



# Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 23-Mar-2023 | Report No: PIDC277427



## BASIC INFORMATION

### A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P180665		Moderate	Institutionalizing GBV Prevention and Response in Federal Nepal
Region	Country	Date PID Prepared	Estimated Date of Approval
SOUTH ASIA	Nepal	23-Mar-2023	
Financing Instrument	Borrower(s)	Implementing Agency	
Investment Project Financing	Nepal	Ministry of Women, Children and Senior Citizen	

## PROJECT FINANCING DATA (US\$, Millions)

### SUMMARY

Total Project Cost	4.60
Total Financing	4.60
Financing Gap	0.00

### DETAILS

#### Non-World Bank Group Financing

Trust Funds	4.60
State and Peace Building Fund	4.60

### B. Introduction and Context

#### Country Context

**Nepal's Constitution envisions Nepal as an inclusive state that guarantees fundamental rights to women and marginalized groups, including the right to equality and non-discrimination.** The voices of indigenous peoples, women, Madhesis, Dalits, and other marginalized people who called for an inclusive state were a significant motivator for federalism, restructuring and the devolution of powers.



**Nepal has made remarkable progress on poverty reduction and against many development indicators, but progress has not been equally distributed.** In terms of *access to services*, disparities in achievement by wealth status, geographic area, gender and ethnic group are wide. Substantial gaps exist between the rich and the poor in school attendance at upper basic and secondary levels, drop-out rates, and school completion rates. On health, the rate of women giving birth at health institutions is three times higher in the highest wealth quintile (90 percent) and is lowest amongst Janjatis in the Hill and mountain regions (20%). There are significant gaps between men and women's *access to economic opportunities*. The gender pay gap is an ongoing concern especially in the informal economy with 90.5 percent of women engaged in the sector, in low-quality, unproductive and poorly remunerated jobs, and without legal or social protection. On average, women globally are paid about 20 percent less than men according to the ILO, it is higher in Nepal at almost 30 percent. There was an initial significant improvement in women's *political representation* with the introduction of proportional representation at local levels. However, the coalitions created by the major political parties resulted to reducing the number of elected female representatives to 75% in the recent 2022 election.

**Social and cultural norms, attitudes and behaviors among men and women reflect an acceptance of gender inequity and violence against women and girls (VAWG).** In Nepal deeply rooted patriarchal social norms and harmful practices like chhaupadi, witchcraft accusations, child marriages and son preference lead to social stigma attached to reporting violence, and normalization of violence as a way of life. This also disproportionately affects women and girls who face multiple forms of discrimination, such as Dalit, indigenous women, including Madhesi, Tharu, and Badi, those from religious minorities and with disabilities, women living in remote areas, single women, and widows, and LGBTQ+ and migrant women.

**Nepal's political situation remains fragile.** The seven-party ruling coalition disintegrated two months after its formation in December 2022 following the withdrawal of three parties from the government. This has resulted in uncertainty in the political environment. This will also impact the government structure at the provincial levels. At the sub-national level, funds, functions, and staff continue to be managed by the seven provinces and 753 local governments for which legislation, institutions, and administrative procedures are in the process of being formalized as constitutionally prescribed.

#### Sectoral and Institutional Context

**Gender-Based Violence (GBV) is severe in Nepal.** 2016 Demographic and Health Survey reports that 23.4 percent of Nepali women have experienced physical or sexual violence, 66.4 percent of whom never told anyone and never sought help to stop the violence. The scale of the challenge is enormous. The Government of Nepal, with investment from international partners including the SPF, has been working on creating systems of response to address pervasive violence against women and girls for more than two decades. Nepal has enacted a series of measures including laws, policies, guidance, and institutional mechanisms to respond to GBV. These measures and investments risk being inadvertently lost if they are not systematically accounted for during Nepal's transition to Federalism.



