Engaging Men and Boys, Communities and Parents to End Violence against Women, Child Marriage and Other Harmful Practices in Nepal

(Strategy Document for UNFPA Nepal)
The Country Programme Action Plan (CPAP) between the Government of Nepal and UNFPA 2013-2017 aims at supporting national efforts to improve the sexual and reproductive health of the most marginalized adolescent girls and women. The programme also strongly focuses on engaging men, boys and communities to put an end to violence and harmful traditional practices including child marriage.

In order to address socio cultural values and norms regarding the low value of the girl child and violation of their human rights, men and boys and communities need to change their attitude and partner with women and girls to promote gender equality such that the birth of a daughter is as rejoiced as that of a son.

Changing mind-sets is as challenging and as critical as providing quality services and making them accessible. To develop sustainable interventions based on global best practices, UNFPA partnered with ICRW to come up with a strategy for UNFPA Nepal on engaging boys and men in families, communities, and institutions to bring about comprehensive change towards preventing and addressing a range of harmful practices. The strategy is built on the premise that boys and men are not only gatekeepers, but also partners and enablers at the individual, institutional and community level in sustaining the change process that impacts institutional practices and norms as well as the policy environment.

The strategy has validated the focus of the CPAP to engage men and boys, parents and communities including religious leaders to address the issue of child marriage and harmful practices that are deeply rooted in socio cultural values and behaviours. UNFPA is rolling out the strategy in our advocacy and behaviour change communication interventions at the district level and in our work to support the national effort of government in strengthening systems to prevent and respond to violence and harmful practices. We hope that the strategy has added to the knowledge products in Nepal and will also contribute as evidence for the development of the National Strategy on Ending Child Marriage led by the Ministry of Women, Children and Social Welfare.

We acknowledge the Ministry of Women, Children and Social Welfare for bringing together key government partners involved in the area of gender equality and empowerment of women to contribute to the strategy and also for their support throughout the process of the strategy development. We thank the National Inter Religious Network, UN agencies and civil society organizations for their contributions in the process of strategy development. We thank district implementing partners who participated in the regional meetings. Finally, we would like to thank ICRW for their technical support with extensive consultations with national stakeholders.

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1. INTRODUCTION

This document is prepared by the Asia Regional Office of the International Center for Research on Women (ICRW), New Delhi in response to a request by the UNFPA Nepal to develop a ‘targeted strategy which takes into account global best practices in the area of ending child marriages, including ending violence and harmful practices against women and girls through engaging communities and involving men and boys in this effort’. The proposed targeted strategy is part of the new Country Plan of Action (CPAP) of UNFPA in Nepal which commenced in 2013 and will be of five years duration ending in 2017. Aligned with both the Government of Nepal’s priorities of interim development plan for 2011-13 and the United Nations Development Assistance Framework (UNDAF), 2013-2017, the UNFPA country program aims to support national efforts to improve the sexual and reproductive health of the most marginalized adolescent girls and women. To achieve this goal, the programme will build national capacity and strengthen policy dialogue for evidence-based planning and resource allocation at the national level and in 18 districts that have made slow progress in achieving ICPD goals.

More specifically, the present strategy document responds to the outcome 2 of the CPAP which aims to ‘advance gender equality and reproductive rights through advocacy and the implementation of laws and policy’. UNFPA CPAP has prioritized to focus on building national capacity and evidence based interventions to address gender-based violence, child marriage and other harmful practices against girls and women. CPAP proposes to measure the outcome 2 in terms of ‘reduced percentage of

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1 Please see Appendix I for the ICRW ToR of this work.
2 Please see UNFPA Country Plan of Action 2013-2017
3 Please see attached map of UNFPA supported focus districts
women aged 20-24 who were married or in union before age 18 in UNFPA-supported districts: Three specific indicators related to this outcome are as follows:

- Decreased percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable and can demonstrate a change in violent behaviour towards women and girls.
- Increased percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices
- Increased percentage of parents in UNFPA-supported districts who do not want their daughter to be married before the age of 18

2. SCOPE OF THE WORK:

The scope of the current work is defined across the above three measures and involves proposing integrated but targeted program strategies for UNFPA to end child marriages and prioritized areas of harmful practices against women and girls by engaging and working with

1. men and boys,
2. communities, and
3. parents

We recognize that the GoN already has strong programs with girls enhancing their empowerment and aspirations through children’s clubs and other life skill programs. We believe that the programs with men and boys, communities and parents will be done in conjunction with the on-going programs with girls.

This document presents priority areas of work among several harmful practices for the UNFPA over the next four years in ways that suggests value addition of UNFPA in partnership with the government and other development and UN partners.
In addition the document also aims to design corresponding M and E framework for the strategy which will define annual targets and milestones for achievement under CPAP Outcome 2 indicators as described above; develop means of verification for measurement of indicators.

3. METHODOLOGY

ICRW in consultation with the UNFPA Nepal undertook following activities during October-December, 2013 as part of this strategy development exercise:

1. A desk review of both national and international literature in particular South Asia was undertaken to map the magnitude, causes and consequences of various forms of violence against women and girls, child marriages and other harmful practices in Nepal and other countries. The literature was also reviewed to identify best practices and evidence on what works with men and boys, communities and parents in violence prevention and ending child marriages;

2. Review and analysis of the UNFPA baseline data collected from the perception survey, 2012 was undertaken to assess the extent to which women and men support or do not support validate the current child marriages and harmful practices and reasons that they offer for their perceptions.

3. A mapping analysis of who is doing what and where, with particular details on interventions in the 18 UNFPA focus districts\(^4\) in the area of ending or addressing child marriage and other proposed relevant harmful practices – outlining current programs of government, UN agencies, INGOs, CBOs and mapping where opportunities for collaboration and synergy exist as well as identifying potential areas of overlap;

\(^4\)It was often not possible to obtain documented details of the programs at the district level for many reasons. The most prominent among them was the fact that many programs remain undocumented and unevaluated. In the absence of finer details, we have presented a broad overview of the organizations, their programs in the UNFPA areas and provided details wherever was feasible.
4. Four national and three regional consultations with the following stakeholders were undertaken to validate the findings from the literature review, base line data analysis and mapping analysis to seek ideas for integrated and culturally relevant interventions and overall strategy:

- One national consultation with the high level government officials from the Ministry of Women, Children, Social Welfare and other relevant ministries especially Population and Health and National Planning Commission
- Two National Consultations with the National and International non-governmental organizations including key UN agencies in particular UNICEF and UN Women working in the areas of ending child marriages and violence against women and girls
- One national consultation with the religious leaders and faith based organizations; and
- Three regional consultations with the UNFPA regional office teams, community based organizations, regional government officials and other key stakeholders.

In addition, ICRW team engaged intensively with the senior members of the country program team at the UNFPA country office in Kathmandu and benefitted immensely from their insights, experiences and legacy of work.

4. OVERVIEW OF HARMFUL PRACTICES, PRIORITIZATION AND OPPORTUNITIES AND GAPS IN CURRENT RESPONSES

In the following section we first present a brief overview of the magnitude, causes and consequences of violence against women and girls, child marriages and other harmful practices within an overall social, demographic and cultural context of Nepal evidenced from the secondary data analysis, desk based reviews and various consultations. Idea while presenting the overview is not to be exhaustive but indicative of broad and definitive patterns. A brief mapping of policy and government of Nepal (GoN) initiatives and who else is doing what in Nepal to address violence against women and girls and harmful practices is presented next in order to identify opportunities and also gaps in the current responses.
Violence against women and girls, child marriages and other harmful practices against women and girls in Nepal: A brief overview of the magnitude, causes and consequences

4.1 **Violence against women and girls:** Many different forms of violence with varying severity are perpetrated against women and girls throughout their various life stages. Demographic and Health Survey data and several studies in developing countries show that not only violence against women is hugely common – ranging from 30 per cent to more than 70 per cent -- their perpetraions are justified by both men and women on a variety of grounds\(^5\). According to a study by Asia Foundation (2010)\(^6\) in Nepal close to half of women (48%) reported experiencing violence in their lifetime, and over a quarter had experienced violence in the past 12 months. Emotional violence (40%) was most commonly reported, followed by physical violence (27%), sexual violence (15%), and economic abuse (8%). Women who had experienced violence reported that almost three-quarters of the perpetrators were husbands.

