MULTI-COUNTRY REAL TIME EVALUATION OF UNICEF GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMMES

NEPAL COUNTRY REPORT

CHILD PROTECTION SECTION
PROGRAMME DIVISION
July 2016
MULTI-COUNTRY REAL TIME EVALUATION OF UNICEF GENDER-BASED VIOLENCE IN EMERGENCIES PROGRAMME

NEPAL COUNTRY REPORT
New York, NY 10017

July 2016

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This report for Nepal is one of seven country evaluations which form part of the Multi-Country Real Time Evaluation of UNICEF Gender-based Violence in Emergencies Programmes global evaluation. The Nepal country report was prepared by Vine Management Consulting Ltd, an independent company recruited by the Child Protection Section of Programme Division to conduct this evaluation. A five-person internal UNICEF Evaluation Management Group was responsible for the management of this evaluation including inputs to quality assurance.

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This Evaluation Management Group whose responsibilities include supervising and guiding and evaluation team in every step of the process; reviewing, commenting and approving the evaluation deliverables; approving the final report and supporting dissemination and management response process is comprised of Mendy Marsh, GBViE Specialist, CPS, Krishna Belbase, Senior Evaluation Specialist, Evaluation Office, Jennifer Keane, CP Specialist on Knowledge, Planning and Evidence, and Laili Irani, Senior Adviser, Gender & Evaluation, Gender Section and Sophie Read-Hamilton, GBViE Consultant with the CPS.
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<td>Local Non-Government Organization</td>
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<td>Mental Health and Psychosocial Support</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<td>MICS</td>
<td>Multi Indicator Cluster Survey</td>
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<td>Nepal Country Office</td>
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<td>[GoN] One-stop Crisis Management Centre</td>
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<td>Overseas Foreign Worker</td>
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<td>PCR</td>
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<tr>
<td>PLC</td>
<td>Para-legal committees</td>
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<tr>
<td>PLW</td>
<td>Pregnant and lactating women</td>
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<tr>
<td>PMER</td>
<td>Planning, Monitoring, Evaluation, and Research</td>
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<tr>
<td>PSEA</td>
<td>Protection from Sexual Exploitation and Abuse</td>
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<tr>
<td>PSS</td>
<td>Psycho-social Support</td>
<td></td>
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<tr>
<td>RC/HC</td>
<td>Resident Coordinator/Humanitarian Coordinator</td>
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<tr>
<td>RO</td>
<td>Regional Office</td>
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<tr>
<td>RTE</td>
<td>Real Time Evaluation</td>
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<td>SEA</td>
<td>Sexual Exploitation and Abuse</td>
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<td>Sexual and Gender-based Violence</td>
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<td>SOP</td>
<td>Standard Operating Procedures</td>
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<tr>
<td>TLS</td>
<td>Temporary Learning Space</td>
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<tr>
<td>ToC</td>
<td>Theory of Change</td>
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<td>Third party monitoring</td>
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<td>TPO</td>
<td>Transcultural Psychosocial Organisation</td>
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<td>Unaccompanied and separated children</td>
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<td>Unaccompanied and separated children and vulnerable children</td>
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<td>British Aid Programme (formerly DFID)</td>
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<td>United Nations Children’s Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>VCPC</td>
<td>Village Child Protection Committee</td>
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<tr>
<td>VDC</td>
<td>[GoN] Village Development Committee</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WCO</td>
<td>[GoN] Women and Children’s Office</td>
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<tr>
<td>WCSC</td>
<td>[GoN] Women and Children Service Centres</td>
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EXECUTIVE SUMMARY

The Child Protection Section of UNICEF’s Programme Division, New York, is undertaking a multi-country real time evaluation of UNICEF’s Gender-based Violence in Emergencies (GBViE) programming with the overall purpose of strengthening UNICEF’s current and future GBViE programming based on real time learning. The core of the evaluation is seven real time evaluations (RTE) which are being conducted in Pakistan, Lebanon, Jordan, South Sudan, Somalia, Nepal and Central African Republic.

This report presents the findings, conclusions and recommendations of the mission conducted in Nepal, between 18th and 25th April 2016.

CONTEXT

Nepal is extremely prone to a variety of natural disasters, and is ranked the 11th most Earthquake-prone country in the world. On 25th April 2015 a 7.8 magnitude Earthquake struck Nepal at a depth of 15km in Gorkha district, 81km from Kathmandu. This Earthquake was followed by a number of aftershocks, including one of 7.3 magnitude (commonly referred to as the ‘2nd Earthquake’) on 12th May. Nearly 9,000 people were killed, over 600,000 homes destroyed, and over 7,000 schools either destroyed or significantly damaged.

GBV is rife in Nepal, with women and girls suffering from many types of GBV that are prevalent the world over (e.g. sexual violence, domestic violence, child marriage, etc.), as well as additional context-specific forms of GBV, such as chhaupadi (isolation during menstruation), polygamy and first wife abandonment. Various interviewees described notable increases of GBV cases being reported after the earthquake, with the main forms of GBV reported being domestic violence, sexual assault, and 1st wife abandonment. Women and girls who were displaced to camps reported feeling particularly vulnerable to violence in the immediate aftermath of the earthquake, when sexual assault, particularly of girls, was a significant risk.

The 14 declared Earthquake-affected districts are different from UNICEF’s existing country programme resulting in UNICEF creating a new programme in a completely different geographical area. However, the UNICEF GBViE response is based on existing strengths and capacities. GBViE programming is organised, within CP, under the following areas:

- General protection support to 14 districts with the deployment of 14 protection officers
- Continued support to the police
- Advocacy support for anti-trafficking measures
- Sub-grant Programme Cooperation Agreements (PCAs) for partners working on anti-trafficking measures
- Sub-grant PCAs for partners working with unaccompanied and separated children and vulnerable children (UASC&VC) under a family preservation portfolio
- Sub-grant PCAs for partners working on psycho-social support (PSS) response

CONCLUSIONS:

Successes

\[\text{This represents a brief overview of key findings and conclusions. Points are discussed more fully in the relevant sections of the report. The conclusions are organised into “Successes” and “Gaps and challenges” whilst, within these sections, following a general order alignment of the findings}\]
1. **UNICEF is implementing a strong overall protection response to the Earthquake**, across GBViE and CPIE. UNICEF has successfully fundraised for the response overall, and has also been able to leverage pre-earthquake successes and programming such as a close relationship with Department of Women and Children (DWC), the police, and other government partners, and the extensive network of GBV Watch groups across the country.

2. The relevance of UNICEF’s GBViE response is clearly aligned with national priorities set within the protection cluster system (child protection in emergencies (CPIE) and GBViE), as DWC determine priorities and allocate roles and responsibilities. UNICEF’s focus is on anti-trafficking, PSS for children, their caregivers, and GBV survivors, and UASC&VC under a family preservation portfolio. Other necessary components of a comprehensive GBV response – such as Female-friendly Space (FFS), dignity kits, and referral pathways—are the remit of UNFPA at national coordination level, but supported by UNICEF protection officers at district level.

3. The deployment of protection officers to the fourteen districts to support a comprehensive GBViE response at district level through Women and Children’s Office (WCOs) was well-timed and relevant, and very much appreciated by districts and government partners. These protection officers support the coordination of GBViE and CPIE activities at the district level in the immediate emergency response phase.

4. The anti-trafficking response is holistic in terms of covering awareness-raising, practical hardware prevention (checkpoints), and advocacy measures. Anti-trafficking advocacy has been very successful with UNICEF supporting the Government to introduce three specific new emergency policies for trafficking; (1) the suspension of all inter-country adoptions; (2) a new regulation ensuring that no UASC could travel between districts without the express permission of the District Child Welfare Board (DCWB); and (3) the suspension of establishing any new children’s homes. The checkpoints have also been successful in preventing trafficking.

5. Within UNICEF there is generally good mainstreaming of GBV risk mitigation across different sectors, despite the fact that the Inter-Agency Standing Committee (IASC) GBViE Guidelines are not well-known or used. Other (non-protection) clusters mainly have protection checklists which are being used to different degrees, dating from learning from the 2008 Nepal floods.

6. UNICEF’s systems-strengthening approach within the GBViE Earthquake response and working to build the capacity of government entities (such as WCOs, DWCBs, and the police) whilst also building capacity of civil society partners is aligned with good practice and successful. Specific achievements are evident through the three channels of programming supporting civil society – UASC&VC, PSS, and trafficking. Anti-trafficking work supported by UNICEF – by both NGO partners and Government entities such as the police – is particularly successful.

7. The fact that the cluster system in Nepal is government-managed and was activated very quickly is a factor in the initial success of coordination across the board. **DWC at national level and UNICEF and UNFPA have an excellent coordination relationship within the protection cluster and sub-clusters.** The collaborative, well-disciplined and well-organised relationship can be viewed as a model for protection cluster coordination. CP and GBV sub-clusters have clearly defined roles and responsibilities whilst also working jointly on guidelines and SOPs.

*Gaps and Challenges*
8. Whilst UNICEF was highly successful in overall fundraising for the earthquake response, only a small percentage of funding (9%) of the planned budget was allocated to CP (with GBViE activities being included within the CPiE budget).

9. Whilst UNICEF GBViE priorities aligned with national priorities, it is not evident that these priorities were also the result of strategic decision making about UNICEF entry points in relation to a model of good practice for GBV emergency response. Nor is it evident that UNICEF priorities were the result of UNICEF’s own assessment of needs rather than government-led and government-allocated priorities. UNICEF NCO not having a Theory of Change or strategic guiding documents contributed to this.

10. The GBV Watch Groups were well-mobilised to continue their usual activities during the emergency response and facilitated referrals for survivors; however, there are some serious concerns about the potentially – unintended – exploitative nature of the GBV Watch Groups. This relates to the danger watch group members report due to involvement and investigation into GBV issues in the community as well as the lack of formal recognition or compensation for what they are expected to do.

11. Within an overall successful anti-trafficking response, it is less clear how relevant awareness-raising activities are as an emergency response measure, compared with hardware prevention activities such as checkpoints, and policy and advocacy support.

12. The GBV data situation in Nepal is complex and confused and, as a major player, UNICEF has not led or contributed towards improving the data landscape. Different information management (IM) data systems are used and have not successfully been triangulated or consolidated to maximise benefits understanding trends. The UNICEF gender-based violence information management system (GBVIMS) data is not analysed against the global GBVIMS system used by other partners within Nepal, or other data sources – such as the Child Helpline 1098 – to track trends or monitor differences in reports and access to services. Additionally, the UNICEF GBVIMS has specific challenges, particularly for recording at different levels of data management. At ward level, women in GBV Watch Groups are often illiterate and find it difficult to complete the forms. At district level WCO’s don’t have dedicated staff resources for data entry. Because of these challenges, the UNICEF GBVIMS cannot be used for emergency programmatic decisions in real-time.

13. Across the response, lack of livelihoods or economic empowerment opportunities for women and girls is a gap. In particular, shelter homes have little activity for women and girls to engage in or benefit from and this is a missed opportunity for livelihoods and life skills benefits, as well as assisting survivors to avoid returning to their homes.

14. UNICEF sectors do not integrate GBV indicators or monitoring and evaluation (M&E) considerations into planning as much as they could; so even though there are good examples of GBV risk reduction strategies, these are not embedded in programming and there is no means of measuring successful integration. Both the Social Policy emergency top up cash grant and the Third Party Monitoring (TPM) initiative are specifically missed opportunities where GBV indicators could be included.

15. UNICEF does not have any women’s development or women’s rights’ civil society organisational partners and therefore is missing the opportunity to build the capacity of civil society to address GBV, in particular related to GBV prevention. GBV Watch Groups are community mechanisms with
limited training, funding, or capacity to respond to GBV issues in anything more than an extremely restricted manner.

16. Whilst coordination under the global protection cluster at national level is an excellent model, coordination at district level is less well-disciplined and more confused. Furthermore, coordination around data collection and management has remained a challenge.

RECOMMENDATIONS:

Recommendation 1: Revisit UNICEF’s global corporate commitments to GBViE

a. Without jeopardising or damaging the excellent coordination and collaboration between DWC, UNICEF, and UNFPA at national level, UNICEF should understand a minimum comprehensive GBViE response as articulated within the UNICEF Resource Pack and ensure that this is a strategic consideration when negotiating and allocating roles and responsibilities within the Protection Cluster

b. If not immediately at national level, UNICEF should consider formalising the UNICEF coordination leadership role for GBViE as well as CPIE at district levels, particularly following the support given to both areas by the 14 UNICEF deployed protection officers in the Earthquake response

Lead Responsibility: CP Chief with support from Gender Focal Point, Country Representative
When: immediately

c. Develop a GBViE Theory of Change
   ➢ Develop a GBViE ToC which aligns with corporate commitments and the ToC in the Resource Pack and is also contextualised for Nepal. The process of developing this ToC should assist Nepal Country Office (NCO) in finding a clear GBViE niche. The ToC should cover all elements and components of a holistic response and how different actors contribute to the different elements in disaster response and would be integrated within the broader CP ToC.
   ➢ Ensure focus and language within the ToC systematically includes women as well as girls, as per UNICEF global corporate GBV commitments

Lead Responsibility: CP Chief with support from Gender Focal Point, CP Team
When: ready for inclusion in the CPD

d. Formalise this clear commitment to GBViE in the next CPD

Lead Responsibility: CP Chief with support from Gender Focal Point, CP Team
When: ready for inclusion in CPD

e. Consider investing in specific GBV staff and a CP team structure which allows for a discrete GBV sub-unit
   ➢ The GBV sub-unit would sit within the CP team but have very clear linkages with other Sections, particularly Adolescent Development and Participation (ADAP).
   ➢ The GBV budget should be clearly delineated and ring-fenced.

Lead Responsibility: CP Chief
When: to be budgeted for in new CPD

f. Develop a UNICEF good practice document for preparing and responding to GBV in emergencies drawing on this earthquake response experience

---

2 The recommendations are structured in order of importance
Good practice that establishes a baseline for response in Nepal and builds on good practice and lessons learned.

**Lead Responsibility:** CP Chief

**When:** together with developing the ToC

**Recommendation 2: Rethink support to GBV Watch Groups**

a. Review the current model and develop a plan to strengthen this model, ensuring that UNICEF and WCO clearly agree responsibility for safety and support of women in the watch groups; and that UNICEF recognises the voluntary and non-professional nature of the watch groups, ensuring members do not undertake investigation or family mediation

b. However the model is adapted, ensure close monitoring and ongoing support to the watch group members, including additional training where necessary such as in psychosocial support

**Lead Responsibility:** CP Officer for GBV Watch Group programme, with support of CP Chief

**When:** immediately

**Recommendation 3: Assume a leadership role in consolidating and centralising GBV data**

a. Allocate resources to lead an inter-agency task force with the objective of rationalising, consolidating, triangulating and utilising data from all different GBV data sources for effective programming

b. Establish systems for the task force to feed data back into programming and indicators to show how programming is adapting and changing based on analysis of all the different data sets

**Lead Responsibility:** allocated CP Officer

**When:** 2017

**Recommendation 4: Undertake targeted interventions to immediately improve overall prevention programming**

a. Consider strategies for livelihoods and increased support to vulnerable women and girls

   ➢ Develop partnerships and programming for activities for women in safe houses – livelihoods, economic empowerment activities, and literacy and life skills

b. Develop a broad-based social norms project using existing networks

   ➢ Consider prevention programming targeting Child Marriage as a global UNICEF corporate priority, and a clear issue within Nepal even if the emergency response did not focus on this

   ➢ Consider prevention programming targeting domestic violence and intimate partner violence (IPV) as the most prevalent issues raised during the RTE. It is strongly recommended to consider the Communities Cares model.

