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Community Diffusion Assessment Report

Security And Justice Programme (SJP)

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People in Need

Table of Contents

Executive Summary 1

1. INTRODUCTION 2

1.1. Objective of the Assessment: 2

2. METHODOLOGY 3

3. THEMATIC FINDINGS: 4

3.1 Norms Change and Community Agency 4

Gender Roles (Household Work and Decision-Making) 4

Masculinity Norms 5

Community Response to GBV 6

3.2. Diffusion Pathways: Formal Sessions to Informal Spaces 6

Sub Grant as a cornerstone for Structured Diffusion 8

3.2 System Strengthening, Local Leadership, and Sustainability 12

3.3 Community Safety Mechanisms and Help-Seeking Behaviour 13

4. CONCLUSION 16

5. RECOMMENDATIONS 18

Table 1: Methodological Summary 3

Table 2: Norms Change 4

Table 3: Where and how diffusion occurs 8

Table 4: Summary of Sub Grants 9

Table 5: Summary of findings from Community Diffusion Assessment 10

Table 6: Overview of Key Plans and Policies 12

Table 7: Community Safety Mechanisms and Help-Seeking Behaviour 15

Table 8: Adaptive action for GIEN and school level CRM strengthening 15

Figure 1: Observed Changes 5

Figure 2:Diffusion Pathways 7

Figure 4: Pathway Logic in Janakpurdham 13

Figure 5: Pathway Logic in Barahathwa 14

Figure 6: Pathway Logic in Simraungadh 14

Executive Summary

In 2025, SJP refocused its work in Madhesh Province following funding changes and programme learning. Rather than spreading efforts thinly, the programme concentrated on strengthening what already existed: community agency, local systems, and safer responses to gender-based violence (GBV). The Community Diffusion Assessment was designed to understand **not just *what* changed**, but ***how* change is happening** in people's lives and in local institutions. It examined how programme interventions influence gender and social norms, community agency, diffusion of positive behaviours, system responsiveness, and help-seeking related to gender-based violence (GBV).

The CDA employed a **sequential mixed-methods approach**, including 19 Key Informant Interviews, 12 Focus Group Discussions, diffusion mapping exercises, direct observations, and routine monitoring data across three municipalities: Janakpurdham, Barahathawa, and Simraungadh. Using interviews, group discussions, diffusion mapping, the study explored how norms shift, how ideas spread, and how local systems respond. Participants were purposively selected to reflect a mix of roles, influence, and lived experience, ensuring that the assessment captured perspectives from both those driving change and those navigating its consequences. The quantitative findings were extracted from the pre-post tests conducted with GTSN participants to validate the findings from the qualitative assessment. A follow assessment will also be conducted to gather additional evidence from interventions that are ongoing.

Across all three municipalities, participants described noticeable changes in everyday gender norms. Women spoke about having more say in household decisions, greater freedom of movement, and increased confidence to speak in public spaces. Men reflected on sharing domestic responsibilities and questioning long-held ideas about authority and masculinity. Young people described pushing back against dowry-related jokes and comments that would previously have gone unchallenged. These experiences are supported by quantitative findings: ***knowledge of GBV increased from 40% to 65%, belief in gender-equal roles rose from 33% to 51%,*** and two-thirds of participants reported concrete behaviour change. ***More than 70% said they had spoken up against GBV or supported someone experiencing violence.*** While resistance particularly from elders remains strong, behaviour is clearly shifting even before full social acceptance, a key marker of early norm change.

Diffusion mapping shows that these changes rarely stay confined to formal sessions. While GTSN activities often spark reflection, ***ideas travel through informal spaces like homes, peer groups, tea shops, farms, and women's gatherings*** where people feel safer testing new ways of thinking and acting. Change spreads fastest where trusted community members and CBO actors have strong social standing and slows where fear of backlash limits open discussion. In many cases, behaviour change appears before broader social endorsement, reflecting cautious but genuine internalisation of new norms.

Sub-grants played a critical role in reinforcing this diffusion. 22 CBOs implemented 126 activities, reaching 7,538 people, including large numbers from marginalised caste groups and 214 persons with disabilities. Repeated engagement through cultural activities, group dialogues, youth forums, schools, and coordination platforms helped ensure that messages were not one-off but reinforced over time. ***Where change agents were socially respected, diffusion deepened; where they were not, ideas struggled to take hold.***

At the systems level, most municipalities now have key GBV-related policies and GIEN structures in place. The difference lies in how actively these are used. Janakpurdham shows the strongest alignment between policy, budget, and practice, with GIEN functioning as a practical entry point rather than a

purely formal body. Barahathawa has active policies but less clarity around routine budget use and committee activation. In Simraungadh, formal structures exist but depend heavily on individual initiative, raising concerns about sustainability. ***Across all sites, GIEN has emerged as a central coordination space,*** bringing together local government, service providers, and community actors. Progress in planning, referrals, and responsiveness is closely tied to how consistently these coordination mechanisms are activated.

When it comes to safety and help-seeking, awareness of services has increased, but decisions to seek help remain shaped by trust. Survivors rarely approach formal systems directly; they first disclose to someone they trust. GIEN works best when it functions as a discreet bridge rather than a rigid institution. Where confidentiality is uncertain, people rely on informal mediation, which may offer temporary relief but does not always ensure protection or accountability. ***These patterns underscore a critical insight: help-seeking is a social decision, not just a technical one.***

Overall, the CDA shows that SJP-supported interventions are contributing to meaningful, though uneven, progress. **Norm shifts are strengthening community agency, diffusion is extending change beyond direct participants, and system responsiveness is influencing whether people feel safe to seek support.** Change moves through relationships as much as through structures. **Where norms shift, people act differently; where people act differently, systems are pressured to respond; and where systems respond well, trust grows.**

The foundations for lasting change are in place. The next phase of SJP will focus on making these gains more durable by:

- strengthening peer networks and collective reinforcement of new norms,
- ensuring GIEN and committees' function routinely, not only during crises,
- clarifying how GBV funds are used in practice, and
- improving confidentiality and survivor-centred practice in GIEN and school-level CRMs.

Sustaining progress will depend on continued investment in trusted local actors, predictable and accountable systems, and adaptive approaches that reduce social risk while reinforcing emerging positive norms.

1. INTRODUCTION

Following reductions in UK Government aid and insights from the Pause and Reflect sessions held in March and April 2025, the Security and Justice Programme (SJP) underwent a strategic restructuring from its initial proposal. As part of this process, activities in Karnali and Lumbini provinces were phased out in April 2025, allowing the programme to concentrate its efforts in Madhesh Province. This shift was aimed at maximizing impact by focusing resources where they are most needed and aligns closely with the programme's adaptive management results framework.

The revised approach is informed by a targeted analysis of how policies and guidelines are currently being implemented and aims to address critical gaps left by the conclusion of the USAID program. SJP has been prioritising community capacity building and promoting a multi-stakeholder model for GBV prevention. These efforts are closely aligned with the GBV prevention and response plans of local governments and Madhesh Province, which are in line with the forthcoming National GBV Prevention and Response Action Plan.

