SWN
Scott Wilson Nepal

June 2020

Final Report

Endline Survey of Integrated Platform for Gender-Based Violence and Response Project

GOVERNMENT OF NEPAL

NATIONAL WOMEN COMMISSION

Endline Survey of Integrated Platform for Gender Based Violence Prevention and Response Project

Report

GOVERNMENT OF NEPAL

NATIONAL WOMEN COMMISSION

June 2020

Submitted by:

S.W. NEPAL PVT. LTD.

P.O. Box 4201, Scott Wilson Nepal Building

89 Krishna Dhara Marga, Maharajgunj, Kathmandu, Nepal

Tel: 01- 4410066, 441115

ACKNOWLEDGEMENTS

SW Nepal Pvt Ltd (Scott Wilson Nepal/SWN) is very grateful to National Women Commission, Nepal and the World Bank for assigning us the opportunity to undertake ***"Endline Survey of Integrated Platform for Gender Based Violence Prevention and Response in Nepal Project (IPGBVPR)".*** This report is prepared by the Monitoring, Evaluation and Learning (MEL) team at SWN. The study was made possible with the technical team - comprising Shuva Sharma (Project Director), Dyuti Baral (Team Leader), Sumitra K.C, Bhola Koirala, Sreyendra P. Dhakal, Rozina Dahal, and Suruchi Upadhyay.

We would like to acknowledge supportive role of the team at National Women Commission including Deependra Kafle and Ms. Shanta Adhikari Bhattarai (Secretaries at NWC during study period), Ms. Palita Thapa and Sanjaya Dhakal. We worked closely and received valuable professional feedback and guidance from the World Bank team comprising Jaya Sharma and Deepa Rai. We express our deepest appreciation to all the Civil Society Organizations for their time and coordination during this study. Most importantly, we would like to express our special and sincere gratitude towards all the survivors for their support to us and their courage to address this social injustice.

We hope the outcome of this study will help to strengthen the capacities of all the institutions involved in the IPGBVPR project and will be valuable to all the other organizations working to address gender-based violence issues throughout the country.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS

CSO	Civil Society Organization
CWIN	Child Workers in Nepal Concerned Centre
CMS	Case Management System
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GEMS	Gender Equitable Men Scale
GII	Gender Inequality Index
IASC	The Inter-Agency Standing Committee
KII	Key Informant Interview
LGU	Local Government Unit
MoWCSW	Ministry of Women, Children and Social Welfare
WCSC	Women and Children Service Center
NDHS	Nepal Demographic and Health Survey
NGO	Non-Governmental Organization
NWC	National Women Commission
OCMC	Open stop Crisis Management Centre
ODK	Open Data Kit
LACC	Legal Aid and Consultancy Centre
TPO	Transcultural Psychosocial Organization
SPSS	Statistical Package for Social Science

EXECUTIVE SUMMARY

Context

This report presents the findings of the Endline conducted by SW Nepal (Scott Wilson Nepal) and prepared for the National Women Commissions (NWC) Integrated Platform for Gender Based Violence Prevention and Response (IPGBVPR) Project funded by the World Bank. IPGBVPR aims to support the government of Nepal in its objective of combating violence against women by creating a comprehensive response system and coordination mechanisms to improve access to services by gender-based violence (GBV) survivors and service seekers.

NWC operates and monitors a toll free 24-hour helpline number 1145 for GBV survivors or service seekers on behalf of a GBV survivor. Once a GBV incident is reported, the caller is provided a coordinated and holistic range of services incorporating legal, psychosocial counselling, medical, child support and shelter home. Legal Aid and Consultancy Centre (LACC) - Legal Services, Transcultural Psychosocial Organization (TPO) - Psychosocial Services, Saathi – Shelter and Child Workers in Nepal Concerned Centre (CWIN) - Child Cases are the four Civil Society Organizations (CSOs) who provide these services. NWC also works with Nepal Bar Association. No activity has been carried out with this CSO during the study.

Purpose of the study

The main aim of conducting the Endline is to estimate the values for impact and outcome indicators based on the project logframe.

Methodology

The study has used both qualitative and quantitative tools to collect information related to GBV knowledge, acceptance of GBV, gender equitable attitude, support seeking behavior and prevalence of GBV. Focus Group Discussions (FGDs) and Key Informants Interviews (KIIs) provide qualitative data and a semi structured questionnaire provides quantitative data.

Survey data has been collected from 1814 respondents (75 percent women and 25 percent men) in districts of Kathmandu, Bhaktapur, Lalitpur, and Nuwakot. Two districts added at the Endline are Kavre and Makwanpur. Information has been collected from 12 FGDs in four categories of adolescent girls, adolescent boys, women and men. On average 7 or 8 community members have participated in each FGD, involving over 84 participants in total.

18 district level KIIs have been conducted with representatives of Women, Children and Social Welfare (WCSC), representatives of Local Government Unit (LGU) and Health service providers. The KIIs helped assess stakeholder knowledge and perception around incidence and prevalence of GBV in the area. A separate set of semi-structured questionnaires has been used to (re) assess the level of GBV related knowledge and gender equitable attitudes among the 4 NWC staffs, 4 helpline officers and 6 CSO staffs purposively selected for the study.

PDO Indicators

The survey conducted at Endline has been designed around 7 PDO indicators of the Results Framework provided by the World Bank Indicators. Its values are summarized below.

Major findings

Table 1: PDO indicators with Baseline and Endline values

PDO	Indicator (Baseline)	Indicator (Endline)	Indicator (Endline)	
	Four Districts	Four Districts	Six Districts	Two Districts
b.	Percentage of people in project area with knowledge on GBV	Percentage change in people with knowledge of GBV in project area	Percentage of people in project area with knowledge on GBV	
	70.8% (n=797)	**93.6% (n=890) M (93.5%) F (93.6%)**	**94.5% (n=1489)**	**96.5% (n=599)**
1.2 b	Percentage of helpline and CSO staff with an understanding on GBV	Percentage of helpline and CSO staff with an increased understanding on GBV		
	50% (n=12)	**100% (n=10)**		
2.1 b	Percentage of NWC members and staff with understanding on GBV	Percentage of NWC members and staff with increased understanding on GBV		
	16.7% (n=12)	**100% (n=4)**		
3 a	Percentage of people in project area who know helpline numbers	Percentage change in people who know helpline numbers in project area	Percentage of people in project area who know helpline numbers	
	62.1 (n=797)	**57.3% (n= 1213) M (75.6%) F (50.9%)**	**45.3% (n=1814)**	**21% (n=601)**
3 b	Percentage of people who faced GBV willing to seek support	Percentage increase of people *who faced GBV in last 12 months* willing to seek support	Percentage of people who faced GBV in last 12 months willing to seek support	
	81.1 % (n=90)	**39.8 % (n=118) M (40%) F (39.8%)**	**38% (n=158)**	**32.5 % (n=40)**
4b	Gender unequal attitudes among key stakeholders **Low*** NWC Staff (n=12), CSO Staff (n=12), Helpline staff (n=7)	Gender unequal attitudes among key stakeholders **Low*** NWC Staff (n=4), CSO Staff (n=6), Helpline staff (n=4)	***Note: the sample size is too small for a valid percentage analysis. Also, the sample size has decreased across all stakeholders hence an increase or decrease cannot be determined.**	
4c	Percentage of people with gender unequal attitudes in the project area	Percentage of people with gender unequal attitudes in the project area	Percentage of people with gender unequal attitudes in the project area	
	7.9 % (n=797)	**14.4% (n=1213)** **M (5.8%) F (17.3%)**	**13.5 % (n=1814)**	**11.8% (n=601)**

Knowledge of GBV among community people

Overall, 82.1% respondents have heard about the term GBV. Of these 89.2% are male and 79.6% female. Respondents from Kathmandu have the least knowledge of GBV (63.3%) and those from Kavre have the highest (100%). There is very little change when compared with the Baseline. For instance, in Nuwakot at Baseline 77% respondents had knowledge of knowledge of GBV and at Endline 77.5% respondents do. Middle aged respondents (from the 35 to 44 years age group) are more likely to have heard about GBV than those younger than 25 years or older than 44 years.

Knowledge of GBV types and GBV acts among community people

GBV has been categorized into four types - physical, emotional, sexual and economic. 34 acts are associated with these types of GBV.

About 16% respondents could correctly differentiate the 34 acts as GBV at Endline (93%). This is higher compared to the Baseline (77%).

Certain GBV acts are more prevalent in some districts. For example, polygamy, which is an emotional GBV act, is widely prevalent in Bhaktapur and Kavre but not in other districts.

Knowledge of legal provisions related to GBV among community people

Responses have been collected for 8 questions related to different types of GBV for which there are laws in Nepal such as domestic violence, rape, child marriage, and trafficking.

Overall, knowledge regarding specific laws or acts is low. However, respondents do have some knowledge about practical actions that can be taken against a perpetrator. In this context, most mention “sending them to jail”.

Knowledge about GBV among NWC, helpline and CSO staff

Awareness and perceptions of GBV have been assessed for selected NWC, helpline and CSO staff. Majority possess a high level of knowledge on GBV issues, referral mechanism and various service providers. Overall, these three stakeholders demonstrate an improved understanding of various types of GBV. Those from NWC have more knowledge about legal reforms and provisions for GBV than those from CSOs.

Prevalence of GBV as reported by community people

82.1% report having heard about GBV. 68.6% reported existence of GBV in their locality. FGD findings from Bhaktapur, Nuwakot, Makwanpur and Kavre indicate a perception of declining GBV incidents. Findings from Kathmandu and Lalitpur indicate no change. Domestic violence and that which occurs between a husband and a wife is cited to be the most common form of GBV reported. Most respondents feel that the majority of GBV perpetrators are men.

Alcohol consumption is reported as a leading cause of GBV. Intimate partner violence is mostly attributable to the drinking culture and more so in highest in Kavre and Bhaktapur.

Scolding is the most common act of emotional violence that has been either heard and/or witnessed by a respondent. Incidences of child marriage, trafficking and attempted rape have been heard of and witnessed as well.

Prevalence of GBV as reported by Key Informants and FGD participants

During KI interviews, MOWCSC staff noted how violence tends to be normalized by women who experience it. This is mostly due to their fear of retribution and/ or financial dependency.

During FGDs, adolescent girls (from Lalitpur, Nuwakot, Makwanpur) revealed being fearful of venturing out during night, or getting in buses with predominantly male passengers.

Perpetrators of GBV in latest GBV incidents

Perpetrators of GBV have been reported as being mostly men and survivors as being mostly women. About 49% respondents who have heard or witnessed a GBV incident in their locality say the husband is the perpetrator while strangers account for 17% incidents.

Consequences of GBV on perpetrators, survivors

More than half of the respondents who have heard, witnessed and experienced violence state that nothing happened to the perpetrators after the GBV. Social norms and power imbalance are reasons why intimate partner violence is settled internally and remain unreported.

Findings reveal only 6.8% perpetrators being sent to jail and 6.2% reported to a CSO like Maiti Nepal.

The effects of GBV on survivors vary widely. It depends on the nature of the incident as well as the relationship of the survivor with the perpetrator. Similar to the Baseline, at the Endline too consequences of GBV ranged from minor physical injuries to major psychosocial problems

Trend of GBV

About one third (33%) feel GBV occurrence has greatly decreased in their localities. About 28% feel there has been no change in the trend of GBV in the last decade.

In the two new districts of Makwanpur and Kavre added at Endline, over half of the respondents feel GBV incidence have decreased. Most in Makwanpur feel it has decreased slightly (56.3%) and in Kavre most respondents feel it has decreased greatly (57.1%). No significant changes has been reported in the occurrence of GBV in Kathmandu and Laitpur. About 40% respondents from Kathmandu and 37% in Lalitpur stated that the frequency remained the same since the past 10 years.

Personal Experience of GBV

57% of the women respondents have reported experiencing some form of physical violence by their husband. Of these 158 women, 44.3% have experienced physical violence and 43.5% emotional violence. About 50% belong to the Hill Janajati group.

Support Seeking Behavior

62% of those who have experienced GBV say they did not seek help from anyone.

Informal sources of support such as family members and friends are usually the first point of contact for a GBV survivor. Few respondents approach formal sources such as police, ward offices, a local women`s network, WCO, OCMC, or a legal service provider.

Both at Baseline and Endline, shame, fear of being stigmatized and fear of social consequences are primary factors that deter a GBV survivor from seeking support. Other factors include threat and intimidation by GBV perpetrators, lack of awareness about support services or lack of accessibility to these, limited or no knowledge about women rights and legal provisions, weak legal support service or law enforcement and lack of financial independence.

Gender Unequal Attitudes

Gender-Equitable Men Scale (GEMS) has been used to measure the attitudes of respondents towards gender norms.

1107 of the 1814 respondents or 61% have neutral gender unequal attitudes, 25.2% have moderate gender unequal attitude and 12.8% have low gender unequal attitudes.

In contrast NWC, helpline and CSO staff generally have low gender unequal attitudes.

Knowledge about GBV service providers

Out of 1361 respondents who are aware about institutions that provided services to GBV victims, 73.2% are female. About 92% respondents are aware about the service that the police provides to GBV survivors.

Generally, there is little awareness about emergency numbers other than the police or ambulance where GBV cases can be reported.

272 of the 1361 or about 20% are aware of the helpline number, 89.7% about the police helpline and 13.6% about the ambulance service. About 1% have used the NWC helpline. Less than 1% have used either the Maiti Nepal or CWIN helpline.

For about 32.8% of the respondents the radio is their main source of information of the helpline.

Recommendations

a) Scaling up GBV prevention and awareness services in communities through prevention programming interventions and public awareness campaigns. Increase engagement of men and boys and push for changes in attitudes to minimize incidents of violence.
b) Focused strategies to increase awareness programs and engage key stakeholders at state levels. Include provincial and local bodies in the implementation and involve key stakeholders such as the mayor or deputy mayors, most of who are currently women.
c) Establish skill building and start-up capital programs to provide women with economic opportunities and increase women`s financial independency.
d) Scale up awareness activities and training programs in schools to promote gender equality and increase knowledge of children, their parents and school teachers on GBV prevention and response. Design such programs customized to needs of the state and initiate continuous dialogue and interaction with both schools going and out of school adolescents.
e) Develop interventions such as pricing policies, strengthening restrictions on alcohol availability, enforcing legislations, increasing sanctions for alcohol induced GBV to reduce alcohol use in the communities.
f) Effective law enforcement and implementation of policies to prevent, investigate and punish violence against women and GBV perpetrators.
g) Strengthen coordination, communication and collaboration between project staffs and district level stakeholders for effective implementation of projects and GBV programs.
h) Ensure use of mass media, particularly radio as this has a wider outreach, to disseminate information and raise awareness in communities on GBV and various service providers.
i) Increase advocacy and lobbying programs to increase effective use of available legal services and knowledge of legal processes and procedures.
j) Ensure adequate financial and human resources required to improve the accessibility and enhance quality of services offered by the project.
k) Involve community mobilizers in intensifying awareness raising campaigns about GBV related issues in the communities.

1: INTRODUCTION

1.1 Background and Context

Gender Based Violence (GBV) is the most extreme expression of unequal gender relations[1] in society, and a violation of human rights. While men and boys may also be victims of it, women and girls are more affected by and vulnerable to GBV. Globally at least one third of all women have been exposed to violence in an intimate relationship. The Inter-Agency Standing Committee (IASC), an inter-agency forum of UN and non-UN humanitarian partners, defines GBV as "an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females" (2005).

GBV statistics indicate 22 % of women aged 15-49 years in Nepal report experiencing physical violence (NDHS, 2016). Domestic violence, marital rape, dowry-related violence, child marriage, polygamy, female infanticide, witchcraft accusations, *chhaupadi*[2] and trafficking of women and girls for sexual exploitation[3] are GBV issues women face in Nepal. Several of these such as domestic violence, polygamy, marital rape, trafficking cut across caste/ ethnicity and regions. A few such as child marriage, *chhaupadi* and witchcraft accusations are more common in specific communities and geographical locations.

As a mechanism to combat GBV and promote gender equality and women's empowerment, Nepal has enacted various National and International laws, with many discriminatory laws recently being amended and gender equality laws being adopted[4]. Still, the need to address inequality is of paramount importance given Nepal ranking 115 out of 188 countries on the Gender Inequality Index (GII) with GII value of 0.476 (UN Human Development Report 2018).

Article 38(3) of the Constitution of Nepal 2015 states acts of physical, mental, sexual or psychological violence or any kind of oppression against women stemming from religious, social, cultural, tradition and other practices as being punishable by law.

1 Gender relations are the ways in which a culture or society defines rights, responsibilities, and the identities of men and women in relation to one another (Bravo-Baumann, 2000).

2 *Chhaupadi* is a social system in the western part of Nepal for Hindu women which prohibits a woman from participating in normal family activities during menstruation because they are considered impure. The women are kept out of the house and have to live in a shed.

3 UNFPA (2016) Factsheet-Gender-based Violence in Nepal

4 Gender Equality Act (2006); Human Trafficking and Transportation (Control) Act, 2007; National Women's Commission Act, 2007; Gender Based Violence Elimination Fund (Operation) Rules, 2009; Domestic Violence (Offence and Punishment) Act, 2010; Sexual Harassment at Workplace Prevention Act, 2015, Anti-witchcraft (Crime and Punishment) Act, 2014

Figure 1: Poster of NWC helpline number 1145

To support the government's initiatives against gender-based violence, discrimination and abuse, an Integrated Platform for Gender Based Violence Prevention and Response (IPGBVPR) Project has been set up, with funds provided to National Women Commission by World Bank.

