

Combating Gender Based Violence During Pregnancy Project

**Endline Survey
Report
2008**

Serving people with Care

Acronyms

BCC	Behaviour Change and Communication
CAG	Community Advocacy Group
CBO	Community Based Organisation
CHW	Community Health Worker
FGD	Focused Group Discussion
FPAN	Family Planning Association of Nepal
GBV	Gender Based Violence
GO	Government Organisation
IEC	Information, Education and Communication
INGO	International Non Government Organisation
IPPF	International Planned Parenthood Federation
J-VAW	Journalists Forum against Gender Based Violence
MCHW	Maternal and Child Health Worker
MCPF	Micro Credit Programme Facilitator
MOU	Memorandum of Understanding
NCAGBV	National Coalition Against Gender Based Violence
NGOs	Non Government Organizations
PAs	Partner Agencies
RH	Reproductive Health
RHFV	Reproductive Health Female Volunteers
SARO	South Asian Regional Office
SRH	Sexual and Reproductive Health
SSG	Survivor Support Group
VDC	Village Development Committee

Executive Summary

Background

The socio-cultural, economic, religious and traditional roles and responsibilities in Nepal have led to a system of institutions which prevent Nepali women from enjoying equal opportunities. Nepali women are the most disadvantaged whether from a gender, caste, ethnicity, language, religion, economic or geo-political parameter. One of the worst parameters brought about by such disparities is the gender based violence in its varied forms. Conditions worsen for women during their pregnancy, which results in negative impacts on both mother and child. This current Endline Survey is an attempt to analyse a project aimed at combating gender based violence during pregnancy.

The Endline Survey employs qualitative and quantitative methods for the purpose of analysis. Information is based on data collected from target samples, information gathered from the FPA Head Office as well data from branch offices. The overall project has been undertaken with the hope of achieving the following results:

- Increased institutional capacity of FPA to protect rights and entitlements to women who experience GBV and to advocate against GBV during pregnancy
- Women and girls are empowered to advocate for their rights
- Government, including law enforcement agencies, are engaged in policy debate to protect and uphold women's rights and prevent GBV
- Increased knowledge about institutionalization of best practice models SRH providers.

Survey sample groups were finalized following discussions with the FPA Head Office, with sample groups being similar to those interviewed during the Baseline. The major samples within this Endline are FPA Clinical and Non-Clinical Health Service Providers, Women Police Cell representatives, Government Lawyers and Private Lawyers, Survivors, Partner Agencies at District Level and Partner Agencies at National Level, as well as Community Advocacy Groups and Survivor Support Groups.

The overall Endline Survey report looks at the achievements of the project and the highlights and success stories resulting from it. The following paragraphs are a summary of the overall survey report.

Major Project Strengths and Lessons Learnt

A summary of the major assets of this project have been discussed in the following paragraphs, which have been identified from the Endline Survey findings.

- At the community level the project strategically employed a multi-disciplinary approach to raise awareness level among the community members as well as pregnant and non-pregnant survivors. FPA non clinical service providers have proved to be an indispensable entry point for awareness raising on GBV, while ongoing CAG and SSG activities have increased understanding and initiatives to support survivors from an economic, social and health perspective, work towards preventing GBV and even addressing the perpetrators.

- CAGs have become an indispensable mechanism in the effort for increasing awareness level continually. Rallies, street dramas, and other modes of information dissemination have led to increasing number of women wanting to join CAGs. CAGs are also working as a part of the referral mechanism to identify survivors and provide counseling.
- SSGs consisting of pregnant and non-pregnant survivors are addressing their specific needs. Solidarity within the SSG have proved to be counseling points. More importantly through micro credit programmes SSGs have effectively helped empower a number of pregnant and non-pregnant survivors.
- FPAN Non Clinical Service Providers, are the link between the FPA clinic and the community. On one hand they help screen survivors and perpetrators, while on the other they raise awareness on a regular basis about GBV, the services available at the FPA clinic and even make referrals. Clinical health service providers have become important support groups through the health sector. Their increased knowledge, capacity and skills on GBV their ability to detect, enquire and provide necessary services such as making referrals to police, lawyers, shelters, etc - besides attending to injuries are an asset towards building the confidence and self-esteem of clients and survivors.
- Some private lawyers interviewed during this survey period indicate close working relation with FPAN whereby FPAN makes referrals to the lawyers for provision of legal services to survivors. However, the linkages with the government lawyers are not so prevalent, which as indicated by FPA personnel are a result of ethical dilemma faced by government lawyers.
- Police women cell indicate a positive approach towards supporting GBV survivors. Compared to the Baseline period there is increased awareness and understanding within this vital element which plays a critical role in GBV prevention and support.
- Micro credit programmes which pregnant and non pregnant survivors are able to access through the SSGs are change factors in the lives of the survivors. Despite the care of injuries and the counseling they receive, social and economic change in the daily lifestyles of many is brought about by loans they access to initiate small enterprises.
- Partner Agencies at District and the National Coalition are fundamental aspects of any GBV programme. They support each other in meetings, workshops and training. Referrals through telephone, letters and other means are used for close contact and for updating each other about their activities.

Recommendations

- Continuity of the GBV project is a strongly recommended based on the Endline Survey findings. The social change, results and outputs which have come about during this two year period highlight the value such a project can play in the overall development of a woman, her family and the community.
- Mainstreaming of GBV screening in all FPA clinics is recommended based on experiences of this current project. Screening identifies the most needy, linking pregnant and non pregnant survivors with various referral services. Therefore, training on GBV to ensure appropriate knowledge, attitude and practice for addressing GBV must be mainstreamed into all FPA programmes. Scaling up of the

programme in the current districts and incorporating GBV in other regular health programme is highly recommended.

- CAGs are a critical tool in preventing GBV and advocating against it. It is recommended CAGs become an intrinsic component of all FPA projects to address RH issues of pregnant and non pregnant women more comprehensively. SSGs, in places where they have been mobilized have empowered survivors, helping to raise the socio-economic status as well as the confidence level of survivors and should also be mainstreamed within FPA programmes.
- Screening Formats bring out rich data on the socio-demography of survivors. These must be compiled and analysed to generate valuable information on survivors, the severity of problem among specific ethnicity, areas and district and the type of programming needed in support and empowerment of survivors.
- It is now a proven fact that experiences of a mother impact the unborn child also. The survey recommends specific analysis of pregnancy and the linkages with GBV, and the impact on both mother and child due to GBV.
- Advocacy efforts such as rallies, posters and street dramas have proved productive and informative to survivors. Rallies in particular have been identified as a major advocacy tool at both national and district level and are recommended to be adopted in other districts also for gathering support.
- Networking and partnerships at district and national level are assets in a GBV programme. Based on current project experiences, recommendation from the district level for formal understanding with all partner agencies is recommended for greater survivor benefit.
- During FGDs with SSGs and CAGs reference to threats from the perpetrator and perpetrators' family members come up time and again. The Endline recommends that community based security support mechanisms are devised to support SSGs and CAGs and their members.
- Major project strength lies in referrals. Documentation and detailed analysis of information on the type of referrals, the services availed and challenges faced by survivors will help determine the pull-factors among survivors and enable more survivors to avail service.
- The NCAGBV must be strengthened and as far as possible must be managed by a body that will sustain the initiatives rather than one aiming for completion of project results.

Chapter 1: Introduction

This chapter gives a brief picture of the existing situation of gender based violence (GBV) in the country and why the current survey was undertaken. Mention is made of the objectives of the survey.

1.1 Gender Based Violence in Nepal

It is stated that around the world at least one woman in every three has been beaten, coerced into sex or otherwise abused in her lifetime.¹ Different forms of violence are faced by women - from before birth, during childhood, adolescence and reproductive age to old age. The costs of GBV on women are tremendous - repercussions lead to mental, physical and social dysfunctions. Worse still, the impacts reach out to her children, family members and community as well.

The UN Secretary General's 2006 report, "In-depth Study on All Forms of Violence Against Women: Report of the UN Secretary General" states that "violence places women at higher risk for poor physical and reproductive health....The impact of violence is far reaching as the overall economic and social development of nations is also negatively impacted as it results in women being unable to fully participate and contribute physically or creatively. Thus in 1993 the UN General Assembly passed the Declaration on the Elimination of Violence Against Women (VAW) and indicated the following definition of what constitutes VAW, "*Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life*". (Declaration on the Elimination of VAW, article 1). Conditions become worse when women face the violence during pregnancy and post pregnancy period, leading to multiple impacts on mother, foetus and newborn child.

In Nepal, socio-cultural, economic, religious and traditional roles and responsibilities have led to a system of institutions which prevent Nepali women from enjoying equal opportunities. Nepali women are the most disadvantaged whether from a gender, caste, ethnicity, language, religion, economic or geo-political parameter. The wide literacy gap (male=64%; female=39%)² is a glaring indication of Nepali women's social standing in the country and reflective of more complex gender issues that remain overlooked. Conditions are worse in remote and rural areas. Access to property is low and only 4 percent of the households have female ownership of both house and land. Most women-workers - over 70 percent are confined to self-employed, unpaid and low-wage informal sector activities.

¹ Centre for Health and Gender Equity. 2000. "Population Reports. Ending Violence Against Women". Volume XXVII, Number 4. USA.

² His Majesty's Government of Nepal. 2004. Nepal Living Standards Survey 2003/04: Statistical Report. Volume 1. National Planning Commission Secretariat. Central Bureau of Statistics. Kathmandu

But the process of embracing GBV as a core development aspect has been slow. In many remote villages, GBV remains an 'unknown issue'. Social norms and values condition many Nepali women to believe it is their '*karma*', their sufferings an outcome of sins of a previous life. Traditional forms of GBV such as child marriage, polygamy, dowry and related violence, bonded labour, and accusations of witchcraft are an inherent aspect of different segments of society, with many communities having women believe it is a 'normal' part of their lives. Widows in Nepal are some of the worst treated in South Asia. Furthermore, while domestic violence is seen as a 'private family affair' - intervention by outsiders is disapproved. Other forms of GBV often remain hidden and unknown.

1.2 Survey Background

Family Planning Association of Nepal (FPAN) with the support of the International Planned Parenthood Federation and Department for International Fund (IPPF/DFID) has been implementing the project entitled "Combating Gender Based Violence During Pregnancy Period Project" since 2005. The project aims to protect the rights and entitlements of women who are at risk of, or are experiencing gender based violence (GBV) with a specific focus on pregnant women. The project "addresses the infringement of rights of women who experience violence during pregnancyand the absence of effective institutional responses to protect women at risk of violence".³ Another project focus is to address deeply rooted gender inequality and discrimination by making women aware of their right to a life free from coercion and violence. The project hopes to bring about the following results:

- Increased institutional capacity of FPA to protect rights and entitlements to women who experience GBV and to advocate against GBV during pregnancy
- Women and girls are empowered to advocate for their rights
- Government, including law enforcement agencies, are engaged in policy debate to protect and uphold women's rights and prevent GBV
- Increased knowledge about institutionalization of best practice models SRH providers.

A Baseline Survey was undertaken in 2005 (at the beginning of this project) whereby some major project stakeholders were interviewed. The Baseline Survey assessed the GBV knowledge level of respondents, the capacity of the service providers to support GBV survivors and existing partnerships and referrals among the district level partners. Currently, an Endline Survey aimed at assessing the impacts and outputs of the project against the Baseline have been carried out. As stated in the Terms of Reference the current Endline Survey aims at incorporating lessons learnt, challenges and gaps and recommendations to look into the following issues and assess the change that have occurred over the project period:

- Level of capacity building to increase knowledge, skill and awareness of staff to impact violence during pregnancy and provide non-judgemental services

³ Responses to Gender Based Violence: A GBV Screening Protocol for the Project Combating Gender – Based Violence During Pregnancy. FPAN.

- Strengthening of infrastructure to provide immediate practical support to women at risk of or experiencing GBV, e.g. to screen, care, counsel and/or refer to other agencies providing appropriate long term support, legal advocacy and protection
- Establishment of strategic partnerships for cross referrals and advocacy programmes
- Clinic/Branches in rural areas develop appropriate interventions to advocate against GBV during pregnancy during the immediate and long term
- Community led structures raise awareness targeting influential community and household members, eg. mother-in-laws, father-in-laws, religious and community leaders
- Work strategically in partnership with various key stakeholders to advocate against GBV by demanding appropriate institutional responses to protect women at risk of violence, take preventive measures and secure legal protection
- Increase in institutionalization of best practice models to address GBV problems during pregnancy by carrying out an end of project evaluation and sharing lessons learnt within IPPF globally, other SRH and related agencies.

Chapter 2: Survey Methodology

This second chapter looks into how the current survey was undertaken. The sampling method, the tools and strategies employed and the data collected are highlights of this chapter.

2.1 Survey Methodology and Approach

The current Survey employs qualitative and quantitative methods for the purpose of analysis. Information is based on data collected from target samples, information gathered from the FPA Head Office as well data from branch offices.

2.1.1 Sample Group: Survey sample groups were finalized following discussions with the FPA Head Office. Sample groups similar to those interviewed during the Baseline have been approached. These are the FPA Clinical and Non-Clinical Health Service Providers, Women Police Cell representatives, Government Lawyers and Private Lawyers. In addition fundamental groups brought about by project initiatives have also been included in this survey. They are Survivors, Partner Agencies (PAs) at District Level and Partner Agencies at National Level, as well as Community Advocacy Groups (CAG) and Survivor Support Groups (SSG).

2.1.2 Source of Information: Primary and secondary sources of information have been used to collect information. During the entire process due care was taken to ensure that questionnaires and checklists were used to bring out a comparative picture of changes brought about by the project. Questionnaires administered during the Baseline Survey were reviewed and necessary changes made for the current survey. Tools adopted for data collection for each sample group were as follows:

2.1.3 Tools for Primary Sources:

- Interview Questionnaires (Annex 1): Survivors, Clinical Health Service Providers, and Non-Clinical Health Service Providers
- Guidelines for In-depth Interview (Annex 2): Women Police Cell, Government Lawyers, Private Lawyers, Partner Agencies at district and Partner Agencies at National Level
- Focus Group Discussion (Annex 3): Community Advocacy Groups and Survivor Support Groups.
- Case Studies by Recall Method (Annex 4): Case studies of successful survivor empowerment cases were also collected using the recall methodology.

2.1.4 Secondary Sources:

Secondary sources of information include the project proposal, Baseline Survey Report, Annual Reports, Evaluation Report, as well as other documents pertaining to the project. Although all documents have been reviewed, only vital information has been incorporated where required.

2.1.5 *Sample Size*: Sample size for each group was reached following discussions between FPAN and the SAMANATA research team. The sample numbers for survivors, CAGs and SSGs were based on the following statistical calculations. The numbers are as follow:

- *Survivors*: Survivors are a core sample of the survey. But since there is no information about the possible size (p) from a pilot survey, the use of the fact that $p * (1-p)$ is at most $1/4$, corresponding to $p = 1/2$. Thus, it has been calculated that if the survey wants to be at least 90% confident that the error is at most 0.07, the required samples size is 134 (see Annex 5 for details).
- *FPAN Clinical Service Providers*: The total population size of this sample group was identified as 31. Statistical calculations (Annex 5) were made to reach a required sample size. This sample size $n = 25$ was divided between 5 districts.
- *FPAN Non Clinical Health Service Providers*: The total population size of this sample group was identified as 140. Statistical calculations (Annex 5) resulted in reaching a required sample size of 69. This sample size $n = 69$ was divided between 5 districts.
- *CAGs*: The sample was limited to 20% of total CAG number (64 groups) provided by FPA due to time limitations
- *SSGs*: 20% of total SSG number (160 groups) provided by FPA was identified due to time limitations.
- *Police in Police Women Cell*: 2 per district, as indicated by FPA.
- *Partner Agencies at District Level*: 2 per district, as indicated by FPA.,
- *National Coalition against GBV at Central Level*: A total of 4 members were interviewed.
- *Partner Agencies at National Level*: A total of 2 PAs per district were identified, as indicated by FPA.
- *Private Lawyers*: 2 per district, as indicated by FPA.
- *Government Lawyers*: 2 per district, as indicated by FPA.
- *Case Studies by Recall Method*: 5 per district as indicated by FPA.