**Lead Responsibility:** allocated CP Officer and ADAP Officer

**When:** 2017

b. Rethink strategic partnerships and seek broader women’s development / women’s rights’ partners with the aim of strengthening women’s development civil society for GBV emergency response. This would be in addition to, rather than replacing, the current partners specialised in anti-trafficking, PSS and children’s rights’

**Lead Responsibility:** allocated CP Officer

**When:** 2017

**Recommendation 5: Plan for systematic improvement of integrated programming across all Sections**
a. Undertake a comprehensive roll out of 2015 IASC GBViE Guidelines across UNICEF sectors. Ensure current (and planned) good practice for integrated GBV programming is systematically captured and learnt from and have GBV indicators in all Section M&E emergency plans

Lead Responsibility: allocated CP officer and allocated GBV focal points in all Sections

When: 2017

b. Use this opportunity to insure GBV considerations are integrated with the Social Policy Cash Grant Round 2

➢ Consider how the design can be best suited to ensure risk mitigation for women and girls
➢ Ensure GBV questions are included in assessments, surveys, and monitoring indicators

Lead Responsibility: Social Policy

When: 2016

Recommendation 6: Develop a plan for strengthening GoN preparedness planning and emergency response

a. UNICEF should work with government partners to ensure the IASC GBV Guidelines are fully embedded across all sectoral responses and at national and district levels.

b. As part of this process, consider cross-country learning for Government counterparts and stakeholders on GBV prevention and response issues, and consider a plan for how UNICEF can support this learning for GoN regionally and globally, such as:

➢ Developing a framework for how inter-country learning within UNICEF will be systematically passed on to Government counterparts
➢ Facilitating government partner exchange visits regionally or globally for trafficking or child marriage initiatives
➢ Ensuring this learning is used by both the Government of Nepal (GoN) and UNICEF to strengthen capacity for preparedness planning

Lead Responsibility: allocated CP officer

When: 2017
1 INTRODUCTION

1.1 UNICEF’s Approach to GBViE

UNICEF defines Gender-based Violence (GBV) as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. This definition draws on UNICEF’s core mission to protect the health and well-being of children and women and its mandate to support states and other duty bearers, civil society and communities to prevent all forms of violence against children and women in emergencies, including GBV, and to ensure availability of appropriate systems and services for children and women survivors.

UNICEF is committed to providing comprehensive and coordinated programming across sectors to address the rights and needs of girls and women at risk of GBV holistically, leveraging UNICEF’s leadership and programming across humanitarian response, especially in Child Protection (CP), Education, Health, HIV/AIDS, Nutrition, and WASH sectors. In addition to a programme response, UNICEF is global co-lead of the GBV Area of Responsibility (AoR), part of the Global Protection Cluster, with associated responsibilities for coordination and as a provider of last resort.

The Theory of Change (ToC) for UNICEF GBViE programming (see below) has been developed by the evaluation team and the Child Protection Section (CPS) Gender-based Violence in Emergencies (GBViE) Specialist based on the Resource Pack and other UNICEF GBViE guidance and strategies. The ToC was used to inform the evaluation approach and tools and is discussed during country evaluations with CO colleagues. As relevant the ToC will be updated to reflect evaluation findings.

1.2 Impact of Armed Conflict and Natural Disasters on GBV

GBV occurs in all societies in the world. However, conflict situations and disasters typically intensify many forms of GBV with which children and women live, even in times of peace and stability. Tensions at household level can increase intimate partner violence (IPV) and other forms of domestic violence (DV) specifically aimed at females and affecting all children. The pervasive impunity which characterizes conflict settings can exacerbate sexual violence, including its use as a weapon of war. Poverty, displacement and increased dependency resulting from crises may increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, shelter or other resources. Insufficient security in camps and informal settlements increases the risk of sexual and physical assault, as well as trafficking.

The consequences of exposure to violence are as extensive as the scope of violence itself, in terms of the myriad acute and chronic health problems that accompany many types of GBV, and because victimization can increase risk of future ill-health for survivors. In humanitarian settings, where

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3 UNICEF programmes to address GBViE generally focus on the rights and needs of women and girls given their high vulnerability to violence rooted in systemic gender-based inequality in all societies and the importance of developing targeted programming to address violence against them. While prioritizing the protection of women and girls within UNICEF’s GBViE programmes, UNICEF’s CP programmes may target specific protection-related rights and needs of boy survivors and those at risk, promoting their access to care and support.

community support systems as well as formal health and psychosocial services are often severely compromised, the consequences of violence can be even more profound than in peacetime.

The extent and impact of GBV not only affects survivors, it also limits the ability of entire communities to heal from conflict. Violence may affect child survival and development, raising infant mortality rates, lowering birth weights and affecting school participation. GBV can limit women’s access to reproductive health services including family planning, leading to unwanted pregnancies and unsafe abortions, and increasing women’s risk of HIV infection. At the same time that GBV increases costs to public health and social welfare systems, it decreases women and children’s abilities to participate in social and economic recovery.

While the primary responsibility to ensure people are protected from violence rests with the State, humanitarian actors play an important role in supporting measures to prevent and respond to GBV. According to the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, 2015, (IASC GBV Guidelines) “All humanitarian actors must be aware of the risk of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation” (p 14). This responsibility is supported by a framework that encompasses international and national law, UN Security Council Resolutions, Humanitarian Principles and Humanitarian Standards and Guidelines.

1.3 Background to the GBViE Evaluation
In the past decade, UNICEF has been at the forefront of efforts to prevent and respond to GBV in emergencies, both globally and at country level. UNICEF HQ is committed to supporting Regional and Country Offices (ROs/COs) to continue to deliver on UNICEF’s mandate to protect children and women from GBV through consistent and effective GBV prevention and response in emergencies. The Child Protection in Emergencies Team (CPiE) is currently developing a range of resources for COs to use for designing, monitoring and evaluating stand-alone GBV programmes and improved integration of GBV prevention and response across all sectors of UNICEF’s humanitarian response, in line with the Core Commitment’s for Children (CCCs) and other humanitarian standards. This includes the development of the new UNICEF GBViE Programme Resource Pack (‘Resource Pack’).

To facilitate continuous learning and improvement within UNICEF’s ongoing GBV response in emergency-affected countries and to inform the development of the Resource Pack, the CPiE Team of the CPS, in collaboration with ROs and COs, is undertaking this multi-country evaluation of UNICEF’s GBViE programming.

The evaluation is being conducted between November 2015 and July 2016.

2 EVALUATION SCOPE AND METHODOLOGY
2.1 Purpose and Objectives
The overall purpose of the multi-country GBViE evaluation is to strengthen UNICEF’s current and future GBViE programming based on real time learning.

The objectives are to:
1. Assess GBViE programming in UNICEF country programmes using standard criteria for evaluating humanitarian action to generate learning that informs future UNICEF GBViE programming.

3. Develop a real-time GBViE programming evaluation methodology that can be used by UNICEF and other GBViE actors.

4. Develop recommendations to help UNICEF operationalise its organizational commitments to GBViE at HQ, regional and country levels.

During the country missions, the evaluation team focused primarily on objective 1 (above), but has also addressed objective 2, especially through the short case studies and the longer comparative Intervention Specific component of the evaluation. Objective 3 was addressed through the inception phase when the evaluation tools were developed, and was also a particular focus of the first two missions (to Pakistan and Lebanon), after which some tools were revised. But through each of the country missions the team has been aware of minor revisions which were required in the evaluation tools in the light of the particular context. The final version of the tools is included in the final overall evaluation report as well as in the Resource Pack (see below). Objective 4 has been addressed in the country reports with recommendations developed for the specific countries visited. The recommendations in the final evaluation report focused on agency-wide and some regional level recommendations.

This evaluation assesses UNICEF’s programming response to GBV in seven current emergencies against standard criteria for evaluating humanitarian action, namely: relevance, effectiveness, connectedness/sustainability, coordination, coverage and efficiency. Evaluation questions to be addressed under each of these criteria are included in Annex 1.

For this RTE, guidance on good programming practice from two documents is being used as the benchmarks on which UNICEF GBViE programmes should be modelled, representing current thinking on best practice for GBViE programming for specialised and integrated programming respectively:

(i) The GBViE Programme Resource Pack (the ‘Resource Pack’) currently being developed by the Child Protection Section of Programme Division, (CPS) provides detailed guidance for conducting assessments and designing and implementing specialised GBV programmes relevant to UNICEF’s operations. The Resource Pack (due to be finalized in 2016) includes information and resources for implementing a minimum package of essential services for GBV protection and response in the aftermath of an emergency or population displacement. It also contains guidance for expanded programming to strengthen structures, systems and services and institutionalize prevention, protection and response to GBV during ongoing response and throughout recovery.

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5 This component will provide a comparative study across several of the evaluation mission countries, in more depth than the short case studies, of three types of intervention: child marriage, safe spaces and capacity strengthening activities and strategies which will inform the Resource Pack and provide examples of good practice for these GBV interventions.

6 To clarify programming terms being used in the evaluation as well as the nature of GBViE programmes to be evaluated: ‘GBV specific programmes’ are understood to be:
   (a) Multi-sectoral response and referral services for survivors focusing on health care; security (including safe spaces) and psychosocial support (including within schools);
   (b) Dignity kits (distributed by Child Protection (CP) and Water, Sanitation and Hygiene (WASH) teams or just CP teams), economic strengthening for adolescent girls, community based protection activities;
   (c) Prevention programming including work on social norms, economic and social empowerment of women and girls, legal and policy reforms.

‘Integrated’ programming refers to the mainstreaming of GBV prevention and risk mitigation approaches/activities across other sectors.

### 2.2 Evaluation Focus and Scope

The evaluation includes data gathering at global, regional and country levels.

The core of the evaluation is seven real time evaluations (RTEs) which are being conducted in Pakistan, Lebanon, Jordan, South Sudan, Somalia, Nepal and Central African Republic, with missions lasting one to two weeks each and one brief country assessment conducted remotely for the Democratic Republic of Congo. The primary focus of the evaluation is on learning:

- To promote learning in each of the RTE COs on how existing programmes can be enhanced in the light of good and emergent practice as captured in the 2015 IASC GBV Guidelines and in the Resource Pack; and,
- To promote learning at HQ and ROs through the CO reports and the final evaluation, as well as short case studies of good practice and a detailed comparative review of three GBVIE specific interventions across three to four of the mission countries which will inform the development of the GBVIE Resource Pack.

To provide an overall picture of UNICEF’s GBVIE programming, a mapping exercise is being conducted by electronic survey of 39 UNICEF COs which are reporting against corporate targeted priorities within the Gender Action Plan (GAP).

**Implementing Partners**

Any evaluation of UNICEF programming means, *de facto*, an evaluation of the programming of their implementing partners (IPs). The country missions will clarify UNICEF’s role *vis à vis* their IPs and how these roles may differ in different contexts and in different types of emergencies. This will include clarification of the nature of support UNICEF staff are offering their partners, (national and international); and how UNICEF staff are overseeing partnerships and ensuring programme quality.

**GBV Sub-clusters**

The evaluation will not include an assessment of the global GBV Area of Responsibility (AoR), or of country level GBV sub-clusters (or other GBV coordination mechanisms) *per se*, as it is focused on the GBV programming function of UNICEF. It will, however, consider the extent/nature of UNICEF’s programming contribution in realizing sub-cluster strategy/plans for addressing identified gaps/priorities, and will address how the agency has added value to the whole GBV response (including leadership and advocacy activities) within the CO and across the response as a whole.

**GBV and Sexual Exploitation and Abuse (SEA)**

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7 The length of each mission is dependent on the extent of the GBV programme and access to programme areas. The mission in Somalia was longer than the others, being 15 working days.

8 An evaluation of the coordination function was not included in the ToR. Additionally, the UNICEF, via the Cluster Management Unit of UNICEF EMOPS and UNFPA HQ are undertaking a Review of the GBV AoR leadership function.
The evaluation ToR doesn’t specifically include SEA within the scope of this evaluation. However, in the light of the recent report on the UN response to allegations of SEA in CAR, several donor interviewees have indicated that UNICEF, in common with all UN agencies, needs to have clear policies and guidelines in place to implement the UN Secretary-General’s October 2003 bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse. The evaluation scope will therefore include questions on the existence of protection from SEA (PSEA) policies and action plans, and familiarity with them by CO staff, and whether alleged victims of SEA are referred for care and support services.

**Audience**

The primary audience for the evaluation findings and collated good practice is the CPS, (who commissioned the evaluation and will use the findings to inform future priorities as well as the GBViE Resource Pack). Findings will also be used by GBV specialists, CP specialists and Gender Advisors in Regional and Country Offices (CO) who are implementing, managing and providing support to GBV programmes. The secondary audience includes other sectors and UNICEF senior management at headquarters (HQ), Regional Offices (RO) and COs.

Given the paucity of evaluations on GBViE programming, it is hoped that the final evaluation report will also be of interest and use to non-UNICEF actors implementing and/or resourcing GBViE programmes.

**2.3 Methodology**

The evaluation is based on collection and analysis of primary and secondary data. Data collection includes document review (at global level and for each mission country); key informant interviews (KIIs) with stakeholders at global, regional and country levels; focus group discussions (FGDs) with programme beneficiaries in country; and field observation by the evaluation team. As a learning tool for country office personnel, staff are being asked to assess their programming against good practice checklists based on the 2015 IASC GBV Guidelines and the Resource Pack that were distributed prior to and during the field trips. National consultants are recruited to support the evaluations in each country to ensure that approaches and tools used are culturally sensitive and appropriate, and to support the team with language translation.

The evaluation team are visiting a selection of projects in each mission country to make field observations, interview IP staff and conduct FGDs with different groups of beneficiaries. Criteria have been developed

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10 ST/SGB/2003/13, 9 October 2003
11 UNICEF and all other protection actors are obliged to mainstream prevention of GBV within all programmes. Along with mainstreaming GBV prevention, UNICEF also delivers targeted programming where possible to address identified risk factors for GBV. All of these efforts will contribute to protection against SEA.
12 SEA committed by UN/UNICEF staff or related personnel against any persons of concern is based on abuse of power and—in the case of women and girls, who are the primary victims of SEA—gender inequality and gender discrimination. The SG’s Bulletin requires that all humanitarian personnel ensure action is taken to prevent SEA in their areas of operation, and report it when they observe any risks or abusive behaviour. PSEA should link with GBV programming to ensure survivors’ rights are respected and to improve victim assistance and the development of community-based complaints mechanisms. SEA agency focal points should link with GBV actors to develop referral systems that support survivor-centred care. While CP and GBV staff in UNICEF country programmes should know and promote the key principles and standards of conduct outlined in the Secretary-General’s Bulletin, the accountability for PSEA lies with senior management (Country Representatives) and human resources (Heads of Human Resource Departments). The IASC GBV Guidelines fully support the mandate of the SG’s Bulletin and provide several recommendations within each sector guidance chapter on programming that mitigates SEA, including incorporating PSEA strategies into agency policies and community outreach.
13 Including both self-reported data by mission CO staff and data gathered by the evaluation team.
for the selection of projects to be visited, but, in practice, final decisions have been taken by the CO evaluation focal point and CP Chief in advance of the evaluation team mission in light of accessibility, willingness of IPs to host visits and arrange FGDs, those projects with the most learning potential, and safety of beneficiaries, in-country staff and partners and the evaluation team.

Tools developed by the evaluation team guide country mission preparation and data collection and analysis. These tools were reviewed the Evaluation Management and Reference Groups and were tested and refined during the first two missions. The final versions of the evaluation tools will be included in the Resource Pack to support future GBViE evaluations.

In line with RTE methodology, a workshop was held at the end of each country mission to share and validate the initial findings and reflect, with CO colleagues, about how the findings can be used to enhance GVBiE programming in that setting.

A country mission report, based on the workshop presentation and discussion is drafted by the evaluation team, and reviewed by the COs and the Evaluation Management Group. The findings section of the country mission reports addresses the evaluation questions relating to each of the evaluation criteria. The seven country mission reports will inform the final, overall evaluation report.

2.4 Evaluation Management

The evaluation has been commissioned by the Child Protection Section (CPS) of UNICEF Programme Division, who also selected the case study countries and has closely overseen the process throughout.

An internal, five-person UNICEF Evaluation Management Group (EMG) has been formed with responsibility for daily management of the evaluation including supervision of the evaluation team, review of all products (Inception Report, tools, workplan, country and final reports, coordinate with the Evaluation Reference Group (ERG) and disseminate the final evaluation findings).

