



Her Safety Assessment Report

November 2015

Executive Summary

In July and August 2015, People in Need (PIN) conducted a quantitative and qualitative assessment of the target Village Development Committees (VDCs) where “Her Safety” is being implemented. Overall, 670¹ women and girls across seven of the ten project VDCs were surveyed by enumerators between July 18th and August 25th. Survey questions sought to provide an overview of women’s and girls’ security concerns and their current priorities after the earthquake. Qualitative focus group discussions (FGDs) and insecurity mapping activities help explore women’s and girls’ insecurities in depth and supplement survey findings.

- Overall 80% of women and girls listed shelter as their largest problem. Focus group discussions and survey data suggest that women and girls’ prioritization of shelter is linked to a lack of privacy and feeling more at risk of sexual and gender based violence (SGBV) in their current temporary shelters. This was evident in the fact that 18% of respondents reported they feel “very unsafe” and an additional 47% reported that they feel “unsafe” while changing their clothes.
- Among respondents, 19% reported that they felt “very unsafe” and 62% reported that they felt “unsafe” when using the toilets. FGD with women further confirmed that they felt very unsafe while going to the bathroom because of a perceived increase risk of SGBV.
- Education was listed by 44% of adolescent girls (aged 18 and under) as one of their top three largest problems but was only listed by 6.35% of women (over 18) as one of their top three largest problems. Focus group discussions revealed that many women had not sent their daughters back to school and that some people in the communities had already made plans or sent their daughters “abroad for work.”
- 46% of married respondents reported to having been married before the legal age of marriage (18 years old). While focus group discussions found that arranged child marriages have decreased in recent years, child marriage through adolescent elopement (or “love marriage”) has increased and respondents reported multiple incidents of this after the earthquake.
- Of the 153 adolescent girls surveyed who were attending school before the earthquake, 16 fewer (10% less) were not attending school after the earthquake.

¹ From the 670 survey responses, questions without response were omitted from analysis. Therefore the number of total responses (n) varies by question as some respondents declined to answer certain questions.



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During focus group discussions one respondent reported, “instead of sending girls to school [parents] are sending them for foreign employment.”

- In terms of overall, general feelings of security, 18% respondents reported that they currently felt “very unsafe” and 74% reported that they felt “unsafe” – meaning that total of 91% of respondents reported some level of insecurity.
- In terms of specific areas and times when women reported with feeling “unsafe” or “very unsafe,” the forest (93%) and at night (95%) were reported to be the places and times where women felt most unsafe. The third highest instance of insecurity was during menstruation (71%) and at home (65%).
- 51% of respondents stated that they had someone to talk to “when they felt unsafe” in general; 10% of respondents said that this was only sometimes the case and the remaining 39% said that they did not have someone to talk to when they felt unsafe. The actual number of women who would share their insecurities and actual experiences of SGBV with a friend is most likely even lower than this rate. This low confidence in women’s perceived capacity to report their own experiences highlights why many women (roughly 40%) “don’t know” whether different types of violence have increased in their communities since the earthquake and suggests that more work is needed to build safe, confidential networks of women trained to support SGBV survivors at the most grassroots level.
- While school was identified as “safe” place by a majority (57%) of respondents, 37% of respondents reported that they felt “unsafe” and 1% said that they felt “very unsafe” in schools. In eight of ten community insecurity mappings with women’s committees, schools were identified repeatedly by participants as sites where girls are at risk of sexual harassment and abuse by teachers.
- Many respondents reported that they “did not know” about how common different types of violence were in their communities. Another substantial portion of respondents reported that various types of violence were “not common” or “never occurred.” Focus group discussions and insecurity mappings with women in the community revealed a desire to keep SGBV cases “inside” the community and neither discuss nor report them. However, 42% respondents reported that alcohol abuse was either “common” or “very common” in their community. This was followed by caste discrimination (30%), gender discrimination (26%), domestic violence (28%), physical violence (28%), and child marriage (20%).
- Some VDCs did report a higher prevalence of violence. In Ichok, a VDC in Sindupalchok known for high rates of trafficking that has been resultantly targeted with various protection programs, 8% of people reported trafficking as “very common” and 20% of respondents as a “common” in the VDC. This was also true for other forms of violence: 5% of respondents in Ichok also reported that rape was “common.” Additionally, 19% of Ichok respondents also reported that human trafficking had increased since the earthquake, 11% reported that rape had



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increased and 14% reported that the number of children not attending school had also increased.

- When asked what happens and who is involved when a woman in their VDC is sexually harassed, 55% of respondents reported that Mothers Groups (Ama Samuha) are involved, 34% of women respondents reported that the communities resolve the issue, 31% reported that families resolve the issue, and 23% reported that the issue is reported to the police.
- When asked who in their community helps women if they feel unsafe or experience violence, 68% of respondents said that Mothers Groups helped women in such cases; this was followed by community leaders (27%) and police (25%). An additional 13% of women said that they “did not know” who helped women in such cases.
- When asked whether respondents would go to their Mothers Group if they experienced violence or felt unsafe, 63% of respondents said that they would, 16% said that they maybe would, and 21% said that they would not.



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Introduction & Overview

The purpose of this report is to share and disseminate information gathered during the planning, baseline assessment, and implementation of PIN's Her Safety protection program. Alongside the implementation of the Her Safety protection programme, PIN conducted a quantitative and qualitative assessment in order to develop an understanding of the post-earthquake context with respect to women and girls' perceptions of the following:

- Priorities post-earthquake
- Largest insecurities
- Places and times where women feel most insecure
- Perception of rates of various forms of SGBV and whether this has changed since the earthquake
- Level of trust in various local actors and common VDC level responses to SGBV

While the initial purpose in gathering this information was to establish a baseline for project indicators, as is evident from the above, the scope of the study was larger and sought to more broadly explore rural women's and girls' security context in the aftermath of the earthquakes. This report provides an overview of the programme currently being implemented by PIN through a local partner, Gramin Mahila Srijansil Pariwar (GMSP), the methodology of the study, and findings according to the above categories. Based on the findings of the assessment combined with inputs provided during a workshop with stakeholders, recommendations to various actors conclude the report.

Overview of SGBV in Nepal prior to the earthquake

SGBV often increases during an emergency,² though it is often difficult to determine in the aftermath the extent to which it has increased. In Nepal SGBV was already a pressing issue that needed to be addressed, and reliable data was difficult to obtain, due to a variety of

² Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies Inter-Agency Standing Committee, WHO (2005)



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reasons discussed below. While there is qualitative and anecdotal data suggesting that SGBV has increased in the aftermath of Nepal's earthquakes, such as media attention on human trafficking,³ within Nepal's context little quantitative data is available to indicate whether there has indeed been an increase. According to a study published by the Government of Nepal 2012:⁴

- A majority of women (61.3%) were unaware of any laws that address GBV.
- Only about one quarter of women (24.8%) were aware of services available to the survivors of SGBV.
- A very small percentage (5.6%) of women knew of shelter homes at the district level.
- Almost half of women (48%) reported that they had experienced violence at some time in their lives, and 28% had experienced violence in the past 12 months. Emotional violence (40.4%) was the most commonly reported, followed by physical violence (26.8%), sexual violence (14.3%) and economic abuse/violence (8%).
- A large percentage of women (61.3%) who had experienced violence had not shared or discussed their experiences with anyone.⁵

The above is corroborated by numerous other studies highlighting the need to address and build survivors' and other stakeholders' capacity to respond to SGBV when it occurs. Clearly, the needs prior to the earthquake merited a response and since the earthquake, the causes underlying SGBV in Nepal have only been compounded with additional risk factors for women and girls, such as loss of assets and livelihoods, or a lack of secure toilet and shelter facilities. However, given that many forms of SGBV and gender discrimination in Nepal, such as child marriage, not sending girls to school, and trafficking, were common negative coping mechanisms prior to the earthquake, it is probable to assume that these will increase in affected areas due to the earthquakes' impact on livelihoods and social networks.

Overview of Her Safety (for VDCs)

Her Safety is a protection program designed by PIN as a response to the heightened insecurities women and girls experienced after the 2015 Nepal Earthquake. Her Safety was originally designed according to information gathered during PIN's Rapid Gender Assessment,⁶ best humanitarian practices, and prior protection programming in Nepal. The project was piloted in two IDP camps in Bhaktapur: Thali and Bode, and monitored until these sites closed. An additional 12 IDP camps in Sindhupalchok and Gorkha districts will be covered with the support of IOM. Through internal funding, PIN has further scaled the

³<http://www.aljazeera.com/news/2015/08/nepal-human-trafficking-150825073159077.html>;
<http://kathmandupost.ekantipur.com/news/2015-05-29/quake-increased-human-trafficking-risk-maiti-nepal.html>

⁴ A Study on Gender-Based Violence Conducted in Selected Rural Districts of Nepal, Government of Nepal (2012)

⁵ A Study on Gender Based Violence in Selected Rural Districts of Nepal, Government of Nepal (2012)

⁶ Women's and Girls' Security Assessment Report. Bode IDP Camp, People in Need (2015)



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program to cover 10 VDCs in Sindhupalchowk that were identified by various protection actors as locations where women and girls had the highest needs for protection initiatives. The programme is being implemented in collaboration with an established protection NGO that works in Sindhupalchowk: Gramin Mahila Srijansil Pariwar (GMSP).

