



NEPAL



Country Snapshot

Population:	29.7 million (women: 51%)
Life expectancy at birth:	71.3 years
Adult (15+) literacy rate:	male: 76% -- female: 53%
GDP per capita:	US\$2,700
Population below poverty line:	25%
Ratio of children & youth (0-24 years):	51%
Gender inequality index (2017):	0.48
Mother's mean age at first birth:	20.8 years

Source: CIA, The World Factbook, UN Women

PROGRAM OVERVIEW: Traditional **social norms and harmful practices** limit Nepalese women's and girls' voice and agency and access to basic rights, information, resources, services and support. CARE works to transform these norms and practices and create an **enabling environment** for women and girls to be **valued in society** and be able to **claim and exercise basic and fundamental rights and services**. This includes influencing traditional attitudes, enhancing women's and girls' agency, power, knowledge and skills and engaging with the relevant institutions. Over the past 4.5 years (from mid-2014 to end-2018), CARE's work has benefitted nearly **2.9 million Nepalese women and girls** through transforming harmful social norms and practices.

CARE IN NEPAL

CARE has been working in Nepal since 1978, **improving the lives of poor, vulnerable and socially excluded Nepalese women and adolescent girls** through integrated and multi-sectorial humanitarian and development programs.

CARE specifically **focuses on women and girls because**, equipped with the proper resources and rights, they become empowered and have the power to help lift whole families and entire communities as well as themselves much faster out of poverty.

Nepal: a multitude of challenges for women and girls

Despite decreasing levels of poverty and improving levels of human development, **gender inequality** in Nepal remains high.

Women and girls face **discrimination** based on class, caste, geography, language, religion and sexual orientation. They struggle to exercise their **rights to political participation and leadership**. Their **mobility**, especially during the formative adolescent and youth years (10-24) is restricted. They are most at **risk of physical, sexual and emotional violence** with one in four women becoming victims. Women tend to receive **lower and unfair wages for equal work** and their **unpaid domestic and care work** is not yet fully valued in the national economy.

Among poor, vulnerable and socially excluded women and adolescent girls, CARE **further** prioritizes the following impact populations in its 2020-2025 Business Plan and Strategy:

- women-headed households in geographically remote and marginalized communities;
- women in urban and peri-urban informal settlements;
- adolescent girls from poor and marginalized rural and urban communities;
- women from Dalit and minority ethnic communities.

CARE's impact in Nepal is significant: between mid-2014 and end-2018, CARE programs have brought tangible improvements in the lives of some **5.3 million poor, vulnerable and socially excluded Nepalese, 68 per cent of whom were women and girls**. Between mid-2018 and mid-2019, CARE has benefitted more than 594,000 Nepalese, among them some 470,000 women and girls.

CARE's **diverse program portfolio** covers **54** out of Nepal's **77** districts in all **seven provinces**. CARE Nepal's **2020-2025 Business Plan** focuses on **three key programmatic areas**:

- **Economic Empowerment and Environmental Justice;**
- **Gender Justice and Basic Social Services;**
- **Humanitarian Action, Emergency Preparedness and Disaster Risk Reduction.**

All CARE programs **incorporate a holistic approach to TRANSFORMING SOCIAL NORMS AND HARMFUL PRACTICES** to ensure women's and girls' equal status in society, empowerment, well-being, dignity and a life free from violence.

TRANSFORMING SOCIAL NORMS: CARE'S APPROACH

CARE's Gender Strategy sets out **three key outcomes** that needs to be achieved to enable the most vulnerable and excluded communities to overcome poverty and social injustice:

- 1) **Socio-Economic Empowerment:** Marginalized women and adolescent girls have the knowledge, skill, agency, power and resources to claim their rights.
- 2) **Transformed Social Norms and Structures:** Nepalese society in all its forms (cultural, political, religious, social, economic, psychosocial) values and upholds the rights of women and girls; and assures their access to quality services.
- 3) **Social and Political Power:** Women and adolescent girls are able to exercise their citizen power as full rights-holders and effectively engage with accountable and gender-responsive institutions at all levels.