The ERG is composed of internal and external experts who provide quality oversight to the evaluation. The ERG includes the following individuals: Mary Ellsberg, Director, Global Women’s Institute at George Washington University; Mazeda Hossain, Social Epidemiologist, London School of Hygiene and Tropical Medicine (LSHTM); Jina Krause-Vilman, Senior Area Practice Lead, Refugees, Gender and Livelihoods, Near East Foundation; Maha Muna, Regional Gender Advisor, UNICEF CEE-CIS; Michael Copland, Regional Child Protection Advisor, UNICEF ESARO; Laurent Chapuis, Regional Child Protection Advisor, UNICEF MENARO; and Kate Alley, Emergency Specialist: Assessment, Planning, Monitoring and Evaluation, Humanitarian Policy Section, UNICEF EMOPS. Responsibilities include reviewing and commenting on the Inception Report, two early country reports and the draft final report, and sharing the final report with partners and networks. ERG responsibilities include reviewing and commenting on the Inception Report, two early country reports and the draft final report, and sharing the final report with partners and networks.
3 NEPAL MISSION OVERVIEW

3.1 Mission Overview
The country mission to Nepal was conducted between 18th and 25th April 2016 by Jeanne Ward and Katie Tong from the evaluation team, supported by two national consultants. The final workshop was attended by 23 UNICEF staff members, including the Representative, the Senior Emergency Specialist, and representatives from ADAP, Communication for Development (C4D), CP, Education, Social Policy, and Water Sanitation and Hygiene (WASH). The mission was timely given that the Nepal Country Office (NCO) will shortly start the process of drafting the new Country Programme Document (CPD) 2018-2022.

3.1.1 Data Collection
The methodology used for the Nepal evaluation was as described in the methodology section (2.3) above. A country document review was conducted by the evaluation team before the mission and a list of documents reviewed is provided in Annex 4 which includes the additional documentation collected during and after the mission from the CO.

Self-assessments distributed to UNICEF sections prior to the field visit were completed by colleagues in CP, Education, Health, and WASH sections.

A total of 70 key informant interviews (70% female, 30% male) were conducted during the mission with UNICEF staff and partners in government, UN agencies, INGOs, civil society organisations (CSOs)/Implementing Partners (IPs), and one donor, using the standard KII questions developed for the evaluation. Four focus group discussions (FGDs) were conducted in Kavre and Makwanpur districts, separately with adult women and men using the standard FGD methodology developed for the evaluation. A final workshop was held at the end of the mission to share and validate the initial findings and reflect, with CO colleagues, about how the findings can be used to enhance GBViE programming in the Nepal context.

Table 1: Disaggregation of Interviewees and FGD participants

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF staff</td>
<td>16</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Government</td>
<td>19</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>UN Agencies</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>INGO/CSO/Academic/Other</td>
<td>10</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Donor</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total KII</strong></td>
<td><strong>49</strong></td>
<td><strong>21</strong></td>
<td><strong>70</strong></td>
</tr>
<tr>
<td>FGD – adult female</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FGD – adult male</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td><strong>Total FGD and KII</strong></td>
<td><strong>113</strong></td>
<td><strong>31</strong></td>
<td><strong>144</strong></td>
</tr>
</tbody>
</table>

3.1.2 Limitations
Limitations of this mission included: (1) only two out of fourteen earthquake-affected districts were visited due to the short length of time available for data collection; (2) no FGDs were conducted with adolescents, and some FGDs were not sex-and-age disaggregated, due to challenges communicating with field staff about FGD expectations; and (3) the exclusion of camps within the evaluation focus.14

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14 The evaluation field visits to Makwanpur and Kavre did not include any visits to temporary camps as per the decision by the CO: The GBV response was focused on government system and capacity building and the CO wished the evaluation to focus on this. There are approximately 26,000 people still living in camp settings – "temporary shelters away from their village" out of approximately 190,000 initially displaced.
3.2 Country Overview

3.2.1 Country Context
Nepal is a landlocked country in South Asia bordering China and India, with a population of 26 million people. It is a country of geographical diversity divided into three zones: the Himalayan region, the mid hill region, and the Terai (plains) region. Nepal is extremely vulnerable to natural disasters, and is ranked the 11th most earthquake-prone country in the world. On 25th April 2015, Nepal suffered a devastating 7.8 magnitude earthquake which left nearly 9,000 dead and affected millions of people (see Section 3.2.3 Humanitarian Context, below).

A country of over 60 languages and 35 ethnic groups, the population of Nepal is 81% Hindu and 9% Buddhist with the remaining 10% comprising Muslim, Christian and other minorities. Whilst the caste system was legally banned in 1964, it remains firmly entrenched in Nepalese society. Dalit and Janjati\(^\text{17}\) are the so called ‘lowest’ castes and Brahmin is the traditional so called ‘high’ caste with other castes in between.


Nepal was a Hindu Kingdom with a constitutional monarchy until 2006 when, after a decade of conflict, the Comprehensive Peace Accord between the Government and the Maoist Communist Party of Nepal was signed and it became a secular federal republic. However, there have been significant delays in finalising all of the provisions of the peace agreement, including enacting the new Constitution, which only came into force in 2015 and led to renewed instability.

This instability included a blockade of the Nepal-India border, with both countries blaming the other for the situation. The new Constitution is divisive on a number of issues. One of these issues is citizenship (which the Constitution has not introduced, but has also not repealed) for children of Nepalese mothers and foreign fathers, who do not have an automatic right to Nepalese citizenship.\(^\text{18}\) The other major criticism, particularly from low caste communities in the Terai region, is that under the new Constitution, political boundaries have been redrawn and reframed in order to ensure power remains consolidated with the upper caste hill communities.

Nepal has a strong Government and political system, with a Federal Government. 75 Districts are subdivided into approximately 3,000 Village Development Committees (VDCs); which are each subdivided further into nine wards.\(^\text{19}\)

The Government of Nepal (GoN) has a National Disaster Response Framework, approved by the Cabinet in 2013. Under this, the Ministry of Women, Children and Social Welfare (MoWCSW) – and under them

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\(^{15}\) Nepal Post Disaster Needs Assessment (PDNA), referencing UNDP
\(^{16}\) Central Intelligence Agency World Factbook Demographic data Nepal
\(^{17}\) Encompassing a variety of indigenous tribes
\(^{18}\) As provided in the Constitution, the children born to a Nepali mother married to a foreign spouse are only entitled to naturalized citizenship under Article 11.7, whereas the children of Nepali father married to a foreign spouse are entitled to citizenship by descent. There is a distinction between rights of citizens who are naturalized and rights of citizens by descent, as the former are not allowed to hold the highest positions of the state organs.
\(^{19}\) UNICEF KII and GBV Watch Group FGD
the Department of Women and Children (DWC) – has responsibility for GBV issues and special attention and care for vulnerable groups. The IASC cluster system in Nepal was established in 2008 after the last ‘big’ disaster (floods) and it is owned and led by the Government for any emergency response. Its quick activation has been referenced as a factor of success in the 2015 earthquake response.\textsuperscript{20}

The Government had been undertaking a preparation exercise for over a year before the 2015 Earthquake struck, in anticipation of floods rather than an earthquake, which built the capacity of central and district-level government entities to respond to an emergency utilising existing secondary data (mainly sex and age disaggregated – although there were inconsistencies across the districts). Notably, UNICEF’s 2014 Multiple Indicator Cluster Survey (MICS) data was used by the Government as the baseline secondary data for the post disaster needs assessment (PDNA). The data was, at the time of the earthquake, in the process of finalisation and UNICEF, in partnership with the GoN, agreed to release the data into the public domain to inform the emergency response.\textsuperscript{21}

The GoN maintains tight controls on non-government organisation (NGO) and UN implementation; and all UN Agencies and international non-government organisations (INGOs) are required to implement activities through national NGOs. There are controls over foreign aid, the expenditure of which is approved through a “Red Book” budget that is set at the beginning of the fiscal year and cannot easily be changed throughout the year.\textsuperscript{22}

3.2.2 GBV Context

GBV is rife in Nepal, with women and girls suffering from many types of GBV that are prevalent the world over (e.g. sexual violence, domestic violence, child marriage, etc.), as well as additional context-specific forms of GBV, such as chhaupadi (isolation during menstruation), and first wife abandonment.\textsuperscript{23} An estimated 10 per cent of girls are married under the age of 15 and 41 per cent under the age of 18 – making Nepal the 20\textsuperscript{th} highest ranking country in the world for child marriage.\textsuperscript{24} The International Labour Organisation (ILO) estimates that approximately 12,000 women and children - predominantly adolescent girls - are trafficked out of Nepal every year.\textsuperscript{25} Additionally there is a high level of domestic trafficking.

GBV is widely attributed to a deeply patriarchal society. Women and girls generally have a narrow asset base and a high burden of domestic work. This is often coupled with lack of access to educational, vocational, and employment opportunities and, for some, challenges related to obtaining citizenship papers. Attitudes towards justified domestic violence are high, as evidenced by the 2014 MICS which shows 42.9% women and girls aged 15-49 believe wife-beating is justified for certain reasons.\textsuperscript{26} The 2011 Nepal Demographic and Health Survey (DHS) found over one in five (22%) of girls and women aged 15-49

\begin{itemize}
\item \textsuperscript{20} Various KIIis
\item \textsuperscript{21} UNPFA KII and UNICEF KII
\item \textsuperscript{22} UNICEF KIIIs and workshop feedback: Regular planning of all foreign aid goes through the Government Red Book and is approved by the Treasury and Parliament at the beginning of a fiscal year. Changes can only subsequently be made with a similar process of approval via the Treasury and the Finance Ministry.
\item \textsuperscript{23} This was highlighted across KII and FGDs as being particularly highly prevalent after the earthquake, and it defines the situation where men remarry (often a younger woman) and abandon their first wife and children, providing no ongoing support towards that household
\item \textsuperscript{24} UNICEF State of the World’s Children (SOWC) 2015. Note, UNICEF 2014 MICS provides slightly differing data of 15.5% of girls married under the age of 15 and 48.5% married under the age of 18. MICS is the more recent dataset, but the child marriage ranking of Nepal is still based on the 2015 SOWC.
\item \textsuperscript{25} Nepal Health Research Council - NHRC puts the figure at 13,000 women and girls according to Maiti Nepal KII, with a further 16,000 at risk
\item \textsuperscript{26} Reasons provided in the 2014 MICS included (1) going out without telling your husband (2) neglecting your children (3) arguing with your husband (4) refusing sex (5) burning food
\end{itemize}
reported experiencing physical violence, and more than one in ten (12%) reporting lifetime experience of sexual violence.27

These and other factors exacerbated women and girls’ vulnerability following the 2015 Earthquake. Various interviewees described notable increases of GBV cases being reported after the earthquake, including the police, Child Workers in Nepal Society (CWIN), 28 and the Safe House Shelter in Makwanpur.29, 30

In FGDs undertaken for this evaluation with women, the main forms of GBV reported were domestic violence, sexual assault, and first wife abandonment. Women in Kavre estimated that approximately 70 per cent of women have experienced GBV,31 Whilst one NGO partner reported that in camps, husbands became too embarrassed to “scold” their wives in front of others,32 the general consensus from most key informants and focus groups was that domestic violence has increased since the Earthquake.

Women and girls who were displaced to camps reported feeling particularly vulnerable to violence in the immediate aftermath of the earthquake, when sexual assault, particularly of girls, was considered a significant risk.

Some key informants argued that the earthquake did not increase the prevalence of different forms of GBV, but rather created avenues for women and girls to access support, which in turn increased reporting. The Department of Women and Children (DWC) stated, “It [GBV] is not increasing because of the emergency; cases were already happening, but after the Earthquake they [survivors] found a place to come and express their already-existing problems.” 33 NGO partner Transcultural Psychosocial Organisation (TPO) also suggested many GBV cases were not emergency-related; they just became visible because of the earthquake.34 Even so, the number of cases that emerged following the earthquake reportedly served as a “wake up call”35 for the Government.36

The earthquake appears to have facilitated attention to GBV service delivery that was already underway, if nascent. VDC and ward level Women’s Cooperatives were founded approximately twenty years ago17 with government support, as were Women and Children’s Service Centres (WCSCs) within Police Stations,38 of which there are now 240 across the country. The Police have had a Gender Policy since 2012. There are public attorneys in each district who, at least theoretically, are available to assist with access to justice for GBV survivors. There are also safe houses / shelters. For example, in Mawkanpur district, there is one in the district capital, Hetauda, and seven more across the district. These safe houses provide shelter for up to ten women, for a normal stay of one month but up to 45 days.

27 UNICEF KII
28 Which runs hotline 1098, (a CWIN initiative now owned by the GoN and CWIN-run)
29 Police, Makwanpur KII, CWIN KII, and Ganga Lama shelter KII
30 To note that according to OCMC data in Makwanpur district hospital, reported cases have been increasing on a year-on-year basis, regardless of the Earthquake. Data provided showed a steady increase in survivors coming forward to receive services; 2011 – 62 cases; 2012 – 58 cases; 2013 – 83 cases; 2014 – 95 cases
31 Kavre GBV Watch Group FGD
32 CWS Makwanpur KII
33 DWC KII
34 TPO KII
35 UNFPA KII
36 UNICEF KII
37 Makwanpur FGD Women’s Cooperative
38 Kathmandu police KII
In 2010, the Office of the Prime Minister and the Council of Ministers within the GoN launched the “Year against Gender Based Violence” and the National Plan of Action for GBV.39 During this year the GoN established pilot One-Stop Crisis Management Centres (OCMC) in 7 district hospitals, and created the GBV Elimination Fund. Also during 2011, eight NGOs signed an Information Sharing Protocol (ISP) for the newly introduced global GBVIMS. In 2009, UNICEF established GBV Watch Groups nationwide with the support of UK Department for International Development (DFID) funding (see Section 3.3.1).

The GBV Legal Context

The GBV legal/strategic context in Nepal is somewhat fragmented, with no single comprehensive legislation addressing GBV. There is:

- The Domestic Violence Crime and Punishment Act 2066 (2009) which allows women to report domestic violence through various pathways – the police, the district-level Women and Children’s Office (WCO),40 and other government offices.41 The Act came after many years of advocacy, but is still weak in certain areas. For example, domestic violence remains a civil, rather than a criminal, issue.42

- A new National Strategy to End Child Marriage. This is to be led by an inter-Ministerial steering committee chaired by the MoWCSW, UNICEF and UNFPA. The Strategy was developed during 2015 initiative and endorsed on 11th March 2016.43 An October 2015 amendment to the General Code (1963) increased the minimum age of marriage to twenty for both males and females.

- A new draft National Protection Strategy, including annexes relating to many of the successful GBV interventions in the Earthquake response, such as female-friendly spaces (FFS) and contents of dignity kits.44 One-Stop Crisis Management Centres (OCMCs) were strengthened during the Earthquake response and the Ministry of Health (with support from UNFPA) are planning to establish another 20. The OCMCs provide medical response to survivors, PSS counselling support by a trained staff nurse, and referral to legal, justice, and shelter services.

Despite the many positive initiatives, the overall GBV prevention, protection, and response environment remains weak. District Police Stations in all 75 districts have a Women and Children’s Service Centre (WCSC), but only 6% of the police force is female45. The MoWCSW receives less than 1% of the total GoN budget.46 The new Constitution has both failed to address some of the pre-existing gender issues (such as the citizenship issue for children with foreign fathers) and introduced new concerns. For example, under the new Constitution the Chapter on Partition of Property in the General Code (1963) has been amended so that whilst before, women could inherit from their parents if they were under the age of 35 and unmarried, now women must be living at home to have the right to inheritance.47

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40 WCO’s are the district level entities of DWC – the central Department of Women and Children
41 Note that WCO are not legally allowed to register GBV cases. This remit remains with the Nepal Police, the Court, and the National Women’s Commission. In practice, cases come through WCO and are referred to the authorised registering agencies.
42 UNFPA KII, and Report – Tracking Cases of GBV in Nepal 2013: UCL, CREHPA, UNFPA and UN Women
44 DWC KII
45 Police, Makwanpur KII and Maiti Nepal KII
46 UNICEF KII and UNICEF workshop feedback
47 UNFPA KII
3.2.3  General and GBV-Specific Humanitarian Response

On 25th April 2015 a 7.8 magnitude Earthquake struck Nepal at a depth of 15km in Gorkha district, 81km from Kathmandu. This Earthquake was followed by a number of aftershocks, including one of 7.3 magnitude (commonly referred to as the ‘Second Earthquake’) on 12th May.