The project's main objective is to address the needs of women, girls and children through the provision of appropriate services, including trainings, awareness raising and/or enabling access to relevant referral pathways, and the empowerment of pre-existing women-led social structures to address their own security concerns. The key activities of the project include:

1. Establishment and training of Safety Committees that address women and girls' protection needs from representatives of Mothers Groups, female community health volunteers, and other women leaders in the community.
2. Participatory, community led assessments, mapping, and intervention on insecurities faced by the women and girls through the provision of small scale conditional cash grants to enable the committees to address insecurities they collectively identify.
3. Regular monitoring of the community's protection situation, identification of gaps in service provision, case & referral support, connecting people with other relevant and needed resources, and relevant advocacy and awareness efforts based on the current situation at the most grassroots level.

Methodology & Demographics of Respondents

As part of the implementation of Her Safety in VDCs, PIN conducted a baseline assessment to both determine the situation of women within the targeted VDCs and to assess the appropriateness of the program's modality. The survey (Appendix A) was initially intended to be conducted in all ten targeted VDCs (Annex B); however, due to inaccessibility and safety concerns during the monsoon the survey was conducted in seven of them: Ichok, Kiul, Fulpinkot, Hagam, Baramchi, Chokati, and Kathali VDCs. Golche, Gumba and Pangtang VDCs were not assessed though the program is also being implemented there. Enumerators were given a training on the survey, training on Open Data Kit (ODK Collect)⁷, respondent confidentiality, and instructed on what to do in the event that their respondent disclosed SGBV and requested referral. Some of the enumerators were from the district and could speak local mother tongues (Tamang) and administered the survey in Nepali or Tamang; whichever was more comfortable for the respondents. Key terms were translated into Nepali language commonly used in the communities as opposed to legal or technical terms and definitions. Enumerators surveyed women and girls from different households to the best of their abilities though some overlap may have occurred. A purposive sampling was used targeting girls, elderly women, and Dalit respondents. Using snowball sampling,

⁷ The survey was programmed with ODK Collect open source software and enumerators entered the data on smartphones. The ODK file is available for use upon request.



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enumerators assessed women in wards, as long as they were not from the same households. The enumeration occurred between July 18th and August 25th 2015, before the initial training of Her Safety began. For the purposes of this report, girls are considered as aged 18 and below. Questions with no replies were omitted from the analysis. In total 670 surveys were conducted and used for this report's analysis.

To complement quantitative data, our team conducted qualitative research: seven focus group discussions (FGD) in three target VDCs: Baramche, Hagam, Fulpingkot. Three of these were conducted with adult women, and four with adolescent girls, with a total of 87 participants. We did not have a major number of elderly women in both qualitative and quantitative approaches. The adolescent girls were students from grades eight to ten of local secondary schools, and the FGDs with women were facilitated with the help of social workers and teachers from the communities. In addition to this, PIN's local implementing partner, GMSP, also conducted qualitative "insecurity mapping exercises" and FGDs with women in all ten VDCs as part of the project's implementation.

Methodological Challenges

Perhaps the most important limitation of the survey is the context in which the survey was conducted. The initial aim of the survey was to establish a baseline before the Her Safety program was implemented, but beyond establishing a baseline there was also a need to collect relevant data that could further inform the current and future interventions of other protection actors. Many relevant questions were omitted from the survey due to the need to balance the time it took for enumerators to gather responses across as large areas as possible. Another major limitation is the lack of perspectives from men and boys, who were omitted due to time constraints. Ideally the survey should be tailored to different populations (low caste/high caste men, women, girls, and boys) to provide both overall indicators for comparison and specific indicators for different vulnerable populations. Despite their omission from our study, it is crucial that boys and men are included in prevention work and that protection programmes acknowledge and take into account men and boys' experiences of victimization – something PIN has included in Her Safety's implementation. However, for the purposes of this assessment it was decided to focus on women and girls as a key population most vulnerable to SGBV.

There were other numerous challenges to administering the survey and gathering data from the field. As mentioned, certain VDCs were not assessed because of the enumerators' safety concerns, primarily due to landslides and poor road conditions when travelling to remote areas. Additionally, despite being directed to target elderly women, the enumerators were unable to gather almost any responses from this demographic and the results therefore should not be considered inclusive of elderly women's security needs and concerns. Enumerators reportedly had difficulty assessing older women because many of them struggled speaking Nepali, suffered from hearing impairments and their ability to



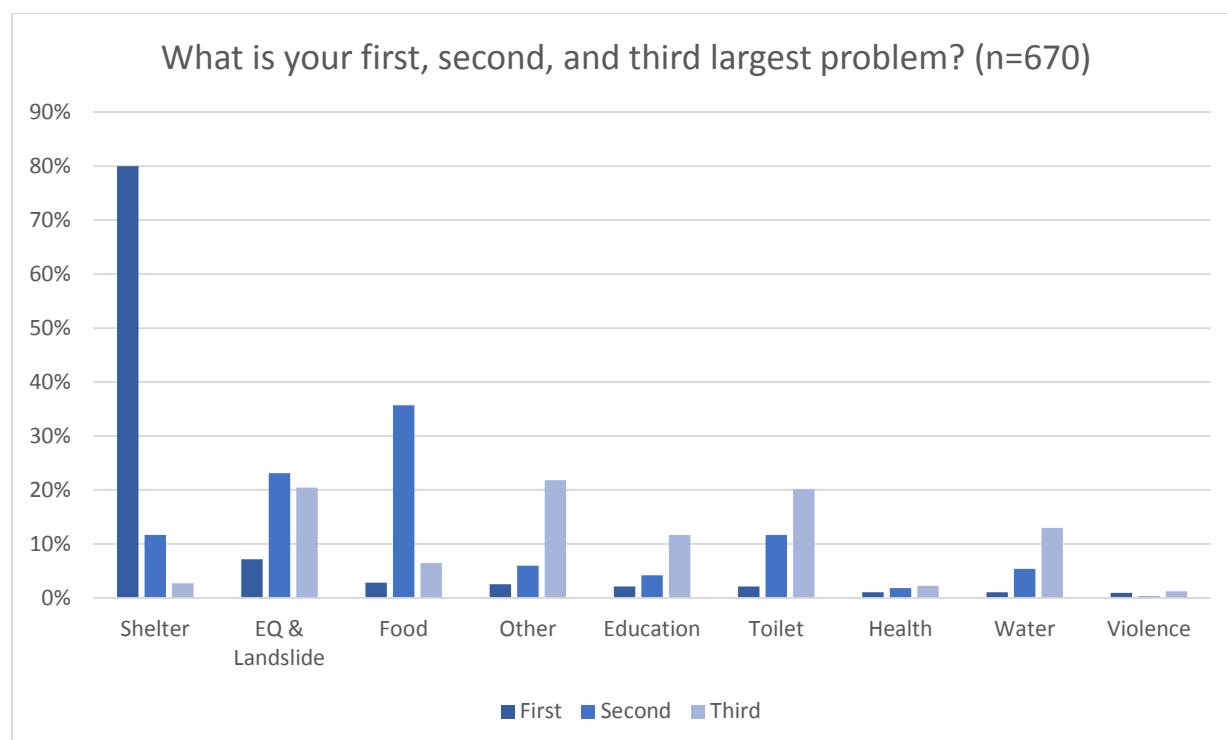
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understand what was being asked was limited. Some of this was due to language barriers⁸ but enumerators also reported that older women reportedly still didn't understand what was meant "harassment" or "verbal abuse," even after it was explained to them.

Because awareness and reporting rates of SGBV in Nepal are quite low, there is also the concern that the numbers collected are lower than the actual incidences of violence and insecurity that women and girls experience. In our methodology we tried to address this issue by only using female enumerators, only conducting the survey privately, and ensuring confidentiality of respondents by not recording any personal data. Enumerators explained that the survey was confidential and voluntary, and the terms when women didn't understand them; however, as mentioned, this was sometimes insufficient.

Priorities Post-Earthquake



Enumerators asked women and girls what their three largest problems currently were and their responses were coded into their corresponding sector of work. Overall 80% of women and girls listed shelter as their largest problem. While this reflects other current humanitarian needs surveys,⁹ what has yet to be determined is how much women's and girls' shelter need is linked to an increase in other particular vulnerabilities. For example, 18% of respondents said they feel "very unsafe" and 47% reported that they feel "unsafe"

⁸ Elderly women are more likely to speak a mother tongue language other than Nepali, such as Tamang.

⁹ For example, refer to OCHA's humanitarian surveys of earthquake affected districts.



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while changing their clothes. The linkage between shelter/privacy needs for women and their safety was confirmed in FGDs, where participants reported the lack of privacy, especially during menstruation and while sharing shelter with male relatives, as a major safety concern that makes them feel more vulnerable to various forms of SGBV.

A similar connection can be observed in the number of women and girls reporting issues surrounding access to toilets as their first, second or third largest problem. The survey did not attempt to determine whether women and girls who reported access to toilets as one of their largest problem perceived the problem as a hygiene issue or a safety issue. However, considering that toilets are an area where many women feel unsafe and vulnerable to violence,¹⁰ it is likely that these issues are also linked to increased vulnerability to SGBV post-earthquake. From our enumerators and other assessments, including the Government's Post Disaster Risk Assessment (PDNA)¹¹ it is clear that many people within earthquake affected VDCs have resorted to open defecation in forests and fields because of the lack of toilets. However, the severity of the problem as reported by women and girls may be because they are more vulnerable to SGBV when they use the toilet in the open, a toilet without locks, or a toilet in a dark area. This is supported by the evidence that 19% of respondents reported that they felt "very unsafe" and 62% reported that they felt "unsafe" when using the toilets. An additional 62% reported they felt "very unsafe" when in the forest and 31% reported that they felt "unsafe" – another finding potentially linked to open defecation (for more details around security mapping see section below).