A high percentage of young women (74%) reported having experienced sexual violence in Nepal\(^7\). Both men and women in the UNFPA Nepal Perception Survey, 2013\(^8\) reported that battering women, torturing them, rape, girl trafficking, polygamy, discrimination between son and daughter and child marriage are common forms of GBV. Use of traditional methods for prenatal sex determination was explored from the FGD participants in a study on prenatal sex selection in Nepal conducted by CREHPA (2007), reveal that certain signs and symptoms experienced by women during pregnancy were reliable ways to “forecast” whether it will be a boy or a girl. The increasing acceptance of a small family norm is creating pressure in a culture of son preference in Nepal which has increased the use of both traditional and modern technological way to determine the sex of the child and a huge rate of female foeticide or infanticide. The perception study

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\(^5\) Please see results on the justification of violence from DHS survey for example in India. Kishore.

\(^6\) Asia Foundation Study on Violence against women (2010)

\(^7\) Puri 2011

\(^8\) UNFPA Nepal Perception Survey, 2013
also revealed that women from lower-caste or religious minority groups, widowed, divorced, or separated women, and women belonging to the hill regions, were significantly more likely to report lifetime experiences of violence. Reports of recent violence were associated with older women (above 35 years), women with lower levels of social networking, and women living in the hill districts.

Among many reasons that respondents most commonly mention for violence against women in these studies\(^9\) relate to the practice of dowry, alcoholism, husband’s second marriage, low socio-economic status, early marriage and husband’s low educational attainment. Most of the violence goes unreported. Nearly two in three women never told anyone about the violence they faced\(^10\). Principal reasons for non-reporting were high dependence on men due to women’s lack of education and earnings and fear of social exclusion.

What is worrying however is the acceptance of violence against women in the community and justifications provided of the same by men, especially younger men\(^11\). In the UNFPA study of the perception of men and women regarding various harmful practices including violence undertaken by the UNFPA Nepal, nearly one third men reported acceptance of one or the other harmful practices at the community level, i.e., 34% men accepted the restrictive practices - isolating them physically -- during menstruation, 27 % supported the idea of restricted freedom for women and girls in general, 16% thought it is all right to blame a woman as a witch and 10% accepted the practices of sex-determination of the foetus prior to the birth. Nearly 10% men claimed the prevalence of dowry related torture or killing of women and nearly 8% claimed that forced marriages were acceptable at the community level.

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\(^9\) NDHS, 2011; and UNFPA Perception Survey, 2013

\(^10\) NDHS, 2011; and UNFPA Perception Survey, 2013; Dalal, 2011

\(^11\) Rani, 2008; Dalal, 2011 and UNFPA, 2013
Men’s attitudes to women and notions of masculinity seem to be integral drivers of violence against women and girls, son-preference and eventually perpetuation of other harmful practices including child marriages. A study on masculinities among Nepalese men\textsuperscript{12} and its relationships with son-preference and daughter dis-preference conducted recently showed that majority displayed moderately gender equitable attitudes but adhered to traditional gender norms. Half of the men interviewed believed that women’s role is to cook and take care of family. A very high proportion of them displayed high masculinity norms and high acceptance of violence against women. Seventy per cent men reported that a man needs to be tough and 44% believed that a woman deserves to be beaten. Nearly 55% men in Nepal had witnessed gender discrimination and violence within the home while they were growing up and the most common form being restriction of freedom of sister. Seventy one per cent had ever used violence against their female partners and 40% had used violence in last one year. Nearly half of the men reported perpetrating emotional violence followed by physical violence. Men themselves being bullied in childhood were twice more likely to inflict violence. What is significant from this study was that gender equitable men were more likely to participate in household chores and exercised less control over their wives.

4.2 Child marriage: According to the Nepal Demographic and Health Survey (NDHS, 2011), 41 per cent of Nepalese women aged 20 to 24 were married before they turned 18 and median age at first marriage for women aged 25-49 Years was 17.5 years\textsuperscript{13}. Close to one in five married adolescent girls (15-19) were already mother or pregnant with their first child. High incidences of child marriages were reported in all the 18 UNFPA working districts. According to UNICEF, report, 2011, Nepal is among the top 4 countries in the world in terms of child marriage prevalence.

There have been many studies in Nepal to identify reasons for child marriages and they demonstrate clear associations of child marriage phenomenon with low education, among certain caste groups, poor socio-economic strata and attainment

\textsuperscript{12} ICRW (2012); Men and Masculinities and Son Preference and intimate partner violence in Nepal and Vietnam

\textsuperscript{13} In another study undertaken by Plan Nepal, Save the Children and World Vision International (2012) nearly 52% girls between the ages of 20 to 24 were already married before 18 years of age.

\textsuperscript{14} Aryal, 2007 and Choe, 2004
of puberty as justifications to marry girls at an early age. Parental pressure (67% and mostly for girls), need for a helping hand at home (14% and in boys’ homes) and that young boys and girls (32%) fall in love and get married early are also identified as major reasons for child marriages\textsuperscript{15}. It is evident that getting marriage off early are a reality for girls much more than boys and often the man is much older than the girl at the time of marriage\textsuperscript{16}.

National Adolescents and Youth Survey (NAYS, 2011) in Nepal found that the proportion of drop-outs in school/colleges/University among females (22%) was higher than males (16%) and that marriage (35%) was the main reason for dropping-out from schools/colleges/university among female.

The percent drop-out among female ages 10-14 was in fact much higher (86%) in grade 1-5 compared to male (67%) with same age group and same grade. Marriage as the main reason for drop-out is remarkable among relatively advantaged Janajati (47%), upper caste group (40%), disadvantaged non-Dalit Terai caste group (38%) and Dalits (32%). Only around 15 per cent of religious minorities group reported marriage as the main reason for drop-out.

The evidence around the negative relationship between child marriages which result in serious and adverse sexual and reproductive health (SRH) consequences are well documented across the globe. UNFPA, Nepal (2013) documented some of the following negative SRH consequences of child marriages;

- A large number of births (81 in every 1000 births) in Nepal is by an adolescent mother (2\textsuperscript{nd} highest in South Asia after Bangladesh);
- The number one cause of death among girls aged 15 – 19 relates to complications from early pregnancy;

\textsuperscript{15} Plan Nepal, Save the Children and World Vision International (2012)

\textsuperscript{16} Mathur, Malhotra et al, 2001

\textsuperscript{17} Catherine Breen- Kamkong, Representative; UNFPA presented SRH consequences of Child Marriages in Nepal in a meeting with Religious leaders on child marriage on 15\textsuperscript{th} September 2013; Kathmandu.
Adolescent girls under the age of 15 are up to five times more likely to die in childbirth than women in their 20’s;
Babies born to adolescent mothers have a high risk of dying during their first year of life;
An overwhelming majority (86 per cent) of married adolescent girls aged 15 – 19 are not using a modern form of contraception;
Early childbearing is also linked to obstetric fistula and uterine prolapse;
Teenage mothers are more likely to have stillbirths and children with low birth weight and anemia;
Stillbirths and death in the first week of life are 50 per cent higher among babies born to mothers younger than 20 than mothers aged 20-29;
Marriage also increases girls’ risk of contracting HIV, often from their husbands; and Child marriage puts girls at a greater risk of gender-based violence.

Other Harmful Practices: A number of other harmful practices emerged from the literature as well as regional consultations. These were-

4.3 Chhaupadi/ Chuee/ Chhuikudo and Goth Pratha- The practice of Chhaupadi and other similar practices termed differently in different regions signify seclusion of girls and women after child birth and during menstruation. As per Goth Pratha in the seven days immediately after delivery she is left to cook and clean for herself and denied nutritious food. She lives in a very small hut outside the home or sometimes shares space with animals in the ‘gothi’ or cattle or cowshed. After seven days the woman begins all her daily work such as agricultural labour, fetching firewood, water, cooking etc. This denies much needed rest to the woman. In Nepali society a woman’s worth is considered only in terms of the work she is able to do to run the household. Women often fear that if they are unable to work e.g. due to required rest after delivery, or due to prolonged illness or disability, then the husband will bring a younger bride. Goth Pratha and Chhaupadi also put women at risk of snake bites, suffering from excessive cold and starvation resulting in severe illnesses like pneumonia, uterine prolapses etc. as well as in extreme cases death. During the time of menstruation a girl or woman is not allowed to live in the house for at least 4-5 days. During these days while living in cowsheds, she is not allowed to take milk, curd and other nutritious food.
4.4 Deuki/Jhuma - Deuki among high chhetri castes or Jhuma (among sherpas) practice which involves giving up a daughter in the service of god. Though not as widely prevalent as child marriages, this is a very serious problem where it exists. Root causes are poverty and superstitious beliefs that offering a daughter in this manner will ward off ills. Many well to do families are known to purchase a girl from a poor family and offer her in this manner. Among the Deuki system, the girl is generally forced to do sex work for a living. This may not be true in the case of Jhuma where the girl becomes a Buddhist monk but her choices and aspirations are not taken into consideration.