The 2017 Local Government Operation Act (LGOA) gave local authorities the mandate to provide, implement, and monitor social service delivery with Provincial and Local Level Governments (PLGs). They became responsible, almost overnight, for an array of social services that were formally under the purview of the national government – including the provision of services for survivors of GBV. Yet it is becoming clear that significant gaps exist in municipalities' capacity to deliver GBV services. The Ministry of Women, Children and Senior Citizens (MoWCSC) has uniquely had its capacity diffused and lost significant human resources and influence in the transition to Federalism. This has resulted in: (i) lack of human resources (HR) with GBV technical capacity at municipal-level; (ii) severe underfunding of GBV services; (iii) removal of pre-federalism GBV database management system and protocols. The cumulative, unforeseen result is the effective absence of a functioning GBV coordination system that links municipal, provincial and federal-level response mechanisms. Compounding these systems and coordination issues there is a severe paucity of basic, lifesaving GBV services, especially in rural, remote areas. Negative institutional norms, and victim-blaming attitudes, patriarchal beliefs and processes by first responders also inhibit service delivery and women's help-seeking behaviour and effective access to services.

The previous SPF grant, *Integrated Platform for Gender Based Violence Prevention and Response in Nepal* (IPGBVPR, P155096) helped to institutionalize GBV service provision at the federal level through the development of Nepal's first GBV hotline. The IPGBVPR, provided funding to establish and operate the GBV helpline (including technical assistance to the NWC to develop a case management system, training and capacity building to helpline operators, support to the NWC and service providers to develop SOPs and referral mechanisms, etc.). The grant also supported public dialogue and awareness campaigns on GBV prevention. The project generated significant national interest and the hotline maintained a high call volume, and the hotline continues to operate, sustained by Government ownership and budget support (US \$150K) annually for the past two years since project closure. However, project coverage was limited to four urban districts where GBV services were more concentrated, and the project did not work directly with the PLGs. The new proposed grant will build upon the previous SPF grant by supporting municipal governments to deliver on their new mandates to ensure survivor's access to quality GBV services and ensuring that they are connected to federal resources and services such as the hotline. The new project will work initially in two provinces to provide a 'demonstration effect' on viable models for replication and scale-up across the country. The selected provinces and municipalities overlap with on-going Bank-financed projects. Municipalities will be selected based on geographic coverage of projects (NUGIP, UAHEP etc.). The proposed project will help municipalities institutionalize project-level investments in GBV/SEA response within municipal planning and budgeting processes and service delivery structures.

#### Relationship to CPF

**The Project is aligned with the World Bank Group's Nepal Country Partnership Framework (CPF) FY19–FY23 (Report No. 83148-NP) and extended to FY24 by the corresponding Performance and Learning Review (PLR) (Report No. 168048-NP).** It will contribute directly to two CPF objectives under two focus areas: 'Strengthened institutions for public sector management and service delivery' (Objective 1.2) under the first focus area, Public Institutions, and 'Improved access to services and support for the well-being of the



vulnerable groups' (Objective 3.2) under the third focus area, Inclusion and Resilience. In the PLR, it will align to the thematic shifts, particularly to pivot Green, Inclusive and Resilient Development (GRID) approach by promoting inclusion of survivors in very remote, hard-to-reach areas through roaming mobile GBV clinics to provide services; leverage COVID-19 response to build back better by applying the learnings to focus on resilience and strengthen GBV response systems, and capacities at the frontlines namely the Municipal Coordination Staff, Frontline Workers, and GBV Service Providers; enhance federalism engagement with a focus on fiscal federalism by mainstreaming federalism principles in the Program design and implementation arrangement; and harness digital development, by integrating the development of a GBV data management system. The proposed operation also aligns with the **World Bank's South Asia Regional Gender Action Plan II** focus area 3, gender-based violence (GBV) that prioritizes on preventing and responding to GBV.

### C. Project Development Objective(s)

#### Proposed Development Objective(s)

To increase women's and girls' access to integrated and multi-sectoral GBV prevention and response services in select municipalities.

#### Key Results

1. Increase in reported cases who access multidisciplinary services in select municipalities (defined as at least two of the following: medical, psychosocial, security, legal and livelihoods support). 2. Reported decrease in accepting attitudes toward GBV among actors (police and judicial committees) in targeted communities.