The target number for the Police Women Cell, Government Lawyers, Private Lawyers, Partner Agencies in Branch, National Coalition Against GBV at Central Level as well as Cases Study of Survivor Empowerment were specified by the FPAN. The final target number and the final sample achieved during this Endline Survey are as follow:

Table 1: Target Sample Groups and Completed Interviews/FGDs

	Survivors		Clinical Service Providers		Non Clinical Service Providers		Police Women Cell		Pvt. Lawyers		Govt. Lawyers		CAGs		SSGs		Case Studies	
	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed	Target	Interviewed
Dhanusha	26	26	5	5	14	14	2	2	2	2	2	2	3	3	6	6	5	5
Makwanpur	27	27	5	3	14	14	2	1	2	2	2	1	3	3	6	6	5	5
Nawalparasi	27	26	5	5	14	14	2	2	2	2	2	1	2	2	7	7	5	3
Rupandehi	27	24	5	5	13	13	2	2	2	2	2	2	2	2	6	6	5	3
Sarlahi	27	24	5	5	14	9	2	2	2	2	2	1	3	3	7	6	5	4
Total	134	127	25	23	69	64	10	9	10	10	10	7	13	13	32	31	25	21

Orientation to Research Officers: The interview and FGD questionnaires were finalized following feedback from the FPA Project Director and SARO Office. Upon finalizing the questionnaires, a team of four Research Officers, (including one involved during the Baseline Survey) were provided a day long orientation on survey objectives as well as the background of the project. Detailed discussion of the questionnaires and checklists were held with the Research Officers and necessary changes, in particular in language, was made in the questionnaire.

2.1.7 Data Collection: Due to time limitations as well as security situation in the Terai districts it was agreed that all Research Officers would visit the five districts together. Communications with FPAN District Branch Offices were maintained in advance to facilitate the process and administer interviews. Thus, upon completion of one district all Research Officers visited the following districts. The selection and interview process of the respondents were as follow:

2.1.7.1 Clinical Health Service Providers: Communication was undertaken with the FPAN District Managers of all the target districts who helped identify the clinical health service providers. They were either from their own offices or the nearby FPAN clinics. Questionnaires were filled up by the service providers themselves along in the presence of Research Officers who helped clarify any confusion.

2.1.7.2 Non Clinical Health Service Providers: With support of the district offices the non-clinical health service providers were identified by the district offices and nearby FPAN clinics and called to the district office to participate in the interview. Data was collected through individual interviews by the Research Officers.

2.1.7.3 Police Personnel in Women Police Cell: Following prior coordination with the Police personnel by the FPAN district office, Research Officers visited the Women Police Cell and conducted individual interviews for collecting the required data.

2.1.7.4 Private Lawyers: All private lawyers, who were members of the Bar Association, were pre-identified and informed by FPAN district offices. While some lawyers visited the FPAN office to provide data, Research Officers visited their offices in other cases. Data collected is a combination of questionnaires filled up by the lawyers themselves as well as those completed through interviews.

2.1.7.5 Government Lawyers: Following coordination by the FPA district offices, Research Officers visited the government lawyers who were informed about the research objectives. In most cases lawyers filled up the questionnaires and asked these be collected the following day.

2.1.7.6 Survivors: Survivors for the interviews were also identified by the FPA district offices. Survivors in and round the Municipality area were invited to the FPAN district offices where all Research Officers simultaneously conducted individual interviews. This was made possible as the survivors arrived at varying times throughout the day.

2.1.7.7 Cases Studies: Time limitations prevented the collection of the total required 25 cases. Most cases are based on survivors who are members of the SSG groups and their cases recorded following interviews for the SSG members.

2.2 Survey Limitations and Challenges

- Time constraint during this Endline Survey has been a severe challenge. This prevented the research team from carrying out a pre-test of the questionnaires.
- Time constraints allowed the Research Officers to spend approximately 3 days in each district. This prevented them from going to some of the more remote VDCs for data collection and FGDs. Furthermore, they were unable to complete some of the required sample number by going out to the VDCs.
- Limited budget and the need to cover all five districts has been another major challenge. This prevented the team from providing additional time to the researchers at the field level as well.
- Time and budgetary factors made the research team totally dependent on the FPA Branch offices for identification target sample. In addition these two factors have led most samples to be from around the Municipality areas.
- Volatile security situation in the Terai also prevented researchers from going into VDCs to collect data.

Chapter 3: Project Progress and Achievements: Quantitative and Qualitative Results

This chapter looks at activities planned and undertaken during the project period. Progress and achievements are presented based on the qualitative and quantitative results achieved during progress period. Discussion is set out according to Project Outputs.

3.1 Output 1: Increased institutional capacity of FPA to protect rights and entitlements to women who experience GBV and to advocate against GBV during pregnancy

The nature of GBV demands that those serving GBV clients are well versed with the knowledge of the issue and possess skills to understand and address each case as per requirement. The project has over the 2 year period spent significant time and resources to build capacity of its staff personnel directly supporting GBV clients, as well as other stakeholders for the benefit of clients. An examination of project activities indicate a comprehensive response towards capacity building needs to ensure that knowledge imparted is useful and effective for survivor support. Nationally well known organizations and trainers have been used in building the capacities of project personnel. The following paragraphs highlight capacity building initiatives which have led to positive impacts on project outcomes.

3.1.1 Reaching Consensus on Project Plans and Objectives: From the initial project phase steps were taken to ensure personnel from all five districts are on the same platform with regards to project work plan and objectives. Intensive effort focusing on different levels of service providers have been made in this regards resulting in work plan revisions. The GBV Protocol has proved an effective tool in ensuring a common working strategy.

3.2.2 Understanding GBV and Knowledge Transfer: The project has taken care to ensure that appropriate and updated information on GBV, legal provisions, GBV counseling and protocols for screening clients were well entrenched within the staff and relevant stakeholders to ascertain that clients and survivors receive appropriate screening and services. The catalytic role of FPA personnel in social re-engineering through behaviour change and communication skills, legal knowledge of GBV formed a major component of capacity building initiatives (Table 1).

Table 2: Capacity Building Initiatives to Empower Project Personnel to Increase Survivor Support

Type of Training/Workshop	No. of Days	No. and Type of Participant	Impact of Initiative
Capacity Building January 2005	3 days	10 (Programme Director, Branch Managers, GBV Project Coordinator, Survivors, NGO representatives)	Clear understanding of operational and working definition of GBV, Revision of work plan.
Project Orientation March 2005	--	FPAN volunteers, staff, RHFV, Partner Agencies' representatives, government officials, local leaders, etc.	Stakeholders and programme personnel aware of project activities
BCC/Advocacy Workshop	4 days	Central level staff, Branch Managers, Counselors, youth volunteers, PA representatives	Helped identify project target audiences and communication linkages
Report Writing Training	3 days	(28) Branch Managers, Accountants, Counselor, Supervisor, MCPF, etc.	Improved report writing skills

Group Dynamic sand Micro Credit Management Training December 2006	3 days	20 (Supervisors, MCPF, volunteers, youth organizers and programmes officer)	Increased knowledge on economic empowerment and micro credit, group dynamism and roles and responsibilities of a group and its leaders.
Training on Micro-Credit Management Skills to Project Facilitator December 2006	--	5 (Micro Credit Programme Facilitators)	Enhanced knowledge and skills of Micro Credit Facilitators related to micro credit programme
Leadership Development and Social Mobilisation Skills, 3-7 December 2006	5 days	21(Supervisors, MCPFs, youth organizers, programme officer, programme assistant)	Enhanced skills to become better leaders and tools to help mobilize various stakeholders
Training on Correct Use of IEC/BCC Materials	1 day	122 (PA representatives, CAG members and staff members)	Increased confidence on how to use IEC/BCC materials
GBV and Legal Provisions, 13-15 August 2006	3 days	21 (Branch Managers, Supervisors, MC Facilitators, Pos, volunteers, etc.)	Increased knowledge on women's rights and empowerment to help support survivors.
Study Visit	--	21 (Supervisors, MCPF, volunteers, service providers, PO)	Enhanced knowledge on lessons learnt and successful practices, skills for effective communication and listening, dealing with GBV survivors and appropriate referrals.
Counseling Training (GBV Focused)	3 days	15 (Supervisors and service providers)	Enhanced skills of participants to counsel survivors and refer them appropriately
BCC Training to Staff on GBV	3 days	20 (Branch Manager, Programme Assistant, MCPF, youth organiser.)	Enhanced knowledge and effective communication and listening skill, capacity building of participants to understand and apply communication strategy, etc.
Experience Sharing of Programmes, Share experiences, challenges and successes	--	23 (Branch volunteers, Branch Managers, Supervisors and MCPF)	Sharing of lessons learnt and future action plan based on learnings
Physical Facility to Staff	--	MCFP and Supervisors	Provision of SIM cards for their safety
Information Support			Staff provided with information and reading materials on GBV, news, etc. provided and shared with staff.
Upgrading of Clinics/Office		Five Project Offices	Improved and better equipped branch office and outreach clinics to facilitate and provide service to survivors.

As a result of these capacity building inputs service providers' capacity and knowledge in screening and supporting survivors of violence increased (Table 2). These initiatives have led to project personnel identifying and recording various forms of abuses as evidenced by their responses (Table 3).

Table 3: Type of Skills and Knowledge Strengthened to Screen and Support Survivors

Skills Strengthened	% of valid case	
	Clinical	Non Clinical
Have a better understanding and skills of the GBV issue	90.9	90.8
Can talk more openly about it	95.5	83.1
Reduction in fear of threat to FPA service provider	45.5	55.4
Reduction in fear of survivor's security	40.9	35.4
Feel confident that survivor can access support from CAG	72.7	81.5
Information on referral system to boost confidence	72.7	70.8
Had clear skills from the training programmes	72.7	93.8
Others	4.5	4.6
Valid cases	100.0	100.0

Table 4: Type of Injuries Identified during Practice by Clinical and Non Clinical Service Providers

Abusive Injuries Identified during Practice	% of Valid case	
	Clinical	Non Clinical
Pulling hair	73.9	87.7
Beating – slapping, kicking, etc.	100.0	100.0
Injury with blunt instrument	82.6	83.1
Injury with gun	8.7	1.5
Acid burns	8.7	15.4
Burns other than acid burns	60.9	43.1
Verbal abuse	87.0	100.
Psychological abuse	91.3	95.4
Others	26.1	33.8
Valid Case	100	100

3.1.3 Social Mobilisation and Group Strengthening: GBV is not easily divulged and requires social mobilisation skills to even motivate pregnant and non pregnant survivors to reach out for support. Empowerment of survivors and continued support leads to group mobilization and strengthening. Thus understanding social mobilization norms and values forms a core of the capacity building tools to enable project staff to empower survivors. As a result of these initiatives a total of 66 Community Advocacy Groups (CAGs) in 75 VDCs and 160 Survivors Support Groups (SSGs) have been successfully mobilized and their capacities strengthened to look into the needs of survivors.

3.1.4 Micro Credit Management Skills: Increasing the knowledge base of survivors alone is insufficient for their empowerment. Economic empowerment is a strong push factor. Micro-credit loans form an integral part of the support being provided to identify pregnant and non pregnant survivors. Twenty five project personnel involved in the micro-credit component were trained to enhance skills on ensuring appropriate management of loans by survivors. As a result of these initiatives and training accessed by project personnel and SSG leaders, 680 pregnant and non pregnant survivors had taken loans till December 2007.

Table 5: Number of Survivors involved in Micro Credit Programme (Apr. 2006 - Dec. 2007)*

Branch	No. of Loan Takers
Dhanusha	154
Makwanpur	103
Nawalparasi	114
Rupandehi	200
Sarlahi	109
Total	680

* Source: FPAN Head Office, Kathmandu

2.1.5 Study Visit and Experience Sharing: Exposure visits and experience have proved to be a valuable means of building on successes and overcoming challenges. A total of 44

project personnel ranging from Branch Managers and Supervisors to Micro Credit Facilitators and volunteers participated in such an initiative (See Table 1).

3.1.6 Physical Support to Staff and Clinics/Branches: Effective support demands the need for support facilities for both staff and the clinics. Thus mobile SIM card facilities and vehicle were provided to supervisors and micro credit facilitators. Clinics/Branches have also been upgraded with equipment to better serve survivors (See Table 1). Regular information services were also provided to update them on GBV issues and enable them to transfer knowledge.

3.2 Output 2: Women and girls are Empowered to Advocate for their Rights

The ultimate objective of the project is to enable girls and women to advocate and demand for their rights. A large portion of the programme therefore focuses on diverse means of identifying survivors, bringing them together, empowering them through knowledge and skills and providing various support services for their immediate and long term relief. The following paragraphs present a picture of programmatic efforts which have led to women and girls' empowerment.

3.2.1 Identifying Survivors:

Counseling, Screening and Referral: Based on the capacity building of service providers to screen and record survivors a large number of clients were pre-counseled (Table 4) and screened during the project period. These include both pregnant and non pregnant women. Although initially the focus was to be primarily on pregnant women, it was later realized that such data would be very limited as discussing GBV issue alone is a sensitive issue and most are unwilling to open up about it. Therefore information on non-pregnant were also collated. Till the end of December 2007 altogether 36,957 women attended the clinics, amongst which 16 percent were screened as GBV survivors (Table 5). Data from across the five districts substantiates that service providers are capable of identifying and recording cases according to psychological, physical, economic, sexual, and other GBV (Table 6). Survivors have been identified through various means such as non clinical health service providers, clinical service providers, CAGs, SSGs, and even through referrals by other stakeholders such as NGOs, lawyers, hospitals, etc.

**Table 6: Pre-Counseled Cases
(Jan. 2006 – Dec. 2007)***

Branch	Pre-Counseled Cases
Dhanusha	1,681
Makwanpur	14,189
Nawalparasi	3,654
Rupandehi	15,153
Sarlahi	917
Total	35,594

* Source: FPAN Head Office, Kathmandu

**Table 7: Data on Survivors Screened at the FPAN District Clinics
(Oct. 2005 – Dec. 2007)***

Branch	No. of Women of Women Attending Project Clinics	No. of Visits made by Total Women Attending Project Clinics during Project Period	No. of Women Screened at Clinics	Identified Survivors	Identified Pregnant Survivors	Percentage of Identified Survivors
Dhanusha	3669	1681	1681	1230	329	33.52
Makwanpur	7558	14189	14189	869	82	11.50
Nawalparasi	8070	3654	3654	1714	287	21.24
Rupandehi	8238	15153	15153	1085	97	13.17
Sarlahi	9422	917	917	997	121	10.58
Total	36,957	123,312	35,594	5,895 why this number is not same as in Table 8 identifies survivor numbers????	852	14

* Source: FPAN Head Office, Kathmandu

Table 8: Type of Violence Screened during Project Period (Dec. 2005 – Dec. 2007)

District	Women atnd. in Clinic	Identified Survivors	Types of Violence Screened				
			Physical	Sexual	Economical	Psychological	Others
Dhanusha	24922	1230	378	246	335	271	
Makwanpur	16343	847	298	263	392	450	92
Nawalparasi	12951	1713	610	86	209	691	
Rupandehi	17092	1176	331	110	491	273	
Sarlahi	20175	997	687	257	517	716	1
Total	91,483	5,963 (6.52%)	2,304 (38.64%)	962 (16.13%)	1,944 (32.60%)	2,401 (40.26%)	93 (1.56%)

* Source: FPAN Head Office, Kathmandu

3.2.2 Empowering Survivors:

SSGs and their Meetings: Experiences in other GBV projects indicate survivors have better opportunity to protect themselves from violent situations if mobilized into groups. This will lend them strength and solidarity as well as work as counseling and support groups. During the project period a total of 160 SSGs have been formed across the five districts with 1239 survivors organized into groups. A total of 1629 meetings have taken place within this period. In addition SSG leaders have also been meeting to discuss the GBV issues, raise awareness, resolve problems and empower SSGs.

Referral Services: Screening has enabled survivors to access legal, social, psychological and other forms of support. To date 172 cases have been referred to other organizations through this project. Some 90 survivors have accessed legal services. Referrals are working both ways as organizations are referring cases to FPAN as well for more holistic survivor support.

