3. Findings 3.1. Relevance

- Project is relevant to the context of GBV in Nepal: GBV is highly prevalent in the country and the focused districts of this project
- Project is relevant to the Government of Nepal, the provisions in Constitution of Nepal, legislation and national plan of action on GBV
- National reports have recommended comprehensive and systematic intervention on prevention and response
- Prevention and response, both are identified as priorities by beneficiaries
- The GBV project has created a demand for interventions for prevention and response among community members and service providers alike.
- Beneficiaries (women and girls) report that they appreciate the information received on GBV but it needs to be shared with men and boys and with all members of the communities (not just targeted groups under this project)
- Beneficiaries also report that sustained inputs are needed for changing behaviour and that 2-5 days "trainings" are not sufficient
- Project was designed to match the pre-federal structure and needs to be re-aligned to match the new federal structure: strategies for working with municipalities

3.1.1. Relevance to the needs and priorities of the intended beneficiaries

Prevention and response interventions on GBV continue to be relevant to the needs and priorities of the intended beneficiaries—survivors, women, girls, men and boys in the community. Although the MTR team did not interview survivors, FGDs with women, girls and men (as part of FGD with couples) as well as interviews and consultations with service providers along the continuum of referral, from CPSW to health posts, hospitals, police, and OCMC staff—all confirmed that the need to work on prevention and response for intended beneficiaries are relevant and critical. Both men and women, and girls have reiterated the need for interventions with men and boys and with broader members of the communities (rather than limited to members of the women's cooperatives).

In addition to being relevant to the intended beneficiaries, the project has demonstrated its relevance and usefulness for service providers. Representatives of police staff who received training under the project, as well as hospital staff (Doctors, Nurses) shared that the training have been useful for them since they are now able to identify and refer cases of GBV from their OPD. Case managers, counselors at OCMC as well as the CPSWs reported that the training and mentoring was relevant to their work and helped them understand and carry out their roles and responsibilities.

The action research report and reports from NGO implementing partners confirm the relevance of the project for beneficiaries. In fact this project has created a demand for interventions for prevention and response among community members and service providers alike as demonstrated by the increase in number of women seeking services and support.

3.1.2. Relevance of outcomes and outputs as specified in the ProDoc

The outcomes and outputs of the project continue to remain relevant, except for Output 1.1, which focuses on training women's cooperatives. For the rest, some need to be modified to include new targets in light of the new local government structure. Output related to development of critical understanding of discrimination and violence in prevalent social norms among women and men, girls and boys needs to be introduced in the project.

Results	Relevance
Outcome 1 (rights holders): Men and women in working districts increasingly	Relevance continues, significant increase in reporting and referral; prevention work needs to be focused more

prevent, report and address gender-based violence	
Output 1.1: Women Cooperatives[2] (WC) have established functioning GBV watch groups and adolescent girls groups to address gender- based violence	• Relevance of WC is likely diminished in the new local government structure • Scope of work of GBV WG is changed in the context of CPSW and perhaps in context of new local governments • Girls Group remains relevant, not necessarily through mentoring by WC, rather through CPSW • WC does not seem to be the most fit CBO for influencing social change • The assumption of ToT with WC needs to be re-examined
Output 1.2. Men and boys have the capacity to engage in the prevention of and response to gender-based violence	Continues to be relevant but project interventions have not included boys and miscalculated strategy for including men (through couples training)
Output 1.3. CSOs, media and research organizations engaged in evidence based advocacy for an improved response to GBV by GoN actors at district and national level	Continues to be relevant. Is very recently introduced. To remain relevant, needs to include local government as actors/target
Outcome 2: Duty bearers respond effectively to gender-based violence in working districts and increasingly at national level.	Relevance continues, needs to be re-targeted in context of new structure (duty bearers to include municipality structures), more service providers need to be included (ex FCHV)
Output 2.1: Women and Children Development Offices, police, and legal service providers have been enabled to prevent GBV and respond to GBV	• Remains relevant, interventions for prevention need to be redesigned and focused • Needs re-targeting to include municipality offices/sections and in light of WCO/DWC dismantling
Output 2.2: Women Service Centers have been established and are functional in the working districts, with links to capable referral safe houses in Kathmandu	• Remains relevant • District safe houses need to be more responsive to needs of survivors-dependent children and need for financial autonomy currently not addressed • Management of service centres is likely to fall under more than one municipality, may or may not continue to be managed by WC as municipalities take on this role. There will be need to support development of cooperation
	agreement between municipalities for management of service centres
Output 2.3: Health facilities in the working districts have the capacity to provide adequate medical services	• Remains relevant, need to include health line management at municipalities

