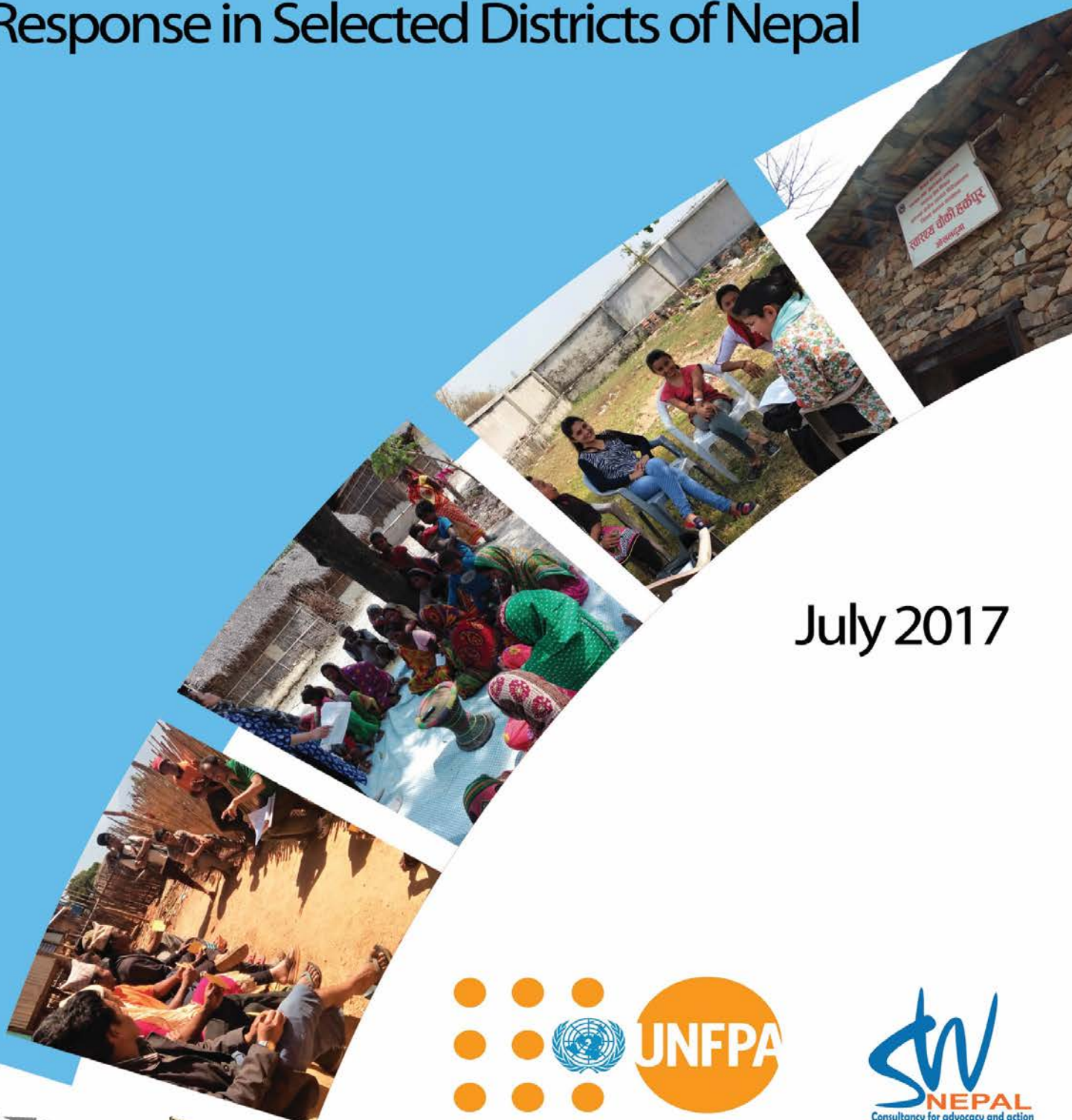


Situational Assessment for Improved Gender Based Violence Prevention and Response in Selected Districts of Nepal

July 2017



**Situational Assessment for Improved Gender Based Violence
Prevention and Response in Selected Districts of Nepal**

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UNFPA Nepal

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List of Acronyms

CBS	Central Bureau of Statistics
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CMO	Community Mobilization Officer
CSW	Commission on the Status of Women
DDC	District Development Committee
DEVAW	Declaration on the Elimination of Violence against Women
DFID	Department for International Development UK
DHO	District Health Office
FCHVs	Female Community Health Volunteers
FGD	Focus Group Discussion
GBV	Gender Based Violence
GECU	Gender Empowerment Coordination Unit
GII	Gender Inequality Index
GoN	Government of Nepal
HDI	Human Development Index
HH	Household
HIV	Human immunodeficiency virus
IP	Implementing Partners
KII	Key Informant Interview
LDC	Least Developed Country
MoFALD	Ministry of Federal Affairs and Local Development
MDG	Millennium Development Goals
MoWCSW	Ministry of Women, Children and Social Welfare
NDHS	Nepal Demographic and Health Survey

NGO	Non-Government Organisation
NHRC	Nepal Health Research Council
NPR	Nepalese Rupees
NRR	Non Response Rate
OCHA	Office for the Coordination of Humanitarian Affairs
OCMC	One-stop Crisis Management Centre
ODK	Open Data Kit
OPMCM	Office of the Prime Minister and Council of Ministers
PO	Partner Organizations
PLWD	People Living With Disabilities
RAP	Rural Access Programme
RCA	Reality Check Approach
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SLC	School Leaving Certificate
STI	Sexually Transmitted Infections
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
VAW	Violence against Women
VDC	Village Development Committee
WC	Women Cooperative
WCO	Women and Children Office
WDO	Women Development Officer
WSC	Women Service Centres

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Executive Summary of Key Findings

This baseline study for UNFPA's GBV Prevention and Response project was carried out with the specific objective of collecting baseline data for the impact and outcome indicators of the project. The baseline data are used to identify the knowledge, attitude and behaviour of the target population as well as key issues regarding GBV services in the three project districts – Sindhuli, Udayapur and Okhaldhunga. The study sought to obtain information related to GBV prevalence, prevention and response in the project districts, and was conducted with the help of household questionnaires, FGDs with members of the community, KIIs with stakeholders, and in-depth consultations with local households in the districts.

This research has revealed that GBV is highly prevalent in the project districts, especially in the form of spousal violence that is often fueled by alcohol. GBV in these districts is most prevalent in the form of emotional violence, followed by physical and sexual violence. Most of the perpetrators are close to the victims, men and boys in the form of husbands, in-laws, neighbours, intimate friends, or as relayed by the respondents, unknown boys and men with bad moral character that are often perpetrators of sexual violence.

Large majority of the respondents said that they have knowledge of violence against women and girls in their community. Despite women being the victims in most of the incidences of gender based violence, fewer women (86%) said they are aware of violence against women and girls, than men, at 98%. Discussions with many women indicate that although women are aware of GBV and are aware of their rights, most of them seem to accept violence as a “part of life”.

Spousal violence was reported to be highly prevalent in the three districts, across all social and economic groups. About two-thirds of the respondents said that there have been incidents of spousal violence in their community within the past six months of the survey while only a quarter of them would admit that there had been similar incident in their own household. The incidents of spousal violence that take place most frequently in the community were reported to be fighting under the influence of alcohol (involving violence by both partners), husband beating wife with or without being under influence of alcohol, and quarrelling.

87% of male respondents and 94% of female respondents said they have heard about physical violence against women and girls. Similarly, 67% of males and 74% of females said they have heard of emotional violence, and 59% of males and 76% of females said they have heard about sexual violence. Majority of respondents (94%) reported that husbands are the main perpetrators of physical violence, and this proportion is similar for males and females. Other frequently cited perpetrators of physical violence against women and girls were reported to be mother-in-law (30%), neighbors (26%), sister-in-law (16%) and intimate friend or partner (14%). The main perpetrators of emotional violence were also reported to be husbands and in-laws. More females than males cited in-laws as perpetrators of emotional violence. Similarly, the main perpetrators of sexual violence were reported to be neighbours, husbands and intimate friends.

Marital rape was also reported by a bigger proportion of women (19%) than men (12%). While almost half of all females (48%) responded that husbands are major perpetrators of sexual violence, less than one in five males said that husbands are perpetrators of sexual violence

against their wives. It is possible that some men think they should be able to sleep with their wives without their consent.

Fewer men than women in the community seem to be aware of violence against people living with disabilities. The most common type of physical violence against PLWD mentioned by the respondents who were aware of such violence was hitting/slapping (*kutne/pitne*), pushing or shoving, and throwing things at them. Among the types of emotional violence inflicted upon PLWD were humiliating them, yelling or swearing, threatening and intimidating. The most common type of sexual violence happening to PLWD in the community was rape and attempted rape. According to the respondents, neighbors are the main perpetrators of all forms of violence against PLWD – physical, emotional and sexual. Other offenders include husband, intimate friend, female in-laws (mother, sister, and daughter), and other family members.

When asked if respondents know when and where to go to seek care following incidents of GBV, majority of male and female respondents said they do indeed know, but upon further discussion it appears that not all of them have adequate knowledge of the services available or the response times for various incidents. 91% of male respondents mentioned police office while in comparison 61% of the females said they would go to the Police. Many participants in FGDs in different locations expressed suspicion of the police. As a result, many GBV cases tend to go unreported due to this lack of trust. Many cases are reported to be resolved at the community level in various mediation centers or in the presence of community elders.

Mothers' Groups seem to be active in the community and are also well respected. It was discussed that also a large proportion of males tend to view mothers' groups as one of the places where they can go following incidents of GBV. Women and Children's Office, OCMC, Women's Cooperatives, and GBV Watch Groups were mentioned by very few respondents. Many service providers, such as the OCMC, Safe House, Women's Cell, and WCO are all located in the district headquarters. This has proven to be a major barrier to access these services for people living in the remote parts of the districts.

Records of GBV related cases obtained from the District Police Office and the Women and Children's Service Center in the three districts seems to indicate that very few cases are reported to the police in light of what the study has uncovered. It was reported that many people simply don't report, file complaints, or follow up on GBV for various reasons – societal pressure, lack of access and awareness, perceived weak and corrupt system of justice, and in case of domestic violence, dependence on the perpetrators.

Only 42% of the respondents of the household survey thought that GBV cases were indeed reported. It appears that many cases are settled locally through mediation as there is still not a widespread culture of reporting cases of GBV. In cases of domestic or spousal violence, women have to return to the common home (or to home of in-laws) and are afraid they might incur even more violence after reporting.

Although almost all males said during the course of the interviews and discussions that violence against women and girls is never acceptable, engagement of men and boys in GBV prevention is found to be very low and youth clubs are found to be engaged mostly in cultural and sports related activities.

Chapter 1 : Introduction

1.1 Context

Nepal is one of the Least Developed Countries (LDCs) in South Asia characterized by slow economic growth, socio-economic underdevelopment and low level of human development. About one fourth of the population (23.8%) lives below the national poverty line and the Gini Coefficient, which is a measure of income inequality, is 0.328.¹ Nepal is emerging from a politically and socially fragile post-conflict and post-disaster situation, structurally generated poverty and inequality, and deeply entrenched forms of social exclusion².

One of the major impediments to social development and improved quality of life in Nepal has been the persistence of gender discrimination and inequality, resulting in Gender Based Violence (GBV) in many communities. According to the 2015 Human Development Report, Nepal's Gender Inequality Index (GII) is 0.489, which ranks Nepal in 108th place out of the 155 countries for which the Index was calculated. GI measures gender inequalities in three important aspects of human development—reproductive health, empowerment and economic status. The 2015 Human Development Index (HDI) for female and male population is 0.521 and 0.574 respectively, which illustrates the inequality among men and women³. In addition, Nepal scored 0.661 and was ranked 110 in the 2016 Global Gender Gap Report produced by the World Economic Forum survey. The survey was done in 144 countries. The yearly report measures progress toward gender parity in four areas including educational attainment, health and survival, economic opportunity and political empowerment⁴.

The 2011 Nepal Demographic and Health Survey (NDHS) revealed that one in five women of reproductive age (15 – 49) reported to have experienced physical violence and more than one in ten experienced sexual violence¹. As a result, long-term social, physical, emotional, and psychological consequences impact survivors' basic health and well-being. Stigma associated with GBV can also worsen survivors' trauma and prevent them from seeking services in fear of rejection from their communities, and resulting in aggravated situation for the survivors. Therefore, GBV is significantly associated with mental health disorders, dysfunction and

¹ National Living Standard Survey, CBS, 2011

² UNFPA Project Document, Gender Based Violence Prevention and Response Project, 2016

³ Human Development Report, UNDP, 2015

⁴ Global Gender Gap Report, World Economic Forum survey, 2016

disability. Furthermore, GBV is believed to be a major reason for suicide, which is one of the leading causes of death among Nepali women of reproductive age⁵.

1.2 Legal Provisions and Acts Pertinent to GBV in Nepal

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. The important laws that GoN has enacted include the Human Trafficking and Transportation (Control) Act, 2007, Gender Equality Act, 2006, National Women's Commission Act, 2007, Domestic Violence (Offence and Punishment) Act, 2010, Sexual Harassment at Workplace Prevention Act, 2014, Anti-witchcraft (Crime and Punishment) Act, 2014, and Gender Violence Elimination Fund (Operation) Rules, 2009. Moreover, the Constitution of Nepal 2015, under article 38(3) has made acts of physical, mental, sexual or psychological violence or any kind of oppression against women as a result of religious, social, cultural, tradition and other practices punishable by law.

In addition to formulation of these laws, GoN has implemented added measures against GBV, in the form of the Women and Children Service Directorate by the Nepal Police for accessibility to justice for women and children. The Directorate extends its services to all 75 districts through 240 Women and Children Service Centres. GoN has also established Gender Empowerment Coordination Unit (GECU) at the OPMCM to address VAW and reduce women's vulnerability. As a part of response for the prevention of gender based violence, GoN declared 2010 as the year to end Gender Based Violence and launched a nation-wide campaign through the 2010 Action Plan which focuses on prosecution, protection and prevention highlighting the need for a special commission to investigate cases of violence against women. Under the leadership of the OPMCM, Ministry of Health (MoHP) has introduced a hospital-based One-stop Crisis Management Center (OCMC) in 19 districts. Similarly, GoN has established service centres in 17 districts in line with the provision of Domestic Violence (Offense and Punishment) Act, 2009⁶.

Nepal is signatory to 23 human rights treaties and International human rights instruments with the legal framework in Nepal largely supporting women's right, gender inclusion and equality⁷. At the 57th Commission on the Status of Women (CSW), where the priority them was the

⁵ Pradhan, A. et al (2011). Review of the evidence: Suicide among women in Nepal. Kathmandu: DFID/UNFPA

⁶ Development of Costing Framework and Costing of Gender Equality Instruments in Nepal (2016). Ministry of Women, Children and Social Welfare.

⁷ Nepal Gender Profile, OCHA, UN Women, <http://un.org.np/attachments/nepal-gender-profile-march-2016>

elimination and prevention of all forms of violence against women and girls, Nepal committed to strengthening implementation of legal and policy frameworks and accountability addressing structural and underlying causes and risk factors to prevent violence against women and girls. In addition, Nepal has committed to attaining the Sustainable Development Goals (SDGs), in which Goal 5 calls for elimination of all forms of violence against women and girls, end of all forms of gender based discrimination and elimination of harmful practices such as child marriage, and calls for ensuring universal access to sexual and reproductive health and reproductive rights.

1.3 UNFPA's GBV Prevention and Response Project

The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has defined GBV as a “violence that is directed against a woman because she is a woman or that affects women disproportionately”, thereby underlining that violence against women is not something occurring to women randomly, but rather an issue affecting them because of their gender⁸. In accordance with the UN mandate, and in light of the prevalence of GBV incidents in Nepal, the United Nations Population Fund (UNFPA), which has been supporting Nepal since 1971, is building national capacity in the health sector to address GBV and working to enhance the knowledge and capacity of men, women and communities on GBV.

With support from the Swiss Agency for Development and Cooperation (SDC), UNFPA is implementing a three year 'GBV Prevention and Response Project' from March 2016 to December 2018, aiming to influence attitudes and norms towards GBV, and to strengthen the response of health and support services towards GBV in 30 VDCs of three districts of Nepal – Okhaldhunga, Sindhuli and Udayapur.

The overall goal of this project is to reduce the prevalence of GBV through the effective empowerment of women and men through prevention and response interventions by more responsible and capable government agencies⁵.

The project seeks to inform women so that they better understand their rights and to increasingly report their problems to community groups, service providers, or authorities to seek remedy and prevent escalation. It also seeks to change the behaviour of men and boys so that they work actively to discourage GBV. The project will also provide capacity building and mentoring support to OCMCs/ district hospitals to provide qualitatively better services to GBV victims and reach out to engage in prevention support to families at risk of domestic violence.

⁸ CEDAW, General Recommendation No. 19 on Violence Against Women

As a result of these interventions, according to the project's Theory of Change, "GBV affected persons will be increasingly satisfied with rehabilitation and redress measures and violence will decrease due to prompt action against perpetrators."⁹

1.4 Objectives of the Baseline Study

This baseline study was carried out with the specific objective of collecting baseline data for the impact and outcome indicators of the project, as per the project's logframe. Understandably, the baseline data are used to identify the knowledge, attitude and behaviour of the target population. This baseline has measured and identified the key issues regarding GBV and other project supported services. The data attained from this baseline study has been compiled based on the need of the different indicators that are relevant to the project interventions. These indicators include:

Goal Indicators:

- Prevalence/incidence of all forms of GBV in programme area
- Reduction of spousal violence by half in programme area

Outcome 1 Indicators:

- Percentage of women and girls having knowledge on all forms of GBV and know when and where to seek care following violence
- Percentage of men and boys who believe that violence against women and girls is acceptable
- Number of men and boys/local clubs who have taken action to prevent GBV
- Possession of vital documents such as birth certificate, citizenship, and marriage certificate by women and girls

Outcome 2 Indicators:

- Number of health service delivery points that have adhered to the clinical protocol on GBV
- Percentage of GBV survivors who are satisfied with the quality of GBV service
- Number of GBV cases that are reported
- Number of GBV cases that were prosecuted by law

⁹ Project Document, Gender Based Violence Prevention and Response Project, UNFPA

The baseline survey has compiled quantitative data on these indicators while adding qualitative information as a part of the findings of this study. Chapter 2 presents the conceptual framework of the study, while details of the tools that were used to capture the necessary information are presented in Chapter 3: Approach and Methodology, followed by Chapter 4: Data Processing and Analysis.

Chapter 2 : Conceptual Framework

2.1 Domains of the Study

Our approach is based on the premise that GBV prevention and response involves a specific set of interventions that needs to be well planned and well-coordinated. Therefore, to assist in carrying out these interventions, this baseline study is structured around the following three domains. These domains were derived from the overall goal of the project which states that “the prevalence of gender-based violence is reduced through the effective empowerment of women and men and through prevention and response interventions by more responsible and capable government agencies.”

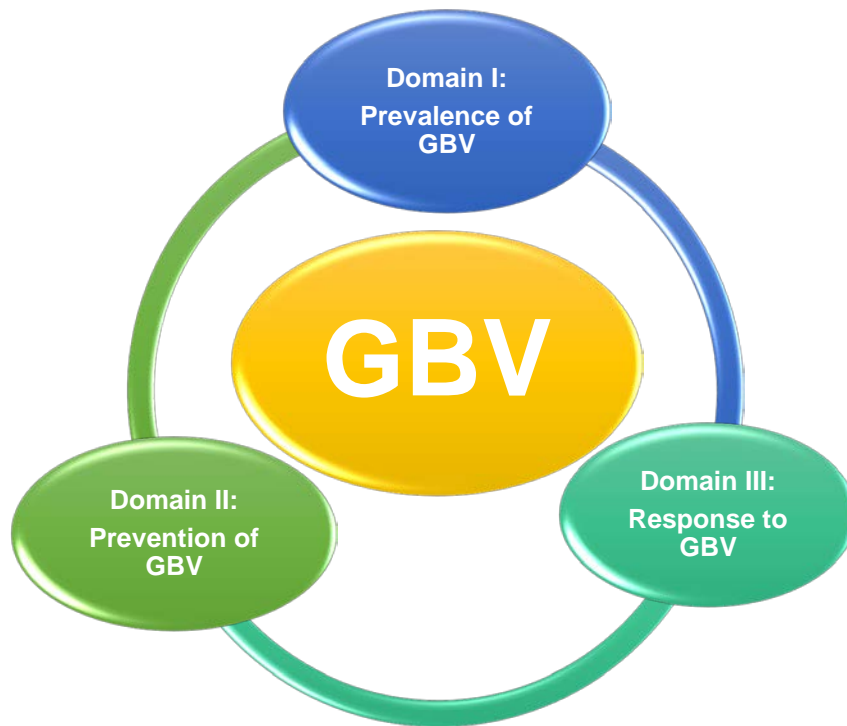


Figure 2.1: Domains of the Baseline Study

Domain I: Prevalence of GBV

Gender inequality is pervasive in Nepali society, and so is GBV. The 2011 Nepal Demographic and Health Survey (NDHS) reveals that one in five (22%) women aged 15-49 years reported experiencing physical violence at some point since the age of 15 years; among whom 9% were

physically assaulted either regularly (2%) or infrequently (7%). Moreover, about 12% women reported ever experiencing sexual violence¹⁰. Research by the Office of the Prime Minister and Council of Ministers (OPMCM) in 2012 revealed that emotional violence (40.4%) was the most commonly reported type of violence amongst women, followed by physical violence (26.8%), sexual violence (15.3%) and economic abuse/violence (8%)¹¹.

Spousal violence is also one of the common forms of GBV prevalent in Nepal. According to NDHS 2011, the most common form of spousal violence, experienced by 20% of ever-married women, is being slapped. Moreover, 16% of ever-married women reported having been pushed, shaken, or had something thrown at them; 14% have been physically forced to have sexual intercourse by their husbands even when they did not want to; and 14% were insulted by their husbands or they made them feel bad about themselves.

One of the desired outcomes of this project is the reduction of GBV in the targeted communities. Therefore, for the baseline, this study has covered the understanding and prevalence of all forms of GBV in the targeted communities in order to illustrate recent trends in GBV and people's awareness and perception of GBV. The information related to this domain has been gathered with the help of Household (HH) questionnaire.

Domain II: Prevention of GBV

This study has gathered information on the preventive measures at the community level, and also sought to ascertain the status of implementation and effects of the above mentioned policies in the grassroots level. The study has identified some of the gaps and challenges that need to be addressed to successfully carry out preventive measures against GBV. Similarly, this study has tried to identify gaps in existing policies on GBV through district level consultations. Information on preventative measures and related gaps and challenges has been obtained from the structured questionnaires, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

Domain III: Response to GBV

The Domestic Violence (Crime and Punishment) Act, 2008 protects the victims, provides in camera hearings, compensation as well as the provision of safe houses. Besides, the Supreme Court has issued guidelines and directives on abolishing *Chhaupadi* practice, protecting the

¹⁰ Nepal Demographic and Health Survey, 2011

¹¹ A study on GBV conducted in selected rural districts of Nepal, OPMCM (2012)

privacy of parties in the proceedings of special types of cases, and a directive to control sexual abuse of women at the work place.

Various actions as follows are being taken at district and community level in response to GBV:

- At the district level, the WCO is the focal agency for addressing issues of women, children, senior citizens and persons with disabilities. In all districts, WCOs host the Gender Mainstreaming Coordination Committee for formulating local level policies, monitoring and coordinating, gender related activities. WDO is also member secretary of District Gender Empowerment and Ending GBV District Committee, chaired by the Chief District Officer. Additionally, the District Development Committees (DDC), an extension of the Ministry of Federal Affairs and Local Development (MoFALD), has Social Development Division to address gender equality and social inclusion issues. Women's participation has been made mandatory in district level planning and programme execution¹².
- At the community level, the Village Development Committees (VDC) host and facilitate various committees and groups dedicated to gender equality and women's empowerment. The VDC is responsible for ensuring the participation of women and girls in various local level activities, and it is required to include 20% representation of women in all its development committees. A recent provision also requires Community Forest User Committees to have 50% women members¹³.

This baseline study has helped illustrate the response mechanisms currently existing in the project locations and has helped uncover the challenges and constraints at the implementation level. The quality of provision of services - to protect, prosecute and punish perpetrator, and redressal mechanisms - have been assessed. In addition, information on the facilities and satisfaction related to response service has been collected and elaborated with the help of structured questionnaires, KIIs and FGDs.

2.2 Conceptualizing GBV for the Baseline Study

According to the 1993 Declaration on the Elimination of Violence against Women made by the UN General Assembly, GBV is defined as any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering among women, including threats of such acts and

12 Nepal Gender Profile, OCHA, UN Women, <http://un.org.np/attachments/nepal-gender-profile-march-2016>

¹³ National Review on the Implementation of the Beijing Declaration and Platform for Action (1995) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000)

coercion or arbitrary deprivation of liberty. Similarly, GoN's Domestic Violence Act 2066 has listed physical, sexual, emotional or economic violence/abuse as forms of GBV¹⁴. The UN Declaration on the Elimination of Violence against Women (DEVAW), adopted by the UN General Assembly in 1993, has stated that the context or setting of all forms of GBV (physical, sexual and psychological), could be in private or in public:

- in the family (such as battery, marital rape, sexual abuse of female children, dowry-related violence, female genital mutilation/cutting and other traditional practices harmful to women),
- in the general community (such as rape, sexual harassment and intimidation at work, in school and elsewhere, trafficking of women, and forced prostitution), and
- violence perpetrated or condoned by the state, wherever it occurs.

The Beijing Platform for Action adopted in 1995 further expanded upon the DEVAW definitions of GBV to include: violations of the rights for women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilization, forced abortion, coerced or forced use of contraceptives; prenatal sex selection; and, female infanticide. It further recognized the vulnerabilities of women belonging to minorities; the elderly and the displaced; indigenous, refugee and migrant communities; women living in impoverished rural or remote areas, or in detention¹⁵.

GBV has been defined as follows by acknowledging gender discrimination and gender inequalities are the underlining causes.

*"Gender-based violence is a violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm... It includes that violence which is perpetuated or condoned by the state."*¹⁶

Therefore, based on these concepts of GBV, in order to capture information on the prevalence of GBV and knowledge on all forms of GBV in the community, this study has referred GBV as

¹⁴ Domestic violence Act (2066)

¹⁵ Beijing Platform for Action, 1995

¹⁶ United Nations Population Fund (UNFPA). Violence against girls and women: a public health priority

any kind of physical, sexual or emotional violence, encountered at any of the above mentioned settings. These are delimited as follows¹⁷:

- Physical Violence - Hitting, slapping, choking, cutting, burning, kicking, stabbing, or anything causing injury
- Sexual Violence- Rape, marital rape, attempted rape, unwanted kissing, fondling, sexual abuse/ harassment, or anything related to sexual act
- Emotional Violence-Threats, intimidation, humiliation, verbal abuse, jealousy, excessive control and restrictions, accusations of witchcraft, or anything causing psychological disturbance

2.3 Focus on Women and Girls

UNFPA's Nepal Perception Survey stated that both men and women reported physical abuse of women, rape, girl trafficking, and polygamy, discrimination between son and daughter, and child marriage, to be common forms of GBV¹⁸. However, it has been widely acknowledged that the majority of victims of GBV are women and girls as a result of unequal distribution of power in society between women and men. In addition, findings from the UNFPA Perception survey suggest that:

“The primary targets of GBV are women and adolescent girls, but not only are they at high risk of GBV; they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and fewer resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer (...) consequences [on their sexual and reproductive health], including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV”.

Moreover, during Nepal's second Universal Periodic Review (UPR), in November, 2015, the UN Human Rights Committee expressed concern that patriarchal attitudes and deep-rooted stereotypes that perpetrated discrimination against women remained entrenched. These result in multiple forms of discrimination against disadvantaged women, discrimination against girls and women in food distribution within the household, and a high prevalence of GBV.

¹⁷ Handbook for the Protection of Internally Displaced Persons. Action Sheet 4. Gender-based Violence. Retrieved from <http://www.unhcr.org/4794b3512.pdf>

¹⁸ UNFPA Nepal Perception Survey, 2013

It is understood that GBV is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society¹⁹. Men also tend to be the victims of GBV. For instance, men can become targets of physical or verbal attacks for transgressing predominant concepts of masculinity, and can also become victims of violence in the family – by partners or children.

Since the primary target group of this project are women and girls, this baseline survey has focused more on women and girls. However, according to the project document, an important component of the project's Theory of Change is to change men's pro-GBV behaviour and to enable men and boys to actively work to discourage GBV in their respective communities. Two of the nine baseline indicators covered by this study are male specific indicators. Therefore, men and boys have also been included as the respondents of this survey.

¹⁹ Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators, Selah Bloom, 2008

Chapter 3 : Approach and Methodology

This baseline study (situational assessment) was carried out using a mixed method approach as it was designed to capture both qualitative and quantitative information related to the state of GBV prevalence, prevention and response in the project districts. Quantitative data is used to estimate the baseline values of the goal and outcome indicators while qualitative information has been used to support the findings of the quantitative survey.

3.1 Sample Area Selection

The GBV Prevention and Response project is being implemented in 10 VDCs each in Sindhuli, Udayapur and Okhaldhunga. The location of these districts in Nepal is illustrated in the figure below.

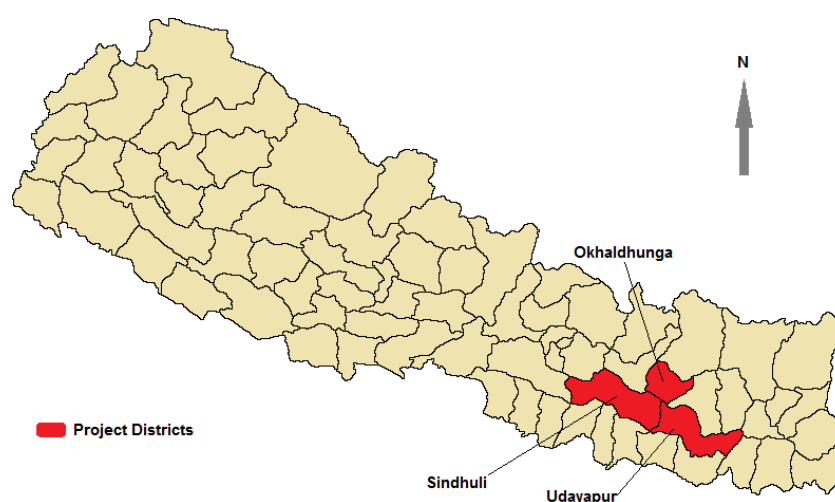


Figure 3.1: Map of Nepal with Project Districts

All three project districts have a low level of human development, with the HDI values²⁰ at 0.475 for Udayapur (35th place in Nepal), 0.468 for Okhaldhunga (38th) and 0.44 for Sindhuli (52nd). The table below presents the population information of the three districts according to the 2011 national population census²¹.

²⁰ Nepal Human Development Report, GoN, UNDP, 2014

²¹ National Population and Housing Census 2011, CBS

Table 3-1: District Profile of Project Districts

District	Total Household	Total Population	Total Male	Total Female	Top 5 ethnicities
Udayapur	66,561	317,532	149,712	167,820	Chhetri, Rai, Magar, Tharu, Tamang
Okhaldhunga	32,466	147,984	68,687	79,297	Chhetri, Magar, Hill Brahmin, Rai, Tamang
Sindhuli	57,544	296,192	142,123	154,069	Tamang, Magar, Chhetri, Hill Brahmin, Newar

For the baseline survey, the sampling frame consisted of 2 VDCs and 1 municipality (henceforth referred to as study areas) in each of these districts made up for the study. While mapping the project VDCs, it was observed that VDCs in all three districts are somewhat grouped resulting in three clusters of VDCs in each district (see Figure 3-1). One VDC/municipality from each cluster was selected in order to get a representative sample.

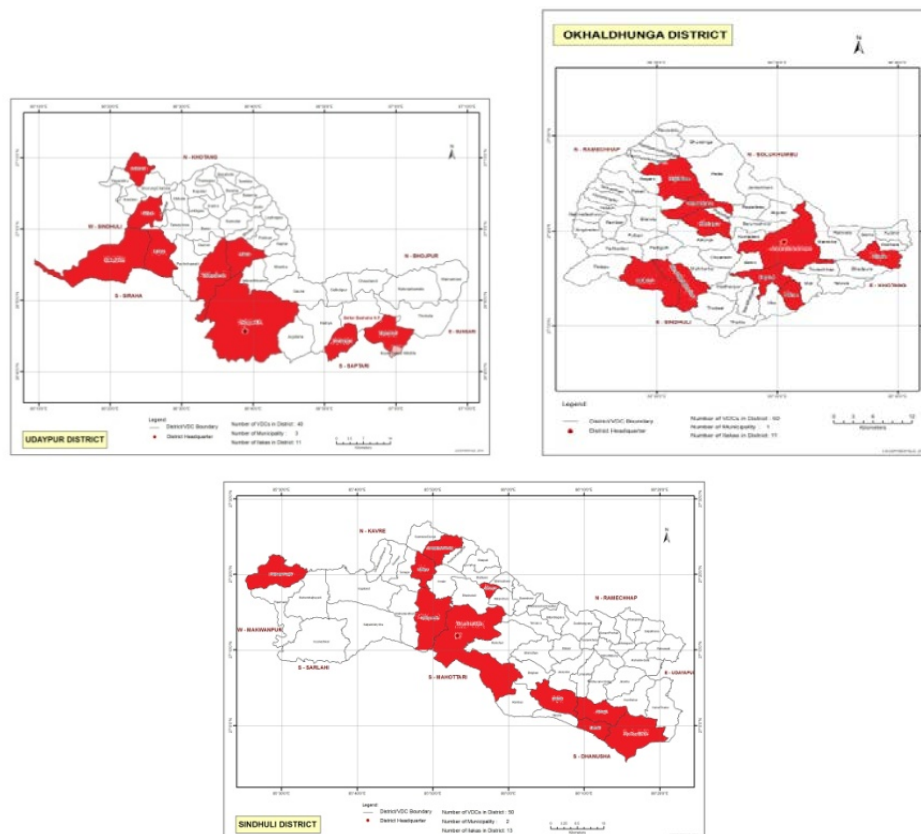


Figure 3.2: Map of project VDCs in the three districts

The number of households to be interviewed during the survey was calculated using the widely used sample size formula for categorical data. Among many studies, a number of national and international studies relating to GBV have used this formula or a variation of it²². The formula, devised by W. G. Cochran, in his 1963 book *Sampling Techniques*, is given below.

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

Where,

Z value at 90% of confidence level (Z) = 1.645

Margin of error (e) = 5%

Maximum Variability (p) = 0.5

Determinant calculated by using 1-p (q) = 0.5

Based on above equation we find $n_0 = 271$

Cochran's correction formula, used when the population size is small, gives us the following sample size for our research.

$$\text{Sample Size needed, } n_1 = \frac{n_0}{1 + \frac{n_0 - 1}{N}}$$

Where,

N is the total number of households from the selected VDCs

²² Child Marriage in Nepal Research Report, Plan Nepal, Save the Children, World Vision International Nepal, 2012; Gender Based Violence Response: The Kasarani District Perspective, Kenya Women and Children's Wellness Centre, 2012; Domestic violence and its associated factors among married women of a village development committee of rural Nepal, Diksha Sapkota, Sailesh Bhattarai, Dharanidhar Baral, and Paras K. Pokharel, 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4799562/>

Due to the lack of precise estimates of GBV prevalence in the project districts, the level of maximum variability ($p=0.5$) was used to calculate the sample size which has resulted in a more conservative (larger) sample size. Any other value of p would have resulted in a lower minimum required sample size than what we currently have.

Based on the above equation, we identified the required minimum sample size for our research, n_1 , for each of our three districts, as presented in the table below. Since the sampling was done in two stages the Design Effect (DEFT) was taken to be 2.

Table 3-2: Sample Size Calculation

Okhaldhunga		Sindhuli		Udayapur	
Level of Confidence (1- α)	90%	Level of Confidence (1- α)	90%	Level of Confidence (1- α)	90%
Z-value, Z	1.645	Z-value, Z	1.645	Z-value, Z	1.645
Margin of error	5%	Margin of error	5%	Margin of error	5%
Maximum Variability, p	0.5	Maximum Variability, p	0.5	Maximum Variability, p	0.5
q=1-p	50%	q=1-p	50%	q=1-p	50%
Population Size, N	10311	Population Size, N	19146	Population Size, N	46031
Required Sample Size, n_0	271	Required Sample Size, n_0	271	Required Sample Size, n_0	271
Finite Population Size, n_1	264	Finite Population Size, n_1	267	Finite Population Size, n_1	269
Design Effect (DEFT)	2	Design Effect (DEFT)	2	Design Effect (DEFT)	2
Effective Sample Size ($n_1 \times \text{DEFT}$)	528	Effective Sample Size ($n_1 \times \text{DEFT}$)	534	Effective Sample Size ($n_1 \times \text{DEFT}$)	538
Initial Sample (w/ 10% NRR)	588	Initial Sample (w/ 10% NRR)	594	Initial Sample (w/ 10% NRR)	599

The minimum sample size according to the above calculations is 1600 households. The actual sample size consists of 1618 households in the three districts and the overall analysis has been performed on these 1618 households.

Considering the fact that GBV should be addressed in all stages of the lifecycle and to all genders (refer conceptual framework), this baseline has focused on both males and females of different age groups (Table 3-4). The targeted numbers of male and female respondents of different age groups in the total sample were derived proportionally for different age groups

according to the distribution in the National Population and Housing Census 2011. The number of male and female respondents from each age group in the study sample is presented in Table 3-3 and 3-4.

Table 3-3: Surveyed number of respondents by VDC/Municipality

District	Surveyed VDC/ Municipality	Total HH	Sample HH	Female respondents (75%)	Male respondents (25%)
Okhaldhunga	Siddhicharan Municipality	4374	182	137	45
	Harkapur VDC	614	178	134	44
	Sisneri VDC	859	175	132	43
	Total	5847	535	403	132
Sindhuli	Kamalamai Municipality	9304	181	136	45
	Hatpate VDC	1623	178	133	45
	Jha. Ratmata VDC	1194	176	131	45
	Total	12121	535	400	135
Udayapur	Triyuga Municipality	15926	183	137	46
	Tapashowri VDC	2206	182	135	47
	Risku VDC	1788	183	135	48
	Total	19920	548	407	141
Total		37888	1618	1210	408

Table 3-4: Age Group & Sex of respondents by District

Age Group	Sindhuli		Udayapur		Okhaldhunga		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
15-19	31	88	30	84	28	86	89	258
20-29	34	107	37	120	33	116	104	343
30-39	27	80	30	81	27	89	84	250
40-49	25	72	25	72	24	49	74	193
50 or more	18	53	19	50	20	63	57	166
Total	135	400	141	407	132	403	408	1210

3.2 Training of Field Team

A team of field researchers, both in-house and consultants, were deployed to carry out this study. The core team consisted of the Lead Researcher (1), Researchers (2), Data Analyst (1)

and Research Associate (1), and the field team consisted of 1 supervisor and 2 field researchers in each district, resulting in a team of 9 field researchers. The field researchers were selected on the basis of their educational background, field experience, and familiarity with the sensitivity of this study.

Upon finalization of the design report and survey tools, a rigorous 3-day training and orientation session familiarized the research team with the purpose of the study, sensitivity of the research topic, specific tools to be used, qualitative data collection, and the use of Open Data Kit (ODK) software for data collection. Rapport building and approach to entering the community were also discussed in great detail, followed by mock interviews and role play exercises which also served as a pre-testing of the survey tools prior to deployment.

To ensure the quality of methodology and resulting data, during the training, the field researchers held a mock FGD exercise, where the core researchers supervised the session, reviewed data and provided recommendations to avoid missing out any information.

Each field team consisted of one male and one female field researchers. Due to the sensitive nature of the questions, male field researcher interviewed only the male respondents and the female field researcher interviewed female respondents. The researchers conducted the interview at a separate location, where privacy of the respondent could be ensured.

3.3 Entry Approach

On the day of the field visit, before starting with FGDs and HH surveys, the research team visited the representative of the Women and Children's Office (WCO). The field study was carried out in close cooperation and coordination with WCO.

The research teams were provided with the list of possible respondents for KIIs and FGDs who could be approached in the community. These focal persons were confirmed with the help of CMO, WCO and other community based stakeholders in the study areas. The team sought the support from local informants in the VDC, such as representatives of the Women's Cooperatives, social mobilizers, FCHVs, etc. to facilitate the study and for organizing the FGDs. These people also guided the field team to the selected households. The field team worked closely with the local actors in order to understand the socio-cultural landscape of the area and also the pattern of the service providers.

3.4 Household Selection

The team of field researchers at Udayapur was successful in obtaining the household list from one of the NGOs working in the district. After obtaining the list of all households in the VDCs, systematic random sampling was used to select the sample households.

However, in case of Sindhuli and Okhaldhunga, household lists could not be obtained for any VDCs. Therefore, as per our initial plan, the research team consulted with the WCs and local actors to identify potential respondents for this study.

Either a female or a male was selected from each household for the individual interview in order to fulfil the age-group/gender balance based on Tables 3.3 and 3.4. Male field researchers surveyed only the male member of the household, while female members were only interviewed by female field researchers.

Field researchers visited the selected households, took permission from the head of the household and the desired respondent to conduct the survey, duly following the survey protocol. If no one was present, then the field researchers moved to the next household. The more experienced field researchers accompanied the field researchers while they were mobilized in order to oversee the process of data collection and to ensure the quality of data being collected.

3.5 Data Collection Instruments

The survey tools used in this study contained all the questions and probes to capture the information needed to compute the baseline values of all the relevant indicators in the project's logframe. The tools used to collect information during this baseline survey and the types and number of respondents for each tool can be found in Annex VIII, IX, X and XI.

The field research was carried out from 17 March 2017 to 21 April 2017. The in-depth household consultations were done after all other surveys were completed. The research dates in which the surveys were conducted are included in Annex IX.

3.5.1 Structured Household Questionnaire

Questionnaire survey was administered using the Open Data Kit (ODK) application on Android based handheld devices. Separate questionnaires were administered to male and female respondents. Each questionnaire has been divided into two parts. Part I gathers information on the composition and general household characteristics of the respondent. Part II, III and IV of the questionnaire deals with questions on GBV in relation to the baseline indicators. With the

help of this approach, different variables have been analysed based on the demographic and socio-economic characteristics of the respondent households.