5. PRIORITISING HARMFUL PRACTICES

5.1 REGION WISE SUMMARY OF PRIORITY ISSUES THAT EMERGED FROM REGIONAL CONSULTATIONS

Given below are the harmful practices which were prioritized in the various regional consultations along with the perceived root causes and the recommendations.

<table>
<thead>
<tr>
<th>Regions and UNFPA Districts</th>
<th>Priority Issues</th>
<th>Root cause</th>
<th>Efforts made earlier</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Western and Mid-western     | 1. Violence against women (physical and sexual) 2. Child Marriages | • Strong patriarchy system  
• Son preference  
• Lack of awareness of | • Implemented awareness programme (pathsala, male involvement, door to door campaign, street drama etc.)  
• Counseling and legal | • Promote program for men and boys, parenting for gender equality and responsible sexual behaviour  
• Develop capacity of local frontline workers  
• Develop consolidated programme approach and integrate and |
<table>
<thead>
<tr>
<th>Arghakhanchi (Terai)</th>
<th>laws</th>
<th>support programme</th>
<th>mainstream all pieces of programme together</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Sex selection</td>
<td></td>
<td>Income generation and skill development programme</td>
<td>Work with various organization working against women's violence</td>
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<tr>
<td>4. Female child bonded labour</td>
<td></td>
<td>Formation/existing of groups and networks</td>
<td>Develop youth and adolescent advocates and mobilize them</td>
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<td></td>
<td></td>
<td>Developed referral mechanism</td>
<td>Mobilize and revitalize existing local mechanism/structures</td>
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<td></td>
<td></td>
<td></td>
<td>Develop multi sectoral response mechanism</td>
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<td></td>
<td></td>
<td></td>
<td>Conduct GBV and ASRH programme to WCF, CAC, PTA and SMC</td>
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<td></td>
<td></td>
<td></td>
<td>Conduct campaign/programme to GBV free VDC programme</td>
</tr>
</tbody>
</table>

| Eastern and Central (Saptari, Udaypur, Sunsari Mahottari, Rautahat, Sindhuli, Sarlahi) | 1. Child Marriages 2. Dowry system 3. Violence against women and girls | • Child clubs in non-UNFPA districts  • Plan Nepal, OXFAM  • GON programs particularly the WCO, DEO and DDC | Work with village and district level ethnic leaders and religious leaders in Muslim community |
|                                                                                   | • Poor education (Low Enrollment and high dropout)  • Poverty  • Cultural belief | • Work with village and district level ethnic leaders and religious leaders in Muslim community |
|                                                                                   |                                                                                   | Research on harmful practices |
|                                                                                   |                                                                                   | Child clubs |
|                                                                                   |                                                                                   | district development committee, village development committee or local level health officials |
|                                                                                   |                                                                                   | Work with Village Development Committee, especially secretary, community mobiliser and technical staff |
|                                                                                   |                                                                                   | registration of marriage, death, birth as VDC |
|                                                                                   |                                                                                   | Community Awareness Centres in VDC |

| Far western (Dadeldhura, Bajhang, Baitadi, Achham, Bajura) | 1. Child marriage 2. Chhaupadi 3. Violence against women | • Strong patriarchy system  • Religious believes around menstruation and impurity  • Poverty  • Less education for girls  • Alcohol use | Focus on child education |
|                                                            |                                                               | • Registration system in VDC  • Provided skill based training to out of school adolescent girls and make them self-sustain  • Conducted social campaign against child marriage  • Declared child marriage free VDC by conducting campaign against social discrimination | Conduct awareness campaign |
|                                                            |                                                               | • Focus on child education  • Conduct awareness campaign  • Mobilize child club  • Conduct adolescent focus program  • Effective implementation of social security  • Implementation of effective laws and policies  • Manage to implement skillful education and continuous of education  • Discourage dowry system  • Engage men, parents and religious leaders to reduce child marriage and other traditional harmful practices |
Literature review and regional consultations reconfirmed that patriarchy, son preference and consequent discrimination against girls are at the root of harmful practices including violence against women and girls and child marriages. At the same time economic reasons in particular extreme poverty were also seen as important reasons for putting women to continued sexual abuse and violence. On the basis of widespread prevalence and hence far reaching harmful effects on girls’ health, quality of life and autonomy, child marriages and violence against women and girls were ranked the highest among the various harmful practices in all the three regional consultations. Other harmful practices such as Dowry, Deuki, Jhuma, Chuee, Goth Pratha and bonded labour or Kamlari are forms of extreme discrimination against girls and women and should be addressed in the form of a comprehensive strategy against gender inequality. There are regional variations in the practice of Deuki, Chuee, Goth Pratha and bonded labour. Chhaupadi for example is practiced widely in the far-western region and needed to be addressed on a priority basis. Such as at the policy level, the guideline for the Abolition of Chhaupadu practices in Nepal which was drafted in 2006 need to be reviewed and implemented to ensure elimination of such practices. In every consultation need was emphasised to work in the mid-west and far-west regions because the practices of Chaupadi, Jhuma and child marriages were widely prevalent in those regions. Heavy out-migration due to extreme poverty and food insecurity added economic reasons for marrying girls early and also contributed to child and women trafficking in these regions particularly in the far-west region. It was therefore seen necessary that while we address the issues of gender norms, the programs on poverty reduction, increasing livelihood options, employment generation and food security should take precedence in these regions. Notwithstanding these regional variations, they needed to be urgently addressed where they exist as they also put women at risk of continued sexual abuse and violence.
6. POLICY AND PROGRAMMATIC RESPONSES TO ADDRESS CHILD MARRIAGES AND OTHER HARMFUL PRACTICES

Government of Nepal (GoN) clearly recognizes the problems of violence against women and girls including child marriages and various other forms of violence including child and women trafficking and child labor. Women in Nepal now have significantly better access to education. Gender inclusive policies and plans at national level have been framed and legal reforms are also introduced such as legislation on abortion and the Domestic Violence and Punishment Act (2009) which all together have moved Nepal in gender empowerment measurement from 0.391 in 2001 to 0.496 in 2006 (UNFPA, 2007). The Global Gender Gap report (2013) indicates a small improvement in the rank as well as score for Nepal from 123rd rank with 0.6026 score in 2012 to 121 rank with 0.6050 score in 2013\(^\text{18}\) (World Economic Forum, 2013). GoN also has clear policy directives to prevent child marriages\(^\text{19}\). Over the years GoN has demonstrated its commitments to various progressive international treaties and agreements on issues of women’s and children’s rights and empowerment and has ratified CEDAW and CRC. Subsequently GoN has promulgated relevant policy framework and programmatic responses to address them\(^\text{20}\). For example Kishori Bikash Karyakram is implemented in over 3800 VDCs having GBV and Trafficking prevention centres as part of the program with secretariat in the ministry of Women Children and Social Welfare.


\(^{19}\) GoN policy on age at marriage stipulates 18 years for both girls and boys with consent from parents and 20 years without consent from parents.

\(^{20}\) National Strategy on ending Gender Based Violence and Gender Empowerment (2012/13-2017/18) for example acknowledges and lays out a clear National framework to end all forms of violence against women and girls that includes launching of national campaign against gender based violence and gender inequality, mobilization of men and boys and young people to promote zero tolerance to GBV; coordinated response and developing capacity of women and girls in GBV prevention, adolescent girls development programme, development and dissemination of IEC materials against GBV and elimination of harmful practices. Similarly, Ministry of Health and Population: National Health Sector Programme II aims to reduce cultural and economic barriers to accessing health-care services and reduce harmful cultural practices, in partnership with non-state actors.
GoN is also open to new ideas and welcomes system strengthening. This is an opportunity that needs to be recognized and maximized. The messages on violence against women and girls and child marriage should be mainstreamed in all the government programs and institutionalized within the District Development and coordination committees. The Village Development Committees (VDCs) and watch groups are currently formed in over 3900 VDCs which provide structures right up to the levels of village. Below VDCs, at ward level, there are Ward Citizen Forums, one in every ward of VDCs and municipalities which were established two years ago by Local Governance and Community Development Programme (LGCDP) of the Ministry of Federal Affairs and Local Development (MoFALD). These WCFs have 24 members represented by various groups of local communities who sit regularly to discuss about their needs and priorities and send them to the VDC Council Meeting. Under this programme, one Community Awareness Center is established in each VDC where classes, meetings and training are run for these WCFs regularly by social mobilizers appointed in each VDC for social mobilization and community development activities. Local governments request all development partners to use this local body structure for their community mobilization programmes.

