



Nepal

Rapid gender Analysis for Dhading

Introduction

Rapid Gender Analysis provides information about the different needs, capacities and coping strategies of men, women, girls and boys in a crisis. Gender analysis does this by examining the gender-relations between men, women, girls and boys. This Rapid Gender Analysis is designed to provide an overview of the gender-relations between men, women, boys and girls affected by the crisis in Dhading District.

Methods:

The Rapid Gender Analysis in Dhading uses a range of methods to collect data and information. It is based on the CARE Emergency Pocketbook's Rapid Gender Analysis tool adapted from the IASC Gender Handbook in Humanitarian Action.

Sources of information used in the initial analysis include: secondary data, focused group discussions and key informant interviews.

Dates: the primary data was collected from 6 May 2015 to 16 May 2015.

Gender Relations in Nepal Overview:

The overall analysis for Nepal is attached in the hyperlink below.

[Click Here](#)

Overview- Pre crisis

Dhading

- The population of Dhading was 336,067 in 2011 with population breakdown of **47% male to 53% female**. The population consisted of 73,842 households, averaging 4.55 persons in size.
- **27.82%** of households were **female-headed households**, but male-headed households are the norm.
- With reports of severe damage to homes, and a high level of: (1) **female-headed households (27.82% of total households)**, particularly in the 10 – 39 age range; *and* male headed households when the man is between the ages of 50 and 70+ (**35.05% of total households**).
- **Child marriage is prevalent** in Dhading and there is always a risk of trafficking. The age of first marriage by age group is: below the age of 10 at 3,069 or 1.8% of all marriages (5% boys, 95% girls); 10 – 14 at 19,632 or 11.3% of all marriages (20.3% boys, 79.7% girls); 15 – 19 at 85,047 or 49% of all marriages (34% boys, 66% girls). This is a particular area of concern, as in crisis child marriages are likely to increase as a form of protection and as a means to ease economic burden as the effects of the crisis deepen. An important issue to note, is that although girls are still disproportionately affected by child marriage, boys are also survivors of this type of GBV. This should be taken into account in messaging. Data on trafficking is difficult to obtain as we know from various organizations in Nepal that trafficking does occur and like child marriage will increase during times of crisis. Families may sell children to traffickers (knowingly or unknowingly) or children may be tricked into it. Girls are at greater risk of sex trafficking than boys.
- Dhading is predominantly Hindu (243,384 individuals) as is most of Nepal, but with large Buddhist (69,113 individuals), and Christian (21,243 individuals) populations too. Smaller numbers of the population practice Islam, Prakriti, Bahai, Kirai and other religions. Ensuring equal access to services for all religions, cast, class and ethnicities is vital.
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and it should be noted, that due to a lack of knowledge of what qualifies as a disability and stigma around certain disabilities, these figures should be assumed to be much higher. On average, 15% of the population has a disability, with females having a higher rate of disability than males. This 15% is a global average, and will vary from context to context according to a number of variants. In Dhading 2.3% of the population identified as having a disability (46.8% male and 53.2% female), which is well below the international average. Numbers of people identifying with:
 - physical disabilities – 2,562 (57.6% male, 42.4% female);
 - sensory (sight, hearing, speech) – 3,766 (52.6% male, 47.4% female);
 - mental – 440 (50.4% male, 49.6% female);
 - intellectual – 419 (56.5% male, 43.4% female);
 - multiple disabilities – 640 (54.2% male, 45.8% female).

Physical disabilities, impairments and immobility due to injury will have increased as a result of the earthquake.

Sex and Age Disaggregated Data

Sex/Age disaggregated data for Dhading

source: Census 2011

Sex	Male				Female				Total
Age	0-4	5-19	19-59	60 +	0-4	5-19	19-59	60+	
No.	11768	46913	45536	16824	11436	50416	70476	17692	271061
% by Sex	9.72%	38.75%	37.62%	13.89%	7.62%	33.60%	46.97%	11.79%	

There are significantly more women in all the age groups except the 0-4 age group. This is largely due to the fact that a number of men and boys emigrate from Dhading for employment opportunities. Some men have returned temporarily to assist with reconstruction and recovery, however, they will likely seek employment elsewhere in order to send money to their families to help them recover from the economic impact of the quake. Many families lost all of their savings that were invested in their homes, land and livestock.