3.5.2 Focus Group Discussions

The purpose of Focus Group Discussions (FGD) was to gather qualitative information and to triangulate information derived from questionnaire survey. A set of guiding questions were developed to conduct FGDs. FGDs were conducted in convenient venues, considering the privacy and safety of the participants. Before starting with each FGD, the participants were made aware on the subjects and purpose of the study. Thereafter, verbal consent was attained to record the conversation and take photographs during the discussion. There were cases where the participants did not approve voice recording; in this cases, voice recording was not done. In addition, the researchers ensured the participants that their confidentiality and privacy would be maintained.

A total of 29 FGDs were conducted in the three districts. The male researchers conducted FGD with Youth clubs and female researchers conducted FGDs with Mothers' and Women's Groups, GBV Watch Groups, Girls Group, Girls Circle and women's cooperative. The discussions began with generic questions related to GBV, and then the discussions headed towards specific questions related to their involvement and roles in preventing GBV and the support or services that have been provided to the survivors. They were also consulted on the constraints and challenges they face in GBV prevention and response. The FGDs lasted for one to two hours.

FGDs were moderated by the supervisors while other researchers acted as note-takers who were responsible for recording observations and responses. Discussions during the FGDs were recorded as well as noted in a separate notebook. Recorded data were transcribed, then typed and was tallied with the written notes. After reviewing these transcripts, they were entered into the relevant theme/indicator-wise categories, along with the thematic constraints and challenges related to GBV prevention and response.

3.5.3 Key Informant Interviews

Key Informant Interviews (KIIs) were conducted at the district and village level. 22 KIIs were conducted in total. GBV survivors were identified with the help of women's cooperatives and CMOs. Some of them were also identified in the community while conducting household survey. Survivors that we encountered recognized themselves as victims and had approached relevant service providers for help and services. The survivors were interviewed in order to gauge their

satisfaction on GBV services and support system in their respective districts. Responses were recorded and analyzed using the same process of FGDs (refer 3.6.2).

3.5.4 In-depth Household Consultations

Beyond using the structured questionnaires and surveys, the research team utilized In-depth Household Consultation as an intensive qualitative research tool in order to gather opinions and insights from community people. The core of this household consultation is 'immersion' into the community, which is based on the concepts of the Reality Check Approach (RCA). The researchers lived with local households for several days and nights, joining in the everyday lives and chatting informally with all members of the family and members of their community. These consultations provided enabling conditions for rich insights and reality to emerge that might not have come forward from a traditional questionnaire based survey^{23,24,25}. The following are some characteristics of this study:

- Living with rather than visiting
- Conversations rather than interviews
- Learning rather than finding out
- Household-centred rather than user-group or community-centred
- Experiential in that researchers themselves take part in daily activities
- Inclusion of all members of households
- Private space rather than public space disclosure
- Interacting in ordinary daily life

Unlike RCA, in-depth household consultation does not intend to understand longitudinal change through staying with the same people at approximately the same time each year over a period of several years. Instead, the current case scenario has been captured using the areas of conversations relevant to this study (Annex XII). Since it is not a theory-based approach, no preconceived research frameworks, checklists or structured questionnaires were developed. Rather, the researchers used broad thematic checklists of 'areas of conversation', which assisted in ensuring purposeful conversations. The emphasis was on relaxed, informal, two way conversations without note taking to ensure that people feel at ease. In addition, by

²³ Reality Check Approach (RCA) Midline Report 2016, DFID Nepal Rural Access Programme (RAP3) Monitoring, Evaluation and Learning Component (Aug 2016)

²⁴ Reality Check Approach Perspectives of People Living in Poverty in Nepal: A background paper for the Mid-term review of Swiss Country Strategy (2013-2017), SDC (Jun 2015)

²⁵ www.reality-check-approach.com

documenting what people say, the study aimed to ‘flag up’ issues that can be responded to, or if necessary, investigated further by those engaged in the programme²⁶.

Study Locations

As discussed in the Technical Proposal, six in-depth household consultations were carried out. In order to attain men’s perspectives as well through this consultation, one of the researchers were male while the other five were female. The location and composition of the households that hosted our researchers is presented in the table below.

Table 3-5: Selection of Host Households

District	VDC	Ethnicity of Host Household
Okhaldhunga	Harkapur- Ward no. 4	Khatri
	Harkapur- Ward no. 4	Tamang
Sindhuli	Ratamata- Ward no. 3	Majhi
	Ratamata- Ward no. 3	Sanyasi
Udayapur	Risku- Ward no. 2	Rai
	Risku- Ward no. 2	Sarki

Since in-depth household consultations were carried out after the HH surveys, FGDs and KIIs, the field researchers were well acquainted with the community and its diversity. This helped them identify possible host households, taking into account the safety and security of the researchers. In addition, as discussed in the design report, the host households were selected purposively on the basis of their feasibility and accessibility. However, the two researchers were asked to reside in two different communities, who differ in social status or differ in ethnic identity. For reasons of safety, two researchers were mobilized in the same VDC and asked to stay in different types of households so that diverse perceptions could be attained. The other reason for emphasizing different communities was to cross-verify between the communities, the information attained from each place. Researchers resided in each Host Household for a period of 3 nights and 4 days.

Researchers also conversed with immediate neighbouring households and interacted with other community members, including local leaders and service providers such as teachers, health workers, shopkeepers, etc. These conversations, which were held at different times of the day and with different people, allow for triangulation of findings, which is an integral part of this

²⁶ *ibid*

approach. Unfinished and confusing conversations were picked up again and cross checked with other family members.

Approach for In-depth Household Consultations

The study team provided the necessary materials and guidance on conducting in-depth household consultations to 6 field researchers who were mobilized for a week in the selected VDCs to conduct 6 in-depth household consultations. Upon completion of the consultations, researchers gathered in S.W. Nepal's Kathmandu Office to share the observations and findings from the field.

Analysis and Reporting

Notes from the in-depth household consultations have been collated and compiled on the basis of the indicators of this study. Since information from in-depth household consultations are not analysed, they have been utilised to supplement the findings derived from other qualitative and quantitative tools.

3.7 Ethical Considerations

This study was conducted in accordance with the following key ethical principles:

- 1) Informed and voluntary consent
- 2) Confidentiality of information shared
- 3) Anonymity of research participants
- 4) Beneficence or no harm to participants

In addition to the trainings that made the researchers aware on this sensitive issue, S.W. Nepal attained institutional approval to conduct this research. In order to confirm that ethical stances are considered and no any harm occurs to any of the participants during this research, ethical approval was received from Nepal Health Research Council (NHRC).

Verbal consent was obtained from the head of the household (or the next figurehead if head of household was not present) and the potential respondent (if he/she is not the head of household). While interviewing a respondent who was under 18, written or verbal consent was attained from his or her parents/guardian to conduct the interview. If consent was not obtained the researchers thanked them and moved to the next household. In order to ensure privacy and confidentiality of the respondents, interviews were conducted in a polite and professional

manner at an appropriate place after receiving consent. All interviews were conducted in visible location but far enough from others for the conversation to be not overheard.

In the event that the respondent experiences a negative reaction during the course of the interview, researchers were trained to immediately stop the interview and thank the respondents for their time and contribution. In case of interview with GBV victims or survivors, the researchers were careful not to probe, and only necessary information was obtained.

Prior preparation was done to get support from service providers for eventualities that may happen in course of this study. The research team was made aware of GBV protocols, OCMC, Safe house and referral process in order that they could refer survivors if necessary.

3.8 Quality Assurance

To ensure quality data collection from FGDs, and KIIs, a rigorous training was focused on the process of gleaning information through the use of open and probing follow-up questions based on responses. Besides, to ensure the collected data is accurately tabulated and analysed to reflect the situation in the ground, a matrix was developed with all the indicators specific findings. The research team was trained thoroughly in rapport building, gender sensitivity, and the ethical considerations discussed above. This helped built trust which is necessary to obtain accurate information.

As mentioned before, this baseline study was conducted objectively by using the ODK application for quantitative data collection. Use of ODK allowed constraints on questions and answers, such as mandatory question, age can't be less than 15, etc. Since manual data entry in a computer was not required after the survey, data entry errors in the final dataset were minimized.

Members of the core research team conducted periodic checks on the progress of the field team. The more experienced researchers from the core team accompanied the field researchers, closely observed and supervised the interview process and inspected the data entry process in order to ensure adherence to the ethical protocols and accuracy of data being collected. Findings derived from the quantitative survey have been corroborated with the findings from KIIs, FGDs and case studies.

The core project team provided technical backstopping support and resolution of any conflict or constraints in the field, whenever necessary. In addition, the team was in communication with

UNFPA project office for support and advice, and weekly updates were provided on the completion of information collected.

3.9. Quantitative Data Analysis

Quantitative data from the household survey did not require any data entry activities, as the survey was conducted using the ODK application. However, data was cleaned and validated after being retrieved from the ODK server. The dataset was then exported into IBM SPSS Statistics software for further data analysis and computation of baseline values of the necessary indicators.

All of the baseline indicators were derived from the summary statistics of this dataset. Descriptive statistics can be computed and disaggregated by VDC, gender, age group, caste/ethnicity and rural/urban settlements. Where possible, data is presented in the form of frequency distribution tables, cross tabulations, histograms, bar charts, pie diagrams, etc.

3.10. Qualitative Data Analysis

Quantitative information alone is not sufficient to portray the baseline situation in the project districts since issues surrounding GBV can't all be quantified. Therefore, qualitative information has been used as much as possible to support the findings of the quantitative survey. In case of FGDs and KIIs it will be difficult to quantify, therefore, has been analysed as qualitative information. Qualitative information collected from FGDs and KIIs were transcribed, and entered into the relevant theme/ indicator-wise categories for analysis.

The table below provides specific tools and questions that were used to capture the baseline information relevant to the specific indicators of the project log frame.

Table 3-6: Data Analysis Plan

Indicators	Questions	Tools	Proportion of respondents		Total Line %	Number of respondents included in analysis
			% with Yes category	% with No category		
Impact indicators						
Prevalence/ incidence of all forms of GBV in programme area	Have you heard of violence against women and girls?	Questionnaire	%	%	100%	1618
	Have you heard of physical violence?					
	Have you heard of emotional violence?					
	Have you heard of sexual violence?					
	Have you heard any other forms of violence other than that are asked?					
Reduction of spousal violence by half in programme area	3.1 Have there been incidents of spousal violence in this household in the last one month? If Yes, what kind?	Questionnaire	%	%	100%	1618
	3.2 Have there been incidents of spousal violence in the community in the last one month? If Yes, what kind?					
Outcome Indicators						

Indicators	Questions	Tools	Proportion of respondents		Total Line %	Number of respondents included in analysis
			% with Yes category	% with No category		
1.1 Percentage of women and girls who have the knowledge on all forms of GBV and know when and where to seek health care following violence.	2.1 Have you heard of violence against women and girls?	Questionnaire	%	%	100%	1210
	2.2 Have you heard of physical violence?					
	2.3 Have you heard of Emotional Violence?					
	2.4 Have you heard of sexual Violence?					
	2.5 Have you heard any other forms of Violence other than that are asked?					
	3.3 If incident of violence occurs to woman and girl, do you know when to seek care? If yes, please specify when					
	3.4 If incident of violence occurs to woman and girl, do you know where to seek support and care? If yes, please specify where					
1.2 Percentage of men and boys who believe that violence against women and girls is acceptable reduced by 50% in programme focused VDC.	4.2 If it is common, do you believe that Violence Against Women and Girls are to be tolerated? If yes, tell us why? If No, tell us why?	Questionnaire	%	%	100%	408

Indicators	Questions	Tools	Proportion of respondents		Total Line %	Number of respondents included in analysis
			% with Yes category	% with No category		
1.3 Number of men and boys in programme area who have taken action to prevent GBV increased by 50% every year.	4.3 If you think violence against women and girls are not to be tolerated, have you ever taken any action to prevent GBV? If yes, specify what action has been taken:	Questionnaire	%	%	100%	408
	4.4 If you have taken action to prevent GBV, did you take together with any group or club or institution? If yes, specify the group or clubs					
	4.5 If you have taken action to prevent GBV together with group or club or institution, were you a member of the group? If yes, specify the group or clubs you belong.					
1.4 GBV is increasingly being reported	District Police (Women's Cell), District Court	Key Informant Interview			N	
1.5 Possession of vital documents (birth certificate, citizenship and marriage certificate) by girls and women in focus VDCs increased by 15% every year.	3.5 Do you know about vital documents? If yes, please mention the names of documents.	Questionnaire	%	%	100%	1210
	3.6 Are you in possession of any vital documents? If yes, please mention the names of documents					

Indicators	Questions	Tools	Proportion of respondents		Total Line %	Number of respondents included in analysis
			% with Yes category	% with No category		
	3.7 Are you aware that there is a need of vital documents in your possession to get service care, and support in case of incident of violence occurs?					
2.1 Number of health service delivery points that have adhered to the Clinical Protocol on GBV	DHO, OCMC	Key Informant Interview			N	
2.2 Percentage of GBV survivors who are satisfied with the quality of GBV services	GBV survivors: satisfaction with the quality of service available for GBV survivors in this community	Individual Interview	%	%	100%	
2.3 Number of GBV cases that were prosecuted by law	District Police, District Court	Key Informant Interview			N	

3.11. Limitations

This baseline study gathered the information focusing on only the ten indicators listed in the objective of the study (section 1.3) from the 6 VDCs and 3 municipalities of Okhaldhunga, Sindhuli and Udayapur districts of the project that make up the sampling frame of the study.

GBV Survivors

As per the risks and assumptions mentioned in our design report, the research team did not find many GBV survivors in the study areas who were interested to take part in this study. In case of Udayapur, at the beginning, the researchers were not allowed to directly contact the GBV survivors in the Safe House. However, they received contact numbers of GBV survivors living in the community through the CMO among which only one GBV survivor who was willing to speak with us. In case of Sindhuli, no Safe House was in existence at the time of the survey so no GBV survivors could be contacted. In case of Okhaldhunga, the researchers were able to speak to four GBV survivors. Overall, not much information was attained from the GBV survivors living in the Safe houses. However, we did find few GBV survivors in the community, who had utilized the services provided by the Safe House and had by now been rehabilitated in the community. Since GBV survivors could not be contacted, this study has made the best use of the available information provided by those who were interested to share their experiences with us.

GBV Services

All the OCMCs were allocated and were functioning on some level. However, only the OCMC in Rumjatar, Okhaldhunga had proper building and infrastructure. The field researchers visited this centre and obtained necessary information about its adherence to Clinical Protocol on GBV. In the other two districts, small rooms had been allocated for OCMC but the proper building for OCMC was under construction. Therefore, information on their adherence to the clinical protocol could not be obtained.

Data Analysis

In the interest of time and space all of the possible analysis is not in this report. Our analysis is limited to the baseline indicators as they were our primary guide in designing this study. The clean SPSS dataset will be submitted from which sophisticated analysis may be performed.

The body of the report uses aggregate tables for analysis. Districtwise tables are presented in the embedded Excel file in Annex XIII. If some districts show too much of an aberration from average then that is mentioned in the text.

Facts and Opinions

All the percentage figures in the report are percentage of respondents who chose a certain answer or said a certain thing. This can be viewed as a reflection of the respondents' perception or opinion; it is not mean to be taken as a reflection of the actual state of a phenomenon in society. Since many of the indicators are of the form "Proportion of men or women who know of /believe in something" questions phrased to the respondents were designed to elicit precisely this kind of information. Wherever possible, the research has tried to find the motivation or reasons for these answers and they are presented in the report as they were relayed to the researchers.

Disability

The questionnaire went through many iterations during the design phase. It was suggested by the UNFPA team to include questions/options for Third-Gender Persons, Widows, and PLWD during different stages of questionnaire development. PLWD questions were sent to us a week after the training of field researchers was over and field mobilization was about to commence. We included these questions in the questionnaire as they were sent to us, and what we received had not segregated male and female PLWDs. So the question that was asked was of the form, "Do you know of any incidents of physical violence against people with disabilities?" This included both male and female PLWDs. Also, the question "People of which sex are most vulnerable to GBV?" was changed to "Which group of people is most vulnerable to GBV?", with the latter including options for Widows and PLWD. This was done during the last stage before the approval of the Design Report.

Follow-up Questions in Quantitative Survey

Questions and possible options were finalized collectively during the design phase. When the respondents said "burning" or "stabbing" as an example of physical violence, there were no provisions of follow up questions regarding the type, severity or instrument used to inflict the violence.

Similarly, the design report included the specific types of violence that was included in each of the forms of violence. "Jealousy" was listed as a type of emotional violence based on a few resources that were referenced and it was approved with the Design Report. Also, female respondents did point to say "*irshya garne*" or "*ris garne*" as examples of emotional violence that they are aware of or been victim of. These responses were recorded under jealousy.

Chapter 4 : Findings

4.1 Demographic Composition of Survey Respondents

This baseline survey was carried out in six VDCs and three municipalities, hereafter referred to as the nine study sites, in the three program districts – Sindhuli, Udayapur, and Okhaldhunga.

A total of 1,618 HH surveys were carried out in the nine study sites. Structured interviews were conducted with 408 males and 1,210 females.

Table 4-1: Male and female respondents in study sites

District	Study Site	Male	Female	Total
Sindhuli	Kamalamai Municipality	45	136	181
	Hatpate VDC	45	133	178
	Jhagajholi Ratmata VDC	45	131	176
Udayapur	Triyuga Municipality	46	137	183
	Tapeshwori VDC	47	135	182
	Risku VDC	48	135	183
Okhaldhunga	Siddhicharan Municipality	45	137	182
	Harkapur VDC	44	134	178
	Sisneri VDC	43	132	175
Total		408	1,210	1,618

The survey attempted to get a representative sample with respondents from all age groups. The proportion of respondents from each age group was based on the 2011 National Census data of the three districts. The age group and gender of respondents is presented in the Figure 4-1.

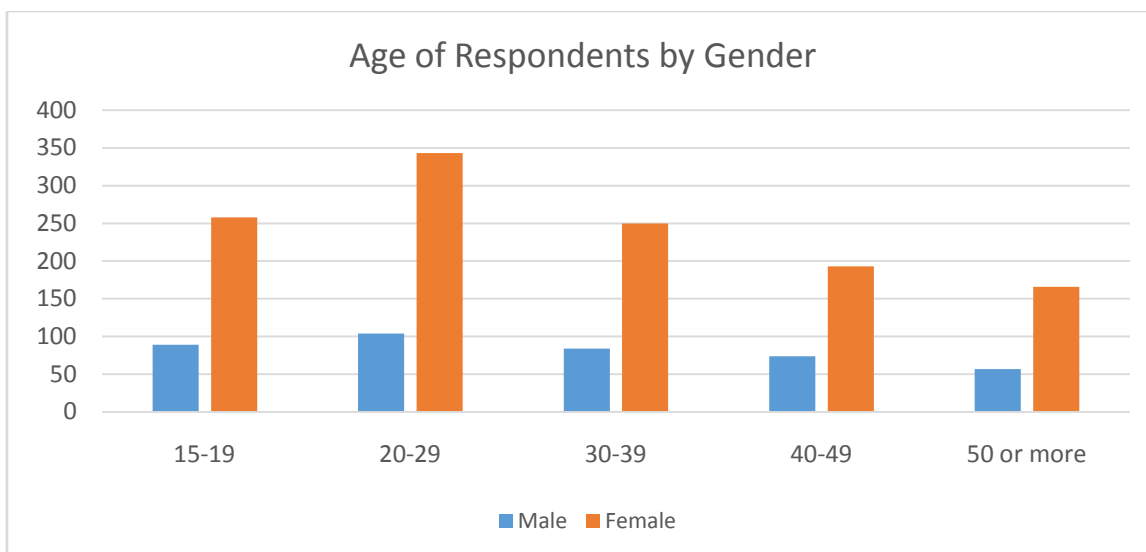


Figure 4.1: Age group of respondents by gender

Household composition

The caste/ethnic composition of the respondents show that majority of the households are Janajati (55%), followed by Chhetri (18%), Brahmin (13%), and Dalit (10%). Madhesi and Tharu populations were present in Udayapur district only. Among the “Other” category, majority identified themselves as Dashnami or Sanyasi. Among Janajati respondents, the biggest groups were *Rai*, *Newar*, *Magar* and *Danuwar*, all with more than 100 respondents, followed by *Tamang*, *Majhi*, *Sunuwar* and *Sherpa*.

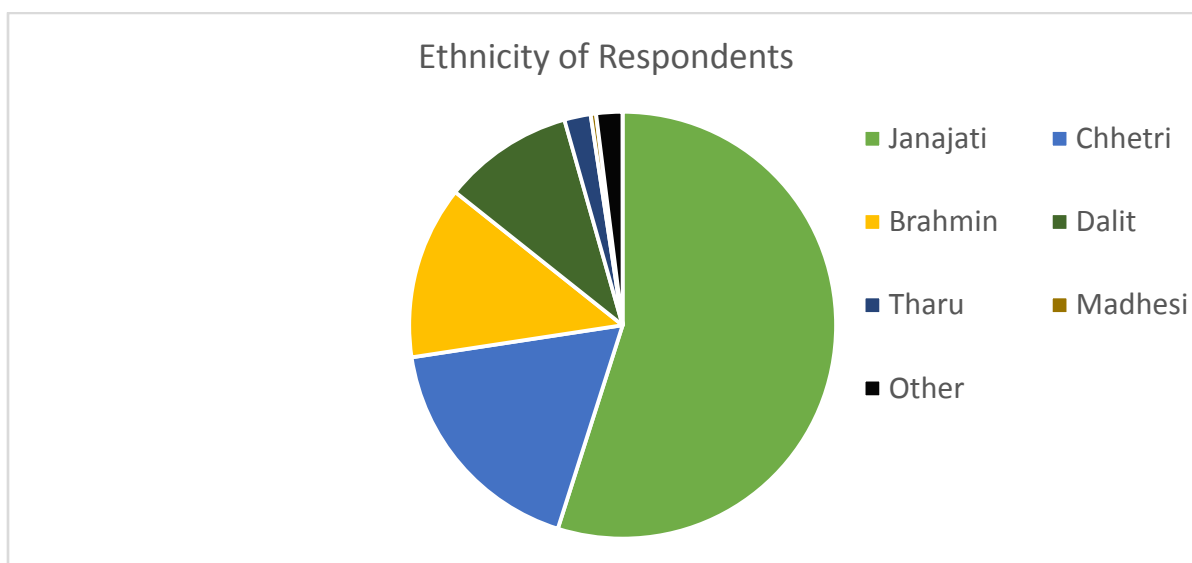


Figure 4.2: Ethnicity of respondents

The marital status of the respondents seemed to be consistent across all caste/ethnic groups in all three districts. Close to three quarters of the respondents were married (73%) and less than a quarter were unmarried (23%). Divorced, separated or widowed comprised 4% of the respondents. In terms of gender, females tend to get married earlier, as 16% of 15-19 group of females were married compared to only 10% of males of the same age group.

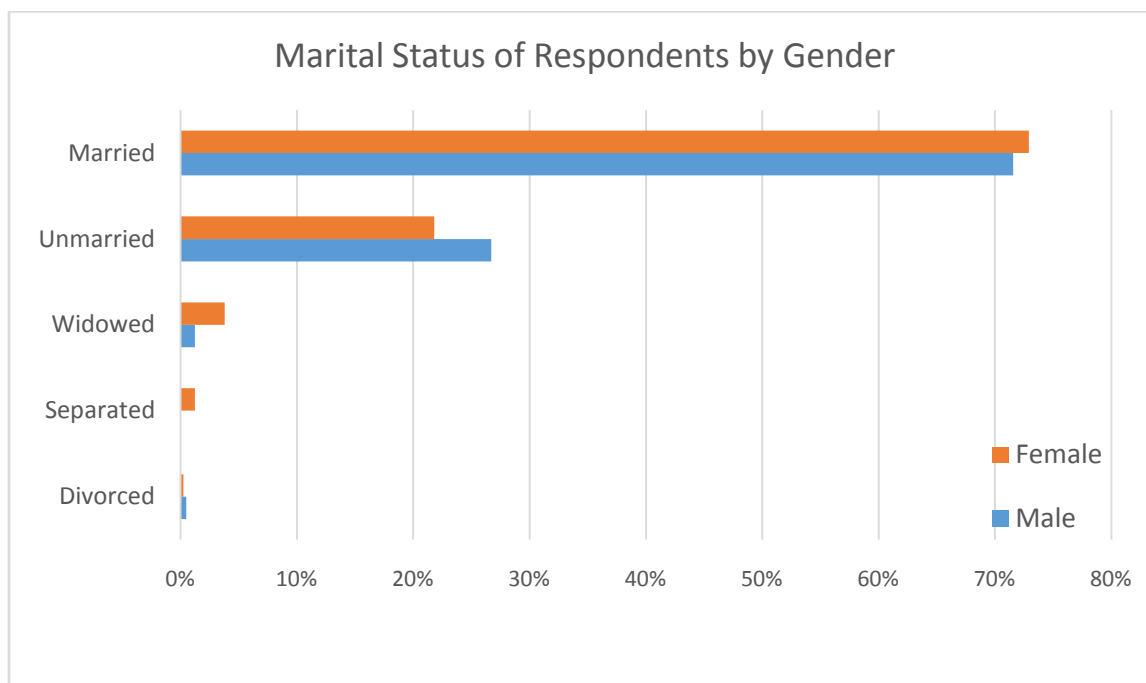


Figure 4.3: Marital Status

Almost two-thirds of the sample households were individual families (65%) and a third of them were joint families (33%). A small minority (2%) lived in extended families. This proportion was similar across all the caste/ethnic groups.

Table 4-2: Type of family of respondents

District	Type of family of respondent			Total
	Individual family	Joint family	Extended family	
Sindhuli	67%	30%	3%	100%
Udayapur	60%	38%	2%	100%
Okhaldhunga	69%	31%	-	100%
Total	65.0%	33%	2%	100%

The average family size of the surveyed households is 5.3, with more female members in the household than males in all three districts.

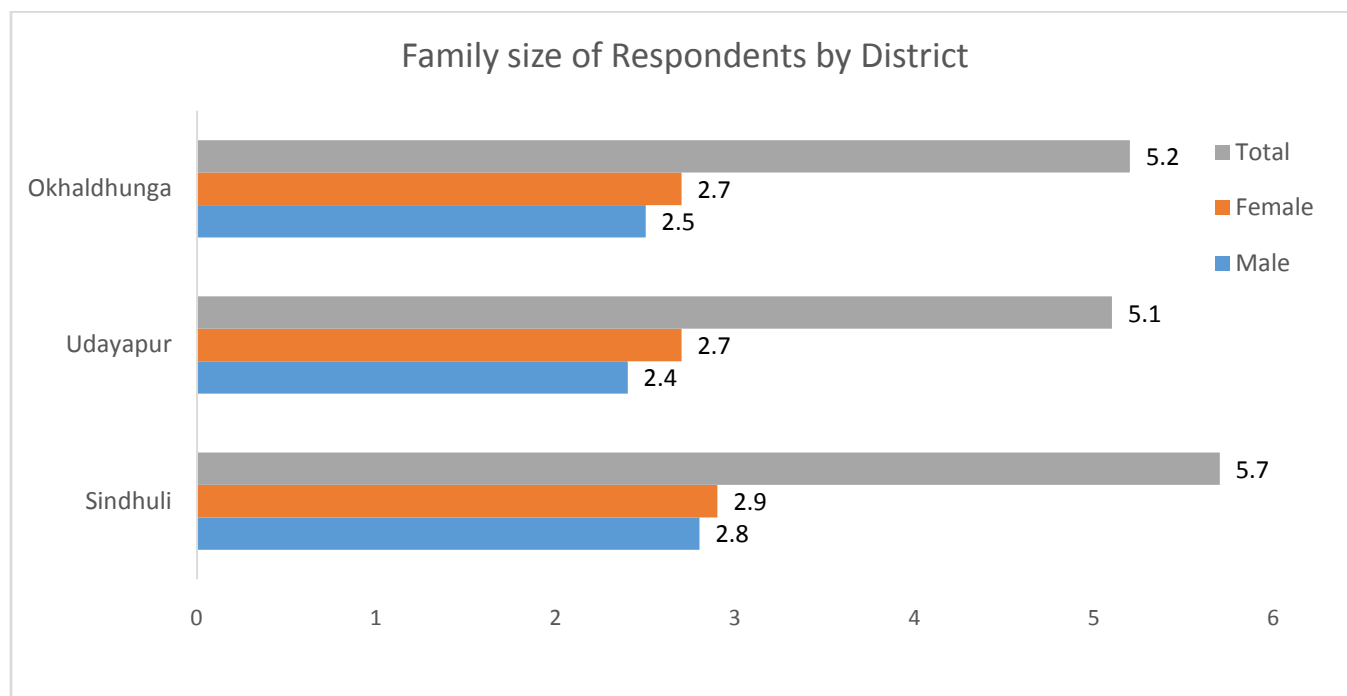


Figure 4.4: Family size of respondents by gender

Decision-making in the family

Respondents were asked two separate questions about decision making in the household – one for financial decisions and one for social decisions. 13% of all respondents chose both “self” and “spouse” meaning that they make major financial decisions together with their spouse. Similarly 15% of the respondents said that they make major social decisions together with their spouse. On a closer look, while 17% of the males have chosen the two options for both financial and social decisions, only 12% of the females have done so for financial decisions and 14% for social decisions. At the same time, only 12% of males said their spouse alone makes the major financial decisions and 13% said their spouse alone the major social decisions, while the proportion of females who said so (spouse alone makes decisions) was 26% and 23% for financial and social decisions respectively.

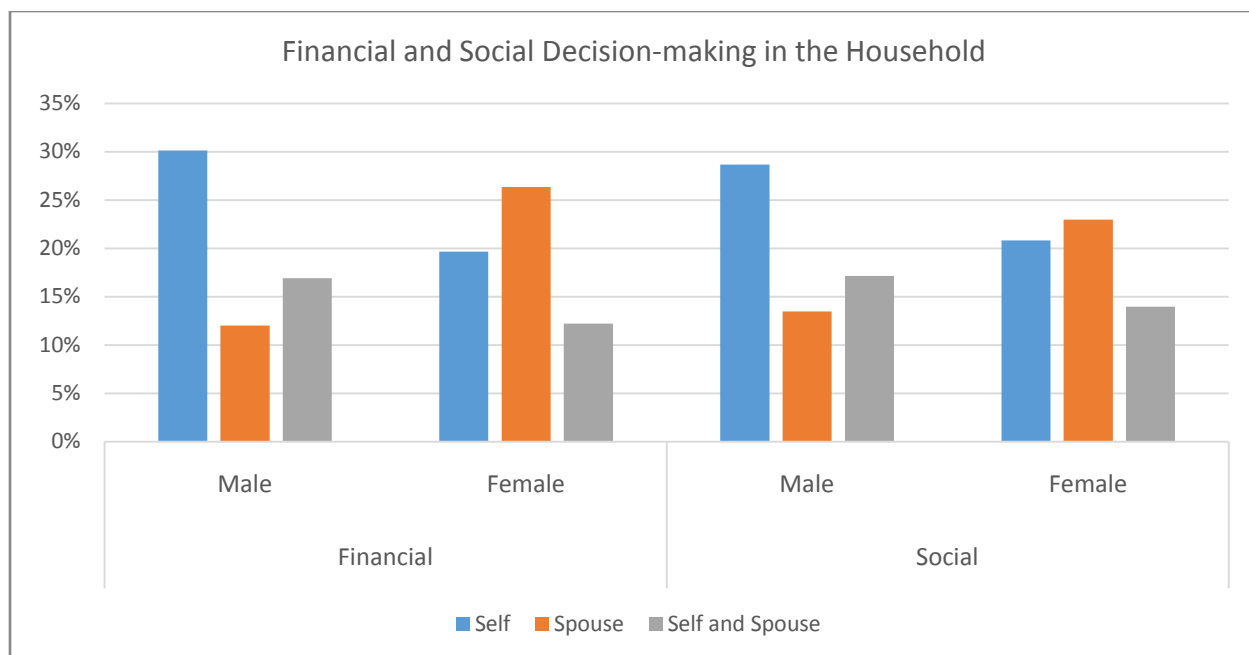


Figure 4.5: Financial and Social Decision-making in the Household

It is interesting to note almost one half of male respondents said they are involved in making the major financial and social decisions in the family (49% on financial and 47% on social decisions), while only about a third of the female respondents said they are involved in making major financial and social decisions the family (34% on financial and 37% on social decisions).

Education and Income

In terms of educational attainment, females (31%) were much more likely to be illiterate than males (6%). A quarter of the total respondents (25%) claimed to be illiterate while only 15% had obtained a higher secondary education or better. Brahmin and Chhetri respondents had more attainment of higher education and a lower proportion of them were illiterate as compared to other ethnic groups.

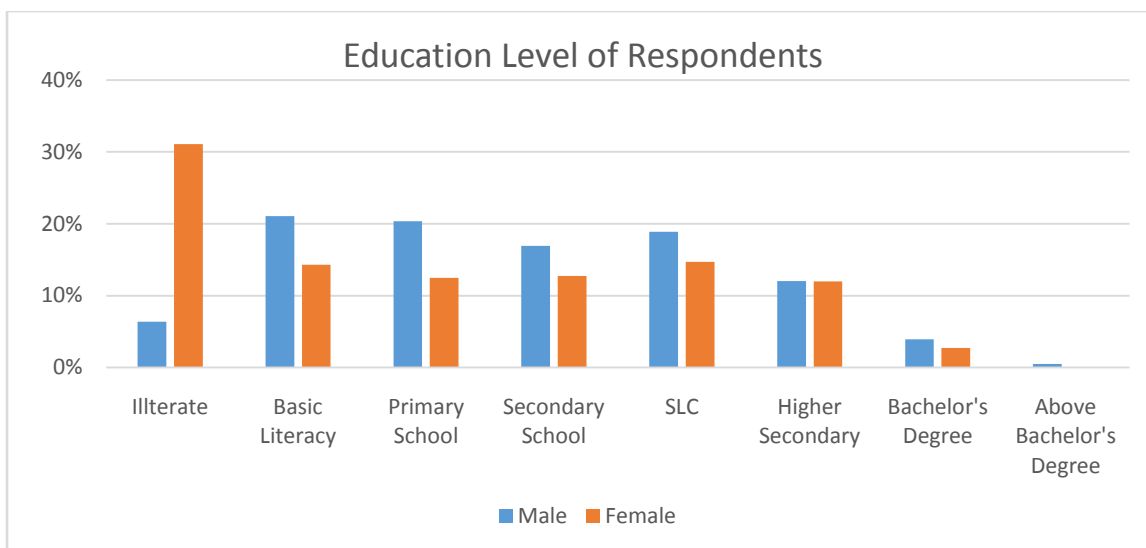


Figure 4.6: Education level of respondents

The primary occupation of 39% of the respondents was agriculture/livestock rearing. With regard to the primary occupation, there are marked differences between male and female respondents. More females are responsible for managing the family (31%) than males (3%) while males are more likely to be involved in wage labour, government service, teaching, and business. Among “other” types of occupation listed (95 males and 214 females), majority of these respondents identified themselves as students (78 males and 190 females).

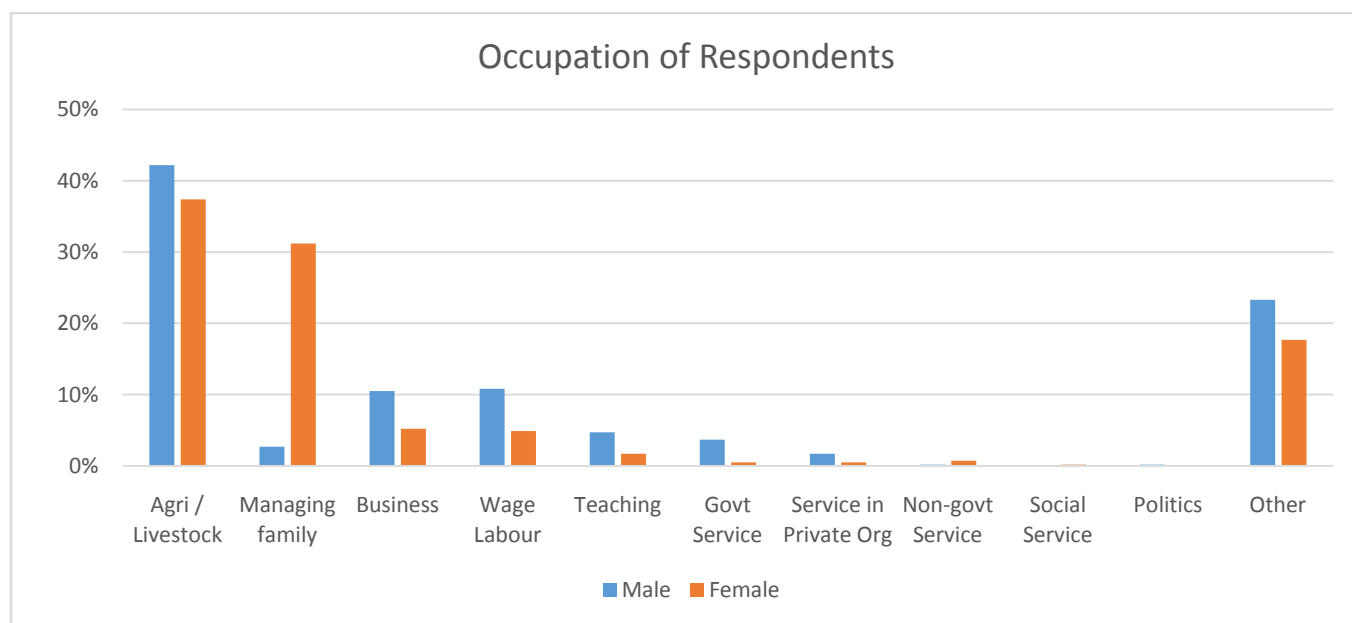


Figure 4.7: Occupation

The household's main source of income was deemed to be agriculture and livestock by a large majority of the respondents (79%), followed by remittance (16%), business (13%) and skilled or unskilled wage earning jobs (13%). Respondents could choose more than one option and those who chose "other" income usually meant some form of pension or social security payments. These payments were mentioned more by respondents in Okhaldhunga than other districts. 26% of all respondents in Udayapur chose remittance income as a major source of household income compared to 10% in Sindhuli and 12% in Okhaldhunga.

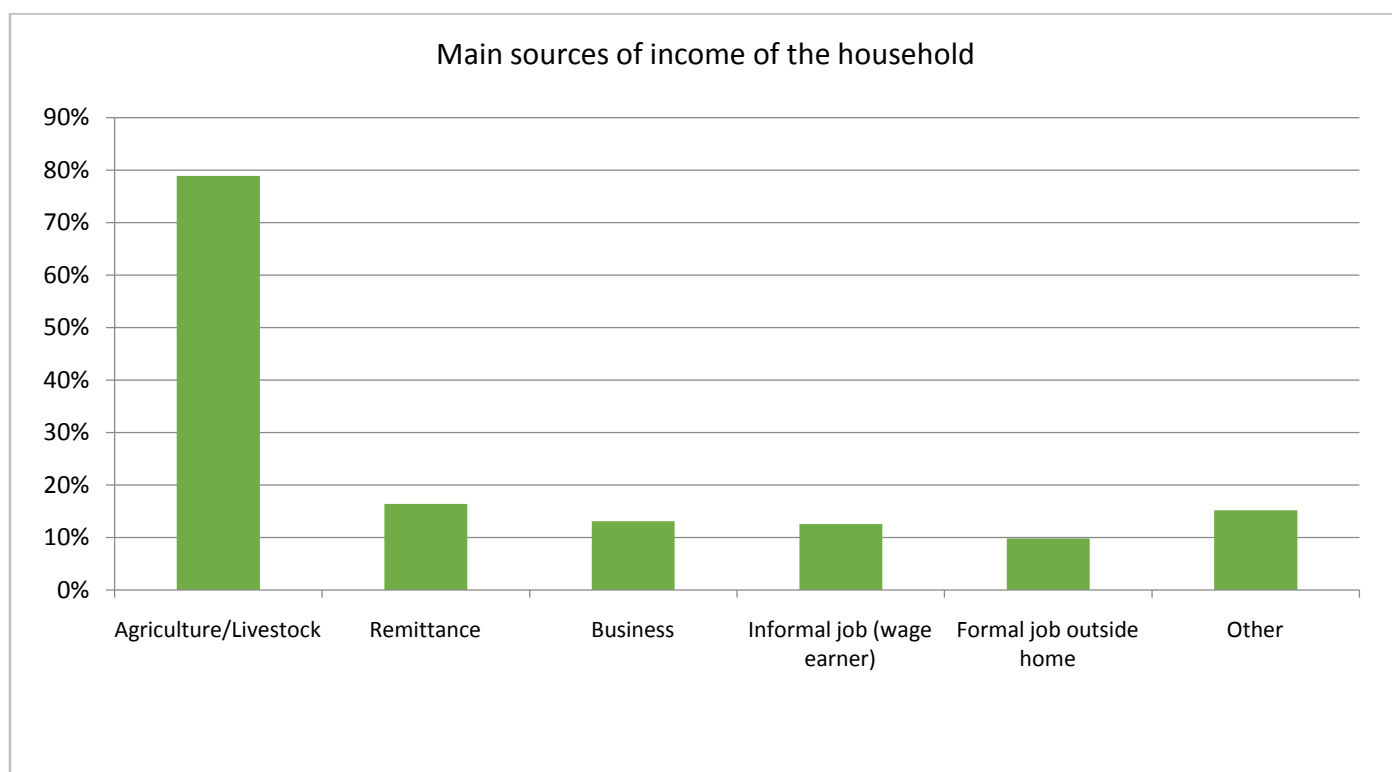


Figure 4.8: Main sources of income of the household

The households were asked to categorize their income status in terms of annual food sufficiency. Less than a quarter of the respondents (24%) reported that their household's income level allows some portion of the income to be saved, and close to one-third said their family income is not enough to provide food for the whole year (30%). 8% of Dalits claimed that it is hard for them to survive on their present income, while Tharus in Udayapur were able to save some or large portion of their income (63%)

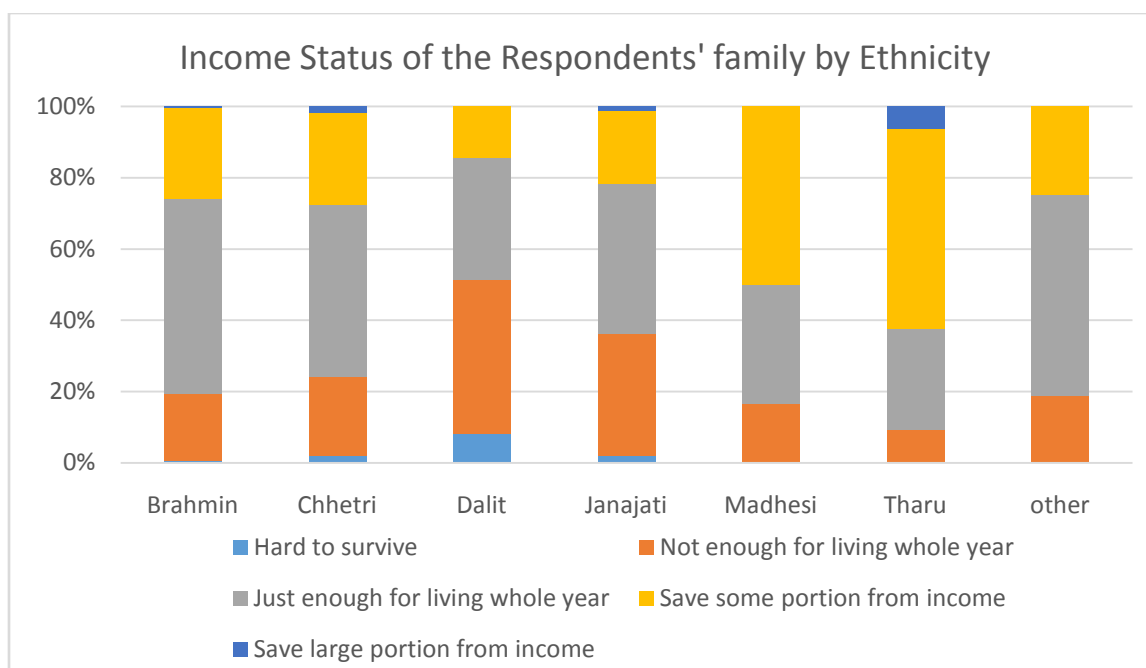


Figure 4.9: Income status of the respondents' family by ethnicity

Disability

Out of all 1618 respondents, only 3% considered themselves to have some form of disability (n=52). The most common forms of disability included physical disability (n=30) and blindness or low vision (n=12).