GoN has also initiated curriculum review process to build comprehensive sexuality education with the help of UNFPA and UNESCO. These organizations are also supporting GoN in an adult literacy programme to be implemented through Community Learning Centers (CLCs). These structures and processes provide an excellent opportunity to build gender component into these and explicitly address various harmful practices including child marriage and violence against women and girls.

The GoN initiatives are well complemented and supported by various International NGOs, UN organizations and a large number of National and community based organizations. For example while UNICEF is supporting maternal and child health and menstrual hygiene programs and plans to extend into child marriage prevention programs, UNESCO, SAATHI, FPA Nepal are addressing violence through community based prevention programs. UNICEF recently has also initiated a program with

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22 Please see Appendix for a list of organizations working on the issues of women and girls empowerment and other related programs in Nepal at the National level and also in the 18 focused UNFPA districts.
adolescent girls through sports program which is an adaptation of Goal program. International Planned parenthood federation (IPPF) has child protection policy and FPA Nepal works with men against dowry and has carried out a study on the reasons for child marriage to inform its program. Plan Nepal, World Vision and Save the Children on the other hand are in the forefront of child protection programs including child marriage prevention through child club and community based initiatives. Choices project of Save the Children$^{23}$ in Siraha district of Terai region, worked with very young adolescent boys, educating them on gender equality through small actions, games and participatory methods. An evaluation undertaken suggested that such work needs to be continued over a larger time span, and at the same time work must be initiated with communities, parents and teachers (Lundgren, 2013). Another NGO, SAATHI, has begun work with All Nepal Football Association on GBV or VAW.

Adolescent girls’ initiative for their reproductive health by CEDPA, Nepal mobilized illiterate and out-of-school girls to make and act on informed decisions regarding their reproductive health and rights. The intervention improved literacy, communication of girls with parents, knowledge of reproductive health issues and also translated to better reproductive health care practices.

Intervention by Aama Milan Kendra (AMK) on Community Actions for Improved Youth Sexual Reproductive Health used strategies of building demand for RH awareness among Adolescent Girls in conflict affected district of Nepal, strengthening access to Community Based Reproductive Health Services through AMK and male involvement in safe motherhood. ABC, Nepal has worked to increase awareness of adolescents and women on HIV/AIDS through a series of capacity-building programs held in schools and colleges on regular basis and Didi Bahini has worked to reach out to out-of-school children of women micro-entrepreneurs in Kathmandu who generally sell fruits or vegetables along the roadside. FPAN has worked on comprehensive sexuality education (with support from Danida) and improving the Sexual and Reproductive Health Status of Young Women in Nepal (with support from FINNISH government).

In addition there have been a few network based initiatives to galvanize men to work against violence against women. South Asian Network to Address Masculinity (SANAM) is one among them which has carried out several small studies in Nepal,

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$^{23}$ Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal, Rebecka Lundgren, 2013, Siraha district, Nepal
Bangladesh, Pakistan, Sri Lanka and India on different domains such as education, health sector, gender relationships and violence against women and girls, sex workers etc and demonstrated how notions of masculinities fuel gender inequitable behaviour and reinforce inequitable gender attitudes and norms.

7. AN ANALYSIS OF THE OPPORTUNITIES AND GAPS

Desk based reviews, mapping analysis of who is doing what and the consultations in the field suggest important opportunities and gaps as follows:

Gaps:

1. Although there is a heavy concentration of programs on child protection and life skill education for girls and boys in Nepal, very few programs explicitly address prevention of child marriages and elimination of harmful practices as measurable outcomes. Most child protection programs and life-skills programs assume child marriages will be addressed automatically if girls are provided with life skills and education. In reality however in the absence of a targeted strategy and rigorous evaluation it is difficult to claim that the programs that address violence against women and girls or improve life skills or promote education for the girls will reduce child marriages too.

2. Government of Nepal has a national policy to prevent child marriages. However during the consultations it became abundantly clear that weak implementation and poor enforcement coupled with poor awareness has undermined the policy. There is a clear need of systematic evaluation of the child marriage law as well as the domestic violence and pother violence related to laws to strengthen the policy implementation through strong capacity building, awareness generation and advocacy at all levels.

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24 Asia Child Marriage Initiative (ACMI) of Plan International documented by ICRW (2013)
3. A national network, Girls not Brides, is active in Nepal. Strengthening a more visible and united network of civil society organizations which would demand changes for better implementation of laws would be required. Most however also agreed that for an effective implementation, accountability framework should be built.

4. An important gap that emerged from the various discussions and documents reviewed relates to the socio-economic data base in Nepal. In particular the vital registration data on births, deaths, marriage, divorce and migration at the VDCs level is weak, unlinked to the development data base, often outdated and is not used in the planning process. It was strongly recommended during the discussions that in order to monitor various development programs including prevention of child marriages and to have accountability mechanism functioning, we need regular and updated development and vital registration data.

Opportunities:
The opportunities are numerous and can be linked with the existing structures and programs. Some of the opportunities which emerged through the review and consultation process are as follows:

5. GoN is open to new ideas and welcomes system strengthening. This is an opportunity that needs to be recognized and maximized. The messages on violence against women and girls and child marriage should be mainstreamed in all the government programs and institutionalized within the District Development and coordination committees.

6. Various GoN initiatives and existing government structures in forms of DDCs, VDCs, watch groups and learning platforms like CLCs provide tremendous opportunities which need to be recognized and engaged with in primary prevention of violence and elimination of harmful practices like Chaupadi and child marriage.

7. The existing comprehensive sexuality education curriculum which is under review process is also an excellent opportunity to integrate the link between sexuality, gender dynamics, child marriage, violence and other harmful practices and roll it through the school system as well as through community program with out of school girls and boys. Integrating the

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25 Personal discussions with Joint Secretary, Ministry of Women, Child and Social Welfare
comprehensive sexuality education component with elements of gender, child marriage, violence and other harmful practices through child club and Kishori Bikas Karyakram at the VDC level will be an effective initiative at a larger scale.

8. Integrating components around child marriage and other harmful practices in the initiatives of INGO, NGO and other UN bodies through different mediums such as community, school, sports are some of the other opportunities which exists in Nepal in different focused districts.

9. Together with the strong implementation of the policy, it is also recognized that concerted and holistic effort should be made to engage with the communities and the parents to change attitudes and norms. Studies in Nepal and other countries in the South Asia region show that a pervasive fear among families (and parents) is that their daughters will be sexually violated or become pregnant out of wedlock if not married early. Consequently, girls often are married early to avert this potential violation. The consultations and field visits in Nepal too endorsed similar views and restated the need to work at the root cause of gender inequality in Nepal. Discussions with program implementer and stakeholders highlighted the need to work with the parents and take them into confidence and assure them of their daughters’ security and safety.

10. In all consultations with key stakeholders and program implementers it was clearly recognized that while men and boys exercise control and power over women and are the key perpetrators of violence there is very little systematic work engaging them in programs. Studies on men and masculinities in Nepal and in other similar cultural milieu reinforce the idea that engagement with men and boys will likely pay long term dividends in ending violence against women and girls than what has been hitherto recognized. A few sporadic programs on men and boys have not been evaluated and have not been mainstreamed to end violence against women and girls and other harmful practices including child marriages.

11. This also suggests that a program that aims to eliminate harmful practices against girls and women and all other forms of violence against them including child marriages must address norms related to masculinity, sexuality, chastity and relationships within the gender norm framework. Our discussions with the stakeholders and review of the existing programs suggest that very little is done to discuss and transform the gender norms through these programs. While programs tend to provide services and try to encourage education and skills for the girls they don’t upfront discuss issues

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26 Gupta et al (2010): Knot Ready: Lessons from India on delaying marriages for girls; ICRW
of gender norms and sexuality in a comprehensive manner. Opportunities however exist in the form of comprehensive sexuality education program of the GoN and CLCs in which UNFPA is involved.

