



Nepal

Rapid gender Analysis for Lamjung

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 Lamjung District.

Methods:

The Rapid Gender Analysis in Lamjung 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 have been used in the initial analysis: secondary data analysis, Focused group discussions and key Informant interviews.

Dates: the primary data was collected from the 3rd of May 2015 to the 6th of May 2015

Gender Relations in Nepal Overview:

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

[Click Here](#)

Gender Relations in Lamjung: Prior to the Crisis

- In 2011, the population of Lamjung was 167,724 of whom 45.3 percent were male and 54.7 percent female. The sex ratio in Lamjung is 82.7 males per 100 females, far below the national average of 92.6 per 100. There are however 15,898 more females than males in Lamjung.
- The population consisted of 44,079 households, comprising on an average 3.99 people per household compared to the national average of 4.88 persons per household.
- There are 40.68% **female headed households** in Lamjung, much higher compared to the national average of 25.73%. There are more female headed households than male headed households from the ages of 10 – 39. Of the female headed households 18.37% of HH are headed by older women over the age of 60 and another two percent by girls below the age of 19. Due to economic reasons many men leave Lamjung to find employment in Kathmandu or overseas. A number of men in this district join the armed forces, and are often in foreign services.ⁱ The level of vulnerability for female headed households is higher for those headed by young girls, widows and older women. All emergency response programming needs to take these factors into account for their design and implementation.
- In Nepal 16.32% girls are married before the age of 14 years and for Lamjung this figure is 15%. The figures for 15-18 are harder to extrapolate from the census data since the age group used is 15-19 as opposed to 15-18. If we use the census categories girls married before the age of 19 nationally is 74.5% and for Lamjung that figure is 69%. **Child marriage is prevalent** with children getting married in Lamjung below the age of 10 at 1,096 or 1.2% of all marriages (5% boys, 95% girls). This is a particular area of concern, as in the post-earthquake scenario, 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.
- Lamjung is predominantly Hindu (107,311 of the individuals), but with large Buddhist population (55,586 individuals), and Christian (3,000 individuals) populations too. Smaller numbers of the population practice Islam, Prakriti, Bahai, Kirai, Bon and other religions. Ensuring equal access to services for all religions, cast, class and ethnicities is vital.
- The population of dalits¹ in Lamjung is about 15.44%.² Ensuring equal access to services for all religions, cast, class and ethnicities is vital. Most socio-economic and political development indicators of development are much lower for Dalits and Janjati's. Discrimination associated with untouchability is still prevalent in many communities. The family size of dalit households is about 5.80%³, much higher than the national average. This limits their ability to access resources equitably, which within any humanitarian relief operation needs to be taken into account.
- **Disability** was not so prevalent prior to the crisis, however the census uses self-identified disability and this has been about 2.8% (45% male and 55% female), in

¹ Nepal follows a rigid caste system. Even though discrimination based on caste was banned through legislation, in practice it continues with Dalits having the lowest human development indicators within Nepal. Social inclusion work through government, NGO's, Dalit organizations has been ongoing for decades.

² Dalit Assertion and Democratic Transition; Uddhab P. Pyakurel, 2007

³ Dalit and Labour in Nepal: Discrimination and forced labour, ILO, 2005

the 2011 census in Lamjung, similar to the national average. However, the global average is 15%, this will vary from context to context according to a number of variants. Numbers of people identifying with:

- physical disabilities - 1,336 (57.5% male, 42.5% female);
- sensory (sight, hearing, speech) - 2,541 (51.4% male, 48.6% female);
- mental – 221 (55.6% male, 44.4% female);
- intellectual 157 (48.4% male, 51.6% female);
- multiple disabilities 490 (52.4% male, 47.6% female).

Physical disabilities, impairments and immobility due to injury have increased as a result of the earthquake. Also a number of the appliances and aids have been destroyed.