The death and destruction caused by the Earthquakes were immense, and at the final count amounted to:

- 8,959 confirmed dead (4,771 female and 3,887 male). Of note, the post-disaster needs assessment (PDNA) acknowledged that “More women and girls died than men and boys, partly because of gendered roles that disproportionately assign indoor chores to women.”
- Approximately 605,000 homes destroyed, with a further 288,000 significantly damaged
- 188,900 people initially displaced (with approximately 26,000 internally displaced people (IDPs) remaining in temporary shelters away from their villages one year later)
- Over 7,000 schools either completely destroyed or significantly damaged
- GoN financial losses estimated at USD 7 billion, representing 36% of Nepal’s 2014 GDP
- Recovery needs of approximately USD 56.7 billion (nearly 300% of Nepal’s 2014 GDP)

The Government initially estimated that 8 million people were affected across 39 of Nepal’s 75 districts – nearly one third of the population. Later revisions of the affected population reduced the most critically affected districts to 11, and then back up to 14, with a total of 2.8 million people affected.

The 14 most affected districts have some of the highest absentee populations within Nepal, with remittances from overseas foreign workers (OFWs) constituting nearly 45% of all household income. Some of the affected districts – for example, Gorkha – have a skewed female population due to this male migrant population of overseas workers, which means that “women will take on a larger responsibility of rebuilding sectors like agriculture and livelihoods”.

According to World Bank calculations, the earthquake “will end up pushing an additional 2.5 – 3.5% Nepalese into poverty in financial year 2015-2016, which translates into at least 700,000 additional poor.”

From the start, the Government led the response through the National Emergency Operations Centre (NEOC). The National Disaster Response Framework (NDRF) was used as a key tool for coordination. The Central Disaster Relief Committee (CDRC) held their first meeting within two hours of the earthquake occurring, on 25th April. All 11 clusters within the GoN cluster system were immediately activated in Kathmandu.

However, at district level there was some confusion. In Makwanpur, WCO reported that the first District Disaster Relief Committee (DDRC) meeting was held within two days of the earthquake, but they ‘forgot’ to invite WCO to this meeting. WCO themselves had to be very active to push to be included within the response and to ensure that protection issues for women and children were included.

\[49\] Nepal PDNA June 2015
\[49\] ibid
\[50\] ibid
\[51\] ibid
\[52\] ibid
\[53\] WCO Makwanpur KII
A Flash Appeal was launched on 29th April 2015 for $415 million. This was then revised at the end of May (to include the second earthquake response needs) to $422 million. The Flash Appeal prioritised “life-saving and protection programmes”.54

The Humanitarian Coordinator put a lot of emphasis on protection as a priority cluster, with one respondent saying “we felt we were given time and importance”.55 However, despite “protection programmes” being highlighted as one of the primary objectives of the Flash Appeal, the protection cluster request represented only 3% of the total appeal. Out of this 3%, Protection was quickly 55% funded, compared with the overall average of the Flash Appeal being only 28% funded one month after the Earthquake.56

The overall protection cluster targets were 2.1 million children and 525,000 women. CP and GBV sub-clusters were established, with UNFPA taking the co-lead responsibility with DWC for GBV, and UNICEF taking the co-lead with DWC for CP. Under CP, three working groups were established for PSS, unaccompanied and separated children and vulnerable children (UASC&VC), and child friendly spaces (CFS). It was agreed that trafficking would be addressed under CP. Female-friendly spaces, referral pathways for survivors, and dignity kits were addressed through the GBV sub-cluster. More than 300 child-friendly spaces (CFSS) were established; more than 90 female-friendly spaces (FFSs) were established; and more than 50,000 dignity kits were distributed.57

The Protection Cluster also immediately formulated or translated from English GBV checklists58 for integration of GBV activities for other clusters, but was then unable to provide significant follow-up support. On reflection, DWC as the main lead on protection, felt that more could have been done to ensure GBV issues were integrated across other clusters.59

### 3.3 UNICEF GBV Programme

The 14 declared earthquake-affected districts were different from UNICEF’s existing country programme 15 districts which had been targeted based on the UNICEF-developed Child Deprivation Index, which was also adopted by the United Nations Development Assistance Framework (UNDAF) to categorise districts of highest vulnerability. The current CPD

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54 Nepal Flash Appeal Executive Summary, 29th April 2015  
55 UNFPA KII  
56 Revised Nepal Flash Appeal Executive Summary, 29th May 2015  
57 These were UNFPA dignity kits, as distinct from UNICEF hygiene kits (referenced in Section 3.3.2) UNICEF dignity kits included a dress, sweater, shawl, sari or dhoti, petticoat, towel, toothbrush and toothpaste, comb, underwear, reusable sanitary napkin, bath soap, cloth washing soap, nail cutters and a flashlight with batteries. 56,000 dignity kits were distributed by UNFPA – to a total estimated population of approximately 1.4 million women and girls of reproductive age. UNFPA post-distribution monitoring reported 75% of respondents said that there were enough kits distributed to meet needs; Source – Dignity First. UNFPA Nepal 12 month Earthquake Report, April 2016  
58 These checklists did not come from one particular source. The GBV checklist used by WASH was developed in Nepal by the Protection Cluster after the 2008 floods (KII UNICEF WASH). Other checklists used by different UNICEF sections, supported by CP, were 2005 Guidelines Checklists (KII UNICEF CP). One UNICEF CP staff member referenced seeing a draft of the IASC GBV Guidelines (not yet formally launched), but these were not used by UNICEF sections.  
59 DWC KII
organises development programme objectives under three Programme Component Results (PCRs). PCR 1 relates to policy reform; PCR 2 relates to social sector systems strengthening; and PCR 3 relates to social norms and behaviour change.

UNICEF’s emergency response resulted in the NCO effectively introducing a new programme in a completely different geographical area.60


UNICEF fundraising for the emergency response was very successful, with 87% of the UNICEF emergency appeal of $120 million funded at the time of the evaluation. Staff numbers increased from 178 to 247.61

GBV is a stated priority for the NCO, and the overall GBV programming development and emergency response) was described as three-pronged:62

- One GBV programme under CP (GBV Watch Groups)
- One joint CP-Education GBV programme (a newly planned school-based GBV project)
- The emergency response (with a priority focus on trafficking)

Within the specific Earthquake GBVIE response, CP organised programming under the following areas:

- General protection support to 14 districts with the deployment of 14 protection officers
- Continued support to the police
- Advocacy support for anti-trafficking measures
- Sub-grant PCAs for partners working on anti-trafficking measures
- Sub-grant PCAs for partners working with UASC&VC under a family preservation portfolio
- Sub-grant PCAs for partners working on PSS response

60 On the map, the blue districts indicate the 15 districts targeted under the current CPD, and the orange districts are the 14 Earthquake-affected districts
61 Country Representative KII
62 Ibid
3.3.1 GBVIE Specific Programmes

GBV Watch Groups

Before the Earthquake, the largest and most long-standing UNICEF GBV-specific intervention was the GBV Watch Groups programme. In some form or another, this has been implemented since 1999, initially by UNDP and what was then the Ministry of Local Development. When UNDP funding expired in 2009, DFID agreed to support the continuation of the programme with UNICEF as the lead, supporting MoWCSW.63

In 2011 and 2012, there was additional funding from the UN Trust Fund for the Elimination of Violence against Women.64 The overall programme predominantly supported the establishment of Paralegal Committees (PLCs) at VDC level, to monitor and refer GBV cases and undertake (1) awareness raising; (2) early detection of those at risk; (3) problem solving of disputes and minor civil cases; (4) referral of complex civil cases and criminal cases; and (5) monitoring and follow up.65 The PLC members received 18 days of training in relation to legal policies, referral pathways, and PSS counselling.66

In 2012, during a regular annual DFID review, it was felt that there was limited GoN ownership of this programme, and additionally, that MoWCSW, through DWC and district-level WCOs, were failing to monitor and support the PLCs as much as they could.67 Therefore, a new tripartite agreement was signed between DFID, UNICEF and the MoWCSW. Funding was re-channelled directly to the GoN, and UNICEF was included as a technical assistance partner rather than a direct sub-grantee.

At this point the terminology was changed from Paralegal Committee to GBV Watch Groups, despite concerns from both DFID and UNICEF. MoWCSW insisted on the shift because they felt that the terminology “paralegal” suggested an entity that should sit under the Ministry of Law and Justice rather than the MoWCSW. Another key change was that PLCs existed at VDC level, whereas GBV Watch Groups were reformed under Women’s Cooperatives at ward level.

The GBV Watch Groups are tasked with many of the same activities as the PLC committees – awareness raising of GBV issues, early detection of at-risk individuals, resolving, where possible, minor civil cases, and referral to police for more serious civil cases and criminal cases, and referral of survivors to services (health, PSS, legal and justice, and shelter). WCO describe GBV Watch Group duties as including addressing rape, polygamy, domestic violence, trafficking, economic violence, and gender discrimination in relation to property ownership and citizenship documentation.68

The establishment of so many more GBV Watch Groups at ward level has benefits, including direct community-level mechanisms, and constraints, in terms of provision of training, monitoring, and data recording. PLC members received 18 days of initial training and regular refresher training, whereas GBV Watch Group members receive much less training and also include women with lower literacy levels,69 making record-keeping more difficult. It is also more difficult for WCOs, in the district capitals, to monitor and support remote ward-level activities, than it was to monitor more centralised VDC-level activities.70

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63 DFID KII
64 This project was $1million shared between UNICEF UNFPA and UN Women. Within the UNICEF budget more PLCs were established
65 UN Trust Fund EVAW Annual Report 2011
66 DFID KII and UN Trust Fund EVAW Annual Report 2011
67 DFID KII
68 WCO Kavre KII
69 UNICEF KII
70 WCO KII
GBV Watch Groups use a UNICEF-adapted GBVIMS, but all points of the data cycle (recording by GBV WG members at ward level with low literacy levels; inputting at WCO level by WCO staff with low human resource capacity levels; and consolidating at national level within UNICEF) are slow, such that the data cannot be used for real-time analysis.

From 2015 onwards, the GBV programme has been consolidated under DFID’s general financial aid package to the GoN (the lead Ministry being the Ministry of Home Affairs), encompassing security and justice, with the GBV programme constituting one component of this.

**Deployment of Protection Officers**

Following the Earthquake, an initial protection response from UNICEF (supported by additional funding from DFID through the GBV Watch Group programme) was the deployment of a Protection Officer to each of the 14 earthquake-affected districts. Whilst these are nominally Child Protection Officers, they have supported district-level WCOs in all aspects of protection coordination, across both the CP and GBV sub-clusters.

In the 14 affected districts, the UNICEF Protection Officers have helped to mobilise and strengthen a number of community-based mechanisms and networks, including approximately 900 GBV Watch Groups. These groups were contacted by WCOs to start immediate surveillance to identify vulnerable and at-risk women and children, and also recruited to assist with distribution of items such as blankets and dignity kits.

UNICEF protection officers helped to establish close linkages between government partners (DWC and WCOs, the Central Child Welfare Board (CCWB), and the district-level child welfare boards (DCWBs)) and UNICEF civil society partners, facilitating referrals between partners. Examples given related to Child Development Society (CDS) referring to Transcultural Psychosocial Organisation (TPO) for psychosocial support, and referrals from UNICEF IPs to Government systems for cash support or alternate care.

**Trafficking**

UNICEF partnered with:

- Shakti Samuha implements emergency projects in all 14 Earthquake-affected districts, with prevention (of numerous forms of GBV) being the primary focus. Whilst Shakti Samuha has a specific anti-trafficking sub-grant with UNICEF, they also implement other projects such as orientation to school children on how to report abuse. Most of the UNICEF-funded emergency response trafficking work undertaken by Shakti Samuha is awareness raising and surveillance.

- Maiti Nepal works extensively on trafficking, across three “Ps” (prevention, protection, and prosecution”) and three “Rs” (rescue, rehabilitation, and reintegration). UNICEF supports Maiti Nepal’s emergency response with both transit homes and checkpoints. Maiti Nepal report 4,000 girls being saved from trafficking since the earthquake – although “not all cases can be identified as

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71 Adapted from the global GBVIMS to fit GoN GBV type classifications
72 UNICEF KII
73 UNICEF KII
74 The UNICEF CER 2015 references 3,598 GBV Watch Groups mobilised but this is the number of Watch Groups across the whole of Nepal. The UNICEF Child Protection Sub-Cluster update May 2015 references 900 GBV Watch Groups in the specific 14 earthquake-affected districts being mobilised. Each Watch Group, sitting under a Women’s Cooperative, consists of 4-6 women so between 3,600 and 5,400 women were mobilised.
trafficking, but if we hadn’t saved them at the border they would have been trafficked at some point.”

In addition to the response programming, UNICEF supported the GoN in introducing three immediate emergency trafficking-related policies:

- an immediate temporary suspension of all inter-country adoptions
- the introduction of a CP temporary policy stipulating that no child could move between districts if they were not with a parent without the express authority of the DCWB
- the suspension of establishing any new children’s’ homes

**Family Preservation and identification of UASC (unaccompanied and separated children).**

UNICEF partnered with CCWB, 14 DCWBs, and 14 NGOs, including:

- Child Development Society (CDS) works on family preservation, reunification and anti-trafficking interventions and conducted house-to-house visits with government social workers to identify the most vulnerable
- Child Workers in Nepal (CWIN) has a sub-grant with UNICEF specifically for UASC&VC and family preservation, but they also have a long-standing programme working with girls, and run a child protection / GBV helpline “1098” together with the Government
- Child Welfare Society (CWS) had a sub-grant with UNICEF specifically for UASC&VC and family preservation, but they also provided PSS in CFS’s and, more generally, orientation sessions for adolescent girls on menstruation and other health-related issues.

Whilst UASC and / or USAC&VC is a standard CP intervention, this family preservation component of the earthquake response is articulated by the Nepal CO as part of their GBViE intervention, as much as it relates to reducing GBV risk for vulnerable and unaccompanied children, particularly for trafficking.

Another programme component articulated by the CO as a GBViE response was the psychosocial support component.

**Psychosocial Support**

UNICEF partnered with three NGOs, including:

- Transcultural Psychosocial Organisation (TPO) has worked in PSS since 2005 on capacity building, advocacy, research, and training. Since the earthquake, TPO has been working (partially funded by UNICEF) to integrate PSS into basic primary health care (PHC) systems, providing training to teachers, and acting as the referral partner for shelters, safe houses, and OCMCs. TPO use the IASC mental health and psychosocial support (MH/PSS) guidelines as their main reference for emergency response PSS. TPO provided PSS to children, their caregivers, and GBV survivors.

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75 Maiti Nepal KII
76 Numerous UNICEF and GoN KIIs
77 UNICEF provided information that 14 NGOs were partners within the Family Preservation project, but documentation was only available for the three partners referenced here, and KIIs were only conducted with the three partners referenced here.
78 UNICEF provided information that three NGOs were partners within the PSS component but documentation was only available for the one partner referenced here, and a KII was only organised with the one partner referenced here.
3.3.2 Integrated GBVIE Programming

Adolescent Development and Participation (ADAP)

NCO, unlike many other UNICEF offices, has had a specific stand-alone ADAP section since 2013. The section has a dual mandate: Firstly, direct adolescent interventions (particularly with out of school adolescents), and secondly, coordinating sectoral responses around second decade of life programming. ADAP is not significantly involved in the emergency response, because ADAP-specific interventions focus on PCR 1 and PCR 3, which were less important in the immediate emergency response phase than PCR 2 (service provision through systems strengthening).

However, ADAP did utilise an adolescent-focused radio programme as a discussion platform for immediate earthquake-related issues, including PSS and GBV for adolescents. Broadcast in three languages, the initiative both provided information on GBV and trafficking, and collected feedback from listeners. Additionally, ADAP rapidly adapted their life skills module Rupantaran (“transformation”) to a reduced package for emergency response use. This includes a GBV section outlining “types of violence and GBV during normal and disaster situations (child marriage, domestic violence, sexual violence and human and child trafficking)”.

Communication 4 Development (C4D)

C4D works across a number of sectors in the emergency response. Prior to the earthquake, C4D had been working with ADAP on a child marriage strategy, and with CP on various protection themes, including GBV. These two existing foci were harnessed by UNICEF C4D to rapidly develop emergency response Information, Education and Communication (IEC) materials, such as posters. The IEC campaign includes messaging on GBV about, as an example, steps women and girls could take after rape or sexual assault. C4D also run a radio programme in conjunction with TPO called bhandai sundai (“listening and talking”) providing “on the air PSS counselling for children”.