Other Support Services: Immediate needs of survivors such as emergency medical services and support such as legal fees, children's school education, clothing, food, etc. are

also provided to the neediest through the GBV project. This has enabled survivors to have greater faith in the FPA's desire to support them, leading to large number of follow-up visits as well. **To date a total of 753 survivors have received consumption need support while emergency medical care has been accessed by 810 survivors. A total of 57 survivors have also received transit home support in extreme conditions where they had no place to turn to for refuge.**

Promoting Entrepreneurship Skills and Economic Independence: Taking into account that a major empowerment indicator is economic independence significant focus has been laid on developing the entrepreneurship skills of survivors by providing training. A combination of activities has been taken up in this regard. A total of 39 orientation programmes on entrepreneurship skills interaction programmes were organized for 638 survivors. Vocational and skill training have also been accessed by 78 survivors. Furthermore, micro credit skills have also been transferred through 4 training to 52 SSG leaders to facilitate the process and raise awareness via them among SSG members. As a result 680 survivors have already taken loans for various enterprises and the loan repayment rate till December 2007 was 98 per cent. Micro credit loan is also provided to the pregnant women with much attention trying to make sure that the business they undertaken is not too taxing and they are capable of getting benefit from this. As a result 48 were trained on First Aid, 7 involved as Community Health Workers, 1 trained on driving and others on bike repair. Another survivor has also been trained on cooking while 1 trained on driving, 2 on MCHW, 13 on sewing and 5 trained in CHW.

Empowerment through Advocacy Programmes: Massive advocacy initiatives have been undertaken at the grassroots level to raise community and survivor awareness on GBV. A major step towards this is the formation and mobilization of Community Advocacy Groups (CAGs) consisting of social and community leaders and former FPA personnel for the purpose of awareness raising, resolving problems, referring survivors, and mobilizing SSGs. CAGs have proved to be extremely effective. They have progressively worked towards preventing GBV through 66 groups in 75 VDCs. Both men and women can become CAG members. The capacity of CAG members have been strengthened through orientations on GBV and related issues. These orientation programmes were participated by 833 members. Thus far 1,722 members have attended the CAG meetings; 130 members participated in four gender sensitization programmes (See Table 7).

Legal Advocacy and Counseling Support: Without knowledge of GBV related legal issues survivors remain ignorant of rights and entitlements. Thus legal advocacy, support and counseling has formed a major aspect of the project activities. A total of 13 legal advocacy training programmes for 313 CAG members have been organized. The training programmes have strengthened their knowledge and advocacy skills. In the legal information and interaction activity programmes 49 survivors participated. However, in term of legal support advocacy and counseling 90 survivors have already accessed such support.

Other Awareness Programmes: Interaction programmes with community members are a regular feature of activities conducted to raise the latter's awareness. Activities ranging

from Festive Song Contest, Street Dramas and Women's Oratory Contests have been undertaken to advocate on the issues at community level. These programmes have all led to increasing support, greater respect and trust of survivors by the community members. (See Table 7)

Table 9: Progress/Achievements for Empowering Girls and Women

Training/Workshop/Programme	Target Group	Impact
GBV Screening Protocol	--	Protocol is developed and followed
Interaction Programme	Local community people/leaders, service providers,	Increased awareness on GBV and its effect
Counseling and Screening of GBV Survivors	Clients & survivors:35,594 cases pre-counseled 36,957 attend clinics 5,895 screened as survivors	GBV survivors identified and avail services
Referral Service	172 cases referred to other organizations	GBV survivors referred to district/zonal hospitals, Bar Associations, LACC, Maiti Nepal for appropriate services
Emergency Medical Care and Support	Consumption need support: 753 survivors Emergency medical care support: 810 survivors Transit home support: 57 survivors Legal support: 212 survivors	Increased confidence of survivors towards services; follow up services accessed
Formation of SSGs	160 SSGs formed 1,239 survivors organized in groups	Survivors come together for supporting and empowering each other
SSG Meetings	1,629 SSG meetings organized	Discussion of survivor problem, counseling, mobilization of micro credit, etc. increase and solidarity of survivors, increases know SRH issues, etc.
SSG Leaders' Meetings	79 SSG Leaders meetings organized 1,176 group leaders present	Increased awareness at community level; Platform provided to give awareness on RH, legal rights, empowerment, problems, use of IEC/BCC, etc.
Formation and Mobilisation of Community Advocacy Groups (CAGs)	66 group formed in 75 VDCs Total 607 members (190 men, 417 women)	CAGs comprising of community leaders, influential people, teachers, advocates, involved with I/NGOs, etc. are formed for community advocacy
Orientation to CAG Members	69 CAG orientations 833 CAG members involved in orientations	Increased knowledge of CAG members on women's empowerment, legal rights, use of IEC/BCC materials, involvement with other NGOs, CBOs, etc. for advocating on them
CAG Meeting	169 meetings held 1,722 CAG member attend meeting	Survivor support, women's rights, solution of survivor cases, follow up of advocacy cases, women empowerment, etc.
Entrepreneur Skill Interaction with Survivors	20 orientations on entrepreneurship organized; 340 survivors participate 19 skill entrepreneurship skills organized; 298 survivors participate in program	Survivors become knowledgeable about existing activities to improve their economic status
Micro Credit Management training to SSG Leaders	4 training; 52 survivors participate	SSG Leaders become knowledgeable about skills for economic improvement
Gender Sensitization Orientation to CAG Members	4 orientation programmes; 130 members participate	Increased awareness on GBV cases on community, role in supporting survivors and counseling survivors
Orientation on Legal Advocacy	13 training; 313 community leaders, CAG members, influential people trained	Increased understanding of survivor's legal rights
Vocational and Skills Development Training to Survivors	19 trained on First Aid; 7 involved as Community Health Worker; 1 trained on driving; others on bike repair; 1 trained on cooking	Enabled survivors to be self-sufficient and financially sound
Unusual Training to Survivors	29 trained on First Aid; 1 trained on driving; 2 on MCHW; 13 on sewing; 5 trained in CHW	
Educational Material Support to Survivors	Newspapers, books, magazines provided to SSGs	
Legal Advocacy/Counseling Support to Survivors	90 survivors access legal support	Increased understanding of survivor on legal knowledge and information, familiarization of community on legal process and supports.
Legal Information and Interaction Activity	49 survivors	Between lawyers and survivors
Festive Song Contest Street Drama Women Oratory Contest	91 participate in competition organized in 9 VDCs (5385 audience) 54 performances in 54 villages (18,000 approximate audience) 182 Women/Survivors contestants	Increased knowledge of survivors and community members on GBV

Deleted: supporters

Deleted: 13663 survivors participated in meetings

Micro Credit Revolving Fund	Loans taken by 680 Rs. 3,792,000 dispatched for micro credit programmes Repayment is 98% as of Dec. 2007	Empowered GBV survivor economically
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3.3 Output 3: Government, including law enforcement agencies are engaged in policy debate to protect and uphold women’s rights and prevent GBV

Programme activities remain incomplete without government and law enforcement agencies to reinforce them. During the project consistent effort was made towards engaging them in policy debates as a key project activity. Some of these efforts are:

Partnership Development: Networking has been developed either through MOUs or other understanding with partners at central level. The Ministry of Women, Children and Social Welfare and law enforcement agencies such as the police and lawyers as well other NGOs have been key targets for ensuring such networking leads to greater support of survivors. Coordination meetings have been regularly conducted in this regard.

National Advocacy Workshop Leading to National Coalition: A National workshop on GBV was organized to formalize the National Coalition Against Gender Based Violence. This was a critical platform which provided opportunity to 60 representatives who were given an opportunity to participate in a number of sessions including the status of GBV, baseline findings, and gender discriminatory laws. The workshop agreed to develop an advocacy plan for the Ministry of Women.

Policy Level Advocacy Activities: A major success story of this project is the formation of National Coalition against GBV (NCAGBV) to lobby at policy level through partnership with like-minded organizations. FPA is working in partnership with the Nepal government and other partner organizations to develop national policy on zero tolerance against GBV. A General Assembly of the NCAGBV meeting led to development of guidelines and working modalities and a number of critical activities were undertaken through this coalition, giving momentum to the movement against GBV. These activities have led to advocacy efforts on GBV issues. Some of these were to mobilize around 25,000 people through Candle Light Programmes, Celebration of Women’s Day, Street Dramas, Rallies, workshops and Round Table discussions. All activities have involved representatives of seven parties, key government representatives and representatives of law enforcement agencies. Advocacy efforts also revolved around 16 Days of Activism and workshops for police officers.

Media Mobilisation: The media has been regularly mobilized to advocate on GBV. The formation of Journalists Forum Against GBV (J-VAW) is a highlight of this effort to promote policy discussions. The J-VAW alliance has been built for disseminating information through the print and radio media.

Table 10: Achievements in Promoting Policy Debates

Output 3: Government including law enforcement agencies are engaged in policy debate to protect and uphold the women’s rights and prevent GBV		
Training/Workshop/Programme	Target Groups/Partners	Impact
MOU Development for Referral with Partner Agencies	Organisations working on GBV and trafficking issues: Maiti Nepal, ABC Nepal, Women Police Cell, Nepal Bar Association, WOREC	Strong networks developed and comprehensive services availed by survivors

Coordination Meeting	GOs, NGOs and INGOs and mothers' groups	189 participants become aware of the FPA program and activities
National Advocacy Workshop	Government, NGOs, INGOs working on gender violence issues	A total of 60 organisations worked together to develop the national policy on zero tolerance against GBV. The workshop helped formalize the NCAGBV.
Formation of National Coalition Against GBV (NCAGBV) General Assembly Meeting of NCAGBV	Government, NGOs, INGOs working on gender violence issues	Partnership built among like minded organizations, awareness raising on GBV, pressure government to formulate policy and programmes; Street Rally lead to memorandum for approval of CEDAW Optional Protocol Work modality and guidelines developed, agreement to celebrate 16 days of activism.
Orientation to Women Police Cells and Partners	Women Police officers at central level and police officers and partners at district level	Increased capacity to handle survivor cases more sensitively and efficiently
Interaction Programme for College Students	14 programmes involving 833 college/school (+2) students	Increased awareness on GBV among youth population.
Formation of Journalists Forum Against GBV (J-VAW)	Formed by 11 women journalists to advocate on GBV through media at central and district level	Media highlights the need to counter GBV at central and district level; More than 30 new articles, radio programmes disseminate information through national and other dailies
Radio Programme	Radio Nepal and FM Radios; Population at central and district level	Increased awareness and sensitization on GBV; 16 Radio programmes aired daily through FM Radio; Highly visible individuals used to advocate against GBV
International Women's Day	CAGs, SSGs and others	Workshops and street dramas organized involving approximately 9000 in celebrating the Day
Candle Light Programme	GBV Project identified as Coordinator of Advocacy Committee in the MoWCSW's International Women's Day Celebration Committee	Advocacy and lobbying for showing solidarity on the cause of GBV; 400 distinguished guests from government and other sectors light candles
Local Alliance Building; Coordination Meeting	POs, WDO, police, media, NGO, Hospital, micro credit organization, skill development training centres	Local organizations and institutions are identified and contribute for collaboration; Regular meetings conducted with stakeholders to jointly support survivors
Anti-Trafficking Day	Celebrated first time in Nepal; FPAN participates in rally and mass meeting organized ; Open talk programme included Secretary of MoWCSW, AIG of police, Minister for Communications and Information, Judges and NGO representatives	Approximately 500 participants from different organizations march with slogan, banner and pamphlets to stop trafficking of women and children.
16 Days Activism – 2007	NCAGBV a member of the International Day for Elimination of VAW-16 days activism	Organised training to 46 women police in charge from 23 districts; Rallies and mass meetings organized in five districts; All 7 parties were present and requested to eliminate VAW
Advocacy Activities • Round Table and Mass Rally • Media Mobilisation • Attitude Survey	Chief District Officer, local district lawyer, human and women rights activists, PA representatives, CAG and SSG representatives, representatives of 7 ruling parties	250 participate in 3 Round Table discussions; Resolution passed to work jointly against GBV Mass rallies a huge success; There were 10000 in Nawalparasi, 4000 in Rupandehi and 6000 each in Makwanpur and Dhanusha and 1500 in Sarlahi

3.4 Output 4: Increased Knowledge about Institutionalisation of Best Practice Models within SRH Providers

Efforts to institutionalize best practice models have been maintained since the initiation of the project. Initially a Baseline Study was conducted to assess residual knowledge of service providers and other stakeholders. Other activities undertaken involve Feasibility Study on Skill Development and Micro Credit Revolving Fund for Survivors, Printing and Reprinting of IEC materials and success stories, screening format and micro credit receipt pad and Micro Credit System Analysis to determine needed changes. Mid Term and Quarterly review meetings. Supervision and monitoring efforts have also worked towards increasing knowledge about the project impact and best practices. (Table 9)

Table 11: Achievements in Institutionalising Best Practice Models

Training/Workshop/Survey	Target Group/Partners	Impact
Baseline Study	Health Service Providers, Lawyers, Police Women Cell, etc.	Reveals limited capacity of service providers and other stakeholders in addressing GBV
Micro Credit System Analysis	Target communities	Analysis indicated need for capacity building of staff, linking with local groups and internalization by staff

Feasibility Study on Skill Development and Micro Credit Revolving Fund for Survivors	Target communities; Survivors	Identified skill development training as per locality and micro credit related training; Useful to help design vocational training programmes for GBV survivors;
Mid Term Review Workshop Quarterly Review Meeting	Project personnel of 5 operational districts	Experience was shared and challenges discussed; 10 Quarterly Review Meetings with 68 staff; Discussion on time line plan, update on project activities, lessons learnt and problems, etc.
Best Practice Module Testing	Relevant NGOs participate in testing	In the process of being finalized by SARO
IEC/BCC Materials Design and Printing Reprint of BCC material Design and Publication of Success Stories HUQ news in Nepali	Target communities, SSG and CAG members	3 issues of HUQ incorporate Nepali and SARO news. Provided to all beneficiaries and stakeholders; 1000-15000 printed per issue Design and publication of materials such as logo, letter head, dot pens with messages, dot games, information booklet, etc. and their distribution of more demand from beneficiaries; This has led t their reprinting as well
Printing of Screening Format and Micro Credit Receipt Pad	Project personnel and SSG members	Helped document credit issued to survivors and loan repaid by them
Supervision and Monitoring	Project personnel, Target beneficiaries	This has taken place from Katmandu to branch level and from IPPF SARO team as well. Increased survivor confidence level
Endline Survey	Survivors, service providers, national and district PAs, police, lawyers, etc.	Currently ongoing for evaluating project impacts and achievements.

Chapter 4: Project Highlights and Lessons Learnt Based on Survey Findings

This chapter contains the major findings of the Endline Survey. Analysis is based on objectives and outputs as stated in the Terms of Reference. Responses of various samples covered by the survey and their analysis forms the basis of this chapter and is analysed against the Baseline Survey carried out in 2005. The first segment discusses the socio-demographic characteristics of the sample groups while the latter presents the project highlights, lessons learnt and a comparative look at changes occurred since the Baseline Survey.

4.1 Background of Sample Groups

Survivors: The socio-demographic variables of the total 127 respondents participating in the interview indicate them to be from different ethnic backgrounds. Majority (40%) are Brahmins and Chhetris, while 34 per cent are Dalits and 22 per cent Janajatis. Hinduism is the religion followed by 89% of survivors. The mother tongue for 62% of the respondents is Nepali, followed by Maithili, Bhojpuri and Tamang which constitute other languages spoken by survivors.

Most respondents (90%) are married and living in nuclear families (65%). Only 32 per cent are currently in joint families. The education level of the survivors varied with 27 per cent claiming to be literate, while 26% said they had passed secondary level and 22% primary level education. Only 5 per cent had passed SLC (10th grade). The economic status of the respondents within the household is noted to be on the lower economic side, with 57 per cent claiming that financially there was a breakeven within their households during the last 30 days. Seventeen per cent claimed there was severe deficit due to which they had to borrow money as well. Out of the total survivors 49 per cent claimed to be currently self-employed and in business. Amongst the married respondents 19 per cent of the respondents' husbands were involved in agriculture, while 18 per cent worked as daily wage labourers. Only 16% were self employed.

FPA Clinical Health Service Providers: A total of 23 respondents from the five districts participated in the interviews. With the exception of Makwanpur district where there were only 3 clinical service providers, 5 respondents each participated in other districts. Clinical service providers are mostly female (74%). Their age category falls primarily within 20-29 years (52%), and 30-39 years age (22%). The median age of respondents is noted to be 29 years. Some 39 per cent respondents reside in the Municipality while the rest are from VDC areas.

Professionally, majority (87%) are involved at the FPA Clinics with a couple (9%) even working at the district hospital. Most (61%) provided health services as nurses, with one each being a medical doctor and a counselor. The work experiences of the majority (52%) ranged between 1-5 years.