Table 4-3: Disability among respondents

Gender	Do you consider yourself to have a disability?		Total
	No	Yes	
Male	397	11	408
Female	1169	41	1210
Total	1566	52	1618

4.2. Prevalence of GBV

This baseline study on GBV was conducted with the help of household questionnaires, focus group discussion with members of the community, key informant interviews with stakeholders in the district and VDC level, and in-depth household consultations with local households in the study areas. After a month long study in all three districts, the study can conclude that situation of GBV in the three districts can be described as grim, as violence against women and girls is extensive and unfortunately common. The study has revealed that GBV is highly prevalent in the project districts, especially in the form of spousal violence that is often fueled by alcohol.

Incidences of violence against women are common, judging by the responses to the questionnaire, extensive discussions during the FGDs, and views expressed in the KIIs. GBV in these districts is most prevalent in the form of emotional violence, followed by physical and sexual violence. Most of the perpetrators are close to of the victims, men and boys in the form of husbands, in-laws, neighbours, intimate friends. Other types of perpetrators are unknown boys and men with “bad moral character”, as relayed by the respondents - that are often perpetrators of sexual violence.

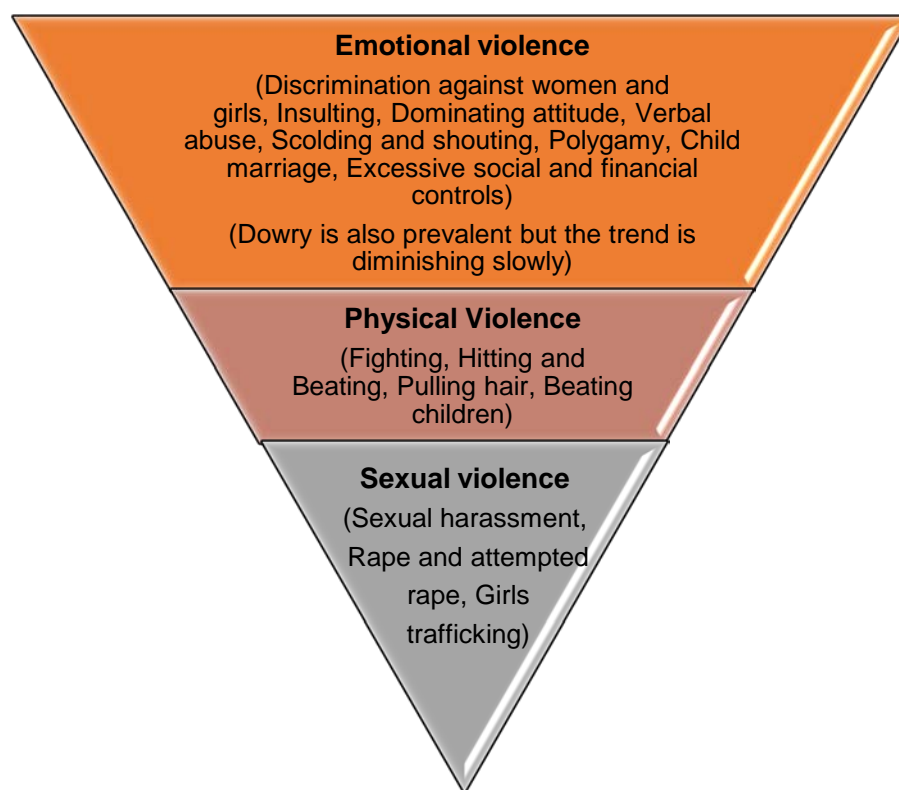


Figure 4.10: Trends and types of violence prevalent in all the districts

4.2.1. Knowledge of GBV among respondents

When asked if they have ever heard about violence against women and girls, the vast majority of the respondents (89%) said that they have heard of such violence in their communities. The data collected reveals that the occurrence of GBV incidents is too frequent to not know, especially since many cases are discussed and settled locally through which people can be aware of violence against women and girls.

Despite women being the victims in most of the incidences of gender based violence, fewer women (86%) said they are aware of violence against women and girls, than men, at 98%.

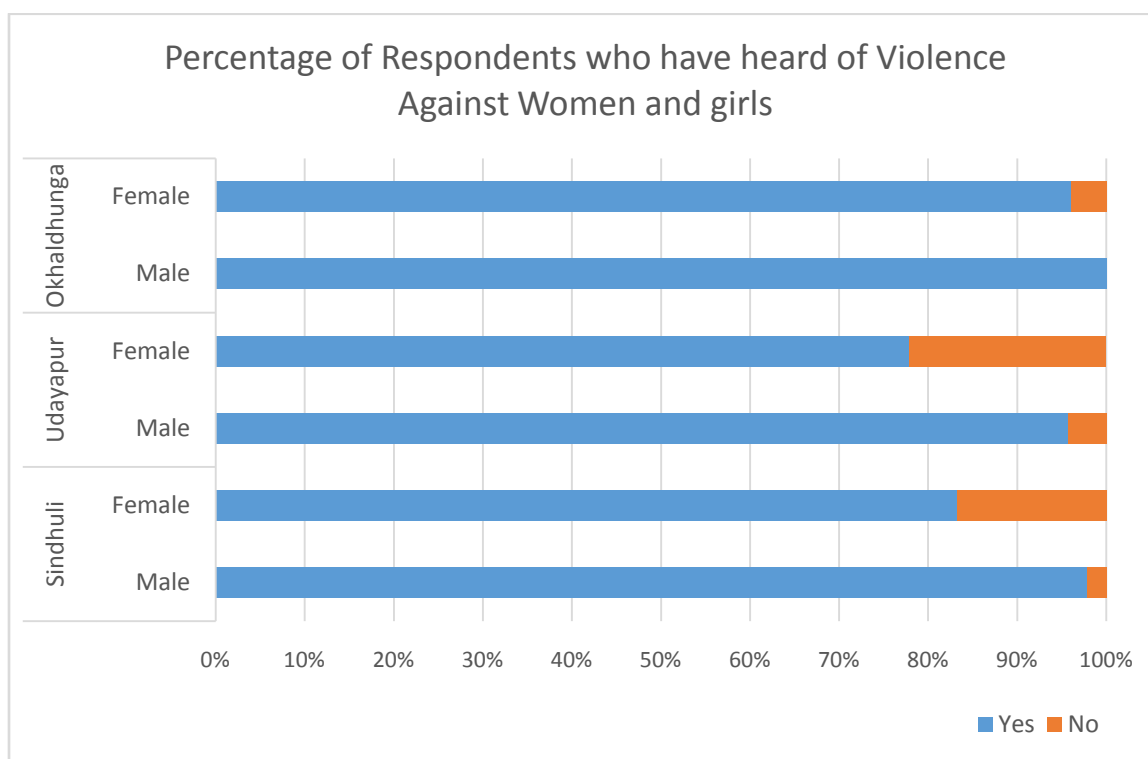


Figure 4.11: Percentage of Respondents who have heard of Violence against Women and girls

This pattern of data is seen in all the study districts. Many women perceived husbands beating their wives as "part of life when you are living together", so this perception rather than lack of violence may be the reason behind this data. The study revealed that although women are aware of GBV and are aware of their rights, most of them are forced to accept violence as a part of life because they have no choice to live anywhere else than with their partner in their common home.

The perception that 'beating ones' wife is a part of life' seemed to be widespread in the community. One of our field researchers recalled an incident she witnessed in Udayapur where she met a woman in pain, who had fractured her leg when her husband pushed her from the stairs. However, she denied to the researcher that any kind of "violence" had been inflicted on her. Instead she seemed to defend her husband saying that the fault was not his, but she herself was careless to fall off the stairs. But conversations with other community members indicated that they seemed to have accepted the violent acts between this couple as a normal phenomenon. Even when the community helped to take action against her husband, the woman had denied any act of violence in front of the police.

Similarly, during the in-depth household consultation, a community in Risku seemed oblivious to the wife beating that goes on every day.

"One day, early in the morning, I was walking around to observe the neighbourhood of my Host Household. After walking for few minutes, I heard people shouting and screaming at one another. I headed towards the direction from where the noise was coming. I saw a couple fighting, verbally abusing each other, screaming and shouting on top of their voice. But to my surprise, no other individual was bothered and even tried to resolve their dispute or was interested to understand about the problem. It seemed like nothing new was happening. Everyone was busy with their daily activities. Later when asked to the community people about this incident, they told that it is a daily event. It is just a couple's fight. They fight and again come together and live together."

- Field Researcher, In-depth Household Consultation, Risku VDC, Udayapur District

Respondents who said they had heard of violence against women in their communities were asked about the types of violence prevalent in the area. This was an open-ended question and the most common types of GBV that the respondents recalled were, beating by spouse (mostly by husbands), followed by rape, polygamy, alcohol related physical and emotional violence and dominating/humiliating²⁷ (*hepne/hochyaune*) in their community. Other notable types of violence that were reported include scolding, gender discrimination, accusations of witchcraft, dowry related violence, and deprivation of basic rights. Excessive controls over finance and mobility were also reported as a form of violence that women are subjected to.

The Chairperson of the Women Service Center in Okhaldhunga gave a bleak assessment of the GBV situation in the district, saying *"There is a lot of violence, mostly beating and witchcraft accusations. 2-3 cases are reported in a month and women are the victims in most of the cases."*

²⁷ These words are used as synonyms in some contexts.

4.2.2. Spousal violence

When asked about prevalence of spousal violence, 64% of the respondents said that there have been incidents of spousal violence in their community within the past six months of the survey. A notable difference can be seen in the percentage of male respondents (40%) and female respondents (72%) who are aware of spousal violence in the community. This proportion is higher in Sindhuli (70%) where 40% of male and 80% of female respondents said there had been incidents of spousal violence in the community in the past six months and slightly lower in Udayapur (55%) where 35% of male and 62% of female respondents said so.

Despite most of the respondents claiming that there is widespread spousal violence in their communities, only 23% admitted that their household had experienced some sort of spousal violence in the past six months. The differences between responses of male and female respondents are notable.



Figure 4.12: Spousal violence in the past six months

The incidents of spousal violence that takes place most frequently in the community are spousal fights (involving violence by both partners) under the influence of alcohol, wife beating under influence of alcohol or without alcohol.

The extensive interviews and discussions conducted for this study make it clear that spousal violence is prevalent across all social and economic groups, and perpetrators include, according to the survey respondents, people in community leadership positions like teachers and government officials (*janne bujhne, thula maanchhe*).

Respondents were asked an open ended question about the frequency of spousal violence in the community. The most common responses, as told by almost half of all survey participants, can be grouped as “few times a month” or “once a month”, followed by “once a week” and “few times a week”. This shows that spousal violence is indeed a very common occurrence in all communities.

Out of more than 70 respondents who said there is spousal violence “everyday” or “almost every day” in their community, more than 50 of them were in Udayapur.

It is likely that people were not as forthcoming when it comes to incidents of spousal violence in their own households. Only 5% of male respondents said there had been incidents of spousal violence in their household in the past six months, and 28% of females, or roughly five times as many females, said that there had been spousal violence in their households in the past six months. This proportion is fairly consistent across both sexes in all three districts.

According to these respondents, scolding and verbal conflict (*bhanabhan*) are the most common forms of spousal violence in the household. Dominating and beating wives (with or without alcohol) were reported almost exclusively by female respondents. Other notable responses were “general marital disagreement” (*sangai base pachhi samanya jhaijhagada ta bhaihalchhani*) and fighting over financial or children’s issues.

Spousal violence in the household, where present, was said to take place several times a month by large number of respondents, followed by “once a month” and “few times a year”.

Once again, vast majority of the respondents who said there is daily or almost daily spousal violence in their household are from Udayapur, and happen to be from Danuwar, Rai and Tamang families.

The month long field exercise conducted during this baseline survey exposed researchers to a plethora of incidences of spousal violence. The vast majority of the respondents have stated alcohol consumption as the main “reason” behind spousal violence. This finding is similar to the NDHS 2011 which reported a strong relationship between the experience of emotional, physical, or sexual violence and husband's alcohol use. It estimated that women whose husbands get

drunk often are more than three times likely to experience spousal violence as women whose husbands do not drink.

It is possible that alcohol consumption exacerbates the situation and triggers violence; it could merely be a correlation and not causation. However, since most of the incidents of violence occur under the influence of alcohol, community members, men and women alike, strongly emphasise that alcohol is to be blamed for the existence of spousal violence in the community.

Even officials with whom we conducted KIIs, like the VDC secretary of Tapeshwori VDC, and members of the women's cooperatives who are part of the GBV watch groups, have blamed alcohol for the violence in their communities. This was also repeatedly brought up as the main reason for violence, in many FGDs with women's groups.

During one of the household interviews in Udayapur, a woman in the household expressed her feelings following the questionnaire survey:

"It has been more than 8-9 years that my daughter got married to this guy. She had completed her graduate studies before marriage and is employed. They even have a daughter. But starting from the day of marriage she was beaten by her husband. We have asked her to leave that place and return but she doesn't obey. When asked why, she says that her husband beats her only when he is drunk. All the other times he loves her and cares for her and is really nice and polite to her."

Incidents like this show the strong association between alcohol consumption and spousal violence and are likely to influence people to be overly critical of alcohol blame it for all incidents of violence, without perhaps, seeking other possible, actual reasons relating to unequal gender norms, sense of impunity among perpetrators and other factors.

"It has been 2 years that my husband beats me and verbally abuses me. He threatens me that he would bribe men to rape me and he also warns that he would leave me and my children alone helpless. He is horrible especially when he is drunk, he scolds and threatens me. One of the politicians got involved in our matter and nullified the police report that I had registered. He forced me to resettle with my abusing husband. Later, with the help of WCO, I have been able to precede my case further and am looking forward to register for divorce. But even today I receive abusive messages and threat."

- Female GBV Survivor, In-depth Interview, Okhaldhunga

It is interesting to note, that during the interviews, respondents were apprehensive of speaking up about the violence in their own homes. Male and female respondents of all age groups and ethnicities accepted that spousal violence did occur in their community, but would point to other homes in the community rife with spousal violence by husbands on their wives, never their own.

Only a few female participants in the FGDs would claim that there was indeed spousal violence in their household, with the husband being the perpetrator.

“In the neighbourhood of the host household, there lived a blind man who drinks regularly. Although he is blind, he excessively exerts control over his wife. He suspects that his wife might have been going around with other guys. This suspicion and his drinking habits result in daily fights between the couple.”

-Field Researcher, In-Depth Household Consultation, Okhaldhunga

A member of the GBV Watch Group in Sisneri VDC in Okhaldhunga recounted a story where even the women's group is helpless to control the spousal violence rife in their community.

“Married for years, her husband is working as a community volunteer at Primary Health Center, but since few months, he comes home to beat her. Recently, the husband chased her wife with a khukuri but fortunately she was not injured. Later the neighbor found her helpless and fearful with tears. When the women's group went to help, they were returned saying that it was personal matter and do not want others to interfere.”

In fact, several members of the GBV Watch Groups themselves said that they were victims of spousal violence. Since this fact would be sometimes known in the community, they complained that their policing had not been effective as people seemed to undermine them when they tried to talk about spousal violence, instead pointing to the violence in their own homes.. It is their recommendation that GBV Watch Groups should include people from other communities who might be able to command more respect and authority.

Jhangajholi Ratamata VDC in Sindhuli was reported to have a "protected" gambling den, which, according to the respondents in that community, has been partly responsible for incidents of spousal violence in the community. Husbands, after getting drunk and losing their money, tend to come home and beat their wives. During the in-depth household consultation in this location, the researcher experienced this nuisance firsthand.

“The woman of the house I was staying at appeared to be sick. She still continued to work, while her husband slept noon. He was out all night gambling and drinking. This seemed to be his daily routine. The wife says that he often comes late at night and starts abusing her verbally and sometimes physically as well. The man does not earn or help in household chores or help in the field. Instead he shouts at his wife for not cooking a variety of dishes. He spends all the money in gambling.”

-Field Researcher, In-Depth Household Consultation, Ratamata VDC, Sindhuli

“Men stay out all night, drink and gamble, but when girls go out, they are stigmatized and restricted. While men are out drinking and gambling, women wait for their husbands with an empty stomach, just to be beaten by their drunken husband because the latter lost while gambling.”

-FGD with Girls Group, Ratamata VDC, Sindhuli

Most of the interviewees repeatedly stated that incidents of spousal violence are not disclosed due to fear of loss of social reputation, further violence and the obligation of women to return back to their husbands' home. Women in many cases don't want others to know what goes on in the household or the extent of it, even if it is taken as an unavoidable part of life.

At the same time, men know that this is a punishable act but act with impunity. Even after paying the fine and spending a night in jail for a violent offence, they were said to come home and thrash their wives for reporting in the first place.

“Even if there is any incident of violence, we tend to resolve it within household. The incidents of violence are not disclosed because of the fear of social taboos and to meet the social expectations.”

–Female Respondent, In-Depth Household Consultation, Sindhuli

During many FGDs and KIs, participants stated that even if the cases of violence were disclosed, they were generally dealt with internally or resolved within the community and were not reported to the police. This, according to them, provides the victims and perpetrators a chance to rehabilitate peacefully in the community. Either the mother's group, community mediation center (*MeMilap Kendra*) or elders in the community come together to resolve the cases of violence including spousal violence. Only the still unresolved cases are reported to the police. However, participants agreed that serious cases involving serious physical or sexual assault are taken directly to the police.

4.3. Prevention of GBV

In order to estimate the proportion of women and girls having knowledge on all forms of GBV and when and where to seek care following violence, a section of the questionnaire consisted of questions relating to the various forms of GBV (physical, emotional, sexual) and the respondents' awareness relating to them. This section attempted to gauge people's knowledge on the various forms of GBV, services available to victims and survivors, and possession of vital documents among females. In addition, attitude and beliefs of male members of society on GBV were probed and any actions they have taken to prevent were documented using household questionnaire, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). In addition, in-depth household consultations helped to supplement the findings obtained from the aforementioned study tools.

4.3.1. Forms of GBV

One of the outcome indicators is “proportion of women and girls having knowledge on all forms of GBV and know when and where to seek care following violence”. The questions that were posed to the interviewees were of the form, *“Have you heard about physical/emotional/sexual violence against women and girls?”*

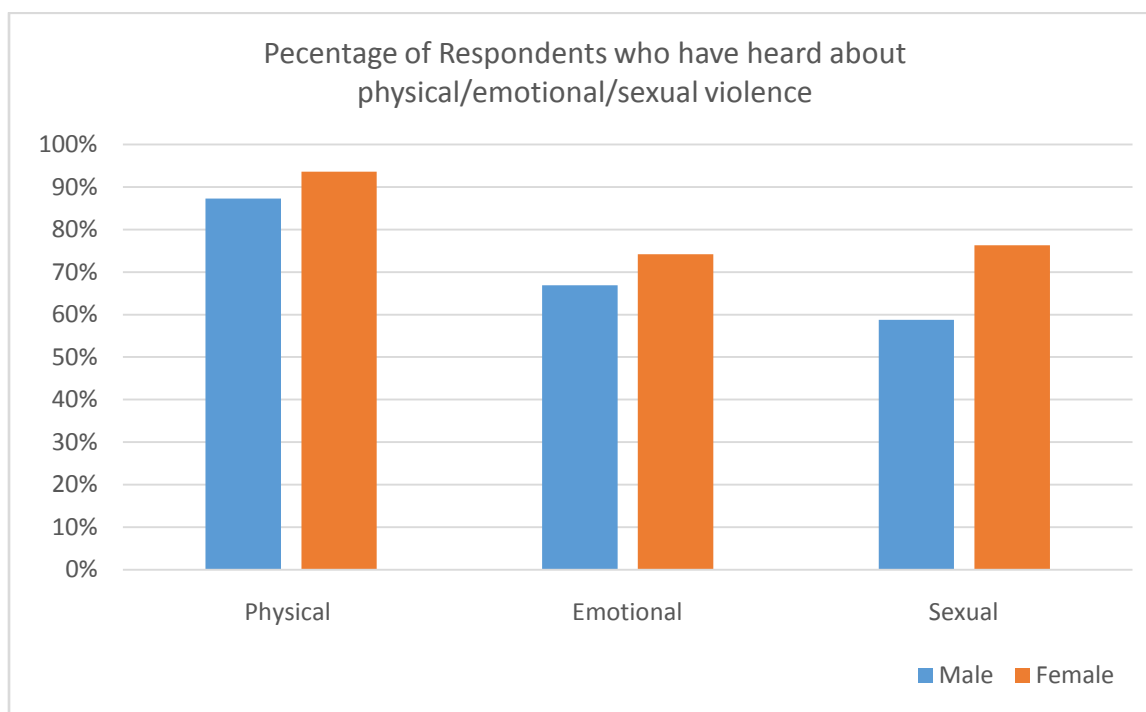


Figure 4.13: Knowledge on Forms of Gender -Based Violence against Women & Girls

Figure 4-12 shows that 87% of male respondents and 94% of female respondents are aware of physical violence in their community. Similarly, 67% of males and 74% of females and 59% of males and 76% of females know about emotional and sexual violence respectively. Among all respondents, majority of them (92%) know about physical violence followed by emotional (72%) and sexual (72%) violence.

Interestingly, in Okhaldhunga, 36% of males said they have not heard of physical violence in their community, while 93% of females said they have indeed heard of physical violence against women and girls. At the same time, more males (99%) than females (88%) in Udayapur have said they are aware of physical violence against women and girls in their community. Knowledge of emotional and sexual violence was also displayed by more males than females in Udayapur. It appears women in Udayapur lack awareness on the forms and types of violence compared to women in other two districts.

Types of Violence

The most common type of physical violence in all districts is hitting/slapping as responded by an overwhelming majority of the respondents (98%) followed by pulling hair, pushing/shoving, throwing things at women and girls, choking, burning and stabbing as shown in Figure 4-14.

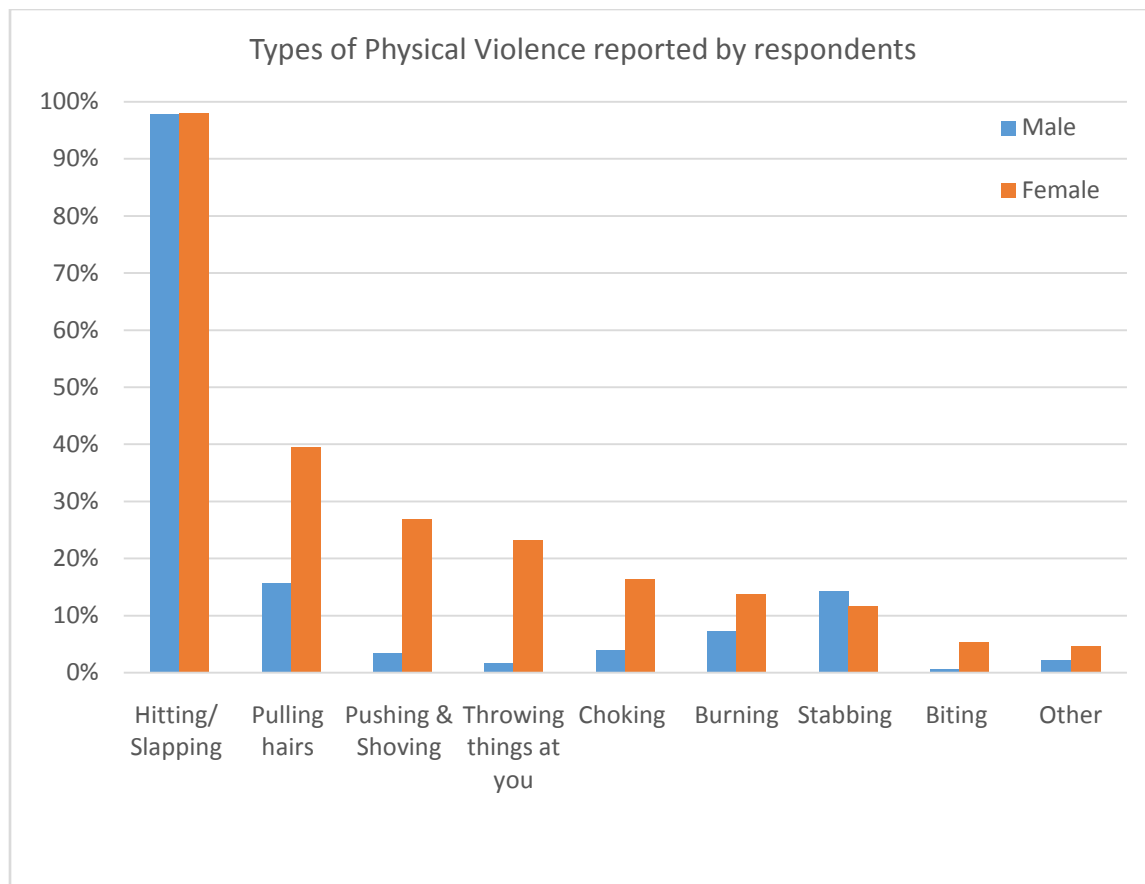


Figure 4.14: Types of Physical Violence Reported by Respondents

Similarly, the most common types of emotional violence prevalent in the districts were reported to be yelling or swearing, as mentioned by 88% of males and 78% of females, followed by humiliating, threatening and intimidating. Within the household, jealousy (*irshya garne*, *ris garne*), excessive controls and restrictions including financial restrictions were reported to be quite common. Another common form of emotional violence is accusations of witchcraft, which was reported by more respondents in Sindhuli (38%) than Udayapur (12%) or Okhaldhunga (22%).

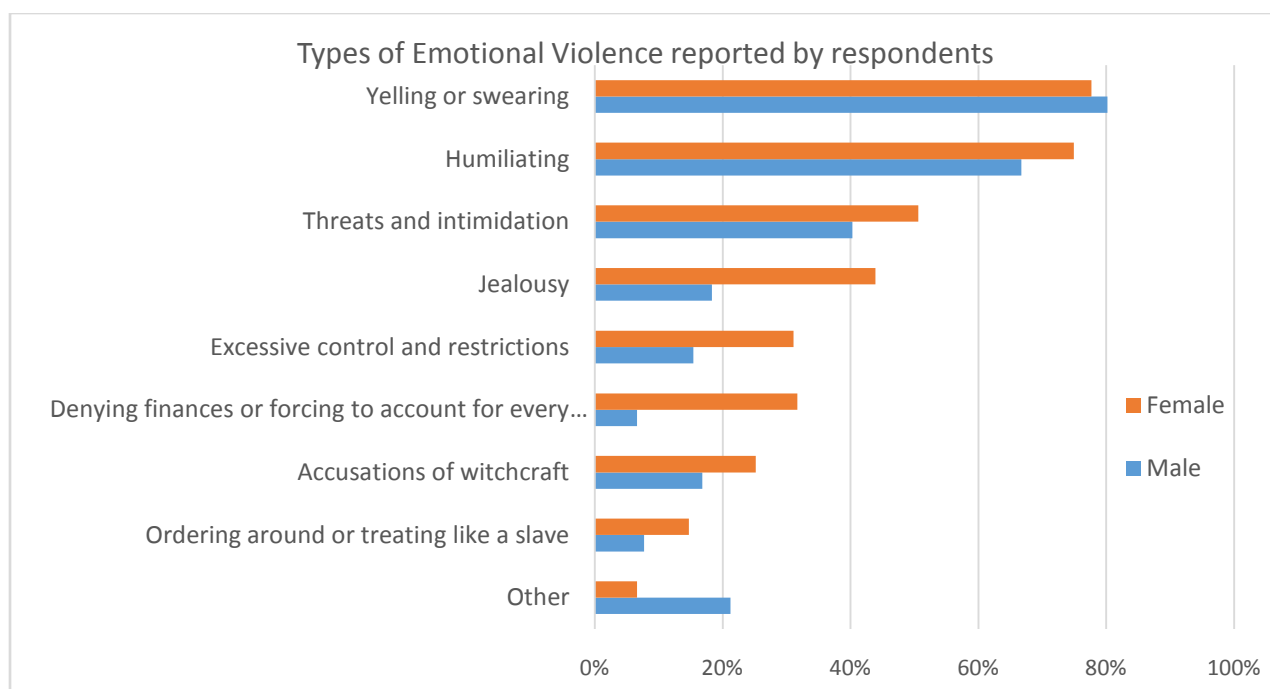


Figure 4.15: Types of Emotional Violence Happening in the Communities

Except for yelling or swearing, all other types of emotional violence were mentioned by more women than men, which shows that men are perhaps not sensitive enough to understand the emotional violence inflicted upon women and girls or that they do not face emotional violence in the same scale as women.

The issues of discrimination and deprivation against women and girls as another common type of emotional violence were raised by a number of participants during many FGDs that were carried out, most notably during the FGDs with Girls' group and Mother's group in Jhangajholi Ratamata VDC in Sindhuli, and with the women's cooperative and Shivajyoti Adolescent Girls' Group in Harkapur VDC in Okhaldhunga. Society has a general preference towards boys over girls and the discrimination starts right at home. The recurring complaint in these discussions was that girls are restricted and sometimes deprived of a quality education. Boys are enrolled in schools earlier and sent to better, private schools while girls are not sent to school at all or, at best, to government schools.

During one of the in-depth household consultations in Udayapur, a researcher noted that her host herself was the victim of emotional violence by the members of the community who talked behind her back or humiliated her for not bearing any children. After she gave birth to a daughter, they still harassed her for not having a son.

“There isn’t any family who doesn’t desire for a son. Previously when I didn’t have any children, people used to backbite and humiliate me, make me feel low about myself. Now I finally have a daughter and people want me to bear another kid, a son. No matter what you do, the community is always there to complain”.

–Female Respondent, In-Depth Household Consultation, Udayapur

Excessive controls and restrictions placed upon women and girls were cited by many female respondents as a serious form of emotional violence. During one of the interviews in Udayapur, an adolescent girl disappointingly complained:

“I am asked to walk in a certain way, talk in a certain way. Boys can go around flirting and roam around but we, girls are restricted. We do not even have freedom to live our lives in our own way.”

-18 year old female respondent, Household Interview, Udayapur

The existing social and cultural norms that put excessive restrictions and unrealistic expectations on women and girls were also lamented by some of the women we talked to.

“When a girl child is born, she is restricted and is forced to be bound within the social norms.”

- FGD with Ratamata Mother’s group, Sindhuli

“Women are frequently insulted and dominated by their in-laws.”

- FGD with Ratamata Mother’s group, Sindhuli

Another frequently raised issue during discussions on emotional violence was accusation of witchcraft, especially during the FGDs with Ratamata Mother’s group and Shree Sagarmatha Women’s Cooperative in Sindhuli, and the FGDs with Laligurans Women’s Cooperative as well as KII at the women service centre in Okhaldhunga.

“Accusing women of witchcraft is still prevalent in the society”.

-WDO, Udayapur District

In addition, cases of dowry-related violence against women and girls were evident in the study districts. Emotional violence resulting from caste discrimination was yet another issue mentioned frequently.

“During the civil war in Nepal, a Brahmin girl eloped with a Newar guy and it has been years since they eloped but still the girl is not allowed to enter her parents’ house. Recently, her mother died and she was not allowed to look at her mother for the last time as well.”

-Female Respondent, In-Depth Household Consultation, Okhaldhunga

During discussions with Ratamata Girls' group in Sindhuli and Shivajyoti Adolescent Girls' group in Okhaldhunga, the practice of untouchability in the community was identified and the prevalence of this tradition was also discussed during In-Depth Household Consultation.

"I saw that the people who were recognized as Dalits were treated badly. In contrast to the other people, they were asked to wash the cups and plates in which they have eaten."

-Field Researcher, In-depth Household Consultation, Okhaldhunga

During the in-depth household consultation in Okhaldhunga, researchers witnessed discrimination against members of the Dalit community, who have been traditionally branded untouchable and marginalized, and were humiliated on a regular basis. An incident was witnessed by the researchers in the same place where Dalits were prevented from participating in a Puja.

"On the next day, there was a big Puja in the community and I too went there. To my surprise, only Brahmins were present. Most importantly, Dalits were not even allowed to enter."

-Field Researcher, In-Depth Household Consultation, Okhaldhunga

Many participants during KIIs and FGDs in Sindhuli said that Dalit women and people with low socio-economic status tend to be victims of GBV. Similar thoughts were expressed, to a lesser degree, in discussions in Udayapur and Okhaldhunga as well.

With regard to sexual violence, Figure 4-15 shows that rape is considered the most common type of sexual violence according to a large majority of male (87%) and female (77%) respondents. Other common types of sexual violence include fondling or unwanted touching and attempted rape. Nearly three times as many women (38%) as men (13%) claimed that fondling or unwanted touching is a common form of sexual violence. Marital rape was also reported by a bigger proportion of women (19%) than men (12%). At the same time, forcing to perform sexual acts was mentioned by 27% of males compared to 4% of females.

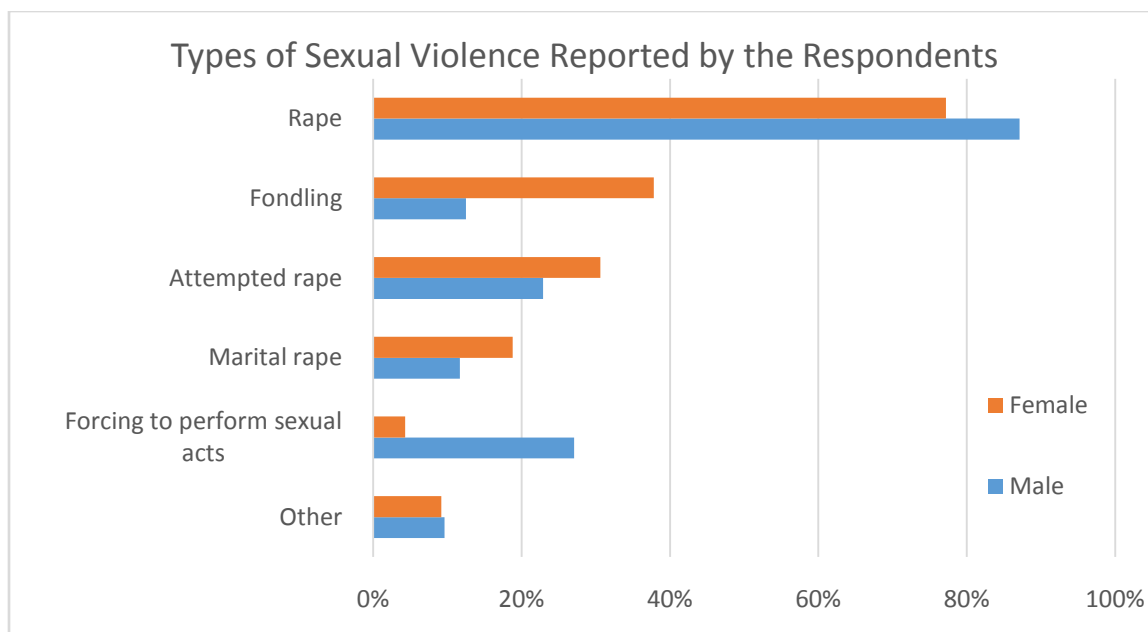


Figure 4.16: Types of Sexual Violence

Key informants in all districts agreed that rape is the most common form of sexual violence. According to the WCO in Sindhuli, “not only rape but killing the girl after raping is also quite common”. Similar thoughts were expressed during many FGDs as well.

“Cases of rape and then murdering the girl and throwing behind their dead bodies in the jungle have become one of the most common incidents here in Sindhuli.”

-FGD with Ratamata Girls Group, Sindhuli

The statements of WCO and FGD participants are corroborated by news of incidents of murder after rape in Sindhuli, one of which had occurred just a few weeks before the field mobilization.

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During the FGD with the women’s cooperative in Harkapur, women expressed the fear of being raped while traveling alone. Likewise, participants at the FGD with Mother’s group in Ratamata noted that sexual abuse and marital rape is also quite common in the community. Unwanted touching in sensitive areas is a common form of sexual violence targeted mostly at young women and girls. Such incidents were more common while travelling on public transportation vehicles.

²⁸<http://kathmandupost.ekantipur.com/news/2012-07-17/man-gets-27-yrs-for-murdering-sister-after-rape.html>; <https://thehimalayantimes.com/nepal/teenage-girl-raped-murdered-in-sindhuli/>; <http://www.fightvaw.org/news/view/1243>

“Sexual harassment while travelling and unwanted touching in sensitive areas by men is sexual violence.”

-FGD with Ratamata Girls Group and Shree Sagarmatha WC, Sindhuli

There were cases of sexual behaviors that were clearly viewed as violence by the field researchers, but had gone ignored by the women involved.

“One day, while the daughter-in-law of my host household and I were resting after having meal in the noon, a drunk guy entered the house and suddenly caught the hands of the daughter-in-law and pulled her towards him. She was pulled onto his lap. She scolded the man and pushed him away. Later, after the guy left, I inquired about the incident and she said that the guy does anything he likes with every other woman in the village. She added, everyone in village is aware about his nature but no one raises their voice due to fear.

-Field Researcher, In-Depth Household Consultation, Sindhuli

Perpetrators of GBV

When asked about the perpetrators of physical violence, the majority of respondents (94.4%) reported that husbands are the main perpetrators of physical violence, and this proportion is similar for males and females (Figure 4-16). Other frequently cited perpetrators of physical violence were reported to be mother-in-law (30%), neighbors (26%), sister-in-law (16%) and intimate friend or partner (14%). More females than males have cited in-laws as perpetrators of physical violence.

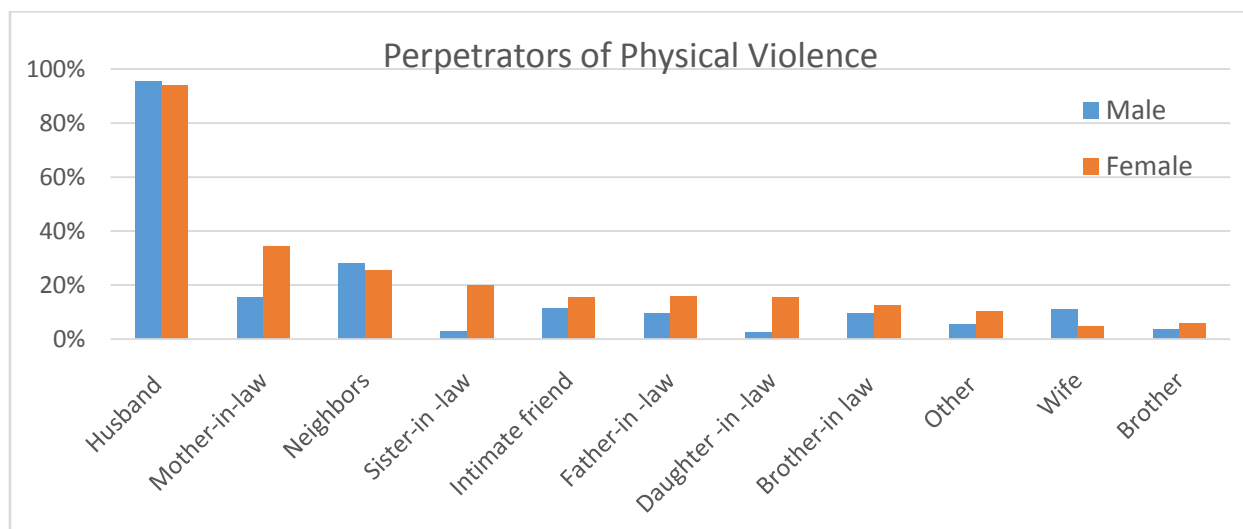


Figure 4.17: Perpetrators of Physical Violence

Interestingly, twice as many males (11%) than females (5%) said that wives are also perpetrators of physical violence. One of the members of a women's cooperative in Sindhuli said during the FGD, *“Even if there might be 10% violence against men in the community, the other 90% of violence occurs against women”*.

An FGD with the Mother's group in Hatpate VDC, Sindhuli strongly voiced their concern that *“not only husbands but also the father-in-law and mother-in-law are responsible for physical violence against women*. Similar opinion was expressed by members of the Girls group in Ratamata in Sindhuli who said that “married women are more likely to be victims of violence from in-laws because of increased responsibility and expectations and restricted freedom. Beating and snatching hair by mother-in-law used to be common, which is slowly evolving with scolding and shouting.”