Child Protection

The above-referenced bhandai sundai radio programme is conducted collaboratively between C4D and CP. In addition, CP is working together with other sections to integrate GBV and broader protection messages, such as in teacher trainings on PSS with Education, and health worker trainings on PSS with Health.

UNICEF co-lead (with DWC) the CP sub-cluster under the national Protection Cluster. Within the initial division of roles and responsibilities, it was decided that trafficking would be addressed through the CP sub-cluster rather than through the GBV sub-cluster. Therefore, a lot of the GBV work integrated into CP programming focusses on trafficking.

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79 The evaluation team received self-assessment checklists back from four Sections: CP, Education, Health, and WASH. However, the IASC GBV Guidelines have not been rolled out in Nepal and few UNICEF staff members were able to reference them.
80 Whilst not all UNICEF COs have an ADAP section, most UNICEF offices implement programming targeting adolescents as part of the CP programme
81 As referenced in Section 3.3, the UNICEF CPD organises programme objectives under three Programme Component Results (PCRs). PCR 1 relates to policy reform; PCR 2 relates to social sector systems strengthening; and PCR 3 relates to social norms and behaviour change
82 English matrix for Emergency Rupantaran
83 Police KII
84 http://www.unicef.org/infobycountry/nepal_81770.html
Village Child Protection Committees (VCPC) networks were mobilised in the earthquake-affected districts to respond to CP and GBV issues.

**Education**

Education was promoted strongly as being life-saving in the UNICEF response. The Education section works closely with CP around issues of protection, including teacher training on PSS and a smooth and coordinated process for CP CFS transitioning to Temporary Learning Spaces (TLS), and then some of them transitioning back to semi-permanent CFS structures in areas where schools were subsequently rebuilt.

Even before the earthquake, Education and CP were planning collaborative work in relation to GBV: In particular, a USAID funded USD $2.25 million three-year school-based GBV programme which will target 200 schools in 4 (of the original CPD, not earthquake-related) districts.

Education also implements a Gates-funded adolescent life skills programme, using the ADAP life skills modules, which include GBV issues such as child marriage and *chhaupadi* (isolation during menstruation).

**Emergency Programme Unit (EPU)**

NCO has a stand-alone EPU as a cross-cutting department tasked almost exclusively with internal technical assistance/support to other sections, with the exception of one disaster risk reduction (DRR) project directly managed by EPU. The Field Managers in Emergency Field Office Sites report directly to EPU (mirroring the Field Managers in the 3 CPD zonal offices who report to the Deputy Representative).

EPU has limited GBV integration with the exception of the highly relevant practice of proactively attempting to ensure a balanced ratio of male and female staff in the districts by creating, as far as possible, an enabling environment for female staff to deploy to remote areas. An example given was trying to ensure female staff can travel in pairs.

**Health**

UNICEF's health response to the earthquake concentrates on maternal and newborn health (MNH) services for which UNICEF established two new shelter ‘homes’ for pregnant and lactating women in each of the 11 initially declared earthquake-affected districts. These shelter homes, established in tents, provide care from all-female service providers, meals, shelter, and security. GBV awareness is conducted through these shelter homes.

**Planning, Monitoring, Evaluation and Research (PMER)**

PMER initially focussed strongly on establishing robust monitoring systems for the earthquake response. Given the sudden and extensive scale up, of both financial and human resources, PMER has used third-party monitoring (TPM) for the earthquake-affected districts as a more efficient way to establish good monitoring systems, than extensive staff recruitment. Within the monitoring questionnaires, there was one question related to GBV which measured household (HH) perceptions of the risk of trafficking.

**Social Policy**

Social Policy implemented a USD $15 million emergency top-up cash transfer programme which reached 434,690 individuals with a one-off USD $30 payment each. GoN existing vulnerability criteria was used for

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85 Chiefs meeting KII
86 ibid
87 TPM Monitoring Reports September 2015 January 2016
targeting, which includes five categories (1) senior citizens 70 years or above (60 years and above if Dalit) (2) widows, or single women aged 60 years and over (3) people with disabilities (4) Dalit children under 5 years of age (5) highly marginalized indigenous ethnic groups.

**WASH**

WASH have had a basic checklist of GBV risk mitigation activities within WASH emergency programming since the Nepal cluster system was first established after the 2008 floods. This was developed with the support of the protection cluster.

The UNICEF hygiene kits distributed were distinct from UNFPA dignity kits. They were household-level focused rather than individual focused, and distributed via the WASH cluster primarily for sanitation purposes, whereas the dignity kits distributed by the GBV sub-cluster, were met primarily protection purposes. The initial hygiene kit of 14 items was quickly reduced due to the logistical challenges of delivering the larger kits to remote areas. The 4 priority life-saving items remaining in the basic kits included a bucket, water purification tablets, soap, and sanitation materials for women and girls; an excellent example of GBViE integration within WASH.

### 3.3.3 Programme Funding

As UNICEF fundraising was so successful (87% of the requested USD $120 million as of September 2015) programming will continue in the 14 earthquake-affected declared districts until the end of 2017.

This amount (USD $104 million) compares with a CPD 5 year budget across 15 districts of USD $144 million – approximately USD $30 million per year – and a system-wide Flash Appeal of (revised figure, taking into account the second earthquake) USD $422 million for six months.

As of September 2015, Child Protection had received USD 6,281,037 out of the total $104,472,274 received, representing 6%. CP initially represented 9% of the total request ($11 million for CP out of a total request of $120 million). As of July 2016, the CP total received had risen to $8,558,884, representing 78% of the total CP request. There is no breakdown for GBViE within the CPIE budget. Please see Section 4.5 for further analysis.

## 4 EVALUATION FINDINGS

This section on evaluation findings addresses the evaluation questions related to the respective evaluation criteria in the ToR and Inception Report.

### 4.1 Relevance

*Alignment of UNICEF programming with assessed needs of beneficiaries (which may change over time), good GBViE programme practice and relevant UNICEF strategies and policies.*

**Alignment with assessed needs and good practice**

The NCO Country Programme is implemented in 15 of the UNDAF (2013-2017) priority districts and aligns with the 11 UNDAF outcomes agreed upon between the GoN and supporting UN Agencies. Through
UNDAF, the Country Programme is also aligned with national priorities set from the Comprehensive Peace Agreement (CPA) 2006, the interim Constitution, the Common Minimum Programme of the Coalition Government, and the Nepal Peace and Development Strategy 2010-2015. In addition, UNICEF conducted an “equity-focused, rights-based situation analysis of children, adolescents and women” to further inform their 2013-2017 CPD which has recently been updated to inform the formulation of the 2018-2022 CPD.

For the earthquake response, UNICEF aligned its humanitarian response priorities with those of the government-led clusters, whilst continuing with their regular country programme in UNDAF districts. For the DWC-led protection cluster and sub-clusters, priorities were systematically and collaboratively established with all cluster members based on initial information from the field. The government-owned cluster system worked well in that its immediate activation at all levels meant that information started flowing upwards from communities through district mechanisms to centralised national clusters very quickly and was then used to set priorities.

There was a demographic baseline (partially based on the UNICEF 2014 MICS and partially based on the national census data) which was used for humanitarian planning purposes. However, the UNICEF-commissioned evaluation of the response “could not find a clear justification for the decision to not conduct Multi-Cluster/Sector Initial Rapid Assessments (MIRAs)” and concluded that the lack of an initial assessment negatively impacted on some of the government-led priority setting and targeting. Some UNICEF interviewees agreed.

Priorities set by the GBV and CP sub-clusters for GBViE followed good practice in terms of key components of a GBViE programme being immediately implemented such as distribution of dignity kits; establishment of FFS; rapid mapping of available service providers and the dissemination of referral pathway information with contact details. This was all conducted under the UNFPA and DWC co-led GBV Sub-Cluster, but UNICEF’s contribution to this was crucial through the field-based support UNICEF deployed protection officers provided to WCOs.

Several interviewees from UNICEF and other partners also specifically questioned UNICEF’s prioritisation of trafficking and how much that was driven by media interest rather than an assessment of needs, whilst others (some UNICEF CP staff) felt that in fact it was the other way around: the focus was needs-driven with the media attention following the programming. Trafficking is a big problem in Nepal and there are clear global intuitive assumptions that in contexts with high incidence of trafficking, trafficking increases during emergencies. Therefore the relevance of UNICEF’s trafficking focus is based on global good practice.

Alignment with key UNICEF GBV strategies/guidance

94 ibid
95 Nepal CPD 2013-2017
96 This evaluation focused on the NCO emergency response to the earthquake in the 14 affected districts rather than focusing on the relevance of the CPD; information here is for context purposes only.
97 UNICEF and various NGO IP KIs
98 UNICEF PMER KII
99 UNICEF CP KII
100 (draft) DARA evaluation report April 2016
101 UNICEF KII
The NCO GBV programme has limited alignment with global UNICEF good practice outlined in the Resource Pack in relation to a comprehensive GBViE programme. NCO focuses on trafficking and PSS, although GBV referral systems have been established within these interventions and the family preservation programme to ensure pathways to services are open for survivors. The overall coordinated response across all partners does include all components of a comprehensive GBViE intervention with UNFPA leading effectively on specific GBV components such as FFS and dignity kits.\textsuperscript{102}

The GBViE response does not actualise many of the minimum and expanded actions recommended in the Resource Pack (not yet rolled out to COs, but actions which form the basis of good GBViE programming within UNICEF).

\textbf{Table 2: Minimum and Expanded GBViE actions as included in the draft Resource Pack}

<table>
<thead>
<tr>
<th>Minimum actions during immediate response to a crisis</th>
<th>Expanded GBV prevention and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective coordination of humanitarian action to address GBV.</td>
<td>1. Effective coordination of GBV-related humanitarian and recovery action.</td>
</tr>
<tr>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
</tr>
<tr>
<td>3. Age-appropriate clinical and crisis care for sexual assault.</td>
<td>3. Strengthening coordinated multi-sectoral care and support systems and services.</td>
</tr>
<tr>
<td>4. Safe spaces for women and girls.</td>
<td>4. Ongoing protection interventions to reduce vulnerability.</td>
</tr>
<tr>
<td>5. Dignity kits.</td>
<td>5. Primary prevention initiatives to empower girls and women, address harmful attitudes and social norms and legislative and policy interventions. This includes testing and scaling up prevention initiatives.</td>
</tr>
</tbody>
</table>

One of the reasons that not all actions recommended in the Resource Pack have been undertaken is that, within Nepal, DWC allocated specific roles and responsibilities to the sub-clusters, and UNFPA co-leads the GBV sub-cluster with responsibility for FFS, dignity kits, CMR, and referral pathways whilst UNICEF co-leads the CP sub-clusters under which trafficking was addressed. This is not to say that UNICEF’s GBViE programme was limited to trafficking.\textsuperscript{103} However, UNICEF did not contribute to the establishment or running of FFS and did not distribute dignity kits as a GBViE intervention.

Under this – well disciplined, and well coordinated – divide, UNICEF did fulfil it’s global lead responsibilities by addressing the areas of GBV programming allocated by the Protection Cluster lead, DWC. Notably, UNICEF is valued as an important GBV coordination partner and is supporting community-based protection monitoring systems which includes GBV elements. In addition, the GBV Watch Groups play an important role in facilitating referrals.

\textbf{GBV integration across UNICEF sections}

GBV integration across other sectors within UNICEF is relatively good, as described in the previous section, despite the fact that the IASC GBV Guidelines have not been rolled out in Nepal and therefore the risk mitigation measures are not based on the revised Guidelines. No sections referenced the 2005 Guidelines. However, all sections referenced protection checklists that they are using, either introduced within the

\textsuperscript{102} DWC, UNICEF and UNFPA KIIs

\textsuperscript{103} As stated above, UNICEF provided PSS as a CPiE intervention for children and caregivers, with a GBViE component relating to PSS for GBV survivors. UNICEF also deployed field-level protection officers across all 14 districts to support both CPiE and GBViE interventions at district levels.
government-led cluster system since 2008, or provided by CP colleagues within UNICEF. There were varying reports from interviewees about how closely these checklists are followed. There is evidence that within UNICEF, CP supported different sections (to differing extents) to consider GBV issues; and within the cluster system, the protection cluster supported other clusters (to differing extents) to consider and integrate GBV issues in their response.

For example, WASH reported considering underlying causes of violence (based on the Nepal-specific GBV risk mitigation checklist for WASH developed after the 2008 floods) in their programming. Examples provided of how the checklist recommendations were used, included trying to ensure women are involved in assessments and ensuring that menstrual hygiene management (MHM) considerations are included in the life-saving priority items of the reduced hygiene kit items – which is excellent practice. However, a UNICEF operational view suggested that there are some challenges within the WASH integration of GBV in terms latrines being sex-segregated in camps but not in community areas. WASH agreed that this is the case and is in contradiction to the checklists they use, but explained the decision was made based upon the fact that community members did not ask for latrines to be sex-segregated. Thus there is evidence of good integration in some respects and not in others.

WASH self-assessed themselves as being relatively high in assessment and implementation, but low in having GBVIE prevention and mitigation strategies incorporated across polices, standards and guidelines, in coordination with other sectors, and in monitoring evaluation. This self-assessment is aligned with the evaluation findings.

Health reported not being able to use the GBV checklists in the immediate aftermath with the rush to re-establish basic services but that the GBV checklists were used at a later stage. UNICEF established 22 shelter homes which are primarily focused on MNH. These are aligned with good GBV risk mitigation even if checklists were not rigidly adhered to. The shelter homes include all female service providers, lighting, toilets, and security guards at night. They also provide services and safety to GBV survivors.

Health self-assessed themselves as being relatively high in assessment and implementation, but low in having GBVIE prevention and mitigation strategies incorporated across polices, standards and guidelines, in coordination with other sectors, and in monitoring evaluation. Whilst there is little evidence that the checklists were used in assessments, good GBV risk mitigation practice is evident in implementation.

Within PMER and Social Policy there is evidence that opportunities were missed to integrate GBV risk mitigation into assessments and design as well as implementation and monitoring and evaluation. For example, in PMER, there were no GBV considerations in the training of monitors when TPM was being used. For Social Policy cash grant programmes there are no prompt questions on GBV in the assessment or monitoring criteria.

EPU reported working to ensure a gender balanced ratio of staff, or at least, female staff on all field teams, which is aligned to good practice as outlined in the IASC GBV Guidelines.

Adapting to changing needs

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104 UNICEF WASH KII
105 UNICEF Health KII: the checklist referred to was initially referred to as the IASC GBV Guidelines checklist but this was then amended to be the Nepal-specific GBV checklist provided by the protection cluster in Nepal after the 2008 floods.
There is only limited available evidence that emergency response programming is responding to changing needs. Certainly a positive example was UNICEF’s support to the GoN to introduce three emergency-related temporary anti-trafficking measures as an immediate response to the predicted increase in trafficking. These measures – suspending intercountry adoptions, preventing any unaccompanied child from moving between districts without DCWB permission, and suspending the establishment of any new children’s’ homes – undoubtedly had a positive preventative effect on trafficking. Additionally, the 14 UNICEF protection officers rapidly deployed to the districts, supported the development of an evidence-base with regard to needs, and ensured flow of information up to the national protection cluster to inform the evolving response across all actors.

Reflection of survivors/at risk group views in programming
UNICEF’s GBV response is firmly embedded in sex and age disaggregated (SADD), equity and inclusion issues. The GBV Watch Group programme by its very nature aims to include the most vulnerable (often illiterate) women within the wards (see Section 4.2 for further findings on the effectiveness of this). The two implementing partners (IPs) working on trafficking (Shakti Samuha and Maiti Nepal) have a specific focus on adolescent girls, and the IPs working on family preservation and TPO, working on PSS, all have a focus on children and women. IPs interviewed reported that their programme designs involved the views of women, adolescent girls, and children. However, there is no direct evidence from women within FGDs as to how their views had been directly taken into account in programme assessment, design, implementation, and monitoring although there is evidence of how UNICEF programming is responding to the needs of women. One woman in Makwanpur related how her adolescent daughter is benefitting from UNICEF’s adolescent rupantar training.106

UNICEF supported Portage, Karuna Foundation, and the National Federation of the Disabled, Nepal (NFDN), three disability-focused organisations. This was a CPIE rather than GBVIE intervention but included the mapping and registering of children with disabilities to identify immediate needs and to refer to relevant services.107

For the Social Policy Emergency Cash top-up programme, UNICEF utilises the existing GoN vulnerability criteria for targeting108 which evidences alignment with government-prioritised high risk groups.