FPA Non-Clinical Health Service Providers: A total of 64 non-clinical respondents participated in the survey, with slightly lower numbers coming from Sarlahi and Rupandehi districts (Table 1). 85 per cent of the respondents are female and only 15 per cent male. 41% fall under the 30-39 years age category, with the median age as 31 years. Majority (77%) of the respondents reside in municipality area while the rest are from the VDC areas.

Professionally, 89 per cent of respondents are currently working in FPA clinics, with 61 per cent of working as counselors within the FPA project. Again 38 per cent had work experience ranging from 1-5 years, followed by 6-10 years (26%). During a regular week 63 per cent respondents claimed they served more than 30 women, with a smaller 17 per cent claiming they served between 1-10 women.

Community Advocacy Groups: A major sample in the survey was the Community Advocacy Groups (CAGs). FGDs were held with a total of 13 CAGs from the five target districts. Most of the CAGs were from the Municipality and close by VDCs. Information pertaining to CAG membership and their management indicate these groups to range from 5-11 members, including male members in some cases. The age group of these members mostly ranged between 20-46 years. Ethnicity wise, while one group consisted of all Brahmins, others comprised of mixed ethnic groups. However, it was not possible to look into the ethnic background of all members

Survivor Support Groups: FGDs with a total of 31 Survivor Support Groups (SSGs) were conducted during this survey period. The SSGs were also mostly from the Municipality and close by VDC areas.

Private and Government Lawyers: A total of 7 government lawyers were interviewed during the survey period. All the lawyers interviewed were men. Amongst the private sector lawyers who were interviewed all were members of the Bar Association. Only one woman lawyer participated in the interview from amongst lawyers with private practice.

Police Women Cell: Nine Police Women Cell representatives were interviewed during the Endline Survey. This sample comprised of one male police while the remaining were police women.

Partner Agencies at District Level: A total of 10 partner agencies were interviewed across the five districts. All partners were NGOs working at the district level. Agreements had been signed with the head offices of some of these organisations. All partners were well known organizations working on women, gender, trafficking and other social issues.

Partner Agencies at Central Level: A total of 4 representatives from central level were interviewed during this survey, which included both government and non government organizations.

4.2 Survey Findings and Project Outputs

Output 1: Increased institutional capacity of FPA to protect rights and entitlements to women who experience GBV and to advocate against GBV during pregnancy

Non-Clinical Health Service Providers: The extensive measures taken to build knowledge, attitude and capacity for GBV understanding and to address GBV issues among FPAN project personnel have led to positive and productive results. Findings from FPA non-clinical health service providers reinforce achievements identified by the FPA project. The GBV project has strengthened their skills and knowledge to screen and support both pregnant and non-pregnant survivors of GBV. Most non-clinical (89%) respondents claimed they had received GBV training on how to deal with survivors during the past 3 years, with others being more recent recruits requiring training. Asked to rank perceptions on areas of their major strength they claimed the following:

- Have a better understanding and skills of GBV issue: Rank 1 (73%)
- Can talk more openly about it and have learnt skills from trainings: Rank 2 (30%)
- Feel confident that survivor can access support from CAG: Rank 3 (30%)

Their knowledge of GBV issues and ability to discuss it with clients is further evidenced by opinions on the following statements:

- I feel uncomfortable to ask women about domestic violence: 63 per cent strongly disagreed
- I feel uncomfortable to ask women about rape: 60 per cent strongly disagreed
- I feel uncomfortable to ask women about sexual abuse during childhood: 57 per cent strongly disagreed

Undoubtedly, there is increased confidence in talking about GBV issues (83%) among these frontline health workers, reflective through their practices. When asked to judge their own capacities in addressing various GBV related issues, they opined feeling 'more or less trained' on issues pertaining to screening (53%), documentation (57%), counseling (65%) and referrals (65%). Such findings are reinforced by views of survivors, as well as CAG and SSG members who identify non-clinical health service providers as service providers who are easily accessible and counsel them (56%). FGDs with various community groups such as CAGs and SSGs also indicated them to be one of the first service providers to screen and refer survivors to FPA clinics. These findings also are in sharp contrast to the Baseline Survey findings where 'FPAN non-clinical health service providers indicated their inadequacies more so than FPAN clinical and government clinical health service providers'⁴, with 84 per cent respondents indicating they had not participated in any training on GBV. Furthermore, Baseline Survey findings indicated that health service providers, upon detecting GBV cases primarily took care of injuries (Govt.:72%; FPAN clinical: 78%; FPAN non-clinical: 71%), counseled clients to take charge of situation (61%). As for other support they provided they generally asked

⁴ FPAN/SAMANATA. Combating GBV during Pregnancy Project. Baseline Survey Report. 2005.

clients to bring the husband for counseling (Govt.: 28%; FPAN clinical: 30%; FPAN non-clinical: 49%). In contrast, currently FPAN non-clinical service providers, claim that upon screening of a GBV case their practice is to generally refer survivors to health workers (92%), followed by 95 per cent who advised on the problem resolution, 88 per cent who took care of injuries and 85 per cent who referred survivors for legal services. Their current referral pattern between FPA and other PAs also clearly indicate the realization among non-clinical service providers of the linkage between GBV and health, and other support services. Furthermore, upon screening a case of domestic violence, the practice for non-clinical service providers is to counsel survivors on how to take charge of situations (94%), followed by 88 per cent who said they would also take care of the injuries. Other issues currently highlighted by their responses include ensuring the survivor of her safety and providing necessary services from FPAN (80%) and referrals as per requirement (71%) (Table 12).

Table 12: Comparative Picture of Increased Capacity of Non-Clinical Service Providers to Support Survivors

	Baseline	Endline
Documentation of GBV cases	74% (never or only once)	61% (many times)
Informed client about health impacts of GBV	72% (several or many times)	69% (many times)
Provided emotional support	67% (several or many times)	72% (many times)
Provided information on referral for medical support	60% (several or many times)	69% (many times)
Referred clients for legal service	(58% claimed never or once)	53% (many times)
Referral for counseling	61% (never or once)	55% (many times)

However, identification of psychological violence (55%) and sexual abuse during childhood (52%) are still areas they do not have sufficient confidence, knowledge or skills, highlighting the need for regular refresher training to regularly update and upgrade their skills and knowledge, and cover new project recruits as well. Regarding the quality of training provided to non-clinical service providers the following table highlights the strength and weaknesses (Tables 13 and 14) in the information they accessed:

Table 13: Strengths and Gaps in Areas of Training

	Strong Points
Understanding linkages between GBV and SRH	Training has led to clear understanding about what is meant by violence, type of violence and information regarding the interrelationship between violence and reproductive health
Identifying GBV survivors and symptoms	Training has helped us to differentiate types of violence and helps us to identify GBV survivors and symptoms
Documentation of GBV cases	Help us to acquire knowledge about how to keep records and document GBV cases and how to do counseling
How to ask about violence	Help to learn how to ask about violence
How to conduct a clinical exam	Helps us to gain knowledge about how to conduct a clinical exam
Legal issues	Help us to understand existing laws and regulation
Referral and Follow up	Help us to know where to refer and how to refer

Table 14: Gaps and Weak Points Identified

• Duration of training period is too short and need to cover vast subject matters.
• There is no provision of study tour during the training period.
• Training does not teach how to address needs of survivors of psychological abuse
• Use of format is complicated and not clear

Clinical Health Service Providers: The knowledge, attitude and practice of clinical service providers has also improved greatly compared to the baseline survey period. Views from various other Partner agencies and their referrals to the FPA for service highlight the value of building the capacity of clinical health service providers in addressing GBV needs. Findings from this survey indicated FPA clinical health service providers' increased level of comfort in enquiring about sensitive GBV issues. They claimed the following:

- More or less trained/prepared in counseling victims of violence = 77 per cent
- More or less trained/prepared in helping a client create a safety plan = 65 per cent
- More or less trained/prepared to provide necessary information to affected clients = 59 per cent
- More or less trained/prepared to address reproductive health needs of women including emergency contraception who have suffered sexual violence = 59 per cent
- More or less trained/prepared to provide referrals with complete follow up to victims of gender-based = 53 per cent.

When asked to rank the injuries of abuse they came across in their practice, verbal abuse was ranked first and beating-slapping, kicking ranked second. Identification of verbal abuse in the first rank reflects an increased understanding that GBV begins with verbal abuses. The general practice for clinical workers to take care of the injuries (100%) followed by the use the screening format and also counsel survivors on taking charge of situations (96% each). Other activities involved ensuring the survivor's safety and providing necessary services from FPAN and referring her to lawyers, police, etc. as per requirement. Health service providers' knowledge of being sufficiently trained or prepared to document GBV cases (59%) also lends strength to survivor identification and referral. Information from CAG and SSG FGDs reveal that clinical health service providers ability to handle GBV cases has made it easier for them to refer survivors to them as well. However, identifying clients with a history of sexual abuse during childhood is an area the clinical health service providers claimed to feel inadequately trained to address (52%). Clinical service providers have ranked the following based on their strengthened capacities:

- Have a better understanding and skill of the GBV issue: Rank 1 (75%)
- Can talk more openly about it: Rank 2 (52%)
- Information on referral system has booster their confidence: Rank 3 (44%)

These findings are a remarkable change from the Baseline Survey results from amongst a sample that included FPAN clinical and non-clinical as well as government clinical health service providers. Their overall responses (FPAN clinical: 27; FPAN non-clinical: 144; Govt. clinical: 77) in the 2005 Baseline highlighted inadequacy in being trained to

deal and handle GBV cases. Table 15 presents a comparative picture of substantive change in various parameters which occurred among the service providers:

Table 15: Comparative Picture of Increased Capacity of Clinical Service Providers to Support Survivors

	Baseline	Endline
Documentation of GBV cases	67% (Never done it)	65% (many times)
Informed client about health impacts of GBV	68% (several or many times)	65% (many times)
Provided emotional support	63% (several or many times)	78% (many times)
Provided information on referral for medical services	56% (several or many times)	48% (many times)
Referred clients for legal service	44% (several or many times)	52% (often or several times)
Referral for counseling	52% (never or only once)	30% (many times)

Survivors: Assertions of clinical and non-clinical health service providers are reinforced by views gathered from survivors. Cross checking the service providers views with those of survivors indicate the latter's experiences and views on the scope of violence being similar to those identified by service providers (Tables 16 and 17).

Table 16: Abuse Experienced by Survivors

Psychological	Rank I	Rank II	Rank III	Valid cases
Mental Torture	63.3	29.2	7.5	120
Emotional Torture	0.0	66.7	33.3	33
Verbal Abuse/harassment	42.7	47.2	10.1	89
Forced to commit suicide	0.0	0.0	100.0	3
Disallowed/isolated from meeting friends and family members	0.0	20.0	80.0	10
Restriction of Mobility	0.0	21.4	78.6	14
Economic				
Economic Deprivation (housekeeping money withheld)	8.9	15.2	75.9	79
Food Deprivation	0.0	50.0	50.0	2
Physical	Rank I	Rank II	Rank III	Valid Cases
Beating	90.8	4.6	4.6	87
Attempt to injure with weapons or objects	0.0	52.4	47.6	21
Slapping	32.8	35.8	31.3	67
Choked	7.4	59.3	33.3	27
Kicked	8.2	49.3	42.5	73
Pushing	13.3	13.3	73.3	15
Forced abortion	33.3	0.0	66.7	3
Others	18.2	45.5	36.4	11
Sexual	Rank I	Rank II	Rank III	Valid Cases
Rape	35.5	54.8	9.7	31
Touching of Sexual Organs	0.0	50.0	50.0	12
Non consensual Forced Sex	82.3	17.7	0.0	62

Table 17: Major Forms of Abuses Identified by Service Providers During Practice

Abusive injuries	Clinical	Non Clinical
Physical		
Pulling hair	73.9	87.7
Beating – slapping, kicking, etc.	100.0	100.0
Injury with blunt instrument	82.6	83.1
Injury with gun	8.7	1.5
Acid burns	8.7	15.4
Burns other than acid burns	60.9	43.1
Psychological		
Verbal abuse	87.0	100.
Psychological abuse	91.3	95.4
Others	26.1	33.8
Valid Case	100	100

At a community level, one of the first persons to reach a GBV survivor is the FPA non-clinical service provider. Many indicated the first person to counsel them was the FPA non-clinical service provider (56%); 31 per cent also identified clinic counselors. Responses indicate counseling (65%) and FPA non-clinical service providers (35%) as identifying them as survivors. The screening format has also been useful in identifying 21 per cent of respondents. Most respondents had come to the FPA clinic for accessing counseling support (78%), during which period they were first screened as GBV survivors.

A combination of both pregnant and non-pregnant survivors (99%) opined that service providers had been professional and cordial. Another 90% stated they had mostly been counseled, followed by provision of information (56%) and provision of referrals (24%) by the clinical service providers. The information shared by counselors, according to survivors, mostly focused on:

- Information on rights of women: 98%
- Not to worry, as they would provide support: 94%
- Information on how to protect oneself from GBV: 90%
- Information on where to access legal support: 83%

All the survivors opined they found the information very useful. Their immediate feeling upon experience sharing had been of hope of receiving support (100%) and 75 per cent also said they felt relieved. It may be deduced that services at the FPA clinic are survivor-friendly and supportive and that investment in the service providers' capacity building has paid off. Furthermore, it is an outcome of the skills and capacities of service providers that various forms of abuses among the survivors have been screened. Table 18 reiterates strengthening of infrastructure at district level to document cases, their types and age groups of survivors have been strengthened, reinforcing the value of the programme and the need for its continuity.

**Table 18: Data on Survivors Screened at the FPAN District Clinics
(Oct. 2005 – Dec. 2007)***

Branch	Actual No. of Visits	Identified Survivors	10-14 yrs.	15-19 yrs.	20-24 yrs.	Above 25 yrs.	Total
Dhanusha	3,669	1,230	0	133	348	749	1,230
Makwanpur	7,558	869	1	63	218	587	869
Nawalparasi	8,070	1,714	0	94	446	1,174	1,714
Rupandehi	8,238	1,085	3	68	271	719	1,061
Sarlahi	9,422	997	1	45	253	660	959
Total	36,957	5,895	5	403	1,536	3,889	5,833

* Source: FPAN Head Office, Kathmandu

During this current survey 96 per cent of clinical service providers claimed to possess a clear understanding of the FPA GBV project being implemented. The general practice for clinical service providers upon detecting GBV cases is to take care of injuries (100%), followed by the use the FPAN screening format and counseling survivors on how to take charge of situations (96% each). Other major initiatives involve ensuring the survivor's safety and providing necessary services from FPAN and referring the survivor to a health worker (87%), to a lawyer (78%) or NGOs and social workers (65%). The system used by FPA to follow-up on individual cases of violence detected is identified as more or less adequate (35%), however, 30 per cent claimed it is still inadequate.

Assessment of clinical service providers' perceptions on GBV issues indicate majority to be sensitive to GBV issues. Most opined health service providers have a duty towards serving GBV clients and disagreed with gender insensitive statements generally conceived as being 'socially correct', asserting health service providers bear a responsibility towards GBV survivors and must address their needs, men are responsible for their GBV actions and that forced sex within marriage is rape. Pursuant to these opinions, during the project period almost every quarter saw an increase in the percent of survivors identified within the clinics (Table 19).

Table 19: Percentage of Identified Survivors at Clinics during Project Quarters

Branch	Qtr. 1 (Oct.-Dec. 2005)	Qtr. 2 (Jan.-Mar. 2006)	Qtr. 3 (Apr.-Jun. 2006)	Qtr. 4 (Jul.-Sep. 2006)	Qtr. 5 (Oct.-Dec. 2006)	Qtr. 6 (Jan.-Mar. 2007)	Qtr. 7 (Apr.-Jun. 2007)	Qtr. 8 (Jul.-Sep. 2007)	Qtr. 9 (Oct.-Dec. 2007)
Dhanusha	4.09	10.47	3.76	6.23	0.54	0.26	21.36	34.38	35.56
Makwanpur	2.00	0.71	3.18	8.31	5.49	6.49	4.4	11.53	27.57
Nawalparasi	20.87	10.97	7.67	22.23	11.47	18.34	9.73	10.56	5.37
Rupandehi	2.39	1.22	3.73	4.50	18.64	15.18	5.07	5.38	2.46
Sarlahi	10.26	5.79	0.67	0.91	3.87	6.66	13.15	15.76	15.26
Total	4.28	6.06	3.14	6.66	6.46	8.84	7.60	12.19	12.69

* Source: FPAN Head Office, Kathmandu

When queried about confidentiality of their case and information sharing outside FPAN, 65 per cent of the survivors stated their privacy had been maintained. Community members were identified as the source of confidence breaching amongst the 35 per cent who claimed it had been breached, while some 20 per cent identified FPA service providers as confidence breachers. Information apparently tends to become exposed at community level, though not necessarily purposefully. Need to address such gaps must be addressed. The effectiveness of the FPA service centre is further evidenced from the

follow-up services accessed by a large 93 per cent of survivors and by survivors who were referring other GBV survivors (94%) to the FPA clinic.