Young men who drink, gamble and use drugs, and strangers or unknown men / strangers were also cited to be the common perpetrators of physical and sexual violence. In all the districts, alcohol was deemed by a large number of respondents to be the major reason behind exacerbating the situation and resulting men to become culprit for not just physical but also emotional and sexual violence against women and girls.

In the case of emotional violence, the main perpetrators of emotional violence are once again, husbands and in-laws. Neighbours and intimate friends were also identified as the major perpetrators. More females than males have cited in-laws as perpetrators of emotional violence. 84% and 71% of all male and female respondents respectively stated that husbands are the main perpetrator of emotional violence. At the same time, 22% of males and 6% of females claimed that wives are also perpetrators of emotional violence against their husbands. This proportion is abnormally high for the males in Okhaldhunga where 66% of males said that wives are perpetrators of emotional violence. The qualitative data reveals that this is usually related to the migrant husband and his spendthrift or unfaithful wife back home.

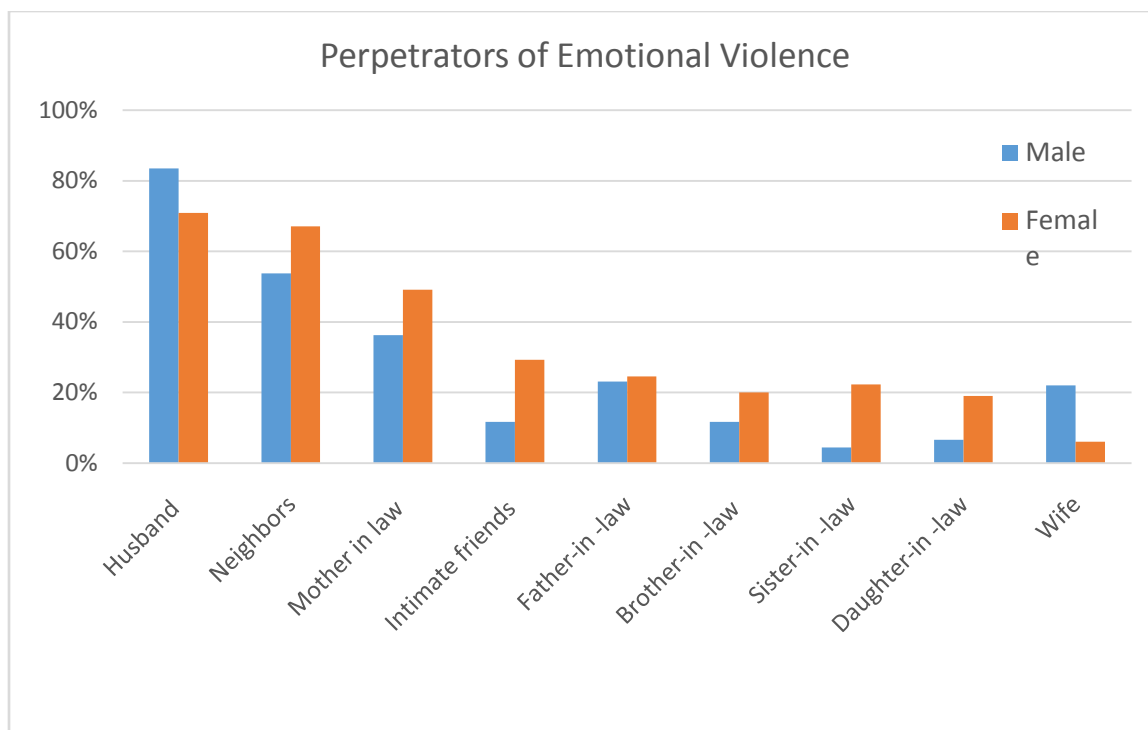


Figure 4.18: Perpetrators of Emotional Violence

In some cases, women and girls blamed the society and the family, which they considered to be among the main predisposing factors behind violence against women and girls. One of the respondents of the household survey in Udayapur said that, *“not only men but also our family and the community are somehow the reasons behind emotional violence, like gender and caste discrimination.”*

“The parents of a girl child act as if they even don’t know and don’t care and treat early marriage as quite normal. This is because our community takes child and early marriage to be normal and doesn’t take action against such acts.”

-Female Respondent, In-Depth Household Consultation, Okhaldhunga

The main perpetrators of sexual violence were reported to be neighbours, husbands and intimate friends. While 63% of females mentioned neighbors as the main perpetrators of sexual violence, 60% of males chose ‘others’ as the main perpetrators. When probed further, these ‘other’ perpetrators were noted to be young males who drink and do drugs, strangers and unknown men with bad moral character.

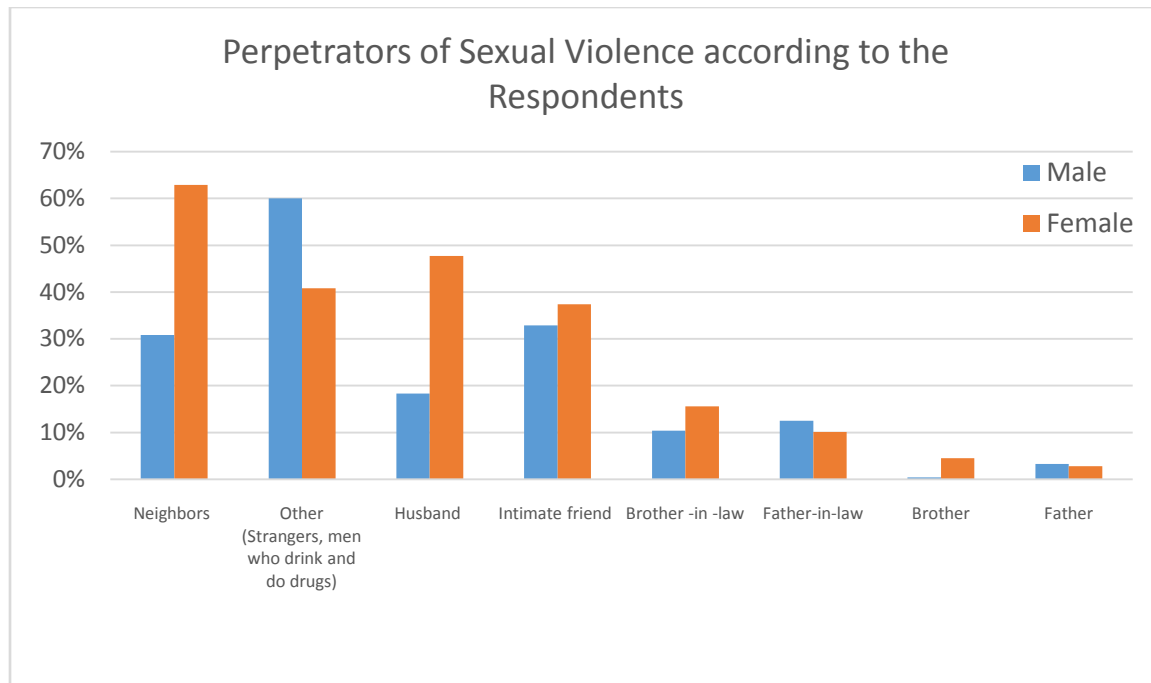


Figure 4.19: Perpetrators of Sexual Violence

While almost half of all females (48%) responded that husbands are major perpetrators of sexual violence, less than one in five males said that husbands are perpetrators of sexual violence against their wives. It is possible that some men think they should be able to sleep with their wives without their consent.

Intimate friends were reported as perpetrators of sexual violence by 33% of males and 37% of females. Male in-laws (brothers and fathers) were also mentioned as the perpetrators of sexual violence. Almost all male members of the family were cited as common perpetrators of sexual violence which is indeed very worrisome.

Other Forms of GBV

After discussion on physical, emotional and sexual violence, respondents were asked whether they have heard of other forms of violence other than mentioned in the questionnaire survey. Overwhelming majority of respondents, both male (96%) and female (90%) said that they have not heard of any and a small percentage of male (4%) and female (10%) respondents said they had indeed heard of other forms of violence.

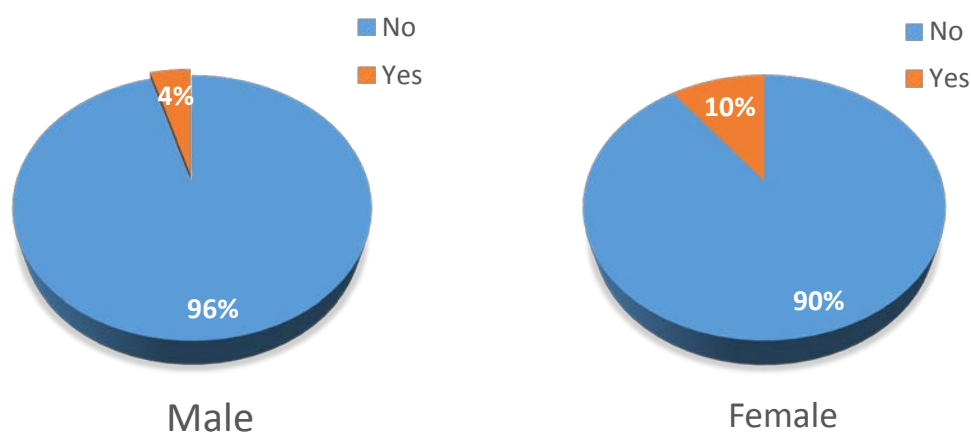


Figure 4.20: Knowledge of other forms of violence

These respondents were followed up with an open ended question asking what other forms of violence they could recall. The common responses included caste discrimination, discrimination between sons and daughters, polygamy, social violence (violence as a result of someone's ethnicity, e.g. Brahmin vs. Dalit), religious violence (violence as a result of someone's religion, e.g. Hindu vs. Muslims), gossiping / talking behind people's back, child marriage, making false accusation, girl trafficking, menstrual restrictions, violence for not bearing son and violence against men by their wives.

4.3.2. State of GBV against people with disability

To find out the state of GBV prevention against people living with disability (PLWD), respondents of household survey were asked whether they have heard of physical, emotional and sexual violence against people with disability.

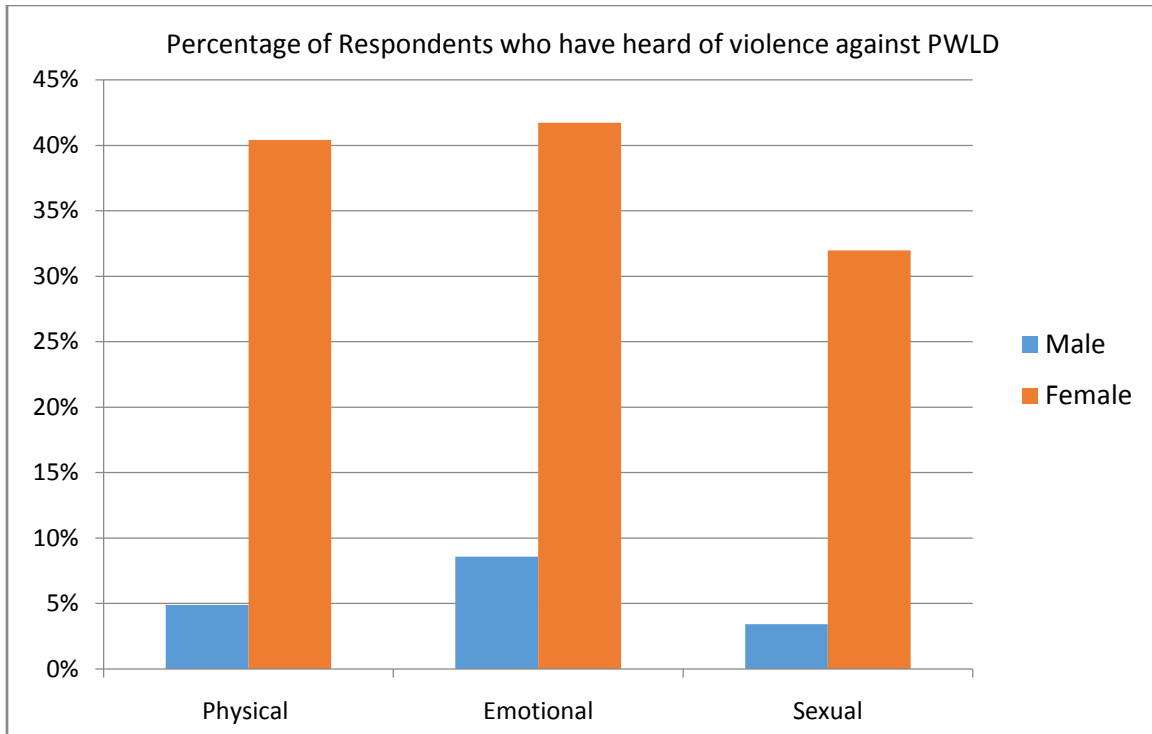


Figure 4.21: Knowledge on Forms of GBV against People with Disability

Fewer men than women in the community seem to be aware of violence against people living with disabilities. As figure 4-20 shows, only 5% of males compared to 40% of females are aware of physical violence against people living with disabilities (both males and females). Similarly, 9% of males and 42% of females, and 3% of males and 32% of females have knowledge about emotional and sexual violence against people living with disabilities respectively. This difference in opinions regarding violence against PLWD between male and female respondents persists in all the project districts.

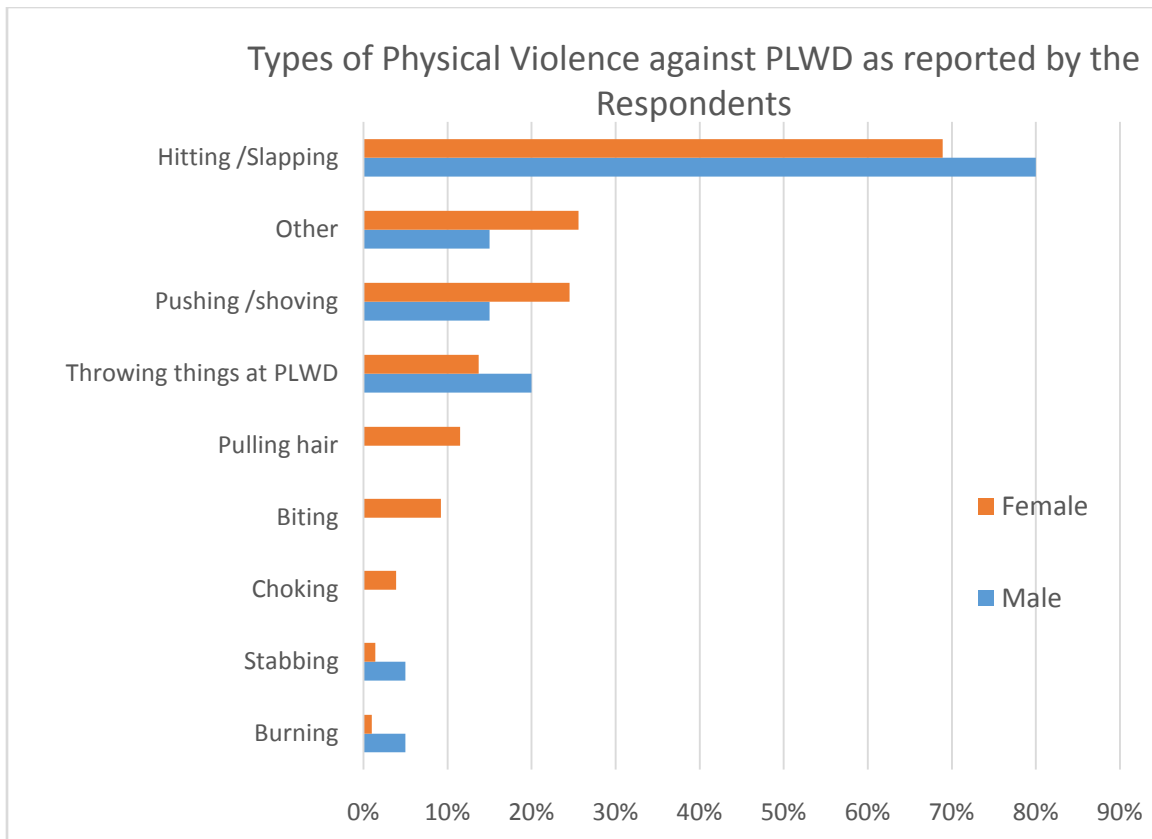


Figure 4.22: Types of Physical Violence against PLWD

Further questions were asked from those who said they were aware of violence against PLWD. According to their experience or assumption, As the Figure 4-22 indicates, the most common type of physical violence against PLWD hitting/slapping, as reported by over 80% males and nearly 70% of females. Other types of physical violence that were mentioned included pushing or shoving, throwing things at PLWD, pulling hair, biting, choking, stabbing, and burning.

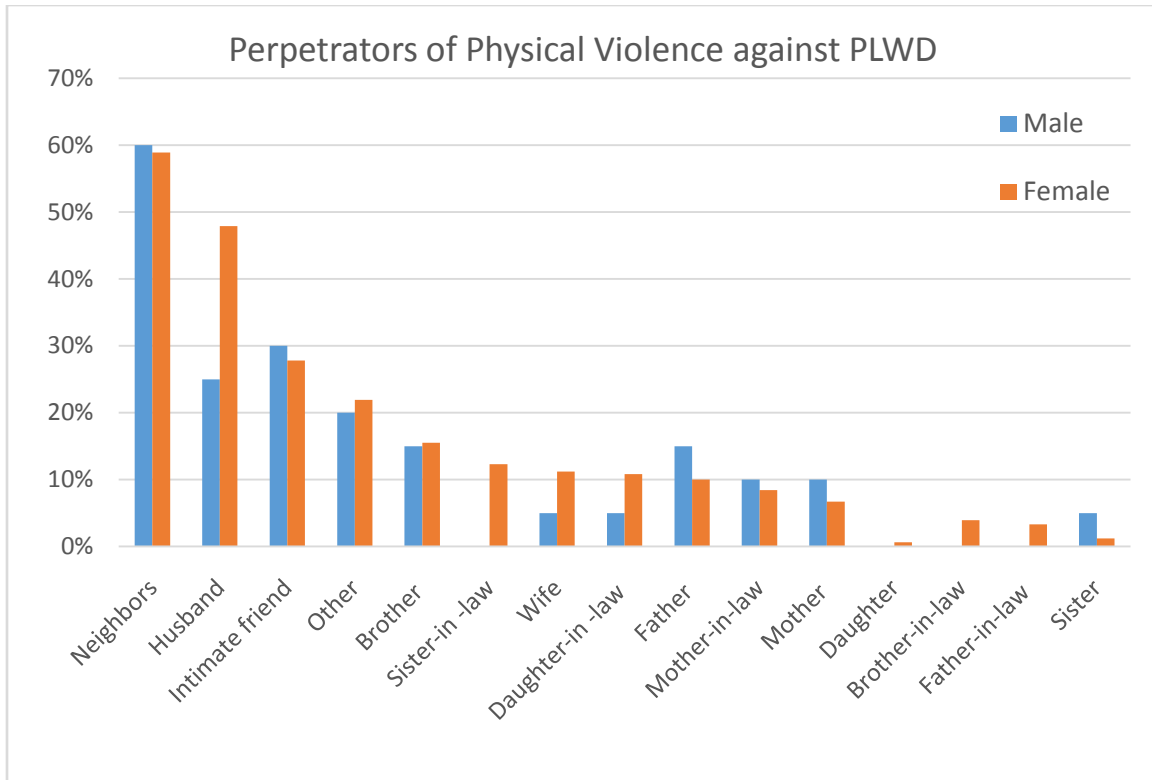


Figure 4.23: Perpetrators of Physical Violence against PLWD

The major perpetrators of physical violence against PLWD are neighbours, who were mentioned by almost 60% of the respondents, males and females in equal measure. Other key perpetrators mentioned were husband and intimate friends, and close family members.

Figure 4-24 below reveals the type of emotional violence happening in the communities against PLWD. The most common type of emotional violence was humiliating the PLWD, according to 94% of males and 73% of females. Other common types of emotional violence were yelling or swearing, threats and intimidation, jealousy (*irshya garne*, *ris garne*), denying finances, and excessive control.

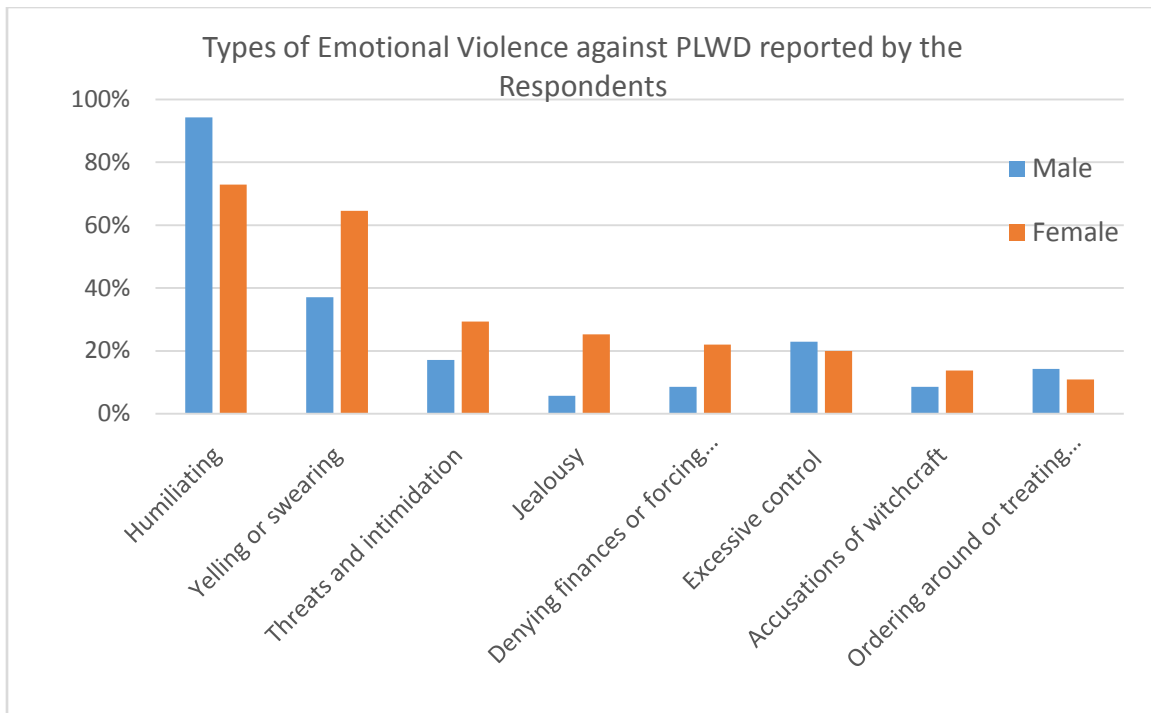


Figure 4.24: Types of Emotional Violence Happening in the Community against PLWD

The figure below reveals that neighbors are once again the main perpetrators of emotional violence against PLWD, followed by husband, intimate friend, female in-laws (mother, sister, and daughter), and other family members. It is alarming to see that almost all family members are mentioned to be engaged in emotional violence against PLWD.

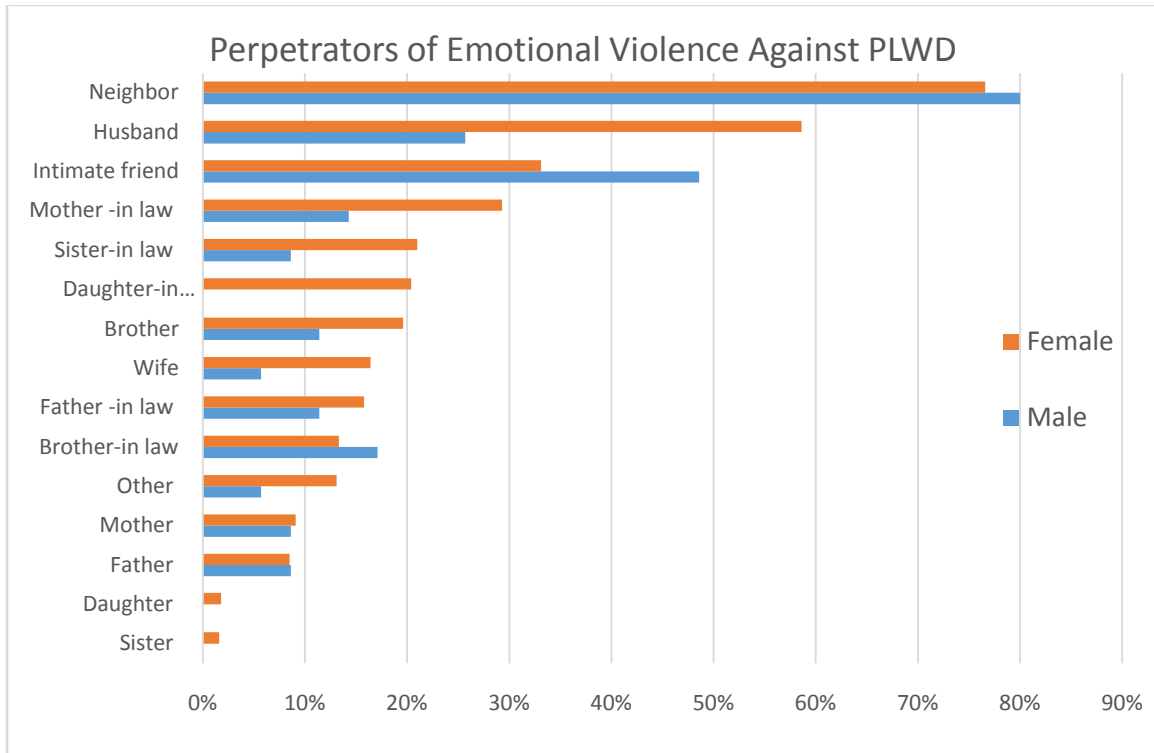


Figure 4.25: Perpetrators of Emotional Violence against PLWD

As the Figure 4-26 shows the most common type of sexual violence happening to PLWD in the community was rape as responded by majority of the male (93%) and female (76%) respondents.

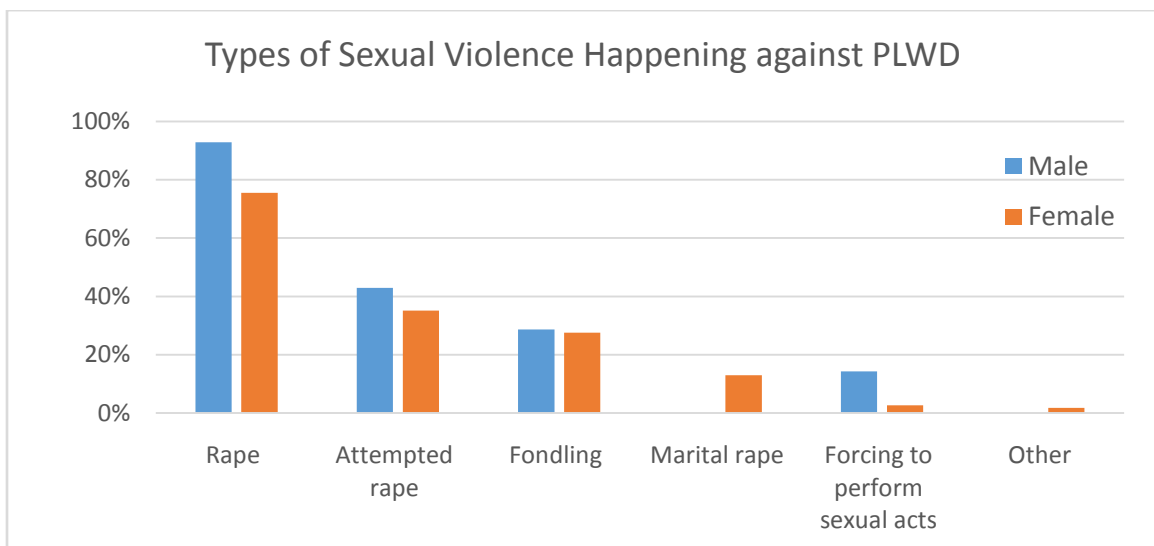


Figure 4.26: Types of Sexual Violence Happening against PLWD

This finding, once again, is really alarming. Other types of sexual violence against PLWD were 'attempted rape' according to 43% of male, 35% of female respondents.

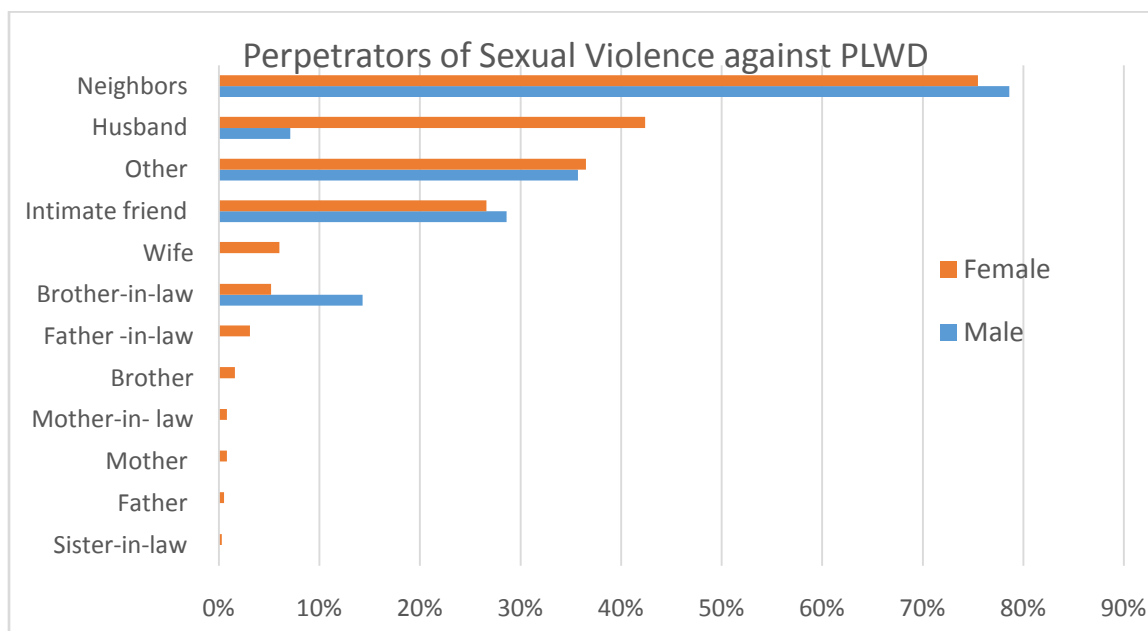


Figure 4.27: Perpetrators of Sexual Violence against PLWD

The figure above presents the perpetrators of sexual violence against PLWD according to the survey respondents who are aware of such violence. Within the list of perpetrators, neighbors once again occupied the top spot with 76% of respondents pointing to them, followed by husband (41%), intimate friend (27%).

4.3.3. Women and girls having knowledge on when and where to seek care following violence

Respondents were asked if they knew when and where they should go following GBV. Majority of males (68%) and females (73%) said they know when to go and even greater proportions of males (89%) and females (89%) said they know where to go following incidents of violence.

Table 4-4: Percentage of people who claim to know when and where to seek care

Sex	Know when to seek care		Know where to seek care	
	No	Yes	No	Yes
Male	32%	68%	11%	89%
Female	27%	73%	11%	89%
Total	28%	72%	11%	89%

When asked, for example, “Do you know where to go to seek care following incident of violence?” many people said “Yes, I do know”. When probed further, it appears not all of them know. There was a general understanding that this depends on the nature and severity of the crime. The most common responses were “immediately” and “as soon as possible”, followed by “within a day” and “within 35 days”. Some interesting answers given included “before evidence gets destroyed” and “when in risk of violence”. Although survivors of sexual violence need to seek services within 72 hours if they are to receive PEP (Post-Exposer Prophylaxis) treatment and emergency contraception, and also for forensic purposes, it was clear from the responses that there is little awareness of this time frame and provision.

Respondents responded quite variedly with regards to where to go and provide a picture of the prevailing norms in the communities. They could choose more than one option regarding where they would go to seek help and care following incidents of violence.

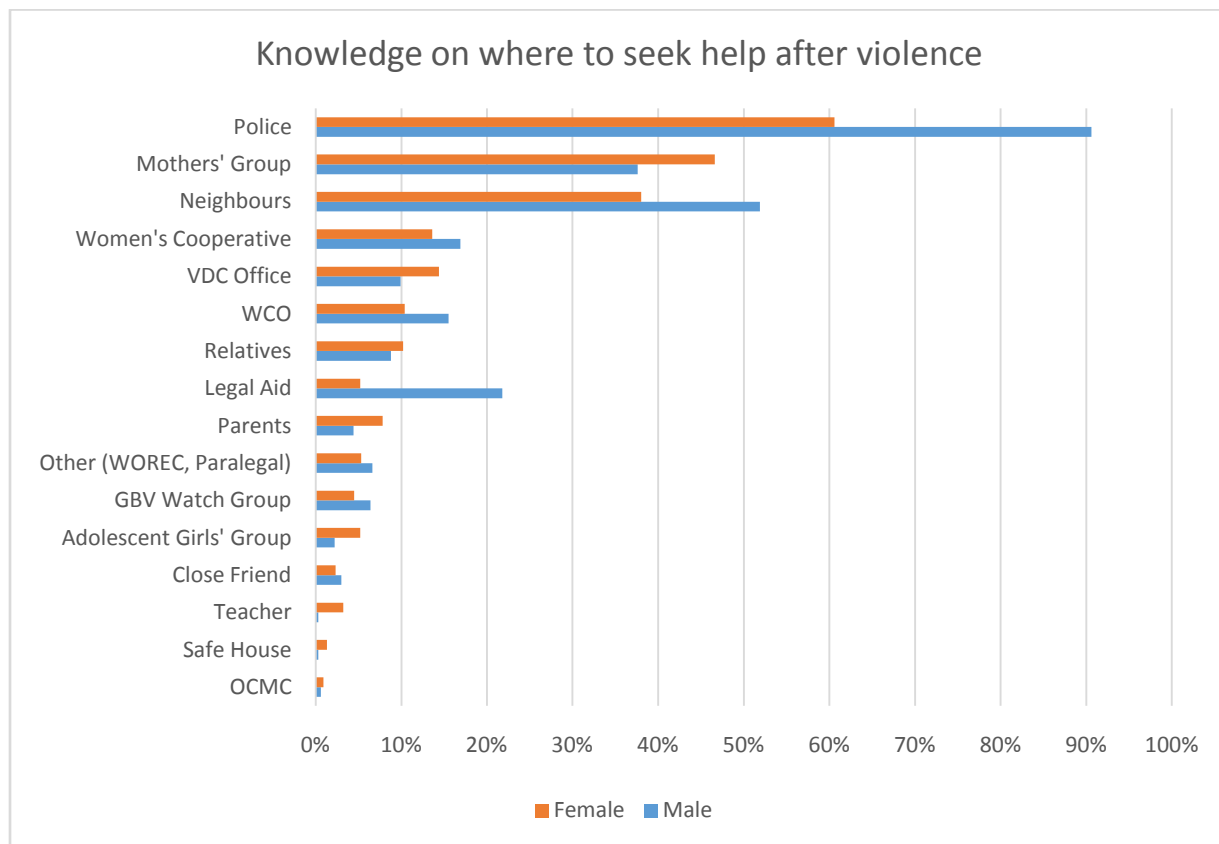


Figure 4.28: Knowledge on where to seek help after violence

91% of male respondents mentioned Police Office while only 61% of the females said they would go the Police, perhaps signifying women’s lack of access or trust. In Okhaldhunga

however, while 97% of the male respondents mentioned Police Office only 22% of the females did so.

Women's lack of trust on the police system was supported by discussions during In Depth Household Consultation in Udayapur.

"Men/Husbands tend to be perpetrators of violence and in addition, they use their connections to get the police on their side or simply claim that they know the police in the station to whom they might go for help. In this way, no woman would approach the police for services".

- Female host, In-depth Household Consultation, Udayapur

An FCHV in Tapeshwori said that police are often not able to punish the culprit and that there is suspicion that police themselves take bribes from culprits or are influenced by political connections. Members of the Mother's Group in Ratamata VDC said quite frankly that bribing police is a common trend so victims tend not to go to police or not get satisfactory treatment when they do go to the police. Ratamata is also the location of the "protected" gambling den that was discussed in the earlier section, which was also blamed by the Mother's group for fueling violence against women in their community.

However, it was evidenced that women do know to seek care from police and they do refer to the police.

"In the nearby house lives a woman who is a victim of domestic violence. Her husband drinks and beats not only his wife but also their children. Once he is drunk, everyone runs away from his sight because he throws things and beats people with whatever he can find. She once asked me about what could be done and I directed her to report to the police."

- Female Respondent, In-depth Household Consultation, Udayapur.

People in some places have a low opinion of the police and seem to be suspicious of them which might hinder people to seek help from the police.

"There is a gambling den nearby where men are increasingly frequenting, resulting in drunkenness and violent behaviour when they get home. When the police is asked to raid this place, they never arrive or arrive late so that everyone can escape. Police seem to be profiting from the gambling den and are quiet. As a result, there has been more gambling, more drinking and more violence in the community,"

-Female Respondent, In-depth Household Consultation, Jha. Ratamata VDC, Sinduli.

The second place women and girls go following GBV is Mother's groups. 47% of the females said they would go to Mothers' groups for help, while 38% of the males are likely to do that, but

not so much in Sindhuli where only 5 males mentioned Mother's group. Mother's groups are important and active community organisations that deal with all kinds of issues including microfinance and community policing. It should not be surprising that in some places men would approach mothers' groups following incidents of GBV, especially in light of the inadequacy or inaccessibility of other services in the community.

Some 42% of all respondents said they would seek help from their neighbours – 52% of males and 38% of females. It is interesting to note that in the earlier section on Prevalence of GBV, neighbours were also perceived to be the biggest perpetrators of GBV. Similarly, 22% of males said they would seek legal aid compared to only 5% of females.

When discussing the issue of neighbours, it is important to understand that a household has many neighbours. A neighbouring house may have several families or tenants. If one of these residents of the neighbouring households is a perpetrator of GBV, the victim may seek support from other neighbours. This is the reason why the data shows that neighbours are among the first to be approached following incidents of GBV (or any other crime) while also saying that neighbours may be one of the biggest perpetrators of GBV.

Adolescent girls say they are likely to approach their teachers for help as reported by 26 of the 258, approximately 10% of the adolescent girls that were interviewed.

Women and Children's Office, OCMC, women's cooperatives, and GBV Watch Groups were mentioned by very few respondents, with only 12%, 1%, 14% and 5% of the total respondents (male and female) saying they would approach these institutions respectively.

The WCO, OCMC, Safe House, women's cell, etc. are all located in the district headquarters. These service centers are not feasible for many people in the remote communities of the district. Unless cases are severe and they have enough resources people do not come to these service providers even if they know about them. There are local police units that are relatively more accessible to the community that can be reached when violence occurs.

The WCO in Sindhuli said *"Most of the victims are unaware about the services available in the community and even in the district headquarters; they are not aware of when to go where and how to seek help"*.

4.3.4. Men's perception and attitude towards GBV

A separate section of the questionnaire was administered to male respondents only, in order to gauge their perceptions and attitudes towards GBV and to see if they had taken any steps in combating GBV in their communities. The analysis in this section is based on the responses of the 408 male respondents of our study.

Out of 408 male respondents, 327 of them, or about 80%, said that violence does occur against women and girls in their community, out of which 14% went on to say that incidents of GBV are pretty common in their community.

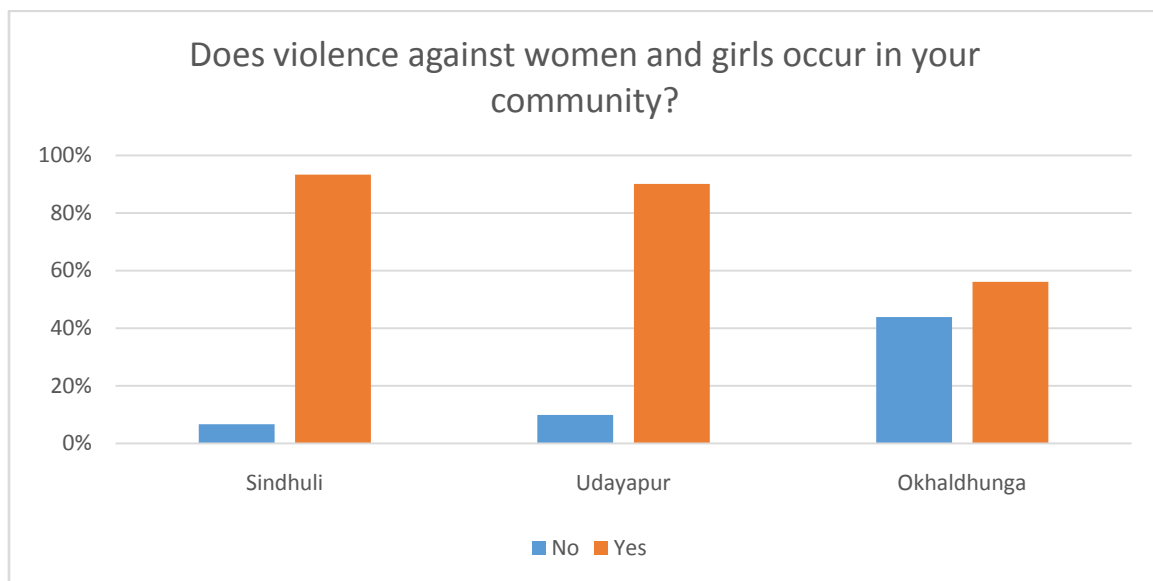


Figure 4.29: Perception of occurrence of violence against women and girls in the community

Curiously, only 56% of the males in Okhaldhunga said such violence occurs in their community when it has been documented that Okhaldhunga has one of the worst rates of GBV and the field research team were able to hear about many grievous cases in the district – with men being the most frequent offenders.