Theory of Change
Whilst there is clear alignment of both the existing country programme and the earthquake response programme with national priorities and strategies, it is less clear how the NCO emergency response programme aligns to UNICEF global GBV commitments.

The NCO GBViE programme does not have a clear ToC.

Human Rights Based Approach (HRBA)

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106 Makwanpur FGD
107 UNICEF KII
108 The five categories are 1) senior citizens 70 years or above (60 years and above if Dalit) (2) widows, or single women aged 60 years and over (3) people with disabilities (4) Dalit children under 5 years of age (5) highly marginalized indigenous ethnic groups
UNICEF’s response is aligned with a HRBA in that UNICEF staff and IPs demonstrate knowledge and practice of a safety-first, and survivor-centred approach. This evaluation did not further explore the understanding of HRBA held by either UNICEF staff or IP staff.

However, the evaluation team identified a clear concern relating to the potential exploitation of the women within the GBV Watch Groups who are untrained volunteers tasked with a level of interaction – sometimes even taking on investigative ‘verification’ roles and family mediation – within communities, which put them at physical risk. Several Watch Group interviewees related stories of intimidation, and one was physically attacked by a hostile male partner when intervening in a domestic violence case. Others reported being menaced when trying to protect a girl from trafficking. In addition to these safety issues, the GBV Watch Group members do not receive any financial compensation (or even official recognition by the government through distribution of badges or other legitimising mechanisms). Some Watch Group members felt this lack of formalisation of their roles would “never happen if we were men.” This is not a new concern, and interviewees reported previous extensive discussions in respect of the threats made against GBV Watch Group members.

4.2 Effectiveness

The extent to which the programme/activity is achieving or is likely to achieve its stated purposes, on the basis of outputs delivered.

Improved access to GBV services

The UNICEF GBV response utilises a good-practice approach of systems building of existing structures at national and district levels; providing immediate support to DCW and to WCOs in the 14 Earthquake-affected declared districts, to the police at the national level in order to support infrastructure of women and children’s desks, and bringing in NGO IPs with specific experience across UASC and family preservation, trafficking, and PSS. For the emergency response all of these actions (whilst mirroring some of pre-existing interventions) constituted a new emergency response programme in a new geographical area. All of these actions support capacity building of local response and helped to reinforce the referral pathways for survivors accessing services.

There is evidence of referrals between UNICEF IPs (CDS spoke of referral of survivors to TPO for PSS counselling); and between government-supported institutions and UNICEF IPs, for example, the safe house / shelter staff in Hetauda, Makwanpur, spoke of referral of survivors to TPO for PSS counselling, and various IPs spoke of referrals for women to the safe house / shelter.

Despite this, the Director of DWC believes that the “referral system did not work as well as it should do...it is not great in usual times so in disaster it could not function excellently”. However, the referral pathway itself is in fact relatively robust, supported by UNFPA as co-lead of the GBV sub-cluster at national level and by UNICEF through the UNICEF deployed protection officers at district level. The challenge is more

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109 NGO IP KIIs
110 People and organisations have different understandings of what HRBA is. For UNICEF, a programming HRBA is that the ultimate aim of all UNICEF-supported activities is the realisation of the rights of children and women, as laid down in the Convention on the Rights of the Child (CRC) and the The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). These principles include: universality, non-discrimination, the best interests of the child, the right to survival and development, the indivisibility and interdependence of human rights, accountability and respect for the voice of the child. (http://www.unicef.org/policyanalysis/rights/). However, this evaluation asked broadly in KII interviews how HRBA had been used in programming rather than exploring in depth specific understandings of HRBA. Responses spoke to HRBA as understanding a survivor-centred and safety approach to GBVIE response programming.
111 DFID KII
112 DWC KII
the inconsistent end line services provided. The safe house / shelter in Hetauda, Makwanpur reported many repeat domestic violence cases, with women facing domestic violence having to go home after a stay in the shelter due to a legal and social system that does not allow any other option, and that still categorises DV as a civil issue rather than a criminal issue under the Domestic Violence Act, limiting women’s legal recourse for protection. No livelihoods alternatives are provided within the safe houses, or in any other programming. Across the board, interviewees (key informants and FGD members) referenced the lack of livelihoods or economic empowerment components in the response which severely impacted on the effectiveness of reducing risk. GBV Watch Group members specifically highlighted the lack of livelihood options as a very serious problem, ensuring that women who were vulnerable to domestic violence had no alternatives in the longer term.113

The efficacy of the GBV Watch Groups is a concern. In relation to the safety and ethical issues raised above (Section 4.1, Relevance) the reported lack of comprehensive training, lack of support, lack of compensation for their time and effort, and the threats GBV Watch Group members face undoubtedly have a negative impact on the effectiveness of the programme. DFID explained that GBV Watch Group members have had less training then their previous PLC counterparts: they receive 5 days training, including 3 days on the legal environment, and they are cautioned as to how far their ‘authority’ or intervention can go. DFID also contended that many of these women become activists and so perhaps do more than they are supposed to.114 Even so, the supervision of these groups and supportive monitoring mechanisms appear limited.

For the trafficking programme, awareness-raising was not found to be the most relevant or impactful emergency response. Key informants across UNICEF, government, and IPs, said that women and girls are aware of the risk but take this risk due to economic hardship at home, so trafficking is “the symptom, not the cause”.115 This would suggest that in an emergency – and particularly following sustained anti-trafficking messaging in ‘normal’ times before the emergency – awareness-raising would have limited impact. However, other UNICEF and NGO IP staff felt that the awareness-raising did have some impact. There is no data available to support efficacy of awareness raising, as it is clearly difficult to extrapolate exactly how many cases of trafficking have been avoided as a direct result of UNICEF awareness-raising activities.

UNICEF CP trafficking colleagues spoke to the fact that awareness-raising is a necessary component of any long-term trafficking programme and there was a decision made to maximise the opportunity provided with increased funding to ensure the emergency response strengthened all aspects of trafficking, including awareness-raising, which demonstrates connectedness with development programming.116

UNICEF support to the police and checkpoints throughout districts and at border and immigration points has resulted in more clearly defined achievements, being 1,851 individuals (1,437 girls, 835 women, 414 boys, and 176 men) intercepted whilst in the process of being trafficked. UNICEF has also been successful in influencing national policy immediately after the earthquake with the enactment of three anti-trafficking policies.

Timely response

113 Makwanpur FGD
114 DFID KII
115 UNICEF CP KII
116 ibid
The speed with which UNICEF established the GBViE response varied. The 14 protection officers were rapidly deployed. These officers are well-appreciated by the districts. WCO in Makwanpur recalled clearly the actual day the UNICEF officer arrived in the district (14th May, 2 days after the second earthquake and just under three weeks after the first Earthquake) and were very positive about the added value to all GBV interventions of the officer deployed.\textsuperscript{117} This includes support in mobilising community groups such as the GBV Watch Groups and Village Child Protection Committees (VCPCs), organising distributions of various items, and communication with the national level CP and GBV sub-clusters.

The police were also appreciative of the speed with which UNICEF provided support – in the form of 63 tents, computers, printers and cameras to support WCSC’s in 13 districts, awareness-raising, and support to 10 anti-trafficking border checkpoints, and 10 strategic highway anti-trafficking surveillance posts.\textsuperscript{118}

The specific IPs for family preservation, PSS, and trafficking were identified relatively quickly but – as is quite usual with UN systems – the process of signing off PCAs and transferring funds created delays, and partners started UNICEF-funded work in July or August (3-4 months after the earthquake). UNICEF CP staff commented that waiting for the funds to be transferred was “frustrating”\textsuperscript{119,120}.

Clarity and levels of achievement of programme objectives
Programme objectives were clear and specific, although activity rather than outcome-based. All NGO IPs had specific targets set within the PCAs.

Humanitarian Performance Monitoring Indicators (HPM) targets were established at a consolidated level: for CP, three targets were set cross-cutting the different GBV programmes.

The first target was PSS for children, caregivers, and survivors of GBV had a target set at 165,300 for the May to December 2015 period. Final results were 55,843 individuals received a total of 156,731 services. These results are disaggregated below in Table 2.\textsuperscript{121}

Table 3: Disaggregated programme results

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Awareness Raising</td>
<td>16,800</td>
<td>14,208</td>
<td>15,891</td>
<td>8,944</td>
<td>55,843</td>
</tr>
<tr>
<td>Psychosocial First Aid</td>
<td>12,437</td>
<td>10,787</td>
<td>17,751</td>
<td>10,742</td>
<td>51,717</td>
</tr>
<tr>
<td>Individual and Group Counselling</td>
<td>10,864</td>
<td>8,604</td>
<td>18,320</td>
<td>11,262</td>
<td>49,050</td>
</tr>
<tr>
<td>Specialised mental health care</td>
<td>11</td>
<td>5</td>
<td>66</td>
<td>39</td>
<td>121</td>
</tr>
<tr>
<td>Total</td>
<td>40,112</td>
<td>33,604</td>
<td>52,028</td>
<td>30,987</td>
<td>156,731</td>
</tr>
</tbody>
</table>

The data is not disaggregated in terms of PSS support provided to GBV survivors.\textsuperscript{122}

\textsuperscript{117} WCO Makwanpur KII
\textsuperscript{118} Police Kathmandu KII
\textsuperscript{119} UNICEF CP KII
\textsuperscript{120} Clearly this is an issue that is not specific to GBViE but persists across all UNICEF and other UN Agency interventions through IPs in emergency settings.
\textsuperscript{121} These figures here are those provided directly by the UNICEF CPIE Specialist although they differ from the figures provided in the Nepal CER 2015.
\textsuperscript{122} For activities under (1), services were provided to 26% girls, 21% boys, 33% women, and 20% men. Children accessing PSS activities in CFS (16,734) were not sex disaggregated. Training was provided to 2,650 community workers, 52% female and 48% male.
The second target was that “people in severely affected districts reached by community groups to prevent and address violence including GBV and trafficking”. The target was set at 143,500 and final results as of December 2015, were reported as 161,877, or 113% of people were reached.

The third target was UASC identified and reunited with families or placed in proper alternative care. This target set at 100% of identified cases for the May to December 2015 period, and results as of December 2015 were 100% of identified cases being reunited with their family or provided with alternative care, which was 516 children.

Capturing and use of programme results
Aligned with programme targets set, programme objectives are being captured at a base activity level and a consolidated activity level.

In relation to capturing results and the use of data, NCO had a number of systems in place. As the earthquake response was conducted in different geographically districts from the existing Country Programme, NCO decided early on to contract a Third Party Monitoring (TPM) partner to assist with monitoring. This was expected to be a quicker and more efficient way of establishing robust monitoring of new emergency programmes than the rather lengthy bureaucratic processes required for staff recruitment. Even so, the TPM mechanism took longer than was desirable to put in place, with an institution contracted in August (4 months after the earthquake); training for monitors being conducted in August; and the monitoring itself starting in September.

The TPM idea was a conceptually well-considered solution to address rapid recruitment challenges, and a clear indication of NCO seeking to ensure effectiveness of the response. Potential disadvantages include less embedded learning in the CO from monitoring activities than is the case when UNICEF staff undertake monitoring activities, although it is also clear that TPM was intended as an additional monitoring level for the immediate earthquake response, whilst UNICEF staffing to assume standardised monitoring functions could be scaled up. It was therefore a sensible extra measure to ensure accountability.

Child Protection did not, however, feature strongly within the monitoring scope of TPM upon the request of the UNICEF Child Protection section. It was considered by the section that more specialist technical expertise for programme monitoring of the CP programme would be required. Therefore only one indicator for GBV – a somewhat vague HH survey question asking about perceived risks of trafficking – was included.

One clear missed opportunity was that PSEA training was not provided for the monitors, representing a gap in UNICEF’s duty of care responsibilities to communities.

Nepal in general (not specifically UNICEF) has a confusing array of mechanisms for the collection, consolidation, analysis and use of GBV data.

123 Nepal CER December 2015
124 UNICEF PMER KII
125 UNICEF workshop feedback
126 UNICEF KII PMER
127 TPM reports
The global standard GBVIMS is used by UNFPA and ten IPs. This is managed jointly by UNFPA and the National Women’s Commission. UNICEF uses an adapted form of this GBVIMS with the GBV Watch Groups in which GBV categorisation aligns with GoN GBV-type categorisation. Furthermore, the forms allow for more than one type of GBV to be recorded for each individual. It is understood within UNICEF staff that the global GBVIMS is used by service providers, and the UNICEF-adapted IMS is used for community mechanisms including the GBV Watch Groups.

Immediately after the earthquake there was an attempt to try to reconcile the different data sets (if not to consolidate, then at least to have some form of information sharing protocol), but this attempt did not result in any concrete resolution, key informants reporting that the conversation dwindled due to other pressures within the first phase of the earthquake response and was not taken up again.¹²⁸

There are two main challenges with the use of GBV-related data in Nepal. Firstly, the consolidation of the UNICEF GBVIMS from GBV Watch Groups is extremely slow, with blockages at community (ward) level in relation to literacy and at district WCO level in relation to consolidation and lack of dedicated staff for data entry. By the time the data reaches UNICEF NCO for cleaning and national consolidation its real-time value to inform or influence emergency response programming decisions is lost. Secondly, there is no cross-referencing or comparison between the UNICEF GBVIMS and the global GBVIMS used within Nepal by the National Women’s Commission, UNFPA and the ten GBVIMS partners. Additionally, there is no consideration of numerous other GBV data sources, some UNICEF-supported and others not. For example, the 1098 helpline (established and run by CWIN and now government-funded) reported a 200-300% increase in calls after the earthquake, and their data shows a clear link between domestic violence and alcohol use.¹²⁹ Radio programmes run by UNICEF had thousands of calls.

With such rich data sources, it is a significant missed opportunity that the data sets are not being triangulated. This issue is not new to the 2015 earthquake: a 2013 Nepal GBV report noted that “A key finding...relates to the lack of standardized monitoring, collation, evaluation and dissemination of data around cases of violence against women and girls (VAWG). Major institutions have developed their own systems for record-keeping; thus making cross-institutional comparisons very challenging, and resulting in a fragmented understanding of the exact burden of VAWG in the country or the effectiveness of any interventions to address the problem”.¹³⁰ Challenges in cross-institutional and cross-data source challenges triangulation or comparison as referenced in the 2013 report, and as found by this evaluation team, relate to the failure to use all existing data sources to provide evidence for increasing types of GBV, geographical trends, and service access to inform GBViE programming and advocacy.

**Leadership contribution**

With regard to effectiveness in leadership, UNICEF most notably advocated and supported the GoN to draft and implement three immediate post-Earthquake policies relating to trafficking. This support included practical assistance in implementation such as drafting letters to airlines and the Department of Immigration for implementation of emergency policies.¹³¹

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¹²⁸ UNICEF CP KII and UNFPA KII
¹²⁹ KII CWIN
¹³⁰ Tracking cases of Gender-Based Violence in Nepal 2013 UCL CREHP A, UK Aid, UNFPA UN Women
¹³¹ UNICEF CP KII
UNICEF also has non earthquake-related GBV advocacy successes. One is the change in the statute of limitations for rape cases, from 35 days to 6 months. Another is a provision on GBV in the current redrafting of the Children’s Act.

With the deployment of protection officers to the 14 affected districts, UNICEF has been the most important contributor to effective government leadership at the district level across CPIE and GBViE and this impacted positively on the response.132

UNICEF also leads on anti-trafficking. At the national policy level this includes, as referenced above, advocating for and supporting the GoN to implement emergency policy measures to reduce trafficking. At the practical programmatic level this includes support to Nepal Police and anti-trafficking CSOs Shakti Samuha and Maiti Nepal to implement a range of anti-trafficking measures including awareness-raising, checkpoints, and referral pathways and support services for survivors.

