To assess the efficiency of the project

- i. How timely, coherent and efficient are the service providers in dealing with GBV cases? Are they helpful, sensitive and empathetic towards them? Give instances
- ii. Has the project helped in increasing the skill of the health care staff, legal bodies, CPSW and police in detecting the violence committed?
- iii. Are you (community groups) provided with support funds set up at the local level by the project to offer immediate assistance to the survivors? Has the project been successful so far in empowering you in mobilizing the needed services for the survivors of GBV?
- iv. Where are the information points in your community (are they near other service points) ? Has the project equipped the information centers with appropriate GBV manual? Is the staff skilled enough to help the survivors report their cases?
- v. Do the survivors have to report their cases first to the police in order to receive medical attention? What has been the role of the project in making the survivors at ease to receive the services with ease?
- vi. In case, one does not get appropriate services/ justice/support; where do they go to express their grievances? Has the project had any special unit or has it allocated this responsibility to any existing entity?

4. To assess the sustainability of the results achieved

- i. Are communities skilled by now, to deal and prevent GBV? How has their perspective changed in looking at the GBV survivors?
- ii. Apart from increasing the skills of the service providers, has the project changed the service providers' approach to deal with GBV survivors? Do you feel you will receive these services in the future too (since the project has already phased out)? What services do you think you can continue accessing even after the end of the project?
- iii. Do you have confidence in the formal legal bodies of your community? What do you think of the roles of the PLC, RIP, and Coordination Committee etc. Is providing services to the victims of GBV in the future how I that project have phased out?
- iv. In what way have the survivors of GBV benefitted from the project? Is the assistance provided by the project sustainable?
- v. Has the project made any effort in sensitizing the young minds on issues of GBV by incorporating them in academics? Are they also made involved as volunteers in disseminating the IEC materials?

5. To analyse the results of UNTF EVAW Project on the lives of people

- i. Since the project has already phased out, how proactive do you think are the service providers in upholding the multi-sectoral response mechanism established by the project?
- ii. What has been a noteworthy outcome of the project for the welfare of GBV survivors?

- iii. Instances are found in our country of people fearing to help the GBV survivors to protect themselves from harmful attacks. Is such instance found in your community? What can be done to address it?
- iv. Has there been significant reduction in GBV cases in your community? Which of the GBV cases (trafficking, polygamy, domestic violence and rape) has been mostly affected and reduced after the execution of the project and how?
- v. What do you think are the components that the project was unable to address? How do you think can those components be addressed? Is there a need another project to address the problem?
- vi. Which community/group has been more victimized by GBV (men, women, children, third gender, dalits, janjatis and other disadvantaged groups)? Has the project reached out its access to all of them? Give reasons and instances.
- vii. How successful has the project been in making the service providers meet their obligation towards the GBV survivors and the right holders aware of their rights to claim violence free life and demand appropriate services?

6. To assess the coordination mechanism of ERAW project

- i. How do you rate the partnership/ coordination between the service providers? If you go to one service provider, where and how are you referred to other service providers (police, health post, PLC, RIP, CC, and Lawyers etc.)? Are you satisfied with the coordination mechanism?
- ii. Does the project have system of organizing monthly meeting with the community leaders, youth and women's representatives along with the service providers in efforts to increase coordination level on GBV programming?
- iii. What is the process formed when someone is victimized by one or the other form of GBV?

Detailed Guideline for Survivors

1. To assess the Relevance/design and focus of UNTF ERAW Project

- i. Do you know about the UNTF Project implemented to address GBV in your area? Please explain
- ii. What is your overall impression or the relevance of the UNTF ERAW project in addressing GBV in your area? Is it relevant in understanding the physical, emotional and psychological aspects of the survivors and providing them with justice?
- iii. Have you felt the difference in the available services in combating GBV from what it used to be, in the last three years? If yes, in what aspects have you felt the change?

2. To assess project's effectiveness

- i. Is GBV in you community treated as "women's issue" alone? Give reasons to your answer.