and community based psychosocial case management for GBV survivors and their families	
Output 2.4: MoWCSW and MoHP are supported with evidence to develop policies and plans	• Needs re-targeting, local governments need to be supported with evidence and ideas for their policies, law and plans • Ministries at the state level also become relevant now: Social Development Ministry is now responsible for women's empowerment and they have the exclusive power to make criminal and civil procedures related legislation, guidelines etc. Ministry of Health at the state level will be responsible for hospital management. • Exact role of MoWCSW not clear yet, not for provincial government either. As their roles emerge, specific output can be planned

3.2. Relevance of each component for prevention and response to GBV

Components for rights holders	Relevance
ToT for women's cooperatives	• This CBO loses its relevance in the current set up. In the new federal set up (with the dismantling of the DWC and WCO), the Women's Cooperatives may or may not be made part of the local government structures. Municipalities are planning different local level groups for "social issues". • They could remain relevant as any other CBO in the communities that needs information and behavior change interventions but not as trainers • The ToT model with WC has not been relevant: content, duration and strategy • WC are not relevant to poorest women and those that are not able or interested in savings and credit. Daily wage earning women are not participating in WC
WC as mobilisers and supervisors of CPSW	• As above. More relevant to link CPSW with local government structure
GBV Watch Groups	• There does not seem to be a clear plan for the role of GBV watch group. None of the GBV WG seem to have developed any action plans on GBV and their monthly meetings (if at all) tend to focus on savings and credit. • In this project, with the introduction of CPSW, the scope of GBV WG is revised and now limited to identifying and connecting survivors with CPSW • Their roles are likely to be redefined by local governments
Training of couples	• Objective of working with couples is not clear • Intervention could be relevant insofar as couples are provided with counseling for their own relationship.

	• But not as agents of change in the way it is being done
Girls group	• Creating and mentoring girls groups for prevention and response, remains relevant
	• For program to have continued relevance, interventions with girls need to be dynamic and constantly respond to emerging needs and priorities of the girls. There is risk that this intervention could end up being more relevant to and limited to WC agenda of younger recruits into their cooperatives (savings and credit) • The Rupantaran training module needs to be reviewed for its relevance and effectiveness in prevention and response
Engaging men and boys	• This remains a crucial and relevant component but is missing. Men are included as recipients of training as part of couples and as service providers (male officers in the police and male members of the BAR association) • Boys have not been reached out to yet • Intervention relevant to boys and to the theme of prevention and response needs to be designed. • The Rupantaran training module needs to be reviewed for its relevance and effectiveness in prevention and response
Components for duty bearers	

Advocacy with Governments	• Project not yet relevant to local government structures, interventions with municipalities need to be added, with special focus on social development sector and judicial committees
	• Advocacy and support to ensure that women's rights receive adequate state support along all structures is crucial, focus seems to be diminishing:
	  • At the national level the Ministry of Women is being restructured to reduce number of officers. DWC is dismantled and there is no provision for senior level officers, all asked to move to local levels (negotiations ongoing)
	  • At the provincial level, Women's Development Section is combined with "Social Security" under the Education Division. There are no provisions for senior roles here, only section officer and women development inspector.
	  • At the local level, matters related to women's empowerment and protection are clubbed together with several other themes including education and health in the social development sector. Women's issues not on priority of municipalities visited