### D. Preliminary Description

#### Activities/Components

**Component 1: Create functioning GBV institutional response mechanisms at municipal-level- (\$1.2M).** This component will support the successful transfer of Federal-level knowledge and mechanisms built under the first SPF grant, to nascent municipal-level systems. This will involve: (i) Creation of a technical *Municipal GBV Support Service* led by MoWCSC[1], NWC and a national GBV provider (to be hired under the project by MoWCSC). This service will provide technical backstopping to six municipalities in two provinces[2], channeling existing Federal Government experience and resources to the local levels; (ii) Establishment of Municipal GBV Platforms for coordination, with upward linkages to provincial and federal levels, and downward linkages to ward-level frontline responders and civil society organizations; (iii) Development of a GBV data management system that revives the GBVIMS system, and is integrated with the NWC case management system; (iii) Quality enhancement of existing institutional guidelines, and, where needed, creation and dissemination of new protocols and standard operating procedures (SOPs) to guide the Municipal GBV Platforms to make safe referrals and ensure survivors are connected to quality services; (iv) Development and delivery of targeted capacity building sessions for three groups of stakeholders: Municipal Coordination Staff, Frontline Workers, and GBV Service Providers. The project will conduct at least four capacity building sessions for Municipal Coordination Staff across the six municipalities, covering GBV Core



Concepts, coordination mechanisms and implementation of SOPs, and GBV resourcing (e.g. budgeting, planning and resource mobilization). At least two capacity building sessions among municipal Frontline Workers, to improve coordination, service mapping and quality assurance. At least four capacity-building sessions will be held for GBV Service Providers on case management, GBV data management (GBVIMS), and design and delivery of survivor-centered care.

**COMPONENT 2: Increase GBV service provision, access, and quality (\$2.5M).** This component will target the general female population across the six selected municipalities, amounting to 284,570 women and girls. Women and girls who have experienced violence (approximately 23.4% of the population, or 66,589 people) will comprise the direct beneficiaries who are expected to benefit from the project. Across the six municipalities, four key models of GBV service delivery will be invested in: (i) The integration of GBV caseworkers into rural primary health outposts[3]. This approach will be applied across health outposts in all six targeted municipalities. At least 24 caseworkers will be identified and trained (4 per municipality). (ii) Roaming mobile GBV clinics will be used to provide services to survivors in very remote, hard-to-reach areas. At least four mobile clinics would be supported under the project, focusing on service delivery in the remote areas of Upper Arun and Mechinagar. (iii) A GBV Community Response and Safe Space program model will designate physical spaces/venues for women and girls to access information and multi-sectoral services, and to access age-appropriate, integrated confidential GBV prevention and response services (case management and referrals). The Community Response model will harness the strength of Nepal's vibrant women's civil society by recruiting and training local women leaders (members of established women's agriculture cooperatives and trusted local individuals and women's groups) on safely raising awareness and, where appropriate, advocacy accompaniment support for survivors seeking to report or access services. At least one Safe Space will be established per municipality, for a total minimum of six.

**COMPONENT 3: Improve knowledge, attitudes, and practices of local institutional actors and first responders (\$0.4M).** This will be achieved through design and delivery of targeted behaviour change communication strategies, accountability safeguards and monitoring (with key focus on Police and Judicial Committees). The *Municipal GBV Support Service* (noted previously) will support periodic knowledge, attitude and practice (KAP) surveys of GBV first responders. Survey results will be used to design behavior change communication strategies and accountability mechanisms to shift attitudes, social norms and harmful practices. This component will also support technical assistance through specialized Non-Governmental Organization (NGOs) to improve the approaches of Judicial Committees, which are non-legal entities staffed by local political leaders that 'resolve' GBV cases referred by the police and community members. Judicial Committees have exhibited an over-reliance on use of mediation to settle Intimate Partner Violence (IPV) cases, with sometimes fatal results for women. An overview of key challenges with the functioning of these Judicial Committees was gathered during a series of consultations held in Municipalities[4] by the WB team in July 2022. This component will also include advocacy for reform of the LGOA, which currently prohibits the Judicial Committees from recommending divorce, undercutting women's basic agency and right to remove themselves and their children from direct violence.