This project aims to create a comprehensive response system to combat violence against women by improving access to the services and coordination mechanisms through a 24-hour helpline[5] service along with provisions of further referral to address GBV issues.

The helpline number 1145 aims to provide support to survivors of gender-based violence (GBV) or service seekers who may call on behalf of GBV survivors. Anyone facing GBV, or witnessing can call this toll-free number and receive the necessary support. This may be support for information for shelter, psycho-social support, child support, legal aid or immediate assistance from the police.

Besides helpline services, NWC provides referral services in partnership with four Civil Society Organizations (CSOs).

1. Legal Aid and Consultancy Centre (LACC) - Legal Services
2. Transcultural Psychosocial Organization (TPO) - Psychosocial Services
3. Saathi - Shelter
4. Child Workers in Nepal Concerned Centre (CWIN) – Children's Cases

1.2 Purpose of the Endline Survey

The main aim of conducting the Endline survey is to estimate the Endline values for the impact and outcome indicators[6] based on the project log frame, and wherever relevant or available, compare with Baseline data values to assess changes. Data has been collected in four of the same districts as in the Baseline (Nuwakot, Kathmandu, Bhaktapur, Lalitpur) and in two new districts (Kavre, Makwanpur).

[5] http://tponepal.org/integrated-platform-for-gender-based-violence-prevention-and-responsesambodhan/

[6] Certain indicators were discontinued or refined at Endline in view of changing project priorities. Should the project work go beyond June 2020, the Endline data collected for the new districts can be the new baseline.

1.3 PDO Indicators in Endline Study and Baseline Study

PDO indicators for Endline Study largely follow that of the Baseline Study. Limited additional indicators to support qualitative analysis have been added to the Endline. These include perceptions of GBV survivors and service seekers on the NWC helpline and the NWC walk-in services (*see Annual Monitoring Report April 2020*). Accordingly, the Endline survey focuses on the same key indicators as in the Baseline so that comparative assessment can be carried out easily. Any increase or a decrease in the indicator values for Endline are comparable with the Baseline values for the surveyed districts. Data collected for the two new districts are not comparable but provides some information on the current prevalence of GBV and can be viewed as a Baseline for these new districts. The PDO indicators are summarized below:

Table 1: PDO Indicators for Baseline and Endline

PDO Indicators	Indicators (Baseline)	Indicators (Endline) for Baseline districts	Indicators for added districts – new Baseline
PDO b.	Percentage of people in project area with knowledge on GBV	Percentage of people in project area with ***increased*** knowledge on GBV	Percentage of people in project area with knowledge on GBV
1.2 b	Percentage of helpline and CSO staff with an understanding on GBV	Percentage of helpline and CSO staff with ***increased*** understanding on GBV	Not relevant for districts other than Kathmandu
2.1 b	Percentage of NWC members and staff with understanding on GBV	Percentage of NWC members and staff with ***increased*** understanding on GBV	As above
3 a	Percentage of people in project area who know helpline numbers	Percentage ***increase*** of people in project area who know helpline numbers	Percentage of people in project area who know helpline numbers
3.b	Percentage of people who faced GBV willing to seek support	Percentage ***increase*** of people who faced GBV in last 12 months willing to seek support	Percentage of people who faced GBV in last 12 months willing to seek support
4 b.	Percentage of people with gender unequal attitudes among key stakeholders	Percentage ***decrease*** in gender unequal attitudes among key stakeholders	Percentage of people with gender unequal attitudes among key stakeholders
4 c.	Percentage of people with gender unequal attitudes in the project area	Percentage ***decrease*** in gender unequal attitudes in the project area	Percentage of people with gender unequal attitudes in the people area

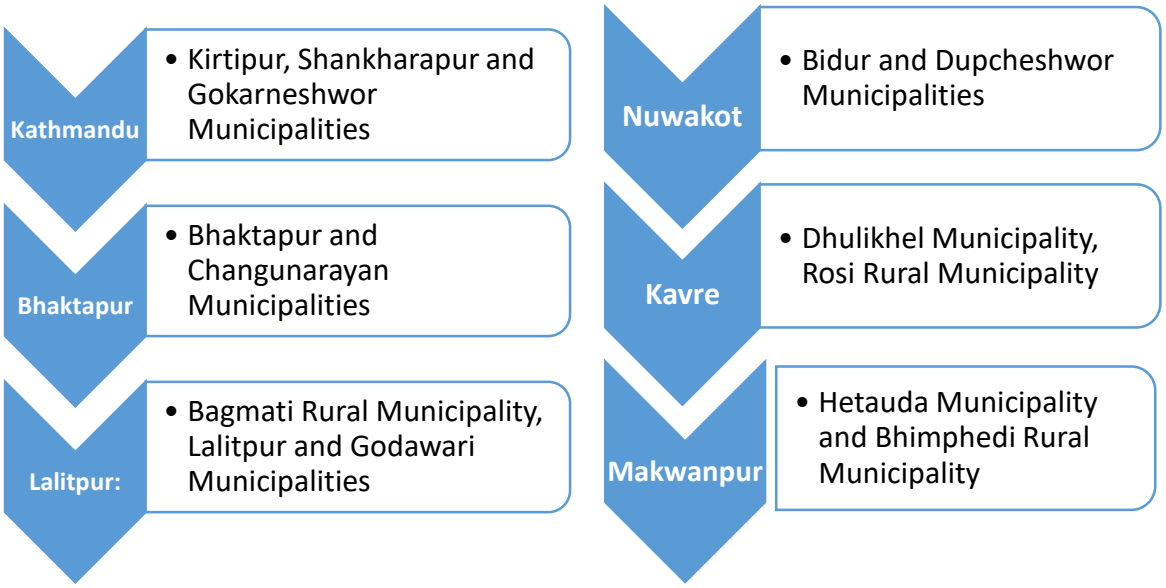
.

2. APPROACH AND METHODOLOGY

The Endline has been carried out using a mixed method approach using a combination of qualitative and quantitative tools. Quantitative data has been collected on 5 main topics. 1) Information related to knowledge about GBV, 2) Acceptance of GBV, 3) Prevalence of GBV, 4) Support seeking behavior and 5) Gender Equitable Attitude. Two qualitative methods have been used, the Focus Group Discussion and Key Informant Interview.

2.1 Sample Area Selection

At the Endline, survey has been carried out in six districts - Kathmandu, Bhaktapur, Kavre, Lalitpur, Makwanpur and Nuwakot. Sample area selection within these six districts was guided by the findings from the Baseline Study of IPGBVPR project which was prepared by SWN/Care Nepal/World Bank in December 2017. Sample area selection for the new districts was done in consultation with NWC and the World Bank. The selected 14 sample areas are noted below.



2.2 Community Survey Sample Size

The number of interviews with the community residents of the project districts was determined for the Baseline by using William Cochran`s sample size calculation formula, and the same repeated for the Endline as follows:

$$n = \frac{n_0}{1 + (n_0 - 1)/N}$$

Where n is the sample size and N is the population size. n0 is the sample size yielded by using William Cochran's formula for large population. n0 is 271 for 90% confidence level and 5% margin error. The sample size calculation formula for large population is:

$$Sample\ size, n_0 = \frac{Z^2 * pq}{e^2}$$

where, Z value at 90% confidence level (Z) = 1.64; Margin of error (e) = 5%
Maximum variability (p) = 0.5; Determinant calculated by using 1-p (q) = 0.5

From the above formula sample size for each of the project districts was proposed as 271; and after considering a standard 10% non-response rate the size was revised to 300.

Table 2: Community Survey Sample Distribution for Endline (N = 1814)

District	Study Area	Sample Size		
		Female	Male	Total
Kathmandu	Kirtipur Municipality	75	25	100
	Shankharapur Municipality	73	27	100
	Gokarneshwor Municipality	75	25	100
	Total	223	77	300
Bhaktapur	Bhaktapur Municipality	117	33	150
	Changunarayan Municipality	111	41	152
	Total	228	74	302
Lalitpur	Bagmati Rural Municipality	73	24	97
	Lalitpur Municipality	77	24	101
	Godawari Municipality	74	28	102
	Total	224	76	300
Kavre	Dhulikhel Municipality	114	37	151
	Roshi Rural Municipality	112	38	150
	Total	226	75	301
Makwanpur	Hetauda Rural Municipality	104	46	150
	Bhimphedi Rural Municipality	110	40	150
	Total			300
Nuwakot	Bidur Municipality	39	111	150
	Dupcheshwor Rural Municipality	46	115	161
	Total	85	226	311
	Grand Total (N)			**1814**[7]

[7] 14 additional respondents added to the sample in Bhaktapur, Kavre and Nuwakot district in case non -response errors reduce number of usable surveys.

2.3 NWC/CSOs/ Helpline Unit Sample Size

A purposive sampling design was used to determine the sample size of NWC/CSOs/Helpline.

All staff members of NWC and the NWC helpline along with selected staff from the partner Civil Society Organizations (CSO) were interviewed using a Key Informant Interview (KII). The table below represents the sample size for each stakeholder type.

Table 3: Stakeholder KII sample size

Stakeholder Type	Sample Size / Baseline	Sample Size / Endline
NWC staff	12	04
CSOs staff	12	06
Helpline staff	07	04

2.4 Community and Respondent Selection

Samples were selected using systematic random sampling at the Endline as in the Baseline.

The first household was randomly selected, thereafter every 10th household was systematically selected in densely populated areas and every 5th or 3rd household was selected in sparsely and very sparsely populated areas. In cases where permission was not granted to conduct the interview, the team of enumerators moved to the adjacent household.

2.4.1 Respondent Selection Criteria

The sample comprises 75% female and 25% male respondents. Only respondents aged 18 years and above are included in the community survey, thereby ensuring only consenting adults were interviewed. The FGD survey with girls and boys was carried out among school going adolescents.

2.5 Data Collection

Survey tools used to collect information during Endline are described below.

2.5.1 Community Survey Questionnaire

A structured questionnaire survey was utilized to collect quantitative data from 6 study districts. It was administered to 1814 respondents, of which 75% (n = 1361) were female and 25% (n = 453) were male.

The questionnaire was divided into nine sections and the questions were designed to elicit information needed to compute the Endline values of all the relevant indicators as outlined in the Result Framework. (*See Annex for full questionnaire*)

1. Demographic Information
2. Knowledge/ Awareness of Respondent on GBV
3. Perceptions of Respondents around Prevalence of GBV in the Community
4. Perceptions of Support Seeking Behavior and Practice/ Prevalence
5. Knowledge about Legal Provisions
6. Knowledge of GBV Service Providers
7. Gender Equitable Attitude
8. Communication and Helpline

2.5.2 Questionnaire for NWC, Helpline and CSOs staff

The level of GBV related knowledge and gender equitable attitudes has been assessed for key informants from NWC, NWC helpline, and NWC partner CSOs. For this, a set of structured questions has been used. The questions focused on 4 sections (*see Annex for details*).

1. General Awareness around GBV
2. Acceptance of GBV
3. Gender Equitable Attitude
4. Suggestions and Recommendations

2.5.3 Focus Group Discussions

The purpose of the FGD was to gather qualitative information in order to triangulate information derived from qualitative data. There were four FGD categories – women, adolescent girls, adolescent boys and men with guiding questions developed specific to each FGD group type.

FGDs were conducted in venues that the respondents preferred and where their privacy and safety could be assured. Prior to starting each FGD, the participants were made aware of the purpose of the study.

Verbal consent was obtained before recording any conversation during an interview. In case the participants did not approve of recording their voices, the conversation was not recorded. No photographs were not taken.

In this way, the ethical and safety considerations needed for a study in a topic as sensitive as GBV have been abided by.

A total of 12 FGDs have been conducted as illustrated in Table 4.

Table 4: Focus Group Discussion

District	Adolescent girls	Adolescent boys	Women`s group	Men`s group	Total FGDS
Bhaktapur	0	0	1	0	1
Kathmandu	0	1	0	1	2
Kavre	1	0	0	0	1
Lalitpur	1	0	0	1	2
Makwanpur	1	1	1	0	3
Nuwakot	1	0	1	1	3
TOTAL	4	2	3	3	**12**

Two researchers were responsible for conducting each FGDs. One researcher moderated the discussion and the other took notes of the discussion and other general observations.

2.5.4 Key Informant Interviews

18 KIIs were conducted in total. Table 5 depicts the number and the type of KIIs conducted in each of the districts.

Table 5: Key Informant Interviews

	Key Informant Type			
District	**WCSC (**Women Cell/Women, Children Service Center)	**LGU (**Local Government Unit)	**HSP** (Health Service Providers)	**KIIs per district**
Bhaktapur	1	1	1	3
Kathmandu	1	1	1	3
Kavre	1	1	1	3
Lalitpur	1	1	1	3
Makwanpur	1	1	1	3
Nuwakot	1	1	1	3
TOTAL	**6**	**6**	**6**	**18**

2.6 Training the Field Team

A three-day training for the enumerators was organized from 3rd to 5th February 2020. The training was both interactive and intensive. SWN's core team facilitated the training. There was dedicated participation of representatives from NWC and the World Bank in the training.

Fourteen women were selected as enumerators for the study. Twelve were assigned to the field for the Endline survey. Two were stationed at NWC for conducting interviews of GBV survivors and service seekers (see Annual Monitoring Report for details).

The training was designed around three objectives. One, to provide the enumerators a general overview of the project and its purpose. Second, to provide enumerators clarity on the usage of terms such as sex, gender, inequality, and on the prevalence and understanding of gender-based violence (GBV) in Nepal. Third, to assess enumerator's interviewing and data entry skills. During the training the SWN team emphasized the significance of rapport building particularly when discussing about sensitive topics like GBV.

All survey tools were presented in detail to the enumerators. Each had been provided printed copies of the questionnaire, the KII checklist and FGD guidelines. Sessions were designed to enable enumerators to engage in mock exercises simulating field situations. All participants had some prior field experience, and a few already had Baseline experience.

Enumerators found the community survey simulation exercises and practice sessions utilizing the electronic tabs where the application of ODK Collect had been installed as very useful. Enumerator suggestions for improving the survey tools were duly noted.

Finally, a test on safety and ethical considerations during GBV research was administered to the enumerators on the last day of the training.

2.7 Field Work

Teams for the field were deployed simultaneously in all 6 districts after successful completion of the training. Each field team consisted of two enumerators. The field work took place from 10th February to 6th March 2020. On the first day of the field, the team sought permission from district level stakeholders to conduct community surveys in the study districts.

Several district level KIIs were also conducted by the team in the first day itself. Ward selection was done referring to the Baseline study. For two new districts, sample areas with GBV occurrence was identified prior to conducting the community surveys.

2.8 Ethical and Safety Considerations

The study abided by the following key ethical principles throughout the study.

- Informed consent
- Respect
- Non-discrimination
- Privacy and Confidentiality
- Principle of Do No Harm

Verbal consent was obtained from the community prior to starting the survey. To minimize backlash from the community members, the content of the interview was only revealed to those being interviewed. This also helped fulfil the ethical considerations. Each respondent was given the option to not respond to the questions they did not feel comfortable answering.

Those who participated in the survey were not included in the FGDs. This precaution was taken to avoid any public sharing of the interviews, and to avoid accidental exposure of any GBV survivor about her/ his GBV experience.

Infants or children younger than 2 years were permitted to be present in the interview. Enumerators were trained to change the subject of discussion to less sensitive topics if an interview was interrupted by anyone. The survey would resume the interview on GBV topics once the person left. If the respondent was unwilling or exhibited any negative reaction during the interview, the enumerators would wrap it up immediately. The enumerators were also trained to remain neutral and maintain neutral body posture. There was to be no nodding, no raising eyebrows, no agreeing or disagreeing with comments. This was done to ensure that the respondent felt comfortable expressing their opinion/s. The enumerators were also trained to intervene in case a respondent became emotionally distressed.

All enumerators carried with them the contact details of psychosocial counsellors, health service providers, and the police which they provided to a respondent requesting for it.

2.9 Quantitative Data Analysis

Quantitative data from the community survey was entered directly into the tablets using the ODK application. The data was then sent directly to a central database.

The centrally collected data was reviewed, cleaned and manually cross verified after being retrieved from the ODK server.

The cleaned dataset was exported into IBM SPSS statistics software for further data analysis. All Endline indicators were derived from the summary statistics of this dataset.

Analyzed data has been presented numerically and graphically. Tables are presented in numbers (N) and / or percentages (%). The percentages have been rounded to one decimal place. Graphical presentations have mainly used histograms, bar graphs and pie charts.

2.10 Qualitative Data Analysis

Qualitative information collected from FGDs and KIIs have been recorded and noted in a separate notebook. Recorded data have been transcribed, translated in English, typed and uploaded in MS excel for further analysis.

2.11 Quality Assurance

A rigorous three-day training was provided to the enumerators to make them mindful about taking interviews and asking follow-up questions effectively. They were also trained in rapport building, gender sensitivity, and being mindful of ethical considerations.

SWN core team conducted checks on the progress of the enumerators inspecting the data collection process and ensuring clarity and correctness of collected data. The team also provided technical backstopping and advised enumerators on matters of field challenges.

The data that was entered in the field could be viewed in Kathmandu almost immediately. Such “real time” data view made immediate corrections possible, reducing errors in the final dataset. The data analyst daily checked for data clarity, consistency and completeness. In case of data error, enumerators were consulted via phone for explanation. Based upon the nature of the data error, decisions were taken to correct the error.