4.3 Efficiency

Measure of outputs versus inputs in terms of having appropriate levels of financial and human resource capacity in place, both within UNICEF and via implementing partners, and how well these have been used to generate outputs.

Funding and Human Resources

UNICEF’s financial and human resources were adequate to the overall needs of the earthquake response. Staff numbers in the NCO increased from 178 to 248. The overall UNICEF earthquake response budget of USD $120 million was 87% funded. However, UNICEF Nepal does not have any dedicated GBV staff, although CP staff have GBV knowledge and expertise and the 14 deployed district protection officers have the capacity to provide support across CPIE and GBViE programming.

Within the Flash Appeal, protection represented only 3% of the total amount requested: however, it was the second best-funded cluster (after nutrition) at 55% funded within one month of the Earthquake, compared with an overall funded-amount of 28% for the whole Appeal.133

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requested Flash Appeal June 15</th>
<th>Funding obtained up to June 2015</th>
<th>Requested HAC June 15</th>
<th>Funding obtained up to Sept 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>15,498,000</td>
<td>7,080,197</td>
<td>24,000,000</td>
<td>8,716,750</td>
</tr>
<tr>
<td>WASH</td>
<td>24,930,000</td>
<td>9,081,070</td>
<td>25,000,000</td>
<td>11,584,160</td>
</tr>
<tr>
<td>WASH coordination</td>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>11,475,000</td>
<td>8,330,578</td>
<td>25,000,000</td>
<td>11,897,015</td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,299,000</td>
<td>4,320,986</td>
<td>11,000,000</td>
<td>7,588,612</td>
</tr>
<tr>
<td>Nutrition Coordination</td>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,300,000</td>
<td>4,646,122</td>
<td>11,000,000</td>
<td>6,281,037</td>
</tr>
</tbody>
</table>

132 Makwanpur WCO KII
133 Nepal Revised Flash Appeal Executive Summary 29th May 2015
134 (draft) DARA Evaluation Report April 2016
Child Protection amounts to approximately 6% of the total UNICEF earthquake funding received by UNICEF up to 15th September 2015, of which GBV is a small proportion. The GBViE component within the CP budget is not clearly delineated and there is no CO breakdown of GBViE spend within the CPIE budget. Some of the GBViE interventions (family preservation, and psychosocial support interventions) cross-cut CPIE and GBViE. Additionally, extra funding for the deployment of protection officers to the districts came from redirected GBV Watch Groups funding (DFID funding within the existing CPD, so additional to the emergency funds raised).

**Partnerships**

NGO partners are overwhelmingly appreciative of UNICEF as an “excellent” partner, a “good team player” and very supportive. Challenges raised were (1) delay in signing PCAs and releasing funds; (2) the short PCAs offered – 6-7 months only; and (3) delays in agreeing new partnership agreements in 2016. Many partners are trying to continue services and retain staff whilst currently being out of contract and out of funds from UNICEF (between January 2016 and the time of this evaluation in April 2016). Generally, the bureaucracy of the UN system (across the UN, not just UNICEF) is considered inefficient by NGO partners and government partners alike – one GoN interviewee commenting that “the UN spends $99 on administration for every $1 of implementation”. This was a flippant comment made about the UN system in general rather than UNICEF specifically, but it reflects the frustration of government partners with an over-bureaucratic UN system which, whilst specific neither to UNICEF or GBViE, impacts on the efficiency of GBViE programming with government partners.

**4.4 Sustainability / Connectedness**

To what extent emergency response activities take into account and support a longer-term approach, including in connection with UNICEF’s regular development programming.

**Linking emergency and longer-term programming**

Disaster risk reduction (DRR) was considered within the existing Country Programme before the earthquake occurred, and UNICEF had been working with the GoN on various initiatives, including developing the multi-hazard scenario and contingency plan as it related to UNICEF-led clusters (CP, Education, Health, Nutrition, and WASH), as well as stockpiling lifesaving goods related to these clusters. UNICEF also ensured that the CCCs were included within the GoN NDRF. NCO is clear that all activities within both emergency response and development should have a DRR component, and it was reported that this would be more strongly addressed by all sections in the next CPD.

Relating specifically to GBV programming, UNICEF’s GBViE response was founded in strengths of the pre-existing CPD, being support to police GBV structures, specifically WCSCs, and mobilisation and

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135 Various NGO IP KIIs
136 CCWB KII
137 UNICEF CER
138 UNICEF Country Representative KII
strengthened support to GBV Watch Groups. Emergency response anti-trafficking programming incorporates awareness-raising components because longer-term development anti-trafficking programming necessarily incorporates awareness-raising activities and the emergency response was used partially strengthen that programming.

Building national ownership
The UNICEF earthquake-response is focusing very much on systems strengthening which promotes and facilitates linkages between emergency and development work, and on building the capacity of government and civil society partners. Support to the police, the immigration department, and DWC and WCOs represents good practice, and is well-received by all Government partners. UNICEF staff reported that “from the very beginning we had the idea of working with Government counterparts at district level.”

Community support to GBV Watch Groups is an example of mobilising and utilising existing civil society mechanisms. In Makwanpur, the GBV Watch Group reported they have now established their own emergency fund for preparedness, highlighting one effective outcome of UNICEF’s civil society building approach.

However, UNICEF’s earthquake response has had limited impact strengthening civil society groups specifically focused on women’s empowerment. All NGO IPs are focused on child protection, trafficking, or PSS rather than having a broad-based women’s rights approach. This reflects the priorities chosen by UNICEF in the emergency response and the divisions of responsibility for GBViE and CPIE allocated by DWC.

4.5 Coordination
The extent/nature of UNICEF CO programming contribution to realizing GBV-sector strategies/plans/priorities and how UNICEF has added value to/been affected by the GBV sector response within the CO and across the response as a whole.

UNICEF’s added value to the GBV sector
In terms of leadership, and standard setting for coordination, UNICEF and UNFPA in Nepal are an excellent model of collaboration, working well together and with DWC. This success is due to UNICEF and UNFPA’s collaborative approach to cluster coordination; to DWC being clear about divisions and roles; to the strong capacity of UNFPA in Nepal and, in part, due to personalities.

Whilst there were some reported challenges at the very beginning of the emergency response, both within UNICEF and between UNICEF and UNFPA, in terms of keeping a UNICEF CP presence in the GBV sub-cluster, these issues were satisfactorily resolved through negotiation. Indeed, it was generally reported that the whole protection cluster worked closely together, with CP and GBV sub-clusters developing joint tools and joint SOPs; and it is evident that UNICEF is contributing effectively to that coordination mechanism both as co-lead of the CP sub-cluster, and through support to the GBV sub-cluster.

Good coordination was exemplified in the quick agreement by which duplication of distribution of UNICEF WASH hygiene kits and UNFPA dignity kits was avoided, and by the early decision, within the protection

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139 UNICEF CP KII
140 ibid
141 UNICEF and UNFPA KIIs
142 UNICEF WASH KII
cluster, to address trafficking issues (for girls, women, boys and men) under the CP sub-cluster rather than the GBV sub-cluster.\textsuperscript{143} However, coordination in terms of data collection and management is less successful.\textsuperscript{144}

UNICEF’s positive leadership role and influence with the GoN and government entities such as the police\textsuperscript{145} is demonstrated by their support to the Children’s Act prior to the earthquake, as well as developing the National Action Plan for children and the national CRC reports.\textsuperscript{146} UNICEF is building on this leadership role within the earthquake response. The GoN, particularly DWC and CWCB, are highly appreciative of UNICEF’s contribution.

Whilst UNICEF’s role at central level with GoN and other UN Agencies and partners within the protection cluster is considered to be highly successful, there is less certainty about the success of district level coordination. Some confusion exists between DCWBs and WCOs, in terms of which entity holds responsibility for which elements of GBV and child protection activities. More effective, focused UNICEF coordination leadership could reduce this. Within UNICEF programming itself, it was noted that more consistency on case management training (for example, between UNICEF-funded social workers and DFID-funded, UNICEF-supported GBV Watch Groups) would strengthen service provision for survivors/those at risk.\textsuperscript{147} The coordination between WCOs and GBV Watch Groups could be stronger, and in Kavre the support from WCO to GBV Watch Groups is recognised as being irregular.\textsuperscript{148} There is a GBV Prevention Coordination Committee at district level which meets quarterly outside of emergency responses but GBV Watch Groups do not consistently access this coordination forum or the GBV Sub-Cluster meetings.

4.6 Coverage

The extent of UNICEF’s programming reach (geographic and numerical) compared with the needs of those at risk of or affected by GBV as assessed by UNICEF and/or the GBV sector as a whole.

UNICEF is responding in all 14 Earthquake-affected declared districts, having a clear geographical coverage for the emergency response.

Demographically, UNICEF utilises existing GoN vulnerability criteria where necessary – for example, with the Social Policy emergency cash top up grant. This is positive in terms of aligning the programme with government priorities and reaching well-recognised vulnerable groups within Nepal. However, in the absence of any multi-sector rapid needs assessment it was not possible to ascertain if newly vulnerable individuals, households, or groups had emergency post-earthquake needs which the response should be addressing. Some partners felt that adolescent girls are a missing demographic, but evidence shows that the trafficking programming in particular specifically targets adolescent girls.\textsuperscript{149} UNICEF partners with one local CSO, Portage, to specifically reach children with disabilities although this was a CPiE intervention rather than a direct GBViE intervention. Within the GBViE response, there is limited evidence of efforts to reach women and girls with disabilities. Various partners report that women and girls with disabilities are not excluded from services, but no specific activities have been designed to actively reach them.\textsuperscript{150}

\textsuperscript{143} UNICEF and UNFPA KIIs
\textsuperscript{144} For the reasons explored under Section 4.2 Effectiveness, where data management is discussed
\textsuperscript{145} DWC and police KIIs
\textsuperscript{146} CCWB KII
\textsuperscript{147} UNICEF KII
\textsuperscript{148} WCO Kavre KII
\textsuperscript{149} Partner programme documentation, Shakti Samuha and Maiti Nepal
\textsuperscript{150} Various NGO IP KIIs
Furthermore, the government GBV services are not consistently disability-friendly; for example, the WCSC visited in Makwanpur has the counselling room on the first floor, creating access challenges for women and girls with mobility issues.

Key GBV / protection-related achievements of the emergency response between April 2015 and 31st December 2015 include:151

CP (and GBV-specific)

GBV
- 900 GBV watch groups in the 14 affected districts mobilised for GBV surveillance, monitoring and reporting

PSS
- 176,363 children, their caregivers, and GBV survivors provided with PSS support152
- eight radio messages a day on national radio channels, on stress management and counselling, including GBV issues, and more than 80,000 posters on key messaging around PSS disseminated
- additionally, 2,650 (1,402 women and 1,248 men) social workers, and health workers were trained on PSS including GBV issues

Trafficking
- 86 police checkpoints established; 1,851 (1,437 girls, 825 women, 414 boys, and 176 men) intercepted from being trafficked153
- 13,408 families with a child or woman most at risk of trafficking provided with one-off payments of emergency financial support of NRS 5,000 (approximately USD 50)
- An estimated 127,916 individuals (81,113 children – not sex disaggregated) reached with anti-trafficking messages154
- 40,000 flyers were distributed with anti-trafficking messaging

GBV Checklist
- In the GBV integration self-assessment checklist Child Protection scored themselves high across assessment, analysis and planning, resource mobilisation, and implementation of programmes. CP gave themselves slightly lower scores on implementation through GBV embedded in policies, communications and sharing, coordination, and M&E

ADAP
- UNICEF-supported radio programmes highlighting GBV and trafficking messaging, received 3,700 calls and text messages within the first four months

C4D
- Bhandai Sundai aired four times daily across 191 community radio stations and received 1,200 calls
- 1.8 million copies of various IEC materials including messaging relating to GBV and trafficking were produced
- 450 youth volunteers across 12 districts (53% male and 47% female) were trained for door-to-door messaging including GBV and trafficking messaging

Education

151 UNICEF CER – Consolidated Emergency Report 25th April to 31st December 2015
152 See Section 4.2 Effectiveness for further disaggregation
153 Even during the evaluation visit in April 2016 the Maiti checkpoints are still operating and one checkpoint visited by the evaluation team in Makwanpur reported intercepting five adolescent girls travelling with a non-related man just two days prior. The man is now in custody and the girls have been returned to their home areas.
154 UNICEF CER
5,474 teachers trained on PSS including GBV issues

Collaboration with the CP Family Preservation Project included identification of vulnerable children and adolescents: 38,000 vulnerable children were identified in an initial 8 out of the 14 Earthquake affected districts, and approximately 50% have so far received support from UNICEF

Approximately 15,000 vulnerable adolescents have been identified across 11 districts and they will benefit from the emergency-adapted ADAP life skills package (Rupantaran) provided as training support across nine months, and including specific GBV modules

GBV Checklist

In the GBV integration self-assessment checklist Education scored themselves strongest on implementation by way of embedding GBV issues in policies, and weakest on communication and sharing

Health

Two cases reported involved women being abandoned by their husbands after giving birth to girls rather than boys. The shelter homes were able to provide support and referral for these cases

11,333 pregnant and lactating women and their newborns and other children received support through the shelter homes, including hygiene kits and GBV awareness messaging

GBV Checklist

In the GBV integration self-assessment checklist Health scored themselves highest as assessing GBV safety issues within services, and lowest across assessment, resource mobilisation, communications and sharing, and maximising the quality of survivor care

Social Policy

USD $15 million provided as emergency top-up cash grant to 434,690 individuals. Whilst the programme itself did not specifically target GBV issues, it is felt by NCO that it contributed to a level of protection and prevention in relation to how the grants were used within households (either reducing household tensions and therefore reducing domestic violence, or reducing trafficking caused by economic hardship)

WASH

GBV Checklist

In the GBV integration self-assessment checklist WASH scored themselves relatively high across the board, with the lowest scores across resource mobilisation, embedding GBV mitigation strategies in polices, communications and sharing, and M&E.

5 PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

The NCO has a PSEA focal point and have started rolling out PSEA training agency-wide, “combining UNICEF and SGs policy” including the UN-wide “To serve with pride” video and accompanying PSEA taskforce materials. Five batches of training have been conducted, and national level training is now completed. Generally there is a clear understanding of PSEA among UNICEF staff including all procedures and guidelines for key actors such as the focal point and the Country Representative.

GBV Checklist

The modules of the emergency-adapted adolescent life skills package are: (1) my world (2) self-awareness (3) rights and responsibilities (4) gender and social inclusion (5) puberty (6) SRH (7) GBV (8) natural resources and DRR (9) personal hygiene (10) nutrition (11) civic participation (12) savings and expenses (13) livelihood options

155 The modules of the emergency-adapted adolescent life skills package are: (1) my world (2) self-awareness (3) rights and responsibilities (4) gender and social inclusion (5) puberty (6) SRH (7) GBV (8) natural resources and DRR (9) personal hygiene (10) nutrition (11) civic participation (12) savings and expenses (13) livelihood options
156 ibid
157 UNICEF CER
158 UNICEF KIs, Country Representative and Social Policy
159 UNICEF PSEA Focal Point KII

36
TPM processes were put in place without consideration for the need to orientate third-party monitors contracted by UNICEF and sent, by UNICEF, directly into vulnerable communities. The PSEA training within UNICEF has only recently commenced, meaning that for the next emergency there should be a higher level of understanding around PSEA issues to be embedded more readily and more easily in initiatives such as TPM.

UNICEF partners have a limited understanding of PSEA and, whilst some of them have ethical guidelines in place, this does not seem to cover PSEA in any detail\textsuperscript{160} which is a potential concern given that partners train social workers and counsellors who often work in the homes of vulnerable women and girls.

6 GOOD PRACTICE CASE STUDIES

See attached.

7 CONCLUSIONS

The conclusions are categorised under “Successes” and “Gaps and Challenges” and are order in alignment with the Findings.

Successes

1. \textbf{UNICEF is implementing a strong overall protection response to the Earthquake}, across GBViE and CPiE. UNICEF has successfully fundraised for the response overall, and has also been able to leverage pre-earthquake successes and programming such as a close relationship with Department of Women and Children (DWC), the police, and other government partners, and the extensive network of GBV Watch groups across the country.