When asked if violence against women and girls is sometimes acceptable to them, almost all of them said it is not acceptable. Only 3% of these men and boys said that violence is sometimes acceptable. These responses are probably influenced by what is known in social research as “social desirability bias”. It refers to the fact that in self-reports, people will often report inaccurately on sensitive topics in order to present themselves in the best possible light. It can

take the form of over-reporting "good behavior" or under-reporting "bad" or undesirable behavior.²⁹

Table 4-5: Percentage of men and boys who believe violence against Women and Girls is acceptable

Do you believe that Violence Against Women and Girls is acceptable?					
		Sindhuli	Udayapur	Okhaldhunga	Total
No	Count	124	140	132	396
	District %	92%	99%	100 %	97%
Yes	Count	11	1	0	12
	District %	8%	1%	0%	3%
Total	Count	135	141	132	408
	District %	100.0%	100.0%	100.0%	100.0%

The proportion of men who hold this view seems to be higher in Sindhuli, particularly among Danuwars (highly marginalized indigenous group), where a few men said that it is normal for couples to fight and for them to beat their wives once in a while, especially if they make any mistakes.

"Had I beaten someone else's wife than that would be considered as violence, beating my own wife is not violence. She is mine, she is married to me, so I have rights to do anything with her. She is my wife so I beat her. I have rights to do so. I wouldn't go out and beat up others wife. If I do so, that could be violence but I have rights to do whatever I want with my wife."

-Man in household Interview, Udayapur

Rarely did any person openly admit that violence against women is acceptable. However, looking at the types and frequency of GBV in the communities, it is quite obvious that many men believe that violence against women is acceptable.

²⁹ Fisher, R. J. (1993). "Social desirability bias and the validity of indirect questioning". Journal of Consumer Research, 20, 303-315.

No participant in any of the FGDs conducted with men, boys or youth clubs in the districts said that violence is acceptable at any time or for any reason. They usually pointed to the various perceived reasons for violence in the community but always insisted that violence in any form is not acceptable ever.

The men and boys who thought GBV is not acceptable were asked why it is not acceptable and most of them said that violence against women is not good and is a crime punishable by law. They seemed to be aware that men and women have equal rights, including the right to live peacefully. Some men highlighted the important role of women in the family as why they should not be victims of domestic violence.

"I have always loved my wife and my daughters and helped them attain best possible life. I respect them as much as they deserve. I have never discriminated between my sons and daughters and have sent them to best possible schools and colleges in Kathmandu based on my capacity so that all of them become independent and stand against all the odds in the community."

-Male Respondent, Household Interview, Udayapur

4.3.5. Male Engagement in GBV prevention

To find out male engagement, those who did not agree that violence is acceptable were asked if they had ever taken any action to prevent or spread awareness on GBV. Slightly more than a quarter of the respondents (28%, n=109) said they had indeed taken some action - those actions being mostly in the form of awareness programmes, street drama against child marriage, counseling quarrelling adults in their communities and helping mediate cases of violence.

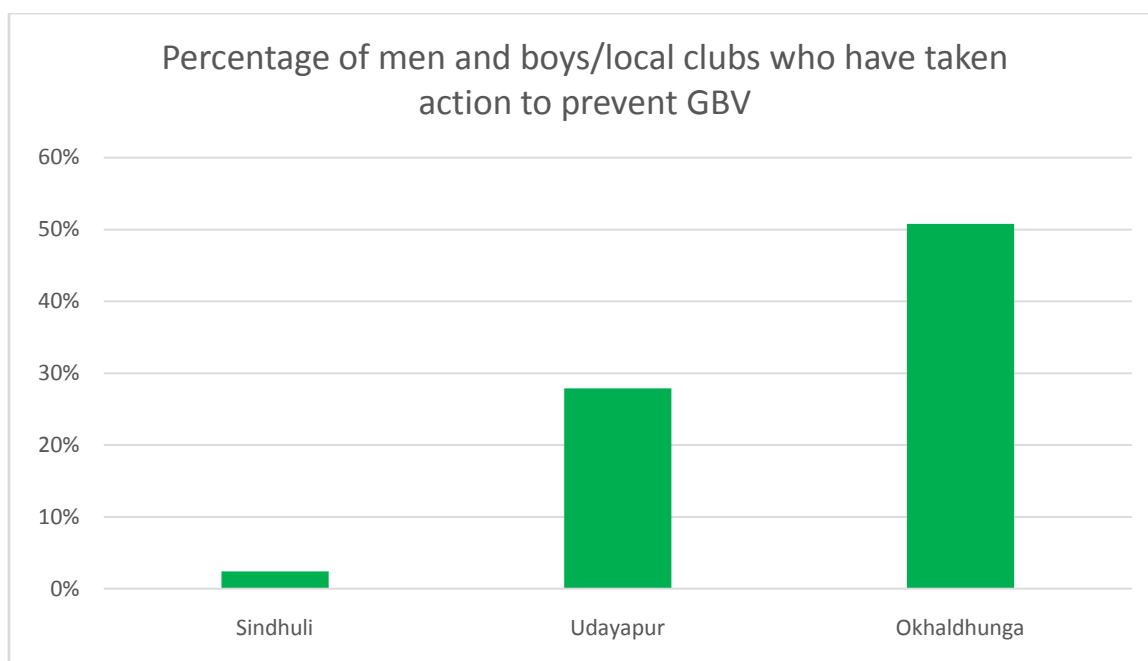


Figure 4.30: Percentage of men and boys/local clubs who have taken action to prevent GBV

Only 22 of these men and boys had participated in such initiatives through a club or an institution. The clubs they cited are presented below.

District	VDC	Club / Group
Okhaldhunga	Harkapur VDC	Yuba Samuha (informal group)
Okhaldhunga	Harkapur VDC	Srijanshil Child Club
Okhaldhunga	Harkapur VDC	Belichameli Child Club
Okhaldhunga	Siddhicharan Municipality	Pragatishil Yuba Club
Okhaldhunga	Sisneri VDC	Shree Than Gatishil Yuba Club
Okhaldhunga	Sisneri VDC	Shree Than Gatishil Yuba Club
Okhaldhunga	Sisneri VDC	Shree Than Basic School, Jerung
Udayapur	Risku VDC	Lovism Society
Udayapur	Risku VDC	Kalayan Kari Yuva Club
Udayapur	Triyuga Municipality	Tole Bikas Sanstha

District	VDC	Club / Group
Udayapur	Triyuga Municipality	Tole Bikas Sanstha
Udayapur	Triyuga Municipality	Sapta Kala Kendra
Udayapur	Triyuga Municipality	Sangam Tole Sudhar Samiti
Udayapur	Triyuga Municipality	Rai Tole Yuba Club
Udayapur	Triyuga Municipality	Ne Ka Pa Maoist Kendra
Udayapur	Triyuga Municipality	Muslim Yuba Samaj
Udayapur	Triyuga Municipality	Khairanitar Tole Bikas Sanstha
Udayapur	Triyuga Municipality	Janasakti Tole Bikas Sanstha
Udayapur	Triyuga Municipality	Dhalkebar Tole Bikas Sanstha
Udayapur	Triyuga Municipality	Ban Samudaya

4.3.6. Vital documents in women and girls' possession

Possession of vital documents is a sign of empowerment and independence. Vital documents are also necessary or will make it easier to get legal or administrative services following incidence of GBV. 90% of men and 90% of women said they were in possession of at least one vital document. Citizenship certificate was the most common vital document that was in possession of the respondents with 90% and 88% of males and females respectively, among those who had at least one vital document.

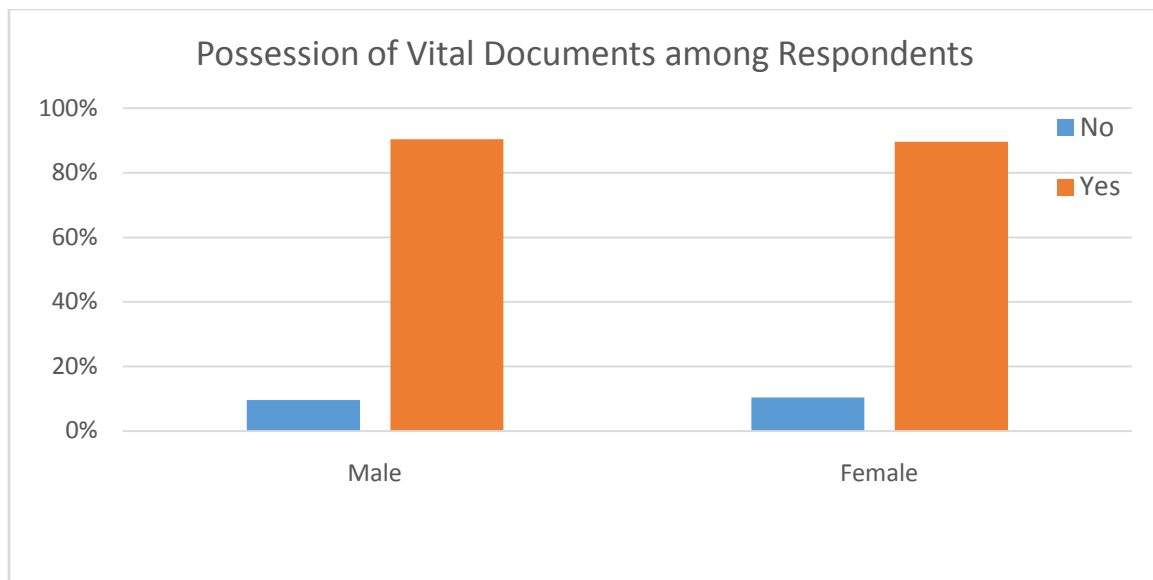


Figure 4.31: Possession of vital documents

38% of males and 11% of females had a land ownership certificate, which perhaps demonstrates the gender inequality that is pervasive in the rural communities of Nepal. Men were also more likely to have passports and driver's licenses compared to females. Relationship certificates (*nata praman*) was almost non-existing, with only 26 out of the 1618 survey respondents in possession of such certificate. Out of 882 married women in the survey, 536 of them had their marriage certificate with them (61%). However, only 31% of the married women in Sindhuli had the marriage certificate.

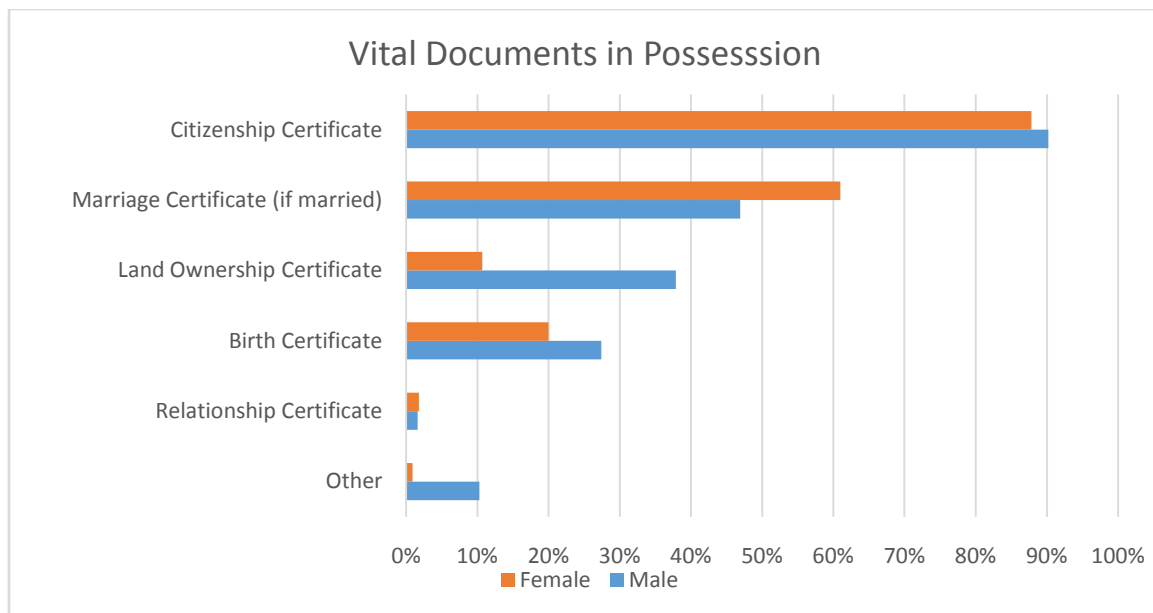


Figure 4.32: Documents in possession

Similarly, out of the 292 married men in the three districts, 138 had their marriage certificate with them (47%). The proportion of married men with marriage certificates was also much lower in Sindhuli with only 17% of married men saying they are in possession of their marriage certificate.

Those who were not in possession of any vital documents were asked if could tell the reasons for not being in possession. 44% said that they had indeed obtained but were not in possession at the time of asking. 18% claimed they were not encouraged to obtain any vital document by the family while 10% said they never knew of vital documents.

During the KIIs and FGDs, it was revealed that people rarely register birth, death, or marriage events unless it is required for some purpose.

4.3.7. Risk of GBV

In order to get a sense of the more vulnerable groups in the community, respondents were asked if they thought men were at-risk of GBV, followed by women, third gender persons, PLWD, and widows. An overwhelming majority of the respondents (87%) agreed that women and girls are the group that is most at-risk of GBV.

Women between 20 and 40 years of age are the most vulnerable, according to the respondents, but the risk of GBV was said to be borne by women and girls of all ages, even those under 15 years old.

	Who do you think are most at risk of GBV?				
	Males	Females	Third gender persons	PLWD	Widows
Male	5%	95%	0%	2%	2%
Female	2%	84%	.3%	10%	19%
Total	3%	87%	.2%	8%	15%

Figure 4.33: Who do you think are most at risk of GBV?

Those who said females were asked to reflect on why they think women are so much at risk of violence. Respondents gave their opinions, and these opinions show that men are indeed aware of the reasons for violence and that it is wrong and against the law. They themselves denied to be perpetrators but gave their reasons as to why they think women face violence in their community.

The majority of men said that women are at risk of violence because of the dominating attitude of men against women. Traditional mindset of people that and patriarchal nature of society that result in gender discrimination were also mentioned by a large number of men. About 20 of these men blamed men's drinking habits for violence against women and about 15 mentioned the dependency of women on men as one of the reasons why women are at risk of violence.

For the same question, about a quarter of all women pointed to women's lack of education and awareness of rights as the main reason for women being at risk of violence. Dominating and aggressive attitude of men, social and financial dependency of women on men, patriarchal nature of society that is inconsiderate towards women, and violence against women by other women were other notable reasons that these women gave for women being at risk of violence. A small number of women blamed women's physical weakness, fear of men, and weak government laws for being at-risk.

"Females between 17 and 30 years of age are more vulnerable to violence."

—Woman during FGD with Ratamata WC, Sindhuli

"Mostly females below 25 years of age are more prone to face violence and especially among Janajatis."

—FGD with WCO, Okhaldhunga

“Older women are more likely to be the victims of violence as they cannot undertake heavy work so tend to be the victims of harsh words and neglect.”

–FGD with Harkapur GBV Watch Group, Okhaldhunga

“Adolescent girls of age group 18-19 are more prone to violence.”

–FGD with GBV Watch Group, Okhaldhunga

“GBV victims are mostly between 17 and 40 years of age.”

–KII with Women Cell, Sindhuli

5% of males and 2% of females said that men are also at-risk of GBV. Instances of wives beating their husbands (who may or may not be drunk) or causing emotional stress were mentioned by these respondents. Few men, both during the interviews and the group discussions pointed to instances where a wife would elope with another man with the remittance money sent by their migrant husbands. This, according to them, caused psychological or emotional disturbance to the migrant husbands when they came back to find everything gone. Incidents like these were also reported to be cause for further violence committed by these husbands in retribution. There were also a few instances reported where men were beaten by their wives who drink alcohol.

"Some time ago, spousal fight was an everyday occurrence in my household. My husband used to drink alcohol and beat me every day. I tolerated the pain a lot of times. But, at times, when it was unbearable, I also used to fight him back. Thankfully, due to some reasons, my husband stopped drinking alcohol and now he never beats me."

- Female Host, In-depth Household Consultation, Udayapur

8% of the respondents said PLWD and 15% said widows were also at risk of GBV, but the difference in proportions of men and women who believe this is notable. While only 2% of men think that PWLD and widows are at risk of GBV, 10% of women believe PLWD and 19% of women believe widows are also at risk of GBV. This means that women think someone with disabilities or who is a widow would be more vulnerable to GBV. According to respondents, people with disabilities are at risk because they cannot fight back or report properly the incidents of violence they encounter. At the same time, widows are at risk because they are may be alone without the support of their husband and their families. Society stigmatizes widows as

inauspicious and other women in the community may not be particularly supportive, back biting and harassing the widows.

4.4. Response to GBV

4.4.1. State of health service delivery adhering to the GBV clinical protocol

Field researchers visited all the OCMCs and safe houses in the three districts to carry out KIs with the personnel as well as observe the facilities to find out the state of adherence of the facilities to the standard operating procedures and the clinical protocol. However, the Safe house in Sindhuli was not in a state of functioning and the OCMC in Sindhuli and Udayapur had not yet been allocated a well-furnished building. The observations of these facilities in the three districts are summarized below.

Sindhuli

The safe house in Sindhuli was not functioning despite being well furnished and having the potential to be a safe and comfortable place for victims of GBV and survivors. The local Inter Party Women's Network in the district seems to have taken over the building and was using it for political purpose. It was noted that the items were furnished by UNFPA, and the CMO in Sindhuli informed us that the building will soon be handed over to a reliable not for profit organization which had not been identified at the time of the interview. The CMO informed that they are looking for an organization who can utilize and make best use of the building and provide services to the community people. As for the OCMC, at the time of the survey, only recruitment and training of the staff had taken place. A building to house the OCMC was said to be in the process of development, so currently there was no OCMC to make any observation.

Udayapur

In Udayapur, the safe house was said to be functioning well. However, due to security issues and the need to ensure the safety and privacy of the victims no visitors were allowed into the building. Although the researchers could not make first hand observations of the safe house, the adherence to the security protocol suggest that the safe house might also be adhering to the standard operating procedures of the safe house as it is to be expected.

Just as in Sindhuli, the OCMC in Udayapur, at the time of the survey, was awaiting the construction of a new building. Staff had been recruited and trained and were ready to provide necessary services, but were unable to deliver the services due to lack of separate room or building for the OCMC.

Okhaldhunga

The OCMC in Okhaldhunga, located in Rumjatar was the only functioning One-Stop Crisis Management Center in the three districts at the time of the survey. The OCMC here was very well furnished and had been providing continuous support and services to the community people adhering to the clinical protocol on GBV. The Safe House was also well-functioning in Okhaldhunga.

The observation checklist completed at the OCMC in Okhaldhunga shows that it is in a well-functioning state and meets all the criteria. The checklist is included in Annex III.

The OCMC was partially damaged by the earthquakes but was considered safe to inhabit. There was proper documentation of the GBV survivors' cases and services. Facilities for forensic examination and medical treatment, as well as well lit and clean rooms and provision of clean water and sanitation, were observed. The OCMC had a safe area and environment to ensure the safety and security of GBV survivors and their children.

The safe house was also in a well-functioning state and the researchers were able to enter the building. The facility seemed to be well furnished on first sight and had survivors living in it. As it was a newly acquired building, the safe house in Okhaldhunga, at the time of the visit, had only about half of the facilities that is to be expected in it. The checklist itself is included in Annex IV.

The safe house had proper documentation of GBV survivors' cases and services and confidentiality of survivors' information was properly maintained. Medical treatment and follow up care, as well as clean and well lit rooms and clean water and sanitation facilities were present. There were also recreational materials like books, sports goods and television.

However, essential items for female residents of the safe house were not to be seen at the time of the visit. There were no sanitary pads, personal hygiene kit or extra set of clothes for the survivors. Also there was no telephone and it was reported that there is no electricity in the area most of the time. At the time of our visit, the safe house was housing only two GBV survivors while its capacity was much more.

4.4.2. GBV Reporting, Prosecution and Services

In order to obtain the actual number of GBV cases registered and prosecuted researchers were able to visit the District Police Office and Women's cell in all three districts and obtain records of

cases related to GBV. The tables with the number and types of cases that have been registered with the District Police as well as the Women's cell are included in Annex V, VI and VII. As can be seen from these tables, the number of registered cases related to GBV seems extremely low in light of what the study has uncovered so far. It is evident that many people simply don't complain, register or follow up on GBV for various reasons – societal pressure, lack of access and awareness, perceived weak and corrupt system of justice, and in case of domestic violence, dependence on the perpetrators.

During FY 2073/74, for which records were given to us, the women's cell in Sindhuli had registered 34 GBV cases out of which 16 were incidents of fighting or beating. 12 cases were related to the husband not giving basic expenses for food, clothes and running the household. There were 4 cases registered for threatening and using abusive language, one for misbehavior and one for beating after getting drunk.

Out of these 34 registered cases, 20 had reached agreement or reconciliation and 11 were undergoing legal proceedings. Only 2 of them had been sent to court while 1 of the victims was no more in contact with the women's cell.

In Okhaldhunga, during the same period, the District Police Office received two complaints for domestic violence, four rape cases, one each of polygamy and witchcraft. There were 28 divorce cases, 30 cases for using abusive language and humiliation. The perpetrators in the witchcraft case had been sentenced to six years in prison. Other cases were marked as ongoing or remarked as “judgment delivered”.

The Women and Children Service Center in Okhaldhunga had registered 18 cases out of which 10 were recorded as physical violence by men after drinking alcohol (*exact phrase in Nepali*). Seven cases related to deprivation of basic rights and one of a theft by a minor were completed the list. Cases were either marked “ongoing” or “acquitted” but none were marked under “prosecuted”.

In the Udayapur District Police Office, there were eight cases of rape and five cases of attempted rape registered in FY 2073/74. There were 10 suicide cases and three cases of poison consumption but it was not clear if any of them were as a result of GBV. Two cases each of polygamy and human trafficking were also recorded. The police office provided no records of the status of these cases.

The women's cell in Udayapur had registered 114 cases in the same period. There were 43 cases related to scolding and humiliation (*gali bejjati*) and 41 cases of beating (*kutpit*). Ten cases related to deprivation of basic rights were registered. Twenty direct applications had been received.

A total of 113 applications were filed for missing persons in Udayapur in the previous fiscal year FY 2072/73. A disproportionate number of women and girls seem to be missing, with applications filed for 76 adult females and 18 female children.

4.4.3. Community Perception regarding GBV Reporting and Prosecution

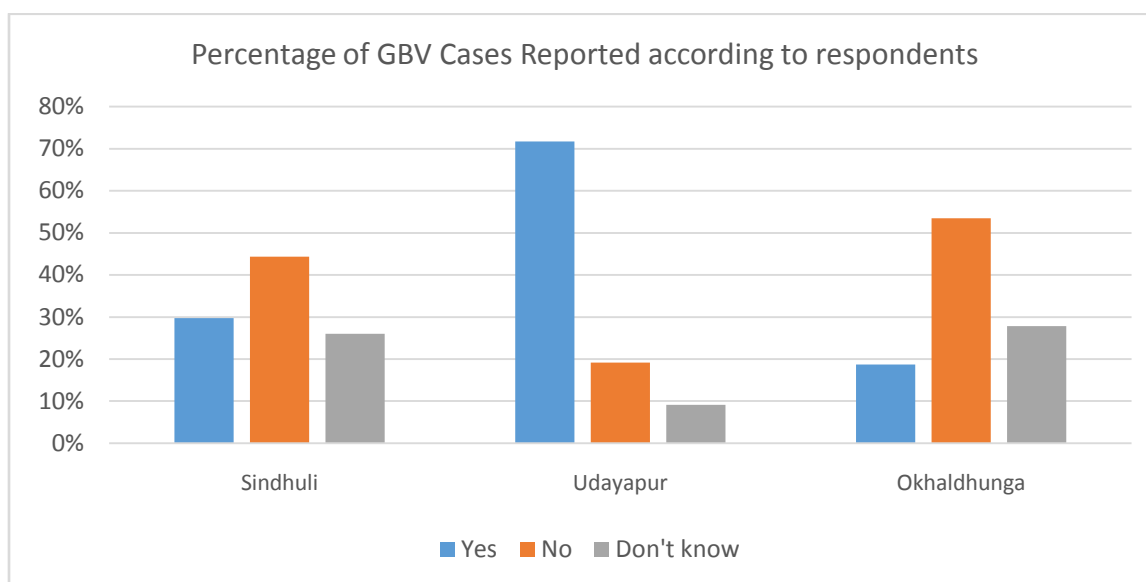


Figure 4.34: GBV Cases Reported

It would be nearly impossible to obtain precise information on how many cases are not reported as only the reported cases are available from the police records. In order to get an idea of the trend of reporting, registering cases, and prosecution of GBV cases, we asked the survey respondents for their views on these activities (reporting, registration, prosecution) and the reason for their beliefs.

The survey indicates that not all of the cases of GBV get reported to the police. Only 42% of the respondents in the three districts said that GBV cases are reported. This proportion is varied among the districts however – three quarters of the respondents in Udayapur said GBV cases are reported to the police while only 19% of the respondents in Okhaldhunga and 30% in Sindhuli said so. When questioned about the low rates of reporting, respondents painted a very bleak picture regarding the response mechanisms in the district.

It appears that many cases are settled locally through mediation as there is still not a widespread culture of reporting cases of GBV. Families of perpetrators were also alleged to threaten the victims against reporting to the police. In cases of domestic or spousal violence, women know that they have to return to the common home and are afraid they might incur even more violence after reporting. They are thus forced to tolerate acts of violence against them. Many victims believe it is normal for their husband to beat their wives and are not inclined to seek help. Also, laws against GBV are not deemed to be strict enough and even the local justice systems can be perverted by money and power. As a result many people feel there is no point in reporting their cases.

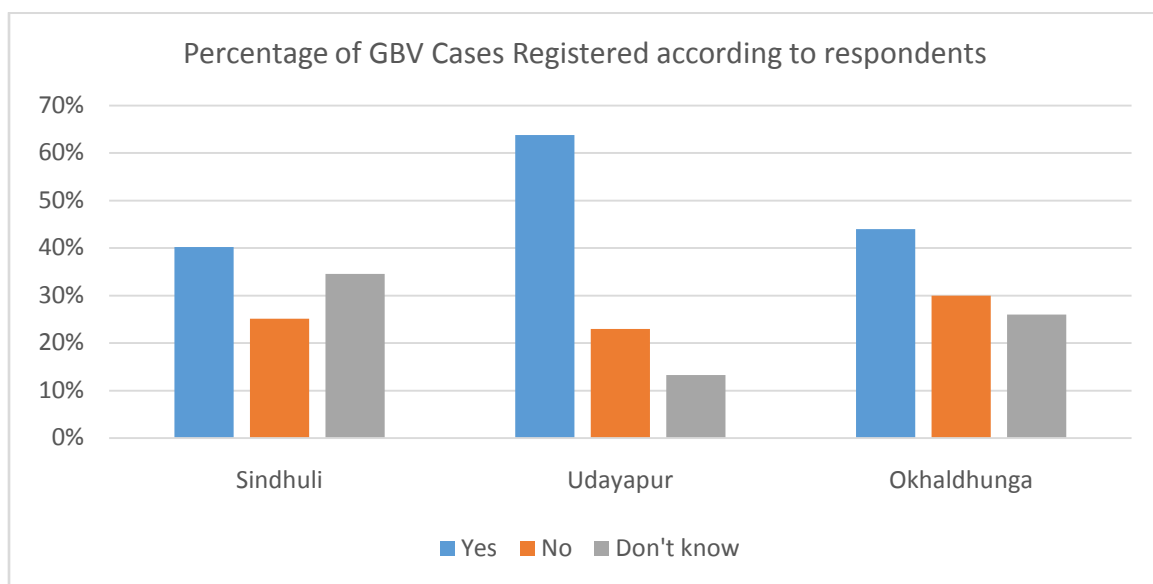


Figure 4.35: GBV cases registered

Even when GBV cases are reported to the police, not all of the cases are actually registered in the police station. 55% of the people who said cases were reported said that cases were also registered while, 25% said they were not and 20% did not know if cases were registered or not as table shows.

The main reason for cases not being registered seems to be local/informal settlement of cases, often at the police station itself. The long distances to travel to and from the police stations, coupled with the lengthy, hassle-prone process itself also discourage people from registering and pursuing their cases. Many respondents in Udayapur claimed that police themselves are unwilling to register cases or are sometimes bribed by the perpetrators to not proceed with the cases.

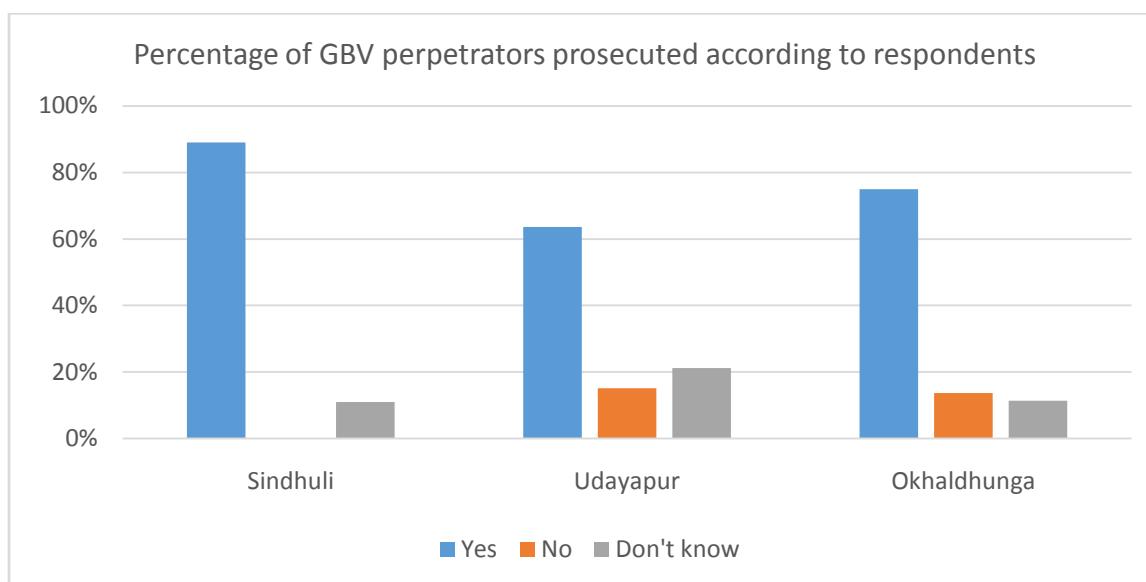


Figure 4.36: GBV perpetrators prosecuted

Some 78% of males and 68% of females among those who said cases are registered in the previous question went on to say that perpetrators are prosecuted once the cases are registered. About a tenth of these respondents (12%), most of whom are from Udayapur, said that perpetrators are not punished because of the social, political or economic influence of the perpetrators on the justice system.

Perception of GBV Services

Since the research team was aware of the risk of a very small number of survivors likely to be interviewed during the survey, it was decided to ask all survey respondents about survivors in their community and the services they have sought or received. This represents the respondents' perceptions and opinions regarding survivors in their community and not the survivors' opinion. The case studies below present the survivors' perceptions.

When respondents were inquired about the GBV survivors in their community, bigger proportion of women in all districts – 82% of all women and 54% of men – said that there were indeed survivors of GBV in their community. This was administered to all respondents and it is their perception. Research team does not have facts from official records or from a wide survey of survivors alone.

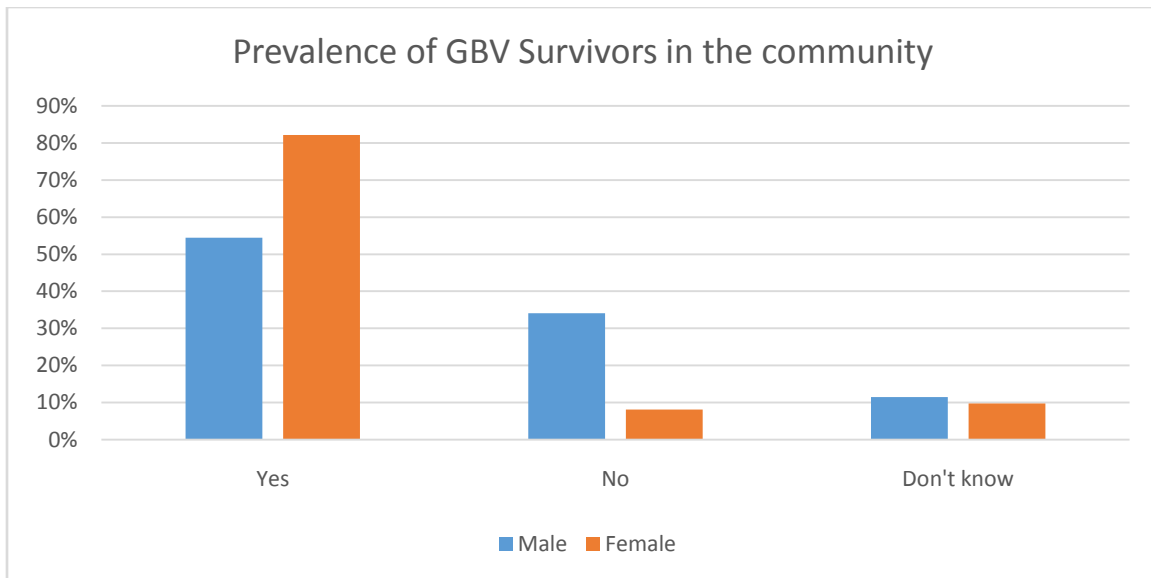


Figure 4.37: Prevalence of GBV Survivors in the community

At the same time, 64% of females among those who were aware of survivors in the community said that survivors had sought support from various service providers, while only 38% of male respondents had a perception that survivors sought support. This seems to indicate that women are more aware of the extent of GBV in the community, both in terms of prevalence and services available.

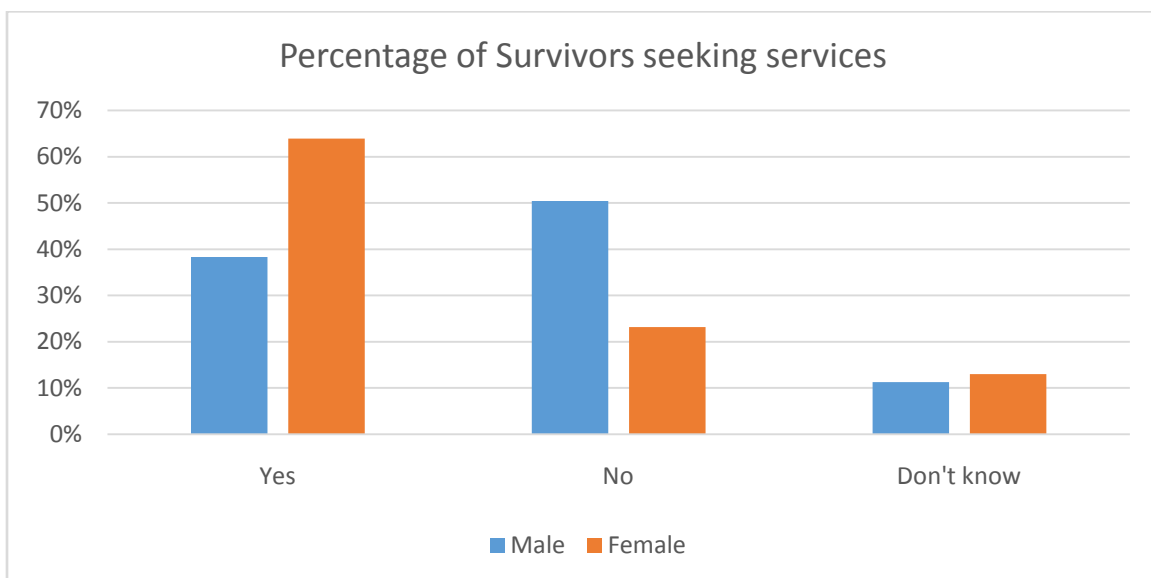


Figure 4.38: Survivors seeking services

While only one out of five respondents (20%) who said survivors had sought support from service providers claimed that they were not satisfied with the quality of service provided, the

reasons given for the perceived dissatisfaction help shed light on the difficulties that survivors face in these communities – namely that cases are not fairly settled, are often repeated, take a long time to resolve, process is influenced by power and connections, and victims are pressured by families of perpetrators to not pursue the cases with threats of more violence. A woman in Tapeshwori VDC said that her daughter was killed following accusations of witchcraft and she has still not received any justice.

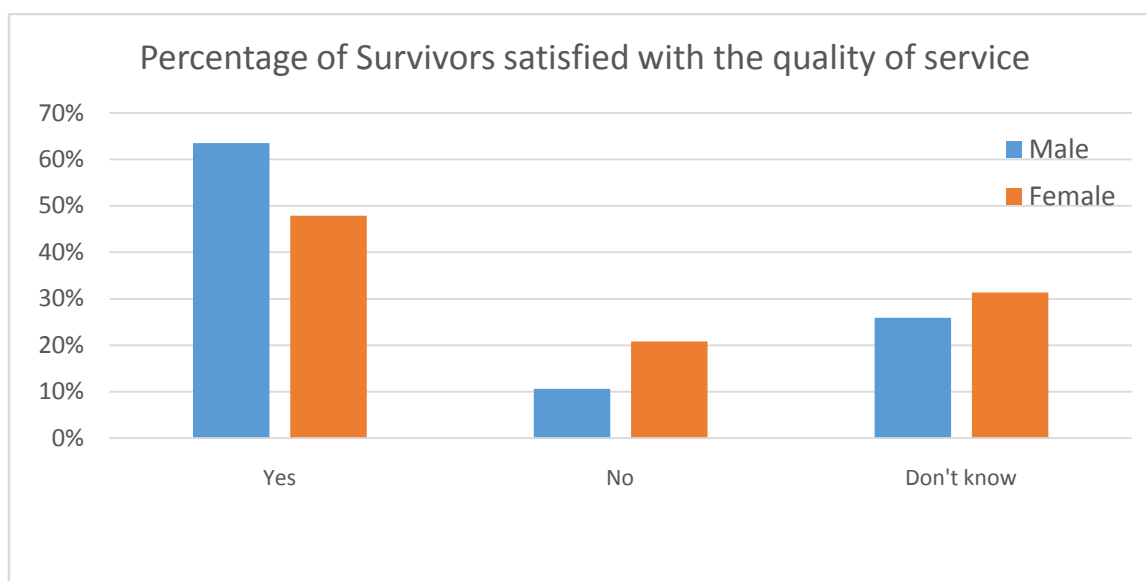


Figure 4.39: Survivors' satisfaction with the quality of services

The study team was able to converse with a few GBV survivors (n=5) in the districts. Their expressions presented as case studies below indicate that most of them are generally satisfied with the support and services they have received or are receiving.

“Everyone in my home abuses me. When my husband was abroad, he used to verbally abuse over the phone. After he returned, he started abusing me and also physically torturing me and my children. He attacked us with whatever he could find. His mother kept encouraging him to marry another woman. My brother-in-law who is in the police, along with all other in-laws was involved in abusing, beating and threatening me. It has been around 22-25 days that I have been in Safe House. During the stay at the Safe House, I have been treated very well, with warmth and nice attitude, in a polite manner. I am provided with good food and support. In addition, they treated my wounds caused by the beating and provided counseling services. I am very much happy and satisfied with the services provided by the Safe House.”

–Individual Interview with a GBV survivor, Triyuga Municipality, Udayapur

“While I was pregnant with a son, my husband was transferred to Solukhumbu, where he had an affair with a Sherpa woman and married her. I came to know about this only after my husband had a son with that woman. With the help of WDO and other organizations, I was able to attain my share of property. Every month I receive NPR 11,000 for me and my children’s expenses. But I continued to be disliked by the community and my in-laws. Even the community people do not support me and talk behind my back and verbally abuse me. At present, I am working as an office assistant in the Safe House. Listening to the stories of those who visit the safe house, I console myself. Being involved and empathetic while listening to other’s incidents makes me stronger and it feels like this has helped me recover. Therefore, even if people say bad things about me and dislike me, I feel grateful towards the organizations that have helped me recover and helped me head towards a brighter future.”

– Individual Interview with a GBV survivor - 27 years old married for 11 years with a son and a daughter

Sisneri VDC, Okhaldhunga

“I used to be tormented by my in-laws. Everyone, including my mother-in-law, sister-in-law, father-in-law, used to verbally abuse me to the extent that I felt like committing suicide. My husband is abroad and we rarely even get a chance to talk while my in-laws continued to beat me for no good reason. People in the neighborhood had to come and get me away from them. Thankfully, after years of struggle with my in-laws, one of my sisters who is engaged in Paralegal helped me escape my in-laws and helped me rehabilitate. She gave me the strength to face them and also provided me with support that I was very much in need of. And now like her I am also engaged in paralegal to help develop lives of other women who are suffering. I am not as intensively involved as her, but I have been encouraged by her to help others. I am thankful to Paralegal as well as that sister for helping me reclaim my life by overcoming my past grievances. I am very happy and satisfied and thankful.”

–Individual Interview with a GBV survivor - 38 years old with a daughter

Tapeshwori VDC, Udayapur

“It has been 2 years since my husband started to beat me and verbally abuse me. He used to threaten me that he would bribe other men to rape me and he also warned that he would leave me and my children. He was horrible, especially when drunk, and constantly scolded and threatened me. I even filed a complaint with the police but he got a local politician to get involved in our matter and nullify the police report that I had registered, forcing me to resettle with my abusing husband. Later, with the help of the WCO, I have been able to proceed with my case and I am looking forward to getting a divorce.”

*– Individual Interview with a GBV survivor - 35 years old, currently working as a Children facilitator
Harkapur VDC, Okhaldhunga*

“I think the victims are not satisfied with the service provided. This is because mostly the perpetrators are not punished. Punishment is limited to a fine of Rs. 1150 and the perpetrator is imprisoned for a night. This has not been effective since they simply return home the next day and continue the violence or even increase the amount of violence. Also, there are cases where men stay idle at home and the women earn. Therefore, in case of financial penalty against the perpetrator, the victim ends up paying the penalty since the victim is the perpetrator’s wife. Victims are therefore reluctant to speak out or seek help.”

-KII with VDC secretary, Sindhuli

CHAPTER 5: Conclusion and Recommendations

5.1. Key Findings

This baseline study on GBV prevalence, prevention and response was conducted with the help of household questionnaires, focus group discussion with members of the community, key informant interviews with stakeholders in the district and VDC level, and in-depth household consultations with local households in the study areas. After a month long study in all three districts, the study can conclude that situation of GBV in the three districts can be described as dire, where violence against women and girls is rampant.