Community Based Psychosocial Workers	• Most relevant of all components • Demonstrated relevance through increased referral and reporting of cases • Siddhicharan Municipality has hired their own psychosocial worker, indicating scope for institutionalizing CPSWs

Health care system	• Case Managers and outreach counselor at OCMC • Continued relevance, demonstrated through increased referral • Hospitals, PHC, Health Posts • Continued relevance, especially with OCMC institutionalized and referral pathways • FCHV seems a relevant component but is missing as target in the project
Service Centres/ Shelter Homes	• Continue to be relevant, previous challenges remain – limited duration of hosting survivors and lack of facilities for supporting women to become financially independent (except in Kathmandu) and lack of responsiveness to women with dependent children (except in Kathmandu) • Role of WC in "managing service centres" may become less relevant as local governments choose their own mechanisms
Training for police and lawyers	• Trainings are relevant, training not conducted in 1 out of 3 districts • Combining training lawyers with police is not relevant to their different training needs, roles and capacities • To stay relevant in new structure, project needs to include police department established by the local governments
Other components	
Action Research	• Action Research is relevant for identifying what is working and what is not but report so far is not providing nuanced information. To become relevant to this project, the Action Research needs to be re-thought urgently
Mass media campaigns	• Mass Media targeted interventions could be relevant have only very recently been initiated • To ensure relevance, the objectives of the initiatives need to be clearly aligned with project objectives and messaging needs to be consistent with other components of the project (messages being conveyed through various training manuals to various audiences). • Consider relevance of online portal-how many in the target have access

3.2.1. Relevant issues that are not addressed by the project

Consequences of federalization

A significant change during the course of the project has been the adoption of the new federal structure and establishment of local governments that have now replaced the previously tier of "districts". The project's initial focus was on strengthening capacities of advocating with the previous local and national structures responsible for addressing GBV (WCO, CDO, DDC, MoWCSW and MoHP).

The project now needs to include as its target group, the structures and local authorities emerging from the new structure- The Mayors and Deputy Mayors, Ward Chairs, Council of Municipality and the Village Assembly. The Judicial Committee and the specific department or unit on "social sector"

at the municipalities will need to be included in capacity strengthening initiatives. Strengthening understanding on GBV and capacities to develop action plans, local policies, allocation of resources would be relevant for the local government now.

While it will be important to support and strengthen the capacities of elected women representatives to understand, prioritize and plan appropriate interventions for their municipalities, it will be crucial to include male elected representatives to improve the programs relevance to engaging with men and boys. Besides, women elected representatives need capacity enhancement in areas beyond GBV or other themes/sectors—on their leadership and ability to negotiate in a male dominated structure.

According to a recent capacity needs assessment of elected women representatives, across literacy/levels of education, elected women representatives articulated need for training and inputs on: financial and budget management (39.5%), leadership and women empowerment (15.8%), information on Constitution and laws (13.2%), skill development (12.1%), different programmes (11.6%) and "other" (7.9%). During the course of this MTR, consultations with elected women and men representatives

confirmed that some of them need support in program and planning for GBV, in interpreting the Local Government Act. In some cases, elected women representatives specifically asked for support in understanding the role of the Judicial Committee and their own role within it, specifically vis-à-vis cases of GBV, some of which were already being referred to them and which they have "addressed". Some NGOs, such as WOREC have already started working with elected women representatives (not under this project) and in at least one municipality where consultations were held for the MTR, the Deputy Mayor has appreciated the intervention.

Other relevant issues

The other relevant issues that are identified in the MTR as missing in this project are related to alcoholism, financial autonomy of women and working with girls and boys through schools. These are not new issues that emerged during the course of this project but are relevant to prevention and response.

While violence in the state of inebriation and alcoholism are only manifestations of root causes of violence against women, the use of alcohol is certainly viewed by men and women and girls as problematic, creating nuisance and aiding violence. To remain relevant to the needs of the beneficiaries, the project may need to consider some interventions to address this manifestation.