- ii. What GBV related services are available in your community? (If possible, ask them function of each of the service provider) From where did you come to know about these services?
- iii. What has been your experience (good/bad) in dealing with the service providers (Police, Health, Legal, Para-Legal, psycho-social counsellor, CPSW) in the last three years? Give instances. Are you satisfied with their services?
- iv. Are you aware of GBV fund? If yes, from where did you come to know about the availability of this fund? Have you ever accessed it?
- v. In case of GBV, whom should one approach and why?
- vi. What have been the key achievements of the project so far in terms of addressing GBV in your area?

3. To assess the efficiency of the project

- i. Is there discrepancy in the services given to different individuals? Has the project reached out its access to everyone?
- ii. Are the medical/health centres of your community equipped with trained staff, adequate equipment, supplies and medicines?
- iii. How timely, coherent and efficient are the service providers in dealing with GBV cases? Are they helpful, sensitive and empathetic towards them? Give instances
- iv. Has the project helped in increasing the skill of the health care staff, psycho-social counsellors, CPSWs, legal bodies and police in detecting and dealing with the violence committed?
- v. Where are the information points in your community (are they near other service points)? Has the project equipped the information centres with appropriate GBV manual? Is the staff skilled enough to help the survivors report their cases?
- vi. Do the survivors have to report their cases first to the police in order to receive medical attention? What has been the role of the project in making the survivors at ease to receive the services with ease?
- vii. In case, one does not get appropriate services/ justice/support; where do they go to express their grievances? Has the project had any special unit or has it allocated this responsibility to any existing entity?

4. To assess the sustainability of the results achieved

- i. Have the security personnel ensured security to the survivors, their family and their supporters so that they are not at risk of further harm by the perpetrator or by other members of the community? Has there been any change regarding this before and after execution of the project?
- ii. Are communities skilled by now, to deal and prevent GBV? How has their perspective changed in looking at the GBV survivors? Is there men's group in your community advocating against GBV? Give instances.
- iii. What has been the project's role in making local leader proactive in giving justice to the survivors and in raising awareness in the community against GBV?
- iv. Has the project changed the service providers' approach to deal with GBV survivors? Do you feel you will receive these services in the future too (since the

project has already phased out)? What services do you think you can continue accessing even after the end of the project?

- v. Do you have confidence in the formal legal bodies of your community? What do you think of the roles of the PLC, RIP, and Coordination Committee etc in providing services to the victims of GBV in the future now that the project has phased out?
- vi. Is the assistance provided by the project sustainable?
- vii. Has the project made any effort in facilitating participation of the survivors in group activities; including income generation, building support networks and facilitating reintegration of the survivors into communities? What has been its role in building confidence and skills of the survivors and promoting their economic empowerment?

5. To analyze the results of UNTF ERAW Project on the lives of people

- i. Has there been any change in the behavior of perpetrator after execution of the project? What has been the role of service providers in this?
- ii. Since the project has already phased out, how proactive do you think are the service providers in upholding the multi-sectoral response mechanism established by the project?
- iii. What has been a noteworthy outcome of the project for the welfare of GBV survivors? Has there been significant reduction in GBV cases in your community?
- iv. What do you think are the components that the project was unable to address? How do you think can those components be addressed? Is there a need for another project to address the problem?

6. To assess the coordination mechanism of ERAW project

- i. How do you rate the partnership/ coordination between the service providers? If you go to one service provider, where and how are you referred to other service providers (police, health post, PLC, RIP, CC and lawyers etc.)? Are you satisfied with the coordination mechanism?
- ii. What is the process formed when someone is victimized by one or the other form of GBV?

Annex3: Lists of persons and institutions interviewed

SN	District	Name	Designation	Organization
1	Kanchanpur	Puspa Bam	WDO	WDO
2		Daman Sing Bista	Advocate	District Court
3		Prem Bd. Singh	Section Officer	DDC
4		Bhawati Singh	CPSW	
5		Bhagawati Thapa	Secretary	WHRD
6		Sarada Chhetri	ASI	District Police Office
7		Kalwati Joshi	Constable	District Police Office
8		Manuka Bista	Protection Officer	WDO
9		Kausala Nepali	Member	RIP Committee
10		Keti Devi Sauwa	Member	RIP Committee
11		Asha Lowar	Member	RIP Committee
12		Prawati Sunwar	Member	RIP Committee
13		Shanti Nepali	Member	RIP Committee
14		Isowari Singh	Counselor	
15		Janaki Devi Sunwar	Masika	RIP Committee
16		Maya Bista	CPSW/Chairperson	RIP
17	Surkhet	Purusjottam Kunwar	CDO	DAO
18		Bhojendra Chhetri	LDO	DDC
19		Prakesh Adhikari	SP	District Police Office
20		Pabitra Shahi	P. Director	
21		Jaget Kumar KC	Project Director	Environment Development Society
22		Lok Bahadur Shahi	FPO	DHOSKT
23		Durga Prasad Sapkota	Advocate	A. Bara, Surket
24		Budhi Prasad Sapkota		
25		Nesha Poudel	SCC	AAWAD
26		Biswa Mani Joshi	WDO	WDO