A more concentrated effort in Madhesh is deepening community agency and enhancing multi-stakeholder coordination particularly for the development and operationalization of local level GBV prevention and response action plans and the GESI Comprehensive Implementation Plan (CIP), supported by EWPN. Under SJP 2.0, the program is operating in three existing local governments Janakpurdham, Simrangaudh, and Barahathawa and has expanded to two additional municipalities: Loharpatti and Jaleshwar. The focus has been on system strengthening through a multi-stakeholder approach via GIEN, while also complementing and building on prior USAID and related interventions/projects.

The SJP programme is designed to catalyse shifts in harmful gender and social norms, strengthen community safety mechanisms, and reinforce local government ownership of GBV prevention and response systems. In this regard, the MEAL team of SJP conducted a Community Diffusion Assessment (CDA) to understand how these changes emerged, spread, and sustained beyond formal programming. The findings of the assessment also helped in examining how norms change, community agency, and system strengthening interact to create lasting social transformation, as a result of SJP project intervention. These findings will also serve as evidence for the Rubrics Framework and Outcome Mapping. This assessment positions SJP as a learning-led, evidence-driven programme capable of supporting wider system transformation in Nepal.

1.1. Objective of the Assessment:

The purpose of the CDA was to answer a key question:

How do SJP-supported interventions like GTSN, GIEN, CBO-led diffusion, safety mechanisms, and local government engagement contribute to measurable and sustainable shifts in gender and social norms, community behaviour, and system strengthening?

Specifically, the CDA aims to:

***Measure changes in gender and social norms**, especially around GBV, agency, and decision-making.*
***Assess the strength of community diffusion mechanisms,** both structured and unstructured and identify which mechanism drive the strongest behavioural shifts*
***Evaluate utilisation of safety and referral services**, and identify remaining barriers to help-seeking.*
***Analyse local government ownership** of policies, budgets, and institutional mechanisms.*
***Identify sustainability prospects**, including which community and institutional structures show long-term viability.*
***Generate actionable insights** that shape programme adaptation, resource allocation, and policy engagement.*

2. METHODOLOGY

The Community Diffusion Assessment (CDA) employed a rigorous, ***mixed sequential data collection approach*** that integrated ***quantitative, qualitative, and observational evidence***. The assessment is being conducted in phases to enable a deeper understanding of behavioural change within the community over time. As the program interventions are still being rolled out, a follow-up for the assessment is planned for March while strictly adhering to the election Code of Conduct (CoC) and informed by an ongoing situational analysis of the prevailing political context. It will support in gathering additional evidence on the emerging and sustained impacts of the interventions. The FGDs, KIIs and Diffusion Mapping exercises were conducted to generate a multi-dimensional understanding of norms change, diffusion patterns, help-seeking behaviour, GIEN functionality and local government ownership. The pre-post tests with GTSN participants will serve as quantitative finds to substantiate the qualitative findings. Participants were purposively selected to reflect a mix of roles, influence, and lived experience, ensuring that the assessment captured perspectives from both those driving change and those navigating its consequences.

Table 1: Methodological Summary

Component	Description	
Data collection methods	KIIs, FGDs, Observations, Diffusion Mapping	
Respondent categories	CBOs, GIEN officials, LG officials, Provincial Government, OCMC Focal Person, Police/WCSCSC, Women and Girls, Men and Boys, Change Agents and Influencers,	
Sample Achieved	**KIIs: 19** • CBO representatives-6 • Key Members of GIEN-3 • Local government officials-3 • WCSCSC personnel-3 • OCMC Focal Person- 2 • Provincial Government-2	**FGDs-12** • Women and Girls-3 • Men and Boys-3 • GIEN members-3 • Change agents and influencers-3
No of respondents	KIIs-19 (Men9; Women-10)	FGD-40- Janakpurdham (Male-16; Female-24)
		Barahathawa-36 (Men-17; Women-19)
		Simraungadh-36 (Men-17; Women-19)
		Total-112(Men-50, Women-62)

Ethical Considerations	Data Protection Strategy, Consent Forms, Confidentiality, Do No Harm Principal
Limitations	Access, political context, respondent bias

3. THEMATIC FINDINGS:

The findings from the FGDs, KIIs and Diffusion Mapping were recorded in standardized templates and analysed in line with the domains outlined in the SOP. The analysis reflects how SJP-supported interventions GTSN, GIEN, CBO-led diffusion, safety mechanisms, and local government engagement contribute to measurable and sustainable shifts in gender and social norms, community behaviour, and system strengthening.

3.1 Norms Change and Community Agency

Gender Roles (Household Work and Decision-Making)

A notable shift in norms such as gender roles within households, particularly related to domestic labour sharing and participation in decision-making was reported by the GTSN participants across Janakpurdham, Barahathawa and Simraungadh. While women were previously expected to manage household chores independently and rely on male authority in financial or family decisions, there is growing evidence of negotiated and shared roles among families who participated in the GTSN sessions. The women respondents of FGD from all the municipalities echoed a similar voice that they experience increased agency regarding their mobility. They do not feel confined to their household boundaries and rather are enjoying their autonomy in their own movement. Women who were shy and nervous now speak openly in public spaces and express their opinions on harmful social norms.

> *"Earlier, even asking for help in the kitchen felt wrong. Now my husband helps, especially when guests come."*
> FGD – Women And Girls, Janakpurdham

These lived experiences are strongly reinforced by the quantitative results of the GTSN pre–post assessments. Knowledge related to GBV increased significantly, with overall knowledge scores rising from **39.58% in the pre-test to 64.91% in the post-test** (an increase of **25.33%**). Attitudes and beliefs also shifted, with understanding of equitable norms increasing from **32.86% to 51.29%** (**+18.43%**). More specifically, awareness of GBV rose from **47% to 89%**, belief in gender-equal roles increased from **34% to 75%**, and understanding of gender roles as socially constructed jumped from **36.6% to 83.6%**. These figures substantiate the qualitative accounts that participants are not only speaking differently about gender but reinterpreting the foundations of gender roles themselves.

Table 2: Norms Change

Norm Area	Before	After	Evidence Source
Household chores	Women-only responsibility	Shared or jointly negotiated	FGD – Women and Girls; FGD – Men and Boys
Household decisions	Men-dominated	Increased joint decision-making	KII – CBOs; FGD – Women
Women's mobility	Permission-based	Increased autonomy	FGD – Women and Girls

> *""Earlier, if someone saw me in the kitchen, they would make fun of me. Now I still help, even if they comment."*
> *(FGD – Men, Sarlahi)*

The assessment identified multiple instances of individuals adopting behaviours that challenge prevailing harmful social norms, despite experiencing resistance from family members, peers, or community elders/authority figures. These actions represent early-stage norm change, where individuals move beyond attitudinal shifts to visible behaviour change. Men participating in FGDs reported engaging in household chores such as cooking, cleaning, or childcare in visible ways, including in front of extended family members or neighbours. These actions directly challenge entrenched norms that frame domestic work as exclusively women's responsibility. Such behaviours are particularly significant because they signal that norms are being actively contested rather than passively accepted as shared by a CBO representative from Barahathawa, ***"I was told I am breaking our culture by taking on women's role, but I continued because I felt it was the right thing to do."*** This behaviour indicates a shift from private experimentation to public performance of new norms, which is a critical transition point in social norms change.