Similarly, lack of financial autonomy is a well-known barrier to women escaping violent domestic lives. This is not to suggest that women who are financially autonomous are not subjected to violence. At present, the project is only able to provide support for enabling women to become financial autonomous through the shelter support in Kathmandu. These are for what are considered the "worst" cases. This service needs to be made more widely available at the district level, through linkages with other projects/initiatives if not within the scope of this project. With the decentralized governance, there is greater scope for providing such integrated services.

Most women survivors of domestic violence have dependent children and the inability of district service centres to host women with their children is a barrier to women accessing these services. To be relevant to women who need shelter support, service centres need to be responsive to dependent children.

An institution that is relevant to prevention efforts and which is also indicated in UNFPA strategy on Engaging Men and Boys, Communities and Parents to End Violence against Women, Child Marriage and Other Harmful Practices in Nepal, is schools. Not only are schools most relevant because of the greater potential for institutionalizing interventions, with Nepal having near complete secondary

school attendance, chances of excluding certain children is minimized. One of the implementing partners (CMC- Nepal) already has experience of working with girls and boys in schools on GBV and their experience could be harnessed for including work with schools.

As a result of the project, GBV is out in the open, survivors are aware that they can report and have a trained psychosocial worker who listens to them, and more experienced case managers who can help them heal and assess their options. Service providers are gradually becoming sensitive (police, hospital/health post staff), and there is improved coordination between different referral points.

3.3.4. Exclusive focus on GBV and effectiveness of the project

The project's exclusive focus on GBV and within that more focus on response (identifying cases, referring for services, providing services) that prevention (facilitating critical reflection on social norms, learning new behaviours for men and women, boys and girls) is limiting its ability to achieve its results. While increased reporting and prosecution may reduce the incidence of violence to some extent (although there is evidence that increased severe prosecutions are deterrent for survivors to complain), these are not at all sufficient for changing mind-sets and norms. Prevention work is more long term and requires consistent and capable facilitation.

The exclusive focus on GBV has rarely shown results and the Commission on the Status of Women has asserted the importance of promotion of gender equality, women's empowerment and their enjoyment of human rights as crucial elements of any prevention intervention. Ensuring women's economic autonomy and security, increasing their participation in decisions in homes, communities and public life and governance, are all essential to effective prevention.

During consultations with women and girls in communities and with local authorities on how can violence be prevented, there were agreements of the following components: economic autonomy of women, leadership of women and changing the mindset and behaviours of men. The former could be addressed through linkages with other initiatives and the latter two should be addressed within the current project design.

In order to reduce resistance from community members, discussions on GBV in communities should "emphasize gender equality approaches rather than more explicit discussions of GBV victims and perpetrators, as this tends to create greater resistance". While it is important that this gap has been realized, it needs to be understood that this is not simply a matter of how discussions in communities proceed so as to reduce resistance, but it is about actually implementing interventions that further gender equality, economic autonomy of women and strengthening women's leadership (see also under 4.2.4). Critical reflections on social norms and how to change them need to be focused equally with women and girls and men and boys.

There is an opportunity to redesign the project for its next phase with the local governments who are looking at gender and within it GBV as part of a broader social sector approach, including education and health. This could be an advantage if used strategically to mainstream gender and GBV through health system (already demonstrated well by this project in terms of response) and education system (working with young girls and boys to critically reflect on social norms and challenge harmful behaviours). Youth will be another important category for the local governments (although focus might be on gainful employment/livelihoods).

4.1. Lessons learnt

What is working?

i. Strategies to improve and strengthen response mechanism have worked because: Service providers have been appointed along referral continuum: from CPSW in community till Case Managers in

OCMC
Service providers along continuum have been provided with training that is helping them in their work and making them more accessible to survivors. For instance, not only staff of hospitals in the districts but also health posts in the communities are being trained

Trained service providers: CPSW and OCMC Case Managers receive regular mentoring and supervision
Home visits by Case Managers and Outreach Counselors have been crucial for improving women's access to OCMC services, especially given that women affected by violence rarely visit facilities as a first step.