FGDs and insecurity mapping exercises with women confirmed that their insecurity while using the toilets was due to the perceived threat of harassment and SGBV as opposed to other factors; other researches on Nepal further corroborate the fact that toilets are often sites where women experience harassment and abuse.¹² The lack of access to sanitation facilities was also repeatedly mentioned during the FGDs as a major concern – not only for women and girls, but also for infants and the elderly. Women and girls expressed the need for private toilets, which is a particular concern during menstruation. For example in one FGD, a participant said "There are no toilet and water facilities, which creates a big problem for women, girls, infants, and old people." In another FGD, adolescent girls reported: "For girls it is very difficult during menstruation. We have to share the same space with men of the house. We all use the same toilet and there are no water facilities. Some girls don't even go to school during menstruation because of these problems."

¹⁰ Women's Insecurities and the Workplace, Saferworld (2014)

¹¹ Post Disaster Needs Assessment. Government of Nepal. National Planning Commission. (2015)

¹² Women's Insecurities and the Workplace, Saferworld (2014)



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Girls' Education & Child Marriage

If we disaggregate the data surrounding first, second and third largest problems to examine adolescent girls' (respondents aged 18 and under) concerns, there are interesting findings to be made regarding girls' specific challenges following the earthquake. For example, education was listed by 5% of girls as their largest problem, 13% of girls as their second largest problem, and 26% of girls as their third largest problem – in total, as many as 44% of girls identified education as one of their three largest problems, compared to 6.35% of women aged over 18. This means that girls were seven times more likely than adult women to identify education as one of their top three largest problems. In FGDs, women stated that some parents had not sent their daughters back to school or had sent them “abroad” for work after the earthquake. Older women are perhaps less likely to list this as a problem since they are less likely to have attended school at all and are also not currently enrolled in school. However, while adult women did not often list education as one of their top three problems, during participatory mapping exercises they did identify schools as sources of insecurity for their daughters and girls in the community (discussed later).

Enumerators also asked about respondents' relationship status and whenever they reported that they had or were married they were also asked at what age this occurred. The legal age of marriage in Nepal is 18 with parental consent, and 20 without it; however the national rate of child marriage is currently 41%¹³ with a much higher rate in rural areas than in urban centres. In our baseline, the average age of marriage for married respondents was 18 years old, and 46% of respondents had been married before the age of 18. For married respondents who were under 30 years of age, the average age of marriage was slightly higher (18.8 years old versus 17.7 years old). This confirms that the targeted areas are above the national rate of child marriage, and that child marriage rates are still high even though they are declining among younger demographics. Despite these rates, 76% of respondents were aware of the legal age of marriage (18 years old) though whether participants learned this before their marriage or recently through advocacy campaigns is unclear.

During the FGDs, women confirmed that the occurrences of child marriage in their communities have decreased over the past years, but also acknowledged that the prevalence of early “love marriage” through elopement (as opposed to “arranged marriage”) is increasing; a trend also observed in other researches.¹⁴ In one VDC, adolescent girls reported that the trend of young girls and boys eloping has increased after the earthquakes – a concerning finding, considering the many negative health, livelihood, security and social consequences of child marriage.¹⁵ “Love marriage” and elopement has been rising within child marriages over the past years in Nepal, and is often used as a coping

¹³ Nepal Demographic Health Survey, Government of Nepal (2011)

¹⁴ Child Marriage in Nepal, Plan Nepal, Save the Children, World Vision International Nepal (2012)

¹⁵ Ibid.



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mechanism for girls who want to remove or escape their current situation for various reasons, such as the threat of an arranged marriage, social pressures, limited livelihood opportunities, abuse and so on.

The survey contained a series of questions that were only asked to girls (under 18) and were largely related to education. Of the 182 respondents to these questions, 153 (84%) were attending school before the earthquakes. Sixteen girls reported that they were no longer attending school after the earthquakes, a decrease of 10%. In FGDs, girls and women reported that they felt insecure on the way to school and were less likely to attend – as one adolescent girl reported: "We are afraid of being sexually harassed on the way to school." Risk of landslides was also identified as a contributing factor: "Children are more concerned about the safety on the way to school. They have fear of landslides. Till now they are not able to concentrate properly on their studies." Some participants said the parents were no longer sending their daughters to school, and in one FGD they elaborated on the issue of parents sending their adolescent daughters abroad: "Instead of sending girls to school [parents] are sending them for foreign employment."

Girls were asked how many students were missing from their school and of these students how many were girls. Girls reported that on average 3.7 students were missing from school and that on average 2.4 of those students were girls (65% of the reported dropouts). When asked why girls were no longer attending school, 19.6% of the 46 girls who responded reported that they believed it was because they had already been married since the earthquake and subsequently dropped out of school. While this data is not conclusive because it is difficult to compare this to the pre-earthquake rate and age of marriage before the earthquake, it suggests that child marriage is possibly occurring at a higher rate compared to the time immediately before. More extensive research is needed to explore how families might resort to child marriage and trafficking as a negative coping mechanism following the earthquake. This risk is likely to increase as families exhaust different positive and negative coping mechanisms.

Insecurity Mapping

As part of the implementation of the program and this study, PIN's enumerators and field staff engaged women in a discussions about how women's and girls' feelings of safety varied according to location and times of day. Overall, 22% of women and girls reported that they felt "very safe" and another 74% reported that they felt "safe" before the earthquake. After the earthquake, 74% of women and girls reported that they felt unsafe and an additional 18% said that they felt "very unsafe," a total of 91% respondents. Compared to other studies conducted before the earthquake on women's safety,¹⁶ it is clear that many women and girls didn't feel safe prior to the earthquake. The change that respondents reported

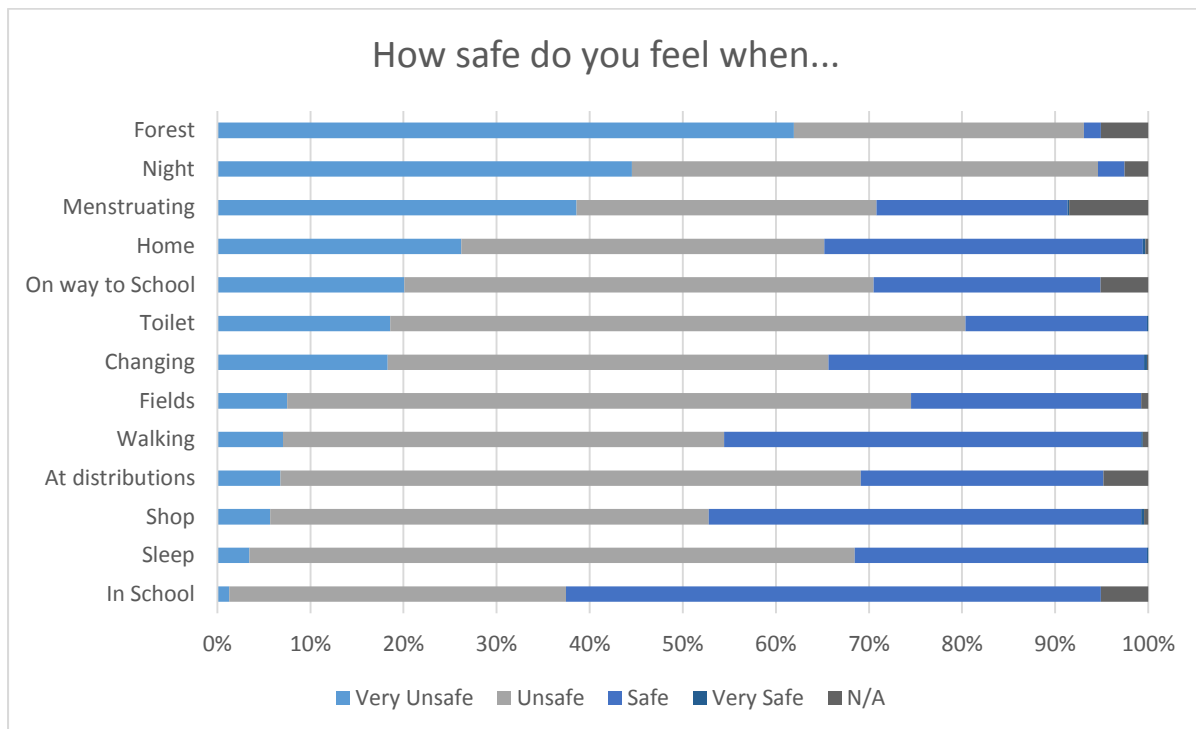
¹⁶ Women's Insecurities and the Workplace, Saferworld (2014)



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indicates respondents' perception of the deterioration of their safety compared to before the earthquake instead of evidence that women and girls were safe before the earthquake. When respondents were asked about specific locations and times of days they reported their safety differently:



In terms of specific perceptions of insecurities surrounding various times and locations, the survey did not attempt to gather information on the sources of respondents' insecurities because the potential responses were too numerous;¹⁷ however, the FGDs and security mapping exercises supported an interpretation that women's perception of security and safety was largely based on where and when they felt most vulnerable to SGBV. This is further supported by the fact that all of the times and places women felt most insecure have been linked to SGBV risk factors in researches conducted in Nepal prior to the earthquake (night time, while changing clothes, during menstruation, etc.). Clearly, women did not report feeling very safe during the above activities and in the places assessed.