**COMPONENT 4: Project Management (Bank-Executed, \$0.4M).** This component will support project supervision, monitoring and evaluation of project outcomes and knowledge generation and dissemination to



make these impacts visible to Government, the Bank and other stakeholders. Supervision activities will include at least two Implementation Supervision Missions (ISMs) per year. The component will support the design and implementation of a monitoring and evaluation plan for the project, which will include mixed-methods (quantitative and qualitative) baseline and endline assessments. The M&E plan will include monitoring of intermediate outcomes, such as skills acquired (among Municipal Staff, First Responders, GBV Service Providers) through the various capacity building efforts. The mid-term review to evaluate the design, approach and correct the course will also be carried out under this component. The component will also support regular multi-stakeholder consultations, including with development partners and civil society organizations to enhance coordination and synergies across efforts.[5] The Bank will maintain regular dialogue with all tiers of Government stakeholders on the costs of improved service provision, with the objective that these costs can be progressively incorporated into municipal plans and budgets in a sustainable manner. To promote learning and knowledge exchange, the component will support development of targeted policy notes (topics to be determined, for example on remote service provision, strengthening local government systems for response, etc.). Targeted audiences for policy notes will include Government counterparts, the CMU and country teams for Sri Lanka, and Maldives, and other CMUs in the region. The team will also disseminate project experience and lessons to interested parties across the Bank through opportunities to present/communicate (e.g. blogs and video blogs, podcasts, etc.) in SSI, the SPF, and the GBV Community of Practice.

Notes: [1] A government advisory body or steering committee, to be sustained after project closure, whose role is to provide technical guidance and support to the PLGs. [2] In Province 5, Tilotama, Butwal, Mechinagar and Dhankuta Municipalities. And in Province 1, the project will operate in two rural municipalities of Upper Arun. [3] Caseworkers will develop the capacity of the staff of primary health posts to expand the reach and quality of existing service delivery. [4] Consultations were carried out with municipal officials, and CSOs in: Birtamode, Mechinagar and Biratnagar municipalities in the Eastern region (Province 1), and Butwal and Tilotama municipalities in the Western region (Province 5). [5] In particular this project will coordinate with the Asian Development Bank (ADB) and UNFPA.

## Environmental and Social Standards Relevance

### E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant





ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

#### Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

#### Summary of Screening of Environmental and Social Risks and Impacts

The main activity of the proposed project is to provide technical backstopping in channeling existing Federal Government knowledge and resources to the local levels. This will be done with the preparation of standard operating procedures (SOPs) to guide the Municipal GBV Platforms, development, and delivery of targeted capacity-building sessions for three groups of stakeholders: Municipal Coordination Staff, Frontline Workers, and GBV Service Providers and Roaming mobile GBV clinics activities in selected municipalities. The temporary community response and safe center will be provided within existing community spaces therefore there will be no construction and refurbishment activities. The project is not dealing with health provisions but provides facilitation of GBV services into health, GVB case management and referral pathway, and training of health care workers on identifying survivors so they can refer to services. The project plans to provide Post-Exposure Prophylaxis (PEP) kits, emergency contraceptives, and pregnancy test kits through mobile clinics. The key environmental risks that are assessed to be low at concept stage are associated with ensuring health and hygiene aspect of training venue and the mobile clinic activities and waste generation from these activities. The potential exclusion and disenchantment among the targeted stakeholders, including vulnerable and marginalized beneficiaries due to limited means of communication and consultation, inadequate flow of information are envisaged as the moderate social risks of the project at concept. To mitigate these moderate risks, environmental and social risks assessment and stakeholder consultation will be done to identify issues with concerned stakeholder throughout the project, including with the most vulnerable and disadvantaged groups and stakeholder engagement plan (SEP) will be prepared. These would help to include the targeted beneficiaries into the meaningful discussion and decision making and to be benefitted from project interventions. The Environmental and Social Commitment Plan (ESCP) will be prepared before project appraisal which will include a timeline for implementation of mitigation measures as well as other requirements, including the SOPs.





## CONTACT POINT

### World Bank

Contact :	Jaya Sharma	Title :	Senior Social Development Spec
Telephone No :	5770+6272 /	Email :	
Contact :	Sarah Elizabeth Haddock	Title :	Senior Social Development Spec
Telephone No :	473-4078	Email :	

### Borrower/Client/Recipient

Borrower :	Nepal		
Contact :	The Secretary	Title :	Ministry of Finance
Telephone No :	977014200537	Email :	moev@mof.org.np

### Implementing Agencies

Implementing Agency :	Ministry of Women, Children and Senior Citizen		
Contact :	The Secretary	Title :	Ministry of Women, Children, Senior Citizens
Telephone No :	97714200164	Email :	info@mowcsc.gov.np

## FOR MORE INFORMATION CONTACT

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>