2.12 Limitations of the Study

Female enumerators were hired considering that the majority of respondents were women. A female respondent would also feel more comfortable answering questions about her personal GBV experience to a female enumerator. Past experience during the Baseline Study indicated that few males expressed any discomfort in being interviewed by a female enumerator.

Therefore, having female enumerators was not expected to affect responses of male respondents to questions about knowledge and awareness of GBV.

Another limitation was the community`s understanding about gender-based violence when it came to men. The stereotypical assumption that GBV is mostly against women could have been a barrier in capturing evidence on violence against men.

In Kavre district, alcoholism and gambling was very common among the male members. The enumerators had to be wary of respondents who had imbibed alcohol. The credibility of their responses could also be questionable. This is why enumerators were asked to skip such respondents and move to the next respondent.

Besides possible limitations for the community survey, there was one limitation regarding the interviews with NWC project personnel. A few had been interviewed at the Baseline, and this could have unknowingly influenced the way they responded to the same questions asked at the Endline.

3. MAJOR FINDINGS

The following chapter has four sections. The first section provides an overview of knowledge and awareness amongst NWC and CSO staff involved in the IPGBVPR project. The second, third and fourth sections highlight findings from the community survey.

3.1 Knowledge of GBV among IPGBVPR Project Staff at NWC and CSO

Interviews were conducted to assess perceptions of GBV among IPGBVPR project personnel at NWC and implementing partner CSOs. Interview questions were designed to assess awareness of GBV types, GBV prevalence, and knowledge of legal provisions for GBV.

3.1.1 Knowledge of GBV among NWC Staff

At NWC, the case manager for the IPGBVPR project, the monitoring and evaluation officer, the psychosocial counsellor and the project coordinator were interviewed. All can clearly define GBV types and GBV prevalence. They also have an understanding about the reporting and response mechanism.

The staff are fully aware about emergency numbers a GBV survivor or service seeker can call to report a GBV incident or request support for.

NWC staff say they benefit from working closely with the CSOs. They feel their knowledge about GBV and awareness about GBV issues has increased because of it. Their responses to interview questions indicate they have some level of knowledge about the anti-witchcraft act, and the laws against rape and acid attacks. They have an idea about government policies and interventions related to GBV. They can mention several of the activities MOWCSC and OCMC have been engaged in to tackle GBV at the community level.

3.1.2 Knowledge of GBV among NWC helpline officers

Four helpline officers who operated the helpline service at NWC were interviewed. The helpline officers possess clear knowledge about GBV and related issues for the questions asked during the interview. Their knowledge and awareness about the referral mechanism too are clear and correct. The helpline officers are experienced enough to correctly refer GBV survivors and service seekers to the right service provider.

Overall, the helpline officers have rightly defined GBV and can explain what is meant by physical violence, economic violence, emotional violence and economic violence.

They correctly understand that GBV can affect men as well as women. They do feel that more women face GBV violence than men as more women survivors tend to seek GBV services.

Helpline staff feel the trainings provided at the start of their employment has been instrumental in building up their awareness and knowledge of GBV to this level. The training on helpline reporting and response mechanism has helped them in taking calls efficiently. However, they have not participated in any training in the past 12 months. This may be the reason why they are less updated about GBV prevention laws and acts or upcoming policies.

3.1.3 Knowledge of GBV among CSO staff

Interviews were conducted for 6 staff from TPO, LACC, Saathi and CWIN involved in the IPGBVPR project. Most of them have answered knowledge related questions about GBV, what it is, the types and the perpetrators. In doing so, they tend to focus on the more familiar and visible forms of GBV such as physical and sexual violence. Their awareness of emotional and economic violence is less evident. Power inequality in society is highlighted as a cause for repeated GBV occurrences. All have attended training on case management system and are aware of the referral mechanism. Like for the NWC staff, CSO staff too say they have not participated in any GBV specific training in the past 12 months.

Those working in CWIN and LACC provide services and counseling. This is why they have more information and knowledge about legal provisions and laws compared to those at TPO and Saathi. CSO staff are mostly aware of the gender responsive budget provisions made by the government although they say they have yet to witness effective utilization of this budget. They mention three key challenges in providing services to GBV survivors and service seekers. These include 1) lack of trained human resource, 2) weak law enforcement against GBV perpetrators, and 3) funding bottlenecks and budget restriction.

3.2 Data findings from the Community Survey

The following sections give an overview of the key data findings at the community level. The findings in each section are clustered around the main headings noted below.

Demographic Profile: The first section provides some basic socio-economic and demographic information of the respondent that includes age, caste/ ethnicity, religion, language, family type and family size, marital status, education levels, occupation and income sources, economic status, and possession of vital registration documents.

Knowledge profile: The second section deals with respondents' knowledge about GBV namely if they had heard about GBV or not. Knowledge about the four types of violence – physical, emotional, sexual, economic – has been assessed as well. Data findings on knowledge of legal provisions for GBV particularly marital rape, sexual violence, domestic violence, child marriage, workplace harassment has been analyzed next.

GBV Prevalence, Perpetrators and GEMS: The third section provides assesses GBV prevalence in the community, who are cited as the perpetrators, support seeking behavior of GBV survivors, consequences of experiencing GBV and preferred mode of reporting a GBV case. Findings on gender unequal attitudes analyzed using a GEM scale is provided as well.

3.3 Demographic Profile of Respondents

3.3.1 Age Group Profile of Respondents

In each district 300 surveys were conducted, with a higher proportion of female respondents interviewed (75%) than males (25%). Both female and male respondents were between 18 years to 59 years. The mean age for females was 38, and for males the mean age was 41. The table below presents the age group distribution by gender.

Table 6: Age Group of Respondents disaggregated by gender – across and within male / female (%)

Gender	Distribution by age group across male/ female					
	18-24	25-34	35-44	45-54	55-59	Total
Male	16.8	23.0	25.1	30.4	39.4	26.1
Female	83.2	77.0	74.9	69.6	60.6	73.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Gender	Distribution by age group within male/ female					
	18-24	25-34	35-44	45-54	55-59	Total
Male	7.6	21.8	30.7	26.6	13.3	100.0
Female	13.3	25.7	32.2	21.6	7.2	100.0
Total	11.8	24.7	31.8	22.9	8.8	

3.3.1 Ethnicity, Religion and Language of Respondents

Almost half of the respondents are Hill Janajati (49.5%), most speak Nepali language (65.9%) and about two thirds (75.6%) follow Hinduism as their religion

Figure 2: Caste/Ethnicity of Respondents (Number/Frequency,%)

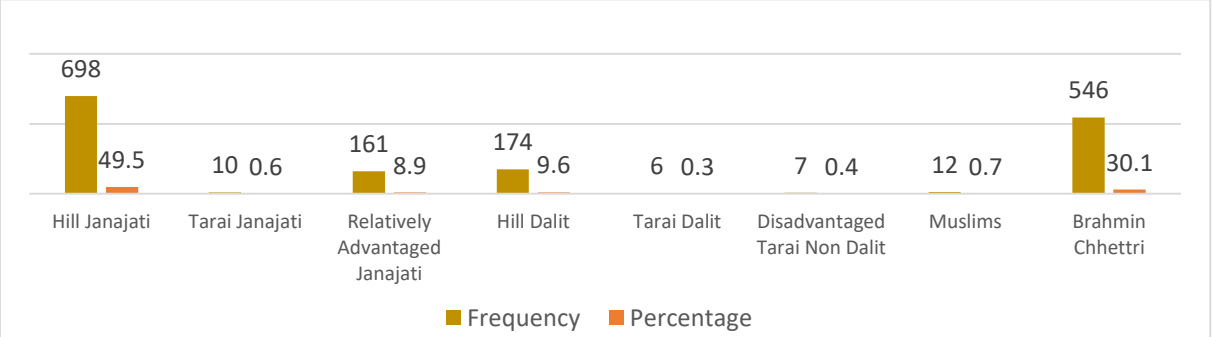


Figure 3: Language Spoken by Respondents (Number/Frequency,%)

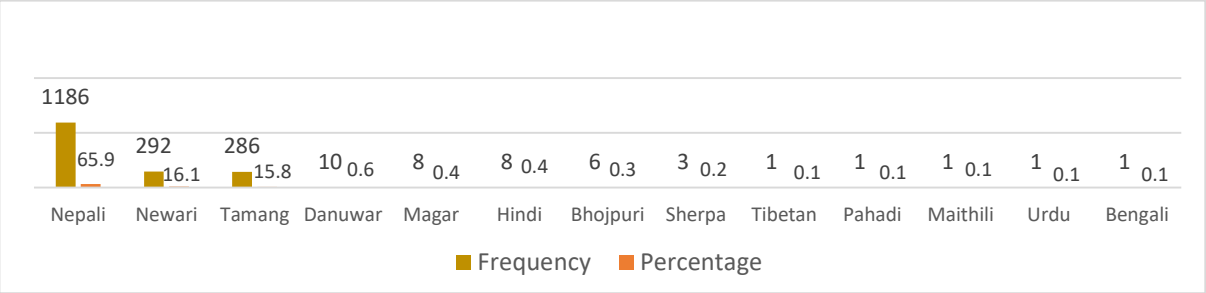
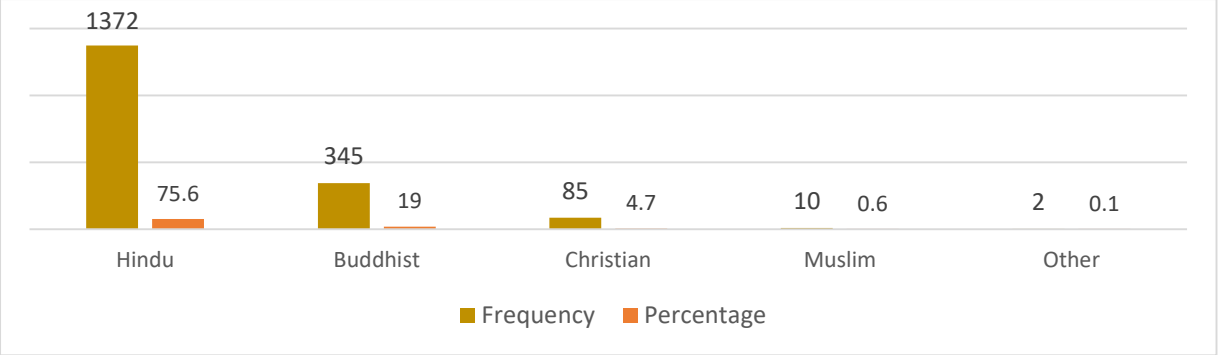


Figure 4: Religion of Respondents (Number/Frequency,%)



3.3.1 Family Type and Average Family Size of Respondents

Respondents were asked the type of family they lived – nuclear, joint or extended, and the number of members in their family or their family size. Distinct percentage differences are evident across districts when it came to the family type. Overall, respondents are more likely to be from nuclear families than either joint or extended family. Kavre reports more nuclear families than any other district, and Lalitpur reports more joint families. Except in Nuwakot, a distinct shift in family type can be discerned across all Baseline districts.

Table 7: Family Type by district (%)

District	Family Type Baseline			Family Type Endline		
	Nuclear	Joint	Extended	Nuclear	Joint	Extended
Kathmandu	77.3	21.3	1.4	66.3	33.7	0.0
Lalitpur	69.5	30.5	0.0	40.0	58.0	2.0
Bhaktapur	76.6	23.4	0.0	56.6	42.4	1.0
Nuwakot	60.2	39.3	0.5	65.9	34.1	0.0
Makwanpur	-	-	-	76.7	23.3	0.0
Kavre	-	-	-	79.4	20.3	0.3
Total	64.2	35.3	0.6	71.0	28.5	0.5

Notwithstanding the shifts in percentage of family types, most respondents are from nuclear families as compared to joint families, with minimal to none living in extended families at both Baseline and Endline.

Overall, reported family size is higher than the national average of 4.6[8]. Gender ratio reflects the national data (94) for 3 districts, with more females than males. In the other 3 districts, Kavre has more males, and Bhaktapur and Nuwakot has as many males as females.

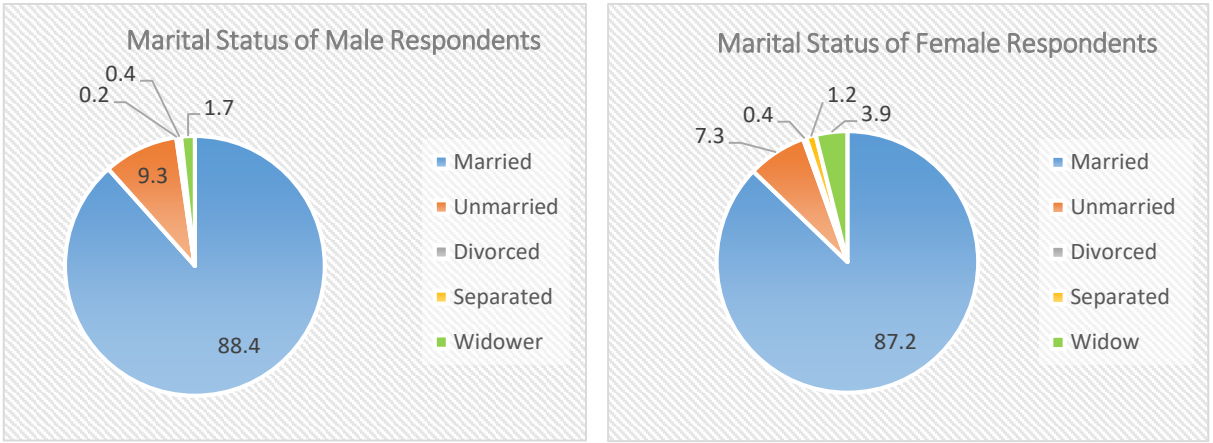
Table 8: Average Family Size by district (%)

	Average Family Size Baseline				Average Family Size Endline		
District	Male	Female	Total		Male	Female	Total
Kathmandu	2.3	2.3	4.6		2.3	2.5	4.8
Lalitpur	2.4	2.5	5.0		2.4	2.6	5.1
Bhaktapur	2.5	2.6	5.1		2.5	2.5	5.0
Nuwakot	2.4	2.5	4.8		2.8	2.8	5.6
Makwanpur	-	-			2.5	2.7	5.2
Kavre	-	-			2.7	2.5	5.2

3.3.1 Marital Status of Respondents

Most respondents are married. This finding is similar across both male and female respondents. About 88% of male respondents and 87% of female respondents are married. Very few are separated, divorced or widow/widower.

Figure 5: Marital Status of Respondents (%)



[8] Annual Household Survey 2015/16

3.3.2 Educational level of Respondents

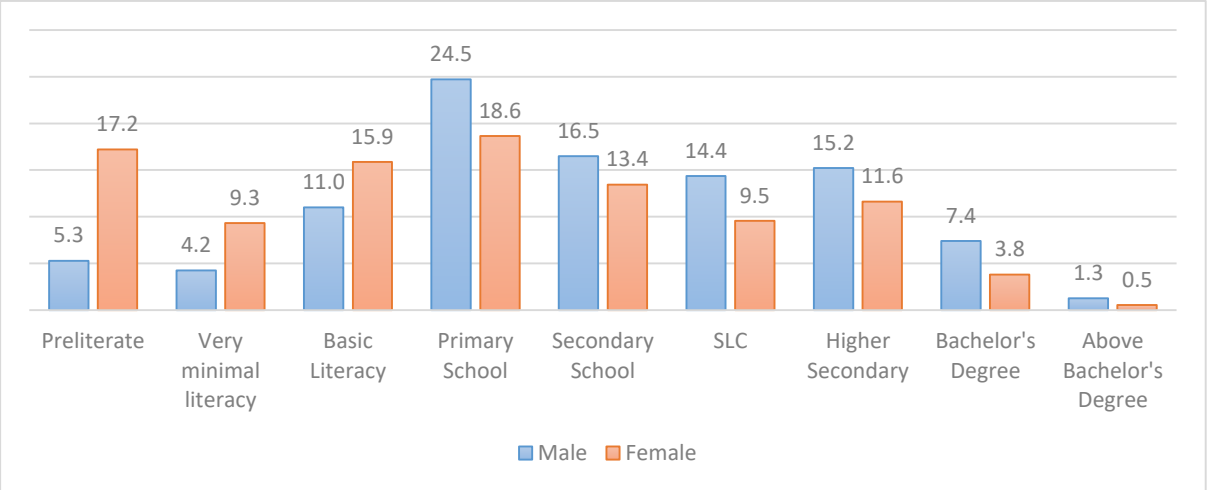
The data reflects national pattern of declining literacy when moving from primary to higher levels of education. Data indicates a sharp drop in those studying at the bachelors and master's level or having completed it. Data from Bhaktapur indicates a slightly different trend as more respondents reported SLC level education (class ten) than for lower (primary) classes.