12. Another important step which is emphasized in the literature to facilitate the above stated work is to form youth groups and youth networks. UNFPA has established district youth networks in 11-12 districts. At central level, it is also supporting a YPEER or Peer Network for Youth, which has been expanding its wings to regional and district level. These existing forums will need to be mobilized in the drive to reduce and prevent harmful practices.

13. National consultation with religious leaders also suggested the need for bringing together religious institutions and the leaders to openly oppose the idea of child marriages and some of the harmful practices. It became clear in the consultation that that several harmful practices for example child marriages are done on the name of religion yet they don’t have religious sanctions. Religious leaders supported the idea of promoting education among girls and talking against child marriages in public. World Vision plans to work with religious leaders within the communities through a program called Channels of Hope which presents an opportunity to plug in the initiatives to end child marriages and violence against women and girls.

14. There is very little evidence of specifically what has worked to prevent child marriages, if any particularly in Nepal but we have evidence from other South Asian countries.

8. ENGAGING MEN AND BOYS, COMMUNITIES AND PARENTS TO END CHILD MARRIAGES AND HARMFUL PRACTICES: NEED FOR GENDER TRANSFORMATIVE STRATEGIES

Please see Appendix for an illustrative brief description of Population Council’s Yari-Dosti/Program H; and ICRW’s programs namely Gender Equity Movement in Schools (GEMS) and sports based program called PARIVARTAN.
It is evident from the literature review and various consultations with key stakeholders that a long term and sustainable strategy to end child marriages and other harmful practices against women and girls is possible through integrated and multi-pronged strategy that aims to transform prevailing gender inequitable norms. This can be done by specifically targeting men and boys, parents and communities – strategies that UNFPA has planned as part of its CPAP 2013-17. Within an ecological perspective targeted programs with men and boys, communities and parents will be effective and sustainable only if the programs are evidence based, address normative changes, are integrated into other development programs especially girls education and are supported by strong legislative and policy environment. We therefore suggest that drawing from its strengths, UNFPA must adopt a multi-pronged strategy of which system strengthening, research and evaluation, empowerment of girls and women, networking and advocacy are key components.

Our analysis and feedback from the consultations show that the UNFPA is in a unique position to do this because it is a strong technical organization with deeper understanding of large scale data sets and its usage. Thus, it has the technical capacity to help improve data coverage and quality that are critical for monitoring the programs on child marriages and violence against women and girls and tracking opportunities and challenges. UNFPA is also uniquely positioned to address sexual and reproductive health issues within the rights and empowerment framework. In the focused 18 districts UNFPA works closely with the community based organizations and has firm understanding of the local issues and sensitivities. It has supported and piloted many programs across the globe and in the South Asian region in particular to address sensitive cultural issues within the framework of women’s and girls’ health. UNFPA has also supported large scale studies on men and masculinities and prevention of violence against women by engaging men and boys and communities.

8.1 System strengthening. Given the UNFPA’s niche as a technical organization, system strengthening would essentially involve helping to improve coverage and quality of data and enhancing the capacity of the government system and other stakeholders in its effective usage in the planning process and evaluation. This would mean providing technical support to the government in the collection, analysis and use of child marriage and harmful practices related data at various levels
namely, village, districts and the nation. We also consider gender mainstreaming as part of the system strengthening domain. More specifically we suggest following activities under the system strengthening.

a. Strengthen vital registration system to regularly collect data on births, deaths, marriages and migration at the level of VDCs, ensure its coverage and quality and also linkages with the other development data bases for use in planning process. The GoN is best placed to take this up and UNFPA with other UN agencies can provide technical and other required support. UNFPA should plan demonstration pilots within its focused districts to improve VRS system and establish its linkages with other development data base. Additionally UNFPA could provide technical expertise and capacity building support at district level to analyse data collected through VRS on child marriage, sex selective practices, maternal and child mortality and other relevant indicators and assist GoN to disseminate the success and add to the policy change.

b. Build capacity of the government system at all levels and other key stakeholders including non-governmental organizations, researchers and academia in the usage of the data to analyse the situation of the child marriages and harmful practices in different populations. This will help to establish through evidence that deep rooted norms and practices against women and girls are changing and that change process can be speeded up through focused programs.

c. Advocate with the GoN and hold national consultations for including norms and social practices related data in the socio-economic data base that GoN plans to regularly collect and use in the planning process. Suggest concrete measurable indicators to be included in the national data bases to monitor the prevalence of gender norms, violence against women and girls and other harmful practices.

d. GoN has the largest program in the form of Local Governance and Community Development Program (LGCDP) with several structures for accountability. They include District Development Committees (DDCs), Village Development Committees (VDCs); Ward Citizen Forums (WCFs), Citizen Awareness Centres (CACs), VDC-based Social
Mobilizers and so on\textsuperscript{28}. UNFPA should find ways to coordinate and work with these structures to mainstream gender and build their capacities in violence prevention through use of data and evidence.

e. Mobilise network of community based organizations and non-government structures or form a network if required and explore the opportunities to build their capacity on issues of gender and masculinities and specifically address issues of violence against women and girls and ways to prevent them.

f. Conduct periodical community based surveys and qualitative documentation to help build independent data sets to track changes in the norms and practices and associated reasons.

g. Build the capacity of the implementers of child marriage prevention policy across different levels. This would mean gender mainstreaming in the law enforcing and legislative structures responsible for implementing the policy.

h. Work closely with the government systems, international agencies and community based organizations to build, implement and evaluate the effectiveness of accountability framework at various levels. Very often a need for legal accountability framework has been raised. UNFPA should hold consultations in UNFPA focused districts to assess the feasibility and acceptability of accountability mechanism that involves community based structures and groups to prevent child marriages and other harmful mechanisms.

i. Working closely with the government and UNESCO, help strengthen gender component in the comprehensive sexuality curriculum and the education program (in and out-of-school) at various levels. Build capacity of Community Learning Centres in the delivery of the modules.

8.2 \textit{Research and Evaluation}: Using operations research as a tool UNFPA should gather regular and strategic evidence on what is working and what is not in the implementation of various interventions both by the governments and other major non-government organizations. This would also mean piloting and scaling a few innovative approaches to involve men and boys, parents and communities. More specifically we suggest the following activities:

j. Identify and study strategic programs that incentivize girls – conditional cash or other scholarship programs --- to continue in schools to assess the pathways through which the education programs are impacting values of the girl and

\textsuperscript{28} Please see the Appendix for structures and opportunities to collaborate with the government of Nepal.
eventually helping to eliminate harmful practices and violence against women and girls. This should involve both quantitative and qualitative data to assess the changes in the norms and practices at the levels of individual, families/parents, and communities.

k. UNFPA should undertake research and advocacy to highlight all marriage related practices – before, during and after – that have long term debilitating effect on the health and development of girls. A comprehensive document to list major practices before, during and soon after marriage with their health implications will help in both advocacy and educational programs.

l. Special programs have been undertaken to make VDCs ‘violence free’. For example SAATHI together with the GoN is working in such an endeavour. An evaluation or deeper analysis of the program will help develop scalable programs in the UNFPA project districts.