Output 2: Women and girls are empowered to advocate for their rights

Community Structures Developed/Strengthened to Support GBV Survivors

A number of interventions have been developed at grassroots level to advocate against GBV and ensure continuous support to survivors. The CAGs and SSGs are two such entities. Both groups are a result of the current project and were thus absent during the Baseline Survey. Information and findings from these groups are new within this survey.

Community Advocacy Groups: The CAGs have become an integral component of the strategy to address and advocate against GBV. Comprising of members from different strata of life they include teachers, social leaders, former FPA personnel, NGO and INGO members, government personnel and others. A total of 66 CAG groups have been formed over the project period (Table 20). Their roles and responsibilities are varied and range from advocacy programmes aimed at raising awareness campaigns to mobilizing SSGs to empower them. The amount of time and fund invested in the CAGs through orientation, awareness and sensitisation programmes have all proved worthwhile as they have been identified by survivors and SSGs as one of the major support points. They have also proved to be a means of mobilizing and providing community support to health service providers and survivors when under threat.

Table 20: CAGs Formed Till Date (Oct. 2005 - Nov. 2007)*

Branch	No. of CAG	No. of Members	VDC Coverage
Dhanusha	16	160 (F112/M48)	17
Makwanpur	11	77 (F64/M13)	15
Nawalparasi	16	170 (F119/M51)	15
Rupandehi	15	138 (F83/M55)	18
Sarlahi	8	62 (F39/M23)	10
Total	66	607 (F471/M190)	75

**Source: FPAN Head Office, Kathmandu*

Most CAG members across the five districts believed CAGs had been established for raising awareness on GBV and to minimise its prevalence. At a lower scale there is also the belief that it has been established to support survivors of violence and to empower them to overcome GBV. FGDs with the CAG groups reveal that rallies, information dissemination through the media, street dramas and other such awareness programmes to reach the larger mass have been some of their most effective tools. At a more personal level counseling initiatives have been identified by a large majority as their major contribution. Networking with various government and non government organizations such as the police, Maiti Nepal, District Resource Groups, etc. are also carried out by CAGs in support of survivors. According to respondents impact is visible in the increased number of women able to speak against GBV, the increasing number of women wanting to be CAG members and the decrease in GBV cases of at the community level.

Survivor Support Groups: Another initiative at the community level are the SSGs, formed primarily for pregnant and non pregnant survivor empowerment, support and solidarity (Table 21). This is another major project achievement which has yielded positive results in accruing benefits by survivors in the form of increased confidence level and independence.

Table 21: SSGs Formed Till Date (Oct.2005-Nov.2007)*

Branch	No. of SSGs	No. of Survivors in Groups
Dhanusha	40	331
Makwanpur	21	151
Nawalparasi	30	267
Rupandehi	42	284
Sarlahi	22	206
Total	155	1239

**Source: FPAN Head Office, Kathmandu*

Increased awareness on various issues such as legal aspects, credits, reproductive health, GBV and their rights have also been strongly identified. SSGs across the five districts opined a decrease in the level of GBV also, at both individual and community level. At the individual level the economic and social empowerment had led to many a survivor's life being changed for the positive within the household as they were able to acquire more respect from family and community members. This is further evidenced by cases studies of SSG members where there is repeated similarity in experiences of decreased violence level within the household. The level of violence was also indicated as having decreased at the community level. They claimed that regular advocacy and public awareness activities, IEC materials and SSG members uniting and reaching survivors houses to prevent violence had helped realize this. Economic benefits which survivors have obtained have also been identified as another major benefit by the SSGs with 680 survivors accessing loans. Various types of training programmes such as candle making, bead making, market management as well as training on legal issues have been received by SSG members. Training on GBV and related issues have also been provided to the SSG members. Most SSGs believe the training had enabled survivors to be independent, self confident and able to demand their rights. However, not all have received these loans and there is demand for increased training.

Findings from survivors indicate they mostly came to know of SSGs through the FPA non-clinical service providers (56%) and through friends (44%). A small 12 per cent claimed knowledge through the FPA non-clinical service providers. The advocacy efforts have led to increased awareness on GBV: 98 per cent, increased knowledge on legal aspects of GBV: 93 per cent and increased awareness on survivor's rights: 78 per cent, but major strengths and weaknesses of SSGs as identified by the survivors are:

Table 22: Strengths of SSGs as Identified by Survivors

Code	Identified Strengths	% of Valid Cases
1	Information on women's right and public awareness	21.0
2	Information on credit	0.8
3	Provide financial help	1.7

4	Provide credit	17.6
5	Uplift economic status	3.4
6	Help to shear each others problems	5.9
7	Help to unite	7.6
8	Increase in self confidence, inner strength and self reliance	21.0
9	Help to get women's property	0.8
10	Victims got help	5.0
11	Increase in defending power	0.8
12	Make able to speak and debate	10.9
13	Inform legal knowledge	1.7
14	Get medicinal help	0.8
15	Help to punish perpetrator	1.7
16	Got opportunity for training	1.7
17	Get information on violence	4.2
Valid Cases		100.0

Table 23: Weaknesses of SSGs as Identified by Survivors

Code	Identified Weaknesses	% of Valid Cases
1	Limited provision for skill development and income generating training	70.5
2	Lack regular meeting	9.0
3	Should provide credit without interest	3.8
4	No unity within the group member	3.8
5	Lack of participation from men	1.3
6	Group itself doesn't conduct promotion campaign	1.3
7	Cannot cover all victims	1.3
8	No home visit program	2.6
9	Group is not able to get back repayment in time	1.3
10	Cannot work actively	1.3
11	Lack of saving program within the group members	2.6
12	Cannot give employment	1.3
13	Doesn't encourage women to speak whom are silent	1.3
Valid Cases		100.00

With regards to the major weakness identified in Table 23 it needs to be clarified that this particular data may be an indication of the opinions being voiced to Research Officers during the primary data collection. Many SSG members were identified as claiming that not all had had an opportunity to access skill development and income generating training. The need for availing such opportunity to all members is further reinforced through this data.

Networking, Partnership and Referrals: Findings and recommendations from the Baseline Survey highlighted that 'the knowledge of health service providers on how to handle injuries caused by abuse alone is insufficient. Oftentimes the victims requires more support which could be in the forms of psychological counseling, financial support, legal support and even shelter.....It is important for FPAN to establish a network with organizations...'. In addressing this need and ensuring comprehensive support package has been developed whereby regular coordination with partners at district and national level have been maintained.

Taking into account these recommendations a total of 10 partner agencies were interviewed in each district during the Endline Survey. None of the partner agencies interviewed mentioned any written understanding with FPAN - since MOUs have all been signed at national level branch offices may have remained oblivious - however, there was definitely verbal understanding for coordination and cooperation. The willingness to help and support each other during awareness raising programmes and referrals, has been the basis of this understanding and have all proved effective in raising the confidence and independence level of survivors. While the PAs referred survivors requiring medical support to the FPAN, the latter reciprocates by referring survivors requiring legal, safety house, etc. which would be either through phone, letter or verbally.

Advocacy Efforts: Success stories such as rallies and Round Table Meeting are an outcome of strategic partnerships, whether these are with police, lawyers, government agencies or NGOs, community based groups such CAGs, SSGs or other stakeholders. In addition to posters, pamphlets, street dramas and rallies meetings take place regularly to discuss ways of making programmes more effective and sharing of each others' programmes. They are a tremendous catalytic factor in awareness raising and advocacy programmes, and supporting and empowering survivors.

Table 24: Advocacy Programme Identified as Most Effective by Survivors

Advocacy Programme	Rank I	Rank II	Rank III	Valid Cases
Rallies	50.0	28.8	21.2	118
Quiz contest	0.0	33.3	66.7	3
Success stories	2.9	23.5	73.5	34
Posters	15.6	42.2	42.2	45
Street Dramas	45.7	42.0	12.3	81
GBV orientation programs	13.6	40.9	45.5	22
Orientation on GBV related legal issues	33.3	41.7	100.0	21
Tej Song Contest	25.7	28.6	45.7	35
Others	55.6	33.3	11.1	9

Mass Rallies and Round Table Meetings: Mass Rallies led by survivors have proved a huge success and highlight of the project as indicated by survivors and other stakeholders. An approximate 27,500 people participated in the rallies led by survivors in the five districts, reflecting the huge support behind GBV initiative.

Round Table Meetings are another successful initiative to engage government representatives in policy debate. It brought together organizations and agencies and resulted in the declaration of project districts as Violence Free districts.

The media is another group which the project has successfully partnered with and mobilized for advocating on GBV issues. These have further helped raise the movement against GBV. Formation of Journalists Forum Against GBV (J-VAW) is a success story highlighting advocacy efforts at the national level. This forum of 11 journalists is a platform provided by the GBV project enabling journalists to advocate on GBV through

various media. Various national dailies and FM and national radio regularly featured GBV issues.

IEC/BCC Initiatives: A variety of IEC/BCC initiatives have been undertaken during this project ranging from posters and pamphlets to information booklets, games and documentary film. Aimed at targeting the grassroots population, FPA project reports indicate that “IEC/BCC materials of entertainment nature such as games, street drama are preferred by target audience as compared to booklets and leaflets.” The dual nature of these to provide entertainment along with information resulted in their high popularity and led to the reprinting of materials such as Dot game and Demographic silhouette which were reprinted 30 and 50 pieces each respectively. The documentary film on GBV issues at grassroots and national level was also produced and transmitted through National Television, the main objective of which was to raise awareness and lead to bring reformation in laws and policy on women’s rights and advocacy against gender violence. All these initiatives and their demand and appreciation by target audience highlights the value of IEC/BCC initiatives to raise awareness and bring about behaviour changes in a GBV project.

National Coalition Against GBV: The National Coalition, a brain child of this current project. Formally, came to life on 13 October 2006. Consisting of 34 members, the objectives of the national coalition are to build a partnership among like minded organizations working on women’s rights issues in Nepal, to help and pressurize the government to formulate policy and programmes on GBV and their implementation and raise public awareness against GBV in Nepal and to empower the women experiencing violence during pregnancy. The coalition has its own constitution and a working committee has been formed within the members. The coalition secretariat is currently based in FPA Nepal/Combating GBV project.

Output 3: Government, including law enforcement agencies, are engaged in policy debate to protect and uphold women’s rights and prevent GBV

In the process of implementing its activities FPAN strategically linked up with various key stakeholders to advocate against GBV. The National Coalition Against GBV (NCAGBV) is the climax of this project. This partnership of 34 like minded organizations at the national level has enabled policy level lobbying for pressurizing the government for its approval on CEDAW optional protocol. Through the NCAGBV various international events such as the International Women’s Day, 16 Days Activism against violence against women, Candle Light Programme, Anti Trafficking Day, etc. have gained highlight. It is also working to develop the national policy on zero tolerance against gender violence.

The Police Women Cell is another such stakeholder in this project. Information cited by those interviewed highlight providing services to cases referred by FPAN or FPAN partner organizations. Efforts to address the issue are done either by ensuring survivors receive their legal rights or by getting the perpetrator prosecuted. All respondents claimed an increase in awareness level on GBV issue amongst themselves, during the past two

years, due to training provided either by FPAN or other organizations. Almost all the respondents claimed interaction programmes between the FPAN and the police have remained positive, with phone and letters as the prime mode of contact. Most indicate that due to the programme the manner in which they provide service to the survivors had changed as they behaved more politely and also tried to understand the problem and ensure that survivors received timely assistance.

The other set of law enforcers are private lawyers who were in touch with the FPAN project and its activities. They were knowledgeable of its activities and even participated in the programmes and workshops organized by FPA. A few respondents indicated they had even provided training on legal issues pertaining to GBV. In addition private lawyers were found working closely with FPA by providing necessary legal support as and when necessary.

This is in contrast to findings from government lawyers who indicated a lack of knowledge about the GBV project. None of the government lawyers were knowledgeable of any interaction and networking programme with FPAN. Only one had seen rallies organized by it. But it must also be underscored that information from FPAN field workers indicate an ethical dilemma indicated by government lawyers who opined that as decision makers of any GBV case registered in the court, attending training organized by FPAN could lead to speculations among the people on the influence in decisions made by them. Therefore they had not accepted any offer for any training. However, majority indicate they have looked at FPAN referred case and indicated future commitment also. But half the respondents indicated an increased awareness on the GBV issue, with a couple indicate that due to their increased knowledge level on the issue they have felt the need to address the issue and provide support to the needy.

Output 4: Increased knowledge about institutionalization of best practice models within SRH providers

During the project period an important component was the review meeting and monitoring and evaluation which have been a critical aspect of the project. The current Endline Survey has been undertaken to address this very output. Various models were analysed and survivors interviewed to assess their viewpoints on the effective models which have helped bring about changes and strengthen the best practices. Details on the strengths and best practices based on these have been documented through baseline survey, documentation of success stories, annual and evaluation reports and others documents. Some major instances of institutionalizing best practices are:

- *Baseline Survey*: Completed in March 2006, the survey revealed that service providers - whether health, police or judiciary - do not feel it their responsibility to enquire about GBV and provide necessary support to survivors. They claimed not to possess any relevant skills either.
- *Feasibility Study on Skill Development Training and Micro Credit Revolving Fund for Survivors*: The study was undertaken to determine types of training required for GBV survivors to address their practical and strategic needs, with a focus on their locality, capacity and sustainability.

- *Project Mid Term Review Workshop*: This was an opportunity for the Nepal and Bangladesh FPA to share experiences and learn from each other. Some major recommendations reached during this workshop were special training to counselors, increased human resources within the project, follow up of survivors, and risk factors that can affect service providers.
- *Design and Publication of IEC/BCC Materials*: A variety of materials such as GBV logo, banners, post cards, Dot games, demographic silhouettes, etc. have been developed during the project period. Others include documentary film production GBV issues at grassroots level, Design and publication of success story books, Printing of screening formats and micro credit receipts pads are highlights of institutionalization.
- *Quarterly Supervision Meeting*: A total of 10 quarterly meeting consisting of 68 staff members in five project operational areas, including centre office took place during the project period. Experience sharing, planning for future activities, working towards solving problems were major points of discussion.
- *Supervision and Monitoring*: These were undertaken by the Programme Director, Project Coordinator and Programme Officer for feedback to the central and branch offices. In the process meetings would be undertaken with CAGs, SSGs, Partner organizations, micro credit programmes, and others to gather a full picture of the ongoings.

4.3 Findings from Focus Group Discussions

Community Advocacy Groups (CAGs)

Discussions with 13 CAGs from the five target districts reveal information on their strengths and challenges. Regarding CAG management decision making within these groups were indicated to be taken mostly in consensus of all the group members, including male members. One group however indicated that women took major decisions. Management of the CAGs is as per FPAN rules and regulations and monthly meetings are being conducted. However, some groups tend to meet less regularly.

Availability of training and other capacity building opportunities to CAGs were provided mostly in the form participation in orientation meeting on how to minimize gender based violence. A few said they even received training on how to conduct street dramas. The training and orientations had been productive as CAG members have been able to transfer knowledge to communities.

Most of the CAG groups focused on advocacy at community level a few groups also mentioned coming into existence to counsel survivors and perpetrators as well as to bring to justice the latter. CAGs are noted to be raising awareness on GBV through rallies, preparation and viewing of women focused CDs, creating awareness on need to do away with alcohol consumption and its effect, awareness programme such as keeping men and women together, GBV songs and street dramas. Another major activity undertaken is the protection to service providers and their work as community watchdogs to prevent further violence among survivors. This is leading to positive impacts in the lives of the survivors who are feeling they have someone to turn to in times of need. Efforts to create

understanding between survivor and perpetrator, and the use of referral mechanisms for cases where necessary are other forms of activity firmly identified by CAGs. Other activities, though to a lesser degree are identification of survivors, referral to FPAN, pressure to perpetrator and support of survivors.