This behavioural evidence is mirrored in monitoring data showing that **66.7% of GTSN participants demonstrated positive behavioural changes** over the past three months. These include **78.48% discussing gender equality with family and friends**, **71.9% speaking up against GBV**, and **73.3% supporting or guiding someone experiencing GBV**. Such actions indicate that behaviour change is not limited to private reflection but is becoming socially expressed.

Women participants of the FGDs from all three locations described that they felt more confident in speaking publicly due to their participation in the GTSN sessions. This confidence extended to ward-level and community meetings, spaces which are traditionally dominated by men despite anticipating criticism or ridicule. As articulated by one of the woman participants of the FGD from Simraungadh, *"People laughed when I spoke in the meeting, but later two women came to thank me for giving them the courage to speak up."* Although small, this example illustrates how behaviour change is preceding collective acceptance.

Another remarkable change that was reported from the assessment was the youth challenging dowry-related remarks. Adolescents and young adults' respondents reported questioning dowry-related jokes or comments in peer and family settings, particularly during social gatherings. "When someone joked about dowry, I said it is not right. Some laughed, but others stayed quiet." (FGD – Youth, Bara) This silence from others is analytically important: it suggests weakening norm enforcement consistent with **77.7% of GTSN participants believing their actions can reduce GBV in the community**.

Masculinity Norms

Likewise, the findings also suggest early but meaningful shifts in masculinity norms among men and boys engaged through GTSN and related activities. Traditional expectations around violence, dominance, and emotional control are increasingly questioned, though resistance persists, especially among older men. One of the men respondents of FGD from Barahathawa shares, *"If we decide together, there is less conflict. Before, I thought household decisions were only my responsibility."* Insights from KIIs with CBO representatives and FGDs with men and boys shed light on the fact that they are beginning to recognize the harmful social norms and toxic

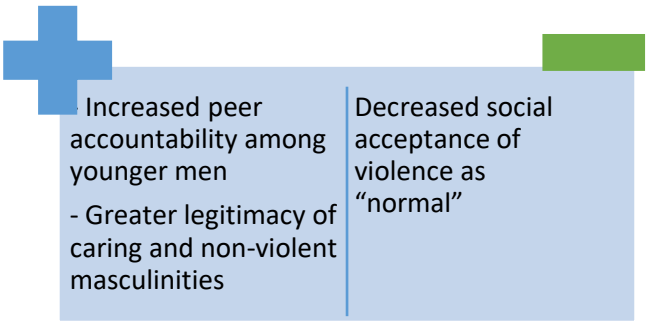


Figure 1: Observed Changes

masculinity within their own families. "Being a man does not mean shouting or being tough anymore, you can be soft and still be masculine" reflects one of the Change Agents from Janakpurdham.

These reflections align with behavioural findings from the GTSN pre-post-test analysis showing **72.3% participation in GBV awareness activities** and **63.75% feeling comfortable reporting GBV incidents**, indicating growing legitimacy of non-violent masculinities and reduced tolerance of harmful practices. However, **29.5% of participants still identified traditions and customs as the main source of pressure**, highlighting that masculinity norms remain questioned.

GTSN: A Key Driver of Norm Change
In several communities, change began quietly inside GTSN sessions, where participants described feeling safe for the first time to speak openly about gender roles and violence. Women, men, and youth repeatedly shared that these spaces felt different from past awareness programmes because they were confidential, discussion-based, and led by facilitators they already knew and respected. One CBO member explained that trust was key: *"Because the facilitator was from our own community, people trusted the message" (KII – CBO Representative, Bara).* Rather than being told what to think, participants reflected together, questioned long-held beliefs, and listened to each other's experiences. For many men and boys, dedicated sessions created a rare opportunity to talk about masculinity without fear of public embarrassment, helping them reconsider behaviours that had long gone unchallenged. CBOs from Barahathwa and Simraungadh went as far as sharing that they would replicate GTSN sessions provided they have funds. As these conversations moved beyond the sessions, participants drew strength from seeing others act differently. Teachers, ward representatives, and local influencers who modelled respectful and non-violent behaviour made change feel possible and legitimate. Peer groups became a source of courage, especially when individuals faced criticism at home or in public. Repeated exposure to the same messages in meetings, schools, and informal gatherings slowly reduced the sense of risk. As one woman reflected, *"hearing the same ideas again and again made it easier to speak and act, even when it felt uncomfortable at first (FGD – Women, Dhanusha)".* Yet the story of change is not direct. Elders often pushed back, invoking tradition and cultural authority, and many participants spoke of fear—fear of gossip, ridicule, or being labelled as "spoiled" for challenging norms. Men's participation remained uneven, particularly among older generations, and religious or cultural interpretations were sometimes used to justify resistance. A GIEN member summed this tension clearly: *"Change is faster among youth; elders still resist strongly" (KII – GIEN Member, Sarlahi).* Together, these stories reveal a process of change that is real but contested—one where courage grows through collective support, even as deeply rooted norms continue to push back.

Community Response to GBV

The assessment has indicated a significant shift in what is considered discussable within communities. Gender-based violence, previously framed as a private family matter, is increasingly being discussed in women's groups, community forums, and safe spaces. Discussion about GBV which were once avoided in public are confidently discussed especially at home and communal spaces. Women from all three municipalities unanimously expressed that the safe space provided by the GTSN sessions has enabled them to openly express their feelings and disagreements. One of the women participants of FGD from Bara exclaims, *"It was difficult to discuss issues related to child marriage and forced marriage"*. Women and men both feared the stigma and social backlash. The silence reinforced by the elders have turned into voices supported by the awareness and use of referral mechanisms.

This shift from silence to voices is reflected in both attitudinal gains (**increase by 18.43%**) and behavioural indicators such as speaking out, supporting survivors, and engaging in awareness activities. While underreporting remains, communities are increasingly recognising violence as unacceptable.

3.2. Diffusion Pathways: Formal Sessions to Informal Spaces

A diffusion mapping exercise was carried out with women, girls, men, boys, and identified Change Agents to visualise how messages and behaviours spread within communities. The exercise helped identify influential actors and nodes of change, as well as compare the reach and effectiveness of structured diffusion pathways with more organic, unstructured forms of diffusion. Diffusion mapping was conducted in two phases: initially during the sub-grantee Review and Reflection sessions (21–22 December, 2025), and alongside FGDs as part of the Community Diffusion Assessment conducted between 28th December, 2025 and 3rd January, 2026.