2. \textbf{The relevance of UNICEF’s GBViE response is clearly aligned with national priorities} set within the protection cluster system (child protection in emergencies (CPiE) and GBViE), as DWC determine priorities and allocate roles and responsibilities. UNICEF’s focus is on anti-trafficking, PSS for children, their caregivers, and GBV survivors, and UASC&VC under a family preservation portfolio. Other necessary components of a comprehensive GBV response — such as Female-friendly Space (FFS), dignity kits, and referral pathways—are the remit of UNFPA at national coordination level, but supported by UNICEF protection officers at district level.

3. \textbf{The deployment of protection officers to the fourteen districts to support a comprehensive GBViE response at district level} through Women and Children’s Office (WCOs) was well-timed and relevant, and very much appreciated by districts and government partners. These protection officers support the coordination of GBViE and CPiE activities at the district level in the immediate emergency response phase.

4. \textbf{The anti-trafficking response is holistic in terms of covering awareness-raising, practical hardware prevention (checkpoints), and advocacy measures}. Anti-trafficking advocacy has been very successful with UNICEF supporting the Government to introduce three specific new emergency policies for trafficking; (1) the suspension of all inter-country adoptions; (2) a new regulation ensuring that no UASC could travel between districts without the express permission of the District Child Welfare Board (DCWB); and (3) the suspension of establishing any new children’s homes. The checkpoints have also been successful in preventing trafficking.

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\textsuperscript{160} For example, KII with TPO
5. **Within UNICEF there is generally good mainstreaming of GBV risk mitigation across different sectors**, despite the fact that the Inter-Agency Standing Committee (IASC) GBViE Guidelines are not well-known or used. Other (non-protection) clusters mainly have protection checklists which are being used to different degrees, dating from learning from the 2008 Nepal floods.

6. **UNICEF’s systems-strengthening approach within the GBViE Earthquake response** and working to build the capacity of government entities (such as WCOs, DWCBs, and the police) whilst also building capacity of civil society partners is aligned with good practice and successful. Specific achievements are evident through the three channels of programming supporting civil society – UASC&VC, PSS, and trafficking. Anti-trafficking work supported by UNICEF – by both NGO partners and Government entities such as the police – is particularly successful.

7. The fact that the cluster system in Nepal is government-managed and was activated very quickly is a factor in the initial success of coordination across the board. **DWC at national level and UNICEF and UNFPA have an excellent coordination relationship within the protection cluster and sub-clusters.** The collaborative, well-disciplined and well-organised relationship can be viewed as a model for protection cluster coordination. CP and GBV sub-clusters have clearly defined roles and responsibilities whilst also working jointly on guidelines and SOPs.

**Gaps and Challenges**

8. Whilst UNICEF was highly successful in overall fundraising for the earthquake response, **only a small percentage of funding (9%) of the planned budget was allocated to CP** (with GBViE activities being included within the CPiE budget).

9. Whilst UNICEF GBViE priorities aligned with national priorities, **it is not evident that these priorities were also the result of strategic decision making about UNICEF entry points in relation to a model of good practice for GBV emergency response**. Nor is it evident that UNICEF priorities were the result of UNICEF’s own assessment of needs rather than government-led and government-allocated priorities. UNICEF NCO not having a Theory of Change or strategic guiding documents contributed to this.

10. The GBV Watch Groups were well-mobilised to continue their usual activities during the emergency response and facilitated referrals for survivors; however, **there are some serious concerns about the potentially – unintended – exploitative nature of the GBV Watch Groups**. This relates to the danger watch group members report due to involvement and investigation into GBV issues in the community as well as the lack of formal recognition or compensation for what they are expected to do.

11. Within an overall successful anti-trafficking response, **it is less clear how relevant awareness-raising activities are as an emergency response measure**, compared with hardware prevention activities such as checkpoints, and policy and advocacy support.

12. **The GBV data situation in Nepal is complex and confused and, as a major player, UNICEF has not led or contributed towards improving the data landscape.** Different information management (IM) data systems are used and have not successfully been triangulated or consolidated to maximise understanding and trends. The UNICEF gender-based violence information management system (GBVIMS) data is not analysed against the global GBVIMS system used by other partners within Nepal, or other data sources – such as the Child Helpline 1098 – to track trends or monitor differences in reports and access to services. Additionally, the UNICEF GBVIMS has specific challenges, particularly
for recording at different levels of data management. At ward level, women in GBV Watch Groups are often illiterate and find it difficult to complete the forms. At district level WCO’s don’t have dedicated staff resources for data entry. Because of these challenges, the UNICEF GBVIMS cannot be used for emergency programmatic decisions in real-time.

13. Across the response, lack of livelihoods or economic empowerment opportunities for women and girls is a gap. In particular, shelter homes have little activity for women and girls to engage in or benefit from and this is a missed opportunity for livelihoods and life skills benefits, as well as assisting survivors to avoid returning to their homes.

14. UNICEF sectors do not integrate GBV indicators or monitoring and evaluation (M&E) considerations into planning as much as they could; so even though there are good examples of GBV risk reduction strategies, these are not embedded in programming and there is no means of measuring successful integration. Both the Social Policy emergency top up cash grant and the Third Party Monitoring (TPM) initiative are specifically missed opportunities where GBV indicators could be included.

15. UNICEF does not have any women’s development or women’s rights’ civil society organisational partners and therefore is missing the opportunity to build the capacity of civil society to address GBV, in particular related to GBV prevention. GBV Watch Groups are community mechanisms with limited training, funding, or capacity to respond to GBV issues in anything more than an extremely restricted manner.

16. Whilst coordination under the global protection cluster at national level is an excellent model, coordination at district level is less well-disciplined and more confused. Furthermore, coordination around data collection and management has remained a challenge.

RECOMMENDATIONS

Recommendation 1: Revisit UNICEF’s global corporate commitments to GBVIE

a. Without jeopardising or damaging the excellent coordination and collaboration between DWC, UNICEF, and UNFPA at national level, UNICEF should understand a minimum comprehensive GBVIE response as articulated within the UNICEF Resource Pack and ensure that this is a strategic consideration when negotiating and allocating roles and responsibilities within the Protection Cluster

b. If not immediately at national level, UNICEF should consider formalising the UNICEF coordination leadership role for GBVIE as well as CPiE at district levels, particularly following the support given to both areas by the 14 UNICEF deployed protection officers in the Earthquake response

Lead Responsibility: CP Chief with support from Gender Focal Point, Country Representative

When: immediately

c. Develop a GBVIE Theory of Change

- Develop a GBVIE ToC which aligns with corporate commitments and the ToC in the Resource Pack and is also contextualised for Nepal. The process of developing this ToC should assist Nepal Country Office (NCO) in finding a clear GBVIE niche. The ToC should cover all elements and components of a holistic response and how different actors contribute to the different elements in disaster response and would be integrated within the broader CP ToC.

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161 The recommendations are structured in order of importance
- Ensure focus and language within the ToC systematically includes women as well as girls, as per UNICEF global corporate GBV commitments

*Lead Responsibility:* CP Chief with support from Gender Focal Point, CP Team  
*When:* ready for inclusion in the CPD

d. Formalise this clear commitment to GBVIE in the next CPD  
*Lead Responsibility:* CP Chief with support from Gender Focal Point, CP Team  
*When:* ready for inclusion in CPD
e. Consider investing in specific GBV staff and a CP team structure which allows for a discrete GBV sub-unit  
  - The GBV sub-unit would sit within the CP team but have very clear linkages with other Sections, particularly Adolescent Development and Participation (ADAP).  
  - The GBV budget should be clearly delineated and ring-fenced.  

*Lead Responsibility:* CP Chief  
*When:* to be budgeted for in new CPD

f. Develop a UNICEF good practice document for preparing and responding to GBV in emergencies drawing on this earthquake response experience  
  - Good practice that establishes a baseline for response in Nepal and builds on good practice and lessons learned.  

*Lead Responsibility:* CP Chief  
*When:* together with developing the ToC

**Recommendation 2: Rethink support to GBV Watch Groups**

a. Review the current model and develop a plan to strengthen this model, ensuring that UNICEF and WCO clearly agree responsibility for safety and support of women in the watch groups; and that UNICEF recognises the voluntary and non-professional nature of the watch groups, ensuring members do not undertake investigation or family mediation  

b. However the model is adapted, ensure close monitoring and ongoing support to the watch group members, including additional training where necessary such as in psychosocial support  

*Lead Responsibility:* CP Officer for GBV Watch Group programme, with support of CP Chief  
*When:* immediately

**Recommendation 3: Assume a leadership role in consolidating and centralising GBV data**

a. Allocate resources to lead an inter-agency task force with the objective of rationalising, consolidating, triangulating and utilising data from all different GBV data sources for effective programming  

b. Establish systems for the task force to feed data back into programming and indicators to show how programming is adapting and changing based on analysis of all the different data sets  

*Lead Responsibility:* allocated CP Officer  
*When:* 2017

**Recommendation 4: Undertake targeted interventions to immediately improve overall prevention programming**

a. Consider strategies for livelihoods and increased support to vulnerable women and girls  
  - Develop partnerships and programming for activities for women in safe houses – livelihoods, economic empowerment activities, and literacy and life skills
b. Develop a broad-based social norms project using existing networks
   ➢ Consider prevention programming targeting Child Marriage as a global UNICEF corporate priority, and a clear issue within Nepal even if the emergency response did not focus on this
   ➢ Consider prevention programming targeting domestic violence and intimate partner violence (IPV) as the most prevalent issues raised during the RTE. It is strongly recommended to consider the Communities Cares model.

Leads Responsibility: allocated CP Officer and ADAP Officer
When: 2017

   c. Rethink strategic partnerships and seek broader women’s development / women’s rights’ partners with the aim of strengthening women’s development civil society for GBV emergency response. This would be in addition to, rather than replacing, the current partners specialised in anti-trafficking, PSS and children's rights’

Leads Responsibility: allocated CP Officer
When: 2017

Recommendation 5: Plan for systematic improvement of integrated programming across all Sections
a. Undertake a comprehensive roll out of 2015 IASC GBViE Guidelines across UNICEF sectors. Ensure current (and planned) good practice for integrated GBV programming is systematically captured and learnt from and have GBV indicators in all Section M&E emergency plans

Leads Responsibility: allocated CP officer and allocated GBV focal points in all Sections
When: 2017

b. Use this opportunity to insure GBV considerations are integrated with the Social Policy Cash Grant Round 2
   ➢ Consider how the design can be best suited to ensure risk mitigation for women and girls
   ➢ Ensure GBV questions are included in assessments, surveys, and monitoring indicators

Leads Responsibility: Social Policy
When: 2016

Recommendation 6: Develop a plan for strengthening GoN preparedness planning and emergency response
a. UNICEF should work with government partners to ensure the IASC GBV Guidelines are fully embedded across all sectoral responses and at national and district levels.

b. As part of this process, consider cross-country learning for Government counterparts and stakeholders on GBV prevention and response issues, and consider a plan for how UNICEF can support this learning for GoN regionally and globally, such as:
   ➢ Developing a framework for how inter-country learning within UNICEF will be systematically passed on to Government counterparts
   ➢ Facilitating government partner exchange visits regionally or globally for trafficking or child marriage initiatives
   ➢ Ensuring this learning is used by both the Government of Nepal (GoN) and UNICEF to strengthen capacity for preparedness planning

Leads Responsibility: allocated CP officer
When: 2017
Annex 1: Evaluation Questions

Relevance
1. To what extent is UNICEF GBVIE programming for care, support, protection, and risk reduction based on:
   a. assessed needs and data analysis? (Are the different needs of needs of women, adolescents, and children considered separately?)
   b. established good practice for GBVIE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors provided with appropriate services and support?)
2. To what extent has risk reduction been integrated into other UNICEF sector programmes?
3. To what extent do GBVIE programmes adapt to changing needs, and how well are the changing needs documented?
4. How well have views of survivors and other high risk groups (adolescent girls, women, children) been reflected in programme assessment, design, implementation and monitoring? (covers AAP)
5. Are programmes built on a clear Theory of Change for GBViE programming? To what extent is this consistent with a corporate/regional Theory of Change and with UNICEF standards and guidelines expressed through the CCs or elsewhere?)
6. To what extent has a HRBA been taken in design, implementation, and monitoring of GBViE programming?

Effectiveness
7. To what extent have UNICEF GBVIE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?
8. How quickly has UNICEF been able to establish services at the scale required?
9. To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents and children?
10. Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved / likely to be achieved?
11. Which have been the most/least effective programmes? Why?
12. How systematically have results been captured/used/learned from?
13. How and how effectively has 1) UNICEF leadership and 2) technical support from HQ, regional and country levels contributed to the effectiveness of UNICEF GBViE programming? Including ensuring that GBViE is included in the earliest response strategies and funding priorities?

Connectedness and Sustainability
14. How, and how effectively does UNICEF GBViE programme design and implementation link emergency programming with UNICEF’s longer-term programming to prevent and respond to GBV? Is UNICEF’s approach to GBViE built into its conceptualisation and implementation of sustainable resilience programming?
15. How effectively have partnerships with civil society and government been built to address planned GBVIE outcomes?
16. How and to what extent has the capacity of local and national partners been strengthened through the programme?
17. To what extent has UNICEF’s internal and external advocacy contributed to improved GBV response and prevention? (Including clarifying UNICEF’s specific programme and leadership roles?)

Coordination
18. To what extent are programmes consistent with good practice (Resource Pack and revised GBViE Guidelines)
19. Does/how does UNICEF add value to the GBViE response (through leadership, standard setting, coordination)?

Coverage
20. Are there any gaps in GBVIE programming (specialised and integrated) in terms of geographical and demographic coverage? - how has UNICEF (a) identified the gaps and (b) taken action to close the gaps?

Efficiency
21. To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?
22. To what extent have UNICEF inputs achieved value for money outputs?
### Annex 2: Interviews/Workshops participants

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<th>Name</th>
<th>Organization</th>
<th>Position</th>
<th>M/F</th>
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<tbody>
<tr>
<td>Jaya Burathoki</td>
<td>UNICEF – ADAP</td>
<td>ADAP Programme Officer</td>
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<td>Yuki Sakurai</td>
<td>UNICEF – ADAP</td>
<td>Chief, ADAP Section</td>
<td>F</td>
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<td>Ashma Shrestha</td>
<td>UNICEF – C4D</td>
<td>C4D Emergency Officer</td>
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<td>Sanju Bhattarai</td>
<td>UNICEF – C4D</td>
<td>C4D Officer</td>
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<td>Dipak Shrestha</td>
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<td>Nisith K Shrivastava</td>
<td>UNICEF – CP</td>
<td>CP Officer</td>
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<td>Patricia Landinez</td>
<td>UNICEF – CP</td>
<td>CPE Specialist</td>
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<td>Radha Gurung</td>
<td>UNICEF – CP</td>
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<td>Rajan Burlakoti</td>
<td>UNICEF – CP</td>
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<td>Upama Malla</td>
<td>UNICEF – CP</td>
<td>CP Officer</td>
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<td>Virginia Perez</td>
<td>UNICEF – CP</td>
<td>Chief, CP Section</td>
<td>F</td>
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<td>Yamuna Shrestha</td>
<td>UNICEF – CP</td>
<td>IM Officer</td>
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<td>Mohan Masarangi</td>
<td>UNICEF – CP</td>
<td>IMO / M&amp;E Officer</td>
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<td>Marian Hodgkin</td>
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<td>Marilyn Hoar</td>
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<td>Shairose Mawji</td>
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<td>Asha Pun</td>
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<tr>
<td>Sita Shrestha</td>
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<td>Rabina Thapa</td>
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<td>Parbarti Shrestha</td>
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### Annex 3: Mission Itinerary

#### Group 1

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<th>Monday 18(^\text{th}) April</th>
<th>Tuesday 19(^\text{th}) April</th>
<th>Wednesday 20(^\text{th}) April</th>
<th>Thursday 21(^\text{st}) April</th>
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<td>CP (Dipak)</td>
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<td>WASH</td>
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<td>Police / WCSC</td>
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<tr>
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Annex 4: Bibliography

IASC Guidelines for Integrating Gender-based Violence in Humanitarian Action, 2015
Draft GBVIE Programme Resource Pack, CPS, UNICEF
UNICEF CPD 2013-2017
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