The outcome is visible in the increased number of women who are able to speak against GBV, the increasing number of women wanting to be CAG members and the decrease in GBV at community level. Some have indicated that due to their membership in paralegal committees they are able to advocate on the issue through this medium as well. At a personal level counseling initiatives have been identified by a large majority. Networking with various government and non government organizations such as the police, Maiti Nepal, District Resource Groups, etc. are also reached out to in support of survivors

CAGs are however not without challenges. Although reaction of family and community members towards CAG membership is mostly supportive, threats from perpetrators have occurred in some cases, while others have accused them of trying to become leaders and trying to 'spoil others' wives'. Husbands disgruntled over their membership were also reported by some CAGs. Lack of financial and human resources - such as stationery, furniture, training, poster, pamphlets, as well as technical resources for workshops, interaction programmes and training ranging on a variety of issues such as trafficking, gender based violence, legal literacy, etc. - were reported as major challenges during the FGDs. Similarly, the demand for continued FPAN support is high. A few CAGs even indicated lack of strong and effective rule and regulation of CAGs, lack of safe house, meeting place and some community members' tendency to look down on them were also identified as challenges. Mention of non participation by CAG members was another issue raised. The need for CAGs in remote areas, regular meetings of these groups and support and supervision from the central level as well as the need for identity cards, guarantee of security for such social work have come up during the survey. To overcome these challenges some CAGs have started seeking support from other organisations such as help from the paralegal committees, while others are seeking FPAN help.

Immediate and long term sustainability are issues discussed by CAGs during the FGDs. Although majority indicate CAGs are sustainable and will continue in the future as well, there is a general perception 'CAGs are at a very nascent stage and still crawling'. Support from FPAN as well as networking with other organizations was seen as essential for future sustainability.

Survivor Support Groups (SSGs)

A total of 31 FGDs were conducted with SSGs to determine their knowledge about the project, its impacts and the suggestions. SSGs members believe their groups have been formed for resolving survivors' problems and also to empower them by developing their self confidence. SSGs initial activities focused on awareness raising activities such as rallies, street dramas, debates, meetings, training and even provided counseling to the survivor and the perpetrator, and where necessary gave pressure. Loans were also being provided. Currently, focus has shifted to loan and credit programming. The majority indicated specific rules and regulations according to which they run the loan and credit

schemes. Systems of imposing fines on absence without prior notification is also in place in some SSGs as not all members attend meetings.

Within the SSGs counseling and resolving survivors' problems are ongoing. If required SSGs mediate cases at the home front, raise awareness, put pressure and even making referrals to CAGs in support of the survivor. Findings indicate them to support survivors who have been forced out of their houses by providing a place for food and shelter in a CAG member's home. Referrals to various NGOs such as Maiti Nepal, police, WOREC and FPAN also take place as they are seen to be working through a network.

Major benefits availed by survivors through the SSGs is noted to be confidence building and independence. Increased awareness on issues such as legal rights, credits, reproductive health, GBV and their rights are also identified. The economic benefit as well as training which survivors obtained is another major benefit identified.

A challenge confronting SSG efforts are verbal threats from perpetrators, and non participation by SSG members. Resistance from the husband and family members within their own families were also indicated by a few. Generally problems arising from perpetrators are referred to FPAN and CAGs, and even the police station in dire situations.

In order to overcome such challenges there was strong demand for skill based, income generating, training have come up during this survey. The demand was such training should be made available to members from all ethnic groups. The need for including men and other family members along with women during such training has also been strongly raised. Suggestions for the survivors to unite, request for support in the form of resources, need for FPAN and CAGs to take such programmes to remote villages, increasing awareness raising programmes, training on adult literacy and RH programmes and legal literacy were also suggested during the programme. Despite these challenges majority of SSGs indicated it will sustain even after the programme completion even after the project is completed.

4.4 In-depth Interviews

Private Lawyers

Gender based violence is understood by private lawyers as various forms of violence committed against women due to their gender, which can range from mental, physical to sexual violence. Most respondents possessed knowledge of the FPA GBV project which they claim to have known through training, workshops, as well as legal counseling to survivors. Some were also aware of the micro-credit programmes and other social support provided by the project.

The private lawyers opined that during the past two years there had been an increase in the number of GBV cases being registered at the district court, as can be evidenced by the legal records. One respondent claimed it had increased by almost 30 percent. They claimed that the FPA GBV project had a major role in bringing about changes in

survivors. In particular there was a common consensus that the programme had led to the upliftment of the GBV survivors, for based on their knowledge and experiences not only had the latter's social status increased, but due to the loans made available even their economic status and self confidence had increased. Similarly, they expressed survivors were more open to discussing problems while lawyers indicated themselves to be more sensitive and sympathetic to survivors' problems. They were more respectful and ensured timely services well.

Despite knowledge of a GBV network, through which they were invited from time to time to interaction programmes and workshops, however they were of the opinion it was not properly managed. But a result of these networks was the referrals from police, FPA and other organizations. Besides the interaction programmes which they had attended they claimed they had not received any training from the FPA project. They also identified the need to give continuity to programmes through empowerment of community based organizations. They suggested that FPA facilitate the programme while implementation should be undertaken by local NGOs and CBOs. The need to include political parties in the network has also been highlighted as a necessary mechanism.

Government Lawyers

Amongst government lawyers, the general understanding of GBV is that it is violence committed by either the man or the woman against the other sex and can include physical, sexual and mental abuse and even issues such as dowry, burning, etc. One lawyer indicated that GBV was the result of the differences between man and woman.

During the past two years there had been an increment in the number of GBV cases which were visible through the case records. Though half of the lawyers indicated they had an increased awareness about GBV issue during the past two years none indicated this as an outcome of the FPAN project. In fact WDO had provided information about women's rights and its legal aspects. One respondent claimed their capacity to address GBV had been upgraded in the past two years. A couple of respondents claimed that due to their increased knowledge level on the issue they have felt the need to address the issue and provide required support to survivors. A few respondents claim they had personally changed their attitude and behaviour towards GBV. Others either were unaware or stated the need for more programmes.

Although majority of government lawyers indicated review of FPAN referred cases, however most possessed no knowledge of the FPA GBV project. None of the government lawyers had any idea of any interaction and networking programmes with FPAN. Only one respondent claimed to have seen rallies organized by it. None of the government lawyers had received any training from the FPAN. However, they have committed to support such cases in the future .

Police Women Cell

Respondents identified GBV to be the violence committed against women either by the husband or family members. They reported that within the Madhesi community it is mostly the dowry related violence. Respondents indicate that based on the services they

had been providing and the available records, the past two years had seen an increase in GBV survivors coming to access police support. Various cases pertaining to rape, trafficking, polygamy cases, sexual exploitation, etc. were being reported, with majority indicating written record as proof of these cases.

Most respondents were knowledgeable about FPAN programmes on GBV, coming to know of it through participation in awareness raising programmes and rallies. Support to cases referred by FPAN or FPAN partner organizations were also being provided by the Police Women Cell either by providing survivors their legal rights or ensuring that the perpetrator gets prosecuted. As a result of increased awareness they behaved more politely, tried to understand the problem and also tried to ensure that survivors received timely assistance. Some even tried to raise awareness on GBV in areas under their jurisdiction. Overall, almost all the respondents claimed interaction programmes between the FPAN and the police have remained positive, with regular communication maintained through telephone and letters. They suggested the need for working with a large network of organizations to support GBV survivors.

Partner Agencies at District Level

Findings from interviews with 10 PAs indicate a lack of any written understanding with FPAN. Verbal understanding was the basis of coordination and cooperation, which resulted in willingness to help and support each other during awareness raising programmes, referrals, etc. They have all proved effective as they have helped raise the confidence and independence level of the target women.

Responses of the PAs indicate existence of positive referral mechanism between these organizations. While PAs refer survivors requiring medical support to FPA, the latter refer survivors for legal, safety house, etc. to them through written or verbal means. A mixed response regarding the outputs of the partnership between FPAN and the other organizations is revealed. All PAs indicated FPAN worked with them directly or indirectly in identifying survivors. While most claim that being able to work in unity had led to saving of time and funds, ability to work more effectively and even make referrals more easily, others have said it has helped them gain information about each others activities and built their capacity as well. But there were also some who claimed due to a lack of formal partnership the effectiveness depended on their own initiative.

There was common consensus that the project had led to upliftment of the target women. Not only has their social status increased, but availability of loans has raised their economic status, leading to increase in confidence level as well. Suggestions for making the partnership more effective and ensuring survivors receive increasing holistic support focused on the need for a formal partnership which would ensure continuity as well. They also suggested that closer coordination and working together for programme planning would help prevent duplication of activities.

According to respondents a major project output has been that women have become more organized, united and capable of fighting against GBV. Their social and economic status has been uplifted. Furthermore, referral has also become an easier process. The PAs

identified certain gaps which are lack of written formal partnership agreement, work in different geographical areas due to which they could not be as effective, threats from perpetrators and their family members, lack of stringent laws pertaining to GBV and lengthy legal processes leading to heavy economic burden on survivors.

On the project activities the general perception is it can be sustainable, with the micro credit programme playing a critical role in ensuring this and the ongoing networking was seen as a factor for sustainability. However, supervision and support from the central level would be required

4.5 National Coalition Against GBV at Central Level

A total of four organizations were interviewed at the Central level. The government as well as NGO partners were interviewed in this process to determine their views on the FPAN GBV project and views about the National Coalition. The views in this regard were as follows:

- Knowledge about FPAN Programmes and Activities: Mixed responses were obtained from the PA respondents. The general perception is that through the NCAGBV they came to know about FPAN's works on GBV and that it was trying to link it with the health programme through awareness raising and training activities. Knowledge about programme activities were limited to awareness raising. However there was a general consensus that the NCAGBV is an initiative of the FPA project and is positively viewed by all respondents.
- Understanding between FPAN and PAs: Responses were divided in this regards. Some NGOs had signed MOUs with FPAN while others claimed it remained to take place. However, here also some observed that the MOU signed differed from the discussions held during the project development phase. One organization had deliberately delayed the signing. However, it differed in terms of government partners who said they were all NCAGBV partners.
- Basis of Partnership with FPAN: At central level the main objective of the coalition between the partners were common interests in information sharing, highlighting GBV issues, lobbying and pressurizing for prevention and support of GBV survivors. Determining and understanding each others' work areas and working in partnership for ensuring larger GBV lobbying is the basis of the NCAGBV.
- Effectiveness of Coalition, Challenges and Gaps: Interviews with partners indicate the NCAGBV can be a more effective coalition. Some highlights of the NCAGBV are the CEDAW Optional Protocol, Anti Trafficking Law and Domestic Violence Bill which were lobbied for, and training have been conducted for law enforcement agencies. However, these were issues already taken up prior to the NCAGBV. But the coalition was facing challenges as it needs to be more pro-active, which a lack of strong coordination was preventing. Currently the MoWCSW was the coordinating body and the FPAN its Secretariat. But here also there was a lack of coordination. Regular and effective management of the Secretariat was also essential, and self-interests of any particular organization was seen as detrimental to the coalition's functioning. Furthermore, GBV is an area where organizations require active public

relations, motivations and desire to undertake social work and assist survivors even if a project comes to an end..

- Benefits of Coalition Trickling to Grassroots: One respondent claimed the impact of NCAGBV had resulted in mass rallies which had had taken place at the district level also. This is a powerful output as rallies have been identified as one of the most effective advocacy tools by survivors. Others also identified that benefits had trickled down, but this was also through past efforts of NCAGBV members.
- Sustainability of Coalition: Once again mixed responses were given by arose from the respondents. The need to make the NCAGBV independent and free, with leadership under a body such as the MoWCSW which could involve other major stakeholders such as the political parties rather than self-interest of any particular organization could help sustain it. However, while one respondent claimed 'under the existing scenario not sustainable', another claimed that with strong coordination it could become a very effective advocacy group toll for the central as well as for the grassroots level.

Chapter 5: Survivor Empowerment: A Picture of Success Stories

This chapter examines the impact of the project on survivors through successful survivor empowerment case studies. A total of 21 cases were collected from the five districts. Each was identified for having revealed positive signs of empowerment. They are essential to highlight the success of GBV cases brought about by the GBV project. The recall method was used to collect information for the following cases:

5.1 Overall Changes and Impacts

Economic: The trends in the experiences of survivors prior to receiving FPA support indicates majority had faced difficulty in terms of realizing basic food and clothing necessities. Educating children was a dire constraint for most and attempts to access loans from friends and family members were rebuffed. Parental home was the only support for some survivors while others were forced to ask around for money for basic survival. However, due to the FPA project all respondents indicated a changed scenario. The FPA project has enabled most to initiate their own small businesses leading to increase in income. The result was that they were educating their children independently - many even sending them to boarding schools. Their decision-making powers over their money had increased and they were even in positions to give out loans to the very people who had rebuffed them! Everyone had accessed the opportunity to operate the business through the SSGs as well as FPA staff.

Psychological and Emotional: Prior to their inclusion in the FPA project, the general statement from survivors was they were looked down by family members and abused by the family and husband. They also reported that no one was willing to lend them money even in dire circumstances. All these had led them to feel despondent. However, their experiences reveal the FPA intervention had brought positive change in the attitude of others leading to positive psychological and emotional change in their lives. Some major ones identified changes were:

- Support from family, friends and community members and the praise showered by them which helped revive their spirit
- They had gained independence and the self-confidence they could do anything
- Community members were saying they had become smart and were even asking for their advice
- Level of mental tension had reduced
- The knowledge that FPA was there to help them during time of need was a major psychological support
- The group solidarity helped prevent GBV, which was a mental relief
- Lack of fear from the husband
- Currently in a position to retaliate against GBV.

Community Asset: Overall assessment of their status as having become an asset to their society. Their responses indicate they are involved in resolving problems and supporting survivors anywhere from 1-50 cases. Some survivors had been received threats from

perpetrators which however has not deterred them. Some of the highlights in this regard are as follow:

- Community praise for their work, looked at positively by community and supported
- Survivors identified as role models by community members
- Survivors called to workshops and trainings
- Provide awareness raising on GBV at community level
- Most are not affiliated with any other organization
- Discussion is held with survivors and perpetrators, and the latter are helped to understand also
- In extreme they refer cases to FPA clinics, and even support other survivors through shelter at home, and asking help from CAGs

Awareness Level on Rights: This particular query was posed to determine the rights about which survivors had become more aware about. During the two year project FPA has advocated the GBV issue through training, awareness and advocacy programme. The impact of these programmes is revealed through survivors' case studies:

- Most claimed to be aware of their legal rights, and as a result prevented other survivors' victimizations
- The knowledge of these rights helped them resolve numerous GBV related problems; Being a survivor they were more aware of other survivors' rights
- Being a survivor they were more aware of other survivors' rights
- A smaller number claimed to be aware of their reproductive rights also
- The trust in their knowledge and ability was making survivors and community members ask for their help in resolving problems

Changes in SRH following Networking with FPA: Another major change is towards improving the SRH of survivors by linking RH and GBV issues as well. Some evidences were revealed by the following changes that have taken place in their lives:

- Increased use of temporary methods of contraceptives
- Increased understanding of the value of child spacing
- Had gained capacity to discuss condoms with their husbands
- Able to openly discuss reproductive health issues
- Majority of survivors transferred knowledge on STIs and HIV/AIDS to husbands
- Increasing use of condoms for protection from STI and HIV/AIDS

Visions for the Future: The GBV project had changed the lives of these women beyond recognition. Once mentally burdened women, now all had bright dreams for the future. These related mostly to their businesses and their children. Visions uncovered by this survey are:

- Desire to give continuity and enlarge the small businesses which had enhanced their social status, enabled them to educate their children, and fulfilled their basic necessities
- Survivors confidence in the knowledge they can struggle and face any challenge to ensure a brighter future

- Confident of being able to provide for the higher education of the children and help them become doctors, engineers and teachers
- Survivors are currently giving loans to neighbours and community members and want to increase loan giving as well as increase their savings also

Involvement in GBV Activities: All the respondents were currently involved in GBV activities in one form or another. Responses indicate that the involvement as highlighting positive impact on survivors personally and for others as well.