Table 9: Educational level of respondents (%)

District	Educational Categories									
	Preliterate	Minimal literacy	Basic Literacy	Primary School	Secondary School	SLC	Higher Secondary	Bachelor's Degree	Above Bachelor's Degree	Total
Kathmandu	3.7	15	20.7	16.0	10.3	10.3	18.3	4.7	1.0	100.0
Lalitpur	21.7	12.3	6.7	15.3	13.0	7.7	14.3	8.0	1.0	100.0
Bhaktapur	16.2	13.2	2.3	14.6	13.9	17.2	11.3	9.3	2.0	100.0
Nuwakot	27.3	3.5	11.6	19.9	16.1	8.0	10.6	2.6	0.3	100.0
Makwanpur	6.0	3.0	23.3	30.7	13.3	11.3	9.7	2.7	0.0	100.0
Kavre	9.3	1.0	23.3	24.9	18.6	10.3	11.3	1.3	0.0	100.0
Total	14.1	8.0	14.6	20.2	14.2	10.8	12.6	4.7	0.7	100.0

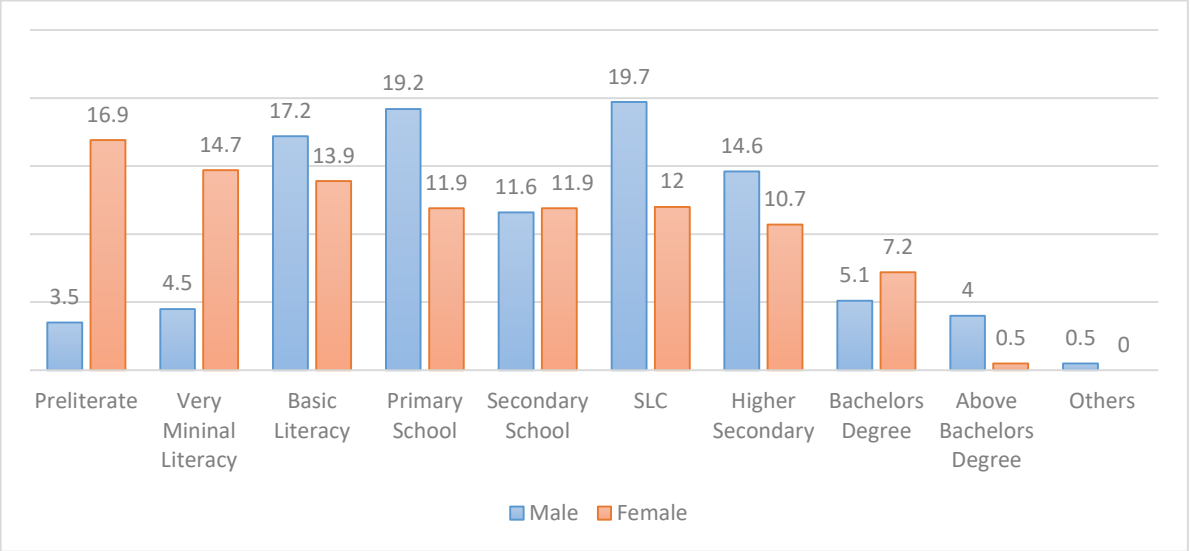
Data findings show educational level is generally higher for male respondents than for females, which reflects the national educational attainment pattern. More males have minimal literacy than females and more males have school education than females.

Figure 6: Educational Level of Respondents at Endline (%)



When compared with the Baseline (see below), Endline data shows a slight increase in the overall level of education, declining percentage of preliterate and minimal literacy.

Figure 7: Educational Level of Respondents at Baseline (%)

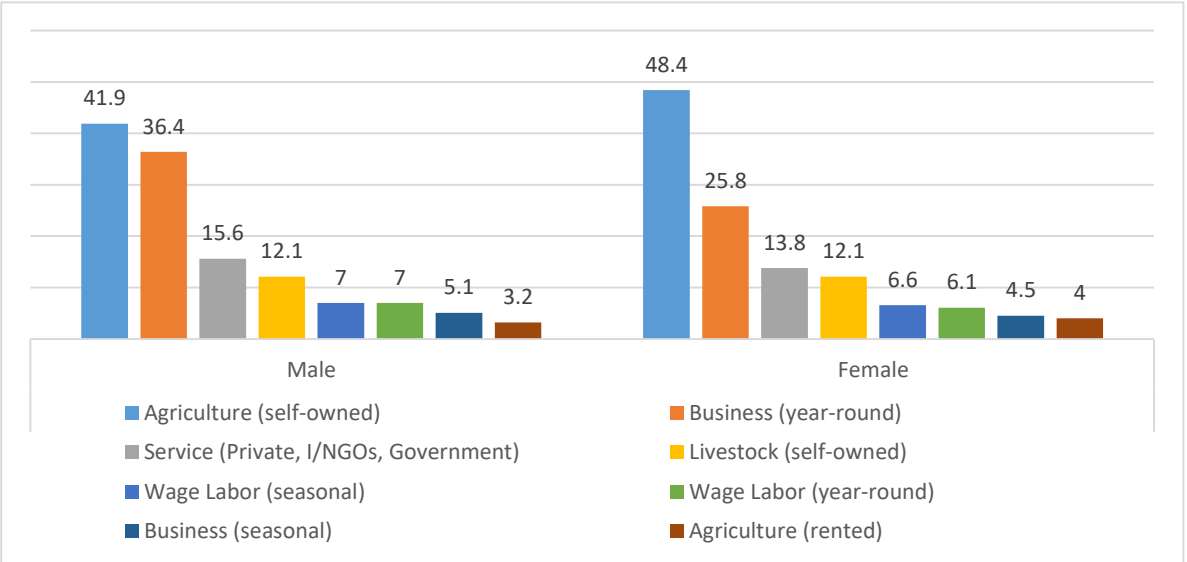


3.3.3 Occupation and Income of Respondents

The quality of life is often determined by an individual`s occupation and the income s/he derives from it. To assess the quality of life of the respondents, questions were asked on 12 categories of occupation/ income sources.

For more than 40% respondents, agriculture is the main source for a living. More females (48.4%) than males (41.9%) are involved in agriculture. When compared by district, more respondents from Kavre (70.1%) are involved in agriculture than from any other district.

Figure 8: Gender Disaggregated data of Occupation of Respondents (%)

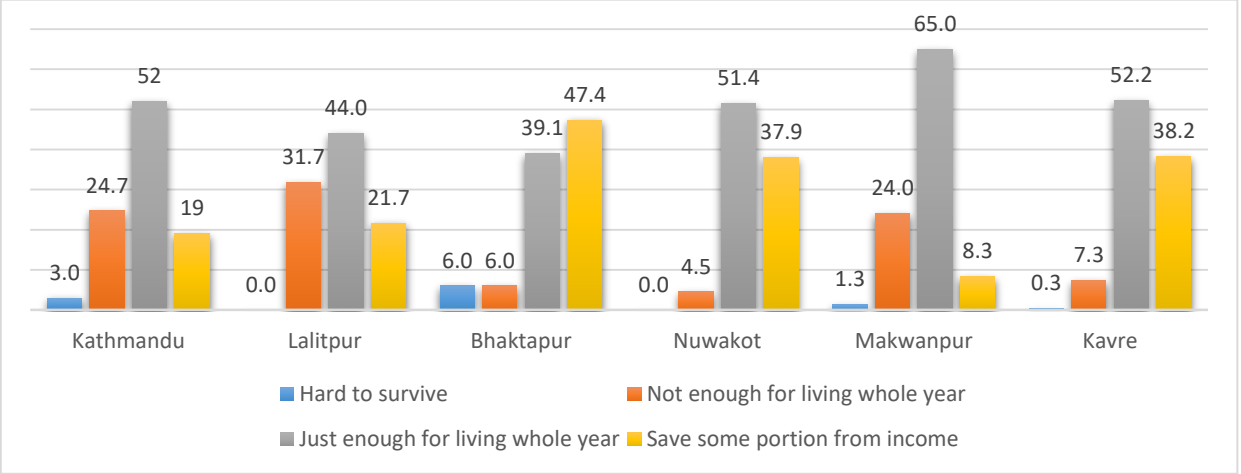


Data findings on occupation indicate more males in other categories – livestock, business, wage labor, service/ employment. More females are in the category "service in local government". No males are in the "service in I/NGOs" category and no females are in the "politics" category. Data indicates that some respondents find it hard to sustain their life from their current level of income.

For instance, for 65% respondents in Makwanpur and 52% in Kathmandu their current household income is just enough to sustain their living for a year. Findings also indicate majority of the respondents having limited savings from their income.

40% of the respondents have a single earner in the household and 44.3% have dual earners. Nuwakot (55.3%) has the highest single earning households. Kavre has the highest dual earner households (63.55%). About 85% of the male respondents are single earners compared to 54% of the female respondents.

Figure 9: Economic Status of Respondents (%)



3.3.1 Vital Registration Documents of Respondents

Vital registration documents include citizenship certificate, marriage certificate, relationship certificate, land ownership certificate, voter`s ID, passport and license. In Nepal, citizenship certificates serve not only as the foundation for ensuring key social, economic and political rights for a citizen but are also basis for social inclusion besides providing a national identity.

Overall, 97% respondents in survey districts possess at least any one of these documents. When disaggregated by type of vital registration document, data indicates that about 98% of the respondents have acquired citizenship certificate. Compared to the citizenship certificate very few possess either their birth certificate (29.6%) or their marriage certificate (64.2%).

Data indicates that 48.4% of female respondents are dependent on agriculture for livelihood.

Yet only 22% of the women out of 506 respondents at the Endline have land ownership certificate. This is the same as in the Baseline.

Table 10: Possession of any Vital Registration Document (%)

District	Possession of any vital registration documents	
	Yes	No
Kathmandu	95.7	4.3
Lalitpur	95.3	4.7
Bhaktapur	99.0	1.0
Nuwakot	97.4	2.6
Makwanpur	99.0	1.0
Kavre	94.0	6.0
Total	96.7	3.3

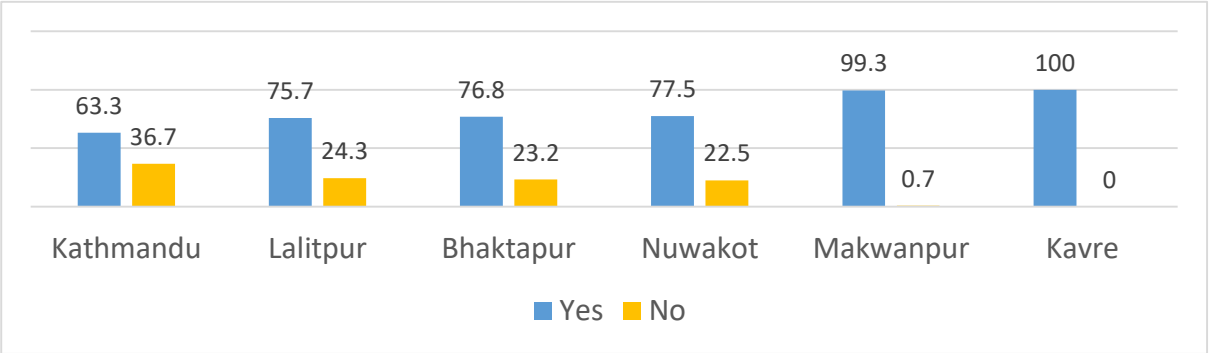
Studies conducted in different countries including Nepal have suggested that strengthening women`s land rights increases their bargaining power within the family, provides them a sense of security and confidence and contributes to the reduction of gender-based violence as well.

3.4 Knowledge about GBV

Knowledge about GBV is one of the Results Framework indicators of IPGBVPR project.

Overall, Endline data indicates 82.1% respondents have heard about GBV. The percentage from Kavre and Makwanpur indicates a higher level of awareness than the overall. In contrast respondents from Kathmandu have heard about GBV the least.

Figure 10: Endline Respondents who have heard about GBV (%)



Reasons for the relatively low overall knowledge among the respondents from Kathmandu is difficult to explain, but a few possibilities are suggested.

First, it does indicate how an exposure to information about GBV increases both awareness and knowledge. Once made aware, it is also difficult to feign ignorance and overlook acts GBV. While there are program interventions led by I/NGOs in the districts out of Kathmandu, few interventions have been reported for Kathmandu.

There is thus a need for revisiting the assumption that awareness would be higher in the urban areas given the exposure to media, or better education opportunities.

Second, it is possible that the more the respondents understood about the term and what it entailed, they realized that actually they knew very little about it.

Third, it is possible that once program interventions ended, the next generation may not have had the opportunity for a similar exposure to awareness programs. This could be prompting a natural decline in knowledge levels.

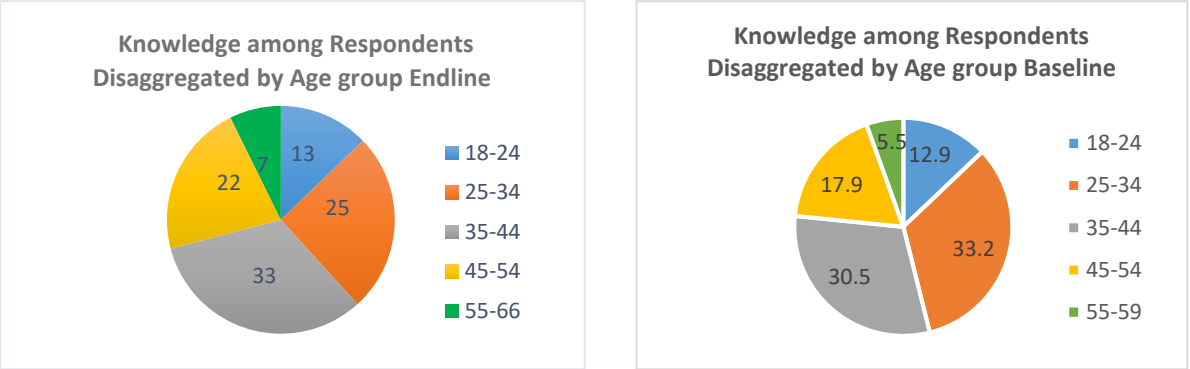
The data thus indicates a need for continuous program interventions. An example of positive outcomes due to continued intervention comes from Makwanpur. This district has comparatively higher percentage of awareness compared to others. Coincidentally, in the past decade Makwanpur has witnessed a large number of programs focused on awareness raising on trafficking and its prevention, women's empowerment, non-formal literacy programs, and GBV prevention programs. Presence of different programs often has a domino effect. When there are awareness programs already in place, women and men are more likely to be receptive to other awareness and/or knowledge programs.

Anecdotal information from Nuwakot indicates declining number of programs around GBV. Coincidentally, data shows negligible change in the level of awareness in Nuwakot – with 77% reporting to have heard about GBV at Baseline and 77.5% at Endline. This further validates the need for continuous intervention around GBV and an agency committed to it for sustained periods of time. When disaggregated by gender, of the 1489 respondents who report to have heard about GBV, 89.2% are male and 79.6% female.

FGD reports indicate knowledge about GBV being slightly low among adolescent boys in Kavre as compared Nuwakot, Kathmandu, Lalitpur, and Makwanpur district. Yet, GBV is more likely to be prevalent in districts of higher knowledge such as Nuwakot and Makwanpur than in Kavre. This prompts a reflection on reasons for dissonance between knowledge and practice. For instance, there could be an influence of mediating variables (such as stricter punishment, avoidance of discussing GBV in families) that may account for it.

Despite the decline, when disaggregated by ethnicity, respondents from the Hill Janajati group are more likely to have heard about GBV. Makwanpur and Nuwakot have a high number of respondents from this group. When analyzed by age, a natural demographic shift is noticeable. In the Baseline it was the 25 – 34 years age group who had heard about GBV more than any other age group. After a few years this has shifted to the 35 – 44 years group at Endline.

Figure 11: Knowledge of GBV among Respondents- Disaggregated by Age Group (%)



3.4.1 Knowledge of GBV types among respondents at community level

The study categorizes violence into four types; physical, emotional, sexual and economic violence. Each of these four types have certain GBV acts associated with it. Correct classification of the GBV types and a correct response about whether or not an act is classified as GBV or not has been used to analyze the level of knowledge about GBV in the community. In total, there 34 acts are associated with the four GBV types. Physical and sexual violence have 8 acts each, emotional violence has 12, and economic violence has 6.

Table 11: Classification of GBV Types into 34 acts

Physical	Emotional	Sexual	Economic
1. Slapping 2. Beating or punching 3. Pulling a woman's hair 4. Burning (with a cigarette or firewood) 5. Choking 6. Stabbing or hitting with sharp objects (*khukuri*, knife, axe) 7. Feticide 8. Forced Abortion	9. Scolding 10. Threatening 11. Humiliating / Insulting 12. Blackmailing 13. Not letting a woman use family planning contraceptives 14. Ignoring wife's views on family planning issues 15. *Chhaupadi Pratha* 16. Other cultural practices like *Kumari, Deuki* and *Jhuma* 17. Dowry related violence 18. Polygamy 19. Restrictions during menstruation 20. Berating a woman for not bearing children	21. Trafficking 22. Touching private parts without consent 23. Rape / Attempted rape 24. Husband forcing his wife to have sex, when the wife doesn't feel like it 25. Denying abortion when a woman needs it (due to rape or incest) 26. Forced exposure to pornography 27. Forced marriage 28. Child marriage	29. Withholding money or financial information 30. Excluding from financial decision making (property, investment, household expenses etc.) 31. Prohibiting employment 32. Depriving vital documents (citizenship and marriage) 33. Depriving basic needs (food, shelter, clothing) 34. Depriving medical care/ treatment when needed

Respondents were asked whether or not each of the above 34 acts were a GBV act. These acts are more focused on domestic violence which are more common in the households and communities in the rural setting. Not being a direct focus of the study, these do not include LGBTIQ related violence, sexual exploitation abuse and sexual harassment at the workplace. The latter is however, dealt with briefly in a separate section in this study.