The findings analysed from the Diffusion Mapping exercise reflect that while formal GTSN sessions often act as the ***starting point for change***, the tangible norm shift unfolds in informal social spaces where people feel less exposed and more authentic. Participants consistently described how ideas first introduced in structured sessions such as shared household roles or non-tolerance of violence were later translated in everyday life. In Janakpurdham, for example, change agents explained that conversations begun during GTSN sessions were deliberately carried into family discussions and peer interactions, where they could be repeated in language comprehended by everyone. As one CBO member reflected, ***"Earlier, we did not talk about violence at all. Now we discuss where to go for help,"*** signalling not only increased awareness, but a shift in what is considered discussable within the household.

In Barahathawa, diffusion followed a more cautious path, moving primarily through women's groups rather than public or community spaces where groups were mixed gendered. Women described how messages about supporting survivors were shared during CBO meetings and informal gatherings, then quietly taken home and discussed with sisters, neighbours, or close friends. These semi-private spaces allowed women to practice new ways of responding to violence without immediately triggering backlash. One change agent captured this subtle shift: ***"Before, we told women to adjust. Now we ask what support they want."*** While these conversations remained largely out of public view, diffusion mapping shows they were repeated often enough to reshape expectations within women's circles, creating a form of collective reassurance that made continued action possible.

In Simraungadh, informal spaces such as tea shops and agricultural worksites emerged as critical diffusion hubs, particularly for men and youth. Change agents described intentionally using these spaces to introduce sensitive topics like dowry and early marriage, knowing that formal meetings would invite resistance especially from the older generation. ***"We talk while working in the fields. That is where people listen,"*** one change agent explained, highlighting how labour spaces lower social risk and allow difficult ideas to be introduced indirectly. At the same time, diffusion in these spaces was fragile; youth who spoke openly faced visible pushback from elders, and some reported social exclusion as a result. ***"Some people stopped inviting me after I spoke,"*** a participant of FGD with Women and Girls noted, underscoring that diffusion maybe be an organic process but is also a challenging one where informal space both enable norm testing and expose early adopters to risk. Together, these findings illustrate that ***diffusion is less about message transmission and more about social navigation:*** how individuals choose where, when, and with whom to speak as they carry ideas from formal sessions into everyday life.

The discussion with respondents through FGD, KIIs and the findings from Diffusion Mapping exercises reveal that change agents and CBO members play a crucial role and the effectiveness of diffusion strength depends largely on social credibility. Diffusion is **interpersonal, not programmatic**: where

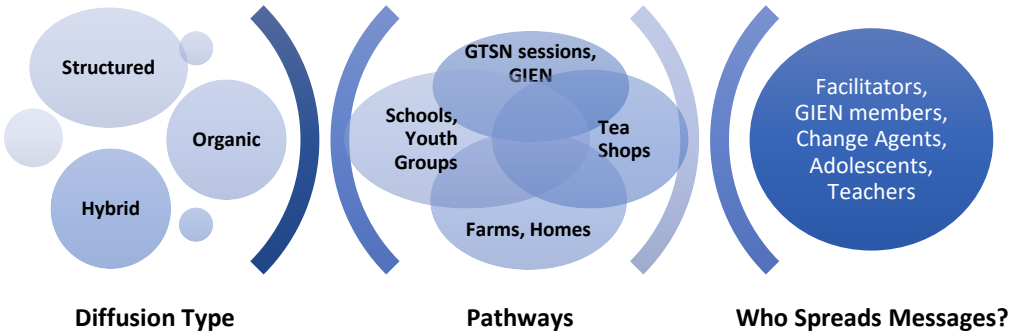


Figure 2:Diffusion Pathways

change agents are respected, diffusion is faster and deeper; where they lack social standing, they are often listened to politely but not acted upon and diffusion remains shallow.

Overall, the findings demonstrate **credible but uneven norms change**, with the strongest shifts occurring at household and peer levels. Behaviour change is often visible before full norm internalisation, particularly among men. Diffusion is occurring through both structured and organic pathways but remains dependent on individual change agents, highlighting the importance of collective reinforcement and institutional backing to sustain gains.

Table 3: Where and how diffusion occurs

Municipality	Primary Diffusion Spaces	Main Diffusers	Strength of Diffusion	Key Constraints
Janakpurdham	Homes, peer groups, CBO meetings	Change agents, CBO members	High	Cautious institutional trust
Barahathawa	Women's groups, homes	Women CBO members	Medium	Gendered backlash, gossip
Simraungadh	Tea shops, farms, youth circles	Youth, change agents	Medium–Low	Elder resistance, isolation
Cross-cutting	Informal social spaces	Trusted peers	High	Limited public endorsement

Sub Grant as a cornerstone for Structured Diffusion

The sub-grants played a crucial role in enabling **structured diffusion**, ensuring that norm change did not rely solely on informal conversations but was deliberately carried through organised platforms and institutional linkages. Under **Output 3**, sub-grant partners acted as structured diffusion agents by embedding key messages on GBV prevention, gender equality, and non-violence into planned activities such as street drama, art-based campaigns, youth forums, and facilitated family dialogues. These platforms created repeated, credible exposure to the same messages across multiple community spaces, allowing ideas introduced through GTSN to be reinforced, localised, and normalised rather than remaining isolated learning moments.

Under **Output 4**, structured diffusion extended beyond communities into local systems. Sub-grant partners collaborated and coordinated with GIEN, school-level CRMs, coordination forums, and

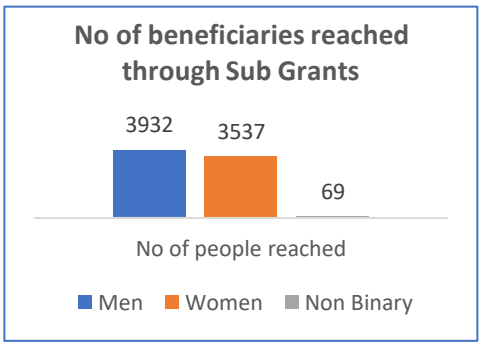
municipal planning processes, ensuring that norms promoted at the community level were echoed within institutional settings. This alignment meant that when community members sought help or accountability, they encountered familiar language and expectations within formal structures. In practice, this took the form of GIEN members referencing messages previously shared through sub-grant activities, schools reinforcing reporting mechanisms discussed in youth sessions, and municipal actors engaging with GBV as a governance issue rather than a private concern.

Together, the sub-grants demonstrate how structured diffusion complemented organic spread by **creating intentional pathways through which ideas travelled from communities to institutions and back again**. By linking cultural platforms, community groups, and formal mechanisms, the sub-grants reduced the gap between awareness and action, helping norms change evolve into system responsiveness and safer help-seeking pathways.