- Survivors regularly involved in rallies, awareness and orientation programmes related to GBV
- Involvements through SSGs and others for support of survivors leading to a sense of gratification, pride and the knowledge that she was rendering religious and social work
- Involvements had brought positive impacts in personal life leading to increased self-confidence, independence, pride and the knowledge they could achieve anything
- The involvement with SSG brought about the knowledge 'I am not alone, I have the backup support of the SSG'
- Increase in financial status which enabled them to support the family
- Increase in social status which made the community shower praises for their work.

Overall, the 21 cases studies collected during the Endline highlight the need to link micro credit programme with survivors and ensure they are able to manage it productively. Lives of these women have changed due to this very support and any future initiative and scaling-up programme must incorporate strong micro-credit programmes for survivors.

5.2 Case Studies Collected

Case 1: Nirmala Gurung^{5*} comes from a middle class family. She is 22 years old and has been married for 6 years. Nirmala has two children. She has been facing violence at the hands of her husband and mother-in-law for several years. The general trend was her husband would listen to stories made up by his mother and beat her when drunk. Nirmala's mother-in-law verbally and physically abused her constantly called her a witch. Nirmala could not retaliate and could only cry, and bear all the abuse trembling and shaking.

When finally Nirmala was kicked out of the house by her mother-in-law a year ago she was forced to live in a small hut. She had barely enough to eat to survive and had only hand-downs clothes. She became so depressed she wanted to commit suicide.

Her life changed for the better when she was approached by a SSG member who asked her to join the group. Through the group she received awareness training on GBV, entrepreneurship and marketing and even accessed a small fund for opening a shop. "Today as a result of the shop I am able to fulfill my own and my children's basic necessities. I am sending my children to a boarding school and even able to save some amount. Neighbours who once refused to loan me money are to ask for loan from me! "Nirmala is now back in her house. The violence has not totally stopped. But at present when her husband or mother-in-law try to abuse her she retaliates. If her mother in-law calls her a witch she responds, "You're a witch first and then only I". But they too are not as

^{5*}Name have been changed for confidentiality of survivors.

abusive as before. Nirmala believes the GBV project gave her a reason to live. Today, she has become independent and confident in the knowledge she can overcome any challenge. "I cannot express my gratitude enough to FPA for changing my life".

Case 2: Sita Dahal* from Mahendranagar had difficulty fulfilling the basic needs for her children and her own self. She was facing a difficult time in educating her children and no one was willing to give her loans. But currently after joining the SSG her economic situation had changed for the better, for upon accessing loan from the group she started a small shop which helped increase her income enabling her to provide for her children's food, clothes and education. Her income was also within her own control and she was even able to make some savings and give loans.

From an emotional and psychological perspective Laxmi claimed that earlier even her own family members looked down on her, even refusing to loan her any money. But these days after she started earning her own income her family members were behaving better towards her and even her own husband seemed to love her more. Her friends also were showering her with praise for her ability to earn on her own despite being a woman. As a result she was more confident and she no longer faced the mental stress as before.

Laxmi has become a social capital to her community. She says that if there is need she will receive support from the SSG. She has also been called to resolve GBV by the community members, having attended such cases 22 times already and helped the survivors thus. Today, even perpetrators listened to her reasoning and the community also praised her for her efforts. In addition she was also participating in various GBV related activities such as rallies, orientation programmes, etc. Laxmi's involvement with the FPA network had helped improve her reproductive health as well for now she was more knowledgeable of the family planning contraceptives, birth spacing and even the risks of STIs and as a result was able to inform her husband as well. As for her future, she wanted to increase her current business as it had helped raise her status within her family and society.

Case 3: Rita Adhikari*, Makwanpur District faced constant violence from her husband who was an alcoholic. She left home and had difficulty in providing for her two daughters. She was forced to ask for help from others. But upon following FPA staff's advice she initiated a small business of selling fruits and vegetables. Now Rita says she feels empowered as she is able to provide for her own self and her two daughters. Although she is still not able to save much and sometimes her drunkard husband steals her earning, yet she has also gained respect from her family and community members. As a result of her association with the FPAN she is now aware of her rights and even helps in fighting for others' rights. Rita claims she has not felt the need for acquiring information regarding family planning issues as she is no longer staying with her husband. At present she is actively involved in putting pressure on perpetrators and clarifying to them the GBV issues. At time she is still facing violence from her drunken husband, but she accesses help from SSG members and is confident she can retaliate.

Case 4: Aarati Devi Baniya*, Nawalparasi district, currently resides with her parents at her maternal home. She is currently running a small shop and able to earn and provide for

her son's schooling and her own self. Life has improved much for her as a result of the membership in the SSG through which she accessed loan. Though she received a great deal of support from her maternal home, now even the latter is satisfied at Aarati's condition. She claims she had been totally ignorant before, but now she knows of women's rights, reproductive rights and the right to freedom. She has even become capable of voicing her opinions and has successfully mediating the problems between a couple of husband and wife. As a result of her linkages with the SSG Aarati says she has become aware of the need to ensure gender equality between sons and daughters, and also knows that unsafe abortion should not be carried out. As for her future she says she sees it as being bright for she is able to save NRs. 1000.00 per month and is not longer facing violence. She feels empowered and is confident she has a better a future.

Case 5: Seema Bartola*, Makwanpur, had difficulty to even access Rs. 1-2 and had to ask from her friends and family. Life under such circumstances was difficult even the society and family members looked down on her. But now the situation had changed and they were asking for loans from her! The change had occurred as a result of the Rs. 7000 loan she had accessed from the SSG from which she bought a sewing machine and started sewing. Currently she is even learning driving also and her monthly income is between Rs. 10,000.00-15,000.00. She is renting a couple of rooms and regularly paying the rent and has even repaid the FPA loan. So feels that that she has reached a state of empowerment where she is able to help other survivors. She has been helping to uplift other survivors, helped them by providing economic support and even taken them to the hospitals when required. Regarding reproductive health Seema claims she is knowledgeable about the importance of birth spacing, use of family planning contraceptives, HIV and STIs, and the importance of condoms in this regard. Today even though her husband had taken another wife she had made a life for her own self. She was educating her son in a boarding school, had invested in jewelry and was fulfilling her basic needs successfully. She plans to expand her business in the near future.

Case 6: Sarita Neupane*, 25 years is from Makwanpur district. She claims that because of the violence she faced she had nothing of her own, She did not have enough to eat and could not educate her sons either. Her life started changing for the better when she accessed a loan of Rs. 7000.00 from her SSG, with which she opened a ready made clothes shop. As a result of her business she is earning enough to send her son to a boarding school, has control over her income and is even in a position to give loans of Rs.500-1000 to her neighbours. This had also brought change in her individual self for her confidence level had increased and she felt independent and she had earned respect from her family and community members who say, 'Despite being a woman, Sarita has done well for herself'. Furthermore, she no longer felt constantly under the mental pressure. As a result of her affiliation with the group she has realized the importance of birth spacing and there was improvement in her reproductive health as well. She had even convinced her husband of the need to have children after a couple of years only. Today she feels empowered enough to participate in rallies and groups to fight GBV and help other survivors.

Case 7: Harimaya Basnet*, 32 years, from Dhanusha district was facing much violence from her husband and family members. Her children could not be educated and had to ask for money from others. But life had improved for Harimaya when she accessed Rs. 5000.00 from her SSG and she opened a shop. She became smarter as a result of the membership and learnt about her legal rights and reproductive rights. Today she was able to educate her children in boarding schools and had earned the respect of family and community members who not only asked her for financial support but even for her advice. Even her health had improved as a result of the information she had availed from the group on issues such as contraceptives, HIV and STIs. So confident did she feel about her capacity that she had accessed another loan of Rs. 5000.00 to add to her shop. Today she is able to save for the future and emotionally also felt very empowered as community members were even coming to her for advice and support!

Case Study 8: Harina Devi Paswan*, Gamariya VDC, Sarlahi was facing abuse from her alcoholic husband who neither gave her money nor helped her in any other ways. But recently she accessed Rs. 5000.00 from her SSG and initiated a vegetable business on the advice of FPA staff. This loan had helped change her life for it had helped raise her confidence level and independence. Her earning is within her control and she is able to educate her children and even make a small saving. Harina is currently planning to expand her business by taking another loan of Rs. 7000.00. Such is her level of empowerment that she goes around her community raising awareness on GBV, and even supporting GBV survivors. Such activities are giving her self satisfaction.

Case 9: Gita Harijan*, Sarlahi district faced constant physical abuse from her husband who was unemployed. Her in-laws were also had no sympathy for her. She had no access to funds and even when she fell sick her parents had to care for her. Her economic conditions improved when she was able to access Rs. 5000.00 from the SSG and she initiated a 'Chatpate' shop. Initially her in-laws had been angry at her for starting this. But now the situation had changed. As a result of her SSG membership the FPA staff as well as the police helped in convincing her husband against committing GBV and although there was as yet no saving from the business, she hoped it would improve in the near future. Information from the SSG had led her to start using the family planning pills. At present even her husband was supportive to her and she had become empowered enough to participate in rallies, workshops and even raise awareness. She control her own earnings despite her in-laws being annoyed about it. Gita feels proud of her achievement thus far and feels the SSG had changed her daily life for the better.

Case Study 10: Radha Poudel*, Rupandehi district was in dire straits when she was not earning. She was compelled to ask for even the smallest thing from her husband, and continually faced violence. But when she became a member of the SSG she decided to start her own small shop and become independent. She took a loan of Rs. 15,000.00 and is running her business quite well. Since then no one has been able to look down on her. Today even those who used to rebuff her requests come asking for loans amounting to Rs. 500 to 1000. She has a saving of Rs. 13,500 in her bank which is also increasing her confidence level. Even her husband and mother-in-law's attitude towards her have improved. Tamanna is empowered not only economically but in terms of knowledge and

awareness as well. Her affiliation with the SSG has raised her awareness about women's rights and the legal rights. She is now capable of supporting other survivors emotionally and through referrals and even works to mediate domestic violence conflicts. Her increase knowledge about reproductive health issues had made her start using the pills.

Case 11: Tamanna Khatoun*, Ramdaiya, Dhanusha was facing much violence and her condition was deplorable, physically, mentally and economically. With advice from the FPA staff she started a small 'Ghoomti' shop with Rs. 1000 she accessed from the SSG. The income from this initiative remains within her control and now she is able to educate and look after her two daughters well. She feel the membership within the SSG has improved her confidence level and the knowledge that the SSG is there in case of need is a big help. The attitude and behaviour of the family and community members has also changed for the better, even coming to her for advice. Knowledge from the SSG on reproductive health had empowered her enough to have herself regularly checked and Tamanna is also helping to raise awareness on RH issues to other survivors.

Case 12: Tika Mandal*, 23 years, Dhanusha district claims that before she became a SSG member both her husband and mother-in-law use to beat her up. Since she had no income she was totally dependent on them. Since she became a member she claims she has become more aware of her social and economic rights. She made up her mind to start a business and took a loan to start a small shop. As a result she has her own income which helps educate her children, and she has access over the money as well. Now family and community members who used to get angry when she asked for money show her respect and love, and shower her with praise. Now because of her independence her self confidence has increased and she plans to expand her business as well. She feels much empowered because community members say that despite being a woman she has achieved success in her business.

Case 13: Anuja Devi Paswan, Gamariya, Dhanusha district was a daily wage labourer who did not earn enough to sustain the family. Her children remained uneducated and when she asked for loans everyone refused as no one believed she could repay. When she joined the SSG she received training and was able to access loan to start a small shop following advice from FPA staff. Once the income started coming in changes started taking place in her life. Family members gave her respect and no longer abused her. Anuja's husband also feared repercussion from the SSG and stopped beating her. Today Anuja feels empowered with information and knowledge she has gained from the SSG. She is aware of her social and legal rights and those of others and even goes to the assistance of other supporters when required. She attends rallies and meetings on GBV and such participation makes her emotionally empowered and satisfied. She has also gained knowledge about her reproductive rights and informs her husband about it. When her husband refuses to use the condom she is capable of defending herself as well. She says it is her membership in the SSG which has helped raise her social status in the community.

Case 14: Soni Choudhary*, Sarlahi district was suffering from violence from her husband and family members till she joined the SSG. There was little money in the house

for food and the children's education. No one was willing to support her either, until she joined the SSG and accessed loan for vegetable farming. Whenever she was in needs the SSG members came to her support and Soni had also participated in mediating a number of domestic conflicts. She had also gained knowledge on rights and had gone to several perpetrators' house to talk to them against GBV. Despite having to hear remarks such as, "don't come spoil other people's wives" she continued her fight against GBV through the SSG. She plans to expand her business which had helped bring about social and economic empowerment in her.

Case 15: Saira Khatoun*, Sarlahi faced much physical and mental violence from within her family. In addition she had no access or control over any fund which further weakened her position within the family. She became a member of the SSG with the hope of getting some relief from this daily torture and learnt about the loan she could access. She used this loan to start a small shop which is generating enough income to educate her children in a boarding school. Now friends and community members who used to "turn their faces the other way" shower praise on her for her initiative. Family members also show more love. She is also called by community members to resolve any conflicts that may arise as she has become more aware of women's rights issues. A major reproductive issue she has learnt about is STI which she also talks about with her husband and Saira feels there is positive impact as a result on both their health. Overall, she claims to be a much happier person, with increased self confidence and self-esteem.

Case 16: Indraa Dhakal, 33 years, Makwanpur district was in a miserable condition and needed to be supported by her maternal family. But her membership in the SSG changed her life as she received training and accessed loan to start a small shop. Starting the shop was her own idea. She feels her membership has made her a more knowledgeable person. People are showing her respect and even call her for advice and mediation of GBV cases. She had already gone to other survivors' home 20 times to help them and even perpetrators' threats do not deter her. She is actively participating in GBV related programmes such as Teej festival, street dramas, orientation programmes and rallies to advocate against GBV. Giving support to others in need make her feel she is accomplishing a religious duty and today she feels empowered due to her increased self confidence and independence.

Case 17: Sarita Lama*, Makwanpur district did not have enough to even eat until she joined the SSG. No one believed she could return their loans, and therefore refused to provide any. But when she accessed loan from the SSG and started a 'Thela' shop she proved to all that she could run a small enterprise which could generate enough income to support her family and send her children to boarding school. She has even managed to save some money and is able to loan money to others as well. Her community members show her respect for her efforts and even where there are problems or GBV related issues at community level she is called regularly to resolve them. Despite receiving threats from some of the perpetrators she does not plan to discontinue such type of support. She even provides support by referring cases to the FPA clinic and if necessary has taken survivors to the police station for receiving justice. Today she feels empowered because of the

increased self confidence and self-esteem brought on by the knowledge on GBV, her ability to advocate against it and the improved economic condition.

Case 18: Anita Gurung*, Nawalparasi faced constant abuse from her husband and mother-in-law and when the latter kicked her out of the house she was forced to stay in someone else's old, dilapidated hut. Once she became a member of the SSG she started a small shop which earned her enough to feed and educate her children. Earlier her family members, especially her mother-in-law used to call her names and even throw hot water and while her husband had hit her with a broken bulb. She was incapable of defending herself. But the situation had improved for she had control over her income and had earned respect in the society. She had become capable of retaliating against GBV against her and even went to support other survivors. Her increase knowledge of reproductive health issues and contraceptives was enabling her to raise awareness amongst others as well. Today she even participates in various GBV related advocacy programmes such as rallies, street dramas, Teej debates, etc. and feels very empowered due to these activities she is involved in.

Case 19: Saraswati Neupane*, 30 years, Ramnagar VDC, Nawalparasi district decided to start a 'Chatpate shop' business by accessing loan from the SSG, following advice from her friends. Since then her life has been changing for the better. Earlier she used to earn a living through daily wage labour and had difficulty feeding her children also. Today, the FPA support had enabled her to educate her children in good schools and she is even contributing Rs. 50.00 monthly to her group. She feels empowered as the family and community members respect her for her endeavours and she is regularly called to help out other survivors. Saraswati has also become knowledgeable of women's rights issues and works to protect others' rights through rallies, orientation programmes, providing medicine and referring the cases to FPA. Today Saraswati claims, "I feel that I am capable of taking on any challenges".