Interestingly, the third highest time or place of insecurity for women was during their menstruation, after being in the forest and during night time. Because of traditional notions of impurity surrounding menstruation, some communities in Nepal practice certain restrictions for menstruating women and girls, for example not being allowed to read or sleep inside of their home. This survey did not seek to explore the details behind menstrual restrictions in the different VDCs because they vary so extensively between and even within communities and families. However, we can say that the cultural practices around

¹⁷ In order to have usable quantitative data the survey had to have a limited number of potential responses.



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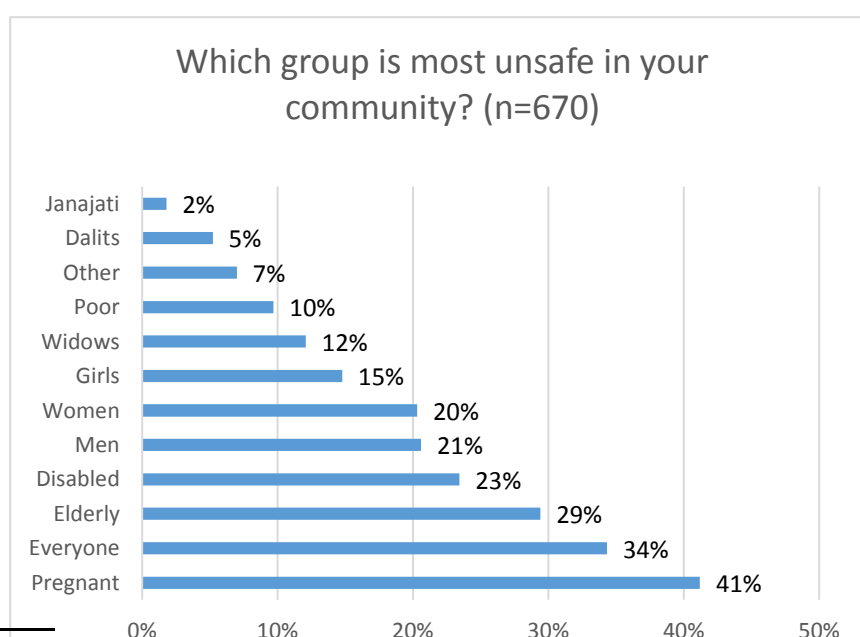
menstruation clearly increase women's feelings of insecurity and certain restrictions, such as sleeping in a different location during menstruation, also increase women's vulnerability to different forms of harm and/or SGBV. Lack of sanitation facilities and adequate, private shelter that cause difficulties with menstrual hygiene management in the post-earthquake context certainly adds to their insecurity. This was corroborated by almost all participants in FGDs. More research is needed to determine how menstruation and menstrual restrictions impact women's security following the earthquake.

While school was identified as safe by a majority (57%) of respondents, a large percentage of respondents reported that it was an unsafe place: 37% of respondents reported that they felt "unsafe" and 1% said that they felt "very unsafe" in schools. Eight out of ten safety committees identified schools as sites of frequent sexual abuse during participatory mapping exercises and 2% of girls reported the school as "very unsafe." During insecurity mappings, women reported that male teachers, as opposed to peers, inappropriately touched girls: "sometimes teachers touch [girls] with the expectation of sex".

From the discussions it was unclear how much of this was a perceived risk or an actual experience that many families had witnessed or known about. However, according to a study of school related gender based violence, as many as 9% of Nepali students reported experiencing sexual violence in their school in the last six months, and 47% reported experiencing physical violence.¹⁸ Qualitative data confirms that the use of corporal punishment, although legally banned, is often seen as a standards practice among teachers, students and parents alike.

Vulnerability according to respondents

The survey also asked respondents to map which groups they felt were most unsafe or at risk in their communities and respondents were allowed to list multiple groups of people. More than one third of respondents stated that everyone was currently equally unsafe, meaning that these



¹⁸ Are School Safe and Equal Places for Girls and Boys in Asia? Research Findings on School-Related Gender-Based Violence. Plan International and International Center for Research on Women (2015)



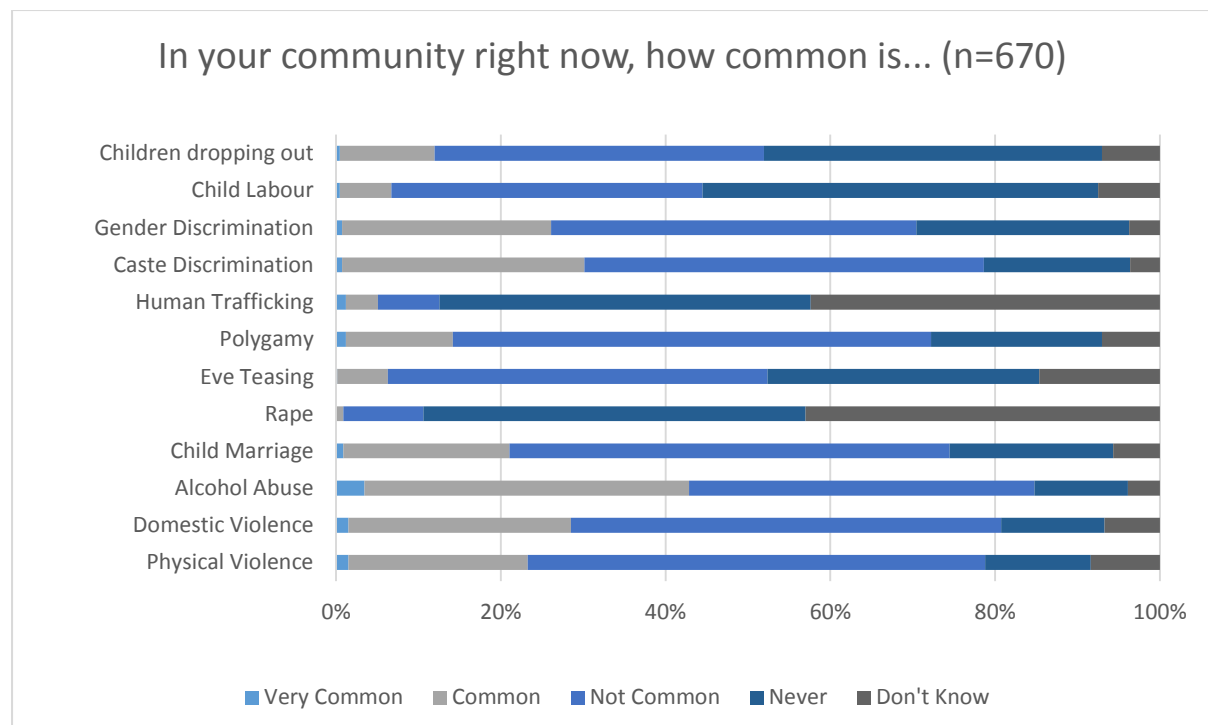
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respondents perceived the same level vulnerability for everyone. This being said, pregnant women, disabled people, and the elderly were identified by respondents to be at greater risk. Men were also identified as unsafe by 21% of respondents, nearly equal to the 20% of respondents who identified women as “unsafe.” This was because many women reported men were involved in dangerous work, such as debris clearance, reconstruction etc.

Perceptions of the Prevalence of Violence

Our survey also sought to explore women’s and girls’ perceptions (rather than actual prevalence) of violence within their community and how this has changed since the earthquakes. During the FGDs, both women and girls identified and reported high rates of SGBV in their communities as one of the major sources of insecurity that has continued after the earthquake. Alcohol abuse was identified as an important factor in the cycle of violence, as were men and boys who were reportedly engaging in gambling after the earthquakes, though this was also reported a problem prior to the earthquake. Women stated that as a result of the earthquake, many men are depressed and frustrated, and that they “take it out” on women and girls through violence and harassment. Some of these abuses were reported to be linked with the cash assistance provided by various actors in the emergency response.



Respondents identified alcohol abuse, caste discrimination, gender discrimination, domestic violence, physical violence and child marriage as the most common of surveyed issues. Any time surveyors from outside the community attempt to explore the prevalence of violence,



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there is a tendency or desire for many communities to “keep issues internal” – especially highly sensitive issues such as rape and trafficking. Additionally, stigma surrounding various forms of SGBV causes challenges in exploring them via surveys. This is perhaps reflected in our data, where a high number of women reporting they either don’t know how common rape or human trafficking is in their VDC or that such events “never” happen. This is contrasted to the fact that less than 1% of women said that sexual harassment “never happens” when asked “what happens when there is sexual harassment.” Such high rate of responses suggest that many women may still be unaware of how to identify such cases, what constitutes rape or trafficking, and taboos surrounding survivors of such forms of violence – none of which are new phenomena within Nepal’s context.¹⁹