EQUALITY AND ROLE IN THE SOCIETY

Gender roles traditionally restrict Nepalese women and girls in public spheres, including limiting their participation in formal employment, public and organizational leadership and physical mobility outside the home. While these restrictions are beginning to change, women remain largely responsible for unpaid domestic and care work and have limited ownership of land housing and property. Women face gender discrimination in employment opportunities, access to health, education and basic social services, and face harmful social norms that restrict their rights for citizenship, inheritance and other property rights. Traditionally, the Nepalese society values boys' education over that of girls investing more into boys' education at the cost of girls' futures. Recent changes in the federal government structure have established progressive laws and quotas for women's participation in local government, but much remains to be done to see changes in real equal representation and meaningful women's voice in decision-making.

CARE works to break gender-based stereotypes and norms in a variety of ways, including by **economically and socially empowering women and girls**. This enables women and girls to exercise their rights and have increased access to and control over environmental resources (eg. land, water and forests), economic opportunities and household economic decision-making. CARE aims to strengthen women's agency and their autonomy and recognition by men, by their families, communities and the broader societal system by raising awareness and furthering dialogue on negative social norms the create barriers to women's economic empowerment.

CARE's economic empowerment efforts include, among others support for on-farm and off-farm **livelihood opportunities** including access to traditional male jobs (such as plumbing or masonry). CARE provides women and girls with **skills development** trainings and linkages to formal and informal **financial services**, micro-business opportunities, cooperatives and **village- and community-based savings and loan associations**. CARE supports **registration of women's land and housing ownership** to facilitate **joint land ownership** and enhanced **access to and control over natural and other resources**, such as land, forests, water etc. CARE enhances women's role in value chains and encourages market actors to ensure **inclusive business practices, dignified working conditions** and sustainable incomes for women. Using social analysis and action methodology based on the **Regenerated Freirean Literacy through Empowering Community Techniques (ReFLECT) methodology**, CARE and its local partners facilitate a community platform for marginalized groups to reflect on their own issues, build awareness and deepen their understanding of

the social norms and expectations that limit their ability to exercise power and claim their rights. The ReFLECT process encourages women to build personal awareness that will translate into collective action to address the diverse range of issues that affect their daily lives. Examples of these issues include **citizens' rights**, birth and citizenship **registrations**, **access to the social security system and to allowances**, understanding of public finances and **inclusion in public decision-making mechanisms**, socially prescribed harmful practices such as child marriage, *Chaupadi* (menstrual sequestration) and domestic violence.

*Through such comprehensive support, women have reported to CARE an **increased scope of choices** and ability to live a dignified and self-controlled life with **more informed decisions**. They have also reported **enhanced autonomy** in deciding how to spend their increased income, e.g. on healthcare, girls' education, savings and reinvestment in their businesses.*

In the field of education, CARE provides **adolescent girls from marginalized and vulnerable communities** who have dropped out of school or never enrolled with the **opportunity to pursue their studies** through **UDAAN Accelerated Learning Centers**. CARE engages with local religious leaders and government stakeholders to obtain support for opening *UDAAN* centers in formal schools and Madrasas. We have already seen gradual changes in attitudes around girls' education, in rates of child marriage, and in greater inter group and community interaction. Through supporting *UDAAN* centers, promoting dialogues between parents and daughters, and engaging with community leaders, CARE has also experienced changes in attitudes and practices in Muslim communities allowing Muslim girls to study in mixed-gender and non-Muslim classes.

CARE also develops adolescent girls' **leadership, negotiation, communication and representation skills**. This enables them to take collective action and campaign for their rights and changes in traditional and harmful social norms, such as those limiting **girls' education**, maintaining **early, forced and child marriage** or allowing **gender-based violence (GBV)**. Girls take an active role in local planning and formal and informal decision-making spaces and processes; lead social actions and movement-building; and sensitize and mobilize their peers, parents and communities on critical issues.

Adolescent girls also lead **peer and community dialogue and reflection** – such as the school-based **RUPANTARAN ('TRANSFORMATION') sessions**. *RUPANTARAN* is a school based **life skills curriculum** to support **girls' and boys' transition to adulthood**.