SN	District	Name	Designation	Organization
27		Uma Pokheral	Supervisor	WDO
28		Tika Chapai		
29		Indra Gautam		
30		Hari Koirala		
31		Manupa Acharya	President	RIP
32		Gita Gyawali	Counselor	
33		Jay Prasad Subedi		
34		Promod K. Singh		
35		Laxmi Prasad Gyawali		
36		Hira Lal Acharya		
37		Uma Pokheral	PO	WDO
38	Kapilbastu	Krishna Chandra Ghimire	CDO	DAO
39		Ram Prasad Pandey	LDO	DDC
40		Rabindra Prasad Sharma	SP	DPO
41		Kalawati Ojha	WDO	WDO
42		Hari Raj Sharma	President	DCWB
43		Puspa Regmi	President	Paralegal Committee
44		Maya Gyawali	Coordinator	Saathi
45		Sarita Bhandari	ASI	DPO
46		Indira Giri	HC	DPO
47		Bishnu Prasad Jaiswal	PHO	DHO
48		Praveen K. Shrivastaop	President	NGO Federation
49		Dhaneswar Poudel	DAO	
50		Rukaiya Khatun	Protection Officer	WDO
51		Susma Acharya		
52		Tara Sunuwar	Supervisor	WDO

SN	District	Name	Designation	Organization
53		Sushila Khanal	CPSW	
54		Gita Poudel	Advisor	
55		Suru Thapa	Member	
56		Bhesh Raj Khanal	Member	Srijansil Saving
57		Shovakar Adhikari	Member	Srijansil Saving
58		Netra Prasad Belbase	President	Sagermatha Welfare
59		Balika Adhikari	President	Suryadaya Women Cooperative
60		Laxmi Hamal	Secretary	Suryadaya Women Cooperative
61		Pradeep Adhikari	Social Mobilize	Shivapur VDC
62		Kamal Prasad Gyawali	VDC Secretary	Shivapur VDC
63	Mahottari	Tirtha Raj Bhattarai	LDO	DDC
64		Bashu Dev Khatiwada	Admin Office	DAO
65		Bidur Kafle		District Court
66		Dhurba Koirala	Section Officer	DEO
67		Girendra Kumar Jha	HA	DHO
68		Hari Parsad Mandal	President	Nepal Journalist Federation
69		Mira Mishra	WDO	WDO
70		Rama Thapa	ASI	DPO
71		Sunita Bhattarai	Supervisor	WDO
72		Mod Nath Sing	Principal	Durga HSS
73		Chun Chun Singh	Businessman	
74		Ram Pratap Mandal	Sr. ANM	Sub Health Post
75		Juriya Devi Sharma	Housewife	
76		Subedi Devi Paswan	President	Women Right
77		Mandevi Bhujel	Treasure	EVEA Coordination Committee
78		Sanju Mandel	Treasure	Paralegal

SN	District	Name	Designation	Organization
79		Ram Dular Bhagat	VDC Secretary	Manara VDC
80		Sangita Bhandari	CPSW	
81		Bijaya Kumar Chaudhary	ASI	Ilaka Police Office
82		Ram Udar Rajak	Member	Durga HSS

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A. Focus Group Discussion

SN	District	VDC	Name
1	Kanchanpur	Chadani	Mahabir Chand
2			Ananda Kumar Bhatta
3			Raj Bd. Chand
4			Dev Bd. Dhami
5			Sunil Nepali
6			Anna Singh Joshi
7			Dhan Bd. Damai
8			Bimala Bista
9			Kalibati Kunwar
10			Dhana Bhatta
11			Hira Kunwar
12			Gita Nepali
13			Sita Bhandari
14			Setu Devi Odh
15			Kalabati Odh
16	Surket	Jarbuta	Sumitra BK
17			Bet Kumari Kadel
18			Tam Kumari Chapai
19			Tulasi Acharya
20			Chanda BK
21			Bhagisaga BK
22			Dil Kumari Bhandari
23			Mina BK
24			Laxmi Thapa
25			Bal Deep Kadel
26			Bal Krishna Kadel