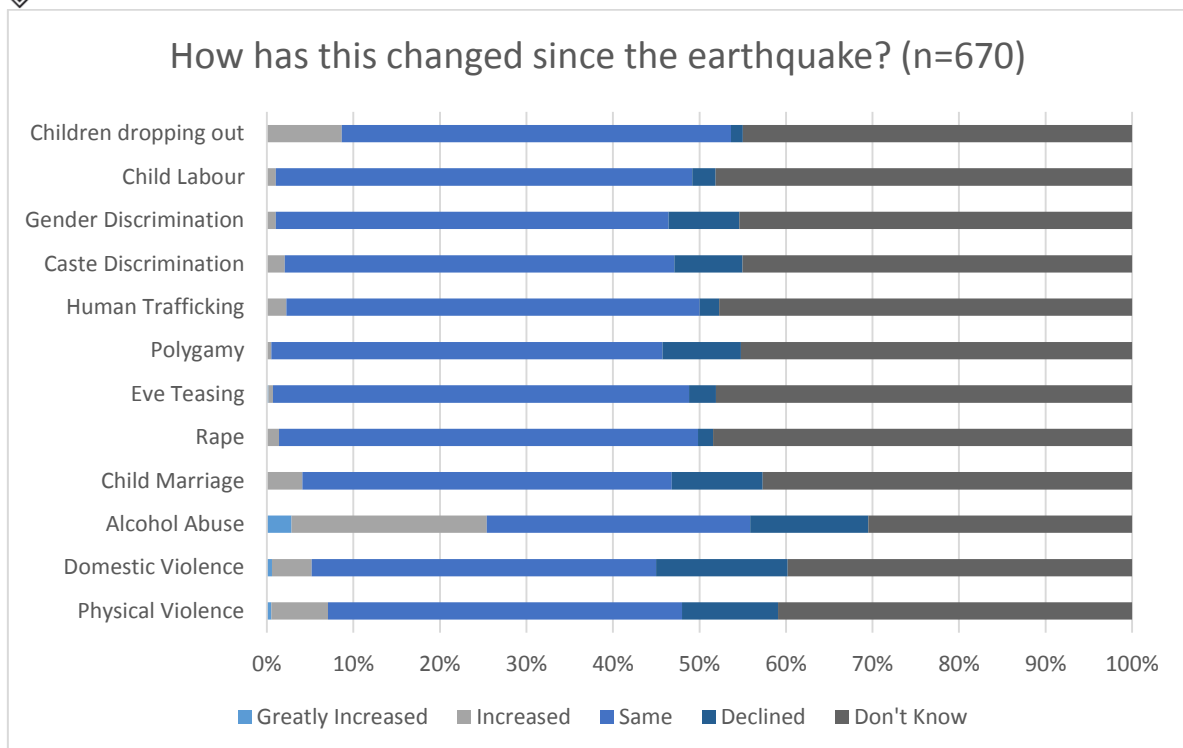
Perhaps an illustrative example of this dynamic can be observed in Ichok VDC, which has historically high rates of trafficking that have resulted in both media publicity and interventions. Many actors, both state institutions and NGOs, have conducted various awareness campaigns and initiatives to address the problem within the VDC. Among the 95 respondents from Ichok VDC, 8% identified human trafficking as “very common” and 20% as “common,” compared to averages of 1% and 4% respectively across all seven VDCs. Another 5% also identified rape as “common.” Within this VDC, 19% of respondents said that human trafficking had “increased” since the earthquake (compared to 3% of respondents across 7 VDCs), 11% reported that rape has increased (compared to 2% of all respondents), and 14% said there is an increase in the number of children not attending school (compared to 6% of all respondents). If we assume that Ichok is an example of a VDC where there is greater awareness around and willingness to report SGBV because of the prior interventions before the earthquake, then we clearly see a difference in the perceptions of violence in the aftermath of the earthquakes among women and girls who are better equipped to identify and report such instances, even if only to enumerators within an anonymous survey.

¹⁹ See the section on “Methodological Challenges” for how PIN tried to address this issue.



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From a protection perspective, one of the largest challenges following the earthquake has been establishing whether various forms of SGBV have actually increased as a result of the disaster and its effect on families. From 670 respondents, large numbers of women and girls reported that they were uncertain over whether different rates of violence increased after the earthquake. In most cases, around 40% of respondents said that they did not know whether the prevalence of the various issues above had changed. This could be because many women may not share their abuse with other women in their community given the social norms surrounding experiences of SGBV. Another likely reason is that many women and girls are not taught to identify SGBV within their community to begin with – this is particularly the case with trafficking.

However, what can be determined is that many women reported that the SGBV rates are at least the same as they were prior to the earthquakes – suggesting that the needs for interventions in these arenas are at least consistent with assessments and researches prior to the earthquake. These forms of SGBV may increase as the families exhaust both positive and negative coping mechanisms and as livelihood pressures and food insecurity continues. There is also a common belief that married, adolescent girls are safer than their unmarried peers which may encourage adolescents to elope and families to marry their daughters and play a role in any potential increase in the rate of child marriages.²⁰

²⁰ Married women and girls are commonly believed to be safer than single girls in Nepal because they are under the protection of a man.



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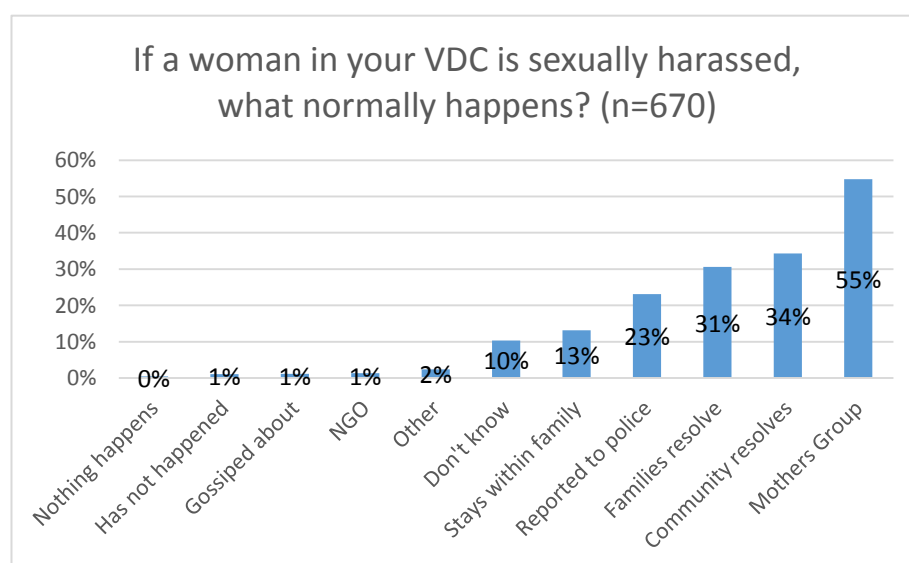
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One issue that women did recognize as clearly having increased was alcohol abuse.²¹ During the FGDs, women said that men purchase and consume alcohol in higher rates, despite the fact that it is reportedly three times as expensive as before. Both women and girls linked increased alcohol consumption to a higher risk of violence and sexual abuse and lower productivity. One group stated: “alcoholism and gambling have increased a lot after earthquake. Men don’t do any work. There is less work in the fields because many have left their fields barren. [Men] don’t help with the household work. Most of the time they are engaged in drinking and gambling. They drink alcohol even though it’s three times more expensive than before.” During one of the FGDs, women agreed that a possible solution was to ban alcohol sales and some of the committees formed through Her Safety are including alcohol awareness activities in their work.

Local Level Response to SGBV & Actors

What happens when there is violence?

In order to assess women’s access to services when they experience SGBV, enumerators asked several questions about what normally happens and who is involved when SGBV does occur. Of 670 respondents, 77% reported that they knew what to do if they experienced violence, including domestic and sexual, and 7% said that they “maybe” knew what to do. Worryingly only 51% of respondents stated that they had someone to talk to “when they felt unsafe” in general; 10% of respondents said that this was only sometimes the case and the remaining 39% said that they did not have someone to talk to when they felt unsafe. The actual number of women who would share their insecurities and actual experiences of SGBV with a friend is most likely even lower than this rate. This low confidence in women’s perceived capacity to report their own experiences perhaps explains why many women “don’t know” whether violence has increased in their communities since the earthquake and suggests that more work is needed to build safe, confidential networks of women trained to



²¹ Whether this is at all linked to the government multi-purpose cash grant or cash-grants by other actors, is something that has been anecdotally reported but is unclear and not determined by this survey.



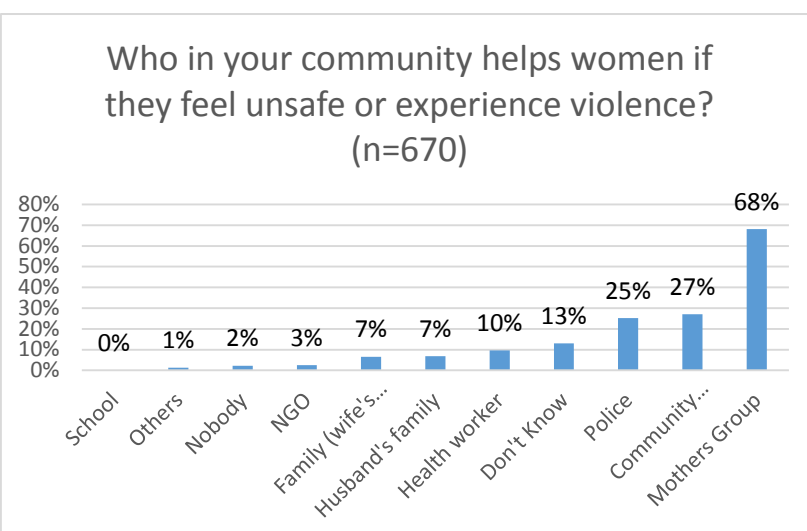
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support SGBV survivors at the most grassroots level.

There were a number of ways in which SGBV is resolved and respondents were given the option to list multiple actors who are involved and actions that may take place. In contrast to earlier responses about the prevalence of different forms of violence, very few respondents said that sexual harassment does not happen. Among all the potential options, the majority of respondents said that their Mothers Group (Ama Samuha) is involved in responding to instances of sexual harassment. To a lesser extent, the police, concerned families, and the “community” were all identified as playing a role in the resolution of violence. It is important to note that while Mothers Groups were frequently reported to be involved, this does not indicate how their support is perceived by survivors and other actors or whether they are providing support according established guidelines for SGBV survivors and relevant laws. Recalling that 61% of women in Nepal are unaware of any laws related to SGBV, it is unlikely that this is the case.