Combined with ReFLECT facilitation processes, *RUPANTARAN* has been designed by CARE as a **social norms transformation package** and **for working with adolescents**. In *RUPANTARAN*, separate groups of adolescent girls and boys discuss important issues and associated social norms and practices such as child marriage, toxic masculinity, *chaupadi* ('menstrual exile') and sexual harassment. The sessions use an experiential learning approach, trigger personal narratives and solution-oriented dialogues and identify **root causes of harmful norms** as well as **pathways and enablers of change**. Sessions are followed by the joint development of a **School Action Plan**, the implementation of which is led by a girl and boy participant in close coordination with the School Management Committee and the Parent-Teacher Association.

RUPANTARAN sessions **build adolescents' knowledge and self-confidence** and inspire them to **advocate against harmful social norms** and practices. CARE's evaluations of *RUPANTARAN* sessions have shown **positive shifts in attitudes** on girls' rights to **education, sexual, reproductive and maternal (SRM) health care** as well as **protection from gender-based violence**. *RUPANTARAN* has positively changed the views of participant girls and boys, their families and school and broader communities regarding the **notions of masculinity, gender equality** as well as the **inclusion** of and **equal access** for women and girls in family and community matters and decision-making.

In all its program areas, CARE **engages with men and boys** to promote gender equity and equality and to change unequal power relations. CARE works with **role model men** who are motivated to assume unpaid housework and care-giving responsibilities. Such role models lead by example in their communities, while they also transform their own thinking. Men's equal share in household chores frees up time for women and girls to engage in more meaningful economic activities and community roles in addition to furthering their self-care and growth.

The engagement of men and boys also transforms men's and boys' **attitudes on girls' right to a life free from violence** in addition to reducing risks and incidences of GBV. CARE's experience shows that women's and girls' economic and social empowerment not only increases their autonomy and recognition by men and by their families and communities but also reduces their risk of exposure to GBV thanks to their increased economic independence.

“If you are to change harmful social norms, then be fearless, and believe in collaboration. In our case, we couldn’t have succeeded if we were not together, and if we have not partnered with the boys.”

(Bhumika Saud, one of the adolescent girl participants of CARE’s Safe Justice Project)



“We still have a long way to go, but I am confident that if boys become sensitive towards the needs of women and girls then we can definitely establish a world of equality.”

(Bibek, one of the adolescent boy participants of CARE’s Safe Justice Project)

As part of the work on transforming social norms, CARE also conducts **intergenerational dialogues and interactions** to understand and reflect on the actual situation and collectively act to bring about change in harmful norms and attitudes which negatively affect women and girls.

SPECIAL FOCUS: CHILD MARRIAGE

Nepal has the third highest rate of child marriage in South Asia. Some 40 per cent of women aged 20 to 24 are married before they turn 18, and over one in ten by 15. Child marriage is most common among least educated and poorest girls in rural areas. Nepali boys are among the most likely in the world to be child grooms. More than one in ten boys is married before they turn 18.

Child marriage is both a cause and consequence of GBV and contributes to low educational attainment, poor health and ultimately poverty. In addition to **girls’ economic and social empowerment**, including education opportunities and health

services, CARE conducts **behavior change campaigns** mobilizing peer educators, formal and informal leaders, community-based organizations and school representatives.



“Now parents are aware of the disadvantages of child marriage, they know the possible future harms, and this has reduced the incidence of child marriage.”

(One of the girl participants in CARE’s Tipping Point project)

CARE’s flagship project ‘Tipping Point’ (2014-2020) uses a holistic approach to eradicate child marriage.

It creates **groups and spaces for girls** to talk, ask questions and support each other in all kinds of ‘adolescent matters’, such as menstruation, early marriage, sexuality school studies etc. It helps girls stay in school through **scholarships and girl-led savings groups**. It **sensitizes men and boys** about women’s roles in the household.