SN	District	VDC	Name
27			Dill Prasad Kadel
28			Dila Ram Acharya
29			Netra Pd. Chalisa
30			Salim Bakas
31	Kapilbastu	Shivapur	Sanjeev Gahataraj
32			Babu Ram Adhikari
33			Bishnu Prasad Khatiwada
34			Drona Prasad Adhikari
35			Bishnu Adhikari
36			Puskar Banjhada
37			Sarad Rimal
38			Kamala Bharati
39			Bhima Poudel
40			Ganga Ghartimager
41			Phulmati Tharu
42			Narayani Pagani
43			Laxmi Adhikari
44			Bimala Poudel
45			Tika BK
46			Sunita Adhikari
47	Mahottari	Manara	Jagataran Paswan
48			Satya Bhandari
49			Ram Dulari Paswan
50			Gita Bhandari
51			Nirmala Mandal
52			Kanta Bhusel
53			Bhiva Mishra
54			Rakesh Kumr Thakur

SN	District	VDC	Name
55			Ashok Kumar Mandal
56			Laxman Kapar
758			Rupesh Kumar Paswan
59			Laxmeswor Paswan
60			Sograth Mali
61			Sarajit Thakur
62			Rup Narayan Bhaget
63			Nagendra Shah

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B. In depth Interview

SN	District	Name	Designation/Categories	Organization
1	Kanchanpur	Puspa Bam	WDO	WDO
2		Manuka Bista	Protection Officer	WD)
3		Bhanu Mati Kadayat	President	Paralegel Committee, Daiji
4		Bhawati Thapa	Secretary	WHRD
5		Sarada Chhetri	ASI	District Police Office
6		Bharati Singh	CPSW	Kanchanpur
7		Ms. Iswori Singh	Counselor	
8		Dhirendra Sinal	Station Manager	Suklaphata FM
9		Nirmala Pant	Nurse	Mahakali Zonal Hospital
10		Poonam Chand	Lawyers	
11		Bharat Dutta Bhatta	Area In charge	Maoist Party
12		Prawati Giri	President	Kalika Amma Samuha
13		Bishnu Khatri	GBV Victim	
14		Rekha Sawad	GBV Victim	
15		Bhuwan Bihari Pant	Teacher	Nobel Ma. V
16	Surket	Deepa Koirala	Producer	Radia Bhari
17		Usha Basnet	Constable	Nepal Police
18		Koushila Yoigi	Lawyer	
19		Pabitra Yogi	Pro- Director	Awaaj
20		Meena Chaudhary	GBV Survivor	
21		Jeet Ram Tharu	Community Leader	
22		Dananjaya Newpane	PC	Community Service Center
23		Janaki Kadel	CPSW	
24		Manupa Acharya	President	RIP
25		Janka Prasad Chapagain	DHO	DHO

SN	District	Name	Designation/Categories	Organization
26		Bishwo Mani Joshi	WDO	EDO
27		Uma Pokheral	Protection Officer	WDC
28		Geeta Gyawali	Psycho social Counselor	
29	Kapilbastu	Mita Bhattarai	GDV Victim	
30		Laxmi Updhaya		
31		Dipak Khadka	Community Leader	
32		Tulsi Ram Yadav		Community Radio
33		Raju Shreebastab		
34		Bishnu Prasad Jaiswal	PHO	DHO
35		Govinda Dhawal		Dalit Social Development Center
36		Rukaiya Khatoon	PO	WDO
37		Sushma Acharya	Counselor	
38		Indira Giri	HC	Nepal Police
39		Kalawati Ojha	WDO	WDO
40		Puspa Regmi	President	Paralegal Committee
41		Kamala Poudel		
44		Sita Ram Chaudhary	Teacner	
45		Susila Khanal	CPSW	
46		Meena Risal	GBV Victim	
47		Drona Prasad Belbase	ANM	Sub Health Post, Shivapur
48	Mahottari	Mira Mishra	WDO	WDO
49		Sunita Bhattarai	PO	WDO
50		Birendra Tiwari		
51		Sudip Kumar Jha		Media
52		Rama Thapa	ASI	DPO
53		Sarita Thakur	Counselor	