In some of the FGDs, women confirmed that police and women’s groups help to resolve cases of SGBV, “but only if the survivor seeks help.” Women in one of the FGDs stated that women’s groups only help in cases that are related to their members, while other cases are typically handled by the police. Some FGDs participants reported that Mothers Groups were not active in their VDC and as a result people do not seek their help. Another group of women reported that in their VDC men sometimes threaten women’s groups or Mothers Groups when they try to intervene in SGBV related cases.



We also asked respondents who in their community helps women when they feel unsafe or experience violence (not necessarily SGBV). Again respondents overwhelmingly listed Mothers Groups as the leading actor who would help a woman if they felt unsafe or had experienced sexual harassment.²²

Since many instances of SGBV are criminal under the legal code of Nepal and can therefore be addressed through official state services, the survey also sought to determine the respondents’ level of trust in the police. When asked whether respondents “trusted the police to help women and girls if they experience violence,” nearly 60% of respondents



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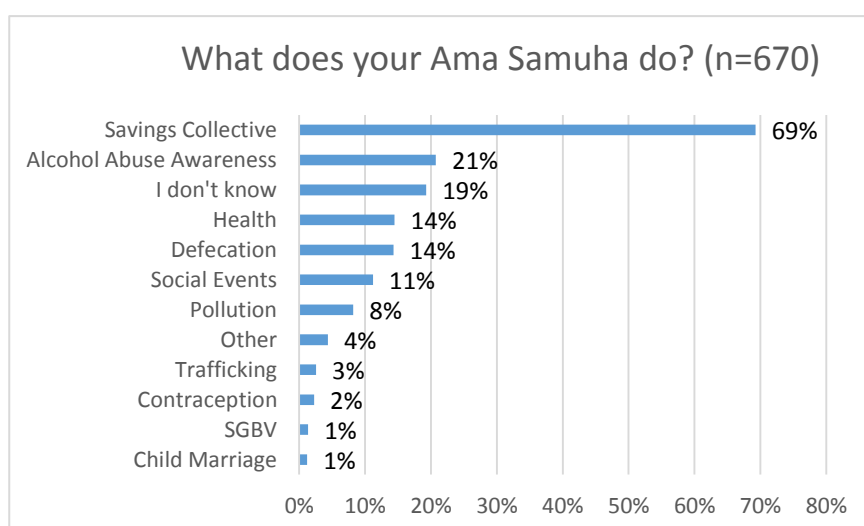
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stated that they do trust the police and 30% said that they would sometimes trust the police. However, among 59 Dalit respondents, only 46% said that they trust the police and 37% reported that they would only sometimes trust the police in such an instance. The survey results also indicate low awareness of formal state and non-state support systems, other than Mothers Groups and police. Only 10% of respondents said health workers were available to help SGBV survivors, and only 3% reported NGOs as a source of assistance. These figures point to low awareness of available resources for survivors or potentially a perception that the quality of services provided by non-state actors is low.

Mothers Groups

Since Her Safety is being implemented through existing structures, most importantly Mothers Groups, the survey also sought to explore respondents' perceptions of their respective VDC's Mothers Group and whether they were perceived as legitimate actors to respond to women's and girls' concerns. As is evident from the above section on what happens when violence does occur, Mothers Groups are already a leading actor involved in resolving instances of women's insecurities at the local level as identified by respondents.

According to research on Mothers Groups in Morang district,²³ Mothers Groups there made many contributions to various sectors, including awareness raising programs, heritage conservation programs, and savings collectives. However, according to the same research their work was hampered by several key challenges. One major concern falls into the category of internal disputes within the Mothers Groups themselves and in some cases the problem of a few dominant community members preventing a more inclusive organization,



which can manifest in various forms of discrimination.

However, according to the study, the larger issue Mother Groups faced was the lack of capacity and formalization in the groups themselves. The research pointed out that they lacked relevant management

skills and organization, lacked rules and regulations for their groups, and in general were poorly networked with other women's organization on a formal level. They also lacked funding and even though in Morang there was a 30,000 rupees annual allocation for

²³ Energizing Social Mobilization of Women through Aama Samuha (Mothers Group): A Case of Morang District. 2009. Purna Kumari Lingden



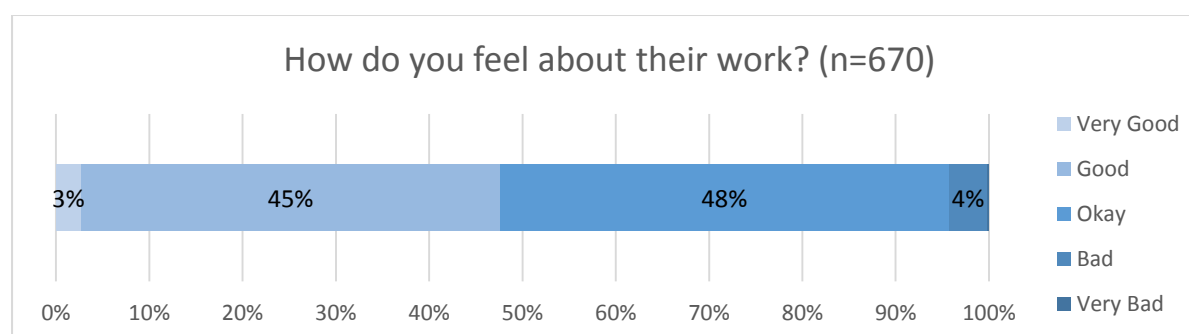
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women's development, Mothers Groups were unaware of the fund and how to access it. Mothers Groups are rarely trained to respond to the wide range of issues they deal with even though they are identified as relevant actors in many communities. Other actors highlighted that while women's groups were involved in instance of SGBV, they were sometimes involved in a way that reiterated victim blaming and other harmful gender stereotypes.²⁴

PIN's survey respondents also reported that Mothers Groups were involved in many different arenas of work. They were most often reported to provide loans and financial assistance to saving collective schemes. However, they were also known to be involved addressing and raising awareness around alcohol abuse, which is a key issue that women identify as linked to their security. Almost one fifth of respondents reported that they didn't know what their Mothers Group did, which perhaps reflects that in some VDCs Mothers Groups are inactive across any of these arenas due to the issues discussed above.

Over 80% of the respondents reported that they knew who in their ward was a member of their Mothers Group. When asked about their work, none of the respondents reported that their work was "very bad;" rather, nearly 50% reported that their work was either "very good" or "good" and an additional 48% said that they were "okay." Only 4% of respondents felt that their Mothers Group's work was "bad." In these instances, 85% of the time respondents stated it was because they were "inactive."



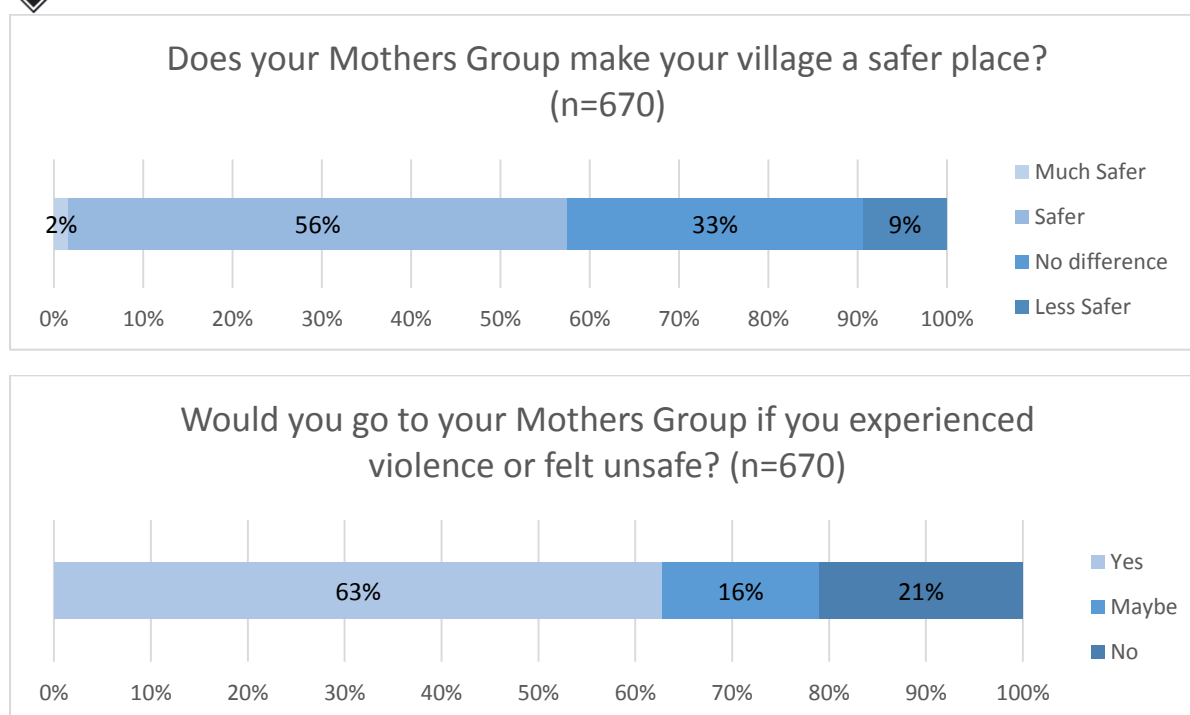
Majority of respondents stated that they would go to their Mothers Group if they felt unsafe or had experienced violence (63%) with additional 16% saying that they would "maybe" approach a Mothers Group. An additional 56% of respondents stated that Mothers Groups made their village a safer place (2% said "much safer"), and the second largest group (33%) felt that they made no difference. There were a few respondents who said that the Mothers Group made their village less safe and zero respondents felt that they made their village much less safe.