Food stocks, storage of food have been severely affected. Most households have lost most of their livestock, which will make them more vulnerable to food insecurity and where it is linked to their livelihoods, cash inflows. There are different estimates for the damage to the households.

Initial Gender Recommendations

From these primary and secondary sources of information on gender relations in Dhading, the following initial recommendations are suggested to support gender sensitive programming and gender mainstreaming, and to start developing gender specific projects. Given the incomplete nature of this rapid gender analysis, these recommendations may change as more information becomes available.

Overall recommendations:

- Ensure both women and men are consulted in priority needs, distribution mechanisms and access to most vulnerable groups. Conduct these consultations together (men and women) and separately as the conversations will highlight different issues.
- Ensure women (from all castes) are represented in all decision making and consultation structures. Ensure that all committees being set up either by organisations or local government have at least 50% women. Equal number of women and men should be in leadership positions.
- Consult with and involve women's civil society groups and women of all ages, including those hard to reach or at heightened risk of marginalization such as women with disabilities.
- Moving towards early recovery stages, ensure that women are provided with livelihoods and income generation opportunities, based on direct consultation with them and women's groups to ensure activities are tailored to their needs, circumstances, capacities and do not cause harm.

SRMH:

According to the Global Development Index (GDI), women's life expectancy at birth is 69.6 years (2013 figures). Contraceptive prevalence: 49.6% for the age of 15-49 years use contraception and the unmet needs are 25.2%ⁱ

As the national maternal mortality rate is very high (170 per 100,000 births), there are likely to be large numbers of women in need of skilled birth attendants and where not available clean delivery kits.

- The contraception prevalence at the national level pre crisis was 49.6% for the age group 15-49 and the unmet need was 25.2%ⁱⁱ. A number of women reported that their husbands are reluctant to use any form of contraception (male or female). The women also reported that they fear they will be in 'trouble,' their word for a potential pregnancy, as a result of not being able to access and use contraception, during this time when they need to focus their energy on rebuilding their homes and planning for their future.
- As the number of child marriages is high, early pregnancy can result, which increases the likelihood of complications during child birth, and is a large contributing factor to the issue of maternal mortality. Girls below the age of 20 are at particular risk of complications and maternal/child mortality. The risk of maternal/child mortality has increased due to the damage and destruction of health facilities that has further limited women's access to SRH services. There are 10 severely damaged birthing centres and 6 partially damaged birthing centres out of 17 in Dhading.
- In urban areas, the number of births with a skilled attendant was 72.7% (2009 – 2012) this drops to 32.3% in rural areas. With the damage to health services and impact on the population some of these skilled birth attendants might not be in a position to continue their work. This needs to be taken into account for any SRMH programming.

Suggested gender sensitive responses:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Use community health volunteers to address maternal health issues. One network available is Nepal's Female Health Volunteers (FCHV) Program. Mobilise and strengthen collaboration with the district health authorities to address the immediate health needs, especially SRMH needs.
- Ensure access for all by actively engaging women and men from the community and the health workforce, including those who belong to vulnerable groups, equally and at all levels in the design and management of health service delivery, including the distribution of supplies.
- Ensure active engagement of men and boys in order to build relationships of trust and support.
- Ensure ongoing and coordinated health service delivery strategies that address the health needs of women, girls, boys and men. For instance:
- Provide Minimum Initial Service Packages (MISP) so that women and men and adolescent girls and boys have access to priority sexual and reproductive health services in the earliest days and weeks of new emergencies and comprehensive sexual and reproductive health services, including GBV-related services, as the situation stabilizes.
- Ensure prevention of and response to GBV in the manner described in the IASC *Guidelines on Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, including treatment, referral and support mechanisms for GBV Survivors, ensure linkage with GBV actors.