Prevalence of GBV

The study has revealed that GBV is highly prevalent in the project districts, especially in the form of spousal violence that is often fueled by alcohol. This trend is similar in all three districts, as has been discussed in the findings. Incidences of violence against women are common, judging by the responses to the questionnaire, discussions during the FGDs, and views expressed in the KIIs. GBV in these districts is most prevalent in the form of emotional violence, followed by physical and sexual violence. Most of the perpetrators are close to of the victims, men and boys in the form of husbands, in-laws (including female in-laws), neighbours, intimate friends, or as relayed by the respondents, unknown boys and men with “bad moral character” that are often perpetrators of sexual violence.

A vast majority of the respondents (89%) said that they have heard of violence against women and girls in their communities. Despite women being the victims in most of the incidences of gender based violence, fewer women (86%) said they are aware of violence against women and girls, than men, at 98%.

This pattern of data is seen in all the study districts. Many women were found to perceive husbands beating their wives as "part of life when you are living together". The study revealed that although women are aware of GBV and are aware of their rights, most of them are forced to accept violence as a part of life because they have no other choice than to return to their common home (or husbands' home with in-laws).

Spousal Violence

The extensive interviews and discussions conducted for this study make it clear that spousal violence is prevalent across all social and economic groups, and perpetrators include people in

community leadership positions like teachers and government officials (*janne bujhne, thula maanchhe*).

When asked about prevalence of spousal violence, 64% of the respondents said that there have been incidents of spousal violence in their community within the past six months of the survey. The incidents of spousal violence that takes place most frequently in the community were reported to be fighting under the influence of alcohol (involving violence by both partners), wife beating under influence of alcohol and just wife beating (without alcohol).

It is likely that people were not as forthcoming when it comes to incidents of spousal violence in their own households. Only 5% of male respondents said there had been incidents of spousal violence in their household in the past six months, and 28% of females, or roughly five times as many females, said that there had been spousal violence in their households in the past six months. According to these respondents, scolding and verbal conflict (*bhanabhan*) are the most common forms of spousal violence in the household. Dominating and beating wives (with or without alcohol) were reported almost exclusively by female respondents.

The month long field exercise conducted during this baseline survey exposed researchers to a plethora of incidences of spousal violence. The vast majority of the respondents have stated alcohol consumption as the main reason behind spousal violence. This statement most likely derives from the fact that most of the incidents of violence occur under the influence of alcohol.

Knowledge of the forms of GBV

87% of male respondents and 94% of female respondents said they have heard about physical violence against women and girls in their community. Similarly, 67% of males and 74% of females said they have heard of emotional violence and 59% of males and 76% of females said they have heard about sexual violence.

The most common type of physical violence that was reported by respondents in all districts is hitting or slapping as responded by an overwhelming majority of the respondents (98%) followed by pulling hair, pushing or shoving, throwing things at women and girls, choking, burning and stabbing. When asked about the perpetrators of physical violence, the majority of respondents (94%) reported that husbands are the main perpetrators of physical violence, and this proportion is similar for males and females. Other frequently cited perpetrators of physical violence were reported to be mother-in-law (30%), neighbors (26%), sister-in-law (16%) and intimate friend or partner (14%).

Similarly, the most common types of emotional violence prevalent in the districts were reported to be yelling or swearing, as mentioned by 88% of males and 78% of females, followed by humiliating, threatening and intimidating. Within the household, jealousy (*irshya garne, ris garne*), excessive controls and restrictions including financial restrictions were reported to be quite common. The main perpetrators of emotional violence are once again, husbands and in-laws. Neighbours and intimate friends were also identified as the major perpetrators. More females than males cited in-laws as perpetrators of emotional violence.

The most frequently mentioned type of sexual violence was rape, reported by a large majority of male (87%) and female (77%) respondents. Other commonly reported types of sexual violence include fondling or unwanted touching and attempted rape. Nearly three times as many women (38%) as men (13%) claimed that fondling or unwanted touching is a common form of sexual violence. The main perpetrators of sexual violence were reported to be neighbours, husbands and intimate friends. While 63% of females mentioned neighbors as the main perpetrators of sexual violence, 60% of males chose 'others' as the main perpetrators. When probed further, these 'other' perpetrators were noted to be young males who drink and do drugs, strangers and unknown men with bad moral character.

Marital rape was also reported by a bigger proportion of women (19%) than men (12%). While almost half of all females (48%) responded that husbands are major perpetrators of sexual violence, less than one in five males said that husbands are perpetrators of sexual violence against their wives. It is possible that men think they own their wives and they should be able to sleep with them whenever they want to, regardless of the feelings of their wives.

Knowledge of when and where to seek care

Respondents were asked if they knew when and where they should go following GBV. Majority of males (68%) and females (73%) said they know when to go and even greater proportions of males (89%) and females (89%) said they know where to go following incidents of violence. When probed further, it appears not all of them know. There was a general understanding that this depends on the nature and severity of the crime and the most common responses were "immediately" and "as soon as possible", followed by "within a day" and "within 35 days". Some interesting answers given included "before evidence gets destroyed" and "when in risk of violence".

Respondents responded quite variedly with regards to where to go and provide a picture of the prevailing norms in the communities. 91% of male respondents mentioned Police Office while

only 61% of the females were inclined to go the Police, perhaps signifying women's lack of access or trust.

People are also likely to approach Mother's groups – 47% of the females said they would go to Mothers' groups for help, while 38% of the males said so. This shows the importance of the mothers' groups in the community as an active and respectable group that has the potential to be instrumental in the fight against GBV.

Women and Children's Office, OCMC, women's cooperatives, and GBV Watch Groups were mentioned by very few respondents, with only 12%, 1%, 14% and 5% of the total respondents (male and female) saying they would approach these institutions respectively. The WCO, OCMC, Safe House, women's cell, etc. are all located in the district headquarters and as such are not feasible for many people living in the remote communities of the district. Unless cases are severe and they have enough resources people do not come to these service providers even if they know about them.

Vital Documents

Around 90% of men and same proportion of women said they were in possession of at least one vital document. Citizenship certificate was reported to be the most common vital document that was in possession of the respondents, with 90% and 88% of males and females respectively, among those who had at least one vital document. 38% of males and 11% of females had a land ownership certificate. Men were also more likely to have passports and driver's licenses compared to females.

Violence against PLWD

Fewer men than women in the community seem to be aware of violence against people living with disabilities. The most common type of physical violence against PLWD mentioned by the respondents who were aware of such violence was hitting/slapping (*kutne/pitne*), pushing or shoving, and throwing things at them. Among the types of emotional violence inflicted upon PLWD were humiliating them, yelling or swearing, threatening and intimidating. The most common type of sexual violence happening to PLWD in the community was rape and attempted rape as responded by majority of both male and female respondents. The major perpetrators of physical violence against PLWD are neighbours, who were mentioned by almost 60% of the respondents, males and females in equal measure. Other key perpetrators mentioned were husband and intimate friends, and close family members.

According to the respondents, neighbors are the main perpetrators of all forms of violence against PLWD – physical, emotional and sexual. Other offenders include husband, intimate friend, female in-laws (mother, sister, and daughter), and other family members. It is alarming to see that almost all family members are mentioned to be engaged in emotional violence against PLWD.

Male attitude and engagement on GBV

A separate section of the questionnaire was administered to male respondents only, in order to gauge their perceptions and attitudes towards GBV and to see if they had taken any steps in combating GBV in their communities. Out of 408 male respondents, 327 of them, or about 80%, said that violence does occur against women and girls in their community, out of which 14% went on to say that incidents of GBV are pretty common in their community.

When asked if violence against women and girls is sometimes acceptable to them, almost all of them said it is not acceptable. Only 3% of these men and boys said that violence is sometimes acceptable.

When these men and boys who said GBV is not acceptable were asked why it is not acceptable and most of them said that violence against women is not good and is a crime punishable by law. They seemed to be aware that men and women have equal rights, including the right to live peacefully. Some men highlighted the important role of women in the family as why they should not be victims of domestic violence.

To find out male engagement against GBV, those who did not agree that violence is acceptable were asked if they had ever taken any action to prevent or spread awareness on GBV. Slightly more than a quarter of the respondents (28%, n=109) claimed to have taken some action against GBV - those actions being mostly in the form of awareness programmes, street drama against child marriage, counseling quarrelling adults in their communities and helping mediate cases of violence.

Only 22 of these men and boys had participated in such initiatives through a club or an institution. All of these clubs were in Udayapur and Okhaldhunga, and none in Sindhuli.

GBV Services

At the time of the survey, not all of the health service delivery points (OCMC and Safe House) were fully operational. The safe house in Sindhuli was not functioning despite being well furnished and having the potential to be a safe and comfortable place for victims of GBV and

survivors. The local Inter Party Women's Network in the district seemed to have taken over the building and using it for political purpose. As for the OCMC, at the time of the survey, only recruitment and training of the staff had taken place. A building to house the OCMC was said to be in the process of development, so currently there was no OCMC to make any observation.

In Udayapur, the safe house was said to be functioning well. However, due to security issues and the need to ensure the safety and privacy of the victims no visitors were allowed into the building. The OCMC in Udayapur, at the time of the survey, was awaiting the construction of a new building. Staff had been recruited and trained and were ready to provide necessary services, but were unable to deliver the services due to lack of separate room or building for the OCMC.

The OCMC in Okhaldhunga, located in Rumjatar was the only functioning One-Stop Crisis Management Center in the three districts at the time of the survey. The OCMC here was very well furnished and had been providing continuous support and services to the community people adhering to the clinical protocol on GBV. The observation checklist completed at the OCMC in Okhaldhunga shows that it is in a well-functioning state and meets all the criteria. The Safe House was also well-functioning in Okhaldhunga. The safe house was also in a well-functioning state and the researchers were able to enter the building. The safe house was deemed to be safe following the earthquakes but it was reported to have only about half of the facilities that are to be expected in it.

Reporting of GBV Cases

Researchers visited the District Police Office and Women's cell in all three districts to obtain records of GBV related cases. The number of GBV cases seems to be very low in the light of what the study has uncovered. It is evident that many people simply don't report, file complaints, or follow up on GBV for various reasons – societal pressure, lack of access and awareness, perceived weak and corrupt system of justice, and in case of domestic violence, dependence on the perpetrators.

In order to get an idea of the trend of reporting, registering cases, and prosecution of GBV cases in the community, we asked the survey respondents for their views on these activities and the reason for their beliefs. The survey indicates that not all of the cases of GBV get reported to the police. Only 42% of the respondents in the three districts said that GBV cases are reported.

It appears that many cases are settled locally through mediation as there is still not a widespread culture of reporting cases of GBV. Families of perpetrators were also alleged to

threaten the victims against reporting to the police. In cases of domestic or spousal violence, women know that they have to return to the husband and are afraid they might incur even more violence after reporting.

Even when GBV cases are reported to the police, respondents say that not all of the cases are actually registered in the police station. Around half of the people who said cases were reported said that cases are not actually registered or perpetrators prosecuted for a variety of reasons. The main reason for cases not being registered seems to be local/informal settlement of cases, often at the police station itself. The long distances to travel to and from the police stations, coupled with the lengthy, hassle-prone legal processes, also discourage people from registering and pursuing their cases. Many respondents in Udayapur claimed that police themselves are unwilling to register cases or are sometimes bribed by the perpetrators to not proceed with the cases.

The study team was able to converse with a few GBV survivors in the districts. Their expressions indicate that most of them are generally satisfied with the support and services they have received or are receiving. Since the research team was aware of the risk of a very small number of survivors likely to be interviewed during the survey, it was decided to ask all survey respondents about survivors in their community and the services they have sought or received.

Some 64% of females among those who were aware of survivors in the community said that survivors had sought support from various service providers, while only 38% of male respondents had a perception that survivors sought support. This seems to indicate that women are more aware of the extent of GBV in the community, both in terms of prevalence and services available.

The people who said that GBV survivors are not satisfied with the quality of services provided said the reasons why they are not satisfied are because most often cases are not fairly settled, are often repeated, take a long time to resolve, process is influenced by power and connections, and victims are pressured by families of perpetrators to not pursue the cases with threats of more violence.

5.2 Recommendations

The following recommendations drawn from the baseline study can be considered by UNFPA's GBV Prevention and Response project in the course of its operation.

Recommendations for GBV Prevention:

- Although people are generally aware of what GBV is and the various forms and perpetrators of GBV, many lack precise, usable knowledge relating to the various services available to GBV victims and survivors. Community organisations like mother's groups and GBV watch groups, along with actors like FCHVs and CMOs need to be trained and mobilized to impart this information to all members of a community.
- Awareness of one's rights or knowledge of services available alone may not be enough. Programmes that promote economic empowerment of women can boost the morale and independence of women and provide them with the strength and resources to report cases of violence and seek justice, and even leave the abusive husband if the situation gets extreme.
- Men's engagement in GBV prevention is found to be very low and youth clubs are found to be engaged mostly in cultural and sports related activities. These clubs and youth groups could have a positive effect in the fight against GBV, especially by influencing the behaviours of adolescent boys, if they are properly sensitized and mobilized in the communities they represent.
- Adolescent girls are increasingly vulnerable to sexual violence from men and boys. Just like initiatives oriented toward engaging young girls, like adolescent girls' groups and girls' circles, there should be similar initiatives to sensitize and mobilize school aged boys in the fight against GBV.
- Many survey respondents and community actors have cited unchecked alcohol consumption for being a major trigger for spousal violence in their communities. Any awareness campaign to combat GBV should also feature awareness on the effects of alcohol consumption (loss of money, health, reputation) and the strong correlation it has with spousal violence.
- Several members of the GBV Watch Groups themselves said that they were victims of spousal violence. Since this fact would be sometimes known in the community, they complained that their policing had not been effective as people seemed to undermine them when they tried to talk about spousal violence, instead pointing to the violence in their own homes. It is their recommendation that GBV Watch Groups should include

people from other communities who might be able to command more respect and authority.

Recommendations for Response to GBV:

- Many service providers, such as the OCMC, Safe House, Women's Cell, WCO are all located in the district headquarters. This has proven to be a major barrier to access these services for people living in the remote parts of the districts. These services need to be made available at least at the new ward level, now that wards are what previously used to be VDCs.
- Mothers' Groups seem to be active in the community and are also well respected. It was discussed that even a large proportion of males tend to view mothers' groups as one of the places where they can go following incidents of GBV. Initiatives to further strengthen these groups as well as GBV Watch Groups and build their capacities to combat GBV in the grassroots level could have a strong positive impact.
- Fewer women than men have stated that they would go to the police for help if there is incident of violence. Participants in FGDs in many locations expressed suspicion of the police. As a result, many GBV cases tend to go unreported due to this lack of trust. Many cases are reported to be resolved at the community level in various mediation centres or in the presence of community elders. Adding more female police officers in all the police units that serve the community, along with fair, transparent and streamlined processes for handling complaints could rebuild the trust, leading to an increase in the number of GBV cases reported and prosecuted.

Annex I: Participants of Key Informant Interview

Okhaldhunga			Sindhuli		Udayapur	
Female Volunteer	Community (FCHV)	Health	Female Volunteer	community health (FCHV)	Community Officer (CMO)	Mobilization
One-Stop Centre (OCMC)	Crisis Management		Police unit, Ratamata		VDC Tapeshwori	Secreatory,
Women (WDO)	Development	Officer	VDC Ratamata	representative,	Women Cell	
Siddhicharan Municipality			Women officer (WDO)	development	Police unit, Tapeshwori	
Community (CMO)	Mobilization	Officer	Women cell		Women service centre	
Women service centre			Community Officer (CMO)	Mobilization	Women Officer (WDO)	Development
Women cell			VDC secretary, Hatpate		Female community health Volunteer (FCHV),Tapeshwori VDC	
					Social mobilizer (S.M), Risku VDC	

Annex II: Participants of Focus Group Discussion

District	FGD	Total number of participants in each FGD
Okhaldhunga	Okhaldhunga youth club, Siddhicharan Municipality, Okhaldhunga	15
	Thani gatishil youth club, Sisneri Okhaldhunga	10
	Shiva adolescent girls group, Harkapur Okhaldhunga	14
	Laliguras watch group, Sisneri Okhaldhunga	8
	Watch Group, Harkapur Okhaldhunga	11
	Watch Group, Siddhicharan Municipality Okhaldhunga	11
	Beli Chameli Cooperative, Harkapur Okhaldhunga	10
	Sisneri Women cooperative Sisneri, Okhaldhunga	18
	Mahila Utthan saving and credit cooperative, Siddhicharan Municipality, Okhaldhunga	12
	Janakalyankari Ama Samuha, Sisneri Okhaldhunga	27
Sindhuli	Dipmala saving and credit cooperative, Jhagajholi Ratmata Sindhuli	19
	Maluwai Women group, Jhagajholi Ratmata Sindhuli	11
	Watch Group, Hatpate Sindhuli	12
	Pargatishil women development and agriculture cooperative	8
	Women Group, Jhagajholi Ratmata Sindhuli	9
	Shree ganesh kishori group Hatpate Sindhuli	11
	Youth group, Kamalamai Municipality Sindhuli	5

	Krishna dhara women group, Kamalamai Municipality Sindhuli	14
	Sagarmatha women saving and credit cooperative, Hatpate Sindhuli	14
Udayapur	Ushakiran women adolescent group, Triyuga Udayapur	7
	Youth group, Tapeswori, Udayapur	10
	District youth network, Gaighat Udayapur	16
	Watch group, Tapeswori Udayapur	10
	Women Group, Tapeswori Udayapur	10
	Women group, Tapeswori Udayapur	9
	Bar Pipal women group, Risku Udayapur	10
	Makhamali cooperative group, Risku Udayapur	14
	Gaaltar women group, Risku Udayapur	9
	Ushakiran women development (Saraswoti) group, Triyuga Udayapur	17
	Total No. of Participants in FGDs	351

Annex III: Observation Checklist for OCMCs in Okhaldhunga

Criteria	Tick (✓)		Remarks
	Yes	No	
Safe to inhabit post-earthquake	✓		Partially damaged but safe
Documentation of GBV survivors case	✓		
Documentation of GBV services	✓		
Medical treatment and follow-up care	✓		
Safe area and environment (to ensure safety and security if GBV survivors and their children)	✓		
Well-lit and clean rooms	✓		
Clean water and sanitation	✓		
Maintenance of confidentiality of survivors' information – shared only through the consent of the survivors	✓		
Status of forensic examination labs	✓		
Safe to inhabit post-earthquake	✓		

Annex IV: Observation Checklist for Safe house in Okhaldhunga

Criteria	Tick (✓)		Remarks
	Yes	No	
Safe to inhabit post-earthquake	✓		
Documentation of GBV survivors case	✓		
Documentation of GBV services	✓		
Medical treatment and follow-up care	✓		
Safe area and environment (to ensure safety and security of GBV survivors and their children)		✓	
Well-lit and clean rooms	✓		
Provided shelter to GBV survivors as per its shelter capacity		✓	
Clean water and sanitation	✓		
Recreational materials (Library/TV/Sports items)	✓		Only music system present
Maintenance of confidentiality of survivors' information – shared only through the consent of the survivors	✓		
First aid box		✓	
Sanitary pads		✓	
Fire Extinguisher		✓	
Few sets of clothes		✓	
Telephone		✓	
Electricity		✓	Most of the time electricity is not present
Personal hygiene kit		✓	

In-charge is a woman	√		
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Annex V: Cases Registered in Sindhuli

Cases registered in district police office, women cell, Sindhuli (2073/2074 B.S.)

S.N.	Cases	Number
1.	Fighting, beating incidents	16
2.	Husband not giving basic expenses (food, clothes and household)	12
3.	Misbehavior	1
4.	Threatening, abusive language	4
5.	Dinking and Beating	1
Among above mentioned cases		
6.	Cases of agreement and reconciliation	20
7.	Legal Proceedings	11
8.	Sent to court	2
9.	Complained but no more in contact	1

Annex VI: Cases Registered in Okhaldhunga

SN.	Types of Cases	Total Number of Cases	Referred/New cases		Status of Cases				Remarks
			Referred Cases	New Cases	Registered	Ongoing Cases	Acquitted	Prosecuted	
1.	Inheritance	217		47	47	14			Judgment delivered
2.	Domestic Violence	2	1	2	1	1	-	-	
3.	Divorce	28	28		28	4	-	-	
4.	<i>Mana Chamal</i> (Temporary alimony)	1	1	1	1	1	-	-	
5.	Abusive words, Humiliation	30	-	-	-	7			Judgment delivered
6.	Rape	4	-	-	-	-	-	-	Judgment

									delivered
7.	Beating	6	3	3	2	2	-	-	Judgment delivered in 4 cases
8.	<i>Nata Kayem</i>	1	1	1	1	1	-	-	
9.	Polygamy	1	1	1	1	1	-	-	
10.	Robbery	11				7			Judgment delivered in 4 cases
11.	Witchcraft Accusation	1	-	-	1	-	1	-	Judgment delivered, 6 years prison
12.	Burning	1	-	-	-	-	-	-	Judgment delivered
13.	Inheritance, Divorce, Forgery	1							

Record attained from Women's Cell, Okhaldhunga

S.N.	Types of Cases	Total Number of Cases	Referred/New cases		Status of Cases				Remarks
			Referred Cases	New Cases	Registered	Ongoing Cases	Acquitted	Prosecuted	
1.	Physical violence from men while drinking alcohol	10	6	-	2	2	1	-	
2.	Food & Shelter	7	-	-	-	3	4	-	
3.	Theft	1	-	-	-	-	1	-	11 year children, mediation via police

Annex VII: Cases Registered in Udayapur

**Record on Complaint filed regarding women and children of Fiscal year 2073, from
Shrawan to Magh**

S.N.	Type of cases	No of cases
1.	Rape	8
2.	Prostitution*	5
3.	Poison consumption	3
4.	Suicide by hanging	10
5.	Some public offences	5
6.	Murder	4
7.	Manslaughter	8
8.	Unnatural sex	1
9.	Polygamy	2
10.	Human trafficking	2
11.	Murder crime industry*	1
12.	Murder related	2
13.	Vehicle deaths	2
	Total	53

**Applications related to Gender Based Violence (GBV) for Fiscal year 2073/2074, from
Shrawan till 2073/11/19**

S.N.	Types	Number of Application	Reconciliation	Proceedings remaining
1.	Food and lodging related	10	7	3
2.	Scolding, Humiliation	43	35	8
3.	Beating	41	32	9
4.	Direct application	20	13	8
	Total	114	12	28

Regarding missed application in Fiscal year 2072/073

S.N.	Gender	No. of Application	Found number	Ongoing Investigation
1.	Women	76	13	63
2.	Female Child	18	6	12
3.	Male Child	4	0	4
4.	Men	15	0	15
	Total	113	19	94

Annex VIII: Structured Household Questionnaire

UNITED NATIONS POPULATION FUND

Baseline Study for Improved GBV Prevention and Response in Selected Districts of Nepal

Questionnaire for Female

महिलाको लागि प्रश्नावली

Day of the survey			
Device ID			
General information			
Name of the enumerator		अन्तर्वार्ता लिने को नाम	
District	Sindhuli	जिल्ला	सिन्धुली
	Udayapur		उदयपुर
	Okhaldhunga		ओखलढुङ्गा
VDC/Municipality	Kamalamai Municipality	गाविस / नपा	कमलामाई न.पा.
	Hatpate VDC		हतपते
	Jha. Ratmata VDC		झाँगाझोली रातामाटा

VDC/Municipality	Triyuga Municipality	गाविस / नपा	त्रियुगा न.पा.
	Tapeshwori VDC		तापेश्वोरी
	Risku VDC		रिस्कु
VDC/Municipality	Siddhicharan Municipality	गाविस / नपा	सिद्धिचरण न.पा.
	Harkapur VDC		हर्कपुर
	Sisneri VDC		सिसनेरी
Settlement-Ward		वस्ती – वडा	
Household Information		घरधुरी सम्बन्धी	
1.1 What is your full name?		तपाईंको पूरा नाम के हो ?	
1.1 Ethnicity of respondent	Brahmin	उत्तरदाताको जात	ब्राम्हण
	Chhetri		क्षेत्री
	Dalit		दलित
	Janajati		जनजाति
	Madhesi		मधेशी

	Tharu		थारु
	Other		अन्य
1.2 What type of family do you live in?	Individual family	तपाईं कुन प्रकारको परिवारमा बस्नुहुन्छ?	एकल परिवार
	Joint family		संयुक्त परिवार
	Extended family		विस्तारित परिवार
1.3 How old are you?	15-19	तपाईं कति वर्षको हुनुभयो?	१५-१९
	20-29		२०-२९
	30-39		३०-३९
	40-49		४०-४९
	50 or more		५० भन्दा माथि
1.4 What is your education level?	Illiterate	तपाईंले कतिसम्म पढ्नु भएको छ?	लेखपढ गर्न नसक्ने
	Basic Literacy		सामान्य लेखपढ गर्न सक्ने
	Primary School		प्राथमिक तह
	Secondary School		माध्यमिक तह
	SLC		एस एल सि

	Higher Secondary		उच्च माध्यमिक
	Bachelor's Degree		स्नातक तह
	Above Bachelor's Degree		स्नातक तहभन्दा माथि
1.5 Do you consider yourself to have a disability?	Yes	तपाईंमा कुनै अशक्तता छ जस्तो लाग्छ?	Yes
	No		No
1.51 If so, what type of disability?	Physical disability	यदि छ भने, कस्तो किसिमको अशक्तता छ?	शारीरिक अशक्तता
	blind and low vision		दृष्टि विहिनता वा कम दृष्टि
	Deaf		बहिरो
	Deaf/blind		बहिरो / दृष्टि विहिनता
	Speech problem		बेल्ल नसक्ने / लाटो
	Mental illness		मानसिक असक्तता
	Intellectual disability		बौद्धिक असक्तता
	Multiple disability		बहुआयामिक असक्तता
1.6 What is your main occupation?	Managing family	तपाईंको मुख्य पेशा के हो?	घर परिवार व्यवस्थापन
	Agriculture/Livestock		कृषि

	Business		व्यवसाय
	Government Service		सरकारी सेवा
	Non-government Service		गैर सरकारी सेवा
	Service in Private Organisations		निजी संस्थामा जागिर
	Teaching		शिक्षण
	Social Service		सामाजिक सेवा
	Politics		राजनीति
	Wage Labour		ज्यालादारी
	Other		अन्य
1.7 What is your marital status?	Married	तपाईंको वैवाहिक स्थिति के छ?	विवाहित
	Unmarried		अविवाहित
	Divorced		सम्बन्ध विच्छेद भएको
	Separated		छुट्टै बस्ने
	Widowed		एकल महिला

1.8 How many members are living now in this household?		तपाईंको परिवारमा अहिले कति जना बस्नु हुन्छ?	
1.8 a) Total		जम्मा	
1.8 b) Male		पुरुष	
1.8 c) Female		महिला	
1.8 d) Others		अन्य	
1.9 What are the main sources of income of the household?	Agriculture/Livestock	तपाईंको परिवारको आम्दानीका मुख्य स्रोत के हुन्?	कृषि
	Business		व्यवसाय
	Formal job outside home		औपचारिक जागिर
	Informal job (wage earner)		अनौपचारिक जागिर
	Remittance		रेमिटेन्स / विप्रेषण
	Other		अन्य
1.10 What is your family's income status?	Hard to survive	तपाईंको परिवारको आर्थिक अवस्था कस्तो छ?	बाँच्न मुश्किल
	Not enough for living whole year		पूरा वर्ष जिविका गुजारा गर्न अपर्याप्त

	Just enough for living whole year		जिविका गुजारा गर्न पर्याप्त
	Save some portion from income		थोरै बचत गर्न सकिने
	Save large portion from income		धेरै बचत गर्न सकिने
1.11 Who makes the major financial decisions in the family?	Self	तपाईंको परिवारमा आर्थिक कुराको प्रमुख निर्णय कसले लिन्छ?	आफैं
	Spouse		श्रीमान्
	Father/Father-in-law		बुवा/ससुरा
	Mother/Mother-in-law		आमा/सासुआमा
	Brother/Brother-in-law		दाजु भाई/जेठाजु/देवर
	Sister/Sister-in-law		दिदी बहिनी/भाई बुहारी, नन्द, भाउजू
	Daughter/Daughter-in-law		छोरी/बुहारी
	Collectively		संयुक्त रुपमा
	Other		अन्य

1.12 Who makes the major social decisions in the family?	Self	तपाईंको परिवारमा सामाजिक कुराको प्रमुख निर्णय कसले लिन्छ?	आफैं
	Spouse		श्रीमान्
	Father/Father-in-law		बुवा/ससुरा
	Mother/Mother-in-law		आमा/सासुआमा
	Brother/Brother-in-law		दाजु भाई/जेठाजु/देवर
	Sister/Sister-in-law		दिदी बहिनी/भाई बुहारी, नन्द, भाउजू
	Daughter/Daughter-in-law		छोरी/बुहारी
	Collectively		संयुक्त रुपमा
	Other		अन्य
Part II: Knowledge of GBV		भाग दुई: लैंगिक हिंसा सम्बन्धी जानकारी	
2.1 Have you heard of violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने हिंसाको बारेमा थाह छ?	Yes
	No		No
2.11 If yes, what types of violence have you heard?		यदि छ भने कस्ता किसिमका घटना तपाईंले देख्नु र सुन्नु भएको छ?	

2.2 Have you heard of physical violence against women and girls?	Yes	के तपाईंलाई महिला विरुद्ध हुने शारीरिक हिंसाको बारेमा थाह छ?	Yes
	No		No
2.21 If yes, what types of physical violence have you heard of happening in this community?	Hitting / Slapping	यदि छ भने कस्ता किसिमका शारीरिक हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	पिट्ने /थप्पड हान्ने
	Biting		टोक्ने
	Pulling hair		कपाल लुछ्ने
	Pushing / shoving		धकेल्ने
	Throwing things at you		आफु तिर समान फाल्ने
	Choking		घाँटी न्याक्ने /मुख थुन्ने
	Burning		आगोले पोल्ने /जलाउने
	Stabbing		धारिलो हतियारले काट्ने
	Other		अन्य
2.22 Who do you think are the main perpetrators of physical violence?	Spouse	शारीरिक हिंसा प्राय कोबाट हुने गर्छ?	श्रीमती
	Intimate friend		नजिकको साथी
	Mother		आमा
	Mother-in-law		सासुआमा

	Father		बुवा
	Father-in-law		ससुरा
	Brother		दाजुभाइ
	Brother-in-law		जेठाजु/देवर
	Daughter		छोरी
	Daughter-in-law		बुहारी
	Sister		बहिनी
	Sister-in-law		भाई बुहारी/नन्द/भाउजू
	Neighbour		छिमेकी
	Other		अन्य
2.3 Have you heard of any types of physical violence against persons with disabilities?	Yes	के तपाईंले असक्त व्यक्तिहरु माथि भएको कुनै किसिमको शारीरिक हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.31 If yes, what types of physical violence against persons with disabilities have you heard of happening in this community?	Hitting / Slapping	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु माथि कस्तो किसिमको शारीरिक हिंसा	पिट्ने /थप्पड हान्ने
	Biting		टोक्ने

	Pulling hair	प्राय कोबाट हुने गर्छ?	कपाल लुछने
	Pushing / shoving		धकेल्ने
	Throwing things at you		आफु तिर समान फाल्ने
	Choking		घाँटी न्याक्ने /मुख थुन्ने
	Burning		आगोले पोल्ने /जलाउने
	Stabbing		धारिलो हतियारले काट्ने
	Other		अन्य
2.32 Who do you think are the main perpetrators of physical violence against people with disability?	Same as 2.22	तपाईंको विचारमा, अशक्तता भएका व्यक्तिहरु माथि शारिरीक हिंसा गर्ने मुख्य अपराधिहरु को को हुन?	Same as 2.22
2.4 Have you heard of emotional violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने मानसिक हिंसाको बारेमा थाह छ?	Yes
	No		No
2.41 If yes, what types of emotional violence have you heard of happening in this community?	Yelling or swearing	यदि छ भने कस्ता किसिमका मानसिक हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	कराउने /गालि दिने
	Threats and intimidation		थर्काउने
	Humiliating		होच्याउने

	Excessive control and restrictions		अत्याधिक नियन्त्रण
	Jealousy		रिस /इस्यार् गर्ने
	Accusations of witchcraft		बोक्सीको आरोप लगाउने
	Denying finances or forcing to account for every penny		आर्थिक कुरामा नियन्त्रण /हरेक पैसा को हिसाब खोज्ने
	Ordering around or treating like a slave		आदेश दिने /दासलाई जस्तो व्यवहार गर्ने
	Other		अन्य
2.42 Who do you think are the main perpetrators of emotional violence?	Same as 2.22	मानसिक हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.4 Have you heard of sexual violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने यौनजन्य हिंसाको बारेमा थाहा छ?	Yes
	No		No
2.5 Have you heard of any types of emotional violence against persons with disabilities?	Yes	के तपाईंले शारीरिक असक्तता भएका व्यक्तिहरु माथि भएका कुनै किसिमको भावनात्मक हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.51 If yes, what types of emotional violence	Yelling or swearing		कराउने /गालि दिने

against persons with disabilities have you heard of happening in this community?	Threats and intimidation	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु मथि मानसिक हिंसा प्राय कोबाट हुने गर्छरू	थर्काउने
	Humiliating		होच्याउने
	Excessive control and restrictions		अत्याधिक नियन्त्रण
	Jealousy		रिस /इस्र्या गर्ने
	Accusations of witchcraft		बोक्सीको आरोप लगाउने
	Denying finances or forcing to account for every penny		आर्थिक कुरामा नियन्त्रण /हरेक पैसा को हिसाब खोज्ने
	Ordering around or treating like a slave		आदेश दिने /दासलाई जस्तो व्यवहार गर्ने
	Other		अन्य
2.52 Who do you think are the main perpetrators of emotional violence against people with disability?	Same as 2.22	तपाईंको विचारमा, असक्तता भएका व्यक्तिहरु मथि भावनात्मक हिंसा प्राय कोबाट हुने गर्छरू	Same as 2.22
2.6 Have you heard of sexual violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने यौनजन्य हिंसाको बारेमा थाह छ?	Yes
	No		No

2.61 If yes, what types of sexual violence have you heard of happening in this community?	Rape	यदि छ भने कस्ता किसिमका यौनजन्य हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	बलात्कार
	Attempted Rape		बलात्कारको प्रयास
	Marital Rape		श्रीमानले गर्ने बलात्कार
	Fondling or unwanted touching		आफ्नो शरीर छुन चलाउन खोज्ने
	Forcing to perform sexual acts		आफुले नचाहेका यौनजन्य कार्यकलाप गर्न लाउने
	Other		अन्य
2.62 Who do you think are the main perpetrators of sexual violence?	Same as 2.22	यौनजन्य हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.7 Have you heard of any types of sexual violence against persons with disabilities?	Yes	के तपाईंले शारीरिक असक्तता भएका व्यक्तिहरु माथि भएका कुनै किसिमको यौनजन्य हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.71 If yes, what types of sexual violence against persons with disabilities have you heard of happening in this community?	Rape	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु माथि भएको कस्तो किसिमको यौनजन्य हिंसा भएको सुन्नु भएको छ?	बलात्कार
	Attempted Rape		बलात्कारको प्रयास
	Marital Rape		श्रीमानले गर्ने बलात्कार
	Fondling or unwanted		आफ्नो शरीर छुन चलाउन खोज्ने

	touching		
	Forcing to perform sexual acts		आफुले नचाहेका यौनजन्य कार्यकलाप गर्न लाउने
	Other		अन्य
2.72 Who do you think are the main perpetrators of sexual violence against people with disability?	Same as 2.22	तपाईंको विचारमा, असक्तता भएका व्यक्तिहरु माथि हुने यौनजन्य हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.8 Have you heard of any other forms of violence other than those mentioned above?	Yes	तपाईंलाई माथि सोधिएका हिंसाहरु बाहेक अरु कुनै किसिमका हिंसाको बारेमा थाहा छ?	Yes
	No		No
2.81 If yes, what types of violence have you heard of happening in this community?		यदि छ भने तपाईंले अरु कस्ता किसिमका हिंसाका घटना यो समुदायमा भएको सुन्नु भएको छ?	
2.82 Who do you think are the main perpetrators of this type of violence?	Same as 2.22	यस्ता हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.9 Have you heard of any other forms of violence against people with disability other than those mentioned above?	Yes	तपाईंलाई माथि सोधिएका हिंसाहरु बाहेक अरु कुनै किसिमका असक्तता भएका व्यक्तिहरु माथि हुने हिंसाको बारेमा थाहा छ?	Yes
	No		No
2.91 If yes, what types of violence have you heard of happening in this community?		यदि छ भने तपाईंले अरु कस्ता किसिमका हिंसाका घटना यो समुदायमा भएको सुन्नु भएको छ?	

2.92 Who do you think are the main perpetrators of this type of violence against people with disability?	Same as 2.22	यस्ता हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
Part III: Information on incidence of GBV and Seeking Care		भाग ३: जानकारी सम्बन्धी गर्ने प्राप्त सहायता र घटना हिंसाका :	
3.1 Have there been incidents of spousal violence in this community in the last six months?	Yes	यो समुदायमा गएको ६ महिनाको अवधिमा श्रीमान/श्रीमती विच हिंसाको घटना घटेको छ?	Yes
	No		No
3.11 If Yes, please specify		यदि छ भने, कस्तो किसिमको, कृपया उल्लेख गर्नुहोस्	
3.12 How often do you hear about incidents of spousal violence?		श्रीमान/श्रीमती विच हिंसाको घटना कतिको सुनिन्छ?	
3.2 Have there been incidents of spousal violence in the household in the last six months?	Yes	तपाईंको घरमा गएको ६ महिनाको अवधिमा श्रीमान/श्रीमती विच हिंसाको घटना घटेको छ?	Yes
	No		No
3.21 If Yes, please specify		यदि छ भने, कस्तो किसिमको हिंसा घटेको छ?	
3.22 How often are there incidents of spousal violence in the household?		तपाईंको घरमा श्रीमान/श्रीमती विच हिंसाको घटना कतिको भैरहन्छ?	
3.3 If incident of violence occurs to woman and girl, do you know when to seek care?	Yes	कोही युवती वा महिला माथि हिंसाको घटना	Yes
	No	भैहाल्यो भने सेवा, र सहयोगको लागि कहिले	No

		जानुपर्छ भने बारेमा तपाईंलाई थाहा छ?	
3.31 If yes, please specify when		यदि थाहा छ भने, कहिले गर्नुपर्छ?	
3.4 If incident of violence occurs to woman and girl, do you know where to seek support and care?	Yes	कोही युवती वा महिला माथि हिंसाको घटना भैहाल्यो भने सेवा, र सहयोगको लागि कहाँ जानुपर्छ भने बारेमा तपाईंलाई थाहा छ?	Yes
	No		No
3.41 If yes, please specify where	Parents	यदि थाहा छ भने, कहाँ जानुपर्छ?	बाबुआमा-
	Close Friend		नजिकको साथि
	Teacher		शिक्षक / शिक्षिका
	VDC Office		गाँउ विकास समितिको कार्यालय
	WCO		महिला तथा बालबालिका कार्यालय
	OCMC		एकद्वार संकट व्यवस्थापन केन्द्र
	Neighbours		छिमेकी
	Relatives		नातेदार
	Legal Aid		कानूनी सहायता
	Police		प्रहरी

	Safe House		सुरक्षित आवास
	Women's Cooperative		महिला सहकारी
	Mothers' Group		आमा समूह
	GBV Watch Group		लैङ्गिक हिंसा निगरानी समूह
	Adolescent Girls' Group		किशोरी समूह
	Girls' Circle		नारी वृत्त
	Other		अन्य
3.5 Are you aware that there is a need of vital documents in your possession to get service care, and support in case incident of violence occurs?	Yes	के तपाईंलाई हिंसाका घटना घटेपछि सेवा, र सहयोग पाउनको लागि आफ्नो अत्यावश्यक कागजात (प्रमाणपत्र (आफूसँगै हुनुपर्छ भनेर सचेत हुनुहुन्छ?	Yes
	No		No
3.6 Are you in possession of any vital documents?	Yes	तपाईंको आफ्नो महत्वपूर्ण कागजात (प्रमाणपत्र) छ आफूसँग?	Yes
	No		No
3.61 If yes, please mention the names of documents	Birth Certificate	यदि छ भने, कृपया तपाईंसँग भएको कागजातको (प्रमाणपत्र) नाम भन्नुहोस् ।	जन्म दर्ता
	Citizenship Certificate		नागरिकता

	Marriage Certificate (if married)		विवाह दर्ता
	Relationship Certificate		नाता प्रमाण
	Land Ownership Certificate		जग्गा धनी पुर्जा
	Other		अन्य
3.62 If No, why don't have any vital documents with you?	Never knew of vital documents	यदि छैन भने के कारणले होला ?	कागजातको बारेमा थाह नभएर
	Didn't know where or how to obtain		कागजात कहाँ र कसरी लिने थाह नभएर
	Wasn't encouraged to obtain by family		परिवारले कागजात लिन प्रोत्साहन नगरेर
	Wan't allowed to obtain by family		परिवारले कागजात लिन अनुमति नदिएर
	Have obtained but don't have with me		लिएको छु तर अहिले आफुसंग नभएको
	Other		अन्य

3.7 Who do you think are most at risk of GBV?	Males	लैङ्गिक हिंसाबाट बढि जोखिममा को को छन्?	पुरुष
	Females		महिला
	Third gender persons		तेस्रो लिङ्ग
	Handicapped persons		अपाङ्ग
	Widows		एकल महिला
3.71 Why do you think males are more at risk?		यदि पुरुष बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.72 Which age group of males is more at risk? (Select Multiple)	15-19	कुन उमेरका समूहका पुरुष बढि जोखिममा छन् ?	१५-१९
	20-29		२०-२९
	30-39		३०-३९
	40-49		४०-४९
	50 or more		५० भन्दा माथि
	Other		अन्य
3.73 Why do you think females are more at risk?		यदि महिला बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने किन होला ?	