SN	District	Name	Designation/Categories	Organization
54		Baidya Nath Jha	Lawyer	
55		Bajrang Nepali		
56		Dhaneshwor Yadav	Teacher	Durga HSS
57		Mandevi Yadav		Nepal RED Cross Society
58		Milu Sing	GBV Victim	
59		Lila Mandal		
60		Kameshor Singh Rajput	Community Leader	
61		Ram Pratap Mandal	Sr. ANM	Sub Health Post
62		Sangita Bhandari	CPSW	
63		Sanju Mandal	Treasure	Paralegal Committee

Annex4: Project log frame

The UN Trust Fund in Support of Actions to Eliminate Violence against Women

ANNEX I: LOGICAL FRAMEWORK RESULTS FORMAT

Overall Goal: Utilization of GBV management services by women, men and children in selected districts increased <i>Indicator 1: Utilization rate of GBV management services by women, men and children (disaggregated by types of services)</i>								
Outcome 1 : Availability of comprehensive GBV services is increased <i>Indicator 1: % of selected VDCs that have functional paralegal committees (target 100%)</i> <i>Indicator 2: % of selected VDCs that have functional GBV referral networks (target: 75%)</i>					Budget			
Output 1.1	Activities	Indicators	Means of Verification	Status at the end of the project	Yr 1	Yr 2	Yr 3	Total
Capacity of service providers to deliver comprehensive GBV services increased	1.1.1. Development of comprehensive GBV training package	1.1.1.1. Package developed and used in trainings of service providers in four project districts 1.1.2.1. 120 health	Manual developed, printed, and disseminated.	Completed	11048	2762	0	13,810

<u>Output indicators:</u> <i># of service providers reached can correctly refer affected women, men and children to GBV services (disaggregated by types of service providers)</i>	1.1.2. Training of health service providers	<p>service providers (two health service staff members from each of 15 programme VDCs in 4 districts) - trained in district HQ (followed by annual refresher trainings)</p> <p>1.1.3.1. 60 (15 per district) individuals identified and trained on psychosocial counseling.</p>	Training reports	Achieved	15652	7525	7525	30702
	1.1.3. Capacity building of psychosocial counseling service providers	1.1.4.1. 60 paralegal committees (one in each programme VDC in 4 districts) are established.	Certificate of completion of the training.	Partially achieved				
	1.1.4. Capacity building of paralegal committees	1.1.5.1. At least 100 police officers trained in the four programme districts	List of participants	Achieved	23018	9207	0	32225
	1.1.5. Training of police in gender sensitive policing and GBV, especially for		Report		40114	27225	4207	71546

	officers at Women and Children Service Centers	1.1.6.1. At least 160 district level government officials trained of GBV-package with follow-up training in second year	Training reports	Completed	7826	7826	0	15652
	1.1.6.Training on GBV for district level government officials (VDC, DAO, WDO & Judiciary)	1.1.7.1. At least 200 district level civil society actors (50 from each programme district) trained on GBV- related issues with follow-up training in second year	Training reports	Partially achieved				
	1.1.7. Orientation on GBV-related issues for district level civil society actors (NGOs, Networks, Federations, Media)	1.1.8.1. Regulations of Domestic Violence Act prepared			14780	10780	0	25560
	1.1.8. Support to GoN in preparation of Regulations of Domestic Violence Act	1.1.9.1. At least 40 central level government officials trained on GBV with follow-up training in second year	Training reports	Completed	14520	9520	0	24040
	1.1.9. Orientation and advocacy on GBV for central level							

	government officials (MOH, MLD, MWCSW, Judiciary)		Gazette of Government of Nepal	Achieved	3683	0	0	3683
			Training reports	Completed	4700	2050	0	6750
Output 1.2	Activities	Indicators	Means of Verification	Status at the end of the project	Yr 1	Yr 2	Yr 3	Total
Networks and mechanisms (incl. GBV coordination committees) at	1.2.1. Ensure GBV screening in health posts	1.2.1.1. At least 50% of women going to (sub-) health posts are screened for GBV and provided	Doctor's report, health post data	Achieved	16,100	16,100	16,100	48,300