Food Security

- Lack of food and resources to buy food will impact on families and have a deep impact especially on female-headed households, as well as those who have limited mobility (age and disability), economic means and social status.
- Women and girls (and to a lesser extent boys and men) may enter into exchanges for food and resources. These may be exploitative. In all crises, we must assume and believe that sexual exploitation and abuse and all forms of SGBV are taking place more frequently.
- Pregnant and lactating women and infants require additional nutrition, which may be difficult to get due to mobility constraints and discriminatory gender norms. There is anecdotal evidence to suggest women and girls eat less when there are food shortages.
- For a large number of women, especially in rural areas their livelihood is linked to home-based activities, agriculture and livestock most of which has been damaged. Lack of prompt

livelihood options will make girls more vulnerable to trafficking.

Suggested gender sensitive responses:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Ensure that the physical and safety risks associated with collecting food assistance are minimised and that access is universal.
- Ensure that the weight and size of food packages are manageable for women, girls and other at-risk groups.
- Use community mobilisers/volunteers to engage with community, identify those who are unable to collect food, and organise for household/individual distribution.
- Use community mobilisers/volunteers to address gendered access and control issues surrounding food and nutrition in the household.
- **Further area of Enquiry:** Conduct a livelihood assessment

WASH

- More than a quarter of Nepali households do not have a toilet (26.95%)
- Water sources vary throughout the country they include: tap/piped- 47.8%, tubewell and handpumps- 35%, spout- 5.74%, uncovered well- 4.7%, covered well- 2.45%
- Due to gender norms, as revealed by our interviews, women and girls may take on the responsibility of water collection.
- Hand washing is not universal throughout the country.
- There is always a possibility of water borne disease and illness associated with lack of sanitation. This will affect women, men, boys and girls differently and this situation should be monitored closely and through a gender lens.
- Due to the earthquake many people are forced to bath in open places which lack privacy and hygienic conditions.

Gender Sensitive response recommendations:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Distribute menstrual hygiene items that are locally and culturally appropriate. In some locations they use cloth and in others pads.
- Ensure that hygiene promotion activities encourage hand washing. Collaborate with the District Public Health Office and the Female Health Volunteers (FCHV) who have had success in this area.
- Ensure water points, latrines and bathing facilities set up are sex-disaggregated, universally accessible (caste and ethnicity) and mitigate risk to sexual violence. Ensure they are centrally located, lockable, have a hook and that they are lit. Ensure that they are universally accessible.

Shelter

- Households or fixed assets owned by femalesⁱⁱⁱ - 82.10 % of the female population of Dhading do not own any fixed asset (House, land or both) compared to the national average of 79.5 %
- Type of fuel: 84% of the households in Dhading, prior to the crisis used wood/firewood compared to the national average of 64%. Given the extent of destruction to homes this figure is likely going to be higher. Given that cooking and sourcing for the same are considered jobs for women and girls, there is a likelihood that they will need to travel to nearby forests to source firewood and there are protection risks related to the same. Safe cooking options need to be made available to households with a regular supply of fuel being easily accessible. We also know that wood will be needed for construction of shelters soon, the source should not be depleted using it for fuel, so safe and clean alternatives need to be provided.

- Women are typically responsible for cooking and providing food. This will be particularly difficult; food stocks have been lost, most cooking stoves have been destroyed, wood is the main fuel used which is still available. Cooking outside will be difficult due to the rainy season. Inability to provide food may put women at risk of abuse.
- Collection of fuel may also put women at risk.
- Women have also indicated they are afraid to share a tent with many people.