3.74 Which age group of females is more at risk?	Same as 3.72	कुन उमेरका समूहका महिला बढि जोखिममा छन् ?	Same as 3.72
3.75 Why do you think third gender persons are more at risk?		यदि तेस्रो लिङ्ग बढि जोखिमपूर्ण छ जस्तो लाग्छ भने किन होला ?	
3.76 Which age group of third gender persons is more at risk?	Same as 3.72	कुन उमेरका समूहका तेस्रो लिङ्ग बढि जोखिममा छन् ?	Same as 3.72
3.77 Why do you think handicapped persons are more at risk?		यदि अपाङ्ग बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.78 Which age group of handicapped persons is more at risk?	Same as 3.72	कुन उमेरका समूहका अपाङ्ग बढि जोखिममा छन् ?	Same as 3.72
3.79 Why do you think widows are more at risk?		यदि एकल महिला बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.710 Which age group of widows is more at risk?	Same as 3.72	कुन उमेरका समूहका एकल महिला बढि जोखिममा छन् ?	Same as 3.72
3.8 Are there any GBV survivors in this community?	Yes	यो समुदायमा लैंगिक हिंसाबाट पीडित व्यक्तिहरु छन्?	Yes
	No		No
	Don't know		Don't know
3.81 If Yes, did they seek support/service from	Yes	के तिनले कुनै सेवा प्रदायकबाट कुनै सहयोग लिन	Yes

any service providers?	No	खोजे /पाए?	No
	Don't know		Don't know
3.82 If Yes, are they satisfied with the quality of services provided to GBV survivors?	Yes	पाएको सेवा प्रति पीडितहरु सन्तुष्ट छन् ?	Yes
	No		No
	Don't know		Don't know
3.83 If No, why are they not satisfied?		यदि असन्तुष्ट छन् भने किन होला?	
3.9 Do GBV cases in the community get reported to the police?	Yes	लैंगिक हिंसाका घटनाहरु प्रहरीकहाँ उजुरी गरिन्छन्?	Yes
	No		No
	Don't know		Don't know
3.91 If No, why don't they get reported?		गरिदैनन भने किन होला?	
3.10 Are cases registered against perpetrators of GBV?	Yes	लैंगिक हिंसाका पीडकहरु विरुद्ध मुद्दा दर्ता गरिन्छ?	Yes
	No		No
	Don't know		Don't know
3.101 If No, why don't they get registered?		गरिदैनन भने किन होला?	
3.102 If Yes, are the perpetrators of GBV prosecuted?	Yes	लैंगिक हिंसाका पीडकहरुले सजाय पाएका छन् / पाउँछन्?	Yes
	No		No
	Don't know		Don't know

3.103 If No, why don't they get prosecuted?		पाउँदैनन भने किन होला?	
Thank you very much for your time!		धन्यवाद !	

Questionnaire for Male

पुरुषको लागि प्रश्नावली

Day of the survey			
Device ID			
General information			
Name of the enumerator		अन्तर्वार्ता लिने को नाम	
District	Sindhuli	जिल्ला	सिन्धुली
	Udayapur		उदयपुर
	Okhaldhunga		ओखलढुङ्गा
VDC/Municipality	Kamalamai Municipality	गाविस / नपा	कमलामाई न.पा.
	Hatpate VDC		हतपते
	Jha. Ratmata VDC		झाँगाझोली रातामाटा
VDC/Municipality	Triyuga Municipality	गाविस / नपा	त्रियुगा न.पा.
	Tapashowri VDC		तापेश्वोरी
	Risku VDC		रिस्कु

VDC/Municipality	Siddhicharan Municipality	गाविस / नपा	सिद्धिचरण न.पा.
	Harkapur VDC		हर्कपुर
	Sisneri VDC		सिस्नेरी
Settlement-Ward		वस्ती – वडा	
Household Information		घरधुरी सम्बन्धी	
1.1 What is your full name?		तपाईंको पूरा नाम के हो ?	
1.11 Ethnicity of respondent	Brahmin	उत्तरदाताको जात	ब्राम्हण
	Chhetri		क्षेत्री
	Dalit		दलित
	Janajati		जनजाति
	Madhesi		मधेशी
	Tharu		थारु
	Other		अन्य
1.2 What type of family do you live in?	Individual family	तपाईं कुन प्रकारको परिवारमा बस्नुहुन्छ?	एकल परिवार

	Joint family		संयुक्त परिवार
	Extended family		विस्तारित परिवार
1.3 How old are you?	15-19	तपाईं कति वर्षको हुनुभयो?	१५-१९
	20-29		२०-२९
	30-39		३०-३९
	40-49		४०-४९
	50 or more		५० भन्दा माथि
1.4 What is your education level?	Illiterate	तपाईंले कतिसम्म पढ्नु भएको छ?	लेखपढ गर्न नसक्ने
	Basic Literacy		सामान्य लेखपढ गर्न सक्ने
	Primary School		प्राथमिक तह
	Secondary School		माध्यमिक तह
	SLC		एस एल सि
	Higher Secondary		उच्च माध्यमिक
	Bachelors Degree		स्नातक तह
	Above Bachelors		स्नातक तहभन्दा माथि

	Degree		
1.5 Do you consider yourself to have a disability?	Yes	तपाईंमा कुनै असक्तता छ जस्तो लाग्छ?	Yes
	No		No
1.51 If so, what type of disability?	Physical disability	यदि छ भने, कस्तो किसिमको असक्तता छ?	शारीरिक असक्तता
	blind and low vision		दृष्टि विहिनता वा कम दृष्टि
	Deaf		बहिरो
	Deaf/blind		बहिरो / दृष्टि विहिनता
	Speech problem		बेल्ल नसक्ने / लाटो
	Mental illness		मानसिक असक्तता
	Intellectual disability		बौद्धिक असक्तता
	Multiple disability		बहुआयामिक असक्तता
1.6 What is your main occupation?	Managing family	तपाईंको मुख्य पेशा के हो?	घर परिवार व्यवस्थापन
	Agriculture/Livestock		कृषि
	Business		व्यवसाय
	Government Service		सरकारी सेवा

	Non-government Service		गैर सरकारी सेवा
	Service in Private Organisations		निजी संस्थामा जागिर
	Teaching		शिक्षण
	Social Service		सामाजिक सेवा
	Politics		राजनीति
	Wage Labour		ज्यालादारी
	Other		अन्य
1.7 What is your marital status?	Married	तपाईंको वैवाहिक स्थिति के छ?	विवाहित
	Unmarried		अविवाहित
	Divorced		सम्बन्ध विच्छेद भएको
	Separated		छुट्टै बस्ने
	Widowed		एकल पुरुष
1.8 How many members are living now in this household?		तपाईंको परिवारमा अहिले कति जना बस्नु हुन्छ?	
1.8 a) Total		जम्मा	

1.8 b) Male		पुरुष	
1.8 c) Female		महिला	
1.8 d) Others		अन्य	
1.9 What are the main sources of income of the household?	Agriculture/Livestock	तपाईंको परिवारको आम्दानीका मुख्य स्रोत के हुन्?	कृषि
	Business		व्यवसाय
	Formal job outside home		औपचारिक जागिर
	Informal job (wage earner)		अनौपचारिक जागिर
	Remittance		रेमिटेन्स /विप्रेषण
	Other		अन्य
1.10 What is your family's income status?	Hard to survive	तपाईंको परिवारको आर्थिक अवस्था कस्तो छ?	बाँच्न मुश्किल
	Not enough for living whole year		पूरा वर्ष जिविका गुजारा गर्न अपर्याप्त
	Just enough for living whole year		जिविका गुजारा गर्न पर्याप्त
	Save some portion		थोरै बचत गर्न सकिने

	from income		
	Save large portion from income		धेरै बचत गर्न सकिने
1.11 Who makes the major financial decisions in the family?	Self	तपाईंको परिवारमा आर्थिक कुराको प्रमुख निर्णय कसले लिन्छ?	आफैं
	Spouse		श्रीमती
	Father/Father-in-law		बुवा/ससुरा
	Mother/Mother-in-law		आमा/सासुआमा
	Brother/Brother-in-law		दाजु भाई/जेठाजु/देवर
	Sister/Sister-in-law		दिदी बहिनी/भाई बुहारी, नन्द, भाउजू
	Daughter/Daughter-in-law		छोरी/बुहारी
	Collectively		संयुक्त रुपमा
	Other		अन्य
1.12 Who makes the major social decisions in the family?	Self	तपाईंको परिवारमा सामाजिक कुराको प्रमुख निर्णय कसले लिन्छ?	आफैं
	Spouse		श्रीमती

	Father/Father-in-law		बुवा/ससुरा
	Mother/Mother-in-law		आमा/सासुआमा
	Brother/Brother-in-law		दाजु भाई/जेठाजु/देवर
	Sister/Sister-in-law		दिदी बहिनी/भाई बुहारी, नन्द, भाउजू
	Daughter/Daughter-in-law		छोरी/बुहारी
	Collectively		संयुक्त रुपमा
	Other		अन्य
Part II: Knowledge of GBV		भाग दुई: लैंगिक हिंसा सम्बन्धी जानकारी	
2.1 Have you heard of violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने हिंसाको बारेमा थाह छ?	Yes
	No		No
2.11 If yes, what types of violence have you heard?		यदि छ भने कस्ता किसिमका घटना तपाईंले देख्नु र सुन्नु भएको छ?	
2.2 Have you heard of physical violence against women and girls?	Yes	के तपाईंलाई महिला विरुद्ध हुने शारीरिक हिंसाको बारेमा थाह छ?	Yes
	No		No

2.21 If yes, what types of physical violence have you heard of happening in this community?	Hitting / Slapping	यदि छ भने कस्ता किसिमका शारीरिक हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	पिट्ने /थप्पड हान्ने
	Biting		टोक्ने
	Pulling hair		कपाल लुछ्ने
	Pushing / shoving		धकेल्ने
	Throwing things at you		आफु तिर समान फाल्ने
	Choking		घाँटी न्याक्ने /मुख थुन्ने
	Burning		आगोले पोल्ने /जलाउने
	Stabbing		धारिलो हतियारले काट्ने
	Other		अन्य
2.22 Who do you think are the main perpetrators of physical violence?	Spouse	शारीरिक हिंसा प्राय कोबाट हुने गर्छ?	श्रीमती
	Intimate friend		नजिकको साथी
	Mother		आमा
	Mother-in-law		सासुआमा
	Father		बुवा

	Father-in-law		ससुरा
	Brother		दाजुभाइ
	Brother-in-law		जेठाजु/दिवर
	Daughter		छोरी
	Daughter-in-law		बुहारी
	Sister		बहिनी
	Sister-in-law		भाई बुहारी/नन्द/भाउजू
	Neighbour		छिमेकी
	Other		अन्य
2.3 Have you heard of any types of physical violence against persons with disabilities?	Yes	के तपाईंले असक्त व्यक्तिहरु माथि भएको कुनै किसिमको शारिरीक हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.31 If yes, what types of physical violence against persons with disabilities have you heard of happening in this community?	Hitting / Slapping	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु माथि कस्तो किसिमको शारिरीक हिंसा प्राय कोबाट हुने गर्छ?	पिट्ने /थप्पड हान्ने
	Biting		टोक्ने
	Pulling hair		कपाल लुछ्छने

	Pushing / shoving		धकेल्ने
	Throwing things at you		आफु तिर समान फाल्ने
	Choking		घाँटी न्याक्ने /मुख थुन्ने
	Burning		आगोले पोल्ने /जलाउने
	Stabbing		धारिलो हतियारले काट्ने
	Other		अन्य
2.32 Who do you think are the main perpetrators of physical violence against people with disability?	Same as 2.22	तपाईंको विचारमा, असक्तता भएका व्यक्तिहरु माथि शारीरिक हिंसा गर्ने मुख्य अपराधिहरु को को हुन?	Same as 2.22
2.4 Have you heard of emotional violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने मानसिक हिंसाको बारेमा थाह छ?	Yes
	No		No
2.41 If yes, what types of emotional violence have you heard of happening in this community?	Yelling or swearing	यदि छ भने कस्ता किसिमका मानसिक हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	कराउने /गालि दिने
	Threats and intimidation		थर्काउने
	Humiliating		होच्याउने
	Excessive control and		अत्याधिक नियन्त्रण

	restrictions		
	Jealousy		रिस /इस्र्या गर्ने
	Accusations of witchcraft		बोक्सीको आरोप लगाउने
	Denying finances or forcing to account for every penny		आर्थिक कुरामा नियन्त्रण /हरेक पैसा को हिसाब खोज्ने
	Ordering around or treating like a slave		आदेश दिने /दासलाई जस्तो व्यवहार गर्ने
	Other		अन्य
2.42 Who do you think are the main perpetrators of emotional violence?	Same as 2.22	मानसिक हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.5 Have you heard of any types of emotional violence against persons with disabilities?	Yes	के तपाईंले शारीरिक असक्तता भएका व्यक्तिहरु माथि भएका कुनै किसिमको भावनात्मक हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.51 If yes, what types of emotional violence against persons with disabilities have you heard of happening in this community?	Yelling or swearing	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु माथि मानसिक हिंसा प्राय कोबाट हुने	कराउने /गालि दिने
	Threats and intimidation		थर्काउने
	Humiliating		होच्याउने

	Excessive control and restrictions	गर्छ?	अत्याधिक नियन्त्रण
	Jealousy		रिस /इस्यार् गर्ने
	Accusations of witchcraft		बोक्सीको आरोप लगाउने
	Denying finances or forcing to account for every penny		आर्थिक कुरामा नियन्त्रण /हरेक पैसा को हिसाब खोज्ने
	Ordering around or treating like a slave		आदेश दिने /दासलाई जस्तो व्यवहार गर्ने
	Other		अन्य
2.52 Who do you think are the main perpetrators of emotional violence against people with disability?	Same as 2.22	तपाईंको विचारमा, असक्तता भएका व्यक्तिहरु माथि भावनात्मक हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.6 Have you heard of sexual violence against women and girls?	Yes	तपाईंलाई महिला विरुद्ध हुने यौनजन्य हिंसाको बारेमा थाह छ?	Yes
	No		No
2.61 If yes, what types of sexual violence have you heard of happening in this community?	Rape	यदि छ भने कस्ता किसिमका यौनजन्य हिंसा तपाईंले यो समुदायमा भएको सुन्नु भएको छ?	बलात्कार
	Attempted Rape		बलात्कारको प्रयास
	Marital Rape		श्रीमानले गर्ने बलात्कार

	Fondling or unwanted touching		आफ्नो शरीर छुन चलाउन खोज्ने
	Forcing to perform sexual acts		आफुले नचाहेका यौनजन्य कार्यकलाप गर्न लाउने
	Other		अन्य
2.62 Who do you think are the main perpetrators of sexual violence?	Same as 2.22	यौनजन्य हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.7 Have you heard of any types of sexual violence against persons with disabilities?	Yes	के तपाईंले शारीरिक असक्तता भएका व्यक्तिहरु माथि भएका कुनै किसिमको यौनजन्य हिंसाको बारेमा सुन्नु भएको छ?	Yes
	No		No
2.71 If yes, what types of sexual violence against persons with disabilities have you heard of happening in this community?	Rape	यदि सुन्नु भएको छ भने, असक्तता भएका व्यक्तिहरु माथि भएको कस्तो किसिमको यौनजन्य हिंसा भएको सुन्नु भएको छ?	बलात्कार
	Attempted Rape		बलात्कारको प्रयास
	Marital Rape		श्रीमानले गर्ने बलात्कार
	Fondling or unwanted touching		आफ्नो शरीर छुन चलाउन खोज्ने
	Forcing to perform sexual acts		आफुले नचाहेका यौनजन्य कार्यकलाप गर्न लाउने
	Other		अन्य

2.72 Who do you think are the main perpetrators of sexual violence against people with disability?	Same as 2.22	तपाईंको विचारमा, असक्तता भएका व्यक्तिहरु माथि हुने यौनजन्य हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.8 Have you heard of any other forms of violence other than those mentioned above?	Yes	तपाईंलाई माथि सोधिएका हिंसाहरु बाहेक अरु कुनै किसिमका हिंसाको बारेमा थाहा छ?	Yes
	No		No
2.81 If yes, what types of violence have you heard of happening in this community?		यदि छ भने तपाईंले अरु कस्ता किसिमका हिंसाका घटना यो समुदायमा भएको सुन्नु भएको छ?	
2.82 Who do you think are the main perpetrators of this type of violence?	Same as 2.22	यस्ता हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
2.9 Have you heard of any other forms of violence against people with disability other than those mentioned above?	Yes	तपाईंलाई माथि सोधिएका हिंसाहरु बाहेक अरु कुनै किसिमका असक्तता भएका व्यक्तिहरु माथि हुने हिंसाको बारेमा थाहा छ?	Yes
	No		No
2.91 If yes, what types of violence have you heard of happening in this community?		यदि छ भने तपाईंले अरु कस्ता किसिमका हिंसाका घटना यो समुदायमा भएको सुन्नु भएको छ?	
2.92 Who do you think are the main perpetrators of this type of violence against people with disability?	Same as 2.22	यस्ता हिंसा प्राय कोबाट हुने गर्छ?	Same as 2.22
Part III: Information on incidence of GBV and Seeking Care		भाग ३: हिंसाका घटना र सहायता प्राप्त गर्ने सम्बन्धी जानकारी	
3.1 Have there been incidents of spousal	Yes	यो समुदायमा गएको ६ महिनाको अवधिमा	Yes

violence in this community in the last six months?	No	श्रीमान/श्रीमती विच हिंसाको घटना घटेको छ?	No
3.11 If Yes, please specify		यदि छ भने, कस्तो किसिमको, कृपया उल्लेख गर्नुहोस्	
3.12 How often do you hear about incidents of spousal violence?		श्रीमान/श्रीमती विच हिंसाको घटना कतिको सुनिन्छ?	
3.2 Have there been incidents of spousal violence in the household in the last six months?	Yes	तपाईंको घरमा गएको ६ महिनाको अवधिमा	Yes
	No	श्रीमान/श्रीमती विच हिंसाको घटना घटेको छ?	No
3.21 If Yes, please specify		यदि छ भने, कस्तो किसिमको हिंसा घटेको छ?	
3.22 How often are there incidents of spousal violence in the household?		तपाईंको घरमा श्रीमान/श्रीमती विच हिंसाको घटना कतिको भैरहन्छ?	
3.3 If incident of violence occurs to woman and girl, do you know when to seek care?	Yes	कोही युवती वा महिला माथि हिंसाको घटना	Yes
	No	भैहाल्यो भने सेवा, र सहयोगको लागि कहिले जानुपर्छ भन्ने बारेमा तपाईंलाई थाहा छ?	No
3.31 If yes, please specify when		यदि थाहा छ भने, कहिले गर्नुपर्छ?	
3.4 If incident of violence occurs to woman and girl, do you know where to seek support and care?	Yes	कोही युवती वा महिला माथि हिंसाको घटना	Yes
	No	भैहाल्यो भने सेवा, र सहयोगको लागि कहाँ	No

		जानुपछ भन्ने बारेमा तपाईंलाई थाहा छ?	
3.41 If yes, please specify where	Parents	यदि थाहा छ भने, कहाँ जानुपछ?	बाबुआमा-
	Close Friend		नजिकको साथि
	Teacher		शिक्षक / शिक्षिका
	VDC Office		गाँउ विकास समितिको कार्यालय
	WCO		महिला तथा बालबालिका कार्यालय
	OCMC		एकद्वार संकट व्यवस्थापन केन्द्र
	Neighbours		छिमेकी
	Relatives		नातेदार
	Legal Aid		कानूनी सहायता
	Police		प्रहरी
	Safe House		सुरक्षित आवास
	Women's Cooperative		महिला सहकारी
	Mothers' Group		आमा समूह
	GBV Watch Group		लैङ्गिक हिंसा निगरानी समूह

	Adolescent Girls' Group		किशोरी समूह
	Girls' Circle		नारी वृत्त
	Other		अन्य
3.5 Are you aware that there is a need of vital documents in your possession to get service care, and support in case incident of violence occurs?	Yes	के तपाईंलाई हिंसाका घटना घटेपछि सेवा, र सहयोग पाउनको लागि आफ्नो अत्यावश्यक कागजात (प्रमाणपत्र (आफूसँगै हुनुपर्छ भनेर सचेत हुनुहुन्छ?)	Yes
	No		No
3.6 Are you in possession of any vital documents?	Yes	तपाईंको आफ्नो महत्वपूर्ण कागजात (प्रमाणपत्र) छ आफूसँग?	Yes
	No		No
3.61 If yes, please mention the names of documents	Birth Certificate	यदि छ भने, कृपया तपाईंसँग भएको कागजातको (प्रमाणपत्र) नाम भन्नुहोस् ।	जन्म दर्ता
	Citizenship Certificate		नागरिकता
	Marriage Certificate (if married)		विवाह दर्ता
	Relationship Certificate		नाता प्रमाण
	Land Ownership Certificate		जग्गा धनी पुर्जा

	Other		अन्य
3.62 If No, why don't have any vital documents with you?	Never knew of vital documents	यदि छैन भने के कारणले होला ?	कागजातको बारेमा थाह नभएर
	Didn't know where or how to obtain		कागजात कहाँ र कसरी लिने थाह नभएर
	Wasn't encouraged to obtain by family		परिवारले कागजात लिन प्रोत्साहन नगरेर
	Wan't allowed to obtain by family		परिवारले कागजात लिन अनुमति नदिएर
	Have obtained but don't have with me		लिएको छु तर अहिले आफुसंग नभएको
	Other		अन्य
3.7 Who do you think are most at risk of GBV?	Males	लैङ्गिक हिंसाबाट बढि जोखिममा को को छन्?	पुरुष
	Females		महिला
	Third gender persons		तेस्रो लिङ्ग
	Handicapped persons		अपाङ्ग

	Widows		एकल महिला
3.71 Why do you think males are more at risk?		यदि पुरुष बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.72 Which age group of males is more at risk? (Select Multiple)	15-19	कुन उमेरका समूहका पुरुष बढि जोखिममा छन् ?	१५-१९
	20-29		२०-२९
	30-39		३०-३९
	40-49		४०-४९
	50 or more		५० भन्दा माथि
	Other		अन्य
3.73 Why do you think females are more at risk?		यदि महिला बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने किन होला ?	
3.74 Which age group of females is more at risk?	Same as 3.72	कुन उमेरका समूहका महिला बढि जोखिममा छन् ?	Same as 3.72
3.75 Why do you think third gender persons are more at risk?		यदि तेस्रो लिङ्ग बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने किन होला ?	
3.76 Which age group of third gender persons is more at risk?	Same as 3.72	कुन उमेरका समूहका तेस्रो लिङ्ग बढि जोखिममा	Same as 3.72

		छन् ?	
3.77 Why do you think handicapped persons are more at risk?		यदि अपाङ्ग बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.78 Which age group of handicapped persons is more at risk?	Same as 3.72	कुन उमेरका समूहका अपाङ्ग बढि जोखिममा छन् ?	Same as 3.72
3.79 Why do you think widows are more at risk?		यदि एकल महिला बढि जोखिमपूर्ण छन् जस्तो लाग्छ भने, किन होला?	
3.710 Which age group of widows is more at risk?	Same as 3.72	कुन उमेरका समूहका एकल महिला बढि जोखिममा छन् ?	Same as 3.72
3.8 Are there any GBV survivors in this community?	Yes	यो समुदायमा लैंगिक हिंसाबाट पीडित व्यक्तिहरु छन्?	Yes
	No		No
	Don't know		Don't know
3.81 If Yes, did they seek support/service from any service providers?	Yes	के तिनले कुनै सेवा प्रदायकबाट कुनै सहयोग लिन खोजे /पाए?	Yes
	No		No
	Don't know		Don't know
3.82 If Yes, are they satisfied with the quality of services provided to GBV survivors?	Yes	पाएको सेवा प्रति पीडितहरु सन्तुष्ट छन् ?	Yes
	No		No

	Don't know		Don't know
3.83 If No, why are they not satisfied?		यदि असन्तुष्ट छन् भने किन होला?	
3.9 Do GBV cases in the community get reported to the police?	Yes	लैंगिक हिंसाका घटनाहरु प्रहरीकहाँ उजुरी गरिन्छन्?	Yes
	No		No
	Don't know		Don't know
3.91 If No, why don't they get reported?		गरिदैनन भने किन होला?	
3.10 Are cases registered against perpetrators of GBV?	Yes	लैंगिक हिंसाका पीडकहरु विरुद्ध मुद्दा दर्ता गरिन्छ?	Yes
	No		No
	Don't know		Don't know
3.101 If No, why don't they get registered?		गरिदैनन भने किन होला?	
3.102 If Yes, are the perpetrators of GBV prosecuted?	Yes	लैंगिक हिंसाका पीडकहरुले सजाय पाएका छन् / पाउँछन्?	Yes
	No		No
	Don't know		Don't know
3.103 If No, why don't they get prosecuted?		पाउँदैनन भने किन होला?	
Part IV: Perception of men and boys toward acceptability of violence against women and girls		भाग चार: महिला तथा युवती माथि हुने हिंसा प्रति युवा तथा पुरुषहरुको धारणा	
4.1 Does the violence against women and girls	Yes	के तपाईंको समुदायमा महिला विरुद्ध हिंसा हुन्छ?	Yes

occur in your community?	No		No
4.11 If yes, tell us how common is it?	Common	यदि हुन्छ भने कतिको हुन्छ?	सामान्य
	Rare		छिटपुट
4.2 Do you believe that Violence Against Women and Girls is acceptable?	Yes	तपाईंलाई महिला विरुद्ध हिंसा जायज / मुनासिव हो जस्तो लाग्छ?	Yes
	No		No
4.21 If yes, tell us why?		यदि लाग्छ भने, किन?	
4.22 If no, tell us why?		यदि लाग्दैन भने, किन?	
4.3 If you think violence against women and girls are not to acceptable, have you ever taken any action to prevent GBV?	Yes	यदि तपाईंलाई महिला हिंसा जायज /मुनासिव होइन जस्तो लाग्छ भने लैङ्गिक हिंसा रोकथाम गर्नको लागि केहि पहल गर्नुभएको छ?	Yes
	No		No
4.31 If yes, specify what action has been taken		यदि छ भने के कस्ता पहल गर्नुभएको छ?	
4.4 If you have taken action to prevent GBV, did you take together with any group or club or institution?	Yes	यदि तपाईंले लैङ्गिक हिंसा रोकथामको लागि केहि कदम चाल्नु भएको छ भने, तपाईंले कुनै समूह, टोली वा संस्थासँग मिलेर गर्नु भएको हो?	Yes
	No		No
4.41 If yes, specify the group or clubs		यदि हो भने कृपया ती टोली वा संस्थाहरु उल्लेख गर्नुहोस् ।	

4.5 If you have taken action to prevent GBV together with group or club or institution, were you a member of the group?	Yes	यदि तपाईंले कुनै समूह, टोली वा संस्थासँग मिलेर लैङ्गिक हिंसा रोकथामको लागि केहि कदम चाल्नु भएको हो भने के तपाईं त्यो संस्थाको सदस्य हुनुहुन्थ्यो?	Yes
	No		No
4.51 If yes, specify the group or clubs you belong		यदि हो भने कृपया ती टोली वा संस्थाको नाम उल्लेख गर्नुहोस् ।	
Thank you very much for your time!		धन्यवाद !	

Annex IX: Research Plan

District	VDC	HH Survey		KII		FGD		In-Depth Household Consultation	
		Count	Dates	Count	Dates	Count	Dates	Count	Dates
Okhaldhunga	Harkapur VDC	178	17 March to 25 March 2017		17 March to 25 March 2017	3	17 March to 25 March 2017	2	19 April to 21 April 2017
	Siddhicharan Municipality	182	27 March to 3 April 2017	7	27 March to 3 April 2017	3	27 March to 3 April 2017		
	Sisneri VDC	175	4 April to 10 April 2017		4 April to 10 April 2017	4	4 April to 10 April 2017		
	Total	535		7		10		2	
Sindhuli	Kamalamai Municipality	181	17 March to 26 March 2017	4	17 March to 26 March 2017	3	17 March to 26 March 2017		
	Hatpate VDC	178	27 March to 3 April 2017	1	27 March to 3 April 2017	3	27 March to 3 April 2017		
	Jha. Ratmata VDC	176	4 April to 12 April 2017	2	4 April to 12 April 2017	3	4 April to 12 April 2017	2	13 April to 16 April 2017
	Total	535		7		9		2	
Udayapur	Triyuga Municipality	183	17 March to 27 March 2017	4	17 March to 27 March 2017	3	17 March to 27 March 2017		
	Tapeshwori VDC	182	29 March to 5 April 2017	3	29 March to 5 April 2017	4	29 March to 5 April 2017		
	Risku VDC	183	7 April to 14 April 2017	1	7 April to 14 April 2017	3	7 April to 14 April 2017	2	15 April to 17 April 2017
	Total	548		8		10		2	
Total		1618		22		29		6	

Annex X: Focus Group Discussions

Baseline Study for Improved GBV Prevention and Response in Selected Districts of Nepal

लैङ्गिक विभेदमा आधारित हिंसा विरुद्ध कार्यक्रम

Key points for FGD:

- Prevalence
- Perpetrators
- Forms of GBV
- Belief of men and boys on GBV
- Service and action
- Perception on the services provided
- Causes and trends
- Constraints, challenges and recommendations

A. General guiding questions about GBV in the community (for all FGD groups)

1. Have you heard of GBV? के तपाईंले लैङ्गिक हिंसाको बारेमा सुन्नु भएको छ?
2. In your view, what is GBV? तपाईंको विचारमा लैङ्गिक हिंसा भनेको के हो?
3. In your view, what forms/types of GBV take place here? How often do these incidents occur? तपाईंको विचारमा यहाँ के कस्ता किसिमका लैङ्गिक हिंसा घट्ने गर्दछ? सामान्यतया यस्ता घटनाहरू कतिको देखा पर्दछन्?
4. How do you describe violence against women and girls? तपाईंले महिला तथा किशोरी विरुद्धको हिंसालाई कसरी वर्णन गर्नुहुन्छ?
5. Do you think violence against women and girls is problem in this community/district? तपाईंलाई यो जिल्ला तथा समुदायमा महिला विरुद्ध हिंसाको समस्या छ जस्तो लाग्छ?
 - If yes, why do you think it occurs and do you think it can ever be justified/ valid? During which situations is GBV justifiable? यदि लाग्छ, भने यसका कारणहरू के के होलान्?

तपाईंहरूको विचारमा कुनै अवस्थामा हिंसा जायज हुन्छ जस्तो लाग्छ? यदि लाग्छ भने कस्तो अवस्थामा हिंसा जायज हुन्छ जस्तो लाग्छ?

- What could be the possible reasons behind GBV? लैङ्गिक हिंसा हुनुका पछाडी के के कारणहरु हुन सक्छन्?
 - Has it changed over time? Why, How? समय अनुसार हिंसाका स्वरूपमा परिवर्तन आएको छ? किन र कसरी?
 - कसले थपेको छ? who do you think are the perpetrators of GBV? तपाईंको विचारमा लैङ्गिक हिंसाका घटना हुनुमा मुख्य जिम्मेवार को हो जस्तो लाग्छ? (probe: e.g. People in authority, family member, others. उदाहरणको लागि जिम्मेवार मान्छेहरु, परिवारका सदस्य, आदि)
 - Which groups do you think are most at risk of GBV? And why do you think these groups are more at risk? तपाईंलाई कुन समूह लैङ्गिक हिंसाबाट बढि जोखिमपूर्ण छन् जस्तो लाग्छ? तपाईंलाई यो समूह किन बढि जोखिमपूर्ण छन् जस्तो लाग्छ?
 - Is there stigma attached to GBV survivors? If so, what form does this take? तपाईंको समुदायमा लैङ्गिक हिंसा पीडितलाई हेर्ने समाजिक दृष्टिकोण कस्तो छ?
6. Do people who have faced incident of violence tell/report anybody? To whom? What kind of support do they seek? (Police, legal health personnel (who) etc.) Where do they get support? लैङ्गिक हिंसा पीडितले कसलाई भन्छन् वा उजुरी गर्छन् ? उनीहरुले कस्तो किसिमको सेवाको अपेक्षा गर्छन्? (प्रहरी, कानूनी स्वास्थ्य सेवा कर्मचारी, आदि) र उनीहरुले यस्तो सेवा कहाँ पाउँछन्?
7. What do you think about the quality and sufficiency of such services they get? उहाँहरुले पाउने सेवाको पर्याप्तता र प्रभावकारीताको बारेमा तपाईंहरूको धारणा कस्तो छ?

Potential further questions:

8. In your opinion, what can be done to prevent GBV from occurring? तपाईंहरूको विचारमा लैङ्गिक हिंसाको रोकथाम गर्न के कस्ता कदम चाल्न चाल्नु पर्छ जस्तो लाग्छ?
9. Who should help prevent GBV? (Prompt: family members, authorities-police, government officials, NGOs etc.) तपाईंहरूको विचारमा लैङ्गिक हिंसा रोक्न कसले सहयोग गर्नुपर्छ जस्तो लाग्छ? (प्रहरी, कानूनी स्वास्थ्य सेवा कर्मचारी, परिवार, आदि)

B. Specific questions about GBV for different partners/actors

Women's	- What kind of GBV services has the WC provided? महिला सहकारीहरुले लैङ्गिक हिंसा
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<p>Cooperatives</p> <p>महिला सहकारी</p>	<p>सम्बन्धी के कस्ता सेवाहरु प्रदान गरेका छन्?</p> <ul style="list-style-type: none"> - How many GBV related trainings/awareness/advocacy programs have the WC organized or attended? यस महिला सहकारीले लैङ्गिक हिंसा सम्बन्धी कति वटा तालिम, सचेतना, वकालत कार्यक्रम सञ्चालन गरेका र उपस्थिति जनाएका छन्? - Is there any engagement of WC with men and boys? How effective is this engagement? What have been the successes/failures? What can be improved? लैङ्गिक हिंसाको निवारण सम्बन्धी महिला सहकारीको पुरुष तथा युवाहरूसँगको सहकार्य कस्तो छ? यो सहकार्य कतिको प्रभावकारी छ? यसका राम्रा र सुधार गर्नुपर्ने पक्षहरु के के छन्? - What kind of rehabilitation support has the WC provided to GBV survivors? यस संस्थाले लैङ्गिक हिंसा पीडितका लागि के कस्ता पुर्नस्थापना सहायता प्रदान गरेको छ? - What is the status of safe house? How effective is safe house? What have been the successes/failures? सुरक्षित आवास केन्द्रको अवस्था कस्तो छ? यो केन्द्र कतिको प्रभावकारी छ? यसका राम्रा र सुधार गर्नुपर्ने पक्षहरु के के छन्? - What are the constraints and challenges for this cooperative to work against GBV? What can be done to improve the situation? Any recommendations? लैङ्गिक हिंसा विरुद्ध काम गर्न यस सहकारीको लागि बाधा र चुनौती के के छन्? यस्ता किसिमका बाधा र चुनौतीलाई हटाउन के कस्ता सुधार गर्नु पर्ला? केही सुझाव दिन चाहनुहुन्छ?
<p>Mothers' groups / Women's groups</p> <p>आमा समूह, महिला समूह</p>	<ul style="list-style-type: none"> - What kind of GBV services has the groups provided? यस समूहले लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा प्रदान गरेका छन्? - Do you know of any organizations working to reduce or address GBV in your area? तपाईंको यो समुदायमा लैङ्गिक हिंसा घटाउन काम गर्ने कुन कुन संस्थाहरु छन्? - Where do the women go to seek help for service in case of GBV occurs? यो समुदायमा लैङ्गिक हिंसा घटेको खण्डमा महिला तथा किशोरीहरु सेवा लिनको लागि कहाँ जानुहुन्छ? - How do men and boys in this community understand or look at GBV? यो समुदायमा पुरुष तथा युवाले लैङ्गिक हिंसाको विषयलाई कसरी लिन्छन् वा हेर्ने गर्छन् ? - Are you aware of any efforts by boys' clubs to fight against GBV in this community? तपाईंहरुलाई युवा क्लबले यस समुदायमा लैङ्गिक हिंसा विरुद्ध केहि पहल गरेको थाहा

	<p>छ?</p> <ul style="list-style-type: none"> - What are the constraints and challenges for this Mothers' groups/ Women groups to work against GBV? What can be done to improve the situation? Any recommendations? लैङ्गिक हिंसा विरुद्ध काम गर्न यस आमा समूह/महिला समूहको लागि बाधा र चुनौती के के छन्? यस्ता किसिमका बाधा र चुनौतीलाई हटाउन के कस्ता सुधार गर्नु पर्ला ? केही सुझाव दिन चाहनुहुन्छ?
Men's group पुरुष समूह	<ul style="list-style-type: none"> - How have you taken any action against violence against women and girls? के तपाईंले महिला हिंसा विरुद्ध केहि कदम चाल्नु भएको छ? - Are you aware of the service providers that deal with GBV issues and survivors? If yes, what do you feel about the quality and sufficiency of such services? तपाईं लैङ्गिक हिंसाका विषय र लैङ्गिक हिंसाका पीडितसँग काम गर्ने सेवा प्रदायक निकायको बारेमा सचेत हुनुहुन्छ? यदि हुनुहुन्छ भने, तपाईंहरू त्यस्ता सेवाको गुणस्तर, पर्याप्तता र प्रभावकारीताको बारेमा कस्तो महसुस गर्नुहुन्छ? - Have you filed any complaints or reported any cases relating to GBV? How were your complaints addressed? के तपाईंले लैङ्गिक हिंसा सम्बन्धी उजुरी दर्ता गराउनुभएको छ? यदि गराउनु भएको छ भने तपाईंको उजुरीको सम्बोधन कसरी गरियो? - Where would you go to seek help in case of GBV occurred to you and within your family? (hospital, police, family, others) यदि तपाईं अथवा तपाईंको परिवारको कुनै सदस्य माथि लैङ्गिक हिंसा भयो भने तपाईं सेवाको खोजीमा कहाँ जानुहुन्छ? - How do women and girls in this community understand or look at GBV? Are you aware of any efforts by women's groups or cooperatives to fight against GBV? यो समुदायमा महिला र युवतीहरूले लैङ्गिक हिंसाको विषयलाई कसरी बुझ्नु भएको छ र कसरी हेर्ने गर्नुभएको छ? तपाईंहरूलाई आमा समूह तथा महिला समूहहरूले लैङ्गिक हिंसा विरुद्ध केहि पहल गरेको थाहा छ? - How does your community understand or look at GBV? (care, don't care, don't think it is important) Probe: reasons why? तपाईंको समुदायले लैङ्गिक हिंसाको विषयलाई कसरी बुझेको छ र कसरी हेर्ने गरेको छ? (कारण सोध्नुहोस्)
Youth Club	<ul style="list-style-type: none"> - How have you taken any action against violence against women and girls?

युवा क्लब	<p>तपाईंहरूले महिला तथा किशोरी हिंसा विरुद्ध केहि कदम चाल्नु भएको छ?</p> <ul style="list-style-type: none"> - Are you aware of the service providers that deal with GBV issues and survivors? If yes, what do you feel about the quality and sufficiency of such services? तपाईंहरू लैङ्गिक हिंसाका विषय र लैङ्गिक हिंसा पीडितसँग काम गर्ने सेवा प्रदायक निकायको बारेमा जानकारी हुनुहुन्छ? यदि हुनुहुन्छ भने, उहाँहरूलाई प्रदान गरिएको सेवा कतिको पर्याप्त र प्रभावकारी छ जस्तो लाग्छ? - Have you filed any complaints or reported any cases relating to GBV? How were your complaints addressed? तपाईंहरूले लैङ्गिक हिंसा सम्बन्धी उजुरी दर्ता गराउनु भएको छ? यदि गराउनु भएको छ भने तपाईंको उजुरीको सम्बोधन कसरी गरियो? - Where would you go to seek help in case of GBV occurred to you and within your family? (hospital, police, family, others) यदि तपाईं अथवा तपाईंको परिवारको कुनै सदस्य माथि लैङ्गिक हिंसा भयो भने तपाईं सेवाको खोजीमा कहाँ जानुहुन्छ? (अस्पताल, प्रहरी, परिवार, अरु) - How do women and girls in this community understand or look at GBV? Are you aware of any efforts by women's groups or cooperatives to fight against GBV? यो समुदायमा महिला र किशोरीहरूले लैङ्गिक हिंसाको विषयलाई कसरी बुझ्नु भएको छ र कसरी हेर्ने गर्नुभएको छ? तपाईंहरूलाई आमा समूह तथा महिला समूहले लैङ्गिक हिंसा विरुद्ध केहि पहल गरेको थाहा छ? - How does your community understand or look at GBV? तपाईंको समुदायले लैङ्गिक हिंसाको विषयलाई कसरी बुझेको छ र कसरी हेर्ने गरेको छ? - What are the constraints and challenges for this youth club to work against GBV? What can be done to improve the situation? Any recommendations? लैङ्गिक हिंसा विरुद्ध काम गर्न यस क्लबको लागि बाधा र चुनौती के के छन्? यस्ता किसिमका बाधा र चुनौतीलाई हटाउन के कस्ता सुधार गर्नु पर्ला? केही सुझाव दिन चाहनुहुन्छ?
<p>Safe house (Survivors)</p> <p>अल्पकालिन सेवा केन्द्र (सेवा लिइरहेकाको)</p>	<ul style="list-style-type: none"> - What kind of service provision does the safe house provide? अल्पकालिन सेवा केन्द्रले के कस्ता सेवा प्रदान गर्दछन्? - Are the people of this community aware of safe house and services provided by safe house? तपाईंको समुदायका व्यक्तिहरू अल्पकालिन सेवा केन्द्र र यसले प्रदान गर्ने सेवाको बारेमा जानकारी हुनुहुन्छ?