Engaging hospital staff meaningfully and providing them with training is crucial for identification of passive survivors (patients that come with "regular" complaints to OPD, for instance) the success of OCMC

Women and girls who participate in WC, GBV WG and GG are aware of service providers and linked by CPSWs

Providing community based psychosocial workers who are available in the community and who focus on "listening" and provide the first source of support to survivors in a confidential and non-threatening manner has been successful strategy to encourage women to break the silence and seek support. CPSW emerge as the most effective and efficient input in this project—leading to improved help seeking behaviour among survivors, including along the referral continuum by successfully linked communities with service providers, particularly trained case managers at OCMCs

Providing trained case managers in hospitals and training hospital staff (Doctors and Nurse) on GBV has helped increase identification of cases, referrals and in provision of appropriate and trained response to survivors

District level coordination between different implementing partners and actors is working better in Okhaldhunga than in Udayapura, primarily because of facilitation of coordination by the more experienced CMO in Okhaldhunga than Udayapura.

Engaging girls with sustained inputs over a period of a year has helped in their own personal development and strengthened their ability to negotiate for their rights within their homes. This is a group with high potential for changing social norms and will need continued mentoring and support from capable facilitators to grow into a solidarity group for each other and for continued evolution of their understanding of harmful social norms and how to challenge and change them.

What is not working?

Strategies for empowering women and men to prevent and address gender-based violence is not working because:

There is insufficient understanding of what it takes to change behaviours of women and men, girls and boys. The theory of change for the project proposed that when women and men reflect on social norms, then change happens. In practice, the project miscalculated how reflection on social norms can be facilitated. Strategies such as 5 days of training representatives of women's cooperatives to influence other women have not been successful in reaching out and communicating behaviour change with other women (other members of the WC, GBV watch groups or other women in the community). Similarly strategy of engaging men through mobilising couples for "training" has not yielded desired results. Facilitating critical thinking on social norms is a complex and evolving process and cannot be achieved in a 3, 5 or 12 day "training". A modular, consistent and capable

facilitation over a period of time and experiences supports change in perspective, understanding and behaviours, not short infusions of information.

Men and boys have not been engaged meaningfully and effectively to enable them to challenge and change toxic masculinities. Focusing interventions for prevention and behaviour change among women and girls will not reduce violence against them perpetrated by men and boys if men and boys are not made responsible for their behaviours.

Sustained inputs and mentoring has not been provided to trained agents of change—women members of cooperatives and GBV watch groups and girls groups, as is evident from the lack of plan of action and clarity with these groups about their exact role and how they are to fulfill it.

Modality of behaviour change and empowering through short duration trainings do not work if most suitable agents of change are not carefully selected on the basis of their capabilities, motivation and potential for being change agents (older couples for instance) and if existing training modules are applied without a training needs assessment (ToT of Women's Cooperatives and training of couples, for instance). Curriculum followed in information sessions is limited to providing information on types of violence, reproductive health and not so much to develop critical reflection on social norms and how to challenge and change them, as well as how to influence others to do the same (ToT)

Making women's cooperatives the fulcrum of the project when they understand their primary identity as that of a savings and credit group, their outreach is limited to women from their own ethnic backgrounds (relatively homogenous group) and where their experience of mobilising other women has been limited to recruiting for the savings and credit groups—has not yielded the result empowering women and girls. Even though it was necessary for the project to work with WC to be aligned with the GoN program and strategy on women's empowerment, making WC the only source of outreach and mobilization has not worked. It is perhaps also one factor why men and boys have not been mobilized under this project. Women's cooperatives can be part of the project as one of the targets but not as the only source of outreach and mobilization.