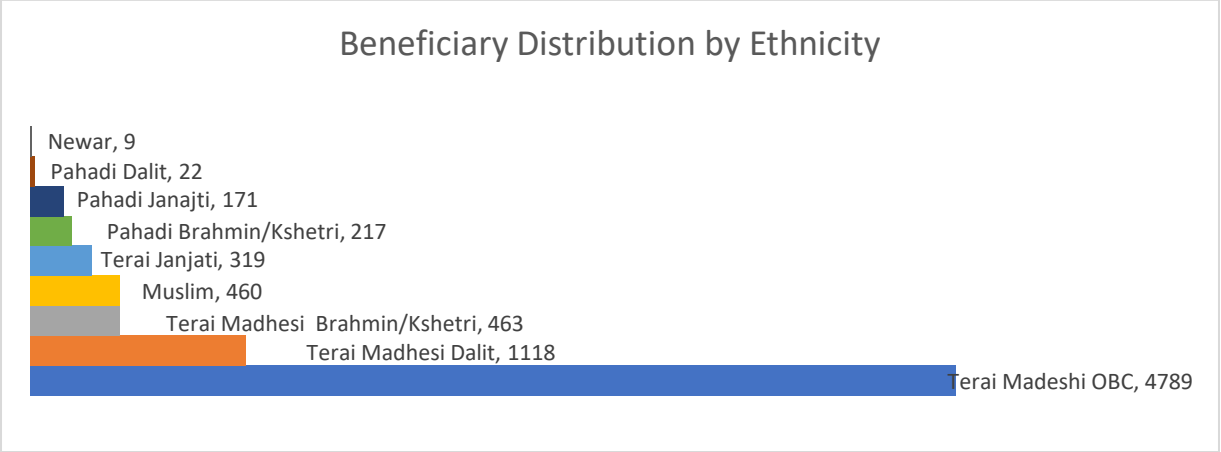
The scale and structure of the sub-grants were central to how **structured diffusion** took place across municipalities, ensuring that norm change messages travelled deliberately and consistently rather than sporadically. A total of **22 CBOs**: 7 in Simraungadh, 7 in Barahathawa, and 8 in Janakpurdham were supported through sub-grants, collectively planning **135 activities** under Output-3 and Output-4. Of these, **126 activities (93%) were completed**, with particularly strong performance under Output-3, where **82 of 86 activities (95%)** were implemented. Output-4 followed closely, completing **44 of 49 activities (90%)**, while the remaining nine activities were consciously dropped or not initiated due to contextual or operational constraints, rather than left unfinished. This pattern reflects not only effective planning and coordination, but also adaptive decision-making, partners prioritised quality and feasibility over simply completing activities for compliance. The details of the sub grant interventions will be attached as annex in the Annual Report.

Table 4: Summary of Sub Grants

Indicator	Output-3	Output-4	Total
Number of CBOs supported	**15**	**7**	**22**
Municipal distribution of CBOs	**Janakpurdham-8; Simraungadh-7; Barahathawa-7**		
Activities planned	**86**	**49**	**135**
Activities completed	**82**	**44**	**126**
Completion rate	**95%**	**90%**	**93%**
Activities not started / dropped	**4**	**5**	**9**



Through these structured platforms, diffusion was intentionally layered: messages introduced through GTSN were reinforced through repeated, organised touchpoints such as street dramas, youth forums, women's group dialogues, school engagements, GIEN meetings, and municipal coordination forums. This deliberate repetition mattered. For example, a woman might first encounter messages on non-tolerance of violence through a cultural performance, hear the same ideas discussed again in a women's group supported by a sub-grant, and later encounter similar language when approaching a GIEN member or municipal actor. The reach of this approach was substantial: **7,538 individuals** were engaged, with a near-balanced gender composition **3,932 men, 3,537 women, and 69 non-binary individuals** indicating that structured diffusion was not confined to women-only spaces but intentionally included men and gender-diverse participants.



Equally important is *who* was reached. The majority of participants came from historically marginalised groups, particularly **Terai Madhesi Other Backward Castes (4,789)** and **Terai Madhesi Dalit communities (1,118)**, alongside Muslim, Janajati, and hill-origin groups. **214 persons with disabilities** also participated. This demographic spread highlights that structured diffusion through sub-grants was not neutral; it was intentionally oriented toward communities where norms are most rigid and access to formal systems most constrained. In practice, this meant that messages on gender equality, GBV prevention, and help-seeking were not only widely disseminated, but embedded within the lived realities of exclusion and vulnerability. As a result, structured diffusion through sub-grants did more than amplify reach it helped align community-level norm change with system engagement and safety-seeking pathways, laying the groundwork for change that is both inclusive and sustainable.

Table 5: Summary of findings from Community Diffusion Assessment

Municipality	Key Messages from diffusion mapping	Norm Change	Diffusion Pathways	Systems & Help-Seeking	Backlash & Resistance	Outcome Mapping Position[1]
Janakpurdham **Group: Change Agents, CBOs, GIEN Members**	Violence is not a private matter Women should seek support, not adjust Men can share household responsibilities Help is available through GIEN and referral pathways	Diffusion is most advanced among organized CBO networks and change agents. Visible shifts include men supporting domestic work and women participating more actively in family discussions. GBV discussions have moved from silence to cautious openness, especially in women's and youth spaces.	Change agent–led conversations Homes and family gatherings Informal peer discussions Messages repeated by non-participants, indicating diffusion beyond direct reach	Awareness of GIEN and referral pathways is relatively high. Utilisation remains cautious, with GIEN members increasingly approached as intermediaries rather than first responders.	Resistance is present but moderate. Elders express concern, though overt opposition is limited compared to other municipalities.	**Like to See → Early Love to See**

[1] ***Expect to see (EARLY POSITIVE RESPONSES)*** *- Basic level of engagement, showing that the actor is starting to positively respond and engage with program goals;* ***Like to see (ACTIVE ENGAGEMENT)-*** *Clear steps forward, where we see concrete actions that show progress in the right direction;* ***Love to see (DEEP TRANSFORMATION)-*** *Strong alignment and proactive support, where actors are fully embracing the goals and taking additional, lasting actions.*

Barahathawa **Group: Women & Girls CBOs, Change Agents**	Survivors deserve support, not silence Violence should be questioned, not accepted Women can support other women safely Community solutions can be a first step	Strong women-led diffusion, particularly within CBOs. Women report increased confidence to speak about GBV and support peers, mostly within semi-private spaces rather than public forums.	CBO meetings Homes Informal women's gatherings Diffusion less visible in mixed-gender or public spaces	Knowledge of services exists, but women prefer community-based solutions first. Police and formal systems are approached only after internal options are exhausted.	Backlash is gendered. Women face gossip and reputational risks when speaking openly about GBV and norms.	**Expect to See → Like to See**
Simraungadh **Group: CBOs, Change Agents**	Dowry and early marriage are harmful Violence should be questioned Youth can challenge harmful traditions Change starts with conversation	Norm change is visible but fragile. Youth are emerging as key drivers, particularly in challenging dowry and early marriage narratives. Adult and elder resistance remains strong.	Agricultural worksites Tea shops Youth peer networks Informal spaces are critical for reaching men	Awareness of formal mechanisms is limited. Low trust in institutions increases reliance on informal mediation and peer support.	Resistance is high, particularly from elders and traditional leaders. Change agents experience social isolation.	**Early Like to See**

Across all municipalities, diffusion of key messages on positive social norms and GBV prevention is occurring mostly through informal social spaces and trusted community actors, rather than formal platforms alone. Behaviour change is emerging before full social acceptance, and resistance, predominantly from elders. This is an indication that norms are being actively challenged. Women and youth are central to driving change but also face higher social risks, underscoring the importance of collective reinforcement and visible leadership endorsement. **These findings demonstrate that SJP is successfully moving communities from awareness toward action.** Sustaining and scaling impact will require continued investment in trusted local actors, stronger institutional backing, and adaptive strategies that respond to backlash while reinforcing emerging positive norms.