Overall, about 93% of the respondents can correctly differentiate these 34 acts as gender-based violence at Endline. This is an increase from the 77% at the Baseline. More respondents (97%) from Makwanpur and Kavre consider these acts as GBV than from any other district.

FGD reports of Bhaktapur and Kavre highlighted the prevalence of polygamy, an emotional GBV act, more than in any other district.

FGD reports reveal how using words to demean one's wife or daughter or daughter in law was deemed appropriate. In contrast, this use was not condoned for husbands, brothers or son in law.

Respondents are more likely to have knowledge of sexual or physical acts and have classified these acts as GBV more easily than emotional or economic acts. Certain acts are prevalent in some districts but not reported in others (see text box). Qualitative survey findings reveal that certain patterns of GBV can be attributed to entrenched patriarchal norms, gender roles, unequal power relations and patriarchal values (see text box).

3.4.2 Knowledge of legal provisions related to GBV among community people

Nepal is party to several UN Conventions on sustainable development including one on gender-based violence. Nepal has recognized violence against women and girls as a crime and has amended certain Acts to protect women from violence. Nepal has also established mechanisms to facilitate access to justice for the victim/s[9]. With an aim to achieve SDG targets[10] several laws and strategies have been formulated to reduce existing GBV practices[11].

Having legal provisions and having citizens who are aware of these provisions are two different issues. Accordingly, community members were asked if they knew if different forms of violence for which there are laws were punishable or not. The table below presents the respondent's responses about these legal provisions.

FGD findings indicate respondents were more likely to be aware of how a perpetrator can be punished than have heard of or cite a specific law.

Just about one fourth (24.8%) of the respondents have heard of a law or an act against domestic violence or GBV. Just a bit more than one fourth (25.9%) are aware of laws against trafficking. More than three fourths (80% or higher) know that a person can go to jail for rape and be punished for beating a woman.

[9] Some of them include: Amendment in civil code -2020 with provision of women's right to divorce, penalty for polygamy and increase in the punishment for rapists, National Commission on Women Act, 2006; Human Trafficking and Transportation (Control) Act, 2007,Domestic Violence (Crime and Punishment) Act, 2000; Act to Prevent Sexual Harassment at Workplace, 2014; the Inquiry on Enforced Disappearances and Truth and Reconciliation Commission Act (2014); National Plan of Action Against Trafficking in Persons, Especially Trafficking in Women and Children, 2012 and its Implementation Plan, 2014; and National Plan of Action for Controlling Gender Based Violence and Promoting Gender Empowerment, 2012.

[10] SDG 5 - Achieve gender equality and empower all women and girls.

[11] National Strategy to end Child Marriage 2016. Witchcraft Allegation (Crime and Punishment) 2014.

Table 12: Knowledge about legal provisions (%)

Questions about legal provisions asked to respondents	Yes	No	Don't Know	No response
Can someone be punished by law if he/she beats a woman?	98.5	0.4	1.0	0.1
Can someone go to jail for rape?	95.5	1.7	2.6	0.1
Can someone go to jail for marital rape?	80.8	5.7	13.1	0.3
Can someone go to jail for attempted rape?	94.4	1.2	4.3	0.2
Can parents/step-parents be punished if they force their daughter to marry?	80.3	8.9	10.7	0.1
Have you heard of a law on workplace harassment?	22.6	19.7	57.4	0.3
Have you heard of a law on trafficking persons?	25.9	37.5	36.1	0.5
Have you heard of any laws or acts against domestic violence or GBV?	24.8	38.6	36.4	0.2

Knowledge of Specific Acts of Violence

The survey elicited responses on a respondent's legal knowledge on physical violence, rape, forced marriage, workplace harassment and laws established to tackle GBV. When disaggregated by gender, the differences in perception and knowledge emerge more clearly.

Physical Violence against Women

In the Baseline overall 94.9% male and 90.8% female respondents stated beating a woman to be an act of violence and a punishable offense. Endline percentages show an increase except for male respondents in Bhaktapur (see table below). In Makwanpur district, both male and female respondents are fully aware that beating a woman is a criminal offense.

Table 13: Respondents who answered Yes to "Beating a woman is a punishable offense" (%)

District	Female Baseline	Female Endline	Male Baseline	Male Endline
Kathmandu	94.9	97.3	86.0	98.7
Lalitpur	89.1	99.1	94.0	100.0
Bhaktapur	87.2	97.8	100.0	95.9
Nuwakot	91.8	96.0	100.0	100.0
Makwanpur	-	100.0	-	100.0
Kavre	-	99.6	-	100.0

Rape

Endline data findings show a distinct increase in the knowledge about rape and sexual assault for both male and female respondents when compared to the Baseline.

When compared between types of rape, fewer respondents know about marital rape being an offence as compared to either rape or attempted rape. This may be an influence of cultural and patriarchal norms according to which marital sex is seen as a personal matter that is within the rights of the husband to claim it despite the unwillingness of the wife.

Table 14: Legal knowledge of Rape, Marital Rape, Attempted Rape disaggregated by Gender for Baseline and Endline (%)

Gender	Female Baseline	Female Endline	Male Baseline	Male Endline
Can someone go to jail for rape?	96.3	97.0	99.5	97.0
Can someone go to jail for marital rape?	56.8	81.0	62.6	96.0
Can someone go to jail for attempted rape?	77.1	96.0	84.9	95.3

Trafficking

Legal knowledge of trafficking is higher at Endline than Baseline, and higher than either knowledge of acts against domestic violence or workplace harassment.

Forced Marriage/ Child Marriage

Over 80% respondents have knowledge that forced marriage is punishable by law.

Workplace Harassment

Respondents have the least knowledge of workplace harassment. This may be an outcome of not being employed in formal organizations where orientation about workplace harassment is the norm. However, fewer respondents had knowledge about workplace harassment at Endline compared to Baseline.

Table 15: Legal knowledge of selected GBV Types at Baseline and Endline (%)

Gender	Female Baseline	Female Endline	Male Baseline	Male Endline
Can parents/step-parents be punished if they force their daughter to marry? *	-	81.9	-	80.4
Have you heard of a law on workplace harassment?	42.1	20.5	68.2	29.9
Have you heard of a law on trafficking persons?	73.0	23.4	86.9	34.1
Have you heard of any laws or acts against domestic violence or GBV?	56.3	22.9	71.2	31.3

*This aspect was not assessed during the Baseline but has been added only at the Endline

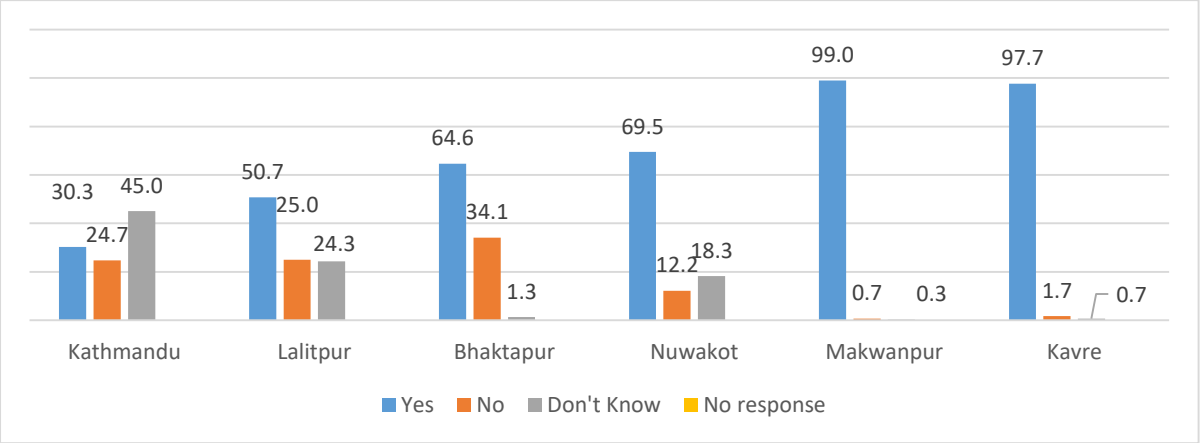
The scope of the study did not include in-depth focus on sexual harassment at the workplace. However, the data variance from baseline to endline does warrant some extrapolations about possible reasons for a decrease in awareness about sexual harassment at the workplace may be made. The sample size at endline had far more respondents involved in agriculture (more than 40% overall and 49% for women) than in the baseline (less than 33% overall). This meant far fewer women and men at endline were exposed to norms of a workplace setting where anti sexual harassment policies are enforced.

Having the knowledge about GBV has not however deterred people in engaging in acts of physical violence. Thus, increasing awareness or knowledge at Endline unless accompanied with changes in attitude and fear of retribution may not be effective in bringing about the desired decrease in GBV. This is borne out by the data in the next section, with more than half reporting existence of GBV in their locality, including districts with high knowledge of GBV.

3.5 Prevalence of GBV at Community Level

All the respondents were interviewed about their experiences with GBV, whether they have heard or witness any form of GBV in their lifetime. About 82% have heard about GBV and 68.6% report there is prevalence of GBV in their locality.

Figure 12: Prevalence of GBV (%)



Findings from FGDs with Adolescent Girls

- We have experienced long stares and teasing from boys and men, especially bus conductors during bus rides. This makes us feel very uncomfortable. (Kathmandu)

- Yes, we are fearful of venturing out during night time. (Lalitpur, Kathmandu, Nuwakot, Makwanpur)

- We find it discomforting and many times, are apprehensive when having to interact one-on-one with middle aged men and / or to ride on public vehicles that have predominantly male passengers. (Lalitpur)

The highest prevalence of GBV is in Makwanpur (99%) and Kavre (97.7%), the same districts where the knowledge of GBV is high. FGD findings indicate adolescent girls have experienced fear of possible GBV (see text box). FGDs with women and men indicate a different perception, that of a decline in GBV. This highlights differential perception with those vulnerable to GBV being highly sensitized to situations of potential GBV.

FGD participants are generally of the view that perpetrators are mostly men and survivors are mostly women. For many, domestic violence which occurs mainly between a husband and wife is most prevalent of all GBV types. Women participants tend to mention verbal abuse and physical assault as a common occurrence. All FGD participants, men and women felt the incidence of violence is high during festivals and ceremonies and that alcohol consumption is an important cause triggering an act of GBV.

KIIs with health service providers in all districts show that they too feel violence is perpetrated against women more than against men. They also feel that women are often unwilling to disclose their personal experience of GBV. Even when the women do, such disclosure is gradual and they take much time to open up.

KIIs with selected government personnel at MOWCSC reveal their perception about violence being normalized by women due to fear, financial dependency and the dominant nature of male members.

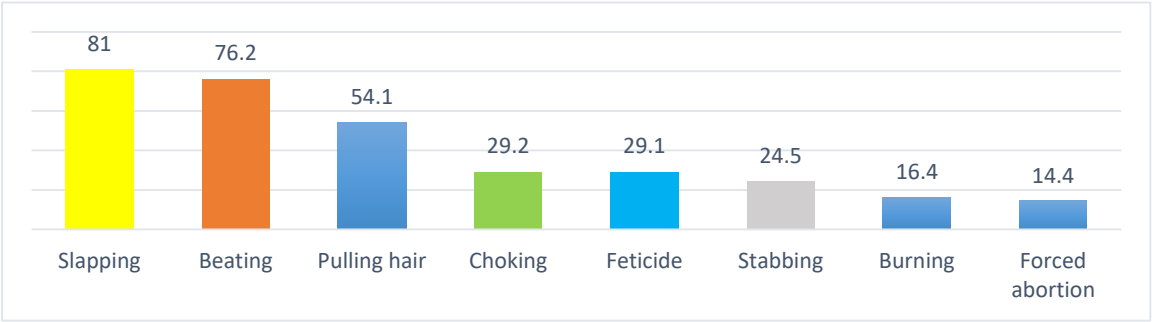
Violence by one's spouse is also one of the common forms of violence reported by MOWCSC in Bhaktapur and Kathmandu. MOWCSC personnel echo findings from FGD participants and feel alcohol consumption is a major triggering factor in intimate partner violence. They also mention Kavre and Bhaktapur as districts where such incidents are more likely to occur. In their view Kavre and Makwanpur have high prevalence of polygamy, rape and child marriage.

They also feel women in Kathmandu commonly face property and land related issues.

3.5.1 Physical Violence

Respondents have heard of slapping as the most common form of physical violence more than any other form. Other forms of violence the respondents have cited include feticide and forced abortion, both of which women have had to endure.

Figure 13: Acts of Physical Violence (%)



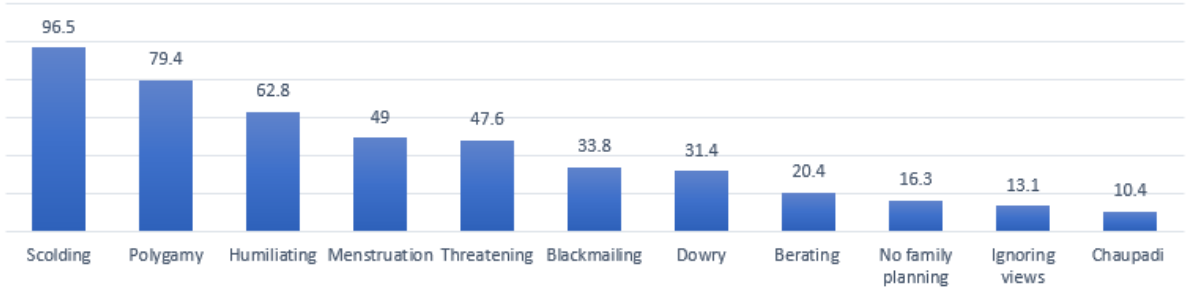
Note: "% exceed due to multiple response of respondents"

3.5.2 Emotional Violence

Respondents have heard or witnessed various acts of emotional violence. Scolding is the most common act of emotional violence they hear and witness in their locality followed by polygamy.

Respondents are aware of the practices of *chhaupadi*, of violent behavior associated with not bringing sufficient dowry, for not bearing a child, or for using contraceptives/ family planning.

Figure 14: Acts of Emotional Violence (%)

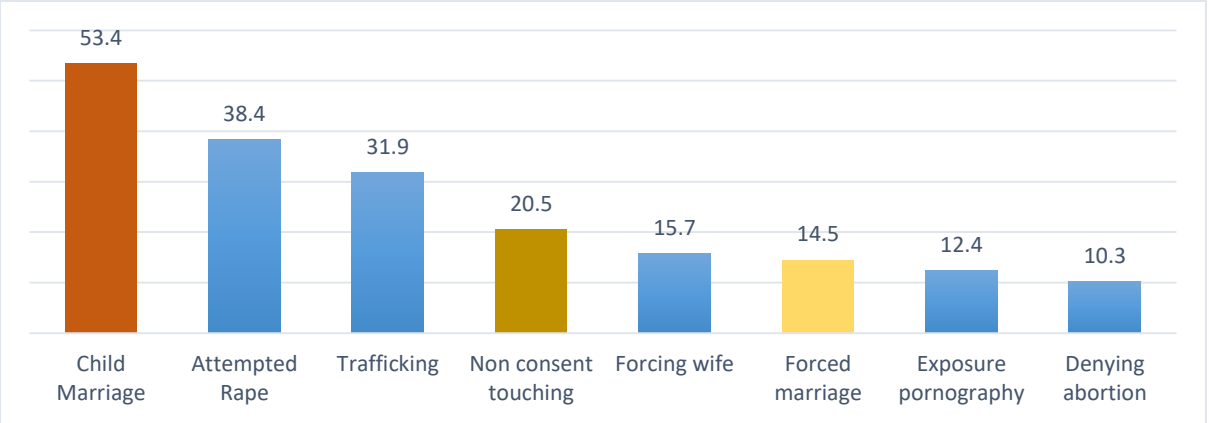


Note: "% exceed due to multiple response of respondents"

3.5.3 Sexual Violence

Eight acts associated with sexual violence was used to assess its incidence in the communities. More than half of the respondents have heard or witnessed child marriage, while very few have heard of anyone being exposed to pornography or being denied abortion.

Figure 15: Acts of Sexual Violence (%)

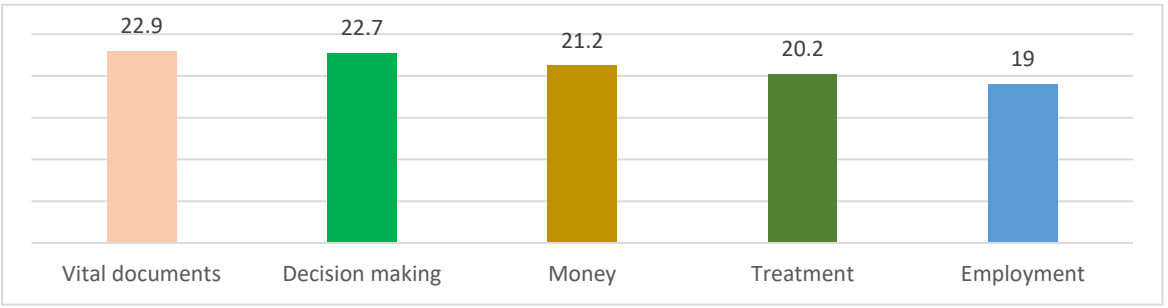


3.5.4 Economic Violence

Most studies on gender-based violence have focused on its physical, sexual, and psychological manifestations. Economic violence has not received specific attention until very recently. It refers to a conduct directed to depriving the victim of all or any of its economic or financial resources. The figure below shows that the values are almost similar for all the acts categorized as economic violence.