In the absence of a clear perspective on gender-based discrimination and GBV as offshoots of patriarchal ideology, implementers such as CPSW or trainers of couples (or others in the community) are at risk of conveying unclear messages including those that suggest a tolerance of male toxic behaviours. "Women and men are equally responsible for ensuring harmony in the relationships", are benign statements that in the context of "counseling" couples where the man is abusive could give the message of tolerating toxic male behaviours. Such misplaced understanding will completely contradict the objective of the intervention.

Infrequent monitoring and monitoring systems that lack a results framework and mechanisms for generating lessons and feeding them into the project affect program quality and efficiency.

Multi-partner projects without sufficient opportunities for building common perspective, understanding and synergies are at risk of undermining project results.

4.2. Recommendations

The MTR team recommends that project for prevention and response on GBV must be continued in Nepal. The current project needs to make some modifications for the remaining period of the current project period and the second phase of this project needs to be re-designed based on lessons learnt from the current phase, specifically in terms of focus on prevention work.

Develop a strategy for prevention that includes engaging women and girls, men and boys (including youth aged 16-24) in critical reflection of social norms and how to challenge and change them. UNFPA already has a tried and tested global package for working with adolescents to address

violence (among other things)- Comprehensive Sexuality Education. And there are several initiatives that have successfully engaged boys and men in Nepal, (including Reflect model by CARE), South Asia and different parts of the world. Indeed, UNFPA's own strategy document on engaging with men and boys "Engaging Men and Boys, Communities and Parents to End Violence against Women, Child Marriage and Other Harmful Practices in Nepal", suggests strategies for the same and could have been adopted for this project.

Include an output in results framework on development of critical understanding of discrimination and violence in prevalent social norms among women and men, girls and boys

Expand package for training and mobilization to include more materials on gender, power, sexuality, (toxic) masculinities/femininities and violence prevention and response.

Expand focus of project to address women's empowerment in general, specifically developing leadership among women. With the trend in local governments clubbing together gender issues with other social sectors such as education, health and employment, there is an opportunity here to embed GBV interventions with and within broader interventions for gender equality and women's empowerment. Explore how project can link with other initiatives to promote women's financial autonomy.

Review all trainings under the project for the appropriateness and sufficiency of their training materials to address gender based violence

All knowledge products need to be reviewed collectively and a common set of products needs to be owned, implemented, monitored and fed back into the what's working, what's not kind of knowledge management.

Rupantaran module itself needs to be reviewed for its suitability for preparing girls for GBV prevention and response. There is far more emphasis on developing financial skills and being "good citizens" than on critical reflections on social norms, learning new behaviours, including negotiating and advocating for their space. Consider other modules being used for girls and boys.

Put on hold the couple's training program, conduct an extensive review of the intervention in broader consultation with other partners and experts and either redesign interventions for couples or explore other more effective ways of engaging men (see (i) above). In the interim, continue to provide support to couples through CPSW as required.

Put on hold the ToT for Women's Cooperatives and continue to provide them and GBV watch groups with information and engaged in referral loop through CPSW. Re-allocate resources to interventions of strengthening capacities of local governments (see below). In the meantime develop curriculum/modules for critical reflection on social norms and review and modify Sanjivani or introduce a newer model

Review training modules for health service providers, including hospitals, health centres, OCMC and CPSW for clarity of perspective on gender inequality and for ensuring that health service provision, including psychosocial services, address gender inequality, discrimination and do not unwittingly embolden perception of normative behavior expected of women.

Review the modality of training of trainers, focus on identifying and developing capable facilitators and social mobilisers and provide them with meaningful, sustained inputs and mentoring (like for CPSW). These could be social mobilisers or facilitators that are being hired and or mobilized by local governments under the current set up, or mobilisers that implementing partners use as part of their other projects.

Mentoring and interventions on capacity development at health centres in communities needs to be strengthened. Female Community Health Volunteers are closely linked with these health centres and are relevant to outreach and for linkages but have been so far excluded. They need to be included for improved outreach.

Increase the number of CPSW and bring them on board as full time paid workers along the line of government employed social mobilisers. The new batch of CPSW should be selected by the local governments.