लागि)	<ul style="list-style-type: none"> - What is the frequency of arrival of GBV survivors in the safe house? अल्पकालिन सेवा केन्द्रमा लैङ्गिक हिंसा पीडित कतिको आउँछन्? - What is the quality of service provided by this safe house? यो सेवा केन्द्रले प्रदान गरेको सेवाको गुणस्तर कस्तो लाग्छ? - What is the status of safe house? अल्पकालिन सेवा केन्द्रको अवस्था कस्तो छ? - What are the constraints and challenges for this safe house? यो अल्पकालिन सेवा केन्द्रका लागि बाधा तथा चुनौतीहरु के के छन्? - What is the satisfaction level of survivors of GBV service? लैङ्गिक हिंसाका पीडितको लागि प्रदान गरिएको सेवाको सन्तुष्टी स्तर कस्तो छ?
Adolescent girls group, girls circles, नारी समूह, नारी वृत्त,	<ul style="list-style-type: none"> - What efforts have you made individually and by the club to fight against GBV in the community? तपाईंहरुले व्यक्तिगत अथवा सामूदायिक रुपमा लैङ्गिक हिंसा विरुद्ध के पहल गर्नु भएको छ? - Are you aware of types of services and service providers to treat GBV survivors? तपाईंहरुलाई लैङ्गिक हिंसा पीडितको लागि सेवा प्रदायक निकायले प्रदान गर्ने सेवाका प्रकारको बारेमा जानकारी छ? - In your view, what are the activities that can prevent incidents of GBV? तपाईंको विचारमा लैङ्गिक हिंसा रोकथाम गर्न सहयोग पुऱ्याउने कार्यक्रम के के होलान्? - What are the ways to provide necessary treatment and justice to GBV survivors? लैङ्गिक हिंसा पीडितलाई आवश्यक उपचार र न्याय दिलाउन सकिने उपायहरु के के होलान् ? - What are the constraints and challenges for this adolescent girls group / girls circles to work against GBV? What can be done to improve the situation? Any recommendations? लैङ्गिक हिंसा विरुद्ध काम गर्न यस नारी समूह, नारी वृत्तको लागि बाधा र चुनौती के के छन्? यस्ता किसिमका बाधा र चुनौतीलाई हटाउन के कस्ता सुधार गर्नु पर्ला ? केही सुझाव दिन चाहनुहुन्छ?

Annex XI: Key Informant Interviews

UNITED NATIONS POPULATION FUND

Baseline Study for Improved GBV Prevention and Response in Selected Districts of Nepal

Respondent	Questions
Women and Children's Office (WCO) महिला तथा बालबालिका कार्यालय	<p>Services provided</p> <ul style="list-style-type: none"> - What are the services provided by WCO on GBV prevention and response? यस महिला सहकारीले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरु प्रदान गर्दछ? - Does the WCO organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? यो कार्यालयले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गरेको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्छ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरुका लागि पनि तालिम आयोजना गरिएको छ? - What is the prevalence of GBV in the community/district? Amongst which age group, ethnic group, gender, is it more prevalent? यो समुदायमा/जिल्लामा लैङ्गिक हिंसा कतिको हुने गर्दछ? कुन जाति, लिङ्ग र उमेर समुहमा बढि व्यापकता छ? <p>Prevalence of GBV and legal action</p> <ul style="list-style-type: none"> - What is the prevalence of GBV? How often does it occur? Who is most likely to suffer from it? Prompt: caste/ethnicity, disability यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ? जस्तै: कुनै जात/जनजाति /असक्तता भएका व्यक्ति - What about spousal violence? श्रीमान् श्रीमती बीचको हिंसा कतिको हुने गर्दछ? - How common is live-in relationship? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भए boyfriend बाट हुने हिंसा कतिको छ?

- What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ?
- How about the legal action (cases registered, acquitted, prosecuted)? None? Few? Many? हिंसाका पिडकलाई कानूनी कारवाही कतिको भएको छ (दर्ता भएको, रिहा भएको, सजाय भएको, मुद्दा भएको)? भएकै छैन? केही? धेरै?
- How often do you find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरूसँग यस्ता महत्वपूर्ण कागजात भएको पाउनु भएको छ?

Knowledge on GBV

- How about the knowledge of GBV amongst women and girls? Are they aware of all forms of GBV and about the available services in case of incidents of violence occurrence in their community? तपाईंको विचारमा यो जिल्लामा महिला र किशोरीहरूमा लैङ्गिक हिंसा बारे कतिको जानकारी भएको पाउनुभएको छ? के उहाँहरू लैङ्गिक हिंसाका प्रकारका बारेमा सचेत हुनुहुन्छ? लैङ्गिक हिंसाको घटना घटेको खण्डमा उहाँहरूको समुदायमा के कस्ता सेवाहरू उपलब्ध छन् भनेर उहाँहरू सचेत हुनुहुन्छ?

Mapping of services and quality of services in the district

- What are the GBV services available in the district? यो जिल्लामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवाहरू उपलब्ध छन्?
- Who is providing the GBV services? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्?
- What do you think, do the people know where and when to seek help? तपाईंको विचारमा सामाजमा मानिसहरूलाई कहाँ र कहिले सहयोग लिनुपर्छ भनेर थाहा छ होला?
- What services do you provide to GBV survivors? लैङ्गिक हिंसा पीडितहरूलाई यहाँबाट के कस्ता सेवा प्रदान गर्नुहुन्छ?
- Are there any specific services for persons with disabilities? Can you elaborate more with some examples? यहाँ असक्तता भएका व्यक्तिहरूका लागि कुनै विशेष सेवाहरू उपलब्ध छन् ? यदि छन भने, यस बारेमा केहि बताउनुहोस् ।
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरूलाई

प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरूका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरूलाई कसरी सम्बोधन गर्नुभएको छ?

- Do you have any referral and outreach services to engage with the people at risk of GBV? What about follow up mechanisms? लैङ्गिक हिंसा पीडितहरूका लागि के कस्ता सुविधाहरू प्रदान गरिएका छन्? के फेरि बोलाउने वा बुझ्ने जाने गर्नुभएको छ?
- Do you ever refer GBV survivors to external service providers for specialized care? तपाईंले लैङ्गिक हिंसा पीडितलाई थप सेवाको लागि अरु कुनै सेवा प्रदायक निकायहरूमा पठाउने गर्नुभएको छ?
- What are the constraints and challenges that you face in the management and operation of this facility? यस संस्थाको व्यवस्थापन र सञ्चालनमा तपाईंले के कस्ता बाधा र चुनौती भेट्नु परेको छ?

Possession of vital documents

- How is the situation of vital registration? Do you think all births are registered regardless of their sex? How about citizenship? How about marriage registration? जन्म, मृत्यु, बसाई सराई र सम्बन्ध विच्छेदका घटना दर्ताको स्थिति कस्तो छ ? छोरा, छोरी, तेस्रो लिङ्ग, सबैको जन्मदर्ता गर्ने गरिएको छ कि छैन? यसै गरी छोरा, छोरी, तेस्रो लिङ्ग, सबैको नागरिकता, विवाह र सम्बन्ध विच्छेद जस्ता घटनाको दर्ता गर्ने गरिएको छ?
- Who keeps those documents? Women or Men? How about the access of those documents for women and girls in the family? यी कागजात कसले राख्छ? महिला कि पुरुष? परिवारका महिला र किशोरीहरूले यी कागजात राख्ने गरेका छन् वा छैनन् र पहुँचमा छ वा छैन?
- Has a situation ever occurred where GBV survivors could not get the service due to lack of possession of vital documents? कागजात नभएकोले लैङ्गिक हिंसा पीडितहरू कुनै सेवाबाट बञ्चित भएको कहिले पाउनुभएको छ?

Men's engagement and their perspective on GBV

- Are there men and boys clubs in this district? Do they take action against GBV? Could you please mention some? यो जिल्लामा युवा क्लबहरू छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गरेका छन् ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् ।
- What do you think, how do the men and boys in this community think about

	<p>violence against women? पुरुषहरुले महिला माथि हुने हिंसालाई कुन रूपमा लिएको पाउनुभएको छ?</p> <ul style="list-style-type: none"> - Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what proportion of men have such thinking (for example: 1 in 10 or 1 in 20 or more? Of which age group? के तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवा भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो लाग्छ? कुन उमेरका पुरुषहरुमा यस्ता धारणा पाउनुभएको छ? (जस्तै: प्रति १० जनामा १ वा प्रति २० जनामा १) - <p>WCOs constraints and challenges</p> <ul style="list-style-type: none"> - What are the constraints and challenges for WCO to combat GBV in the district? यस जिल्लामा लैङ्गिक हिंसा न्यूनीकरण सम्बन्धी काम गर्न के कस्ता बाधा र चुनौतीहरु छन्? - Any suggestion? Recommendation? यो कार्यक्रमलाई कुनै सल्लाह, सुझाव दिन चाहनुहुन्छ? <p>(data on no. of service seekers and types of violence to be obtained)</p> <p>(लैङ्गिक हिंसा सेवाका खोजिमा आउनुहुने लैङ्गिक हिंसा पीडितको संख्या र हिंसाको प्रकारका बारे तथ्यांक लिने)</p>
Women Service Centers (Safe houses) महिला सेवा केन्द्र	<p>Services provided</p> <ul style="list-style-type: none"> - What are the services provided by WSC on GBV prevention and response? यस महिला सेवा केन्द्रले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरु प्रदान गर्दछ? - Does the WSC organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? यो कार्यालयले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गरेको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्छन् ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरुका लागि पनि तालिम आयोजना गरिएको छ? - Does the WSC have any specific support for disabled women who have suffered

from GBV? What are these services? How accessible are they for disabled women? के हिंसा पिडित अशक्त महिलाहरुलाई महिला सेवा केन्द्रले कुनै विशेष सहयोग उपलब्ध गराउँदछ? यस्ता सहयोगहरु के के हुन्? यी सहयोगहरु पिडित महिलाहरुले कतिको सहज रुपमा प्राप्त गर्न सक्छन्?

Prevalence of GBV and legal action

- What is the prevalence of GBV in the community/district? Amongst which age group, ethnic group, gender, is it more prevalent? यो समुदायमा/जिल्लामा लैङ्गिक हिंसा कतिको हुने गर्दछ? कुन जाति, लिङ्ग र उमेर समुहमा बढि व्यापकता छ ?
- What is the prevalence of GBV? How often does it occur? Who is most likely to suffer from it? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ?
- What about spousal violence? श्रीमान् श्रीमती बीच हुने हिंसा कतिको हुने गर्दछ?
- How common is live-in relationship? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भए boyfriend बाट हुने हिंसा कतिको छ?
- What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ?
- How about the legal action (cases registered, acquitted, prosecuted)? None? Few? Many? हिंसा पिडकलाई कानूनी कारवाही कतिको भएको छ (दर्ता भएको, रिहा भएको, सजाय भएको, मुद्दा भएको)? भएकै छैन? केही? धेरै?
- How often do we find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरुसँग यस्ता महत्वपूर्ण कागजात भएको पाउनु भएको छ?

Knowledge on GBV

- How about the knowledge of GBV amongst women and girls? Are they aware of all forms of GBV and about the available services in case of incidents of violence occurrence in their community? तपाईंको विचारमा यो जिल्लामा महिला र किशोरीहरुमा लैङ्गिक हिंसा बारे कतिको जानकारी भएको पाउनुभएको छ? के उहाँहरु लैङ्गिक हिंसाका प्रकारका बारेमा सचेत हुनुहुन्छ? लैङ्गिक हिंसाको घटना घटेको खण्डमा उहाँहरुको

समुदायमा के कस्ता सेवाहरु उपलब्ध छन् भनेर उहाँहरु सचेत हुनुहुन्छ?

Mapping of services and quality of services in the district

- What are the GBV services available in the district? यो जिल्लामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्?
- Who is providing the GBV services? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्?
- What do you think, do the people know where and when to seek help? तपाईंको विचारमा के सामाजमा मानिसहरुलाई कहाँ र कहिले सहयोग लिनुपर्छ भनेर थाहा छ होला?
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरुलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरुका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरुलाई कसरी सम्बोधन गर्नुभएको छ?
- Do you have sufficient number of trained staff at this facility (example: skilled trainers on counselling, medical personnel, etc.)? सेवा प्रदान गर्न के तपाईंहरूसँग पर्याप्त दक्ष कर्मचारी छन्?
- Do you have any referral and outreach services to engage with the people at risk of GBV? What about follow up mechanisms? लैङ्गिक हिंसाका पीडितहरुका लागि के कस्ता सुविधाहरु प्रदान गरिएका छन्? के फेरि बोलाउने वा बुझ्न जाने गर्नुभएको छ?
- Do you ever refer GBV survivors to external service providers for specialized care? तपाईंले लैङ्गिक हिंसा पीडितलाई थप सेवाको लागि अरु सेवा प्रदायक निकायमा पठाउने गर्नुभएको छ?
- What are the constraints and challenges that you face in the management and operation of this facility? यस संस्थाको व्यवस्थापन र सञ्चालनमा तपाईंले के कस्ता बाधा र चुनौती भेट्नु परेको छ?

Possession of vital documents

- How is the situation of vital registration? Do you think all births are registered regardless of their sex? How about citizenship? How about marriage registration? जन्म, मृत्यु, बसाई सराई र सम्बन्ध विच्छेदका घटना दर्ताको स्थिति कस्तो छ ?

छोरा, छोरी, तेस्रो लिङ्ग, सबैको जन्मदर्ता गर्ने गरिएको छ कि छैन? यसै गरी छोरा, छोरी, तेस्रो लिङ्ग, सबैको नागरिकता, विवाह र सम्बन्ध विच्छेद जस्ता घटनाको दर्ता गर्ने गरिएको छ?

- Who keeps those documents? Women or Men? How about the access of those documents for women and girls in the family? यी कागजात कसले राख्छ? महिला कि पुरुष? परिवारका महिला र किशोरीहरूले यी कागजात राख्ने गरेका छन् वा छैनन् र पहुँचमा छ वा छैन?
- Has a situation ever occurred where GBV survivors could not get the service due to lack of possession of vital documents? कागजात नभएकोले लैङ्गिक हिंसा पीडितहरू कुनै सेवाबाट बञ्चित भएको कहिले पाउनुभएको छ?

Men's engagement and their perspective on GBV

- Are there men and boys clubs in this district? Do they take action against GBV? Could you please mention some? यो जिल्लामा युवा क्लबहरू छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गरेका छन् ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् ।
- What do you think, how do the men and boys in this community think about violence against women? पुरुषहरूले महिला माथि हुने हिंसालाई कुन रूपमा लिएको पाउनुभएको छ?
- Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what proportion of men have such thinking? Of which age group? के तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवा भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो लाग्छ? कुन उमेरका पुरुषहरूमा यस्ता धारणा पाउनुभएको छ?

WSCs constraints and challenges

- What are the constraints and challenges for WCO to combat GBV in the district? यस जिल्लामा लैङ्गिक हिंसा न्यूनीकरण सम्बन्धी काम गर्न के कस्ता बाधा र चुनौतीहरू छन्?
- Any suggestion? Recommendation? यो कार्यक्रमलाई कुनै सल्लाह, सुझाव दिन चाहनुहुन्छ?

(data on no. of service seekers and types of violence to be obtained)

(लैङ्गिक हिंसा सेवाका खोजिमा आउनुहुने लैङ्गिक हिंसा पीडितको संख्या र हिंसाको प्रकारका बारे

	<p>तथ्यांक लिने)</p> <p>To GBV Survivors</p> <ul style="list-style-type: none"> - How long have you stayed in this facility? तपाईं यो केन्द्रमा बस्नुभएको कति समय भयो? - What are the services/ care/ support are you getting? तपाईंले के कस्तो सेवा/हेरविचार/सहयोग पाउनुभएको छ? - Are the people of this community aware of safe house and services provided by safe house? तपाईंको समुदायका व्यक्तिहरु महिला सेवा केन्द्र र यसले प्रदान गर्ने सेवाको बारेमा जानकारी हुनुहुन्छ? - What is the frequency of arrival of GBV survivors in the safe house? यस केन्द्रमा लैङ्गिक हिंसा पीडित कतिको आउँछन्? - How about the quality of service you get? तपाईंले यस केन्द्रबाट पाउनु भएको सेवा कस्तो लाग्छ? - What can be done to improve the level of services available to GBV survivors in the community/district? यो समुदायमा/जिल्लामा लैङ्गिक हिंसा पीडितले पाउने सेवालार्ई अभ्र राम्रो गराउन के गर्नपर्ला?
<p>VDC/ Municipality गाविस/नगरपालि का</p>	<p>Services provided</p> <ul style="list-style-type: none"> - What are the GBV services available in the district? यो जिल्लामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्? - Does the VDC/Municipality organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? यो कार्यालयले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गर्नुभएको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्छन् ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरुका लागि पनि तालिम आयोजना गरिएको छ? <p>Prevalence of GBV and legal action</p> <ul style="list-style-type: none"> - What is the prevalence of GBV? How often does it occur? Who is most likely to

suffer from it? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ?

- What about spousal violence? श्रीमान् श्रीमती बीच हुने हिंसा कतिको हुने गर्दछ?
- How common is live-in relationship? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भए boyfriend बाट हुने हिंसा कतिको छ?
- What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ?
- How about the legal action (cases registered, acquitted, prosecuted)? None? Few? Many? हिंसा पिडकलाई कानूनी कारवाही कतिको भएको छ (दर्ता भएको, रिहा भएको, सजाय भएको, मुद्दा भएको)? भएकै छैन? केही? धेरै?
- How often do we find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरूसँग यस्ता महत्वपूर्ण कागजात भएको पाउनु भएको छ?

Mapping of services and quality of services in the VDC/Municipality

- What are the GBV services available in this VDC? यो गाविस/नगरपालिकामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्?
- Who is providing the GBV services? यस गाविसमा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्?
- What do you think, do the people know where and when to seek help? तपाईंको विचारमा के सामाजमा मानिसहरूलाई कहाँ र कहिले सहयोग लिनुपर्छ भनेर थाहा छ होला?
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरूलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरूका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरूलाई कसरी सम्बोधन गर्नुभएको छ?

Possession of vital documents

- How is the situation of vital registration? Do you think all births are registered regardless of their sex? How about citizenship? How about marriage registration? जन्म, मृत्यु, बसाई सराई र सम्बन्ध विच्छेदका घटना दर्ताको स्थिति कस्तो छ ?

	<p>छोरा, छोरी, तेस्रो लिङ्ग, सबैको जन्मदर्ता गर्ने गरिएको छ कि छैन? यसै गरी छोरा, छोरी, तेस्रो लिङ्ग, सबैको नागरिकता, विवाह र सम्बन्ध विच्छेद जस्ता घटनाको दर्ता गर्ने गरिएको छ? लिङ्ग</p> <ul style="list-style-type: none"> - Who keeps those documents? Women or Men? How about the access of those documents for women and girls in the family? यी कागजात कसले राख्छ? महिला कि पुरुष? परिवारका महिला र किशोरीहरूले यी कागजात राख्ने गरेका छन् वा छैनन् र पहुँचमा छ वा छैन? - Has a situation ever occurred where GBV survivors could not get the service due to lack of possession of vital documents? कागजात नभएकोले लैङ्गिक हिंसा पीडितहरू कुनै सेवाबाट बञ्चित भएको कहिले पाउनुभएको छ? <p>Men's engagement and their perspective on GBV</p> <ul style="list-style-type: none"> - Are there men and boys clubs in this VDC? Do they take action against GBV? Could you please mention some? यो गाविसमा युवा क्लबहरू छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गर्नुभएको छ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् । - Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what percentage of men have such thinking? के तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवालाई भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो लाग्छ? <p>Constraints and challenges</p> <ul style="list-style-type: none"> - What are the constraints and challenges for VDC to combat GBV in this community? यस गाविसमा लैङ्गिक हिंसा विरुद्ध लड्न के कस्ता बाधा र चुनौती छन्? - Any suggestion? Recommendations? केहि सल्लाह, सुझाव दिन चाहनुहुन्छ? <p>(data on no.of complaints to be obtained, indicate whether first hand data or the referred data)</p> <p>(लैङ्गिक हिंसा सेवाका खोजिमा आउनुहुने लैङ्गिक हिंसाका पीडितको संख्या र हिंसाको प्रकारका बारे तथ्यांक लिने)</p>
	<p>Services Provided</p>

District Hospital /OCMC जिल्ला अस्पताल (एकद्वार संकट व्यवस्थापन केन्द्र)	<ul style="list-style-type: none"> - What are the services provided by OCMC on GBV prevention and response? यस केन्द्रले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरु प्रदान गर्दछ? - Does the District Hospital / OCMC organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? यो कार्यालयले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गर्नुभएको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्छन् ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरुका लागि पनि तालिम आयोजना गरिएको छ? - Could you tell us the step by step process of getting services by GBV injured person? लैङ्गिक हिंसा पीडितले पाउने सेवाको प्रक्रिया र चरण बारे बताइदिनु हुन्छ कि ? - What is the scale of service seekers in this district? (per day) यस जिल्लामा दिनमा कति जना लैङ्गिक हिंसा पीडितसेवाको खोजिमा आउनुहुन्छ? <p>Prevalence of GBV and legal action</p> <ul style="list-style-type: none"> - What is the prevalence of GBV? How often does it occur? Who is most likely to suffer from it? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ? - What is the likelihood that a GBV survivor with a disability would go to the hospital for services? How often does this occur? How much accessible is it for the disabled people? हिंसाबाट पीडित अशक्तहरु के सेवाका लागि अस्पताल आउने गर्छन्? प्रायः कतिको पीडितहरु सेवा लिन आएका छन्? यी सेवा लिनको लागि सहजता बारे बताइदिनु हुन्छ कि? - What about spousal violence? श्रीमान् श्रीमती बीच हुने हिंसा कतिको हुने गर्दछ? - How common is living together relation? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भए boyfriend बाट हुने हिंसा कतिको छ? - What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ? - How about the legal action (cases registered, acquitted, prosecuted)? None? Few? Many? घटनाका दोषिलाई कानूनी कारवाही कतिको भएको छ (दर्ता भएको, रिहा भएको,
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सजाय भएको, मुद्दा भएको)? भएकै छैन? केही? धेरै?

- How often do we find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरूसँग यसता महत्वपूर्ण कागजात भएको पाउनु भएको छ?

Mapping of services and quality of services in the district

- What are the GBV services available in the district? यो जिल्लामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्?
- Who is providing the GBV services? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्?
- What do you think, do the people know where and when to seek help? तपाईंको विचारमा के सामाजमा मानिसहरूलाई कहाँ र कहिले सहयोग लिनुपर्छ भनेर थाहा छ होला?
- What services do you provide to GBV survivors? लैङ्गिक हिंसाका पीडितलाई यहाँबाट के कस्ता सेवा प्रदान गर्नुहुन्छ?
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरूलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरूका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरूलाई कसरी सम्बोधन गर्नुभएको छ?
- Do you have sufficient number of trained staff at this facility (example: skilled trainers on counselling, medical personnel, etc.)? सेवा प्रदान गर्न के तपाईंहरूसँग पर्याप्त दक्ष कर्मचारी छन्?
- Do you have any referral and outreach services to engage with the people at risk of GBV? What about follow up mechanisms? लैङ्गिक हिंसा पीडितहरूका लागि के कस्ता सुविधाहरू प्रदान गरिएका छन्? के फेरि बोलाउने वा बुझ्न जाने गर्नुभएको छ?
- Do you ever refer GBV survivors to external service providers for specialized care? तपाईंले लैङ्गिक हिंसा पीडितलाई थप सेवाको लागि अरु सेवा प्रदायक निकायमा पठाउने गर्नुभएको छ?
- What are the constraints and challenges that you face in the management and operation of this facility? यस संस्थाको व्यवस्थापन र सञ्चालनमा तपाईंले के कस्ता बाधा र चुनौती भेल्लु परेको छ?
- Are the survivors satisfied with the services? If not, what are their grievances?

How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरूलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरूका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरूलाई कसरी सम्बोधन गर्नुभएको छ?

Possession of vital documents

- How is the situation of vital registration? Do you think all births are registered regardless of their sex? How about citizenship? How about marriage registration? जन्म, मृत्यु, बसाई सराई र सम्बन्ध विच्छेदका घटना दर्ताको स्थिति कस्तो छ ? छोरा, छोरी, तेस्रो लिङ्ग, सबैको जन्मदर्ता गर्ने गरिएको छ कि छैन? यसै गरी छोरा, छोरी, तेस्रो लिङ्ग, सबैको नागरिकता, विवाह र सम्बन्ध विच्छेद जस्ता घटनाको दर्ता गर्ने गरिएको छ?
- Who keeps those documents? Women or Men? How about the access of those documents for women and girls in the family? यी कागजात कसले राख्छ? महिला कि पुरुष? परिवारका महिला र किशोरीहरूले यी कागजात राख्ने गरेका छन् वा छैनन् र पहुँचमा छ वा छैन?
- Has a situation ever occurred where GBV survivors could not get the service due to lack of possession of vital documents? कागजात नभएकोले लैङ्गिक हिंसा पीडितहरू कुनै सेवाबाट बञ्चित भएको कहिले पाउनुभएको छ?

Men's engagement and their perspective on GBV

- Are there men and boys clubs in this district? Do they take action against GBV? Could you please mention some? यो जिल्लामा युवा क्लबहरू छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गर्नुभएको छ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् ।
- What do you think, how do the men and boys in this community think about violence against women? पुरुषहरूले महिला माथि हुने हिंसालाई कुन रूपमा लिएको पाउनुभएको छ?
- Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what proportion of men have such thinking? Of which age group? के तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवा भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो लाग्छ? कुन उमेरका पुरुषहरूमा यस्ता धारणा पाउनुभएको छ?

	<p>Constraints and challenges</p> <ul style="list-style-type: none"> - What are the constraints and challenges for OCMC to combat GBV in the district? यस जिल्लामा लैङ्गिक हिंसा न्यूनीकरण सम्बन्धी काम गर्न के कस्ता बाधा र चुनौतीहरू छन्? - Any suggestion? Recommendation? यो कार्यक्रमलाई कुनै सल्लाह, सुझाव दिन चाहनुहुन्छ? - Have you received complaints by the service seekers? If yes, mention some measures? सेवा लिन आउनेहरूबाट तपाईंले कुनै गुनासो सुन्नुभएको छ ? यदि छ भने भन्नुहोस् । - How about the GBV clinical protocol? How do you monitor its implementation in this facility? क्लिनिकल प्रोटोकलको बारेमा बताइदिनु हुन्छ कि? तपाईंले यसलाई कसरी लागु गर्नुभएको छ ? - What are the constraints and challenges in providing GBV service and following clinical protocols? क्लिनिकल प्रोटोकललाई लागु गर्दै सेवा दिन के कस्ता बाधा र चुनौती रहेका छन्? - How should quality of service be improved in this facility? लैङ्गिक हिंसा पीडितहरूले पाउने सेवाको स्तर कसरी वृद्धि गराउन सकिन्छ? <p>(data on no.of service seekers and type of violence to be obtained) (लैङ्गिक हिंसा सेवाका खोजिमा आउनुहुने लैङ्गिक हिंसाका पीडितको संख्या र हिंसाको प्रकारका बारे तथ्यांक लिने)</p>
<p>Local Police (Women and Children's cell) प्रहरी (महिला तथा बालबालिका सेल)</p>	<p>Service Providers</p> <ul style="list-style-type: none"> - What are the services provided by Women and Children's cell on GBV prevention and response? यस केन्द्रले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरू प्रदान गर्दछ? - What is the prevalence of GBV in the community/district? Amongst which age group, ethnic group, gender, is it more prevalent? यो समुदायमा/जिल्लामा लैङ्गिक हिंसा कतिको हुने गर्दछ? कुन जाति, लिङ्ग र उमेर समुहमा बढिव्यापकता छ ? <p>Prevalence of GBV and legal action</p> <ul style="list-style-type: none"> - What is the prevalence of GBV? How often does it occur? Who is most likely to

	<p>suffer from it? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ?</p> <ul style="list-style-type: none"> - Do you know of any cases in which persons with disabilities suffered from physical, sexual or emotional violence? If yes, could you elaborate more? के तपाईंले असक्त व्यक्तिहरु कुनै किसिमका भावनात्मक, शारिरीक, एवं यौनजन्य हिंसाको शिकार भएको थाहा पाउनु भएको छ? यदि छ भने, कृपया उल्लेख गर्नुहोस्? - What about spousal violence? श्रीमान् श्रीमती बीच हुने हिंसा कतिको हुने गर्दछ? - How common is live-in relationship? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भने boyfriend बाट हुने हिंसा कतिको छ? - What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ? - How about reporting? Do the survivors report here? घटनाको उजुरी कतिको आउँछ? यहाँ लैङ्गिक हिंसा पीडितले उजुरी गर्नुहुन्छ? - What types of GBV cases reported in the community/district? यस समुदाय/जिल्लामा कस्ता प्रकारका लैङ्गिक हिंसाका घटनाको उजुरी दर्ता भएका छन्? - How many cases have been reported, registered in the last 12 months? How many were prosecuted and sentenced? गत वर्ष कति वटा लैङ्गिक हिंसाका घटनाको उजुरी दर्ता भएका थिए(दर्ता भएको, रिहा भएको, सजाय भएको, मुद्दा भएको)? - How often do we find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरुसँग यसता महत्वपूर्ण कागजात भएको पाउनु भएको छ? <p>Mapping of services and quality of services in the district</p> <ul style="list-style-type: none"> - What are the GBV services available in the district? यो जिल्लामा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्? - Who is providing the GBV services? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्? - What do you think, do the people know where and when to seek help? तपाईंको विचारमा के सामाजमा मानिसहरुलाई कहाँ र कहिले सहयोग लिनपर्छ भनेर थाहा छ होला?
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- What services do you provide to GBV survivors? लैङ्गिक हिंसाका पीडितलाई यहाँबाट के कस्ता सेवा प्रदान गर्नुहुन्छ?
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरूलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरूका गुनासो के के छन्? तपाईंले यस्ता गुनासोहरूलाई कसरी सम्बोधन गर्नुभएको छ?
- Do you have sufficient number of trained staff at this facility (example: skilled trainers on counselling, medical personnel, etc.)? सेवा प्रदान गर्न के तपाईंहरूसँग पर्याप्त दक्ष कर्मचारी छन्?
- Do you have any referral and outreach services to engage with the people at risk of GBV? What about follow up mechanisms? लैङ्गिक हिंसाका पीडितहरूका लागि के कस्ता सुविधाहरू प्रदान गरिएका छन्? के फेरि बोलाउने वा बुझ्न जाने गर्नुभएको छ?
- Do you ever refer GBV survivors to external service providers for specialized care? तपाईंले लैङ्गिक हिंसा पीडितलाई थप सेवाको लागि अरु सेवा प्रदायक निकायमा पठाउने गर्नुभएको छ?
- What are the constraints and challenges that you face in the management and operation of this facility? यस संस्थाको व्यवस्थापन र सञ्चालनमा तपाईंले के कस्ता बाधा र चुनौती भेट्नु परेको छ?

Men's engagement and their perspective on GBV

- Are there men and boys clubs in this district? Do they take action against GBV? Could you please mention some? यो जिल्लामा युवा क्लबहरू छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गर्नुभएको छ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् ।
- What do you think, how do the men and boys in this community think about violence against women? पुरुषहरूले महिला माथि हुने हिंसालाई कुन रूपमा लिएको पाउनुभएको छ?
- Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what proportion of men have such thinking? Of which age group? के तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवा भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो

	<p>लाग्छ? कुन उमेरका पुरुषहरुमा यस्ता धारणा पाउनुभएको छ?</p> <p>Constraints and challenges</p> <ul style="list-style-type: none"> - What are the constraints and challenges to combat GBV in the district and to provide adequate services to GBV survivors in taking legal action? लैङ्गिक हिंसा विरुद्ध लड्दा र लैङ्गिक हिंसा पीडितलाई उपयुक्त सेवा प्रदान गर्दा केहि बाधा र चुनौती आएका छन्? - Any suggestion? Recommendation? यो कार्यक्रमलाई कुनै सल्लाह, सुझाव दिन चाहनुहुन्छ? <p>(data on no.of cases and type of cases registered to be obtained) (लैङ्गिक हिंसा सेवाका खोजिमा आउनुहुने लैङ्गिक हिंसाका पीडितको संख्या र हिंसाको प्रकारका बारे तथ्यांक लिने)</p>
<p>FCHVs & Social/Community mobilisers महिला स्वास्थ्य स्वयंसेविका तथा सामाजिक परिचालक</p>	<p>Services provided</p> <ul style="list-style-type: none"> - What are the services provided by FCHV on GBV prevention and response? यस केन्द्रले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरु प्रदान गर्दछ? - Do you organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? तपाईंहरुले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गर्नुभएको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्दछन् ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरुका लागि पनि तालिम आयोजना गरिएको छ? - What is the prevalence of GBV in the community/district? Amongst which age group, ethnic group, gender, is it more prevalent? यो समुदायमा/जिल्लामा लैङ्गिक हिंसा कतिको हुने गर्दछ? कुन जाति, लिङ्ग र उमेर समुहमा बढि व्यापकताछ ? <p>Prevalence of GBV and legal action</p> <ul style="list-style-type: none"> - What is the prevalence of GBV? How often does it occur? Who is most likely to suffer from it? यस जिल्लामा लैङ्गिक हिंसा सम्बन्धी अवस्था कस्तो छ? कतिको हुने गर्दछ? को बढी पीडित हुने गर्दछ? - What about spousal violence? श्रीमान् श्रीमती बीच हुने हिंसा कतिको हुने गर्दछ?

- How common is live-in relationship? If yes, any cases by boyfriends to their girlfriends? विवाह नभए पनि सँगै बस्ने चलन छ कि छैन? यदि छ भए boyfriend बाट हुने हिंसा कतिको छ?
- What forms of GBV incidents are common? सामान्यतया कस्ता प्रकारका लैङ्गिक हिंसाका घटना घट्ने गर्दछ?
- How about the legal action (cases registered, acquitted, prosecuted)? None? Few? Many? घटनाका दोषिलाई कानूनी कारवाही कतिको भएको छ (दर्ता भएको, रिहा भएको, सजाय भएको, मुद्दा भएको)? भएकै छैन? केही? धेरै?
- How often do we find the victims possessing these vital documents? तपाईंको विचारमा कतिको पीडितहरूसँग यस्ता महत्वपूर्ण कागजात भएको पाउनु भएको छ?

Knowledge on GBV

- Have you participated in any specific trainings/programmes related to GBV issues? तपाईंले लैङ्गिक हिंसाका विषयमा कुनै तालिम/कार्यक्रममा भाग लिनु भएको छ?
- How about the knowledge of GBV amongst women and girls? Are they aware of all forms of GBV and about the available services in case of incidents of violence occur in their community? लैङ्गिक हिंसाका बारेमा महिला र किशोरीहरु के कति जानकारी छन्? उहाँहरु लैङ्गिक हिंसाका प्रकारको बारेमा र घटना घटेको खण्डमा समुदायमा के कस्ता सेवा उपलब्ध छन् भन्ने कुरामा जानकारी हुनुहुन्छ?

Mapping of services and quality of services in the VDC/Municipality

- What are the GBV services available in this VDC? यो गाविसमा लैङ्गिक हिंसा सम्बन्धी के कस्ता सेवा उपलब्ध छन्?
- Who is providing the GBV services? यस गाविसमा लैङ्गिक हिंसा सम्बन्धी सेवा क-कसले प्रदान गरिरहेका छन्?
- What do you think, do the people know where and when to seek help? तपाईंको विचारमा के सामाजमा मानिसहरुलाई कहाँ र कहिले सहयोग लिनुपर्छ भनेर थाहा छ होला?
- Are the survivors satisfied with the services? If not, what are their grievances? How have you been addressing those grievances? लैङ्गिक हिंसा पीडित उनीहरुलाई प्रदान गरेको सेवासँग सन्तुष्ट छन्? यदि छैनन् भने उनीहरुका गुनासो के के छन्? तपाईंले यस्ता

गुनासोहरुलाई कसरी सम्बोधन गर्नुभएको छ?

Possession of vital documents

- How is the situation of vital registration? Do you think all births are registered regardless of their sex? How about citizenship? How about marriage registration? जन्म, मृत्यु, बसाई सराई र सम्बन्ध विच्छेदका घटना दर्ताको स्थिति कस्तो छ ? छोरा, छोरी, तेस्रो लिङ्ग, सबैको जन्मदर्ता गर्ने गरिएको छ कि छैन? यसै गरी छोरा, छोरी, तेस्रो लिङ्ग, सबैको नागरिकता, विवाह र सम्बन्ध विच्छेद जस्ता घटनाको दर्ता गर्ने गरिएको छ?
- Who keeps those documents? Women or Men? How about the access of those documents for women and girls in the family? यी कागजात कसले राख्छ? महिला कि पुरुष? परिवारका महिला र किशोरीहरुले यी कागजात राख्ने गरेका छन् वा छैनन् र पहुँचमा छ वा छैन?
- Has a situation ever occurred where GBV survivors could not get the service due to lack of possession of vital documents? कागजात नभएकोले लैङ्गिक हिंसा पिडितहरु कुनै सेवाबाट बञ्चित भएको कहिले पाउनुभएको छ?

Men engage and their perspective on GBV

- Are there men and boys clubs in this district? Do they take action against GBV? Could you please mention some? यो जिल्लामा युवा क्लबहरु छन्? छन् भने उहाँले लैङ्गिक हिंसा विरुद्ध केहि पहल गर्नुभएको छ? यदि गर्नुभएको छ भने कृपया खुलाउनुहोस् ।
- What do you think, how do the men and boys in this community think about violence against women? महिला माथि हुने हिंसा, पुरुषहरुले कुन रुपमा लिएको पाउनुभएको छ?
- Have you come across men and boys who believe that violence against women and girls is OK? In your opinion what percentage of men have such thinking. तपाईंले महिला विरुद्ध हिंसा ठिकै हो भन्ने धारणा भएका कोहि पुरुष अथवा युवालाई भेट्नु भएको छ? तपाईंको विचारमा कति प्रतिशत पुरुषको यस्तो धारणा छ जस्तो लाग्छ?

Constraints and challenges

- How frequently do you come across GBV related cases? How do you handle them? तपाईंकोमा लैङ्गिक हिंसा सम्बन्धी मुद्दा कतिको आउँछ ? यसलाई कसरी सम्हाल्नु भएको

	<p>छ?</p> <ul style="list-style-type: none"> - Do you ever refer GBV survivors to other service providers for specialized support? Where? तपाईंले लैङ्गिक हिंसा पीडितलाई थप सेवाको लागि अरु सेवा प्रदायक निकायमा पठाउने गर्नुभएको छ ? यदि छ भने कहाँ पठाउनुहुन्छ? - What are the constraints and challenges FCHV face to combating GBV? महिला स्वास्थ्य स्वयंसेविकालाई लैङ्गिक हिंसा विरुद्ध काम गर्न जिल्लामा के कस्ता बाधा तथा चुनौती छन्? - What are the constraints and challenges to combat GBV in the community and to provide adequate services to GBV survivors? लैङ्गिक हिंसा विरुद्ध काम गर्न जिल्लामा के कस्ता बाधा र चुनौतीहरू छन् ? पीडितका लागि पर्याप्त सेवा दिनको लागि पनि के कस्ता अप्ठ्यारा छन्? - Any suggestion? Recommendation? यो कार्यक्रमलाई कुनै सल्लाह, सुझाव दिन चाहनुहुन्छ?
<p>Partner Organizations</p> <p>सामाजिक परिचालक अधिकृत तथा आयोजना कार्यान्वयन संस्था</p>	<ul style="list-style-type: none"> - What are the services provided by POs on GBV prevention and response? यस संस्थाले लैङ्गिक विभेदमा आधारित हिंसाको रोकथामका लागि के के सुविधाहरू प्रदान गर्दछ ? - Does this organization organize any trainings / awareness / advocacy programs to combat GBV? If yes, to whom? How often? Who are the resource people? How about the training for men and boys? यो कार्यालयले लैङ्गिक हिंसा हुन नदिनको लागि तालिम, जनचेतना र वकालत कार्यक्रम आयोजना गर्नुभएको छ? यदि छ भने, कसको लागि? कति कति समयमा हुने गर्छन् ? यस्ता तालिम कसले दिने गरेको छ? पुरुष तथा युवाहरूका लागि पनि तालिम आयोजना गरिएको छ? - How are you involved with the “GBV Prevention and Response” Project? तपाईं यो लैङ्गिक हिंसा रोकथाम तथा न्युनिकरण आयोजनामा कसरी संलग्न हुनुभएको छ? - What are the activities of CMO/IP in support of the implementation of this project? यो आयोजना लागु गराउन सामाजिक परिचालक अधिकृत तथा सहयोगी संस्थाले कसरी मद्दत पुर्याएको छ? - Have you organized any training/awareness programs related to GBV? तपाईंले लैङ्गिक हिंसा सम्बन्धी कुनै तालिम तथा सचेतना कार्यक्रम आयोजना गर्नु भएको छ ? - Have you attended any training/awareness programs related to GBV? तपाईं लैङ्गिक

	<p>हिंसा सम्बन्धी कुनै तालिम तथा सचेतना कार्यक्रममा जानु भएको छ ?</p> <ul style="list-style-type: none"> - How do you engage with men and/or boys to spread awareness on / combat GBV in the community/district? जिल्ला तथा समुदायमा युवा तथा पुरुषमा लैङ्गिक हिंसा विरुद्ध सचेतना फैलाउन तपाईंहरू कसरी लाग्नु भएको छ? - What types of rehabilitation support are there for GBV survivors in the community/district? लैङ्गिक हिंसा पीडितको लागि जिल्लामा कस्ता किसिमका पुर्नस्थापना सहयोग उपलब्ध छन्? - What are the constraints and challenges to combat GBV in the district and to provide adequate services to GBV survivors? लैङ्गिक हिंसा विरुद्ध काम गर्ने जिल्लामा के कस्ता बाधा र चुनौतीहरू छन् ? पीडितका लागि पर्याप्त सेवा दिनको लागि पनि के कस्ता अप्ठ्यारा छन्?
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Annex XII: Areas of Conversations for In-depth Household Consultation

Prevalence of GBV	Prevention of GBV	Response to GBV
<ol style="list-style-type: none"> 1. Prevalence/incidence of all forms of GBV 2. Prevalence of spousal violence 3. Prevalence of other types and forms of GBV 4. The group most vulnerable and reasons behind this prevalence amongst this particular group 5. Status of GBV survivors (perception of community towards them, type of GBV services available, satisfaction level of GBV services, etc.) 	<ol style="list-style-type: none"> 1. Knowledge on all forms of GBV amongst women and girls 2. Knowledge on the number of health service delivery points and where to seek care following violence 3. Knowledge on vital documents amongst women and girls 4. Knowledge on the importance of the possession of vital documents by women and girls 5. Men and boys who have knowledge on GBV 6. Men and boys who believe that violence against women and girls is acceptable 	<ol style="list-style-type: none"> 1. Men and boys/local clubs who have taken action to prevent GBV 2. Other organizations working at the local level to combat GBV 3. Number of health service delivery points that have adhered to the clinical protocol on GBV 4. GBV cases that were prosecuted by law 5. Any local level actions taken that go unnoticed to the police or health workers (local level punishments or forced marriage following rape)

Annex XIII: Data Tables



GBV Baseline Data
Tables.xlsx

Annex XIV: List of References

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