²⁴ Personal correspondence with Saferworld concerning masculinities research.



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Based off these findings, PIN intends that Her Safety address the pre-existing problems with Mothers Groups, namely that they are either inactive and need capacity development in order to be more effective in addressing SGBV in their communities. The necessary support includes both resources and trainings – ideally over longer periods of time. According to the data collected, Mothers Groups are already a leading actor in these cases and as a result existing and future interventions can be strengthened by formally coordinating and supporting their work – something that has been recommended in other researches related to SGBV response and prevention.²⁵ There are several advantages to this approach: building capacity of local, existing structures guarantees sustainability; their knowledge of local communities ensures cultural sensitivity and enhances their effectiveness in addressing sensitive issues; developing members' skills and capabilities potentially contributes to overall empowerment of women and gender equality.

Recommendations

The recommendations were discussed and finalized during a workshop with representatives of various stakeholders, including NGOs, INGOs and the relevant UN agencies.

- A standardized, national-level data coordination and collection system on various forms of SGBV, which would compile reports to the police, numbers of cases prevented (e.g. trafficking or child marriage) and numbers of survivors who seek help

²⁵ How can you be a marda if you beat your wife?, Saferworld (2014)



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from service providers. This would allow for identification of trends, groups and individuals vulnerable to certain forms of SGBV, as well as inform program design.

- More work with women and girls is needed to build their capacity and willingness to report their insecurities and experiences of violence. While this includes work with state actors to respond sensitively to women and girls' reports, women and girls themselves need to be made aware of legal provisions and available services. They also need to be capacitated and empowered in order to feel confident in their ability to report and address violence.
- Shelters actors should ensure their work fully complies with SPHERE guidelines, in particular, recommendations that concern the safety and privacy of shelters for women, including the need for "internal subdivisions."
- WASH cluster members should also review SPHERE guidelines and ensure that their interventions both meet SPHERE guidelines and take into account the insecurity women and girls are experiencing when using WASH facilities and incorporate context specific measures to enhance women and girls' security within their existing interventions.
- Adherence to SPHERE standards must be encouraged across all sectors, and the protection cluster should help ensure that such efforts are mainstreamed within existing interventions according to their cluster, including 4W reporting and other monitoring and evaluation tools.
- Many of the issues of this report highlight the need for better gender mainstreaming in different clusters, especially WASH and Shelter interventions. The protection cluster should develop a list of Nepal-specific recommendations and guidelines on how different clusters should gender mainstream their interventions and monitor the progress of the clusters in adopting these recommendations.
- Women and girls' security needs are complicated and intersectional. Women and girls at the most local level should lead the process of identifying which solutions will have the greatest impact on their safety and security in the short, medium and long term.
- Stakeholders should work with existing actors involved in SGBV cases at the most local level (e.g. Mothers Groups, teachers, Female Community Health Volunteers) to develop their capacity to respond to SGBV in line with international guidelines and standards, such as right to privacy and confidentiality. The work of these stakeholders should be monitored to ensure their adherence to these standards and their mandate.
- More formalized relationships and interaction programs between police and grassroots women's networks, such as Mothers Groups and Female Community



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Health Volunteers, should be developed. This will allow for better of monitoring and response to SGBV.

- Initiatives like One Stop Crisis Management Center or Women and Children Police Cells, which comply with woman centered approach in responding to SGBV, seem to not be widely known among women and girls. Remote and rural communities' access to information and awareness of state and non-state services should be developed through campaigns led by women and other actors at the most local level.
- Future researches are needed to better understand men and boys' security and how it relates to the security and insecurity of women and girls within the current context. Boys and men also need to be included within protection interventions.
- In the long term, SGBV is systemic and needs to be addressed holistically through community-wide initiatives that involve men, women, boys, and girls – as well as state and non-state actors. The humanitarian response should seek to link short and medium term efforts to the longer process of social transformation.



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Appendices:

Appendix A: Survey Questionnaire

1.0 Consent:

- a. Do you understand this interview is confidential? Explain confidentiality (*gopanyeta*)
 - i. Yes
 - ii. No
- b. Do you agree to participate in this survey about women and girls security?
 - i. Yes
 - ii. No

1.1 Basic Demographic Info:

- a. VDC
 - i. Gumba
 - ii. Golcha
 - iii. Ichok
 - iv. Kiul
 - v. Fulpinkot
 - vi. Hagam
 - vii. Pantang
 - viii. Baramchi
 - ix. Chokati
 - x. Karthali
- b. Ward:
- c. Age:

1.2 Vulnerable Criteria

- a. Are you in charge of your household?
 - i. Yes
 - ii. No
- b. Janjati?
 - i. Yes
 - ii. No
- c. Dalit?



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- i. Yes
- ii. No
- d. Disabled? (*Apanga*)
 - i. Yes
 - ii. No
- e. Chronically ill? (*Dirgha kalin rog*) Explain: disease that requires lifelong medicine)
 - i. Yes
 - ii. No
- f. Pregnant? (*Garbawati*)
 - i. Yes
 - ii. No
- g. Breastfeeding? (*Stanpan/dudhebalak*)
 - i. Yes
 - ii. No
- h. Have three or more children under five?
 - i. Yes
 - ii. No

1.3 Relationship and Education

- a. What is your relationship status?
 - i. Single (*Abibahit*)
 - ii. Married (*Bibhahit*)
 - iii. Dating (*Prem sambanda*)
 - iv. Divorced (*Chod patra*)
 - v. Widow (*Bidhava*)
- b. At what age did you get married?
- c. What class did you finish school? (Mark 0 if they haven't attended school)

1.4 Girl Specific Questions (respondents aged 18 or under)

- a. Were you going to school before the earthquake?



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- i. Yes
 - ii. No
- b. Are you going to school now?
 - i. Yes
 - ii. No
- c. If not, why?
 - i. Too busy with chores/work
 - ii. Too far from home
 - iii. Too unsafe
 - iv. Afraid of aftershock/landslides
 - v. Parents afraid to send
 - vi. School closed
 - vii. Moved out of VDC
 - viii. Moved out of country
 - ix. Don't know
 - x. Other.....
 - xi. If unsafe, why?
- d. How many students are missing from your school? (Leave blank if don't know)
.....
- e. How many of them are girls? (Leave blank if don't know)
.....
- f. Why aren't girls attending school?
Do not read answer to respondent, wait for her to answer. Leave blank if don't know
 - i. Too busy
 - ii. Too far from home
 - iii. Too unsafe
 - iv. Afraid of aftershock/landslides
 - v. Parents afraid to send
 - vi. School closed
 - vii. Moved out of country
 - viii. Don't know
 - ix. Other:



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2. Knowledge and Attitudes

- a. Do you have someone to talk to when you feel unsafe? (*Asurakshit*)
 - i. Yes
 - ii. No
 - iii. Sometimes

- b. What is the legal age of marriage in Nepal? (*Kanuni umer*). Write 0 for doesn't know

- c. Is it okay for a husband to hit his wife? (*Buda le budilai kutne*)
 - i. Yes
 - ii. No

- d. Do you know what to do if you experience violence (including domestic and sexual)? (*Gharelu ra yon*)
 - i. Yes
 - ii. No
 - iii. Maybe

- e. If woman in your VDC is sexually harassed, what normally happens? (*Yon hinsa*)

Do not read answers to respondent, wait for her to answer.

 - i. Don't know
 - ii. Hasn't happened
 - iii. Families resolve
 - iv. Nothing happens
 - v. Reported to the police
 - vi. Ama Samuha
 - vii. Reported to organization
 - viii. Stays within family
 - ix. Gossip
 - x. Other

- f. Who in your community helps women if they feel unsafe or experience violence? Do not read answer to respondent, wait for her to answer.
 - i. Don't know
 - ii. Police



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- iii. Health worker
- iv. Ama Samuha
- v. School staff
- vi. Community leaders
- vii. Family (husband's)
- viii. Woman's family (*Maiti*)
- ix. Organization
- x. Nobody
- xi. Other

g. Do you trust the police to help women and girls if they experience violence?

- i. Yes
- ii. No
- iii. Sometimes

3.1 In your community right now, how common is...

a. Physical Violence outside of home (*Himsa*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Huncha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

3.2 In your community right now, how common is...

a. Domestic Violence (*Garilu himsa*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Huncha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)



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v. Don't know (*Taha chhaina*)

a. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

3.3 In your community right now, how common is...

a. Alcohol abuse (*Matera jai jhagda*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Huncha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

3.4 In your community right now, how common is...

b. Child marriage (girls under the age of 18 getting married) (*Bal bibaha*). Explain if necessary

- i. Very common (*Dherai hunchha*)
- ii. Common (*Huncha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

c. Has this changed since the earth quake?