Sex and Age Disaggregated Data

Sex/Age disaggregated data for Lamjung												
Source: Census 2011												
Sex	Male						Female					
Age	0-4	5-9	10-14	15-19	20-59	60 +	0-4	5-9	10-14	15-19	20-59	60 +
No.	7177	8976	10812	8883	29717	10348	6921	8528	10870	9708	44924	10860
% by Sex	9	12	14	12	39	14	8	9	12	11	49	12
Total	323288											

Household Size:

The population of Lamjung was 167,724 according to the 2011 and skewed strongly female with a population breakdown of **45.3% male** to **54.7% female**. The population consisted of 44,079 households which were notably smaller than average with 3.99 people per household compared to the national average of 4.88. There are 15,898 more females than males in Lamjung.

The majority religion in Lamjung is Hindu followed by Buddhist, this is the same nationally. The minority religions are Christians, Muslims, Prakriti, Bon, Kirat and Bahai's.

Initial Gender Recommendations

From these primary and secondary sources of information on gender relations in Lamjung, 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.

Specific considerations and issues

Overall recommendations across sectors:

- Ensure both women and men are consulted in priority needs, distribution mechanisms and access to most vulnerable groups
- Ensure women 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 risk 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 to ensure activities are tailored to their needs, circumstances, and capacities.

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%⁴

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 of 15-49 years and the unmet needs are 25.2%⁵. A number of women have reported that their husbands are reluctant to use contraception and do not allow their wives to either. They are now worried that they will now be in 'trouble' their word for potential pregnancy as a result of not being able to access contraception or convince their husbands to use condoms, 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 and early pregnancies as a result, the likelihood of complications during child birth is also high, and is a large contributing factor to the issue of maternal mortality. As girls below the age of 20 are at significantly higher risk of complications and maternal/child mortality, and as 2 hospitals at the district level, three primary health centres and 25 health posts have been partially damaged in Gorkha, while 33 health posts have been completely destroyed this further limits women's access to SRH services.

⁴ Nepal Multiple Indicator Cluster Survey (NMIC) 5 2015

⁵ Nepal Multiple Indicator Cluster Survey (NMIC) 5 2015

Suggested gender sensitive responses:

Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:

Community health volunteers should be used to address maternal health issues. Nepal has a functioning system with Female Health Volunteers (FCHV) Program. Agencies in collaboration with the district health authorities should mobilise and strengthen this existing network to address the immediate health needs, especially SRMH needs.

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 attendant might not be in a position to continue their work. This needs to be taken into account for any SRMH programming.

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).

- 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 crisis, we must assume and believe that sexual exploitation and abuse – and all forms of SGBV – are happening at a heightened rate.
- Pregnant and lactating women and infants require additional nutrition, which may be difficult to get due to mobility and discriminatory gender norms. And as we are already hearing anecdotal evidence that when food quantity is less it is women and girls who are eating less.
- 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

WASH standards: Nepal average: 38.16% of the households with no toilet- Lamjung is considerably less with 19.1%.

Water source: tap/Piped- 47.8%, tubewell and handpumps- 35%, spout- 5.74%, uncovered well- 4.7%, covered well 2.45%

Fuel- firewood- 64%, LPG 21.03%, cowdung-10.38%

Toilet in house- 38.17%

Due to gender norms, women and girls may take on the responsibility of water collection.

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.

Gender Sensitive response recommendations:

- Refer to the overall recommendations made above at the start of the Initial Gender Recommendations section, in addition:
- Ensure that menstrual hygiene items are locally and culturally appropriate. In some locations they use cloth and in others pads. Make sure you have this information for your locations to plan for procurement.
- Hand washing was not prevalent before crisis, ensure that hygiene promotions activities encourage this and work with the District health official and the Female Health Volunteers (FCHV) who have had success in this to address this issue.
- Ensure water points, latrines and bathing facilities set up/being used for those without a home are sex-disaggregated, universally accessible and mitigate risk to sexual violence. Ensure they are centrally located, lockable and that they are lit. Ensure that they are universally accessible.

Shelter

Households or fixed assets owned by females⁶ - 76.62 % of the female population do not own any fixed asset (House, land or both) compared to the national average of 79.5 %

Landownership: 23.4% reported having land or house or both in the name of female member of household in Lamjung.