<p>community level to support survivors of GBV are functional</p> <p><u>Output indicators:</u></p> <p><i># of GBV survivors receiving financial support from the Support Fund</i></p> <p><i># of meetings between WDO and representatives of service providers to discuss and monitor GBV cases and situation</i></p>		health aid						
	1.2.2. Provide psychosocial counseling for GBV survivors	1.2.2.1. Number of persons received psycho-social counseling	Counselor's reports	Completed	4000	4000	4000	12,000
	1.2.3. Provide legal counseling by legal aid providers	1.2.3.1. Number of persons received legal counseling	Reports by legal aid providers	Completed	4557	4557	0	9114
	1.2.4. Establishment of Support funds at community level (for treatment, transport, lost income) for GBV survivors	1.2.4.1. Support fund set up at each GBV resource and information point	List of persons received funds. Criteria for funds established.	Achieved	6000	6000	6000	18000
	1.2.5. Establish coordination mechanism within the WDO and enhance linkages between service providers	1.2.5.1. Four GBV coordination committees established						

		1.2.5.2. Four district project coordinators recruited and carrying out monitoring and coordination activities	Coordination guidelines.	Completed	15652	4604	4604	24860
			Minutes of co-ordination meetings prepared by district project coordinators.		10200	10200	110200	30600
Outcome 2 : Supportive attitudes in communities towards prevention and management of GBV increased <i>Indicator 1: # of people that report that they would accompany a GBV survivor to a service provider</i> <i>Indicator 2: % of population reached can correctly identify 3 places to go for GBV services (target: 50%)</i>					Budget			
Output 2.1	Activities	Indicators	Means of Verification	Status at the end of the project	Yr 1	Yr 2	Yr 3	Total
Increased awareness and knowledge among women, girls, their families and communities on availability of	2.1.1. Orientation of existing networks (youth clubs, mothers groups, user groups, watch groups, child and	2.1.1.1. Orientations on GBV held in each selected VDC	Reports	Completed	3683	3683	3683	11049

comprehensive GBV services	youth clubs) on GBV							
<u>Output indicators:</u>	2.1.2. Sensitize community members (religious leaders, family members, politicians, teachers) on gender, women's rights, and GBV (types, causes and prevalence) including during key national and international events	2.1.2.1. Sensitization events held by sensitization team (coordinated by district coordinator) in each GBV resource and information point every 6 months	Reports by sensitization team/ district coordinator	Achieved	4604	4604	3683	12891
<i>% of reached community members agree that GBV is against the law</i>								
<i>% of reached networks aware of local GBV service providers and able to provide information</i>	(Women's Day, 16 Days of Activism, Anti-Trafficking Day)	2.1.2.2. Bi-monthly joint community meetings on GBV-related issues held by local paralegal committee	Minutes of meetings		3683	3683	3683	11049
Output 2.2	Activities	Indicators	Means of Verification	Status at the end of the project	Yr 1	Yr 2	Yr 3	Total

<p>Rights holders' knowledge on GBV increased</p> <p><u>Output indicator:</u></p> <p><i>% of reached rights holders can correctly state at least three examples of GBV</i></p>	2.2.1. Establish resource and information points at VDC level	2.2.1.1. GBV resource and information points set up in all programme VDCs (60) with appropriate IEC material and referral information	Project progress reports	Achieved	4620	2000	2000	8620
	2.2.2. Prepare and distribute handbooks on Acts and Regulations on GBV	2.2.2.1. At least 4000 handbooks on GBV-related Acts & Regulations prepared and distributed	Evaluation report					
	2.2.3. Develop and disseminate IEC materials	2.2.3.1. At least 10,000 leaflets and/or posters on GBV issues prepared and distributed	Handbooks prepare and printed	Completed	0	7375	1162	8537
	2.2.4. Mobilize media for awareness raising	2.2.4.1. Information disseminated through media reaches at least 50% of the population in the project districts and adjoining areas	Leaflets prepared and printed	Completed	6445	6445	0	12890
				Achieve	9207	4604	4604	18415

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