Those experiencing economic violence cite four common experiences: 1) being deprived of basic needs, 2) not being permitted to have access to or get their vital registration documents, 3) being excluded from decision making on money matters, and 4) having money withheld from them. Being deprived of medical treatment and being prohibited from seeking or continuing employment are relatively less common, but still prevalent.

Figure 16: Acts of Economic Violence (%)



3.6 Perpetrators of GBV in latest GBV incidents at Community Level

Several studies on GBV cite an intimate partner or a family member as the most common perpetrator. This is echoed in both the Baseline and the Endline with the women reporting being most at risk from those who are closest to them, and particularly intimate partners.

Accordingly, data indicates husbands are seen as the most commonly reported perpetrators of sexual, physical, emotional and economic violence. For about 49% husbands were perpetrators of the violence they had heard about or witnessed in their locality. About 17% report a stranger or strangers as the perpetrators.

Findings from FGDs

- Yes, men are predominant GBV perpetrators and often they are the intimate partners.
- Family members, neighbors and occasionally unknown strangers too could be seen directing violent behavior at women.
- I feel GBV violence reflects power imbalances predominant in a patriarchal society as most often men are perpetrators and women are victims.

Key informants echo the same - that men and the intimate partners are main perpetrators. Key informants in Bhaktapur, Kavre, Lalitpur and Kathmandu also admit that men can experience GBV, and refer to those men who go overseas as migrant laborers.

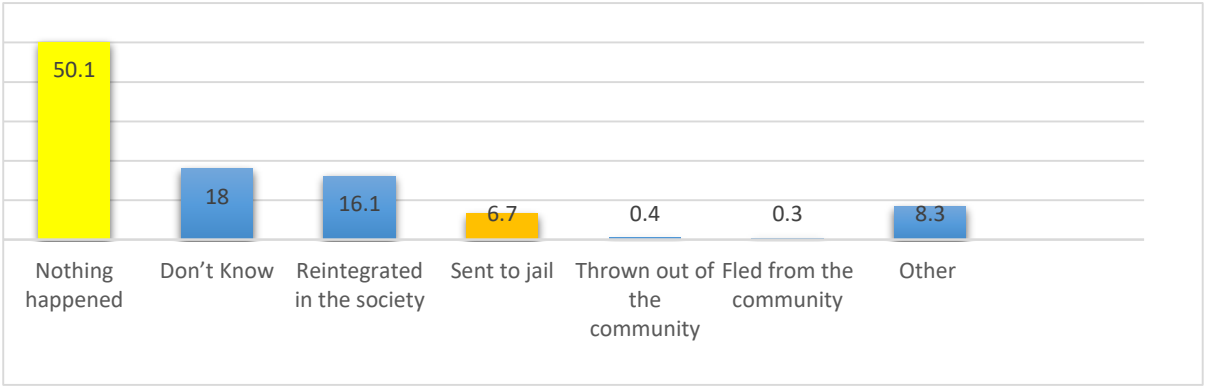
3.6.1 Consequences of GBV on Perpetrators

More than half of the respondents who have heard, witnessed and experienced violence state that nothing happens to the perpetrators after the GBV. Data indicates only a few respondents have said perpetrators are sent to jail (6.8%) or such an incident is reported to civil society organizations (6.2%). This perception is different from those in the government (see text box).

Findings from KII

A local government representative in Bhaktapur shared that there were perpetrators of (3) recent rape cases in Changunarayan who were sentenced to jail indicating perpetrators do get punished.

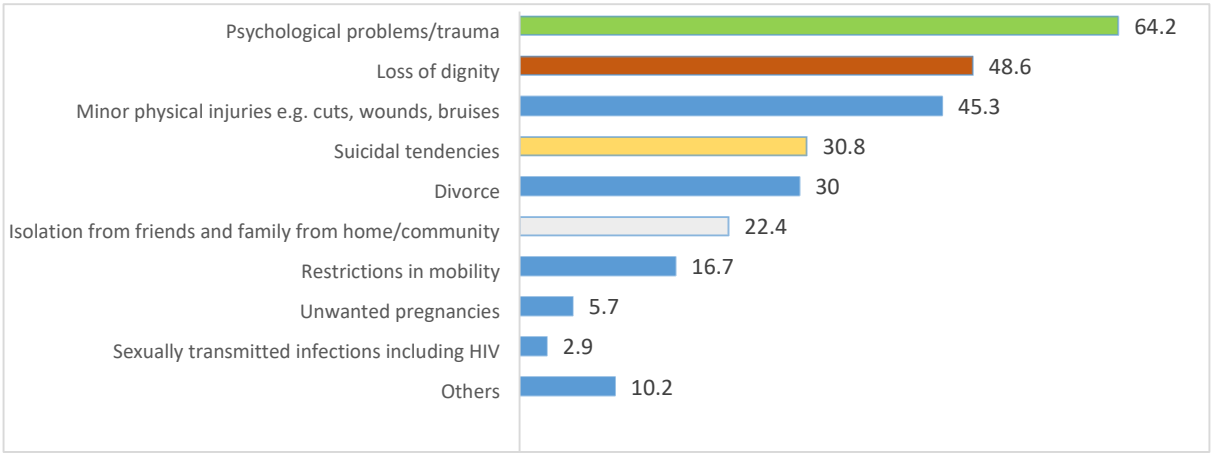
Figure 17: Respondents response on consequences on perpetrators of GBV (%)



3.6.2 Consequences of GBV on survivors

Consequences of GBV depends on the nature of the incident, the woman`s relationship with her abuser, and the context in which it took place. GBV typically has physical, psychological, and social effects and all these are interconnected. Women survivors may also face serious health problems, both immediate and long-term. At the Baseline, 75.2% of the respondents said survivors suffered minor physical injuries and 82.9% stated psychosocial problems as consequences of GBV on the survivors. Findings at Endline are very similar, indicating that the toll on emotions is higher, more than physical injuries or the visible consequences of GBV.

Figure 18: Possible Consequences of GBV on Survivors (%)



KII with health service providers reveal that GBV survivors are kept in observation at OCMC. The OCMC services are well established in Makwanpur and Nuwakot. Survivors are given treatment for physical and psychological ailments as well as legal protection, personal security and rehabilitation services. They have been provided free medical services and/or further referred to a safe house managed by TPO or Maiti Nepal depending on the case.

3.7 Trend of GBV at Community Level

In the Baseline the percentage of respondents reporting a decline in GBV within the past 10 years was highest in Nuwakot. At Endline this shifted to Bhaktapur (47%). In the two new districts added for this study i.e. Makwanpur and Kavre respondents report that GBV incidence has slightly

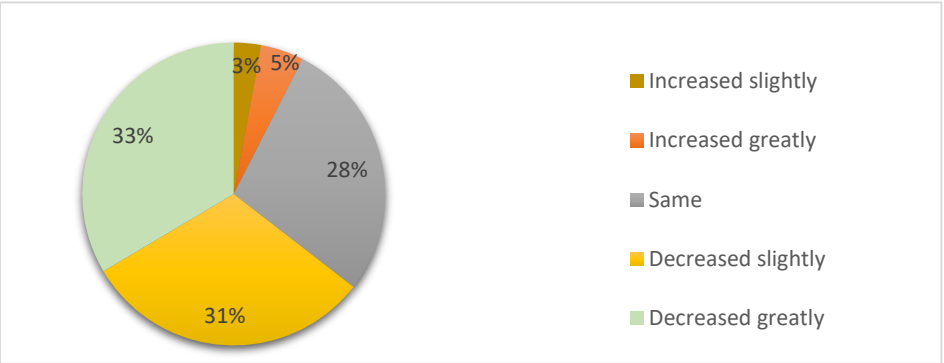
Findings from KII

The incidence of GBV has relatively reduced in Makwanpur and Kavre due to increased levels of education, involvement of various organizations in addressing GBV, coordination between stakeholders, awareness and training programs provided to communities and school children.

decreased (56.3%) or decreased greatly (57.1%) respectively.

Perceptions of respondents when it comes to the trend of GBV incidents in their respective localities in the past decade is depicted in the pie chart.

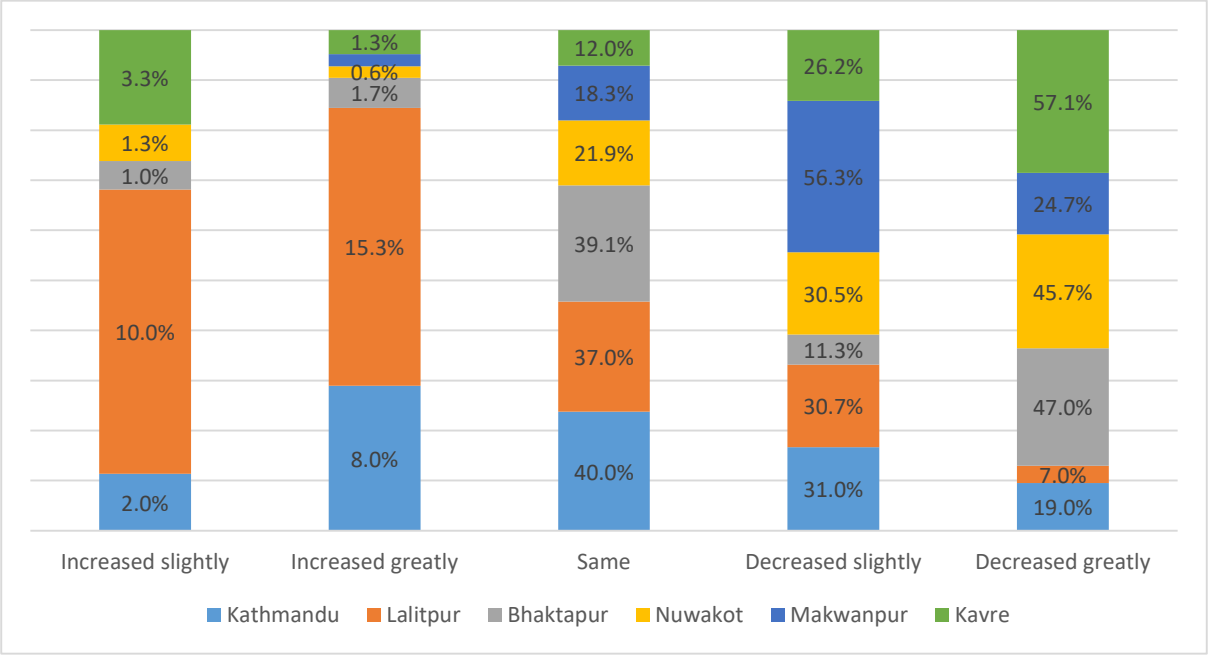
Figure 19: Trend of GBV incidents within the past 10 years (%)



More than one fourth feel the trend of GBV incidents has not changed (stayed the same). When added to those who feel GBV incidents has decreased slightly, this becomes more than half indicating prevalence of GBV is still pervasive. When the percentage of responses – increased slightly and increased greatly is added, this becomes just over 66%. In other words, over two thirds of the respondents feel GBV is prevalent in their communities.

When disaggregated by districts data from Lalitpur shows GBV incidents are perceived in general to have increased (see figure below). This correlates with the FGD findings from Lalitpur wherein adolescent girls said they feel more apprehensive about riding in buses with mostly male passengers, and are also fearful of venturing out at night.

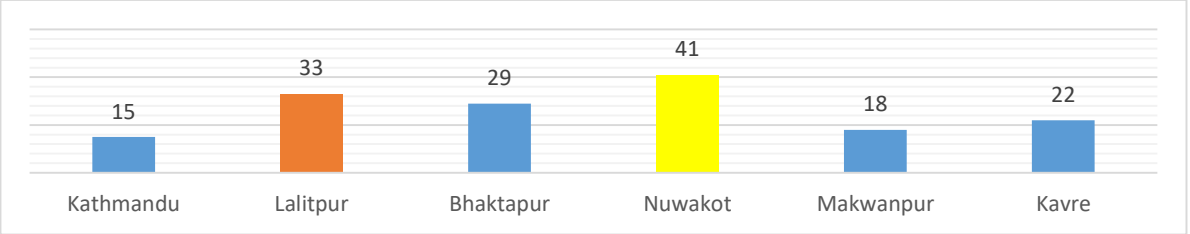
Figure 20: Trend of GBV within the past 10 years- Disaggregated by District (%)



3.8 Personal Experience of GBV Reported by Respondents

Of the 158 respondents who report having experienced GBV at Endline, 92% are female. About 57% of the women have experienced physical violence by their husband. This reflects global estimates of violence against women according to which almost 33% of all women have experienced physical and/or sexual violence by their intimate partners. Those experiencing GBV are mostly between 25 to 44 years of age. Most are from the Hill Janajati group (50%)

. **Figure 21: Respondents at Endline who experienced GBV in the last year (%)**



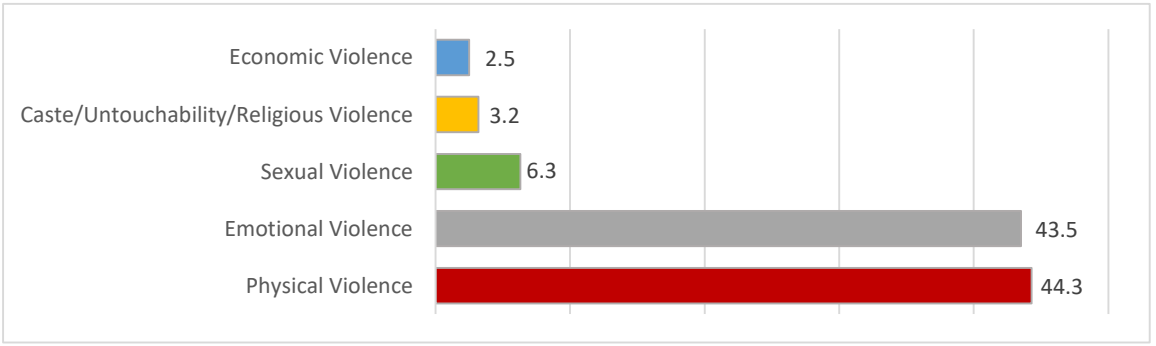
3.8.1 Type of GBV experienced by the Respondents

158 respondents have experienced GBV in their lifetime. Majority (n=146) are female. Reporting on physical violence (44.3%) is about as high as emotional violence (43.5%) reinforcing the assumption that invisible scarring is as devastating to a GBV survivor as the visible injuries are.

Findings from KIIs

GBV based on one's ethnicity is most common against Dalit communities. Those who report sexual or physical violence are more likely to be from Hill Janajati.

Figure 22: Types of GBV experienced by Respondents at Endline (%)

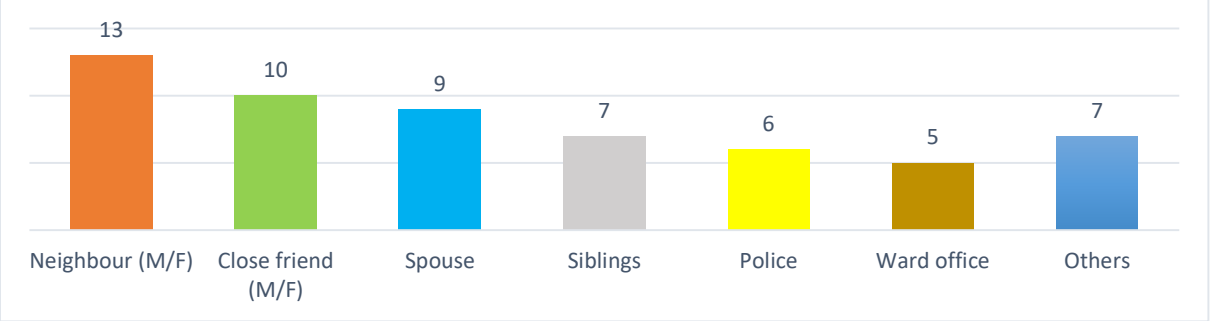


3.9 Support Seeking Behavior

Besides cultural values that tend to shame and stigmatize a GBV survivor, lack of knowledge and awareness on GBV may also influence support seeking behavior. This may also influence the tendency of GBV survivors to seek support from informal sources versus formal sources.

Of the 158 respondents who report to have experienced GBV more than half (62%) did not seek for any support from anyone. When they did, family members (parents, spouse, or siblings), neighbors and close friends whether male or female, were usually the first point of contacts of the victims. Very few respondents approached the police or their ward offices for support. Informal support /networks are thus important to a GBV survivor, more than formal.

Figure 23: First point of contact for support (%)



The survey also attempted to understand the attitudes of the respondent vis-à-vis seeking support from service providers.

Majority of the respondents say they are not likely to tell anyone about their experience or seek help. Less than a quarter (23.4%) respondents who experienced any form of violence especially physical violence sought help from service providers. About half (50%) of the respondents did not feel the need to seek support from service providers. If they do, it will most likely be the police / police station (64.9%). Data indicates very low percentages of support seeking behavior from formal institutions like women`s network, WCO, OCMC, safe house or legal service providers.

Findings from FGDs

One of the major barriers was the stigma and fear of reprisals borne by the GBV survivors.

A GBV survivor suffers in silence for fear of social consequences, a fear reinforced by the belief that reporting of violence will bring shame. This is why they denied themselves the opportunity to seek support or the justice they deserve.

About 76.6% of the respondents who did not seek any support from service providers reported numerous barriers to seeking help. Major factors other than shame and stigma preventing the respondents from seeking formal support after experiencing violence include the following.