3.2 System Strengthening, Local Leadership, and Sustainability

Across SJP municipalities, system strengthening reflects a mixed but revealing pattern: while key GBV and GEDSI policies are increasingly endorsed at the municipal level, their **operationalisation depends heavily on political alignment, leadership behaviour, and the presence of trusted intermediaries** such as GIEN members and change agents. The policy status table confirms that foundational instruments particularly **GIEN Procedures**, **GBV Elimination Fund Guidelines**, and **GBV Prevention and Response Action Plans** are formally in place in most municipalities, yet the extent to which these translate into routine practice varies considerably.

In **Janakpurdham**, the strongest alignment between policy, budget, and practice was observed. The municipality has endorsed the **GIEN Procedure** with an allocated budget of **NPR 350,000** and the **GBV Elimination Fund Guideline** with **NPR 250,000**, both marked as active. GIEN members and CBO

representatives described how these allocations, though modest, enabled regular meetings, awareness activities, and accelerating the issue referral case coordination. Importantly, respondents did not frame GIEN as a bureaucratic structure, but as a practical entry point into the system. As one GIEN member explained, ***"People don't come to us with papers first; they come to ask what is possible."*** This reflects how formal policies gain legitimacy when they are experienced as responsive rather than procedural. At the same time, the policy table notes **internal political disputes between the Mayor and Deputy Mayor**, which intermittently slowed decision-making highlighting that even well-resourced systems remain vulnerable to political dynamics.

In **Barahathawa**, although policies such as the **GBV Prevention and Response Action Plan** are active (valid for one fiscal year and supported by documentation such as minutes and reports), respondents described weaker clarity around budget utilisation. Women CBO members acknowledged that policies exist but questioned how they translate into support for prevention work or survivor assistance. ***"The policy is there, but we are not always clear how to use it,"*** one participant noted, echoing the table's identification of **internal political disputes** and high expectations placed on municipal staff as barriers to effective implementation. GIEN structures are present, but their activation remains reactive, often mobilised only once cases escalate. However, GIEN has been actively facilitating coordination and supporting advocacy efforts for safe referrals. The judicial system remains primarily accountable for the case handling.

In **Simraungadh**, the gap between formal endorsement and operationalisation is most pronounced. The **GIEN Procedure** has been endorsed with a documented allocation of **NPR 500,000**, and is officially marked as active. However, KIIs and diffusion mapping exercise revealed that GIEN meetings are irregular and public awareness of the mechanism remains low. One CBO representative observed, ***"The structure exists, functioning though it sometimes needs a push to ensure it operates effectively,"*** aligning with the policy table's reference to disputes involving the Deputy Mayor and broader political contestation around budget use. As a result, change agents and influencers frequently substitute for formal systems mediating cases, accompanying survivors, and informally engaging ward offices. While effective in the short term, this reliance on individuals rather than institutions raises clear sustainability concerns.

Across all municipalities, **change agents and influencers** including teachers, ward volunteers, and socially respected community members emerged as the glue between community and the local government. They play a quiet but influential role in reminding officials of endorsed policies and nudging committees to act. As one change agent stated, ***"I tell them this is not just a project rule, it is your policy."*** These interactions demonstrate that institutionalisation is not only technical but relational, requiring leadership practices that normalise accountability and responsiveness. Without this, even allocated budgets and endorsed policies risk remaining symbolic.

Table 6: Overview of Key Plans and Policies

Municipality	Key Policies / Plans Endorsed	Budget Allocated (NPR)	Implementation Status	Evidence of Functionality	Key Bottlenecks
Janakpurdham	GIEN Procedure; GBV Elimination Fund Guideline; GBV Prevention & Response Action Plan	GIEN: 350,000 GBV Fund: 250,000	Active	Regular GIEN meetings; awareness activities; referrals coordinated	Political tension between Mayor & Deputy Mayor

Barahathawa	GBV Prevention & Response Action Plan; GIEN structure	Not clearly specified	Active but uneven	Meeting minutes; reports; limited routine activation	Unclear budget use; internal political disputes
Simraungadh	GIEN Procedure; GBV policy frameworks	GIEN: 500,000	Active (procedural)	Limited meetings; low public awareness	Internal political disputes; weak leadership ownership

The integration of policy and budget data confirms that **endorsement alone may not always lead to full institutionalisation**. The experience from Janakpurdham highlights how even modest but effectively utilised budgets, combined with visible leadership and the active engagement of socially embedded GIEN members, can contribute to strengthen system credibility. In comparison, the situations in Barahathawa and Simraungadh indicate the factors such as political differences, limited clarity in budget utilisation, and more reactive committee functioning may affect sustainability, even when policies and funds are in place. Moving forward, SJP's system-strengthening efforts could benefit from further emphasising clarity in budget utilisation, **strengthening leadership accountability practices, and encouraging regular committee activation.** Such effort may help reduce reliance on individual goodwill while supporting more resilient systems beyond donor support.

While the findings point to differences in how policies and budgets are translated into everyday practice, it's important to acknowledge that many of the positive changes in GBV prevention and response are closely linked to improved coordination, especially through the role of GIEN. In all municipalities, GIEN has served as more than just a formal structure, collaborative mechanism where local government, service providers, community representatives, and civil society actors could regularly come together to discuss cases, share information, and advocate for action. Progress such as the development and use of GBV action plans, stronger referral linkages, and more responsive municipal engagement did not happen automatically; these shifts were supported by consistent coordination and relationship-building efforts under the project.

At the same time, the assessment also highlights that the effectiveness if the multi stakeholder coordination mechanisms work still depends heavily on leadership engagement and the broader political environment, which explains why activation has been stronger in some places than others. This actually reinforces an important lesson: the project's investment in GIEN has helped establish functioning coordination platforms and improve cross-stakeholder collaboration, but keeping them active and routine requires ongoing attention to leadership practices, clear processes, and institutional ownership. In other words, the foundations are in place, the next step is making coordination part of the normal way systems work, not something that depends on individual drive.

3.3 Community Safety Mechanisms and Help-Seeking Behaviour

Findings across municipalities reveal a clear divergence between growing awareness of GBV referral pathways and actual utilisation of formal services. While women, men, and youth increasingly know about mechanisms such as **GIEN, WCSCs, the 1145 helpline, and psychosocial support**, decisions to disclose violence and seek help remain shaped by trust, perceived safety, and social consequences. Disclosure is rarely a single step; rather, it unfolds through informal, relational pathways before intersecting with formal systems.