- i. Greatly increased
- ii. Increased
- iii. Same



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- iv. Declined
- v. Don't know

3.5 In your community right now, how common is...

- a. Rape (*Balatkar*) Explain if necessary.
 - i. Very common (*Dherai huncha*)
 - ii. Common (*Huncha*)
 - iii. Not Common (*Kaile kai*)
 - iv. Never (*Kailepani hunna*)
 - v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

3.6 In your community right now, how common is...

- a. Eve teasing/harassment (*Jiskaune/chune*)
 - i. Very common (*Dherai huncha*)
 - ii. Common (*Huncha*)
 - iii. Not Common (*Kaile kai*)
 - iv. Never (*Kailepani hunna*)
 - v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Decline
- v. Don't know

3.7 In your community right now, how common is...

- a. Polygamy (*Bahubibha*)



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- i. Very common (*Dherai huncha*)
- ii. Common (*Huncha*)
- iii. Not Common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this change since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Decline
- v. Don't know

3.8 In your community right now, how common is...

a. Human trafficking (*Manav bechbikham*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Hunchha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

3.9 In your community right now, how common is...

a. Caste discrimination (*Jatiye bhedbab/chuwachut*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Hunchha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)



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b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Decline
- v. Don't know

3.10 In your community right now, how common is...

a. Discrimination against women and girls (*Mahila tatha balika birudh bhedbab*)

- i. Very common (*Dherai hunchha*)
- ii. Common (*Hunchha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

a. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Decline
- v. Don't know

3.11 In your community right now, how common is...

a. Children working in other people's homes (*Bal shramil-aruko ghar ma kam garne bal-bachna*)

- i. Very common (*Dherai huncha*)
- ii. Common (*Hunchha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined



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v. Don't know

3.12 In your community right now, how common is...

a. Children not going to school

- i. Very common (*Dherai hunchha*)
- ii. Common (*hunchha*)
- iii. Not common (*Kaile kai*)
- iv. Never (*Kailepani hunna*)
- v. Don't know (*Taha chhaina*)

b. Has this changed since the earthquake?

- i. Greatly increased
- ii. Increased
- iii. Same
- iv. Declined
- v. Don't know

4. Safety and Security

a. How safe did you feel before the earthquake?

- i. Very safe
- ii. Safe
- iii. Unsafe
- iv. Very unsafe
- v. N/A

b. How safe do you feel now?

- i. Very safe
- ii. Safe
- iii. Unsafe
- iv. Very unsafe
- v. N/A

4.1 What are the three biggest problems that make you feel unsafe?

a. First largest problem (open question):

- i. Shelter/Home
- ii. Sickness/Injury
- iii. Food



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- iv. Violence (including domestic)
- v. Earthquake / Landslides (*Bhukampa/Pairo*)
- vi. Education
- vii. Water
- viii. Toilet/Hygiene
- ix. Trafficking
- x. Alcohol abuse
- xi. Money and livelihood (*Paisa Kamaune*)
- xii. Contraception (*Garbhanirodak*)
- xiii. Child Marriage
- xiv. Harassment
- xv. Theft
- xvi. Don't know
- xvii. Other
- xviii. Specify other

b. Second largest problem (open question):

- i. Shelter/Home
- ii. Sickness/Injury
- iii. Food
- iv. Violence (including domestic)
- v. Earthquake /Landslides (*Bhukampa/Pahiro*)
- vi. Education
- vii. Water
- viii. Toilet/Hygiene
- ix. Trafficking
- x. Alcohol abuse
- xi. Money and livelihood (*Paisa kamaune*)
- xii. Contraception (*Garbhanirodak*)
- xiii. Child Marriage
- xiv. Harassment
- xv. Theft
- xvi. Don't know
- xvii. Other
- xviii. Specify Other

c. Third largest problem (open question):

- i. Shelter/Home



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- ii. Sickness/Injury
- iii. Food
- iv. Violence (including domestic)
- v. Earthquake /Landslides (*Bhukampa/Pahiro*)
- vi. Education
- vii. Water
- viii. Toilet/Hygiene
- ix. Trafficking
- x. Alcohol abuse
- xi. Money and livelihood (*Paisa kamaune*)
- xii. Contraception (*Garbhanirodak*)
- xiii. Child Marriage
- xiv. Harassment
- xv. Theft
- xvi. Don't know
- xvii. Other
- xviii. Specify Other

4.2 Source/Cause of insecurity, person or group

- a. Is there any person or group that makes you feel unsafe?
 - i. Yes
 - ii. No
- b. Who is it? Do not read answer to response, wait for her to answer.
 - i. Strangers (men or women)
 - ii. Army / Police
 - iii. Men in community
 - iv. Boys in community
 - v. Men from family
 - vi. Boys from family
 - vii. Women in community
 - viii. Women in family
 - ix. Men strangers
 - x. Women strangers
 - xi. Aid workers
 - xii. Teacher / School staff
 - xiii. Government employees



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xiv. Other.....

c. If unclear, please explain how they make you feel unsafe.

.....

5. Most unsafe in community?

a. Which group is most unsafe in your community? Do not read answer to respondent, wait for her answer.

- i. Janajati
- ii. Dalits
- iii. Girls
- iv. Women
- v. Disabled
- vi. Pregnant / Breastfeeding
- vii. Elderly
- viii. Men
- ix. Boys
- x. Widows
- xi. Poor
- xii. People with no homes
- xiii. At risk of landslide
- xiv. No one
- xv. Everyone
- xvi. Other.....

b. Note: Explain if necessary.....

6. How safe do you feel when

	Very Safe	Safe	Unsafe	Very Unsafe	N/A
Going to toilet					
Going to forest					
Working in the fields					
Going out at night					
Sleeping					
Changing clothes					
Walking between villages					
Going to shop					



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Going to school					
At school					
At home (in current shelter)					
At distribution point					
Menstruating					

6.1 Other situation?

- a. Are there any other situations that make you feel unsafe?
 - i. Yes
 - ii. No
- b. If yes, what?

6.2 Since the earthquake have you experienced?

- a. Verbal harassment
 - i. Yes
 - ii. No
- b. Physical harassment
 - i. Yes
 - ii. No
- c. Sexual harassment
 - i. Yes
 - ii. No
- d. Since the earthquakes have you or someone you know been at risk of human trafficking?
 - i. Yes
 - ii. No
- e. Since the earthquakes have you or someone you know been at risk of child marriage?
 - i. Yes
 - ii. No

7. Ama Samuha Questions

- a. Do you know who is a member of Ama Samuha in your ward?
 - i. Yes



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ii. No

b. What do they do?

- i. Health
- ii. Open defecation awareness
- iii. Contraception
- iv. Alcohol & gambling awareness
- v. Social events
- vi. Pollution/Cleaning
- vii. Loans/Cooperatives
- viii. Trafficking
- ix. Child marriage
- x. SGBV
- xi. Don't know
- xii. Other.....

c. How do you feel about their work?

- i. Very good work
- ii. Good work
- iii. Okay work
- iv. Bad work
- v. Very bad work

d. Why is their work bad?

- i. Corrupt
- ii. Inactive
- iii. Political
- iv. Discriminate caste
- v. Don't include others
- vi. Other.....

e. Does Ama Samuha make your village a safer place?

- i. Much safer
- ii. Safer
- iii. No change
- iv. Less safe
- v. Much more unsafe

f. How does Ama Samuha make the village less safe?



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- g. Would you go to them if you experienced violence or felt unsafe?
- i. Yes
 - ii. No
 - iii. Maybe
- h. If no, why?
- i. Corrupt
 - ii. Inactive
 - iii. Political
 - iv. Discriminate caste
 - v. Don't include others
 - vi. Other.....
- i. Any final comments:



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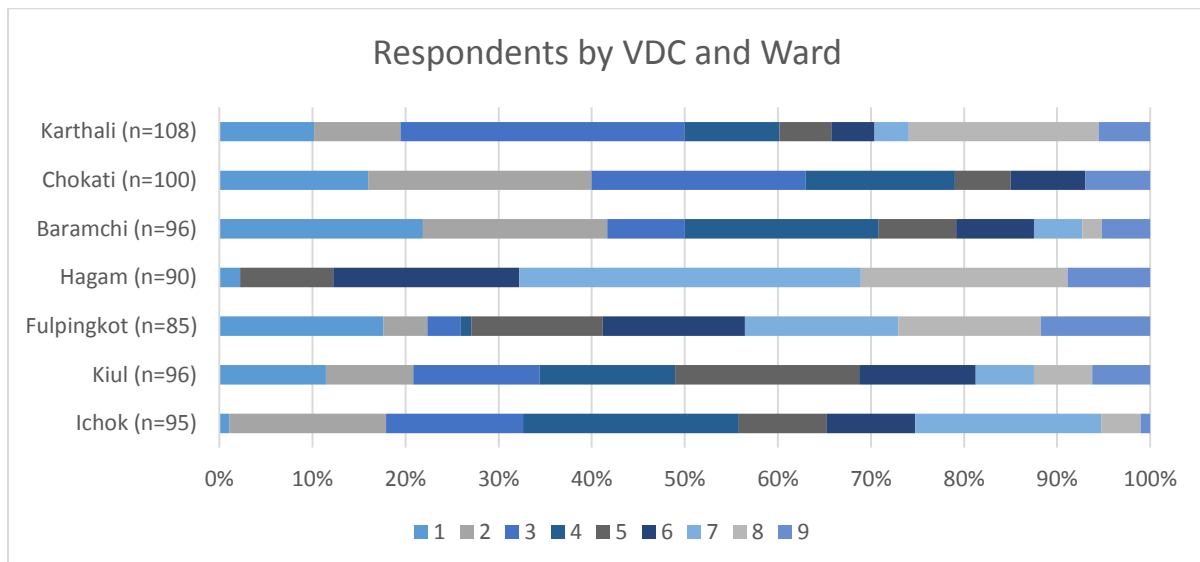


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Appendix C: Demographics of Respondents

In total, 670 women and girls were surveyed in the baseline. The enumerators were instructed to travel to as many different wards within a VDC as possible; in the graph below the different colours represent the different wards of respondents from each VDC.



Nearly a quarter of the respondents were below the age of 18. There were also 59 Dalit respondents and 417 Janajati (indigenous groups) respondents, among other criteria.