8.3 Engage men and boys: Masculinity theories suggest that the notions of manhood are formed early in childhood and lots of violence that men perpetrate on their partners are rooted in the childhood experiences and witnessing of violence. In order to transform men and boys it is strategic to reach out to young adolescents (10-14 years) as well as older adolescents and young men (15-25 years) within the institutional settings of schools, sports and other community based platforms. It is these institutions that help shape the ideas of masculinity and manhood formally and provide peer support for those expectations. Youth networks and men’s clubs are community based platforms that can be reached. Also it is important to engage men and boys at different levels and positions, as primary targets as well as secondary targets and at individual as well as group level. More specifically given the SRH focus of UNFPA we suggest the following strategies to engage men and boys.

a. Different forms of violence against women and girls and social sanctions of such perpetration by community including parents reinforces the need both to change how social institutions treat girls but also to change the underlying gender norms that continue to encourage boys and men to treat women and girls as objects for their sexual gratification. To address such negative socialization process through engaging men and boys, adaptation of
ecological framework to address the gender inequality by challenging the social and masculinity norms at different level is one of the critical and most effective methods. In such efforts there are couple of ways which have shown effectiveness at the global level such as

i) Involving men and boys through group education activities to challenge the norms as well as confront harmful stereotypes and underlying norms. Child clubs, school and sports are some of the important platforms which should be useful for this effort.

ii) Promoting local campaigns where getting men and boys to speak up against child marriage, VAW and harmful practices, approaching and reaching out other men and boys in the community, family, school as well as in public spaces.

b. Engage with young men in the age group of 15-24 years. Strategically these are the men and boys who will soon be marrying or would have married recently and therefore for immediate impact this group is critical. In either case their gender attitudes and expectations from the partners are important to assess and change if these are inequitable and likely to produce violence. Those not yet married should be changed to put pressure on their parents not to marry them and should promote education for the girls. There are evidences which shows variety of platforms to reach out and engage men and boys. PARIVARTAN is a social norms and social cognitive theory-based program aimed at changing harmful and unequal masculine norms in order to reduce violence perpetration, and promote bystander intervention, by engaging coaches/mentors as positive role models for male athletes whom they coach or mentor. The results showed significant shifts in masculine and other gender attitudes among boys and its impact on reducing peer violence and sexual assault and harassment of girls at the community level. The other approach, which has already been used by UNFPA, is to form networks of young men in the communities to prevent all forms of violence against women and then bring the volunteers into a series of self-reflective group-

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29 ICRW (2012) PARIVARTAN
education sessions followed by campaigns UNFPA has formed district youth networks in 10-12 districts which could take up this role.

m. Men and boys should also be engaged with as part of the public and social audit mechanism and Ward Citizen Forums (WCF) which are non-political civil society forums to prevent harmful practices and child marriages. Men who are already part of these structures should be especially engaged with and their capacity should be built on the issues of gender and masculinity to be able to take the issues of violence against women forward beyond project life cycle. This would also help to strategically connect with the members of the child friendly local governance committee which is part of Local Governance and Community Development Program (LGCPD) and mainstream gender issues through group education and training programs

n. Engage with the school system to implement gender equality curriculum to younger adolescents (10-14 years) through peers or teachers. This age group can also be reached through child clubs that have been formed at the village levels in Nepal and implemented at a large scale. UNFPA mooted the Kishori Bikash Karyakram (Adolescent Girls Development program) and advocated for it to be upscaled. This was done by the Government of Nepal. It will be strategic to discuss with the Government how this programme could be evaluated and strengthened to become an important part of the strategy to prevent harmful practices.

8.4 Engage with communities and parents: Existing community forums like VDCs, WCFs, CACs and CLCs provide excellent opportunities to engage with communities and parents.

Engaging parents of the girls from the existing Kishori Bikash Karyakram (Adolescent Girls Development program) to challenge the adverse norms which is against women and girls rights. The focus of the intervention at the parents or family level should be focused around enhancing value of girls, freedom around their mobility, negative consequences of child marriage, VAWG and other harmful practices.

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30 MASVAW programs in UP and Maharashtra
Working with different stakeholders on issues around sexual harassment of girls in public spaces, norms which manifests sanctions against violence against women and girls, limited access to girls in public space, cultural sanctions around harmful practices like chhauppadi, dowry system and sex selection.

List of Annexures

9. Appendix 1: Government structures with opportunities for collaboration

APPENDICES

Appendix 2: Programs engaging men and boys

Appendix 3: Summary of past and existing UNFPA, other UN and Civil Society Programmes

Appendix 4: Mapping of NGOs in the 18 UNFPA districts based on their themes and approaches of development work
REFERENCES


15. NAYS, 2011
### APPENDIX I: GOVERNMENT STRUCTURES WITH OPPORTUNITIES FOR COLLABORATIONS

<table>
<thead>
<tr>
<th>Level</th>
<th>Government Structures</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>National level</td>
<td>Ministry of Federal Affairs and Local Development (MoFALD)</td>
<td>Gender Equality and Social Inclusion (GESI) focal persons in each ministry- To work with MWCSW to advocate with them</td>
</tr>
<tr>
<td></td>
<td>Ministry of Women, Children and Social Welfare</td>
<td>Active collaboration and advocacy for policy level changes to include explicit mention of child marriages and harmful practices</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health and Population</td>
<td>Active advocacy for adolescent and women friendly health services, non judgmental attitude in provision of reproductive, sexual health care and for gbv. Collaborate with MHP to undertake capacity building of all health care providers in the above.</td>
</tr>
<tr>
<td></td>
<td>Ministry of Education</td>
<td>Active advocacy for clean toilets, safe school environment, accessible schools for girls, counselors, sex education</td>
</tr>
<tr>
<td></td>
<td>Ministry of Youth and Sports</td>
<td>Collaboration to run sports based models of change for in and out-of-school adolescent boys and girls</td>
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<td></td>
<td>Ministry of Labour &amp; Employment</td>
<td>Advocate to implement law and policy against bonded labour</td>
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<tr>
<td></td>
<td>Ministry of Finance</td>
<td>Gender Audit and Gender Budgeting is undertaken</td>
</tr>
<tr>
<td>District level (DDC)</td>
<td>Local Governance and Community Development Programme (LGCDP)</td>
<td>WCFs, CACS, Social mobilizers should be one of the key community mobilization mechanisms for our work</td>
</tr>
</tbody>
</table>
|                | Women and Children’s Office (WCO) - One in each of 75 districts | • Women’s empowerment projects are covered in over 21,000 wards across 3,636 Village Development Committees (VDCs)  
• 1,405 cooperatives that have been established through support of WCSA and are led by women  
• Challenge: Weak coordination with MWCSW |
<p>|                | Women Empowerment Division and Women Empowerment Officers per district | |
|                | Child Development Board (CDB)                        | Specifically engage to reduce child marriages |
|                | One Stop Crisis Centres                              | Active collaboration and referral mechanisms should be developed with OSCCs which are functional |
| Village level  | Adolescent Centre                                    | Propose active collaboration |
|                | Citizen Awareness Centre                             | Propose active collaboration |</p>
<table>
<thead>
<tr>
<th>(VDC)</th>
<th>GBV Watch Group</th>
<th>Propose active collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Network</td>
<td></td>
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<tr>
<td>Ward level</td>
<td>Women cooperatives</td>
<td>Propose active collaboration</td>
</tr>
<tr>
<td></td>
<td>Adolescent group</td>
<td>Propose active collaboration</td>
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<td></td>
<td>Ward citizen forum</td>
<td>Propose active collaboration</td>
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</tbody>
</table>
## APPENDIX II: PROGRAMS ENGAGING MEN AND BOYS