Case 1: Gradual Discourse Through Trust

A woman from Janakpurdham experiencing repeated domestic violence first disclosed her situation to a fellow GTSN participant during an informal conversation at home. The peer did not immediately advise formal reporting but listened and validated her experience. After several conversations, the peer encouraged her to approach a GIEN member known in the community for discretion. The GIEN member helped explain available options, including psychosocial support and the WCSC, and accompanied her to seek services when she felt ready.

In **Janakpurdham**, respondents described a gradual increase in confidence to disclose GBV within trusted networks, particularly to GIEN members and CBO representatives. Survivors and community members reported feeling safer approaching GIEN not because of its formal mandate, but because members were perceived as discreet and responsive. One FGD participant(man) explained, ***"People don't go directly to the police. First, they come to someone they trust,"*** illustrating how GIEN functions as a bridge rather than an endpoint. While awareness of WCSCs and 1145 was relatively high, these services were typically accessed only after informal validation and support had been secured.



Figure 4: Pathway Logic in Janakpurdham

In **Barahathawa**, help-seeking was strongly mediated by gendered concerns about reputation and family honour. Women reported discussing violence within women's groups or with trusted peers before considering any formal referral. Even where school-level CRMs and GIEN structures exist, their use remained limited due to fears of exposure and gossip. As one woman from the FGD shared, ***"We know where to go, but we think first about what will happen to us after,"*** highlighting that knowledge alone does not translate into action. Sustainability of these mechanisms depended heavily on active facilitation; where GIEN or CRM processes were not regularly reinforced, they became symbolic rather than functional.

Case 2: Contained Support Within Women's Networks

In Barahathawa, a woman facing emotional abuse sought advice within her women's CBO group. The group discussed options collectively, focusing on safety and confidentiality. While members were aware of WCSC and police services, they prioritised internal support and counselling due to fears of gossip and reputational harm. Only after repeated incidents did they consider formal referral.



Figure 5: Pathway Logic in Barahathwa

Case 3: Avoidance of Formal Systems – Simraungadh

In Simraungadh, a young woman experiencing harassment did not approach GIEN, school CRM, or police due to fear that her identity would be revealed. Instead, a change agent spoke informally with the family and attempted mediation. The issue subsided temporarily but resurfaced later.

In **Simraungadh**, the gap between awareness and utilisation was widest. Diffusion mapping showed limited confidence in formal systems, with survivors relying almost entirely on informal mediation through elders, CBO members, or change agents. School-level CRMs were known to teachers and administrators but rarely used by students, particularly adolescent girls, who feared retaliation or being blamed. *"If a girl complains, everyone will know,"* a participant noted, underscoring how confidentiality concerns undermine system use. In this context, change agents often accompanied survivors or negotiated on their behalf, temporarily compensating for weak institutional trust but raising questions about long-term sustainability.



Figure 6: Pathway Logic in Simraungadh

The analysis of the responses suggest that help-seeking pathways confirm that **knowledge of services does not equal confidence to use them**. Survivors navigate through a landscape of social risk, choosing pathways that minimise exposure, gossip, and retaliation. GIENs and CRMs are most effective where **they function as trusted, discreet connectors rather than rigid procedural mechanisms.** Where confidentiality is weak or leadership support is absent, survivors default to informal mediation, limiting both protection and accountability.

Across all sites, barriers to help-seeking were intersectional. Especially people from LGBTQI+ and women and girls from marginalised communities reported additional fears related to caste, economic dependence, and limited mobility. Survivors' willingness to seek help increased when responses were survivor-centred, discreet, and supportive; conversely, experiences or perceptions of judgement, delay, or politicisation discouraged further engagement. These findings suggest that strengthening community safety mechanisms requires not only expanding awareness, but also **reducing social risk, ensuring confidentiality, and reinforcing institutional responsiveness** through consistent practice.

Table 7: Community Safety Mechanisms and Help-Seeking Behaviour

Area of Assessment	Janakpurdham	Barahathawa	Simraungadh
Perceived safety to disclose GBV	Moderate–High within trusted networks (GIEN, CBOs)	Moderate within women's groups; low in public spaces	Low; disclosure largely informal
Awareness of referral pathways	High awareness of GIEN, WCSC, 1145	Moderate awareness; uneven understanding	Limited awareness beyond informal options
Use of GIEN	Increasingly used as first contact point	Reactive use; limited routine engagement	Rarely used by community
School-level CRM functionality	Present but less used	Present; dependent on facilitation	Known but largely inactive
Primary barriers	Fear of escalation; institutional delays	Gossip, reputation, family pressure	Confidentiality concerns; mistrust

Role of informal actors	Bridge to formal systems	Primary support for survivors	Substitute for formal mechanisms
Key sustainability risk	Over-reliance on GIEN members	Symbolic mechanisms without reinforcement	System avoidance and normalisation of informal mediation

The findings indicate that **help-seeking is a social process rather than procedural**. While awareness of services has increased, utilisation depends on whether survivors feel safe, believed, and protected from social harm. GIENs and school-level CRMs are most effective when they operate as trusted, confidential intermediaries rather than purely formal structures. Strengthening survivor-oriented response systems will require targeted investment in confidentiality, relationship-building, and consistent practice ensuring that safety mechanisms are experienced not as risks, but as sources of protection and dignity.

The monitoring visit findings shows that all seven schools had reported a total of around 68 non-GBV cases through the suggestion boxes, all of which were addressed in accordance with the CRM guidelines. Additionally, two schools in Barahathawa Municipality have initiated the installation of dedicated additional suggestion boxes to address SRGBV cases in a sensitive and timely manner. Janata S.S. has introduced a red-flag system for handling sensitive cases, while Chakra Janata has established three separate boxes (one for emergency use and two for regular reporting). In both schools, the red-flag system and the emergency box are dedicated exclusively to SRGBV cases. However, no GBV cases have been recorded to date. This suggests that while adolescents' help-seeking behaviour is improving through the CRM process, the schools are simultaneously strengthening their safety mechanisms. Nevertheless, continued efforts are required to further enhance the system.

Help-seeking unfolded in stages, with informal validation preceding formal referral. GIEN functioned as a bridge rather than an entry point, reducing social risk and increasing survivor agency. Women's groups act as **protective buffers**, but the absence of clear, low-risk referral pathways can delay access to formal support. Where confidentiality is not trusted, **informal mediation replaces formal systems**, often resulting in incomplete or short-term solutions.