Suggested gender sensitive response options:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Provide women, girls and other at-risk groups with materials to construct their own shelters and when possible in-person construction support. This should mitigate the risk of theft of goods, exchanging sexual favours for support with construction, and attack if collecting shelter materials.
- Ensure that female headed households, children headed households, people with disabilities, unaccompanied children etc, are provided with shelter in a safe location. Community mapping exercises should be conducted to ensure that they feel safe.
- Provide safe-fuel and cost-effective options to all households.
- Work with GBV actors to prioritise and provide shelter support to GBV survivors.
- Ensure that our shelter vulnerability criteria includes GBV, child protection, age, disability, sexual orientation and gender identity, class, caste, religion and other discriminatory issues present in Nepalese society.
- Ensure there is adequate supply of sleeping materials for everyone so sharing isn't necessary. When there are not enough material women and girls (or possibly boys and men) could go without or participate in transactional relationships.
- Ensure the content of NFI kits is culturally appropriate and includes male and female clothing, for different ages and body sizes, including underwear. Use information volunteers to engage with the community and raise awareness on individual entitlements; the quality and variety of the items they should receive; place, day and time of distribution. Clothes distributions should be conducted in market-style distributions so people can choose the right types and sizes of clothes for them. Separate distributions for men and women should be considered.
- Use male and female volunteers to identify households where harmful traditional practices are practiced. Identification of widows, female-headed households, child-headed households and people with a disability or impairment is also advised. These groups (along with other groups mentioned in this document) have mobility and access issues either because of physical restrictions or due to gender norms. This should be addressed by ensuring identification in a non-stigmatising way, and house-hold distributions until an alternative, context-appropriate solution can be found. Information volunteers, 50% of which should be women, may be able to support distributions where distribution teams do not have the bandwidth to be able to conduct household level distributions. This will further ensure that we are delivering a community driven response. If community members are given the responsibility of distributions, they should do this in pairs and be given a quick overview of PSEA policies before engaging and before a more formal training can be given after the acute phase of the emergency has passed.
- Provide solar lighting as part shelter kits (preferably two lamps or torches, with spare batteries)
- Organise for fuel for cooking and heating to be collected in groups through the information volunteer programme. Women and girls are at increased risk of sexual violence if collecting fuel on their own. Ideally, smokeless fuel will be distributed, to decrease health risks to women, as well as mitigate the risk of sexual violence, and the burden of collecting fuel.

GBV

All humanitarian personnel should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening during a crisis, regardless of the presence or absence of concrete and reliable evidence. This is due to the breakdown of normal social protection mechanisms, such as the rule of law. Other elements such as fluctuating gender roles and responsibilities, over-crowded camps, desperation, a hyper-militarized environment and more lead to increased instances of GBV. GBV (and in particular sexual violence) disproportionately affects women and girls.

Survivors of GBV may not have access to services, or know how to access medical, psychosocial, and legal services. This places survivors at particular risk of dying or complications from physical injury, HIV contraction, STI contraction and pregnancy – all of which could be prevented if they were able to access appropriate care.

Due to the gender, caste and ethnicity based discrimination discussed at the beginning of this document, women and girls, particularly those from lower caste levels and certain ethnic groups may more generally be denied access to resources, opportunities and services – a form of GBV. Although this discrimination is illegal there is a gap between theory and practice of the law.

From the later acute phase of the crisis onwards, other types of GBV are likely to increase. Intimate partner violence may increase as gender roles are challenged and frustrations increase, the already endemic issue of child marriage may escalate as poverty takes hold and families rely on this practice to reduce their economic burden, as will trafficking. Similar situations have been seen in crises where child marriage is prevalent from contexts as diverse as South Sudan, India, Syria, Somalia, Nigeria and Pakistan.

Suggested mainstreamed gender and protection responses:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Mainstream GBV guidelines into our sectoral response.
- Share the GBV referral pathways distributed by the GBV sub cluster with all staff, partner staff and volunteers and orient them on how to interact with a survivor during the course of their work and refer them to the relevant services.
- Use information volunteers to share message with target communities on GBV, the laws surrounding GBV and the health impacts (in particular) of GBV in order to mitigate it. Pay special attention to child marriage and sexual violence since both increase during emergencies. The volunteers can also inform the community on where to receive appropriate services and why it is important to do so (prevention of HIV contraction, emergency contraception and STI prophylaxis) within 72 hours.
- Be aware that schools are closed until the end of May which will increase the childcare burden on women.
- Coordinate with GBV and child protection actors, agencies.
- Collect key gender and protection concerns on a weekly basis and share them with relevant agencies and authorities at the district level and national level through Gender Task Force, GBV sub-cluster and the Protection cluster.

References:

<http://cbs.gov.np/wp-content/uploads/2012/11/National%20Report.pdf>

ⁱ NMIC 5 2015

ⁱⁱ NMIC 5 2015

ⁱⁱⁱ Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011