Type of fuel: 69.6% of the households prior to the crisis used wood/firewood compared to the national average of 64%. There are no concrete estimates for shelter damage in Lamjung yet, as it has been declassified as not being severely affected. Nonetheless, CARE is working in three VDCs where the impact is severe. People are sleeping in the open, putting them at increased risk of GBV and other protection issues. They have lost their cooking stoves, utensils and basic supplies that need to be replenished by NFI's.

Dignified areas for privacy are not in place.

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

⁶Government of Nepal, Central Bureau of Statistics, National Population and Housing Census 2011

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. Prior to the crisis, about two-thirds of the total households (about 64%) used firewood as their usual source of fuel for cooking, followed by LPG (21.03%) and cow dung (10.38%).

Suggested gender sensitive response options:

- Women, girls and other at-risk groups are to be provided with materials at their homes and physical support to construct own shelters – to avoid protection concerns and to avoid physical constraints preventing construction. Protection concerns include 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 collection initiatives
- Work with GBV actors to provide and prioritise shelter support for GBV survivors, ensuring that we are able to remove GBV survivors (or those at immediate/heightened risk of GBV) from the protection concern.
- 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. Include Female headed households, child headed households and other issues which contribute to vulnerability which are likely the result of the crisis itself.
- Ensure that people have access to a combination of blankets, bedding or sleeping mats to keep them warm and to enable separate sleeping arrangements. There should be enough blankets and bedding for each person, there shouldn't be a need to share them within households, which could lead to women and girls (or possibly boys and men) going without.
- Ensure that NFI kit contents is culturally appropriate and include appropriate 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 by means of market-style distributions where people can choose the right types and sizes of clothes for them. Separate distributions for men and women should be considered.
- Female outreach workers, should work within the target communities to identify households where purdah, chaupadi or other 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 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 of our 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 volunteers 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 therefore assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence. IASC GBV in Humanitarian Action Guidelines 2005. This is often difficult to believe for humanitarian actors in an environmental emergencies, however, due to the breakdown in normal social protection mechanisms, GBV (and in particular sexual violence) increases, disproportionately affecting women and girls.
- Survivors of GBV may not have access to services, or know where existing services are. 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 discrimination discussed at the beginning of this document, women and girls may more generally be denied access to resources, opportunities and services – a form of GBV.
- 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 the economic burden on the household and the burden to protect the girl. This may lead to similar situations as have been seen in crisis where child marriage is prevalent from contexts as diverse as South Sudan, India, Syria, Somalia, Nigeria and Pakistan.

Suggested mainstreamed gender and protection responses:

- GBV guidelines are mainstreamed into our sectoral response
- GBV referral pathways being finalised the GBV sub cluster is shared with all staff, partner staff and volunteers with orientation on how to share information on referral and what to do when they interact with a survivor during the course of their work.
- Community mobilisers and volunteers work to deliver information GBV mitigation and the health impacts (in particular) of certain forms of GBV. Child Marriage increases during emergencies, we therefore need to work to mitigate this increase before it begins. Similarly, sexual violence increases during emergencies and the information volunteers can 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.
- Schools are closed at least till the end of May, increasing child-care burdens on women and older girls.

- Boys and girls are at heightened risk of experiencing violence in humanitarian settings due to a lack of rule of law, lack of information, restricted decision making power and their level of dependence. They have already been sharing their level of frustration to not able to provide for their families.
- Children are also more easily exploited and coerced than adults, and are often taken advantage of by people in authority. Proximity to armed forces, overcrowded camps, and separation from family members all contribute to an increased risk of exposure to violence.
- Coordinate with child protection actors, agencies.
- We will be collecting key gender and protection concerns on a weekly basis which should be shared with relevant agencies and authorities at the district level and shared with the gender task force and the Protection cluster.

ⁱ Bishow Bandhu Adhikari *Socio-cultural Life of Dura: A Sociological Case Study From Khaje Gaun, Lamjung, 2001*