Table 8: Adaptive action for GIEN and school level CRM strengthening

Challenge Identified	Adaptive Action	Rationale
GIEN		
GIEN seen as reactive or symbolic	Establish regular GIEN meeting schedules with public notice	Normalizes GIEN as a routine system
Survivors fear exposure	Introduce confidential intake protocols and private contact points	Reduces disclosure risk
Over-reliance on individuals	Rotate facilitation roles and document procedures	Builds institutional memory
Weak referral follow-through	Formalize referral tracking with anonymized logs	Improves accountability
Limited survivor-centered practice	Refresher training on survivor-led decision-making	Strengthens dignity and agency
School Level CRM		
Low student use of CRM	Conduct orientation sessions with adolescents	Builds awareness and trust
Fear of Negative reaction	Ensure CRM box placement protects anonymity	Addresses confidentiality concerns

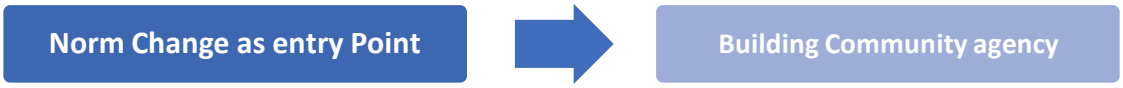
Teacher-centric control	Involve trained female teachers or counsellors	Improves approachability
Inactive CRM processes	Set fixed schedules for CRM review	Ensures responsiveness
Weak link to external services	Create referral linkage between CRM and GIEN	Strengthens system integration

Adaptive Learning and Way Forward

The assessment findings indicate that SJP's next phase will focus less on expanding structures and more on strengthening the quality, consistency, and increasing trust of existing mechanisms across community and institutional levels. While awareness, policies, and systems are now largely in place, the evidence shows that sustainable change depends on reinforcing collective norm shifts, embedding routine institutional practice, and making safety mechanisms more confidential and survivor-centred. Moving forward, SJP will prioritise approaches that reduce social and institutional risk, strengthen predictable system functioning, and ensure that community confidence in norms change is matched by reliable institutional response.

4. CONCLUSION

Overall, the CDA findings indicate that change under the project is neither linear nor confined to a single domain. Shifts in gender and social norms have enabled individuals and groups to exercise greater community agency, which in turn has begun to reshape expectations of local institutions and leadership. Where systems respond through functional GIENs, engaged leaders, and practical use of policies and budgets communities are more willing to move from informal coping toward safer help-seeking pathways. At the same time, gaps in system responsiveness continue to push survivors back into informal or partial solutions, underscoring the interdependence of norms, institutions, and safety mechanisms. The flow below illustrates how these themes interact, reinforce one another, and together determine the depth and sustainability of change.



The change process begins at the normative level, where GTSN sessions create safe spaces for reflection on gender roles, masculinity, and viandolence. These spaces enable individuals especially women, youth, and some men to question what was previously considered "normal." As norms begin to shift, community agency emerges: individuals act differently (men sharing household work, women speaking in meetings, youth challenging dowry) even when social resistance persists.

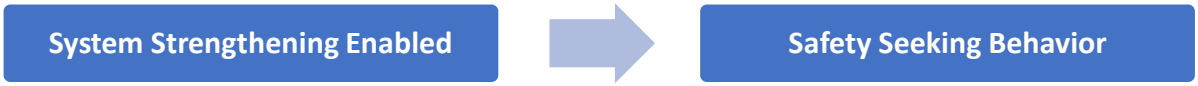
Diffusion mapping shows that these ideas rarely remain confined to formal sessions. Instead, they travel through informal social spaces homes, tea shops, agricultural worksites, women's gatherings where peers test, adapt, and reinforce them. Community agency is therefore not only individual confidence, but collective permission to speak, act, and support others.

This stage is characterised by behaviour change under social pressure, signalling early norm internalisation and the willingness to challenge existing power relations.



As community agency increases, expectations of institutions begin to change. People no longer see violence as something to endure privately; instead, they seek advice, mediation, and accountability. This creates demand for GIENs, municipal committees, and local leadership to function meaningfully, not just limiting its existence on paper.
Where political will and leadership are present (e.g., Janakpurdham), GIENs become socially embedded and approached not as bureaucratic bodies, but as trusted intermediaries. Budget allocations and endorsed policies (GIEN procedures, GBV funds, action plans) begin to translate into routine practices such as meetings, referrals, and coordination. Change agents and influencers play a bridging role, reminding institutions of their responsibilities and helping systems respond to real cases. Where leadership is weak or disputed, systems remain symbolic, and community actors compensate informally effective in the short term, but fragile for sustainability.

System strengthening, therefore, is not linear compliance, but a relational process activated by community demand and leadership behaviour.



Stronger norms and more responsive systems together shape whether survivors feel safe to seek help. Awareness of referral pathways (GIEN, WCSC, 1145, psychosocial support) has increased across municipalities, but utilisation depends on trust, confidentiality, and perceived social risk.

Where GIENs function as confidential, survivor-centred bridges, help-seeking follows a gradual pathway from trusted peers to GIEN to formal services. Where systems are weak or politicised, survivors rely on informal mediation, often resulting in temporary or incomplete resolution and risk of recurrence. School-level CRMs follow a similar pattern: present in structure, but used only where confidentiality and responsiveness are trusted. This reveals a critical insight: **safety seeking is a social decision**, not a technical one. Survivors move toward formal systems only when community norms support disclosure and institutions demonstrate care and discretion.

5. RECOMMENDATIONS

The CDA findings demonstrate that community agency, system strengthening, and safety seeking behaviour are mutually exclusive not standalone outcomes. Norm change without a strong system leads to risk and burnout; systems without agency remain unused; and safety mechanisms without trust fail survivors. Sustainable impact depends on keeping these domains connected ensuring that as communities change, institutions respond, and as institutions respond well, communities trust them more.

The recommendations below are prioritised based on feasibility, risk, and potential for sustaining community-level norm change and system responsiveness. They reflect adaptive actions that can be implemented within the current programme cycle.

Norms Change	Recognise and intentionally support informal spaces (homes, tea shops, agricultural worksites, women's gatherings) as key sites where norms are tested and reinforced, rather than focusing only on expanding formal sessions.
	Strengthen peer-based reinforcement by equipping change agents and CBO members with practical skills to manage backlash and sustain behaviour change under social pressure, especially for women and youth who face higher social risks.
	Prioritise collective action over individual courage by encouraging group-level diffusion and visible peer support, reducing isolation of early adopters.
System Strengthening	Shift emphasis from policy endorsement to implementation by making GIENs and municipal committees to meet regularly and be action oriented, even when political leadership changes.
	Engage ward representatives and municipal officials who already demonstrate informal leadership, inviting them to co-own GIEN processes, attend selected community discussions, and visibly endorse GBV and GEDSI commitments.
	Promote clear and practical use of GBV- and GEDSI-related budgets for coordination, follow-up, and learning, recognising that small but consistent expenditures often have greater impact than larger, symbolic allocations.
Safety-Seeking Mechanisms	Refocus safety mechanisms on trust and confidentiality, as awareness of referral pathways is no longer the primary barrier to help-seeking.
	Strengthen GIENs and school-level CRMs as discreet, survivor-centred bridges by introducing confidential intake practices, flexible accompaniment, and clear communication around survivor choice and consent.
	Formally recognise the role of women's groups and change agents as first points of disclosure and link them more clearly to GIEN and CRM processes, ensuring informal support guides survivors toward formal protection rather than replacing it.
	Prioritise reducing social risk for survivors by reinforcing confidentiality, responsiveness, and respectful treatment at every step of the help-seeking pathway especially for women and girls from marginalized communities and LGBTQ+

Annex: Photographs for the CDA