It raises the **awareness of parents, school management committees, teachers and local leaders** about girls’ rights and the harmful impacts of child marriage. It forms **girls’ leadership groups** which are registered with the local municipality. This enables the groups to partake in governmental planning processes and benefit from local government budgets and youth programs.

Project participant girls report that they now feel **they have a say in their lives**, the **confidence and ability to speak up** and **request services** which are important for their health, safety and education. **Boys reflect more critically** about men’s role in the society and the right to decide about marriage and education and act as role models for gender-equitable values and behavior. Parents have started to **value the voice and aspirations of adolescent girls** and **change their attitudes** regarding marrying them under 18.

SPECIAL FOCUS: GBV AND INTIMATE PARTNER VIOLENCE

More than one in five women in Nepal report a lifetime experience of physical violence. Trafficking of girls for sex work is particularly common alongside dowry-related violence, female infanticide, witchcraft accusations and widow abuse. Most of the victims do not seek help or justice.



“I grew up believing that violence is common in a marriage. But my engagement in the ReFLECT group turned things around. I began learning about my rights. (...) I hope that speaking up is the new norm.”

(Kamala Sutar, 45, Achham district, participant of CARE’s Safe Justice project – who after 30 years has filed a case against her husband for repeated domestic violence.)

CARE’s **ReFLECT methodology** – used, among others, in **CARE’s Safe Justice project** –, builds on communities’ own local knowledge and analysis of their immediate environment and the root causes of issues. This enhances their critical thinking abilities in **understanding the root causes of GBV** within Nepal’s societal system. It makes people critically conscious of the unjust systems and barriers, which discriminate, oppress and exclude women from services, rights and decision-making. CARE’s **SOCIAL CHANGE PLAN tool** brings together marginalized communities and decision-makers to agree on actions for changing harmful social norms at local levels and behaviors and practices that the community can control.

CARE **sensitizes women to seek support and report** incidents, including via informal groups, friends and the GBV hotline. CARE also **sensitizes and strengthens the capacity of service providers** to carry out their duties and register, investigate and prosecute reported GBV cases ensuring timely delivery of justice to survivors. CARE **engages with local and federal government counterparts** including the National Women Commission (NWC) to ensure that required **policies, response and referral mechanisms** are in place.

Using the **COMMUNITY SCORE CARD (CSC) TOOL**, CARE’s **SAFE JUSTICE PROJECT** (2016-2019) has shaped **formal and informal justice service providers’ views on GBV**. This has helped to break the culture of silence on GBV. The tool has enabled the community to voice feedback about police services and to jointly reflect with the policy about the root causes of GBV and lack of reporting. Focus groups and interface dialogues have pointed out the police’s lackluster approach towards survivors and forced mediation, and their gender insensitivity, which has made women and girls reluctant to report cases. Thanks to the project, the police have **enhanced their services**, including patrolling, community engagement and awareness-raising, referral of cases to judicial committees, counseling to survivors through a female police constable and orientation to police offers themselves on proper, rights-based and gender-sensitive **treatment of survivors**.

The Safe Justice Project also used CARE’s **Social Norms Analysis Plot (SNAP)** tool. SNAP helps to understand, monitor and measure the prevalence and strength of a harmful norm, changes in the norm’s prevalence and strength, consequences of not following the norm, and how sanctions for not following affect individuals’ or groups’ adherence to the norm. This enables CARE to identify entry points and tailored programs to changing that norm. The project has specifically looked at the **norm of not reporting a case of GBV** and assessed what women and men thought others would do and what they thought others would expect them to do regarding reporting GBV cases.

HEALTH, NUTRITION AND HYGIENE

CARE works to change harmful social norms that negatively affect women’s access to basic rights and services in health, including **SRM health**, and **hygiene, food and nutrition**. CARE’s **behavior change campaigns** and **inclusive governance** promotion strengthen women’s and girls’ agency to claim their **SRM health rights**, which harmful social norms often deny them. CARE’s **CSC tool** enables women and girls to have a **say in policy decisions** and **demand quality health and other services** from authorities and formal service providers, with effective accountability measures in place.