- Threats and intimidation by perpetrators
- Lack of awareness about the service availability
- Lack of knowledge about the support services
- Lack of accessibility to services
- Limited knowledge about women rights and legal provisions
- Weak legal support service and law enforcement
- Lack of financial dependence

These factors that are seen to impede a GBV survivor's support seeking behavior has not changed from those listed in the Baseline.

3.10 Gender Unequal Attitude

Evidence suggests that gender inequalities increase the risk of violence by men against women and inhibit the ability of those experiencing violence to seek protection. Stereotyped gendered roles and rigid constructions of femininity and masculinity comprise the root causes of GBV. Roles and behaviors that are expected from females and males are nurtured in the family and reinforced by gender norms in the society. Gender unequal attitudes in individuals are thus shaped by these differences in gender roles and behaviors.

To measure the attitudes of respondents towards gender norms the Gender-Equitable Men Scale (GEMS) was used.

14 GEM items were adapted from the original scale developed by Horizons and Promundo.[12] Six new items were added to meet culture specific needs. These 20 items clustered around five domains have been used to determine the gender unequal attitude in the respondents. Like in the original scale, the five domains in the adapted GEMS are 1) gender norms, 2) violence, 3) masculinities, 4) sexualities and 5) reproductive health.

To analyze the GEM scale, responses to each GEM item was assigned a weight. Negative items were reverse coded for uniformity of weights for each response category. That means, for these questions the response category "strongly agree" was given a weight of 5 while for positive items the response category "strongly agree" was given a weight of 1.

Each of the items had six response categories: 1) strongly agree, 2) agree, 3) neutral, 4) disagree, 5) strongly disagree and 6) refuse to answer. The first five response categories had weights assigned, but not the sixth.

[12] Making Women Count- An Annual Publication on Gender and Evaluation by UN Women Multi Country for India, Bhutan, Sri Lanka and Maldives First Edition, December 2013

The scoring method is depicted below. The table in the next page highlights each GEM items by its assigned weight. Scores from 1 – 20 indicate a very gender unequal attitude. The higher the score the lower a person has a gender unequal attitude.

Table 16: GEM Scale

	GEMS Items	Weights assigned to responses				
	1 STRONGLY AGREE, 2 AGREE, 3 NEUTRAL, 4 DISAGREE, 5 STRONGLY DISAGREE					
GENDER NORMS	Woman's most important role is to take care of her home and family	1	2	3	4	5
	Changing diapers, giving kids a bath and feeding are a mother's responsibility	1	2	3	4	5
	A man should have the final word about decisions in the home	1	2	3	4	5
	A woman should not interrupt or reply back when her husband is talking to her	1	2	3	4	5
	A woman should obey her husband in all things	1	2	3	4	5
VIOLENCE	A woman should tolerate violence to keep her family together	1	2	3	4	5
	In-laws using violence against a woman shouldn't be discussed outside the home	1	2	3	4	5
	A man using violence against his wife is a private matter that shouldn't be discussed outside the couple	1	2	3	4	5
MASCULINITIES	If someone insults a man, he should defend his reputation with force if he has to	1	2	3	4	5
	To be a man, you need to be tough	1	2	3	4	4
	A man should do his share of household work including cooking, cleaning and washing dishes.	5	4	3	2	1
	Men should be embarrassed if unable to get his wife impregnated	1	2	3	4	5
SEXUALITIES	Men need sex more than women do	1	2	3	4	5
	Men don't talk about sex; they just do it	1	2	3	4	5
	Men can have sex before marriage but women cannot do so	1	2	3	4	5
	A woman should not initiate sex	1	2	3	4	5
REPRODUCTIVE HEALTH	Men should be outraged if their wives ask them to use a condom	1	2	3	4	5
	It is a woman's responsibility to avoid getting pregnant	1	2	3	4	5
	Only when a woman has a child is, she a real woman	1	2	3	4	5
	A real man produces a male child	1	2	3	4	5

3.10.1 Gender unequal attitude among community members

Of 1814 respondents, 61% have neutral gender unequal attitudes. 25.2% have moderate gender unequal attitude whereas 12.8% have low gender unequal attitudes. Very few respondents scored in the lowest ranges that reflects least Gender unequal attitudes.

The table below shows the district wise analysis of gender unequal attitudes.

Table 17: Gender unequal attitude among community people at Endline (N = 1814)

GEM number	4 Districts		Additional 2 districts		Overall Endline	
	Frequency	Percent %	Frequency	Percent %	Frequency	Percent %
GEM number 1 to 20	1	0.1	3	0.5	4	0.2
GEM number 21 to 40	138	11.4	320	53.2	458	25.2
GEM number 41 to 60	900	74.2	207	34.4	1107	61.0
GEM number 61 to 80	172	14.2	60	10.0	232	12.8
GEM number 81 to 100	2	0.2	11	1.8	13	0.7
Total	1213	100.0	601	100.0	1814	100.0

Respondents in Kathmandu, Lalitpur, Bhaktapur and Nuwakot have higher neutral gender unequal attitudes (41 – 60) compared to the respondents from Makwanpur and Kavre.

3.10.2 Gender unequal attitude among key stakeholders

Changes in the attitudes and behavior of key stakeholders towards gender issues is an important factor for predicting successful implementation of GBV programs and activities. Accordingly, NWC and CSO staffs were also asked to respond to questions to measure their gender unequal attitude, assessed through the GEM scale. Data indicates that the staff in NWC and CSO have low gender unequal attitudes.

Table 18: Gender unequal attitude among Key stakeholders (N = 14)

GEM number	NWC staff (N=4, %)		Helpline staff (N=4, %)		CSO staff (N=6, %)	
	Frequency	Percent %	Frequency	Percent %	Frequency	Percent %
GEM number 1 to 20	0	0.00	0	0.00	0	0.00
GEM number 21 to 40	4	100.00	4	100.00	6	100.00
GEM number 41 to 60	0	0.00	0	0.00	0	0.00
GEM number 61 to 80	0	0.00	0	0.00	0	0.00
GEM number 81 to 100	0	0.00	0	0.00	0	0.00
Total	4	100.00	4	100.00	6	100.00

3.11 Knowledge of respondents about GBV service providers

Findings indicate that most of the respondents are vaguely aware that services are provided to protect GBV survivors but have limited knowledge of the specific agencies. Of the total 1814 respondents, 1361 respondents or 75% are aware about institutions that provided services to GBV victims. Of these, 997 or 73.2% are female.

Table 19: Knowledge and awareness of different GBV service providers (n = 1361)

District	Kathmandu	Lalitpur	Bhaktapur	Nuwakot	Makwanpur	Kavre
Police office	87	140	206	134	262	228
Community Mediation	1	6	147	5	31	4
Municipality office	3	33	78	8	10	7
Government Hospital	0	0	75	0	0	0
Health post	3	4	66	1	0	0
Private hospital/clinics	0	0	61	0	0	0
WCO	2	9	3	0	39	8
OCMC	0	0	0	0	36	0
Legal service providers	7	0	21	0	2	1
Mothers' Group	2	10	19	10	4	7
Safe House /Women Service Centre	9	7	16	0	0	0
Women's network	9	11	1	1	2	10
GBV Watch Group	0	1	0	1	0	0
NGOs working in the community	1	11	0	0	0	0
Total	124	232	693	160	286	265

Overall, respondents in Bhaktapur were more likely to have mentioned they had knowledge of a particular service providers than in any other district, with certain exceptions. For instance, more respondents from Makwanpur mentioned the police, WCO and OCMC.

Findings from FGDs

The most common form of formal help was the police. (All districts)

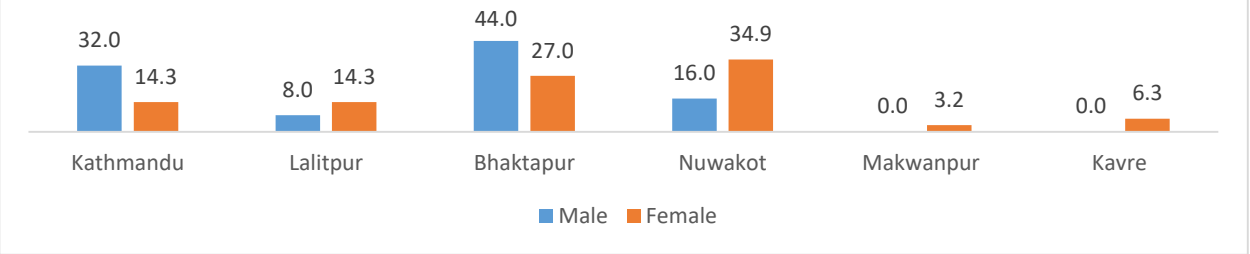
Another institution mentioned as a service provider for GBV survivors was Maiti Nepal. (Nuwakot, Makwanpur, Kavre, Bhaktapur)

None mentioned NWC, very few knew about TPO.

3.11.1 Information about GBV prevention and response

Respondents were asked during the survey if they had received any information related to GBV prevention and response in the past six months. 594 respondents have received it. More male respondents in Bhaktapur and more female respondents in Nuwakot have received such information. No male from Makwanpur and Kavre report receiving any information.

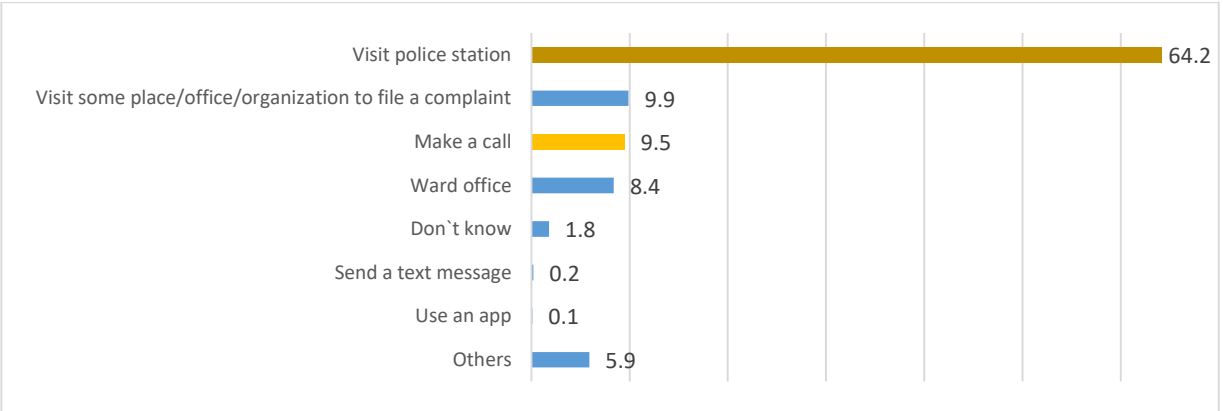
Figure 24: Respondents who received Information on GBV prevention and response (%)



3.11.2 Reporting a case of GBV

Majority respondents prefer to report GBV cases (64.3%) at the police station even if the police would not necessarily be their first point of contact. Making a call ranks low at 9.5%. This indicates a need to improve awareness of the helpline along with stepping up efforts to increase its effectiveness. The preferred modes of reporting a case of GBV is provided below.

Figure 25: Respondents preferred mode to report GBV case (%)



3.11.3 Awareness and Use of emergency numbers

Findings show low level of awareness about an emergency number where GBV cases could be reported. More than half of the respondents have no knowledge about emergency numbers that can be called to seek help or to support GBV survivors. 821 or 45.3% are aware of at least one of the emergency numbers. Almost all of them mention the police helpline.

Findings from KII

Majority were unaware about the NWC helpline service. (All districts)

Knowledge and awareness about other helpline services such as NWC helpline, Maiti Nepal, Child related, CWIN, Hello Sarkar etc. is low.

Out of the total respondents aware about emergency helpline number/s, 272 have used it. Of these 272, 89.7% have used the police helpline service to report GBV cases and 13.6% have used it to call ambulance services.

The numbers fall sharply for other helpline numbers. 1.1% respondents have used the NWC helpline, 0.7% have used the Maiti Nepal helpline and 0.4% have reached out to CWIN for support services.

The table below presents data on awareness and use of 9 helpline numbers.

Table 20: Awareness and Use of Helpline Numbers by Respondents (n = 821, n = 272)

Emergency Numbers	Police (100)	Ambulance (102)	Fire (101)	Child related (104)	Maiti Nepal (16600199999)	Hello Sarkar (1111)	CWIN (1098)	NWC helpline (1145)
Aware n = 821	813	97	77	46	12	5	8	21
Use n = 272	244	37	9	0	2	0	1	3

3.11.4 Source of information about helpline numbers

The respondents were asked if they listened to radio, watched television, read newspaper or used social media to assess their awareness and exposure to different information sources about helpline or emergency numbers.

Findings from FGD

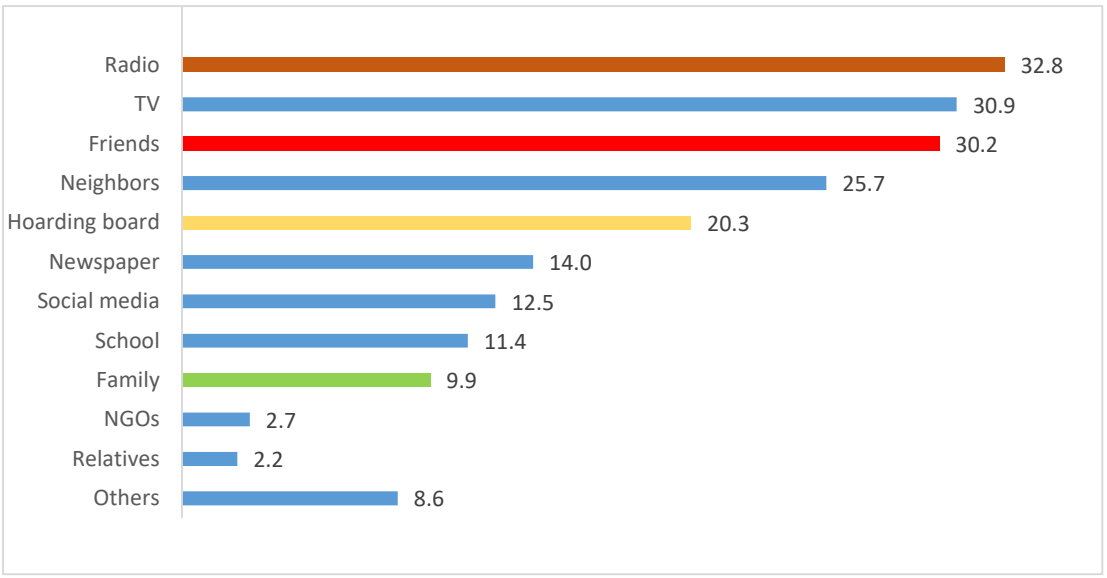
Sources of information most cited for GBV issues were radio, television, friends, social media, police and neighbor/s.

The source of information most cited for emergency numbers were radio, television and friends.

Data indicates that very few respondents mention school, social media and NGO`s as their source of information and / or news. Data also indicates radio as having much potential for dissemination of knowledge, information and sensitization on issues around GBV as this is both most used and easily accessible to most (see table below).

This is corroborated by the FGD findings where participants indicate radio being a preferred source of information for both being updated about GBV issues and for information on which numbers to call in case of an emergency.

Figure 26: Source of Information about emergency numbers (%)



3.11.5 PDO Indicators

Specific questions in the survey and KIIs were designed to collect information on knowledge, attitude and behavior around GBV. Based on findings, values have been computed for the PDO indicator, which is a key purpose of the Endline. Each PDO indicator has been computed using the responses to the specific question or questions. For example, indicator PDO b is computed based on positive and correct responses for the following questions.

Knowledge of GBV of community people

1. Have you heard about GBV?
2. In your understanding, do the following constitute a case of GBV? (34 GBV acts)
3. *Knowledge about legal provisions* **-** Can someone be punished by law if he/she beats a woman? Can someone go to jail for rape? Can someone go to jail for marital rape? Can someone go to jail for attempted rape? Can parents/step-parents be punished if they force their daughter to marry? Trafficking etc.?
4. *Knowledge about the law* - Have you heard of a law on workplace harassment? Have you heard of a law on trafficking in persons? Have you heard of any laws or acts against domestic violence or GBV?
5. *Knowledge about GBV service providers* **–** Are you aware of anyone/group/institutions that provides services to the survivors? If yes, who do you think are the most important service providers on GBV? Which of the following service providers are available in your community?

Similarly, to compute values for PDO indicators 1.2 b and 2.1 b, four questions were asked to NWC, helpline and CSO staff.

Knowledge of GBV of stakeholders – NWC, Helpline, CSO

1. How do you define GBV?
2. What are the different types/forms of GBV? Please provide examples for each type.
3. What do you understand by the terms “referral” and “referral mechanism”?
4. In your understanding who are the major referral agencies for GBV?

For PDO Indicator 3a about knowledge of helpline, and the general attitude towards support seeking, the following questions were asked

Knowledge of Helpline and Support Seeking Behavior

1. Are you aware of any emergency numbers? What are the emergency numbers that you know of?
2. If aware of helpline numbers, how/where did you find out about these numbers?
3. Do you know about the following hotline numbers have been analyzed: 100 (Police), 101 (Fire), 104 (Children at Risk), 1111 (Hello Sarkar), 102 (Ambulance), 1098 (CWIN), 16600199999 (Maiti Nepal), 1145 (NWC).
4. Who do you think are the most important service providers on GBV? (Multiple answers possible)
5. Which of the following service providers are available in your community?
6. If you need to report a GBV case, how would you do it? If yes, from whom did you seek support? If no, what are the reasons for not seeking support?