Case 20: Laxmi Malla*, Shankarnagar VDC, Rupandehi has one son. She was having a difficult time at home facing various forms of physical and mental violence. She was never even given enough to eat or wear. When she joined the SSG in her community and received incense making training, she started a business by making these. The income generated from the business started to change her life for the better. Today, her father-in-law, brother-in-law and sisters-in-law all come to her when in need of money. They in turn help her out during farming and other times. In case of problems the SSG members come together to help out. She is seen as a role model and is considered knowledgeable about women's issues and thus called for help when conflicts arise. She even helped a survivor by keeping the latter in her house for a week when the husband kicked her out of house, and later helped mediate the case as well. As a result of the respect she's earned Laxmi has also become a member of the school management committee as well as a member of the Farmers' committee. Today she is earning an income of about Rs. 5000 per month from her incense business as well as the training she provides on incense making. All these have led to her feeling very independent and empowered. As a result she no longer feels mentally depressed as she used to.

Case 21: Urmila Pandey*, Shankarnagar VDC, Rupandehi district was used to facing such violence that she was virtually dependent on her maternal parents. She was unable to earn for herself and had even sent her son to her parents home for education. Currently she resides separately and received training on incense-making. As a result she started her own business which has become a major catalytic factor in her life. The earning generated from the business has enabled her to bring her son home and educate him. She is also shown respect and admiration for her endeavours and friends and community members even come to her for advice and loan. A regular member of the SSG Urmila actively participates in activities to advocate against GBV and regularly helps out survivors. She has thus far succeeded in ensuring that a wife received her inheritance from the husband, mediated numerous BV cases and referred cases for relevant support services. Although she has gained knowledge on reproductive health and is capable of talking of it to others, she feels that since she no longer stays with her husband her health has improved. Urmila wants to continue this incense-business as it has been very productive to her and empowered her a great deal.

Chapter 6: Overall Project Strengths and Challenges

The chapter looks at some major impacts which have occurred as per the viewpoints of the sample groups covered by this survey. Analysis is based on findings from target beneficiaries, service providers and stakeholders.

5.1 Project Strengths

- At the community level the project has strategically employed a multi-disciplinary approach to effectively raise the awareness level among the community members as well as pregnant and no-pregnant survivors. While FPA non clinical service providers have proved to be an indispensable entry point for GBV awareness raising, ongoing CAG and SSG activities have increased understanding and initiatives to support survivors from a economic, social and health perspective. They are working towards preventing GBV and even addressing the perpetrators. Furthermore, it is not only the survivors or the perpetrator alone, even other family members of both these groups, community members and surrounding communities have greatly benefited from these awareness raising activities, and the project as a whole.
- CAGs have become an indispensable mechanism in the overall effort for increasing awareness level on a continuous basis. The rallies, street dramas, and other modes of information dissemination have led to increasing number of women wanting to join CAGs. CAGs are also working as a part of the referral mechanism to identify survivors and provide counseling where necessary. The CAGs through their numerous awareness based activities have been working towards creating violence free districts. Men have also been involved in these activities which has resulted in their increase in interest on preventing GBV issues. More importantly the “formation and mobilization of CAGs help the survivors to break the silence and to get appropriate support at the community level” Annual Progress Report 2006). However, although many of the CAGs stated that sustainability is a possibility, requests for financial resources and technical supervision from the central level raise the question about the possibility of such sustainability. The irregularity of CAG meeting in some cases further support these reservations.
- SSGs consisting of survivors are working to address specific needs of the latter. These have proved to be counseling points. More importantly through the micro credit programme a number of pregnant and non-pregnant survivors have become empowered. In many cases the economic needs of survivors have been addressed, this has led to increase in the social value of the survivor socially by both family and community members. The increase in confidence of the survivors have also helped change their lives for the better. The demand for such micro credit programmes during this current survey highlights the added value of the component within any GBV programme.

- FPAN Non Clinical Service Providers, as mentioned in an earlier paragraph, are the link between the FPA clinic and the community. Their roles are diverse. On one hand they help identify survivors and perpetrators, while on the other they are raising awareness on a regular basis about GBV, the services available at the FPA clinic and even make referrals. They are a catalytic force mobilizing community level groups such as the CAGs and SSGs to work towards GBV prevention at the grassroots level. However, once again reservations about their sustainability upon completion of the project comes to the fore.
- Clinical health service providers have become important support groups through the health sector. Due to their increased knowledge and capacity and skills on GBV their ability to screen, enquire and provide necessary services such as making referrals to police, lawyers, shelters, in addition to attending to injuries has increased. Furthermore their positive attitude is an asset towards building the confidence of clients and survivors leading to clients returning for more follow up services as well as referring other community women and survivors to the clinics. This is a major lesson learnt for as stated in the Annual Progress Report 2006 “Service providers positive attitude is an important aspect to screen the GBV survivors at service delivery points”. Thus during the 2 year period a total of 5895 survivors were identified within the clinic. Based on their overall assessment of the programme, their responses regarding the major benefits from the FPA programme at various levels, ranked as per their responses were:

Views of Clinical Health Service Providers on Project Benefits at Various Levels:

Community level:

- Increased awareness level at community level: Rank 1 (96%)
- Increased prevention of GBV: Rank 2 (73%)
- SSGs able to empower survivors: Rank 3 (100%)

Survivor level:

- Women more capable of speaking against GBV: Rank 1 (45%)
- Economic empowerment of the survivor: Rank 2 (50%)
- Women taking initiatives to support each other: Rank 3 (43%)

Personal (Provider) level:

- Increased understanding of GBV: Rank 1 (74%)
- Ability to handle GBV cases with ease: Rank 2 (57%)
- Can easily refer GBV cases: Rank 3 (54%)

- Some private lawyers interviewed during this survey period indicate a close working relation with FPAN whereby FPAN makes referrals to the lawyers for provision of legal services to survivors. They also indicated a willingness to provide services as and when necessary. Compared to the Baseline Survey period their knowledge and capacity to address GBV has also increased as they have participated in training on GBV. However, the linkages with the *government lawyers* are not so prevalent. The latter indicate a lack of communication with any network, indicating they only know of FPAN activities through the rallies and some other awareness programme. Lawyers have even been going providing training on GBV legal issues.
- Women Police Cell indicate a positive approach towards supporting GBV survivors. Compared to the Baseline period there is increased awareness and understanding within this vital element which plays a critical role in GBV prevention and support. In many instances they have been part of training programmes organized by the FPAN. There is also an apparently close link between the FPAN and the police women cell, with the latter dealing with cases with more sensitivity, enquiring with a greater understanding and making attempts to ensure perpetrators are brought to justice.
- Micro credit programmes which pregnant and non pregnant survivors are able to access through the SSGs is a change factor in the lives of the survivors. Despite the care of injuries and the counseling they receive, social and economic change in the daily lifestyles of many is brought about by loans they are able to access to initiate small enterprises. Women previously looked down upon by their family and the community are being reached out for their suggestions, advice and even in some cases loans. The positive improvement in their economic status has enabled them to send children to school, provide for the family and enjoy decision making powers within the family.
- Partner Agencies at District and the National Coalition are fundamental aspects of any GBV programme. They support each other in meetings, workshops and training. Referrals through telephone, letters and other means are used for close contact and for updating each other about their activities. Though a stronger and more formal partnership has been voiced - which could lead to more effective GBV prevention, the importance of the ongoing partnership cannot be underscored enough. The NCAGBV requires strong secretariat support to bring it to the fore. Consistent advocacy at national and district level are essential to ensure that the current momentum is not lost.

6.2 Challenges and Gaps

- GBV and Pregnancy: During the project implementation period it was realized that despite focusing on linking GBV with pregnancy the needs of other women cannot be overlooked. Furthermore, it also became clear from the very beginning that since only a small population of pregnant women would access services from the FPA service providers, the need to conclude the non pregnant women was felt.

Thus while on one hand larger population of women benefit from the project GBV during pregnancy requires greater emphasis. Qualitative and quantitative information on GBV during pregnancy are required for specific programming to address this population.

- Sustainability: The end of the project has raised fears about the project sustainability, particularly in the case of CAGs and SSGs which have requested the need for continuity of project to have a larger term and more extensive impact. It is also essential that activities such as rallies and coalitions initiated by the project are not one-off events and are carried out even after the project end for continued advocacy on GBV.
- Staff Turnover: Staff turnover in any project has vital impact on the project activities and the outputs. In a project such as this the investment of training and capacity building of its team members is an asset which the project must endeavour to nurture. In an issue such as GBV this is even more pertinent.
- Overcoming threats by perpetrators: Whether it is the SSG or CAG members, or FPA personnel working at community or branch level threats from some perpetrators and their family members are a reality they face from time and again. Although initiatives in the form of providing mobile SIM cards to community service providers and mobilizing of CAGs for their support where needed are there persistent efforts is necessary to prevent demoralization of service providers.
- Addressing the perpetrator needs: Although counseling of perpetrators is also covered by the CAG, SSG and other initiatives however perpetrators remain marginally addressed.
- Regular support and monitoring from central level: A request which has persistently arisen is for more support, guidance and monitoring from the central level. There is a general feeling that regular monitoring would help overcome some of the challenges being encountered at community level.
- Findings from survivors on GVB faced within last 30 days indicate some are still in vulnerable situations. Intensive follow-up efforts from the CAG and SSG groups are necessary to mitigate vulnerability.
- NCAGBV must be strengthened and pushed forward to create greater impact. There is a common perception that FPAN is viewing NCAGBV as its own product and the need to remove this perception has been highlighted in several instances. At present some observe that for the project to realize its objective, it must be more effectively followed up by the Secretariat, which requires effective management and strengthening. The challenge is to determine means of ensuring that they do not end along with the project.

Chapter 7: Recommendations

1. Continuity of the GBV project is a strongly recommended based on the Endline Survey findings. The social change, results and outputs which have come about during this two year period highlight the value and importance such a project can play in the overall development of a woman, her family and the community as a whole. Currently, as many during the survey voiced that the project is still young and a long term programme would yield benefits and lead to bringing about change in the value of women as a whole in the society.
2. Mainstreaming of GBV screening in all FPA clinics is recommended based on experiences of this current project. Screening identified the most needy and helps link pregnant and non pregnant survivors with various referral services. Therefore, training on GBV to ensure appropriate knowledge, attitude and practice for addressing GBV must be mainstreamed into all FPA programmes.
3. Scaling up of the programme in the current districts and incorporating GBV in other regular health programme is highly recommended. As evidenced by survey results the individual, family and community benefits are immense. The increase in self-confidence, change in attitude of family and community towards survivors, and transformation of many survivors from being a victim to a loan giver and even adviser indicates that the social re-engineering is possible. Such transformation will have a layer of positive impacts at family, community and national level.
4. CAGs are a critical tool in preventing GBV and raising awareness about it. It is recommended that CAGs become an intrinsic component of all FPA projects so that RH issues of pregnant and non pregnant women are addressed more comprehensively. The level of awareness created at the community level by the project cannot be disputed, and within this CAGs have played a vital role. There is also demand that CAGs should play a greater role in the more remote areas. Based on the findings of this survey it is recommended that CAGs play a more active role in mobilizing and supervising the SSGs.
5. The SSGs, in places where they have been mobilized have empowered survivors. As indicated by findings from case studies not only have they become free from the violence they had to endure, but SSGs have helped raise the socio and economic status as well as the confidence level of survivors. The respect and support generated were unanticipated by survivors. There is need to create such positive impacts at a larger scale, and within the most remote of villages. It is recommended that best practices of survivor cases are widely disseminated to highlight the value and impact such a project. Similarly, it is essential that SSGs are empowered through workshops, training and proper management skills if they are to be as effective as anticipated.

6. The age group of survivors indicate the above 25 years group to be the most vulnerable. This is also an important child bearing age. Considering the magnitude of impacts of GBV such as mental and physical and its co-relation to the vulnerability in the most productive and reproductive ages, the cost to the individual, family and national costs can only be estimated. The survey concludes the need for specific programming targeting different age groups according to the type of violence they are more vulnerable to.
7. The Screening Formats help bring out rich data on the socio-demography of survivors. These must be compiled and analysed to generate valuable information about survivors, the severity of problem among specific ethnicity, areas and district and the type of programming needed in support and empowerment of survivors. Future GBV projects are recommended to address this issue identified by these results as more focused efforts can be realized.
8. It is now a proven fact that experiences of a mother impact the unborn child also. The health of the mother and the foetus can be best ensured through healthy and violence free pregnancy. The survey recommends specific focus on pregnancy and the linkages with GBV, and the need to highlight impact on both mother and child due to it through awareness programmes.
9. Advocacy efforts such as rallies, posters and street dramas have proved productive and informative to survivors. Rallies in particular have been identified as a major advocacy tool at both national and district level. In this context they are strongly recommended to be adopted in other districts also for gathering support against GBV and awareness raising.
10. Networking and partnerships at district and national level are an asset in a GBV programme. Comprehensive and holistic needs of survivor-support demands close partnership whether this is in terms of law enforcement, access to justice, counseling or medical needs. Based on current project experiences and recommendation from the district level formal understanding among partner agencies is recommended for greater survivor benefit.
11. Regular monitoring and supervision at various tiers of the project must become an integral aspect of any project of this nature focusing on GBV. During the FGDs constant requests for supervision and support from the centre highlight the need for regular monitoring from the centre. Until and unless each and every step of the programme is regularly monitored for ensuring effective mobilization and support to survivors the impact of the programme may become diluted.
12. During FGDs with SSGs and CAGs reference to threats from the perpetrator and perpetrators' family members have been repeatedly reported. Requests for ID cards and workshops on security mechanisms reiterate the need to address these threats. The community and the family of the service providers have been more or

less supportive and are another positive aspect to be appreciated. However, it is strongly recommended that community based security support mechanisms are devised to support SSGs and CAGs and their members.

- 13.* A major project strength lies in the referrals. Documentation and detailed analysis of information about the type of referrals, the services availed and challenges faced by survivors in the process will help determine the pull-factors among survivors and enable more survivors to avail service. Recommendation in this regard is suggested for following up on cases as well.
- 14.* Although male members are included in CAGs, however, more concentrated and well thought out partnerships are recommended in future strategies. Their involvement will have long term and more in-depth influence in the positive impacts brought about by the GBV project at the family and community level. This could be particularly helpful in dealing with perpetrators and counseling them.
- 15.* Proper time must be allocated for training programmes to ensure maximum impact. The quality of the training should be maintained and study tours during training are recommended for greater effectiveness.
- 16.* The NCAGBV must be strengthened and as far as possible be managed by a body that will sustain the initiatives rather than one aiming for completion of project results.

Calculations used to determine sample size:

- Survivors

Population Size (N) = 5613 $p = 0.5$ $q = (1-p) = 0.5$ Error (E) = 0.07 $z_{\frac{\alpha}{2}} = 1.64$ Required Sample size (n)

$$n = \frac{Nz_{\frac{\alpha}{2}}^2 pq}{NE^2 + z_{\frac{\alpha}{2}}^2 pq} = \frac{5613 \times (1.64)^2 \times 0.5 \times 0.5}{5613 \times (0.07)^2 + (1.64)^2 \times 0.5 \times 0.5} = \frac{3774.18}{27.50 + 0.67} = \frac{3774.18}{28.17} = 133.98 \approx 134$$

- *FPAN Clinical Service Providers*: Population Size (N) = 31

 $p = 0.5$ $q = (1-p) = 0.5$ Error (E) = 0.07 $z_{\frac{\alpha}{2}} = 1.64$ Required Sample size (n)

$$n = \frac{Nz_{\frac{\alpha}{2}}^2 pq}{NE^2 + z_{\frac{\alpha}{2}}^2 pq} = \frac{31 \times (1.64)^2 \times 0.5 \times 0.5}{31 \times (0.07)^2 + (1.64)^2 \times 0.5 \times 0.5} = \frac{20.84}{0.15 + 0.67} = \frac{20.84}{0.82} = 25.41 \approx 25$$

- *FPAN Non Clinical Service Providers*:

Population Size (N) = 140 $p = 0.5$ $q = (1-p) = 0.5$ Error (E) = 0.07 $z_{\frac{\alpha}{2}} = 1.64$ Required Sample size (n)

$$n = \frac{Nz_{\frac{\alpha}{2}}^2 pq}{NE^2 + z_{\frac{\alpha}{2}}^2 pq} = \frac{140 \times (1.64)^2 \times 0.5 \times 0.5}{140 \times (0.07)^2 + (1.64)^2 \times 0.5 \times 0.5} = \frac{94.14}{0.69 + 0.67} = \frac{94.14}{1.36} = 69.22 \approx 69$$

Thus this sample size $n = 69$ is to be divided between 5 districts.