CARE’s **Self-Applied Technique for Quality Health (SATH)** tool empowers marginalized women to advocate for access to and quality improvements in SRH service provision. SATH maps service coverage, gaps and needs, community health status and challenges and bottlenecks in effective access. It enhances women’s autonomy and ability to decide about their sexual relationships, use of contraceptive and SRM health services, skilled birth attendants and deliver in a facility instead of the

traditional norm of home birth.

CARE works to change **social stigma and taboos related to menstruation**, such as the *chaupadi* practice, which prevents many Hindu women and girl in Western Nepal from attending school, participating in economic and family life, staying in a safe environment overnight and maintaining their health, hygiene and nutritional situation. CARE **raises awareness** of communities on the harmful impacts of chaupadi and **empowers women and girls**, including **adolescents** through the *RUPANTARAN* sessions to speak up for their rights.

CARE promotes women's and girls' **access to a nutritious diet and proper hygienic conditions** at all times, but in particular during the period of menstruation, pregnancy and lactation. CARE works to deconstruct practices such as **women eating as the last one and therefore less**. CARE works to ensure that there is required **safe and gender-sensitive infrastructure** and materials available for women, such as separate and lockable latrines and sanitation facilities and **materials to manage menstrual health**, including for **girls in schools**.

CHANGING SOCIAL NORMS THROUGH EMERGENCIES

Women and girls in Nepal tend to be **adversely affected in emergencies** limiting their access to rights and services and role in vital decision-making affecting them and their families' future and survival. CARE's **Gender and GBV in Emergencies frameworks** promote a gender equality approach to advance gender equality and bring about changes in traditional and gendered social norms through Humanitarian Action. Building on CARE's **Rapid Gender Analysis**, CARE designs focused programs to ensure that social and gender norms and dynamics and women's and girls' specific **priorities, needs and vulnerabilities** are taken into consideration with particular attention to their **heightened risks of and exposure to GBV**.

CARE promotes **women's leadership and inclusion in decision-making and governance** processes in emergency settings including developing their leadership skills and confidence. CARE supports **women to be first responders**, and members of disaster management, search and rescue committees to **break the traditional image of women as victims**. Empowering women economically and involving them in local humanitarian decision-making render them **more capable and resilient** and **shape community perceptions** around gender roles and capacities.

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ADVOCACY

CARE **advocates for structural changes in national policies and laws**. CARE has significantly contributed to the preparation of the government's **Women Development Program** and the **2016 National Strategy to Eradicate Child Marriage**. CARE has taken part in the preparation of the first annual and mid-term monitoring reports on the **Nepal National Action Plan for the implementation of the UN Security Council Resolutions 1325 and 1820**. CARE has also had a significant role in establishing the **National Forum for Women Rights' Concern**, working in 37 districts to ensure fast-track access to justice for GBV survivors.

IN-HOUSE EXPERTISE AND SCALE-UP CAPACITY

CARE's **country team** has a total of 140 staff (99% of them national), who bring multiple years of **specialized experience and knowledge in the most relevant, context and culture-appropriate technical approaches, operational implementation and support service**. The Kathmandu central office and the four field offices – in Butwal, Kohalpur, Pokhara and Gorkha – implement and monitor all activities in the field.

The Country Office can draw upon the **strong expertise of CARE's global team** which includes **dedicated technical specialists** for Women's Social and Economic Empowerment, SRM health, GBV and Inclusive Governance, among others. These experts support the country team in designing and implementing **cutting-edge programming, generating and integrating evidence of impact and scaling up initiatives**.

CARE has significant experience and capacity in Nepal in **managing sizeable awards** as lead or sub agency in large and small consortia for **institutional and private sector donors** including, among many others, ECHO, DFID, Global Affairs Canada and The World Bank. Our work builds on a **broad range of partnerships** with women and girls, the community, government actors at all levels, civil society organizations, private sector entities, the media, academic and research institutions to scale impact and ensure sustainability.

Building on the above, **CARE is ready to scale up its work on transforming social norms and harmful practices** with additional generous donor support to ensure the **Nepalese society values and upholds women's and girls' rights** and **assures their equal access to quality services**.

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