For PDO indicator 3b that required a more specific response to support seeking behavior if one had experienced GBV in the past 12 months, the following questions were asked.

Specific support seeking behavior for a recent GBV survivor

1. Have you experienced GBV in the past 12 months? If you experience GBV in the future, will you be willing to seek support?
2. Who was the person who perpetrated this violence?
3. Did you seek support from anyone? If yes who was your first point of contact? Did you seek support from any service provider?

For PDO indicators 4b and 4c the GEM scale was used.

The table below provides an overview of changes in PDO indicators from Baseline to Endline for the districts of Nuwakot, Kathmandu, Bhaktapur, Lalitpur common to the Baseline and the Endline. Data has also been computed for Makwanpur and Kavre, the two added districts.

Table 21: PDO indicators and Indicator values at Baseline and Endline

PDO	Indicator (Baseline)	Indicator (Endline)	Indicator (Endline)	
	Four Districts	Four Districts	Six Districts	Two Districts
PDO b.	Percentage of people in project area with knowledge on GBV	Percentage change in people with knowledge of GBV in project area	Percentage of people in project area with knowledge on GBV	
	70.8% (n=797)	**93.6% (n=890)** **M (93.5%) F (93.6%)**	**94.5% (n=1489)**	**96.5% (n=599)**
1.2 b	Percentage of helpline and CSO staff with an understanding on GBV	Percentage of helpline and CSO staff with an increased understanding on GBV		
	50% (n=12)	**100% (n=10)**		
2.1 b	Percentage of NWC members and staff with understanding on GBV	Percentage of NWC members and staff with increased understanding on GBV		
	16.7% (n=12)	**100% (n=4)**		
3a	Percentage of people in project area who know helpline numbers	Percentage change in people who know helpline numbers in project area	Percentage of people in project area who know helpline numbers	
	62.1 (n=797)	**57.3% (n= 1213)** **M (75.65) F (50.9%)**	**45.3% (n=1814)**	**21% (n=601)**
3 b	Percentage of people who faced GBV willing to seek support	Percentage increase of people who faced GBV in last 12 months willing to seek support	Percentage of people who faced GBV in last 12 months willing to seek support	
	81.1 % (n=90)	**39.8 % (n=118)** **M (40%) F (39.8%)**	**38% (n=158)**	**32.5 % (n=40)**
4b	Gender unequal attitudes among key stakeholders **Low** NWC Staff (n=12), CSO Staff (n=12), Helpline staff (n=7)	Gender unequal attitudes among key stakeholders **Low** NWC Staff (n=4), CSO Staff (n=6), Helpline staff (n=4)		
4c	Percentage of people with gender unequal attitudes in the project area	Percentage of people with gender unequal attitudes in the project area	Percentage of people with gender unequal attitudes in the project area	
	7.9 % (n=797)	**14.4% (n=1213)** **M (5.8%) F (17.3%)**	**13.5 % (n=1814)**	**11.8% (n=601)**

PDO indicator 3b was refined at Endline and respondents were asked more specifically about their willingness to seek support in case they had experienced GBV in the past 12 months. This change was made to get a more accurate idea about the attitude and behavior of GBV survivors towards seeking support.

In Nepal, it is generally acknowledged that cultural constraints and fear of retribution pushes women into silence, and makes her fearful about speaking up about a GBV she has experienced.

Or she only speaks up about it long after, when she feels more secure and convinced of not getting any backlash. Such a delay makes it difficult to design policy and program interventions as the perpetrators may have long gone and/ or may be emboldened by lack of any action against them.

By specifically asking respondents if they had experienced any act of GBV in the past 12 months together with asking them if they had sought support, the immediacy of action or lack thereof is brought to the fore. The indicator thus aims to bring out any elements of change in behavior vis-à-vis reporting a GBV act.

Another reason for a decrease may be reflecting the shift in sample respondents. More respondents, notably women, are those who are involved in agriculture at endline (48%) than baseline (32%). While it is not generalizable, it is however important to note that women involved in the informal sector have less recourse to formal mechanisms of reporting grievance, and are also more vulnerable to societal pressure that pushes them not to report.

A decrease may actually be indicative that this fear of social and physical retribution still looms high in the minds of women, particularly those not having easy access to a trustworthy formal mechanism for reporting. Women are more likely to "share" a GBV trauma informally to trusted friends and family and less likely to formally report it[13]. This likelihood may further increase for women in the informal sector as compared to those in the formal sector with access to a reliable and credible formal mechanism of reporting and being heard. The data findings of low reporting can find an echo in other findings from global researches as well, where rural women are more likely to be vulnerable to GBV, particularly from an intimate partner[14].

A third reason may also be linked to a reduction in GBV or women respondents not having faced GBV in the past year, which meant there was no need for seeking support.

Therefore, while there is a decline from the Baseline, the Endline responses may be viewed as more realistic in depicting the reasons for delayed reporting and provide inputs as to where policy and program interventions for GBV need to focus on. It also reinforces the need for a survivor centric approach sensitization to law enforcers when dealing with grievances and complaints related to GBV[15].

Endline data also indicate an increase in gender unequal attitudes at the community level.

[13] Palermo T. *et al* (2014) *Reporting and Gender Based Violence in Developing Countries* doi: 10.1093/aje/kwt295

[14] Coll C *et al* (2020) *Intimate Partner Violence in 46 low income and middle income countries* doi: 10.1136/bmjgh-2019-002208

[15] Also s*ee* UNFPA (2020) *A Journalist's Handbook.*

4. CONCLUSIONS AND RECOMMENDATIONS

This chapter addresses the conclusions at the level of impact and outcomes. It also provides recommendations for improvements in future planning of GBV interventions and responses.

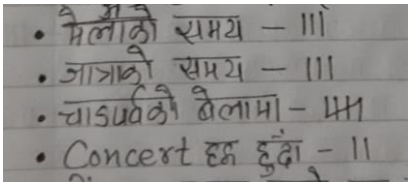
4.1 Conclusions

Data from the Endline indicates that domestic violence and intimate partner violence is prevalent in all six districts.

For example, 57% of the women, mostly between 25 to 45 years of age, experienced physical violence by an intimate partner. The intimate partner was almost always their husband. Certain ethnic groups such as Hill Janajatis are more likely to have reported experiencing GBV. Gender roles and gender inequalities increases the risk of acts of violence by men against women.

Overall, more women and girls tend to experience GBV than men or boys and this perception is shared across all those interviewed as well as FGD participants. 92% of the respondents who had experienced GBV in their lifetime were female.

Alcohol consumption is reported both by community members and by the key informants as a major factor triggering intimate partner violence. Consumption increases during festivals, local concerts and celebrations (*jatras*). FGD findings indicate most participants citing festivals (see text box) as the occasion when women face GBV (see text box).



FGD notes by field researchers listing occasions when women face GBV

About 62% of the respondents who report to have experienced GBV tend not to seek any support from anyone. Women are more likely to be economically dependent on their husbands and reluctant to go to the police to report a case of GBV against their spouse.

Fear of repercussions in the form of further abuse on their return from the police or abandonment, along with shame and stigma discourage reporting even more.

Women prefer to ask help from informal sources such as their family, friends, relatives and neighbors. Family members and friends are often the first point of contact for survivors. Recourse to formal sources is reported as minimal. Of these, the police are more likely to be mentioned than any other. Responses from many of the key informants and respondents indicate NWC is not a known as a service provider for GBV survivors.

Key informants mention cases of violence has increased over the last few years. They attribute this trend to an increase in awareness about the need to report GBV, increasing awareness about where to report, and increasing levels of education. Social and cultural norms however continue to deter survivors from seeking support.

Knowledge of GBV related issues among NWC and CSO staff has increased from the Baseline. Also, overall all staff have a clear understanding about the IPGBVPR project's reporting and response mechanism.

Knowledge about legal provisions and laws is still minimal among NWC helpline operators at the Endline, similar to what it was at the Baseline.

Those interviewed at TPO and Saathi are more focused on psychosocial and shelter services and so have less knowledge of legal provisions and procedures as compared to CWIN and LACC. Findings show knowledge of legal provisions is essential to encourage a GBV survivor's support seeking and reporting behavior. Hence, a briefing session by CWIN and LACC to TPO, Saathi and NWC staff on current matters and trends about GBV before project closure could be useful in this context.

The community`s knowledge about NWC and the presence or the work of the respective service providers is extremely low. Only 1% out of the 45.3% who have knowledge of at least one emergency number (Police, Ambulance) are aware of the toll free NWC helpline service. This low level of awareness of the NWC services have largely been due to inadequate number of awareness events, their limited audience targeting approach, and absence of learning and feedback mechanism to continually improve during the implementation phase.

Moreover, COVID-19 emergence in Nepal by early March 2020 obstructed to some extent possible learning by NWC through in-person feedback sharing with the surveyors from SWN, their Third Party Agency that carried out the Annual Monitoring and Endline studies. Any possible field based activities incorporating the feedback from SWN subsequent to the Annual Monitoring process could also not be implemented due to lockdown that started from 24th March 2020. This disallowed more effective awareness events that could have been implemented after the sharing of Annual Monitoring findings.

A similar trend is reflected in the interviews with key stakeholders such as health service providers, women cell and local government representatives in the project areas. The level of awareness about IPGBVPR is low for stakeholders at the community level and at the district level. This is particularly noticeable for Kavre and Makwanpur, where despite various GBV

prevention and response awareness programs organized by NWC, stakeholders are less aware about the project and the services it offers.

In overall, data findings indicate that the respondents have minimal knowledge on the legal provisions and laws existing to eliminate any form of violence and discrimination. Elimination of GBV or even prevention as the first step, will require clear, consistent and continuous dissemination of the legal provisions and existing laws and regulations.

4.2 Recommendations

Based on the project achievements and in view of continuation of the efforts in the area of GBV, the following recommendations are forwarded for considerations:

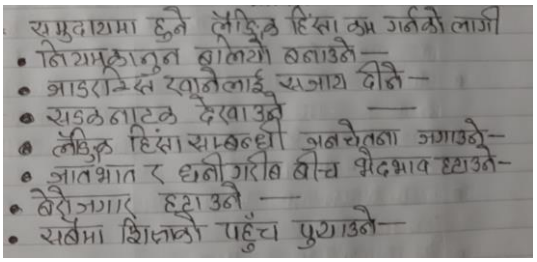
a) Scaling up GBV prevention and awareness service

NWC and CSO staff mention a growing need for increased human resource to deal with the work load and the risk of burnout for current staff.

They voice the need for continued collective action so that the outcomes from a program intervention are sustained over time. They point out the pivotal role of law enforcement agencies and how these need to support the government's agenda on reducing GBV. NWC staff have expressed their concerns around uncertainty in funding and budget restrictions.

Findings from the survey, KII and FGD indicate the need for program interventions focused on preventing GBV as much as providing support after a GBV incident. The emphasis from respondents and KIIs has been on interventions that will transform socio-cultural norms and gender unequal attitudes. This will notably require engaging men and boys to support minimizing GBV incidents.

Based on what survey respondents observe about GBV incidents, stepping up public awareness campaigns about GBV will have better results if combined with prompt action on GBV perpetrators. Access to vital documentation when needed, ease of registration for requesting such documents especially for women are other important steps. This may need more accountable government bodies at the state and provincial level which have the necessary number of trained human resource.



Suggestions by FGD participants to decrease GBV

Recommendations from the community included also include awareness raising campaigns using street dramas, improved literacy and access to education for all, addressing unemployment, strengthening laws and systems of punishment for a perpetrator.

b) Awareness of the program at different levels

Findings highlight a need for improved interaction, communication and coordination among different stakeholders to increase public awareness and improve institutional GBV response.

Advocacy strategies to continuously engage key stakeholders at state, provincial and municipality levels for increasing awareness is seen as critical to both keep the stakeholders informed and to strengthen support against GBV. It is also important to include provincial and local bodies in the implementation and involve key stakeholders such as the mayor or deputy mayors, most of who are currently women.

The need for continuous engagement is also justified given the periodic transfer of government employees stationed at the provincial and district level. The practice of transfers together with weak handover practices renders the new or incoming employees unaware of local GBV trends, or pending GBV issues needing attention.

Sharing findings from research studies such as the Endline study may be an effective way of directing attention of government employees to local needs around GBV prevention. Such studies may also be used as talking points by the community to increase awareness and to engage local government officials in GBV prevention initiatives.

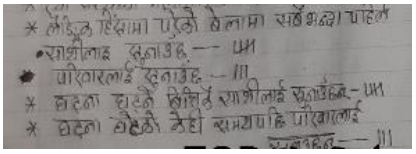
c) Skill building and start-up capital for survival programs

One of the key factors discussed in the study which prevents women from reporting abuse by their husbands or intimate partners is the fear of going through financial suffering. Data indicates only 54.4% of the female respondents are earning. Prohibiting employment is a common act of economic violence found in the communities.

Research from different countries and cultures shows how economically empowered women are more likely to have the confidence and the knowledge to speak out against GBV and to seek support to tackle the underlying drivers of GBV.

Income generating activities, saving and credit schemes and skill development programs have evidence-based assertions that these works well in tandem with other empowerment programs to minimize risk of GBV.

d) Trainings and relevant activities in schools



First point of contact for adolescent girls in case of a personal GBV incident is a friend

Continued effort to promote awareness about GBV in schools is necessary. This is particularly relevant for school going adolescent girls many of who said they are afraid of sharing their GBV experience with anyone at all. Even if they do, it is more likely with a friend. Fear of shame and reprisal stops them from sharing with the family. Even if they do, it is shared later.

Low levels of knowledge about GBV is more likely to be found among those respondents with minimal literacy. Such respondents also have lower confidence to speak out against GBV perpetrators, or seek help when they experience GBV at a personal level. This low confidence may in turn be linked to their high financial dependence on others prompting fear of abandonment from one's spouse or family.

Tackling and prevent GBV among adolescents would require collaborative mobilization of all important community level stakeholders. These include school going children, their parents, their teachers and school management members, local businesses and ward officers.

Data findings indicate that school going adolescent girls may share about a GBV incident they have witnessed or experienced with their teacher. Hence, having teachers trained in counseling and handling such grievances could also increase a student's confidence to share

Changes in school curriculum and inclusion of GBV prevention and awareness issues for better sensitization and awareness on issues relating to human rights and rights of women are also seen as other ways to scale up GBV prevention and have it better linked to the awareness service available.

Designing programs customized to needs of the state and initiate continuous dialogue and interaction with both school going and out of school adolescents would also be effective ways to promote changes in adolescent attitudes and behavior.

It is also important to note that the added rigor and effectiveness needed to meet wider awareness objectives should be coupled with deeper institutional engagement, effectiveness and commitment of NWC to achieve the results.

e) Reducing alcohol availability

The study shows that harmful use of alcohol is a major contributor to violence. Alcohol consumption was reported as a major contributor to the occurrence of intimate partner violence. Pricing policies, strengthening restrictions on alcohol availability, enforcing legislations, increasing sanctions for alcohol induced GBV can be some of the interventions to reduce alcohol use in the communities.

f) Effective law enforcement and policy implementation

Fear of reprisal from the very officials who are to protect GBV survivors is considered a major deterrent to reporting the trauma of GBV. While this recommendation is not new, this Endline study reinforces the need to sensitize law enforcement and public officers responsible for enforcing policies to prevent, investigate and punish violence against women and GBV perpetrators.

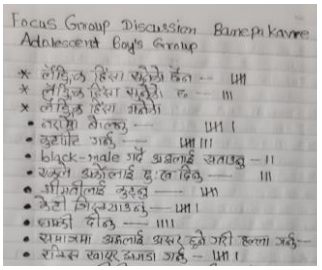
For instance, in the study child and forced marriage is stated as a common form of violence despite child marriage being illegal in the country.

g) Multi - Sector Coordination Unit and Capacity Building

Most of the stakeholders at the district level are unaware about IPGBVPR and GBV service providers. Coordination, communication and collaboration between staff from NWC and CSOs with those from the state, province and district level is key to successful program outcomes. Involving key persons who are credible and active at the community level, such as social mobilizers and female community health volunteers, would also be important.

h) Use of mass media to disseminate information

Respondents generally have limited knowledge of what constitutes GBV, and are more likely to be aware of acts of physical and sexual violence than either emotional or economic violence. Increasing their understanding of what constitutes GBV and what does not, would thus be a first step to effectively addressing it.



Responses of adolescent boys to what is GBV during FGD

Increased use of mass media notably radio which has wide outreach and enables those with low literacy levels to access it too, is recommended for building up knowledge and awareness about GBV.

i) Advocacy and Lobbying

Limited knowledge about legal procedures and provisions in the community makes it difficult to effectively seek justice for GBV survivors. Advocacy and lobbying are needed in order to improve people's knowledge who can then and push local bodies to follow legal procedures in registering GBV cases. This will enable GBV survivors to report incidents.

j) Adequate financial and human resource

In order to improve the accessibility and enhance quality of services offered by the project adequate financial and human resource needs to be ensured. As reported in the study one of the factors that prevents NWC and its partners in extending their service and awareness in the communities includes factors such as inadequate budget and man power.

k) Create and engage with community mobilizers

Involving community mobilizers in intensifying awareness raising campaigns about GBV in communities can be an effective way to increase community knowledge on GBV.

Engagement of community mobilizers is expected to support and catalyze community-led initiatives in changing norms and behaviors that perpetuate gender inequality and violence.