<table>
<thead>
<tr>
<th>Program</th>
<th>Entry of intervention</th>
<th>Population</th>
<th>Components of Program</th>
<th>Intervention methods</th>
<th>Outcome</th>
<th>Effect on girls and women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parivartan (ICRW)</td>
<td>School &amp; community</td>
<td>Coaches and Community mentors</td>
<td>Positive deviant role modeling; Gender transformation, awareness and attitude change; enabling environment, supportive system, and referrals</td>
<td>Workshops and Training program</td>
<td>Increase awareness and recognition of abusive behavior; increase positive gender equitable attitude; intension to intervene as bystanders</td>
<td>Increased positive attitude in and outside sports field among boys, more equitable society, reduce all forms of violence; Increased bystander interventions, increase safe space for girls and women</td>
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<tr>
<td>Athletes (young boys of 10-16 years)</td>
<td></td>
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<td>Raise awareness: coaches define and identify abusive, coercive and disrespectful behavior; Promote gender equitable attitude and norms; Observation Learning: Coaches model bystander intervention skills to speak up and intervene when witnessing disrespectful and harmful behavior</td>
<td>Card series by coaches; group education activities; public education campaign through mobile van and posters and hoarding in public spaces</td>
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<tr>
<td>Program</td>
<td>Entry of intervention</td>
<td>Population</td>
<td>Components of Program</td>
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<td>Outcome</td>
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<tr>
<td>GEMS (ICRW)</td>
<td>School</td>
<td>Teachers and adolescent boys and girls aged 12-14 years</td>
<td>Gender analysis and collective reflection: attitude change through understanding of gender roles, power, patriarchy and violence; analysis of the role of educational institutions in perpetuating</td>
<td>Gender analysis workshops and trainings</td>
<td>Increased understanding of gender, increased recognition of forms of violence and discrimination; enhanced gender equitable attitudes; enhanced and gender sensitive interaction,</td>
<td>Increased gender-sensitive and equitable attitude and behaviors in school (towards girl students and colleagues), at home and in society in general; increased recognition of violence against</td>
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<tr>
<td>Program</td>
<td>Entry of intervention</td>
<td>Population</td>
<td>Components of Program</td>
<td>Intervention methods</td>
<td>Outcome</td>
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<tr>
<td>Yari Dosti (Population Council)</td>
<td>Community</td>
<td>Young men between the age group of 16-24 years</td>
<td>Interventions adopted many gender transformative approaches including discussion with young men on gendered attitudes and behaviors that put them and their partners at risk. They also assisted participants in forming appropriate gender roles for men and women. The most</td>
<td>The interventions were implemented through peer led group educational sessions (GES) and life style social marketing campaign (LSSM).</td>
<td>Men’s involvement in domestic life and child care. Improved communication with partners on condoms, sex and STI, HIV/AIDS, increase in condom use at last intercourse, decline in self-reported violence against partner, decrease in incidence of reported sexual health</td>
<td>Enhance gender equitable attitude among men to supports relationships based on respect, equality and intimacy rather than on sexual household activities; Positively involved as domestic partner and father, both in terms of childcare and household activities;</td>
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<tr>
<td>Program</td>
<td>Entry of intervention</td>
<td>Population</td>
<td>Components of Program</td>
<td>Intervention methods</td>
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<tr>
<td>MASWAH</td>
<td>Community</td>
<td>Men aged 18 to 49 years</td>
<td>The gender-focused group education activities led by community mobilisers and extensively used role playing, games, and exercises that engaged men in discussions, debates, and critical thinking processes. The community-based campaign intended to reinforce the gender-equitable messages from the group</td>
<td>The intervention was implemented by staff of CHSJ and peer educators who were trained at the village level. The campaign was led by the community youth and peer leaders and included youth group meetings, community meetings with stakeholders and</td>
<td>Gender attitudes (measured with an Indian adaptation of the GEM Scale), self-reported of perpetration of violence against women and girls and attitudes; knowledge and attitude towards government policy towards violence against women, dowry and property rights</td>
<td>Engaging men in preventing violence against women.</td>
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</tbody>
</table>

Unique and gender transformative feature of this intervention is that it stimulated critical thinking among men on their gender equitable role.

Shares with his partner reproductive health and disease prevention responsibilities; Opposes intimate partner violence.
<table>
<thead>
<tr>
<th>Program</th>
<th>Entry of intervention</th>
<th>Population</th>
<th>Components of Program</th>
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<tr>
<td></td>
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<td>education, as well as around violence prevention.</td>
<td>meeting with self-help group members.</td>
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</tbody>
</table>
APPENDIX III: SUMMARY OF PAST AND EXISTING UNFPA, OTHER UN AND CIVIL SOCIETY PROGRAMMES

Given below is the summary of past and existing UNFPA, other UN and civil society programmes to understand which strategies have been used previously in Nepal, learnings from the same and opportunities to build linkages in future.

1. South Asia Youth Network, Nepal and UNFPA: Comprehensive Sexuality Education: In 2008, young people mobilized and, working with other stakeholders, developed a multifaceted advocacy campaign to make sexuality education mandatory in schools. The programme was called by two names – Health Population and Environment and Health and Physical Education. The youth network worked with teachers, parents and policy-makers and used the mass media extensively. Young people were involved in all aspects of the work: research to build the evidence base for the programme, training of educators, the development of materials, media and community education campaigns, and advocacy work with policy-makers.

Outcomes and Lessons: The effective mobilization of youth, as well as other stakeholders, resulted in the following:

   a. Comprehensive sexuality education is now compulsory in grades 6 - 8 in Nepal;
   b. Human sexuality is a mandatory course in the Masters in Education and Masters in Population programs at Nepal’s largest and most established university;
   c. A training manual and reference materials have been developed;
   d. More than 75 master trainers have been trained;
   e. Many policy-makers are aware of the issues and supportive of comprehensive sexuality education;

(Source: Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Reproductive and Sexual Health. A report on an international consultation to review current evidence and experience, UNFPA, December 2010)

2. Kishori Bikash Karyakram/ Choose your future (CYF) programme: The CYF programme is a capacity building programme designed by CEDPA and UNFPA Nepal targeted at life skills education of ‘Out of School’ adolescent girls to encourage understanding and action on their reproductive and sexual health. In 2009 the GoN upscaled this programme to 20 other districts, named it Kishori Bikash Karyakram and increased its scope from a training programme to build in linkages with livelihood schemes and other government schemes.
Evaluation conducted by UNFPA within a sample of 11 districts pointed that the programme was highly relevant, moderately efficient and effective and was most useful in improving the self worth and confidence of girls, their understanding of harmful practices such as child marriage and Chhaupadi, their access to reproductive health care from the government health centres and their membership in adolescent girl groups. Participation of girls was higher if they were given sufficient stationery, materials, allowances and Tiffin. Positive outcomes included, graduated girls started communicating to end child marriage (63%), domestic violence (58%), girls trafficking (50%) and sexual and violence against women and girls (46%). Above 96 percent strongly opposed child marriage as a harmful traditional practices and said that age at marriage should be 20 years and above. Unmarried girls planned age at marriage and pregnancy at median ages of 22 and 25 respectively. Social participation of the girls was raised as an impact of the program and a significant number of girls increased their control in economic activities at home. On the other hand, a low reach among the OSAG (40%), wrong messaging on HIV, some aspects of menstrual course taboos, and a general lack of supervision, monitoring and teaching material such as guides and manuals were preventing the programme from achieving its full potential. Only about 17 percent of the OSAGs re-enrolled into the school after involving in KBK/CYF program mostly due to over-age (57%) and some due to over work (15%). The adolescent girls also asked for more livelihoods skill building and linkages.

(Source: Assessment of Kishori Bikash Kayrakram and Choose Your Future Program for out of school adolescent girls, Society for Local Integrated Development (SOLID), submitted to UNFPA Nepal, 2013)

3. UNICEF’s proposed comprehensive communication strategy for behavior change: UNICEF aims at creating a comprehensive communications strategy for behavior change to ultimately reduce harmful practices. Emphasis is on creating a male community leaders community and VDCs which are supportive to women to increase age at marriage, age during pregnancy and delivery including being role models for sharing household tasks. Also includes making schools safer for girls.

(Source: Shared by UNFPA, Nepal in December 2013)

4. CEDPA: A Gift for RH Project, Nepal: In Nepal, the Adolescent Girls Initiate for Reproductive Health focused on improving reproductive health information and dialogue and access to services. This intervention mobilized illiterate and out-of school girls to make and act on informed decisions regarding their reproductive
health and rights. The intervention improved literacy, communication of girls with parents, knowledge of reproductive health issues and also translated to better reproductive health care practices. Baseline data indicated that 63 percent of girls ages 10 through 14 were aware of family planning methods compared to 99 percent at the end of the project.


5. Plan Asia, Nepal programme: Child marriage in Nepal is addressed under its Child Protection Programme and considered a facet of gender-based violence. According to the Country Strategic Plan 2010-2015 (Plan Nepal 2010), Plan aims to build the capacity and commitment of children, their families and communities to eliminate child marriage through building awareness about its negative effects, mobilising child and youth clubs and protection groups, using peer and community pressure, and providing life skills education. The key programme of Plan Nepal related to child marriage is the Better Life Option Program (BLOP) training for members of the children’s clubs. The programme provides life skills education to adolescent girls and boys and covers: a) family life education, reproductive health education and services to them; b) non-formal education; and c) skills and vocational training. The issue of child marriage is discussed in the course of this training programme. Findings indicate that children who participated in BLOP or children’s club activities had many positive experiences to relate and emphasised that the exposure helped them to better express themselves and enhanced their self-confidence.

6. The Rural Health Development programme (RDHP) facilitated by SDC (Swiss Agency for Development and Cooperation): The SDC facilitated the RDHP programme in three districts of Dolajha, Ramechaap and Okhaldunga since 1990s. Their primary objective was to increase the demand for health services, improve decentralized health care management, improve people’s, especially disadvantaged group’s participation in utilization as well as planning and monitoring health services and increase awareness of mother’s health, adolescent sexual and reproductive health and increased responsibility of husbands and in-laws to women’s health. Their strategies included formation of mother’s groups, formation of youth groups in secondary schools, education of mother’s groups, couple training and education of health care providers. At the same time they helped reactivate the community mechanism of Health Facility Operations and Management Committee (HFOMCs) for decentralized planning of health services. As a result the following were seen-
a. Impacts included greater participation of disadvantaged and dalit women in mothers groups (MGs). Increased institutional deliveries and increased ANC-PNC visits.
b. A total of 288 micro health projects were implemented by MGs and HFOMCs during the four-year project cycle.
c. Only 15 percent and 22 percent of Mothers Groups members in Okhaldhunga and Ramechhap, respectively, understood the negative effects of domestic violence on women and children's health at baseline, increasing substantially to 97 percent and 75 percent at endline.
d. A total of 5,902 women were screened for uterine prolapse, out of which 1,658 were found to have it and 828 received surgery.
e. RHDP helped HFOMCs prepare their perspective -five-year health plans, as well as VDC level annual health plans. At baseline, 82 percent of HFOMCs had their health plans reflected in VDC plans, increasing to 98 percent at endline. A total of 94 million rupees from the VDCs was allocated for health activities, including health facility maintenance, hiring of ANMs and awareness-raising.
f. Positive changes were observed in the local bodies, especially with regards to their sense of ownership over planning and implementation of health activities and self-reliance.
g. Additionally RHDP MGs started certain practices which fit into traditional norms of Nepalese society such as providing carom seed soup to women delivering in health facilities, providing clothes to newborn and mothers, gifting women who have delivered with mustard oil, spices, chicken and nutritious raw material. Increased ANC, institutional delivery and PNC.
h. Challenges found were that ASRH awareness was not complemented by youth friendly services, ANMs on one year contracts creating issues of retention, 24 hr birthing centers not connected to referral services

(Source: Rural Health Development Project Phase VII, Project Completion Report, Swiss Agency for Development and Cooperation, 2013)

7. Family Health International and USAID: This paper discusses that community based programmes have shown the value of community involvement and participation but there is limited work done on measurement of community involvement and its impact. They recommend stronger conceptual frameworks and indicators to be clearer in development of goals and outcomes. Projects need to decide in which stages, to what extent and which particular
stakeholders need to be involved in the community. Additionally the community based programs must develop ‘safe spaces’ for youth to share issues and access information, build a supportive and engage adult community and develop conflict management strategies as youth sexuality is a sensitive subject for communities.


8. National Adolescent Sexual and Reproductive Health programme: The national ASRH program focused on the following activities in FY 2012/2013: Making the public health facilities adolescent friendly, increasing demand for family planning services through community mobilization, equipping the health facilities, involving adolescents in decision making process, ensuring provision of appropriate sexual and reproductive health services to adolescents (family planning, HIV and STI services, safe abortion, counseling etc.) During previous 3 years period of program implementation, service utilization among adolescents has substantially increased. Over three years service utilization among adolescents increased from 10% to 19%. Factors which enabled success were establishment of enabling environment, involvement of adolescents and behavior change communication strategies and comprehensive adolescent friendly services.

9. IPAS programme on Empowering Women Workers Through Youth-led Education on Reproductive Health and Safe Abortion in Nepal. Ipas partnered with youth-led organizations in Nepal to bring sexual and reproductive health and rights education—including information about safe abortion—to young migrant factory workers. The program not only helped to increase participant knowledge about family planning, abortion, and the rights of girls and women, but also trained a subset of participants as peer educators who could continue the education process in their communities.

(Source: Empowering Women Workers Through Youth-led Education on Reproductive Health and Safe Abortion in Nepal, Chapel Hill, NC: Ipas; 2013.)

10. UNICEF programme on Menstrual Hygiene: Many girls lack the supplies and facilities needed to manage menstruation, leaving them unable to attend school or work and creating social isolation. A United Nations Children’s Fund
(UNICEF) program in Nepal used a comic book and an adolescent-focused radio show to raise awareness about menstrual hygiene and taught girls how to make menstrual pads as a way to generate income.


11. Advocacy programme of the National Network Against Domestic Violence (NNADV): The NNADV is a consortium of NGOs working on GBV, particularly domestic violence, was formed in March 2009. The network held a series of advocacy programs to pressure the government to pass the Domestic Violence Act. The Act was passed in April 2009, and the network is now focusing on identifying the Act’s strengths and weaknesses. It also seeks to spread awareness of this legal provision to ensure its effective implementation. Awareness and advocacy, prevention and support are its other key functions.

12. Exposure visit of officials from Ministry of Health and Population and leaders of the Muslim faith to Indonesia: The officials met with resources persons from Islamic-faith based organizations and Muslim leaders in the field, which allowed them to understand the constraints and identify solution to support programs at the grassroots level. The visit was organized by the National Population and Family Planning Board (BKKBN) in collaboration with UNFPA Indonesia Country Office upon request from UNFPA Nepal country office.

(Source: Shared by UNFPA, Nepal in December 2013)

APPENDIX IV: Mapping of NGOs in the 18 UNFPA districts based on their themes and approaches of development work

<table>
<thead>
<tr>
<th>Broad approach/ theme of work</th>
<th>Name of the Organisation</th>
<th>Brief description of their earlier work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based approach on Gender Based Discrimination, GBV, Reproductive Health and Adolescent Reproductive and Sexual</td>
<td>Aama Milan Kendra (AMK)</td>
<td>Reproductive health, including adolescents and youth, Income generation, Training, Gender and development program to reduce gender discrimination and GBV, and Awareness raising/advocacy</td>
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<tr>
<td>Health</td>
<td>Rural Women’s Development and Unity Center (RUWUDUC)</td>
<td>Education and scholarship for the disadvantaged, Reproductive health programs, Income generation, Nutritional rehabilitation</td>
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<tr>
<td></td>
<td>Nepal Muslim Women Welfare Society (NMWWWS)</td>
<td>Advocacy, Women’s empowerment, Awareness on health and sanitation activities, Education</td>
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<td></td>
<td>ABC/Nepal</td>
<td>advocates for gender equality by promoting women’s education and economic empowerment</td>
</tr>
<tr>
<td>Working with health system, provision of health care services, adolescent reproductive and sexual health</td>
<td>Family Planning Association of Nepal (FPAN)</td>
<td>Adolescents and youth sexual and reproductive health education, Abortion support, Access survivors of GBV, general public, HIV/AIDS education, Advocacy</td>
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<td></td>
<td>Strii Shakti</td>
<td>Prevention programme on GBV involves training paralegal committees and community safety nets at local level. Anti trafficking action committees to prevent trafficking of women and girls. Empowering women, in particular women from deprived communities, castes, ethnic and regional groups</td>
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<td></td>
<td>Maiti Nepal</td>
<td>It is engaged in protecting, rescuing and rehabilitating survivors of trafficking and is committed to action through awareness campaigns. Formation of community watch groups.</td>
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<td></td>
<td>National Health Foundation (NHF)</td>
<td>Outreach interventions on GBV management and peace building, GBV comprehensive services,</td>
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<tr>
<td>Organization</td>
<td>Services Offered</td>
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<tr>
<td>Support and rehabilitation for GBV/torture survivors, Sensitization workshops.</td>
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<tr>
<td>SAATHI</td>
<td>Victim/survivors support program, Trainings, Advocacy, Research on GBV with special focus on domestic violence, Formation of community watch groups to counter GBV cases at community level. Formation of community watch groups.</td>
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<tr>
<td>Advocacy on GBV, women’s human rights at a broader national level</td>
<td>Advocacy Forum</td>
<td>Documentation of human rights violation cases, Legal aid to victims at national and international level, Juvenile justice/child rights</td>
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<tr>
<td>Feminist Dalit Organization (FEDO)</td>
<td>Promote Dalit rights and eliminate caste and gender discrimination and promote justice and equity in Nepalese society</td>
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<tr>
<td>Institute of Human Rights Communication Nepal (IHRICON)</td>
<td>Providing training on human rights, women’s and children’s rights and awareness and information, Research work on gender equalities and other rights based issues, Advocacy on rights especially women and children’s rights, Media monitoring</td>
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<td>Sancharika Samuha (SSN)</td>
<td>Services for women victims of GBV</td>
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<tr>
<td>Organization / Campaigns</td>
<td>Services and Activities</td>
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<td>Sancharika Samuha (SSN)</td>
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<td>Activities</td>
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<tr>
<td>Nepal (IHRICON)</td>
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